Meeting of the *London Cancer* Skin Pathway Board Meeting

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

Venue: **Meeting room West, 6th Floor, 250 Euston Road, NW1 2PG**

Chair: **Lance Saker**

1. Welcome, apologies and recap of previous work of the board

- LS welcomed the board members to the meeting, introductions were made and apologies heard.
- LS introduced himself as the new chair for the Skin Pathway board.

2. Introduction to UCLH CC and London Cancer

- JG gave a presentation to the board providing an overview of the UCLH cancer collaborative and London Cancer as well as an introduction to the National Cancer Vanguard.
- LS highlighted that *London Cancer* is currently exploring ways in which it can more effectively engage clinicians and managers providing cancer care across NECL/W Essex as well as patients and others interested in cancer services.

3. Skin Cancer – Metrics

- The board were presented with an overview of the skin cancer metrics which are currently available through the vanguard cancer informatics website. JG highlighted that anyone who would like access to website should email him directly (Jacob.goodman@NHS.net)
- LS highlighted that more melanoma patients are now being diagnosed through the 2ww route with an increase from 37%-58% since 2006.
- Data also showed that 3 year survival for melanoma has improved; CH felt this could be due to the use of immunotherapy. KT explained that this improvement could also be due to more cancers being picked up at an early stage and felt it would be interesting to see the data on this.
- Staging data does not show a big difference in % with early stage cancer at diagnosis between those referred 2ww vs. routinely.
- Data showed a variation in staging completeness across London Cancer trusts. The board questioned the source of the data and how this is collected. LS asked the board member to review how this data is being collected at their trusts and to feedback to the board.
- There were big disparities in figures on patient experience which the board felt represented data collection issues. JB explained that some MDTs use paper to outcome and collect data whereas others do this electronically; this could explain the variation in data collection. CH asked what these data were used for and whether they were publically available. JG agreed to find out more which would inform discussions about the value of these metrics at the next board meeting.
- Overall, the board questioned how the data is collected and also for what purpose. It was felt that this needed to be clarified as well as what skin cancer needs to be collected.
- It was agreed by the board that these metrics should be reviewed by the board at each meeting.

ACTION: Board members to review how staging and patient experience data are being collected at their trust and feedback to board.
JG to clarify how experiential data are collected and for what purpose and feedback to board.

4. MDT Visits and Board Priorities

- LS presented the current board priorities and summary of the discussions had at each of the four MDTs in NCL visited to date. LS stated he intends to visit the MDTs in NEL to discuss the board's priorities.

The four existing priorities identified by the Board were supported. Additional issues identified:

Insufficient CNS support

- This was acknowledged as an issue at BHRUT, UCLH and BCF
- BHRUT currently only have one CNS who covers two sites, they also have an outreach clinic where the CNS is not present.
- LS asked the board if there was any cross-site CNS working. The board explained that currently there are no CNS that work cross site but communication between the CNS is good. Previously there had been a CNS sub group of the London Cancer board however this has not met for a while.
- CH explained that Barts Health now have 3 full time CNS posts, previously they only had one part time post. The increase in CNS support was due to some pressure from the London Cancer board but had been most helped by the previous Peer Review exercise.
- It was agreed by the board that there is a disparity of CNS support across London Cancer trusts. It was suggested that a working group should be put together to establish the minimum CNS requirements for Skin cancer services. This document could benchmark the number of CNSs per patient volume at each centre to outline the gaps. This could be done with support from the UCLH Cancer Collaborative.
- It was agreed that this working group would consist of CNS's and a dermatologist who will outline the minimum requirements of CNS support for skin cancer services.
- NS explained that a similar piece of work had been done by the Head and Neck CNS at BHRUT.

Improving information provided from Primary care.

- The board discussed this issue and there were varying views on what could be done about this.
- JB highlighted that the biggest issue with two week wait referrals is that 90% of patients are unaware that they are on a suspected cancer pathway, this leads to patients DNA'ing and cancelling appointments. BE suggested that the 2ww referral route has been 'abused' as urgent OPA slots are no longer available on choose and book. CH felt that this was not an issue in NEL and that patients do know they are on a suspected cancer pathway.

Medical Photographer Resource

- Lack of medical photographer resource was highlighted as an issue at BCF where they only have one full time photographer across two sites. UCLH also currently have no acess to medical photographers - it was pointed out that UCLH do have medical photographer resource but it is based at RFH and therefore not available in the dermatology clinics
- BHRUT currently have 4 medical photographers, Royal Free have 8. The board agreed that there was a disparity of medical photographer resource across *London Cancer*, and that professional photographers were a necessary part of the service. Increasingly these are being used to inform decision making in MDTs.
- The board agreed that, there needs to be a defined benchmark of medical photographer support across all trusts.

Inter-Trust referral (ITR) processes

- RFH highlighted that they receive referrals from many trusts and do not always receive enough information for their SMDT. NCL trusts also noted that they did not receive information back from Royal Free following treatment.
- Barts Health referring sites are able to dial into their SMDT which helps with the flow of information; due to the number of trusts referring to Royal Free this would not be possible.

- KT highlighted that they are unaware when patients are discharged from Royal Free as they are not CC'ed into the clinic letters which go to the GP. Usually if the patient is seen by a consultant they will CC the referring trust in however many patients are seen by junior doctors.
- NS explained that he had been involved in work to try and get training grade doctors to ensure referring specialists were cc-ed into letters about cancer patients rather than just GPs. This had not been easy as there is a repeated changes in doctors who needed to be
- It was felt that a centralised IT system will be able to help support the ITR process, LS asked the board to review options and feedback at the next board meeting.

ACTION:

- **LS and JG to arrange visits to MDTS in NEL**
- **AM and JB to form working group to establish minimum requirements of CNS support for skin cancer services.**
- **To define and benchmark medical photographer resource across all London Cancer Trusts**
- **Board to review options on how to improve ITR process and feedback at next meeting**

5. Demand Management

- LS presented the current plans for tele-dermatology in NCL. CH mentioned that tele-dermatology had been explored in NEL where a commercial provider was chosen to run service. This service was unsuccessful as GPs did not refer to the commercial provider and referrals to OPD did not change.
- FI explained that tele-dermatology was not suitable for patients being referred on a 2ww pathway.
- Both Royal Free and Whittington have audited patients seen in their Rapid Access clinic and found incidental skin cancers detected on full skin examination (FSE) (12/219 at RFH; cancers were picked up from FSE. There is a worry that these cancers will be missed if network relies on tele-dermatology.
- LS felt that from a primary care perspective there are currently skin cancers that are being missed due to some patients not being referred, tele-dermatology may be able to address this while potentially reducing demand on 2ww clinics.
- FI felt there needs to be clear guidelines on patients who may need an FSE.
- CH asked the board if there was any long term data that looked at the impact of education on tele-dermatology services. Are GPs able to use the service more effectively once they have been educated on skin cancer? BE and others said there were services that had published data on changes to activity after some years of delivery.

ACTION: Obtain information on existing teledermatology services and circulate to the group

6. MDT Improvement

- JG presented the recent MDT Improvement report that was published in May 2017.
- BE stated that some protocolisation of MDT decisions was already in place in Oxford and offered to provide the board with the guidelines for the next meeting.
- FI felt that implementing these pathways may be able to speed up the patient's pathway, some patients are currently waiting a week for a decision to be made at MDT.
- CH felt that this could reduce the workload for Local MDT's but most cases presented at Specialist MDTs will still need discussion.

ACTION: BE to share the protocolised pathway guidelines from the skin MDT in Oxford.

7. Date of next meeting

23rd November 16:00-18:00, location TBC

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Sep-1	**Board members to review how staging and patient experience data are being collected at their trust and feedback to board.**	ALL	23/11/2017	
Sep-2	**JG to clarify how experiential data are collected and for what purpose and feedback to board.**	JG	23/11/2017	
Sep-3	**LS and JG to arrange visits to MDTS in NEL**	JG/LS	10/11/2017	
Sep-4	**AM and JB to form working group to establish minimum requirements of CNS support for skin cancer services.**	AM/JB	23/11/2017	
Sep-5	**To define and benchmark medical photographer resource across all London Cancer Trusts**	ALL	23/11/2017	
Sep-6	**Board to review options on how to improve ITR process and feedback at next meeting**	ALL	23/11/2017	
Sep-7	**Obtain information on existing teledermatology services and circulate to the group**	JG/LS	23/11/2017	
Sep-8	**BE to share the protocolised pathway guidelines from the skin MDT in Oxford.**	BI	23/11/2017	

Attendees

Name	Initials	Trust/Organisation
Lance Saker	LS	*London Cancer*
Jacob Goodman	JG	*London Cancer*
Chris Devereux	CD	Patient Representative
Richard Zaluski-Zaluczkowski	R Z-Z	Patient representative
Catherine Harwood	CH	Barts Health
Jane Boxall	JB	Royal Free – BCF
Martin Wade	MW	BHRUT
Alan Milligan	AM	Royal Free
Kathy Taghipour	KT	Whittington
Ben Esdaile	BE	Whittington
Conal Perrett	CP	UCLH
Ferina Ismail	FI	Royal Free
Neil Shah	NS	BHRUT

Apologies

Name	Trust/Organisation
Kim Gerlis	GP
Esther Hansen	Royal Free
David Chao	Royal Free
Omair Hameed	Royal Free-BCF
Ioulios Palamaras	Royal Free – BCF
Olivia Chan	NMUH