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PRESS RELEASE

NICE issues guidance to improve healthcare services for head and neck cancers

The National Institute for Clinical Excellence has issued guidance for the NHS in England and Wales on how healthcare services should be provided for adults with head and neck cancers. The guidance, which is part of the Institute's series on cancer services, provides advice to those who develop and deliver cancer services on the planning, commissioning and configuration of those services.

Head and neck cancer is a general name for many different, but uncommon forms of cancers. They include cancers of the mouth, lip or tongue (oral cancers), or the upper parts of the throat (larynx and pharynx) as well as some rare forms of cancer of the salivary glands, nose or nerves and bones of the head and neck.

Key recommendations include:

- Services for patients with head and neck cancers should be commissioned at the Cancer Network level. Over the next few years, assessment and treatment services should become increasingly concentrated in Cancer Centres serving populations of over a million patients.
- Multi-disciplinary teams made up of a wide range of specialists will be central to the service. They will be responsible for assessment, treatment planning and management of every patient. Specialised teams will deal with patients with thyroid cancer, and with those with rare or particularly challenging conditions such as salivary gland and skull base tumours.

- Arrangements for referral at each stage of the patient's cancer journey should be streamlined. Diagnostic clinics should be established for patients with neck lumps.
- A wide range of support services should be provided. Clinical nurse specialists, speech and language therapists, dietitians and restorative dentists play crucial roles but a variety of other therapists are also required, from the pre-treatment assessment period until rehabilitation is complete.
- Co-ordinated local support teams should be established to provide long-term support and rehabilitation for patients in the community. These teams will work closely with every level of the service, from primary care teams to the specialist multi-disciplinary teams.
- Multi-disciplinary teams should take responsibility for ensuring that accurate and complete data on disease stage, management and outcomes are recorded. Information collection and audit are crucial to improving services and must be adequately supported.
- Research into the effectiveness of management – including assessment, treatment, delivery of services and rehabilitation – urgently requires development and expansion. Multi-centre clinical trials should be encouraged and supported.

Professor Peter Littlejohns, Clinical Director at NICE, said: “Head and neck cancers can have devastating effects on the lives of patients; the treatment can be disfiguring and often makes normal speech and eating impossible. For health services, head and neck cancers present particular challenges because of the complexity of the anatomical structures and functions affected, the variety of professional disciplines involved in caring for patients, and the relatively sparse geographical distribution of patients requiring specialised forms of therapy or support.”

He added: “This guidance for the NHS in England and Wales clearly sets out the services that should be available for people with head and neck cancers. The guidance is based on a service model involving Cancer Networks as the vehicle for delivery of the Cancer Plan and should be taken into account by local NHS organisations when they are planning, commissioning and organising services for cancer patients.”

Julie Hoole, Macmillan Head & Neck Nurse Specialist, said: "The guidance gives a structure and framework to services ensuring that where ever a patient lives or receives treatment it is of a uniformly high standard. The guidance highlights the importance of patients being offered a key worker who will coordinate care between cancer centre unit and home, highlighting the importance of multi professionals working within head and neck cancer services. It gives a great opportunity to further develop head and neck cancer services improving patient care and experience."

Ends

Notes to Editors

About this guidance

1. 'Improving Outcomes in Head and Neck Cancers (cancer service guidance)' can be found on the NICE website at www.nice.org.uk.
2. Cancer service guidance supports the implementation of *The NHS Cancer Plan* for England, and the NHS Plan for Wales *Improving Health in Wales*. The service guidance programme was initiated in 1995 to follow on from the Calman-Hine Report, *A Policy Framework for Commissioning Cancer Services*. The focus of the cancer service guidance is to guide the commissioning of services and is therefore different from clinical practice guidelines. Health services in England and Wales have organisational arrangements in place for securing improvements in cancer services and those responsible for their operation should take this guidance into account when planning, commissioning and organising services for cancer patients. The recommendations in the guidance concentrate on aspects of services that are likely to have significant impact on health outcomes. Both the objectives and resource implications of implementing the recommendations are considered. This guidance can be used to identify gaps in local provision and to check the appropriateness of existing services.

About NICE

3. NICE is part of the NHS. It is the independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Its guidance is for healthcare professionals and patients and their carers to help them make decisions about treatment and healthcare. For further information about NICE you can visit www.nice.org.uk.
4. NICE produces guidance in three areas of health:
 - the use of new and existing medicines and treatments within the NHS in England and Wales – technology appraisals
 - the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales – clinical guidelines.
 - whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use – interventional procedures.
5. NICE also funds three enquiries that undertake research into the way patients are treated to identify ways of improving the quality of care (the investigations are known as confidential enquiries).
6. NICE guidance and recommendations are prepared by independent groups that include professionals working in the NHS and people who are familiar with the issues affecting patients and carers.