

London Cancer Skin Cancer Tumour Pathway Board Annual Report 2018-19

Introduction

The Skin Cancer Tumour Pathway Board is a cancer specific board led by Dr Lance Saker, Tumour Pathway Director, with project management support from Caroline Cook. Its membership includes representation from cancer professionals across the region and active participation from primary care and from patients.

Skin cancer services continue to perform well in the main on waiting time metrics and survival across NCEL compares favourably to national outcomes. However, services are under pressure from rising demand, which will be increasingly tested with the introduction of the Faster Diagnosis Standard (FDS). Consistent achievement of the FDS standard will require improvements to pathology turnaround times in some hospitals.



Dr Lance Saker, Pathway Board Director, GP at Oak Lodge Medical Centre

Achievements this year

The focus of Pathway Board this year has been on streamlining and updating processes to support the 28 day faster diagnosis standard. The Board has also concentrated on reviewing and updating local skin cancer guidance.

In 2018/19 our key achievements have been:

- The development of a local skin cancer timed pathway which will support the 28 day FDS. The Pathway Board has contributed to the development of this aspirational pathway and clinicians in NCEL have agreed this as the standard that trusts in the region should be working towards to ensure patients are diagnosed and treated in a timely manner. Compliance with the timed pathway will be audited to identify bottlenecks or problems within the pathway which cause delays and need resolution. Implementation of the pathway will form part of the Pathway Board's work-plan for 2019/20.
- Updating local skin cancer guidelines. There are nine local *London Cancer* guidelines which require regular updating to ensure that current best practice is always adhered to. In the last year, the dermatologists and oncologists on the Pathway Board have worked to update these guidelines to reflect up-to-date standards and national guidance.
- Provision of dermoscopes to GP practices in NEL and training to enable them to utilise the scopes to effectively manage skin lesions in primary care. Using a dermoscope, GPs can differentiate more easily between suspicious lesions needing a referral and those where the patient can be reassured. This will support NEL to be 28 day FDS ready as fewer benign lesions will be referred. It is expected that the use of dermoscopes will facilitate robust referral practices which will be reflected in an increased conversion rate.
- Improving the communication between local and specialist MDTs across NCEL. A working group met to identify where communications between trusts was inconsistent and patient outcomes were not fed back to referrers. The Group has discussed how the interaction between the MDTs can be improved to maintain patient safety and have agreed to attend each other's MDTs to further understand working practices.
- Using data to monitor and improve performance. The Pathway Board reviews waiting time data at each meeting and discusses any issues that may have caused delays in individual trusts. However,

throughout 2018/19, NCEL as a whole has consistently exceeded the 62 day referral to first treatment standard, by achieving 90% and over in most months.

Patient representation

We are grateful to have Chris Devereux, Clare Runacres and Ryszard Zaluski-Zaluczkowskias as patient representatives and greatly appreciate their valuable contribution to the work of the Pathway Board.

Future plans

In 2019/20, the Pathway Board will focus on supporting trusts to be ready for the implementation of the 28 day faster diagnosis (FDS) standard in April 2020.

No	Objective	Owner	By
1	MDT improvement Continue to work with local and specialist MDT leads to improve communication between MDTs and develop MDT protocols where appropriate.	LS	March 2020
3	Introduction and evaluation of dermoscopy in NEL. Practices which were successful in their dermoscopy bids will be provided with a dermoscope at a training event in April 2019. Following this, the dermoscopes will be used in these practices to enable GPs to differentiate between suspicious lesions needing an urgent 2 week wait referral and less serious lesions where the patient can be reassured or referred routinely. Participating GPs will provide agreed monitoring and audit data to enable use of the dermoscopes to be evaluated. The aim will be to ensure high quality of referrals on the 2 week wait pathway which may improve performance against the 62 day waiting time standard and support trusts to achieve the 28 day faster diagnosis standard (FDS).	LS/CC	Ongoing
4	Implementation of timed pathways. In 2018/19, the Pathway Board developed two timed pathways for patients with suspected malignant melanoma and squamous cell carcinoma. It was agreed that these pathways were aspirational, but were the ideal that should be worked towards. Implementing the pathway and monitoring performance against this will enable the Board to understand the barriers to delivery of the FDS and support trusts to be FDS ready for 2020/21.	LS/CC	March 2020
5	Support innovations in skin cancer prevention and diagnosis. The NHS Innovation Accelerator programme (NIA) has approved two innovations in skin cancer for trial implementation in primary care, which will be supported by the Pathway Board. One innovation will enable self-monitoring and increase awareness of skin cancer via a smartphone app. The second is an artificial intelligence triage which will aim to reduce the number of unnecessary referrals made on an urgent pathway.	LS	March 2020

6	<p>Approval of skin cancer guidelines</p> <p>The London Cancer skin cancer guidelines have been reviewed and updated by the dermatologists in NCEL and will be approved and uploaded onto the <i>London Cancer</i> website.</p>	LS	June 2019
7	<p>Review and refresh membership of pathway board</p> <p>The Pathway Board membership will be reviewed to ensure that all trusts and relevant professions are still represented on the Board. Additionally, with the support of the UCLH Cancer Collaborative PPI team, the role of patient representatives will be reviewed and new representatives recruited if necessary. The aim of this will be to improve engagement and attendance at Board meetings.</p>	LS/CC	June 2019

Acknowledgements

We would like to thank all the members of the Skin Cancer Tumour Pathway Board for contributing their time to Tumour Pathway Board meetings and projects outside the meeting.

Particular thanks to our patient representatives, Chris Devereux, Clare Runacres and Ryszard Zaluski-Zaluczkowskias, who have generously given up their time to contribute.