**Head and Neck Cancer service models**

| **Focus** | **Question** | **Notes** |
| --- | --- | --- |
| **About the service** | Team name/title |  |
| Describe the service |  |
| Is there a service specification? |  |
| Is there a patient pathway? |  |
| **Where and when is the service provided and by whom?** | Where is the service provided? |  |
| How often is this service provided? |  |
| When is the service provided? *E.g. clinic hours / week days only etc* |  |
| Which staff group/s provide support in the delivery of this service? |  |
| **Referrals** | What is the referral criteria for the service? |  |
| Who are the referrers? |  |
| What are the discharge criteria for the service? |  |
| **Quality and effectiveness** | What outcome measures are collected? |  |
| **PPI** | Have patients/public been involved in developing and auditing the service? |  |