

7th December 2006

Joanna Howes
Health Scrutiny Officer
Wiltshire County Council

Dear Joanna

Further to our telephone conversation I would appreciate your advice now in taking the matter of Head and Neck cancer surgery reconfiguration through the OSC process. The following is a summary of the process that has been taken forward in the Cancer Network, as has been the case with all site specific cancer NICE guidance and the subsequent necessity to have an action plan signed off by the Department of Health which requires support from all relevant PCT's and provider organisations.

NICE have rolled out guidance on all site specific cancers, which began with breast cancer guidance effecting head and neck cancer was published in November 2004. This guidance is based where ever possible, on evidence that is considered by an expert committee, comprising of clinicians as well as users and carers. Following the issue of guidance, cancer networks are supposed to complete any reconfigurations within 3 years, and generally speaking provide a signed off action plan a year after the guidance has been issued. Following NICE guidance on a site specific cancer, the Cancer Network Executive engage with the network site specific group for Head and Neck cancer who then have the responsibility of implementing the guidance in full.

I enclose the action plan that was signed of by the Policy Board and the SHA and finally submitted to the Department of Health in 2005.

Before the issue of the NICE guidance on the head and neck cancer the majority of head and neck cancer work was already managed in 3 locations in the Central South Coast Cancer Network., two of which are cancer centres. Both had big departments as the incidence of this disease does relate to relative poverty. Both Southampton and Portsmouth have high rates of smoking, which is one of the most important etiological factors. The only other provider organisation engaged in head and neck cancer work was that of Salisbury who had a joint Multi-Disciplinary meeting in Southampton with the clinicians and oncologists there, but some cases underwent surgery in Salisbury and utilised their on-site plastic surgical specialists particularly for mid-face work. Because of this arrangement, which worked well, the Salisbury and Southampton clinicians asked if I would write to the Cancer Action Team in the Department of Health and question whether or not this arrangement would be acceptable for the future.

It was understood at the time that this request was made that Southampton wished to be a major centre and also a supra-network centre for base of skull surgery because it was already undertaking this work with the neuro-surgical department in Southampton, and there were other adjacencies particularly with paediatric surgery which made this an important centre for what is relatively uncommon and highly complex work. Clinicians in Salisbury did not wish to develop a large centre catering for at least 100 major cases a year, but wished to continue their current arrangement with Southampton and their interest in the mid-facial surgery.

The reply from Teresa Moss, who is the Director of Cancer Modernisation in the Cancer Action Team, was that this arrangement between Salisbury and Southampton was not sustainable in the long term and that all the works should centralise to Southampton in 2007 and the date that had been set for that sometime in 2007 depending upon the capacity in Southampton. Southampton have since confirmed that they would be able to take the work from Salisbury by April 2007.

Following this letter from Teresa Moss, I met with the chair of the Network Policy Board – Chris Evernett and Frank Harsent to explain the decision. The letter from Teresa Moss, which arrived after that meeting, was sent to Frank and I wrote to him on 21st July 2006 asking for his advice in resolving the IOG issue. I have not received a reply but I am aware that he is understandably unhappy with the loss of this particular area of work to the cancer centre.

It has been made clear to the clinicians in Salisbury that have an interest in this work that they are welcome to continue their work as part of the team in Southampton.

The main plastic surgeon with an interest in head and neck cancer already undertakes joint work with the team in Southampton. Currently the head and neck cancer surgeon in Salisbury attends the Multi-Disciplinary Team meeting but does not undertake joint work routinely in Southampton. I enclose relevant documents.

According to our hospital episode statistics there were 9 patients who underwent 12 procedures for head and neck cancer in Salisbury in 2005 and in the South Wiltshire PCT there were 17 new cases of head and neck cancer seen per year, as taken as a mean between the years of 1998-2002.

As I said, I would be very happy for one of the executive team with the Chair of the head and neck cancer group and one of our users to come across at any time, and if you have your next meeting in February we would make ourselves available to come across and answer any questions.

Best wishes

Yours sincerely,

Mr James Smallwood
Medical Director
Central South Coast Cancer Network