**Key findings**

The total number of patients treated by the oncology centre for H&NC has remained constant (n=220) over the last two years. The oncological treatments offered, the technical way of delivering them and the consultants caring for the patients has also remained unchanged. Figure 1 and 2 describe the pre and post investment numbers of patients referred and their average length of stay.

**Figure 1: Average Number of patients referred to each service prior to and when joint Dietetic and SLT team were implemented.**

**Figure 2: Average Length of stay for patients on treatment when input was minimal and when joint Dietetic and SLT team was implemented.**

Table1: **Number of referrals, length of stay and bed days on average per month pre and post investment.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Pre investment Nov 2017-March 2018** | | | **Post-investment Aug.-Dec. 2018** | | |
| **Service** | **Referrals** | **av.LOS** | **Bed days** | **Referrals** | **av.LOS** | **Bed days** |
| **N&Ds** | 18 | 7 | 126 | 8 | 5.5 | 44 |
| **SLT** | 10 | 10 | 100 | 7 | 6.6 | 46 |

Table 1 demonstrates a 54-82 bed days saved per month because of the Dietetic and SLT input to the on treatment head and neck radiotherapy outpatient clinics. It is not possible to combine both services saving in bed days because some of the patients are known to both services.

Dietetic health care professionals will aim to minimise the amount of weight loss that patients have to 10% or under. If this is possible there is evidence that patients have an improved quality of life and a better functional recovery. Table 2 demonstrates that in the pre-investment group 45% (n=33) of the patients who were admitted had lost more than 10% of their baseline weight this reduced to 39% of a smaller total group (n=22) in the post-investment group.

Table 2: **Percentage wright loss from baseline for patients pre and post investment in services.**

|  |  |  |
| --- | --- | --- |
| **% weight loss on treatment patients from baseline** | **Nov 2017-March 2018**  **n=73 (% of the total)** | **Aug 2018- Dec 2018 n=56 (% of the total)** |
| 0 to 10% | 40 (54%) | 34 (60%) |
| 10-20% | 24 (33%) | 18 (32%) |
| 20-30% | 7 (10%) | 4 (7%) |
| 30-40% | 2 (2%) | 0 |

The work has highlighted the value of consistently collecting anthropometric measures on patients as a way of identifying the functional impact on patients’ recovery.