

# Study shows wide variation in head and neck cancer care

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Just three in every hundred head and neck cancer patients in England receive the ideal standard of care, according to a new study.

The National Head and Neck Cancer Audit found wide variations in care, with just 3.1 per cent of patients receiving every element of care deemed important by experts.

Sara Osborne, [head](#) of policy at Cancer Research UK, said it was "disappointing" to see such variation in care for patients with head and neck cancers.

But the figures also show there has been an improvement in [survival rates](#) among [head and neck cancer](#) patients over the last two years, despite variations in care.

The Ideal Patient Pathway contains seven elements of "holistic and integrated care" such as nutritional, speech and language and dental assessments and chest scans or x-rays before surgery.

It also involves people's disease being discussed by a multi-disciplinary team including specialist surgeons, [oncologists](#), speech therapists and nursing staff.

Researchers examined data submitted by all head and neck cancer teams in England and Wales, relating to the care of 8,100 patients between November 2011 and October 2012.

They found that the largest group of patients (24.7 per cent) received three elements of the Ideal Patient Pathway, with some aspects delivered more consistently than others.

For example, 96.4 per cent of surgical head and neck [cancer patients](#) had their case discussed by a multi-disciplinary team, but just 18.8 per cent had an assessment with a speech and language therapist before surgery.

The findings are published in the National Head and Neck Cancer Audit eighth Annual Report 2012, commissioned by the Healthcare Quality Improvement Partnership.

According to the data, there has been an improvement in survival rates among head and neck cancer patients over the last two years. The figures show that the number of patients who survived a year from their diagnosis rose from 84.4 per cent in 2010 to 87.5 per cent in 2012.

The authors cautioned against attributing this solely to improvements in the delivery of patient care, but said it is an encouraging trend that should be explored in more detail.

The audit's lead clinician Mr Richard Wight said: "We are delighted to report again the involvement of the head and community in actively contributing to audit, which forms a key part in promoting better care.

"The new focus on the Ideal Patient Pathway has been encouraged by patient representatives. This analysis supports continuing improvement and provides assurance to commissioners of head and neck cancer care."

Dr Emma King, Cancer Research UK head and neck cancer surgeon, said: "We all must strive towards every patient receiving the 'ideal pathway'. This data will help us identify problem areas that need to be addressed in order to achieve this."

Cancer Research UK's Sara Osborne added: "It's now up to the new Strategic Clinical Networks to provide clinical support to address any variation in care for all head and neck cancer patients wherever they are in the country."

Provided by Cancer Research UK

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