National Cancer Intelligence Network Data Briefing

Background to head and neck cancer guidance
Head and neck (H&N) cancers is a grouping made up of many different cancers most of which are uncommon. The concentration of special senses in the head and neck means cancers affecting these areas can have a profound impact upon an individual’s quality of life. Care pathways for H&N cancers can be complex with patients often needing intensive multi-modality treatments, rehabilitation and long-term support.

In 2004 NICE² (National Institute for Health and Care Excellence) produced site-specific Head and Neck Cancer Improving Outcomes guidance (H&N IO). NICE recommended the creation of site-specific multi-disciplinary teams (MDTs) and stressed the importance of high workload volume providers to improve outcomes and reduce inequalities in the care of head and neck cancer patients.

The move towards high volume hospitals in head and neck cancer surgery
Hospital trusts undertaking H&N cancer major surgery were divided into 3 workload bands: low, medium and high volume based on numbers of surgical procedures for the four year periods before and after the publication of the NICE guidance. In the second period, activity was concentrated in fewer trusts and the percentage of patients treated in low volume trusts declined significantly from 42% to 27% (Table 1).

Table 1. Number and percentage of trusts and patients treated by workload band and period of diagnosis

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<td>Number (%) of trusts</td>
<td>Number (%) of patients treated</td>
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<td>Low (1-21)</td>
<td>102 (75.6%)</td>
<td>3200 (42.6%)^</td>
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<td>Medium (22-42)</td>
<td>27 (20.0%)</td>
<td>2979 (39.7%)^</td>
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<td>High (43-63)</td>
<td>6 (4.4%)</td>
<td>1325 (17.7%)^</td>
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<td>Other</td>
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* 3 equal bands (low, medium and high) and 1 trust reported as ‘other’ with a very high median workload of 125 procedures a year
^ Significant change from Period 1 to 2 (0.05 level)
Data source - National Cancer Data Repository new H&N cancer diagnoses linked to Hospital Episode Statistics surgery detail
Figure 1 highlights that some changes in patterns of surgical care were already taking place before 2004, but from 2005 onwards there has been a rapid and sustained change towards more patients having surgery in higher volume trusts. Four years after publication of the NICE guidance, almost 30% of patients were still being treated in low workload hospitals. However for some patients with smaller tumours requiring local resection and for patients poorly placed to travel, treatment at a local hospital might be most appropriate.

**Figure 1.** Head and neck cancer patients with major surgery by median workload band by year of diagnosis - England

![Graph showing changes in surgical care patterns](image)

**Conclusions**

The results demonstrate a trend towards more centralisation of H&N cancer surgery after publication of the NICE H&N cancer guidance in 2004. This suggests a greater impact of site specific rather than general cancer services guidance. As with other cancer sites, implementation of NICE H&N cancer guidance has been variable across the country and a significant proportion of patients were being treated in low workload hospitals in 2008.


**FIND OUT MORE:**

The PHE Knowledge and Intelligence Team (KIT) South East is the lead KIT for head and neck cancer. [https://www.gov.uk/government/organisations/public-health-england](https://www.gov.uk/government/organisations/public-health-england)

**Other useful resources within the NCIN partnership:**


Public Health England’s National Cancer Intelligence Network (NCIN) is a UK-wide initiative, working to drive improvements in cancer awareness, prevention, diagnosis and clinical outcomes by improving and using the information collected about cancer patients for analysis, publication and research.