

National Head and Neck Cancer Audit (NaHaNCA): Interim Findings from the Feasibility Study

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INTRODUCTION & AIMS

- England currently has **no sustainable national audit for head and neck cancer**. Existing evidence on **geographic and socioeconomic variation** in diagnosis, treatment timeliness, and outcomes across NHS services remains limited.
- To **develop measurable performance indicators** for monitoring care quality and outcomes in England, and to assess **whether a national head and neck cancer audit can be delivered** using linked NHS routine datasets.

METHODS

Selecting Key Performance Indicators

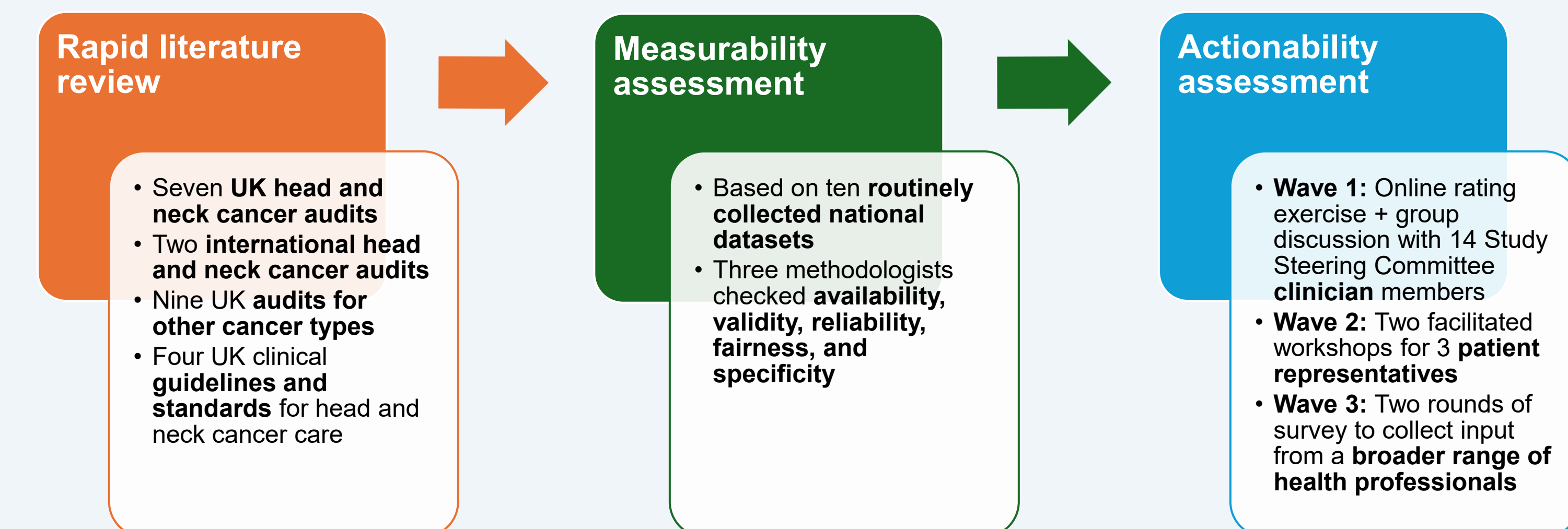
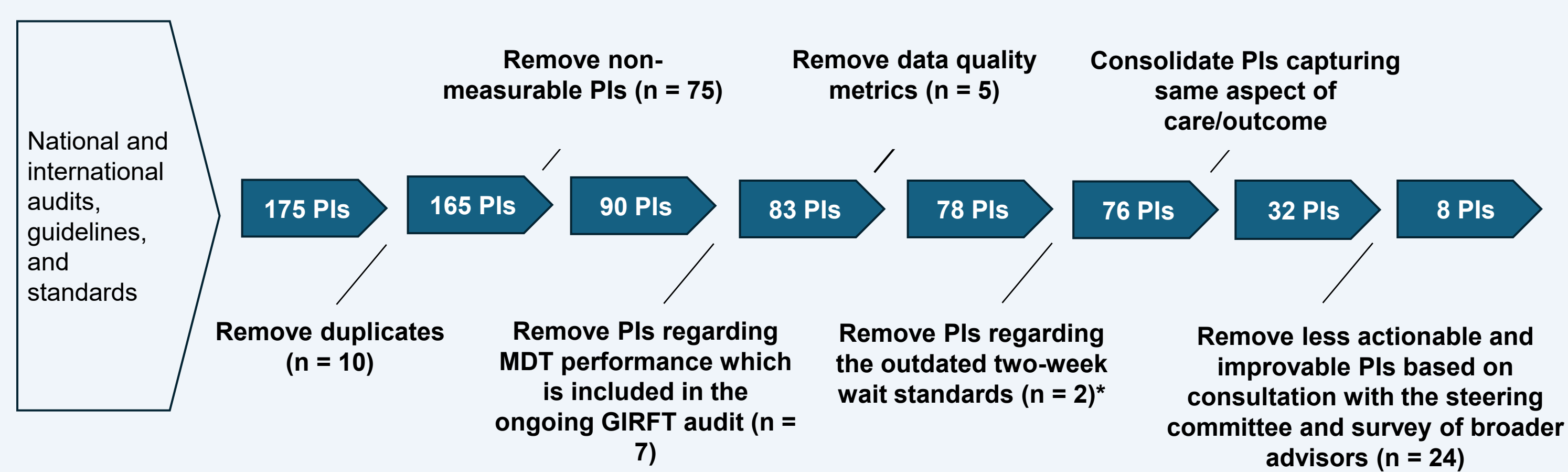


Figure 1. Approach to selecting key performance indicators.



*The two-week wait (2WW) referral standard for cancer diagnosis was replaced by the faster diagnosis standards in the NHS in October 2023. This change, approved by the Government in August 2023, also saw the simplification of cancer waiting time standards into three core measures.

Figure 2. Process of selecting key performance indicators.

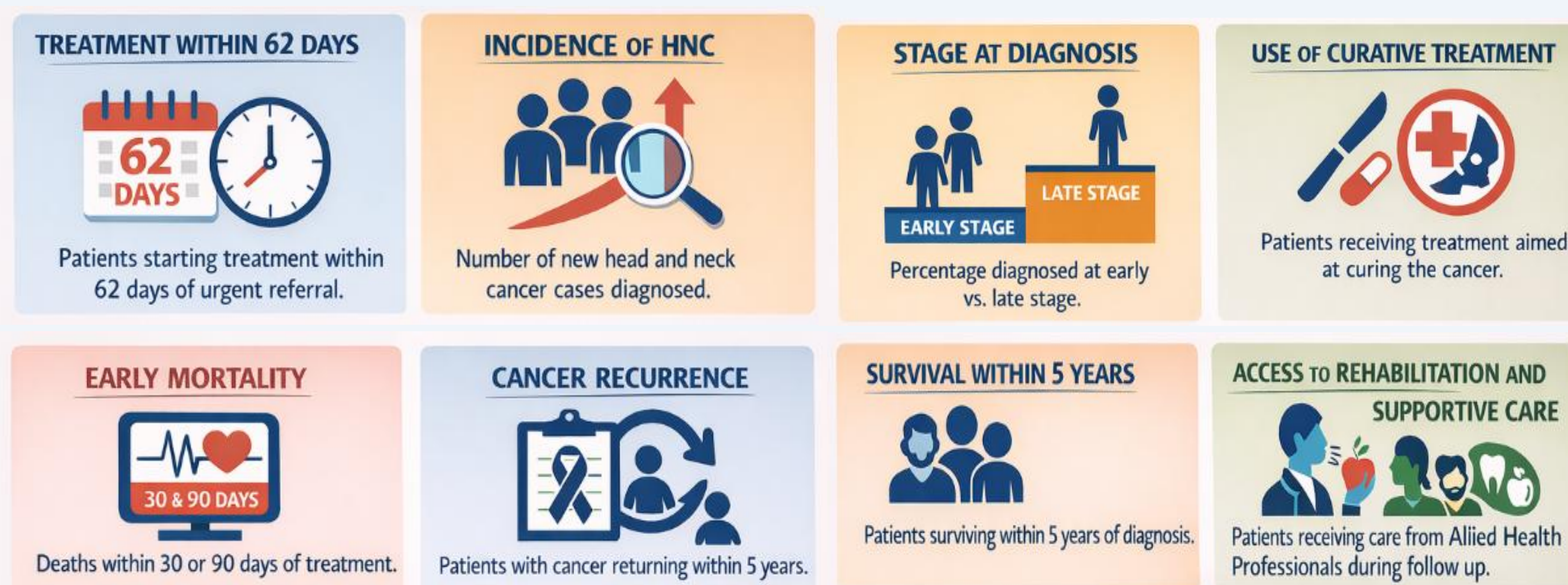


Figure 3. Eight key performance indicators finally selected, covering diagnosis, treatment, outcome, and support.

Data Sources

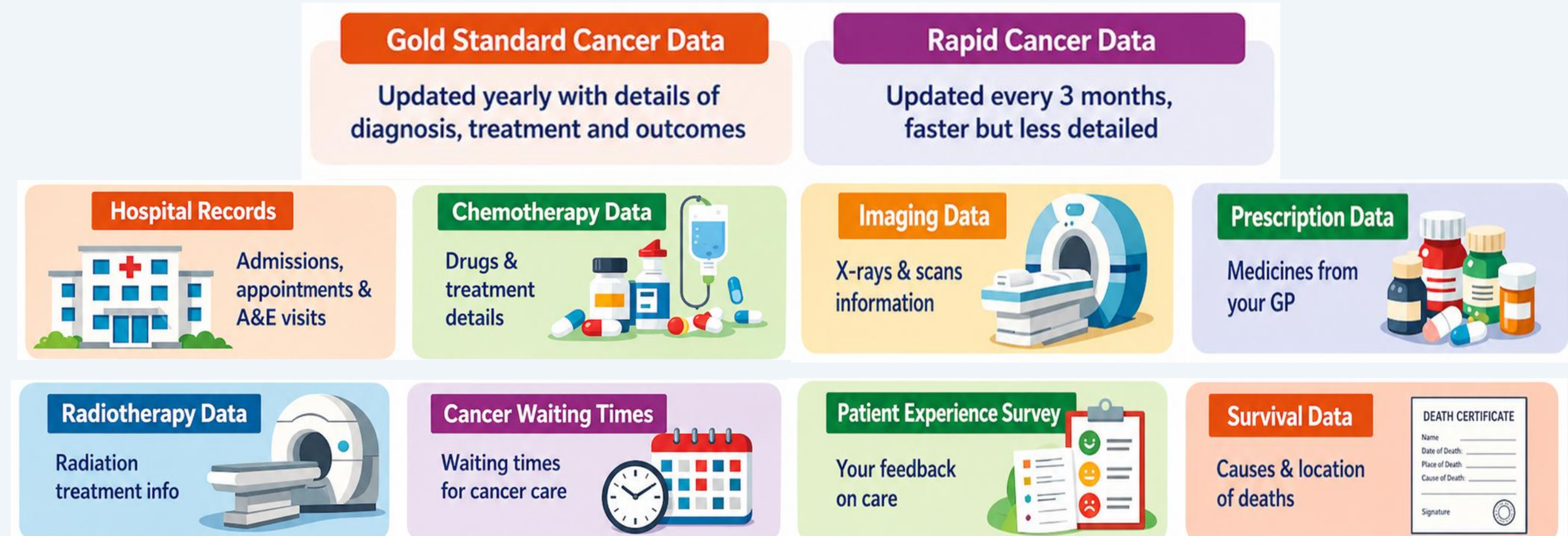


Figure 4. Linked national datasets used to assess measurability and identify patients.

Early Data Analysis

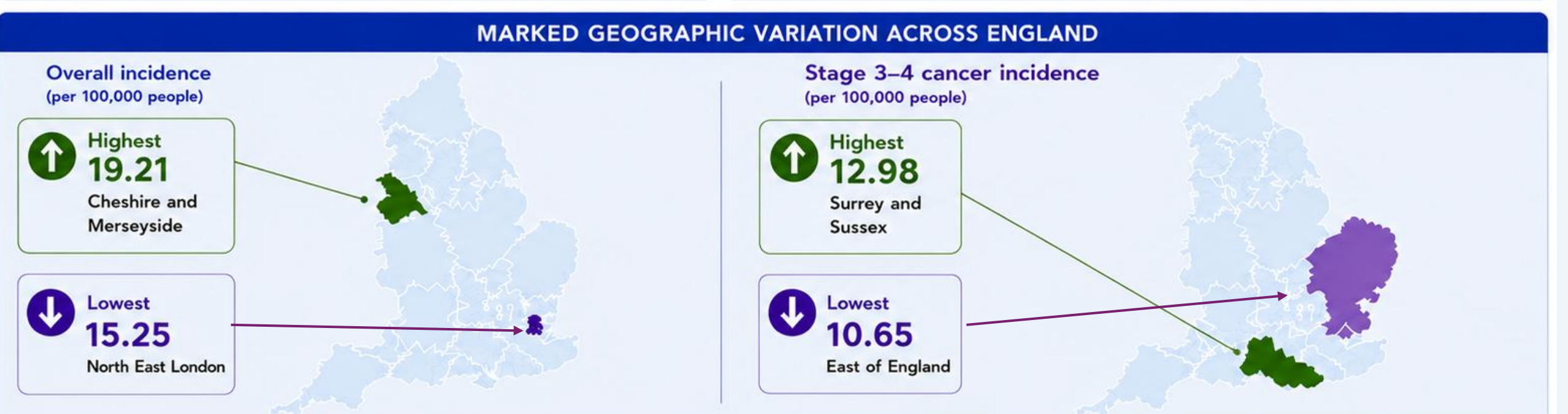
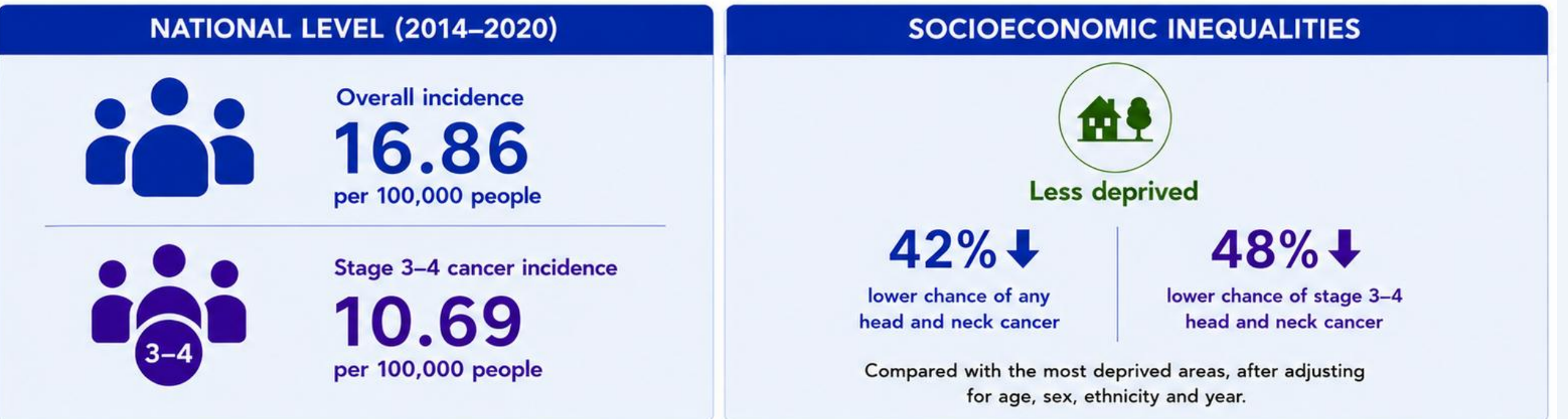
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| <p>Outcome</p> <ul style="list-style-type: none"> Incidence of all head and neck cancer & stage 3-4 cancer Proportion of stage 3-4 cancer Cancer waiting times Overall survival at 2 and 5 years | <p>Statistical analysis</p> <ul style="list-style-type: none"> Regression models and survival analyses were used to assess variation by socioeconomic deprivation, Cancer Alliance, and hospital Case-mix adjustment models include age, sex, ethnicity, deprivation, tumour site, and comorbidity. |
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FUNDING

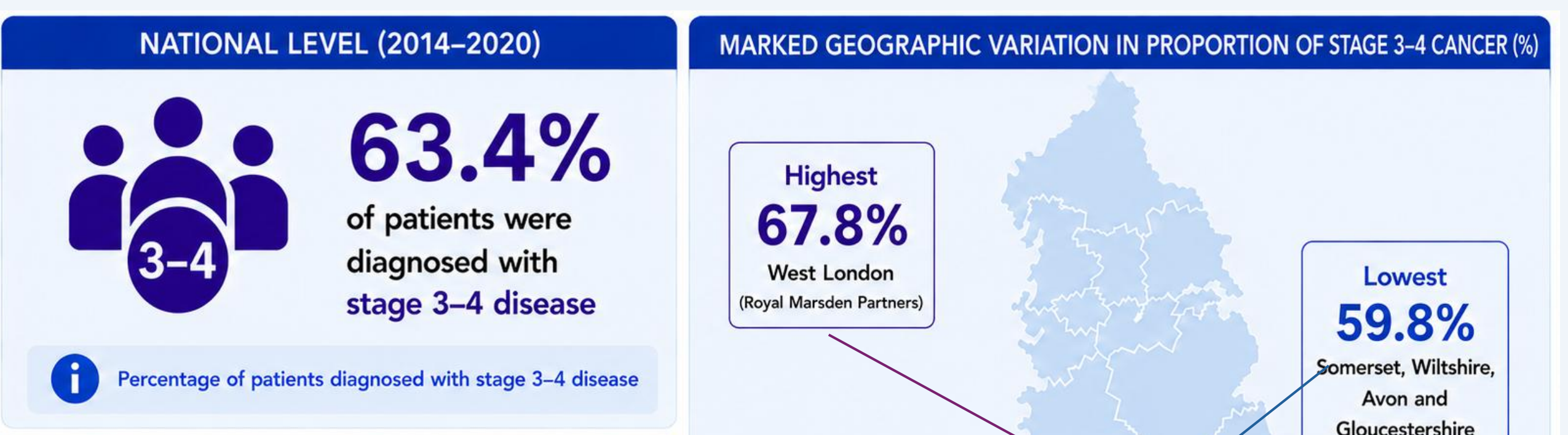
- This study is jointly funded by British Association of Head & Neck Oncologists (BAHNO), British Association of Head & Neck Oncology Nurses (BAHNON), British Associations of Oral & Maxillofacial Surgeons (BAOMS), British Association of Otolaryngology-Head & Neck Surgery (ENT UK), Get ahead Charitable Trust, Head and Neck Cancer Coalition (HaNC), International Centre for Recurrent Head and Neck Cancer (IReC), National Association of Laryngectomee Clubs (NALC), North West Cancer Research, Oracle Head & Neck Cancer UK, Restorative Dentistry UK (RDUK), and Young Tongues.
- Data access is supported by the NIHR Health and Social Care Delivery Research Programme (NIHR132459) and the IReC PhD studentship.

KEY FINDINGS

Incidence & Proportion of Stage 3-4 Cancer



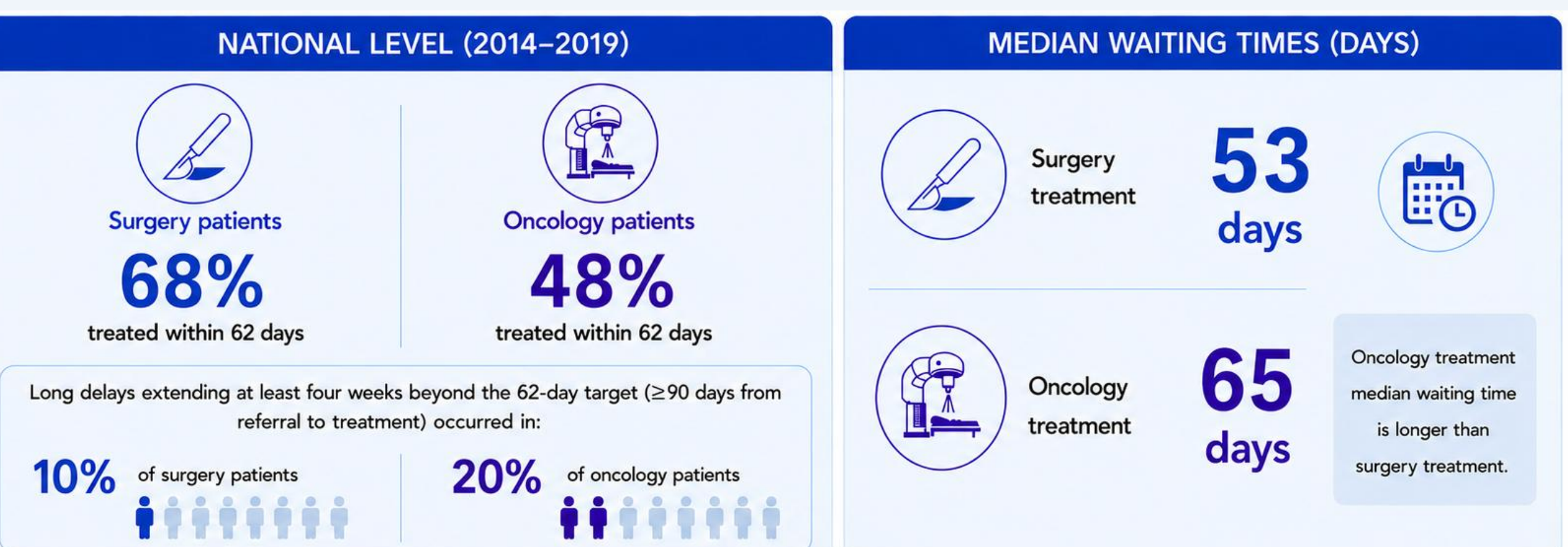
What this means for patients and the public: Head and neck cancer is more common and more often at an advanced stage in deprived areas, and there are big differences between Cancer Alliances. This highlights the need to reduce inequalities and improve early diagnosis.



SOCIOECONOMIC INEQUALITIES: People living in the least deprived areas were less likely to be diagnosed with advanced disease than those in the most deprived areas.

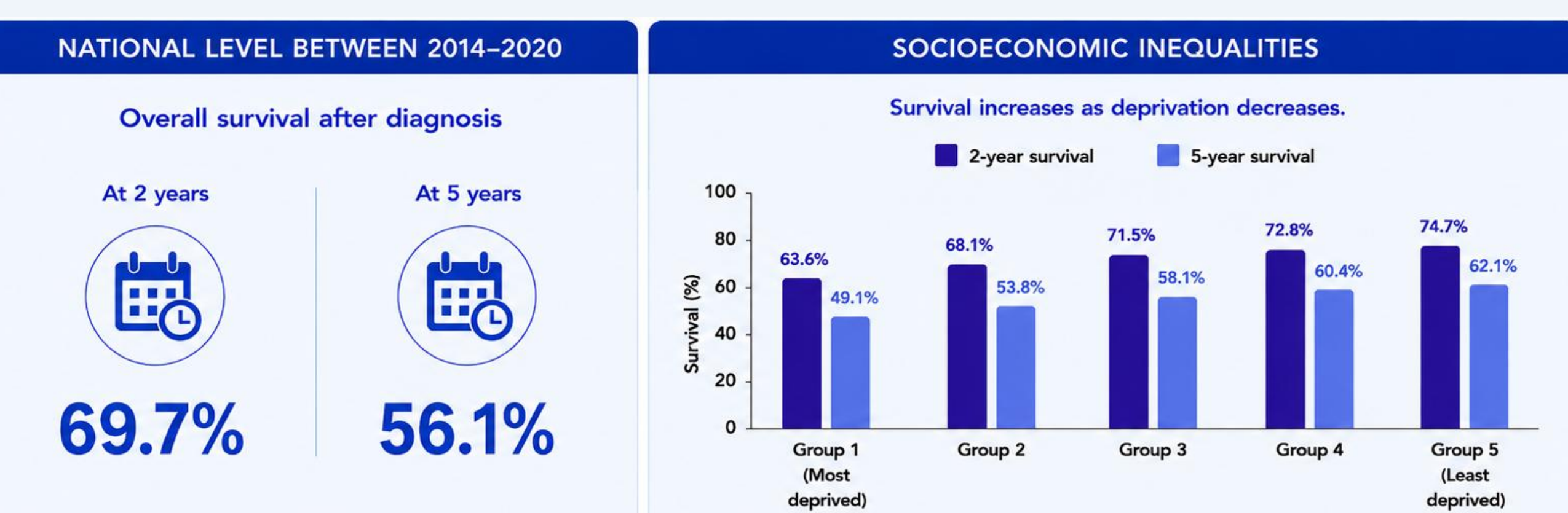
What this means for patients and the public: Many patients are still diagnosed with advanced head and neck cancer. Advanced-stage diagnosis is more common in deprived areas and varies between Cancer Alliances, highlighting the need for earlier detection and more equitable care.

Cancer Waiting Time



What this means for patients and the public: Many laryngeal cancer patients face long waits for treatment. Oncology patients are less likely to start treatment within the target time and wait longer than surgery patients.

Overall Survival



GEOGRAPHIC AND INSTITUTIONAL VARIATIONS: Little differences in survival between Cancer Alliances. Survival outcomes were similar across Cancer Alliances after accounting for patient and cancer factors. Differences in survival between hospitals. Some hospitals had better survival outcomes than others within the same Cancer Alliance. A national cancer audit acts as an early warning signal, prompting closer investigation of hospital performance where differences exist.

What this means for patients and the public: Survival after head and neck cancer is lower in more deprived areas. Reducing inequalities and improving early diagnosis are key to improving outcomes for everyone.

CHALLENGES

- Some important data are **incomplete or not routinely collected nationally**, e.g. MDT discussions, rehabilitation, dental care, recurrence, and quality of life outcomes.
- Missing data** limit the ability to measure all aspects of care quality and patient experience.
- Improving national data completeness and consistency** will be essential for a future national HNC audit.