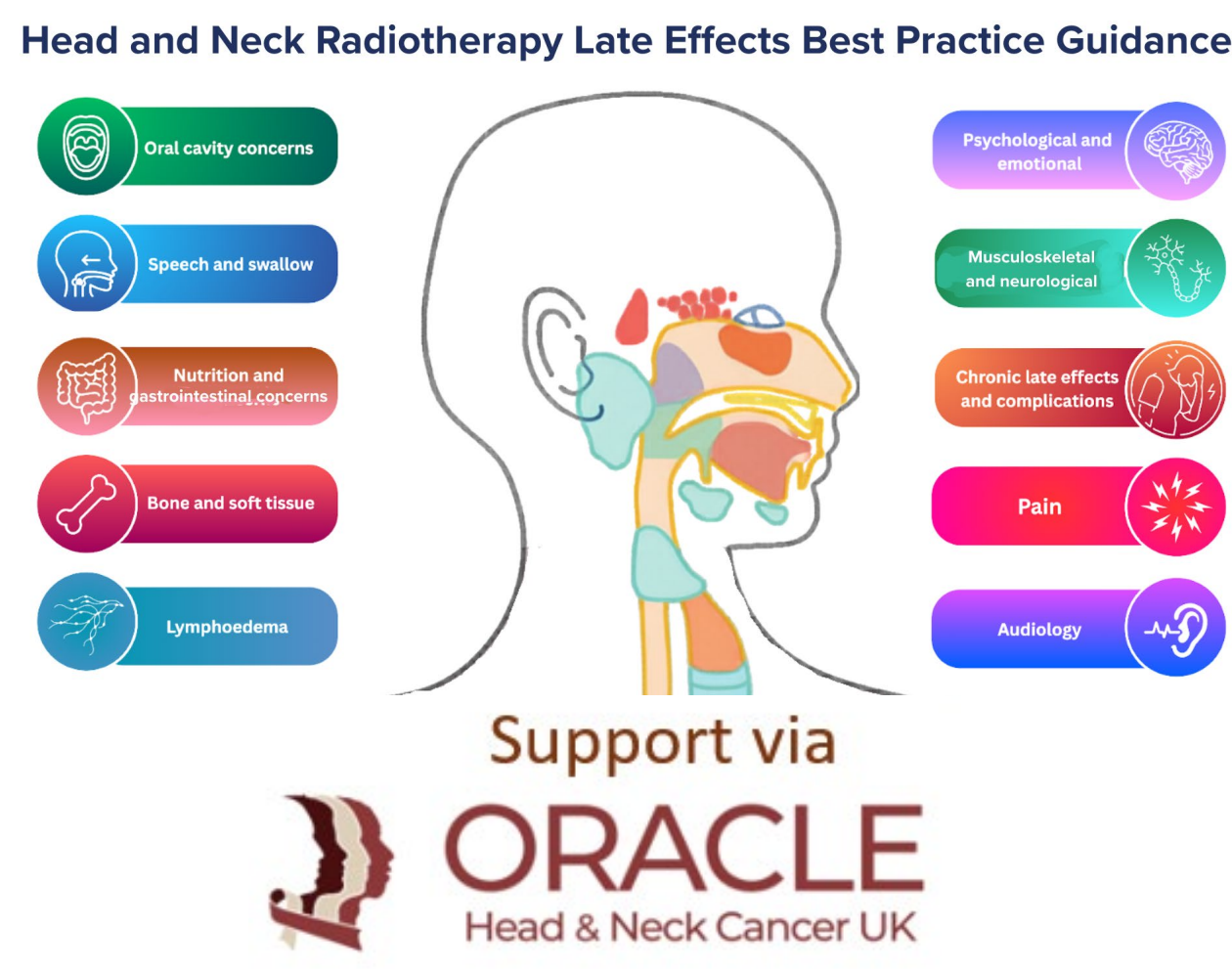


Late Effects Care as a Multidisciplinary Responsibility: Findings from a UK Stakeholder Survey

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Unmet Needs in Late Effects Care

Late effects after head and neck radiotherapy are complex, and multifaceted, influencing patients’ physical health, functional abilities, psychological wellbeing, and social participation. Their identification and management extend beyond routine oncological follow up and demand sustained, coordinated multidisciplinary team (MDT) involvement. Despite this, the organisation, leadership, and professional responsibilities within late effects care remain unclear, with notable variation in service models and role boundaries across the UK. To understand how late effects care is currently structured and perceived across professions, a national survey was undertaken among stakeholders involved in head and neck survivorship.

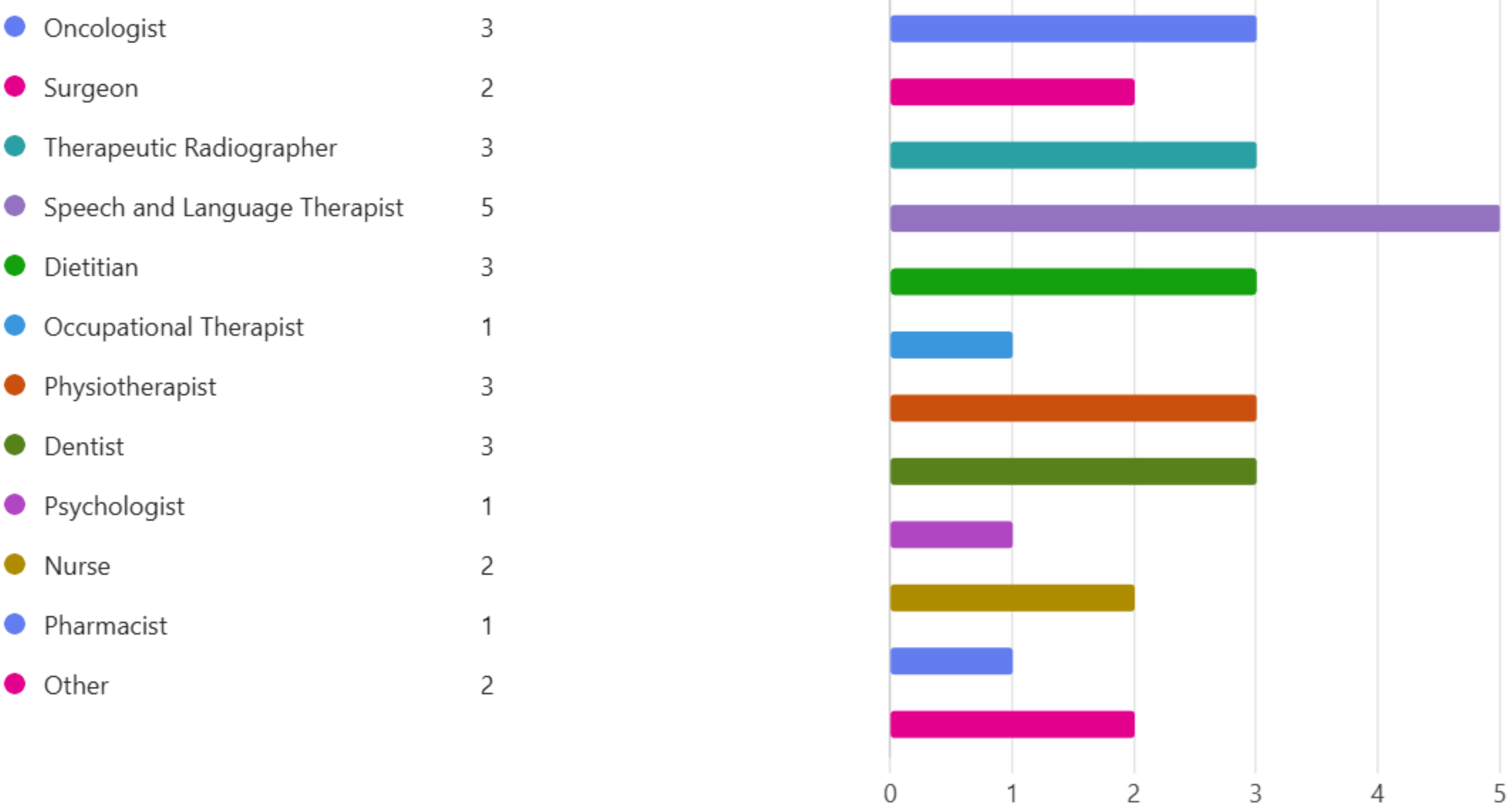
Method:

A structured online survey was circulated to members of the **Head and Neck Radiotherapy Late Effects Best Practice Guidance Group**. The questionnaire captured professional background, access to late effects services, use PROMS and CROMS, availability of radiotherapy planning information, and perceived barriers to delivering care. Free text items explored views on service gaps, MDT collaboration, and priorities for future development. Quantitative data were summarised descriptively, and qualitative responses were analysed thematically.

Results:

29 Original Core Group Members

Representing a wide multidisciplinary cohort including:



Largely based in UK NHS trusts, the majority of respondents (76%) reported involvement in or access to a late effects service, although many described the absence of formal pathways or consistent MDT structures.



72% Reported use of Patient reported outcome measures (PROMS)

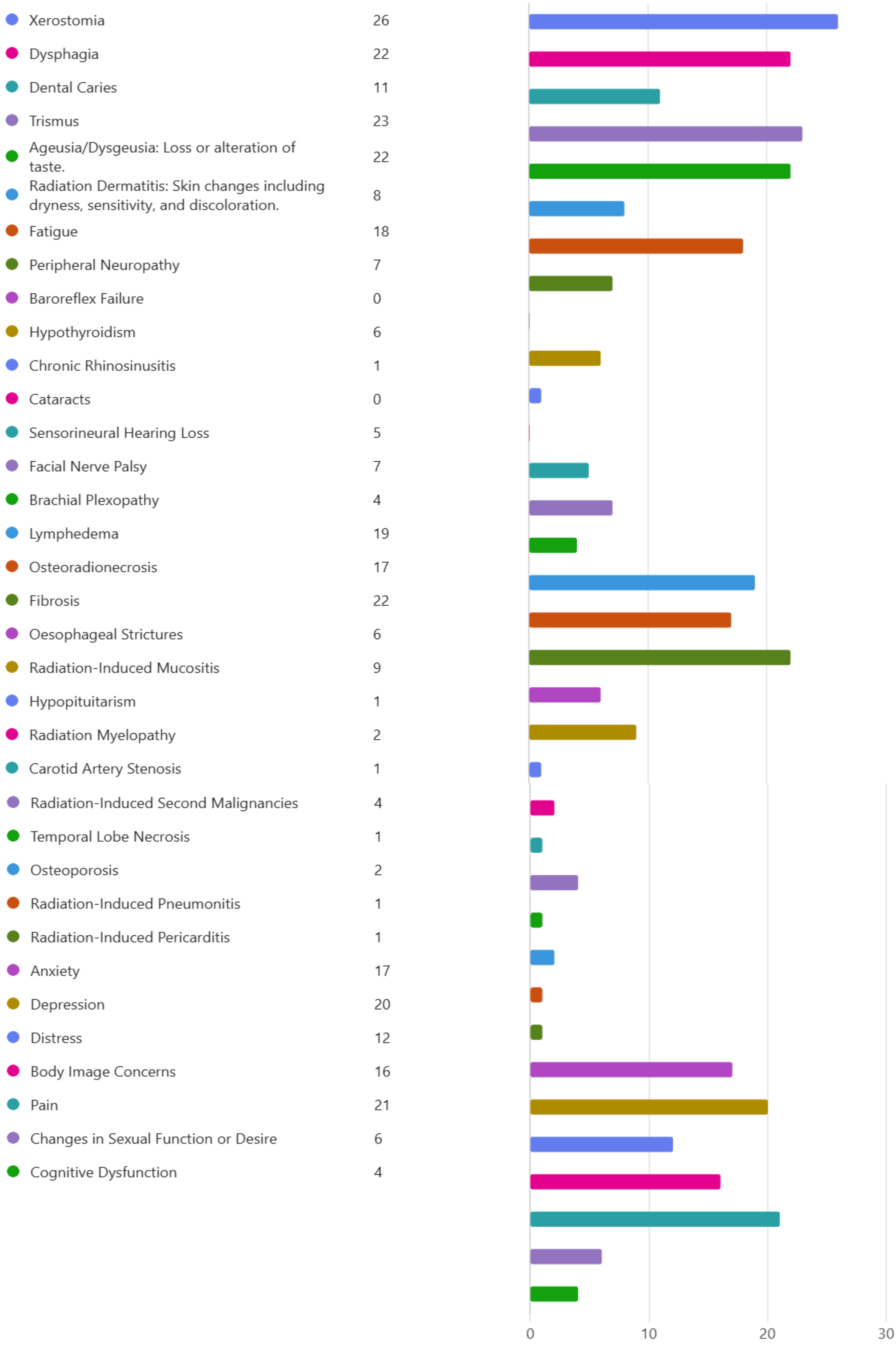


48% Reported use of clinician reported measures (CROMS)

CROMS were applied less consistently, reflecting differences in professional roles and assessment responsibilities. Access to planning data was reported by 52% of respondents, indicating variable integration of radiotherapy dosimetry into survivorship care.

Key challenges included fragmented service provision, workforce constraints, unclear ownership of late effects care, and the complexity of managing multiple, evolving symptoms over time. Respondents highlighted the need for coordinated MDT working, shared assessment approaches, and clearer definition of responsibilities across the team.

Common Late effects observed in practice:



Conclusion:

This survey highlights that late effects care following head and neck radiotherapy is inherently multidisciplinary but inconsistently structured across services. Variation in roles, assessment approaches, and access to key clinical information underscores the need to define late effects care as a shared MDT responsibility rather than a single-specialty remit. Strengthening MDT identity, clarifying professional roles, and supporting integrated working are essential to delivering equitable, high-quality survivorship care for this patient group.