The Neck Step

An Advanced Clinical Practitioner (ACP) Led Neck Lump Service

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INTRODUCTION

Patients who present with a head and neck lump are often referred for an ultrasound guided fine needle aspiration (FNA) to exclude or confirm malignancy.

FNA is a commonly performed diagnostic procedure to investigate these lumps. It is cost-effective, efficient and generally with minimal risk to the patient[1].

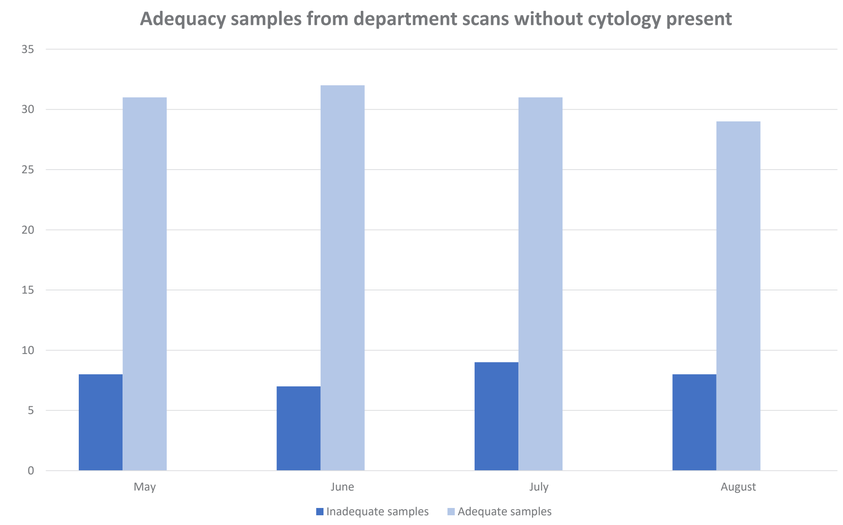
The Improving Outcomes Guidance (IOG) for head and neck cancer by the National Institute for Health and Care Excellence (NICE) in 2004[2], recommended one-stop diagnostic neck lump clinics (NLC) for patients with suspected head and neck cancer. Having Rapid Onsite Evaluation (ROSE) available when undertaking FNA's is considered to be the gold standard[3,4,5].

Previous studies agree that sonographers can be trained to undertake FNA's to a standard equal to radiologists[6,7]. This not only improves patient pathways but is a benefit to sonographer advanced practice and role development. Working at this level as an ACP, under the 'Four Pillars' Framework, is a way of ensuring clinical roles are evolving to meet the challenges of changing healthcare needs[8].

BACKGROUND

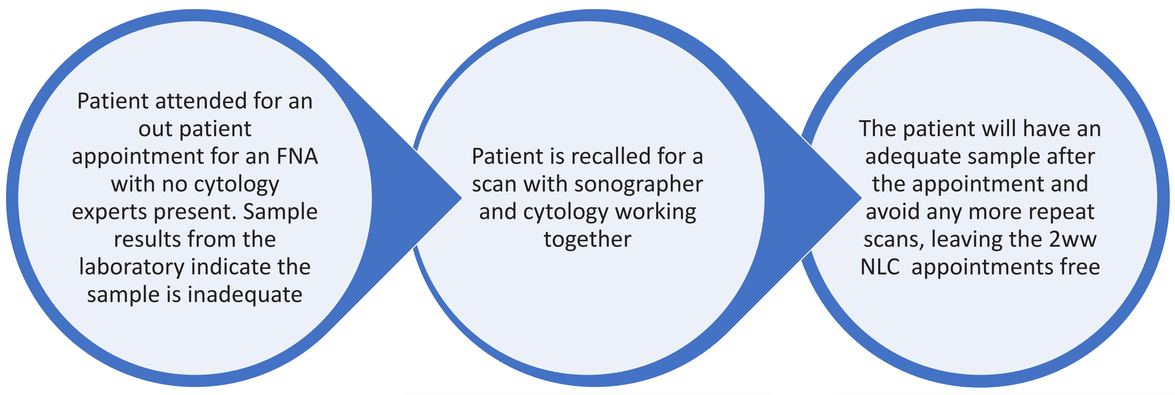
Twice a week the NLC is run as part of a gold standard service, a multidisciplinary team from ENT consultants, nurses, sonographer and cytology specialists work together to aim to have a diagnosis for the patient in a one stop shop. Different teams working together is proven to provide better outcomes for patients and fulfilling job satisfaction for clinicians[8].

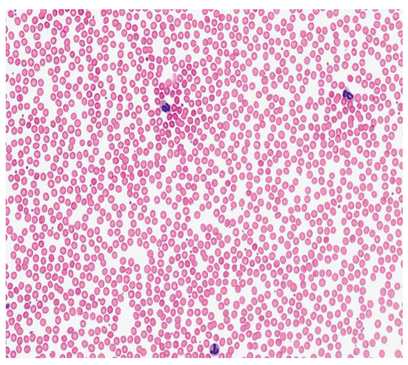
It has been identified that several of the appointments in this busy 2 week-wait (2ww) clinic are allocated for repeat FNA's (a FNA sample taken unsupported by immediate cytology assessment) eg in the radiology department, and subsequently reported as inadequate due to insufficient cells being present. These are repeated in NLC to achieve an adequate cytology sample and confirmed immediately (ROSE). Data review of inadequate samples over four months, from 1st May to 31 August 2023, identified 33 from 123 FNA's were reported as inadequate (27%), averaging 8 to 9 appointments a month, appointments which would otherwise have been available for new 2ww patients.



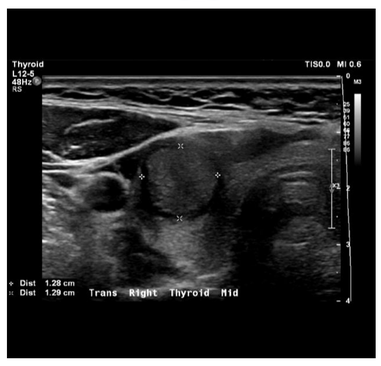
PURPOSE

It is proposed that a dedicated repeat FNA session for patients with a previously inadequate sample is held one morning a month. The team would consist of a cytology specialist, a nurse and an Advanced Practice sonographer undertaking targeted ultrasound of the lump plus FNA with adequacy assessment confirmation on site with a clinical cytologist. Appointment length 20 minutes. This will ensure the next sample taken has a suitable adequacy for diagnosis.

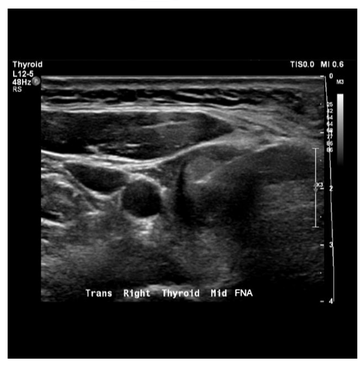




Inadequate sample showing blood only – no cells



Hypoechoic nodule in the thyroid demonstrating suspicious features



Needle demonstrated in nodule for cell collection under ultrasound guidance.

ADVANTAGES

- **Increased NLC availability for new 2ww patients**
- **Sonographer led – frees up expensive radiologist time**
- **Reduces waiting lists**
- **Repeat FNA undertaken with cytology support to confirm adequacy of sample.**
- **Reducing anxiety for the patient – quicker referrals if further treatment is needed**
- **Reduces pressure on department ultrasound lists for repeat scans**

DISADVANTAGES

- **Care will need to be taken to ensure patients are followed up**
- **If clinic is only run one morning a month, urgent patients will still need to be reviewed in 2ww NLC.**

OUTCOME

Following implementation of changes to offer a further one stop clinic will provide a significant impact on improving patient pathways.

A further audit will be undertaken in 6 months to assess waiting times for Head and Neck FNA's and hopefully show improvements in this area.

This can show how roles in advanced practice for Allied Health Professionals can create opportunities for development of new roles to encourage productive and effective multidisciplinary team working[8].

Extension of clinical roles and implementation of advance practice in this way allows easier access for patients to attend for specialist examinations that have historically only been performed by doctors[8].

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