



AB097. 68. Assessment of outpatient waiting times for patients with newly diagnosed head and neck cancers

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Background: Otolaryngology has the largest number of patients awaiting outpatient department (OPD) appointments in Ireland. Urgent care pathways have been proposed internationally to aid timely diagnosis of head and neck cancers (HNC). Our aim was to assess the time from general practitioner (GP) referral of a HNC patient, to when they were first seen in OPD.

Methods: A retrospective review of patient charts for all new HNC diagnosed in a single institution over a 2-year period was undertaken. We exclude thyroid cancer, pre-existing patients, and tertiary referrals. We identified 71 patients for inclusion in our study.

Results: The majority of patients (81.6%) were referred by GPs to the emergency department (ED), while only 18.4% were referred to OPD. Of HNC patients, 61% were seen in OPD within 2 weeks of referral (67.5% via ED, 33.3% direct to OPD). Patients had a significantly shorter mean time to OPD when referred via ED compared to those referred directly from their GP to clinic (11 *vs.* 73 days, $P=0.02$). The mean time to OPD for all HNC patients was 23 days.

Conclusions: The average time to OPD is almost double what is suggested by international best practice. Most patients with HNC were referred to the otolaryngology ED, reflecting a concern among GPs over OPD waiting times for urgent cases. Patients were more likely to be seen in OPD within 14 days when referred to the ED. A rapid access head and neck clinic may encourage urgent outpatient referrals, expedite time to diagnosis, and improve the HNC patient pathway.

Keywords: Head and neck; cancer; waiting times; rapid access

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