

New Head and Neck Cancer Multidisciplinary Team Post Treatment Clinic

Introduction:

In response to escalating service demands, fragmented care pathways, and increasing wait times, Ysbyty Gwynedd piloted a 6-month multidisciplinary post-treatment clinic for head and neck cancer patients. By combining a Clinical Nurse Specialist, Speech and Language Therapist, and Dietitian into a single appointment, this patient-centred model successfully streamlined patient experiences and improved alignment between local practice and national guidelines. This poster demonstrates how the pilot fundamentally transformed the patient pathway, reduced specialist waiting times, eliminated appointment duplication, and delivered an efficient, scalable blueprint for sustainable cancer rehabilitation.

Attendance:

Clinic Delivery: 16 clinics successfully delivered over a 6-month period.

Attendance: 31 eligible patients were identified, with 23 attending face-to-face appointments.

Continuity of Care: 75% of patients required only a single Multidisciplinary Team (MDT) review, transitioning to targeted follow-up thereafter.

Patient Safety: Zero unplanned admissions were required from the clinic.

Post-Treatment Follow-up: 100% of patients who completed treatment within the designated timeframe were offered a 2–3 week post-treatment appointment (some opted to defer, decline or were seen as inpatients)

Outcomes and Impact:

Access & Timeliness: Post-treatment reviews achieved within 2–3 weeks; SLT wait times reduced by ~12 weeks.

Streamlined Care: Combined appointments eliminated duplication and accelerated cross-disciplinary decisions.

Patient Experience: 100% positive feedback (50% response rate), praising reduced travel and fewer appointments.

Clinical Benefits: Early MDT input enabled rapid management of swallowing and nutrition, improved confidence in communication and promoted recovery.

Workforce Impact: Enhanced interdisciplinary collaboration and optimized clinical/travel time.

Strategic Alignment: Brought local service delivery into closer alignment with national standards

Treatment	Number
Surgery alone	4 (2 ENT / 2 Maxfax)
Surgery plus adjuvant radiotherapy	9 (8 maxfax / 1 ENT)
Surgery plus adjuvant chemoradiotherapy	1
Radiotherapy alone	10
Chemoradiotherapy	5
Neoadjuvant chemotherapy followed by chemoradiotherapy	2

"I found that seeing the 3 clinicians at once was a great bonus saving on time and travel expenses"

"One appointment rather than three and the medics involved had the opportunity to compare, contrast and communicate info about me"

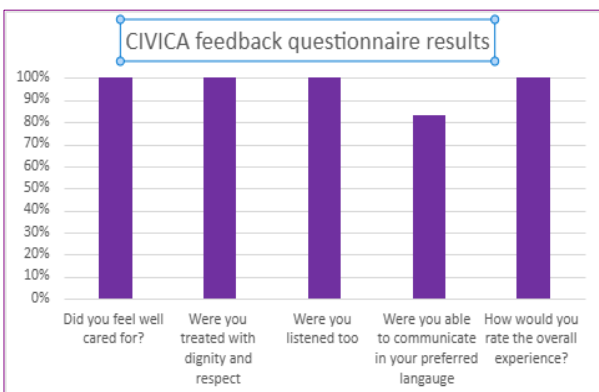
Challenges:

Capacity Constraints: Clinic availability is strictly limited to Friday afternoons, capping patient throughput and limiting access to medical cover and oncology triage.

Resource Deficits: There is a critical lack of dedicated administrative support and protected clinical time for staff.

Workforce Vulnerability: Service resilience is low due to a reliance on single representatives from each discipline, leaving the clinic vulnerable during staff absences.

Medical Cover Inconsistency: Access to consistent medical cover remains unreliable, risking clinic continuity.



"The nurses were exceptional. They have a very difficult job, but treated my wife and I with respect and explained everything I needed to know in terms I could understand."

"Having all three specialists in attendance at the appointment rather attending 3 times was much more convenient and still covered everything. Many of the points raised and questions asked applied to more than one specialist and I feel that there is nothing to be gained by seeing each one individually"

Conclusion The pilot successfully demonstrated significant value in improving care coordination, enhancing the patient experience, and boosting service efficiency, while ensuring closer alignment with national standards.

Recommendation It is recommended that the MDT post-treatment clinic be transitioned from a pilot to a permanent service. To ensure long-term sustainability and scalability, future development must address critical constraints regarding administrative support, workforce resilience, and optimised clinic scheduling.