

Meeting of the *London Cancer Skin Pathway Board*

Meeting held on Tuesday 11th September 2018, 6th Floor West meeting room, 250 Euston Road, London NW1 2PG

Chair: **Lance Saker**

1. Welcome and apologies

- Introductions were made and apologies heard.
- It was agreed that future meetings should be held on Thursdays when the majority of Board members are available.

2. Minutes of last meeting and matters arising

- The minutes of the last meeting were agreed as an accurate record.
- Actions were updated as follows:
 - April-1 – completed
 - April-2 – the CNS business case should be circulated to the Group, including Neil Shah and Fawad Hussain
 - April-5 – completed
 - April-6 - completed

3. Guidelines for review

- EH will look through the Psychosocial Support for Adult Skin Cancer Patients guidelines and check updates.
- LS will ask CH to update the Treatment and Referral of SCC of Skin guidelines.
- LS will follow-up with OC on progress with the Skin Cancer Radiotherapy Guidelines.
- Other Board members will be approached directly to update guidelines.

ACTION:

- EH to review the Psychosocial Support For Adult Skin Cancer Patients guidelines
- CC to send LS list of policies without named volunteers to review
- LS to contact CH regarding updating the Treatment and Referral of SCC of Skin guidelines and follow-up with OC on progress with the Skin Cancer Radiotherapy Guidelines.
- LS to contact other Board members to review and update guidelines which currently have no reviewer.

UCLH Cancer Collaborative brings together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London and west Essex.

4. Update from sMDT Communications Working Group

- The minutes from the sMDT communications working group meeting had been circulated prior to the meeting.
- The preferred option for sharing information would be for all Trusts to have access via IT systems. As this is not possible, the next solution is for clinicians to hold honorary contracts and have remote access to clinical systems. UCLH have confirmed that this is possible.
- Derralynn Hughes has updated that RFH does not use honorary contracts, but service level agreements (SLAs). These are usually drawn up by departmental operations managers.
- It was queried whether the main objection to using honorary contracts was that there is a charge for these. If so, there is the potential for the cost to be picked up by the UCLH Cancer Collaborative as the figure mentioned did not seem very high.
- It was reported that Dermatologists had not yet visited each other's MDTs.

ACTIONS:

- CC and EH to liaise with RFH re options for sharing information for MDTs and look at finance options.
- Encourage dermatologists to arrange to visit each other's' MDTs as per SMDT communications group.
- EH will look into the possibility of RFH having an SLA with Whittington, UCLH and NMH.

5. Skin cancer timed pathway

- There was a discussion about the skin cancer timed pathway.
- It was noted that not all services have a one-stop service.
- JB also mentioned that tele-dermatology is unclear in the pathway.
- It is currently not possible to meet the 28 day FDS in some acute trusts, due to delays in histology results.
- Also wider excision is not within the timeline. However, it was noted that a decision to undertake wide local excision is a decision to treat and therefore stops the clock as it is confirming a diagnosis of skin cancer. Therefore, this will count towards meeting the 28 day FDS.
- The amendments raised at the last Pathway Board meeting should be made to the timed pathway with proposed timescales.

ACTION:

- CC and LS to make amendments to timed pathway; FI will be approached to support the first draft before circulating for further comments.

6. Skin cancer performance data summary

- The skin cancer performance data was presented and NCEL are meeting the targets for the 62 day standard.
- It was queried how this is so as patients are often chased to attend for excision, delaying the pathway, because they do not understand why they have been called in. This appears to have not affected the overall achievement of the target for 62 day wait.
- There was a discussion about the need for clear patient information and communications. It was queried whether the Minor Biopsy leaflet states the potential of skin cancer and if there is information for GPs to give to patients.
- It was noted that the percentage of patients having a holistic needs assessment (HNA) was very low in NCEL.
- JB stated that a full assessment is likely to be carried out for patients with metastatic disease, but this is less likely for those with a solitary lesion.
- It was agreed that, in principle, an HNA should always be considered, but clarity was needed as to what is acceptable.
- It was queried whether there are guidelines for HNA assessment and it was agreed to produce a pared down version.
- LS suggested finding a case study of where an HNA would have improved patient care.
- It was agreed that clarity is needed about how the data is collected and that a simple guide to the assessment should be produced.
- The target of 20% of patients to have an HNA was set, to be achieved by the end of quarter 4 2018/19.

ACTION:

- CC to find out and clarify how the HNA data is measured and collected.
- EH to produce a simple HNA guide.

7. Skin cancer quality standards update

- CC presented a summary of the NICE Quality Standards for skin cancer.
- Much of the data required is captured locally, but some should be available.
- Some data can be provided by the Centre for Cancer Outcomes.
- It was agreed that the data should be collated for the Board and reviewed at future meetings.

ACTION:

- LS and CC discuss how to present the Quality Standards data.
- CC to begin collating QS data.

6. Any other business

- The Cancer Academy has put out a call for MDT trainers.
- It was queried whether nurses could do the training. The problem would be covering the CNS role to release nurses to do this.

7. Dates of next meetings

- Wednesday, 23rd January 2019, 16:00 – 18:00 – to be rearranged to a Thursday afternoon

- Thursday, 18th April 2019, 16:00 – 18:00

ACTION LOG

Action reference	Action	Owner	Date Due	Status
April-1	Invite patient representative to the sMDT working group.	JG	1/5/2018	Complete
April-2	Send CNS business case to JG	FI	10/5/2018	Complete
April-3	Draft new skin cancer timed pathway for review at next pathway board meeting	CC	1/6/2018	Overdue, in progress
April-4	Divide guidelines between board members for updating.	JG/LS	1/6/2018	In progress. LS to follow-up with Board members
April-5	Map out NEL referral process for the sMDT communication working group meeting.	JG/LS	1/6/2018	Complete
April-6	Arrange the next three pathway boards over the next 12 months.	CC	1/6/2018	Complete
Sept-1	Review the <i>Psychosocial Support For Adult Skin Cancer Patients</i> guidelines	EH	31/12/2018	
Sept-2	CC to send LS list of policies without named volunteers to review	CC	21/9/2018	Complete
Sept-3	Contact CH regarding updating the <i>Treatment and Referral of SCC of Skin</i> guidelines and follow-up with OC on progress with the <i>Skin Cancer Radiotherapy Guidelines</i>	LS	25/9/2018	
Sept-4	Liaise with RFH re options for sharing information for MDTs and look at finance options	CC/EH	5/10/2018	In progress
Sept-5	Look into the possibility of RFH having an SLA with Whittington, UCLH and NMH	EH	5/10/2018	
Sept-6	Dermatologists to arrange to visit each other's' MDTs	Dermatologists	12/10/2018	
Sept-7	Clarify how the HNA data is measured and collected.	CC	21/9/2018	
Sept-8	Produce a simple HNA guide	EH		
Sept-9	Determine how to present the	LS/CC	31/10/2018	In progress

	Quality Standards data.			
Sept-10	CC to begin collating QS data.	CC	23/1/2019	

Attendees

Name	Trust/Organisation
Lance Saker	UCLH Cancer Collaborative
Caroline Cook	UCLH Cancer Collaborative
Jane Boxall	RFH (BCF)
Esther Hansen	RFH

Apologies

Name	Trust/Organisation
Stephen Hamilton	RFH
Olivia Chan	NMH
Kim Gerlis	The Ross Practice
Kathy Taghipour	Whittington Health
Catherine Harwood	Barts Health
Ferina Ismail	RFH
Jane Watts	Barts Health
Shefali Rajpopat	Barts Health