

## **Meeting of the *London Cancer* Skin Pathway Board Meeting**

Date: Meeting to be held between 16:30 and 18:00 on Thursday 28<sup>th</sup> September 2017 in

Venue: Boardroom, UCLH @ Westmoreland Street, 16-18 Westmoreland Street, London, W1G 8PH

Chair: Lance Saker

### **1. Welcome, apologies and minutes from last Meeting**

- LS welcomed the board members to the meeting, introductions were made and apologies heard. Minutes of the last meeting were accepted as an accurate record with minor amendments made.
- LS highlighted that Pelham Allen, chairman of London Cancer had recently attended a national dermatology meeting focussing on inter-trust referral and communications (ITR) processes. LS will feed this back to the board once he has spoken to Pelham Allen
- The board agreed that the pathway between referring and specialist trusts needs to be more seamless and is currently lengthening the patient pathway. Members endorsed setting up a working group to look at ways of improving the ITR process.
- LS will write to board members asking them to volunteer for the working group; others will contribute through proposals being brought to the Pathway Board meetings for discussion. The working group will need representatives from specialist and local MDT sites.

**ACTION: Working group to be established to look at ways to improve the current ITR process into both specialist centres.**

### **2. Visits to NEL MDTs**

- LS updated the board on the visits to NEL MDTs including Barts Health and BHRUT. These MDTs appeared to be functioning well.
- Some teleconferencing issues were noted from the BHRUT MDT when joining the sMDT at Barts Health.

### **3. Skin Cancer – Metrics**

- SH, senior analysis at Centre for Cancer Outcomes introduced himself and the work of the department. The aim of the department is to improve data completeness and quality across the London Cancer network.
- At a local level this provides information on patient pathways and this information is submitted to a national team NCRAS which can then be reviewed on Cancerstats.
- Information such as staging completeness, performance status and amount of patients that are seen by a CNS is visible on this website. Currently all trusts and all tumour sites need to improve on the data completeness.
- This information can be used to benchmark services nationally and show where areas of improvement or resources are needed. However, as the information is currently not collected it cannot be used for this purpose.
- The board highlighted that data completeness may be low due to the low levels of CNS and MDT coordinator support. SH confirmed that this information should be completed by the MDT coordinator on either Somerset or Infoflex.
- The board highlighted that this data does not include BCCs who are not discussed at MDT so it is worth noting that these figures do not represent the totality of skin cancer workload.

- Board felt it would be more beneficial to agree locally what data items would be best to capture and focus on these. It was felt that data to show the lack of CNS support across the network and highlight gaps within the system may be beneficial and should be a focus.

#### **4. CNS and Medical Photographer Benchmarking**

- A CNS benchmarking tool has been sent out to the pathway board members and was completed prior to the meeting.
- Barts Health and Royal Free managed to increase their CNS support however this was through the peer review process which no longer has the same format and leverage. CH suggested that the board should flag this up as a serious concern to patient safety.
- NS felt that addressing CNS under-staffing was a critical area for the Board to show value. Board members agreed but recognised that ultimately staffing is a Trust decision.
- AM said that in many instances are looking to reduce CNS staffing complement due to costs. Board members agreed this was unhelpful.
- EH highlighted that other pathway boards including the breast pathway board have established service specifications which address these specific issues about staffing levels. The board agreed that it may be useful to do this for skin cancer.
- The board agreed that accurate data collection is needed to support the boards pressure on trusts to increase CNS staffing levels and it was agreed that CNS patient volume should be collected. This was best obtained from pathology departmental records of new diagnoses.
- In cases where there is concern about CNS having to work beyond contracted hours due to lack of capacity, it was suggested that the CNS keeps a diary of their hours and workload.
- LS asked Royal Free and Barts Health board members if a business case was complete for extra CNS support as this would provide a useful template, board members will check with their local trusts and AM will review the BAD website to see if a template exists.
- Medical photographer benchmarking tool was completed during the meeting with all trusts identifying their level of support.
- Board felt this issue may be unique to UCLH who have previously highlighted a lack of medical photographer resource.
- It was highlighted that the updated Melanoma guidelines state that all new two week wait patients should be photographed.

#### **ACTION:**

**LS to write along with local dermatologist/s to respective pathology departments to obtain data on number of skin cancer patients seen at each treating trust in the last 12 months.**

**FI and CH to ask trusts for CNS business case templates.**

**AM to review BAD to see if a business case template is available.**

**JG to circulate medical photographer benchmarking tool for accuracy.**

**LS and JG to find out more about the LC breast cancer specification to see if useful for skin cancer services.**

#### **5. Timed Pathway**

- LS introduced the purpose of a timed pathway to the board and noted that these have been completed for almost all other tumour sites. Examples of Skin timed pathways from other cancer networks as well as NEL was distributed to the pathway board before the meeting.
- NS stated that BHRUT is currently looking to establish joint clinics where patients can discuss more than one treatment option at the same time. This has been done in both Urology and Head and Neck. This can significantly reduce the patient's pathway.

- JB highlighted that patients are also delaying before their diagnosis and a lot of these are patient choice delays due to the patients not being aware they are on a cancer target pathway.
- BE felt it would be most beneficial to establish a timed pathway for patients who are referred to specialist centres for treatment as this is the pathway that has the highest risk of breaches. Board members agreed that this was the best place to start and to review on this basis whether further aspects of skin cancer care would benefit from collectively agreed timed pathways.

**ACTION: Draft timed pathway for the ITR patient pathway to be distributed to board for comment and sign off at next meeting.**

## **6. Demand Management for 2ww referrals**

- LS asked the board if they felt there would be any value in a letter being sent from the board to GPs offering advice on referrals into secondary care in an attempt to reduce the number of referrals through education.
- Board agreed that this would be useful however FI highlighted that this has been tried before but was not very successful
- NS highlighted that dermatology is predominantly a primary care practice now and suggested inviting more GPs to the pathway board.
- LS will draft a letter to be sent to GPs across the network highlighting 5 things that could be done by GPs to help reduce the number of referrals into secondary care. It was important to include dermatology audits of referrals / 2ww clinics and key messages for GPs – LS will be writing to members for input. The letter will be sent to the board for comment and final sign off.

**ACTION: LS to draft letter to be sent to GPs across the network highlighting 5 ways in which they can support the reduction in referrals to secondary care.**

**JG and LS to recruit a GP from NEL to the TPB**

## **7. AOB**

- LS highlighted that other pathway boards in London Cancer have held educational events and asked the board if they felt an educational event about teledermatology, bring colleagues from both secondary and primary care together from across the network would be useful?
- Board agreed with this but highlighted the need for a consensus and actions to arise from the event; therefore, to hold off on progressing this for now until aims and value clearer.

## **8. Date of next meeting**

22<sup>nd</sup> February, 16:00-18:00, Location TBC

## ACTION LOG

Action reference	Action	Owner	Date Due	Status
Nov-1	Working group to be established to review way to improve ITR process.	ALL	20/12/2017	
Nov-2	LS to write along with local dermatologist/s to respective pathology departments to obtain data on number of skin cancer patients seen at each treating trust in the last 12 months.	ALL	22/01/2018	
Nov-3	FI and CH to ask trusts for CNS business case templates.	FI & CH	22/01/2018	
Nov-4	AM to review BAD to see if a business case template is available.	AM	22/01/2018	
Nov-5	JG to circulate medical photographer benchmarking tool for accuracy.	JG	15/12/2017	
Nov-6	Draft timed pathway for the ITR patient pathway to be distributed to board for comment and sign off at next meeting.	LS & JG	12/01/2018	
Nov-7	LS to draft letter to be sent to GPs across the network highlighting 5 ways in which they can support the reduction in referrals to secondary care.	LS	12/01/2018	
Nov-8	JG and LS to recruit a GP from NEL to the TPB	LS & JG	22/01/2018	

## Attendees

Name	Initials	Trust/Organisation
Lance Saker	LS	London Cancer
Jacob Goodman	JG	London Cancer
Sean Hession	SH	Centre for Cancer Outcomes
Jane Boxall	JB	Royal Free - BCF
Chris Devereux	CD	Patient Representative
Neil Shah	NS	BHRUT
Olivia Chan	OC	North Middlesex
Esther Hansen	EH	Royal Free
Ferina Ismail	FI	Royal Free
Alan Milligan	AM	Royal Free
Roberto Verdolini	RV	Princess Alexandra
Kathy Taghipour	KT	Whittington
Catherine Harwood	CH	Barts Health
Ben Esdaile	BE	Whittington

## Apologies

<b>Name</b>	<b>Trust/Organisation</b>
Kim Gerlis	The Ross Practice
Helen Wark	Royal Free
Ryszard Zaluski – Zaluczkowski	Patient Representative
David Chao	Royal Free
Omair Hameed	BCF
Ioulios Palamaras	BCF