

Reference Number: FOI/LHCH/2018/100
From: Private Individual
Date: 16 April 2018
Subject: Thyroid surgery

Q1 Do any of the hospital (s) in your Trust / Health Service organisation admit as daycase or longer patients who are admitted to undergo thyroid surgery?

If no, there is no need to answer the rest of these questions. Please just confirm with the answer "no" to question 1, including the name of your Trust or other Health Service organisation in your reply

If the answer to question 1 is 'Yes' yes then please answer the following additional questions.

A1 Yes

Q2 Thyroid surgery in your Trust or other health service organisation
2a) How many consultant surgeon(s) in your trust or other health service organisation undertake thyroid surgery operations?

2b) What are the parent specialties of each of the surgeons undertaking thyroid surgery operations eg general surgery, endocrine surgery, otolaryngology, OMFS etc. Please give numbers for each eg 2 Otolaryngology , 1 General Surgery etc.

2c) In 2017 (1st Jan to 31st st Dec 2017) how many thyroid operations procedures did each consultant surgeon undertake (include number undertaken by other team members where the patients were under the care of the consultant). Please break down also by parent specialty E.g. Consultant 1 Gen Surg 25 operations, Consultant 2 Gen Surg, 10 operations , Consultant 3 Otolaryngology, 18 operations etc. In case of consultants working together on the same patient at the same time, please just include the information for the consultant under whose care the patient was admitted.

2d)

- i) How many of the consultant surgeons undertaking thyroid surgery in your trust or other health service organisation submit all or most of their thyroid patient outcome data to the United Kingdom Register of Thyroid and Endocrine Surgery (UKRETS) provided by British Association of Thyroid and Endocrine Surgery?
- ii) Of this group what is the breakdown of their parent specialt(ies) eg 1 gen surg, 1 otolaryngology etc.

2e) With regard to the local Thyroid cancer MDT how many of the consultant surgeons undertaking thyroid surgery in your trust or other health service organisation are:

- i) Core members of the local thyroid cancer MDT. Number = ()

Please also give breakdown by parent speciality

- ii) Extended members of the local thyroid cancer MDT. Number = ()

Please also give breakdown by parent speciality

- iii) Not connected with the local thyroid cancer MDT Number = ()

Please also give breakdown by parent speciality

2f) Which Trust or other health service organisation and which hospital site hosts the local thyroid Cancer MDT that connected surgeons attend?

- A2
- a) We don't have any surgeons that are thyroid surgeons. The reason why the trust is recorded as undertaking a number of thyroid cases is due to the thyroid surgeons from other units wanting to undertake the procedure at LHCH as they want a thoracic or cardiac surgeon to be present for the surgery – this is mainly due to the patients presenting condition and to ensure the patient has the required consultants available if needed during the thyroid procedure.
- b) Information not held - not applicable to LHCH please see explanation above.
- c) During this period there were seven operations performed at LHCH by thyroid specific surgeons from other units within Liverpool – this was done in conjunction with a cardiothoracic surgeon available if required.
- d)
- i. Information not held - not applicable due to the above and LHCH not having a thyroid surgical service
 - ii. Information not held - Not applicable due to the above and LHCH not having a thyroid surgical service
- e) Information not held - not applicable due to the above and LHCH not having a thyroid surgical service
- f) Information not held - not applicable due to the above and LHCH not having a thyroid surgical service

Q3 This question only applies if your Trust or other Health Service Organisation Hosts the local Thyroid MDT.

3a) What is the frequency of the local thyroid cancer MDT meeting? ie weekly, fortnightly, monthly

3b) Is the MDT:

- i) 'Stand alone '
- ii) Adjacent in time to the Head and Neck MDT but not within the Head and Neck

MDT

- iii) Within the Head and Neck MDT.
- iv) Other – please give details:
- v) What medical / surgical / diagnostic specialties are represented in the CORE membership of the MDT (doctors only)
- vi) What medical / surgical / diagnostic specialties are represented in the EXTENDED membership of the MDT (doctors only)

3c) Does the MDT Routinely discuss the following groups of patients?

- i) Patients who are being investigated but have not yet had surgery but where pre operative investigation has shown a high likelihood of cancer eg Thy 4 or 5 cytology or equivalent, or U 4 or 5 on Ultrasound

Yes, always or almost always () Sometimes () Never/almost never () Other – give details.....

- ii) Patients who are being investigated but have not yet had surgery but where pre operative investigation has shown an intermediate risk of cancer eg U3 ultrasound or Thy3f / a or equivalent on needle biopsy

Yes, always or almost always () Sometimes () Never/almost never () Other – give details.....

- iii) Patients who have had thyroid surgery and where histopathology has shown thyroid cancer in the resected specimen?

Yes, always or almost always () Sometimes () Never/almost never () Other – give details.....

A3 Information not held -not applicable due to the above and LHCH not having a thyroid surgical service