

Meeting of the Skin Site Specific Group

Thursday 9th May 2019

Roadford Lakes, Broadwoodwidge, Devon

THIS MEETING WAS SPONSORED BY CELGENE, LEO PHARMA, DERMAL, MERCK AND NOVARTIS

FREEDOM OF INFORMATION

This group will observe the requirements of the Freedom of Information Act (2000) which allows a general right of access to recorded information including minutes of meetings, subject to specific exemptions. No one present today had any objections to their names being distributed in the minutes.

SSG Chair: Dr Emily McGrath

Consultant Dermatologist- Royal Devon and Exeter NHS Foundation Trust

Draft Notes

Reference	Notes
1.0	Welcome and Introductions
1.1	Please refer to separate record of attendance via this link
1.1.1	The minutes of the previous meeting were considered;
2.0	Matters arising
2.1	<p>Ref: 2.1 A few chapters of the Clinical Guidelines are outstanding but once completed these are ready to be agreed. The group discussed the best way to ensure that the guidelines reach the appropriate people. The Joint Formulary website is a public facing website that provides an obvious link with GPs.</p> <p>Furthermore, it is imperative that these guidelines can be accessed at ease within MDTs. KD suggested that these documents are stored on the desktop of the computer used at MDT.</p>
2.2	Ref: 4.0 has not currently been actioned. The group need the surgeons to look at the guidelines and comment in order to ensure that everyone is updated on the changes in regards Sential Node Biopsies <u>not</u> being routinely offered.
2.3	Ref: 6.0 KD explained to the group that there has not be further discussion within MDTs regarding FISH testing. KD to liaise with pathologists when it is felt necessary.
2.4	Ref 10.0 A GP Skin Event was held in March, which was well attended by GPs across the Peninsula. The afternoons shared learning session saw the GPs

	split into different ability groups to cover difference levels of expertise. A 2020 GP skin Event is planned for next March.
3.0	Clinical Guidelines
3.1	The chapter on SSC's needs further updating before the documents can be circulated, but the group are awaiting British Guidance soon to be published.
4.0	Merkel Cell Carcinoma Management
4.1	The group discussed a recent audit around MCC, where things are not documented as well as they could be.
4.2	Exeter have developed Management guidelines which have incorporated the most up to date guidance
4.2.1	(Please visit the SWCN website to view)
4.2.2	The group have agreed to adopt these as guidelines going forward.
5.0	Guest Speaker
5.1	"T-VEC" - <i>By Dr Kate Scatchard, Consultant Oncologist</i>
5.1.1	(Please visit the SWCN website to view)
6.0	National Patient Experience Survey
6.1	ACTION: NK to circulate within the group.
7.0	MDT Streamlining
7.1	Rebecca Batchelor led the discussion on MDT Streamlining following MDT pilot project, which was steered by Professor Martin Gore. The January 2018 BAD recommendations were published in response to this this pilot.
7.2	The group agree that within their MDTs, they are already doing the necessary, but there are a few differences between centres.
7.3	One of the main recommendations is focused on whether within LMDTs there is scope to stop discussion on BCCs given the high number of cases that teams are receiving. BAD 2018 suggests any BCC < 1mm does not need local MDT discussion due to there being a standardised outcome and risk of incurring double reporting from pathology.
7.3.1	ACTION: KD to circulate North Devon's protocol for BCC.
7.4	The group discussed the usefulness of auditing the percentage of BCC's that do not have a standard outcome. It was also suggested that if there is a BCC case that is causing concern, than that consult could bring it along to the MDT.

7.5	ACTION: The group have agreed that these guidelines need to be a reoccurring item on the agenda.
8.0	“SCC- A five year follow up Audit”- Dr Alistair Brown, ST4 Dermatology
8.1	(Please visit the SWCN website to view)
9.0	AOB
9.1	EM explained that Jon Miller (Network Manager) is looking for ideas for improvements to the skin services.
9.2	The group discussed future bad guidance that may be published regarding follow up and the possibility of a group follow up on SCC perhaps in the form of an educational video via the “My Sunrise App “ to teach patients.
9.3	The group discussed the need for a pro forma that could be used in the MDT to record the correct and required information, which would help to facilitate audits further down the line. Previous experience has shown that often documents are lacking the full information required thus making audits difficult
10.0	Date of Next Meeting The next meeting is due in November- to be confirmed.
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