

Meeting of the *London Cancer* Skin Pathway Board Meeting

Date: **January 26th 2017, 15:30-17:30**

Venue: **Boardroom, UCLH @ Westmoreland Street, 16-19 Westmoreland Street, London**

Chair: **David Chao**

1. Welcome and introductions and Minutes from last meeting

DC welcomed members of the board, introductions were made and apologies heard. The minutes of the last Pathway Board were accepted as an accurate record with minor amendments made.

2. Priorities of the Skin pathway board

- **Timed Pathways** – DC introduced the concept of timed pathways to the board and acknowledged that this was a concept being driven by UCLH Cancer Collaborative to create a best timed pathway for skin patients that can be used across the network. The advantage for Skin cancer pathways is that the primary excision counts as 1st treatment therefore meeting the 50 day target should be easier however the huge number of patients makes this harder.
- The board felt that reducing the target down to day 50 would increase breaches and put more pressure on the service – they also felt that they would like to see evidence base around why day 50 was chosen and how this benefits patient care.
- DC felt it would be interesting to audit the percentage of patients currently being treated by day 50 and will ask RFH cancer managers if they believe the 50 day target is realistic.
- KG felt that the pressure to meet the 14 day target for 1st OPA meant that patients were usually seen just before the breach date and that there was currently no opportunity to pre select urgent cases to be seen sooner – this would be more important and beneficial to patients if there was an increase in capacity for rapid access clinics.
- **Capacity release** – Capacity release is one of the major issues facing Skin cancer services throughout the network and aim of the board is to consider how best to combat this. DC felt that GP awareness and education does not lead to a decrease in GP referrals from previous experience. Board was asked if there has been an increase in BCC referrals since the change to the guidance.
- It was felt that there was an increase but not a significant increase and the most pressing issue is that low risk BCC referrals are being made through the 2ww system which is not part of the new guidelines.
- Teledermatology is considered one example of how to reduce demand on clinics. IP, the new lead for skin cancer at RFH has rolled out a teledermatology service from which DC presented the data.
- DC felt it would be useful to invite cancer managers from RFH to the next meeting to explain in more detail the data presented.
- Dermatologists from Bristol who have also ran this service felt that there was not much time saved through this service.
- Felt it would be useful to find out how much CCGs are paying for a teledermatology service to understand the potential financial savings.

- One issue with this service is that professional medical photographers are needed to ensure accurate pictures are taken.
- **Stratified follow up** – SC, the programme lead for stratified follow up sends her apologies, DC felt that stratified follow up is another way to relieve pressure on clinic capacity. Barts Health are currently creating a series of videos for YouTube, DVD and also to be shown in clinic waiting rooms to provide patients with advice and self-examination

ACTION: DC to speak to RFH cancer managers to see if a 50 day target is realistic.

DC to invite RFH cancer managers to next pathway board to discuss teledermatology data.

JG and DC to approach CCGs to see how much is paid for teledermatology services.

To approach British society of dermatology to see of other examples of teledermatology

3. Update on Vanguard

- JG provided an introduction to the Vanguard and the UCLH Cancer Collaborative.

4. Update from CNS group

- AM who chairs the CNS group sends his apologies and DC presented the patient questionnaire results.
- DC mentioned that the NICE quality standards were changing to help services put pressure on trusts to provide funding for CNS's.
- Before LCA split they were going to use the same survey and this would be the first plan London survey – DC to check what is happening in SE London and RM partners

ACTION: DC and JG to contact SE London and RM partners to see if they are using patient survey

5. Update from National SSCRG Meeting

- DC explained the role of the national SSCRG meeting and gave an update. NCRAS has now been set up to provide analysis on all datasets currently being filled out from MDTs and national audits. This is a great opportunity to gather data and define patient pathways,
- Currently SSCRGs are going through a reorganisation and not clear what this will lead to but DC to keep the board updated.
- DC introduced the Centre for cancer outcomes as part of the UCLH CC, this is an opportunity to gather network wide data that could not be provided before

ACTION: JG to invite Centre for cancer outcomes to the next PBM

6. AOB

Pathway Board Priorities – DC highlighted some of the boards aims such as capacity release and patient experience survey that fit into the London Cancer strategy. It was felt that as a board that there could be a re think into some other priorities. DC asked the board to think about what members would like from the board and to feedback to him.

It was felt by the board that the centre of cancer outcomes could help them to find out:

3 year increase in Melanomas for the network.

- DC also let the board know his intentions to step down as pathway board chair. He welcomed any of the board to approach him if they would like to consider taking the role. DC will continue to chair the board if there is no interest.

ACTION: Board to contact DC regarding priorities for the pathway board – to be discussed at next PBM

JG to ask the centre for cancer outcomes to find out 3 year cancer increase in Melanoma cancer.

7. Date of next meeting

Day	Date	Time	Meeting
Thursday	26-Jan-17	15:30-17:30	Skin pathway board
Thursday	27-Apr-17	15:30 - 17:30	Skin pathway board
Thursday	22-Jun-17	15:30-17:30	Skin pathway board
Thursday	28-Sep-17	15:30-17:30	Skin pathway board
Thursday	23-Nov-17	15:30-17:30	Skin pathway board

ACTION LOG

Action reference	Action	Owner	Date Due	Status
	DC to speak to RFH cancer managers to see if a 50 day target is realistic.	DC	27/04/2017	
	DC to invite RFH cancer managers to next pathway board to discuss teledermatology	DC	27/04/2017	
	JG and DC to approach CCGs to see how much is paid for teledermatology services.	JG and DC	27/04/2017	
	To approach British society of dermatology to see of other examples of teledermatology	JG and DC	27/04/2017	
	DC and JG to contact SE London and RM partners to see if they are using patient survey	JG and DC	27/04/2017	
	JG to invite Centre for cancer outcomes to the next PBM	JG	27/04/2017	
	Board to contact DC regarding priorities for the pathway board – to be discussed at next PBM	ALL	27/04/2017	
	JG to ask the centre for cancer outcomes to find out 3 year cancer increase in Melanoma cancer.	JG	27/04/2017	

Attendees

Name	Trust/Organisation
Ryszard Zaluski-Zaluczkowski	Patient Representative
Chris Devereux	<i>Patient Representative</i>
David Chao	Chair
Daniel Thompson	UCLH CC
Kim Gerlis	GP
Conal Perrett	UCLH
Catherine Harwood	Barts Health
Esther Hansen	<i>Royal Free</i>
Kathy Taghipour	Whittington
Ben Esdaile	Whittington
Shefali Rajpopat	Barts Health
Chris Duhovic	Whittington
Karl Wolpert	<i>PAH</i>

Apologies

Name	Trust/Organisation
Jane Boxall	B&CF
Neil Shah	BHRUT
Girija Anand	North Middlesex
Lisa Rose	RFH
Peter Szlosarek	Barts Health
Susan Lyons	RFH
Sharon Cavanagh	UCLH CC
Roberto Verdolini	PAH