

**Meeting of the Skin Site Specific Group**

Thursday 17<sup>th</sup> May 2018 (14:00-17:00)

Roadford Lakes, Broadwoodwidge, Devon

[THIS MEETING WAS SPONSORED BY BRISTOL MYERS SQUIBB, DERMAL, LEO PHARMA, MERCK-SERONO AND NOVARTIS](#)

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**Draft Notes**

**SSG Chair: Karen Davies**

*Consultant Dermatologist-North Devon Healthcare NHS Foundation Trust*

Reference	Notes
1.0	<b>Welcome and Introductions.</b>
1.1	Please refer to separate record of attendance via <a href="#">this link</a> .
2.0	<b>LWBC</b> -An update from Maria Bracey, Lead CNS LWBC, Royal Devon and Exeter NHS Foundation Trust (RD&E).
2.1	The Peninsula was successful in their bid to secure transformation funds to help with the implementation of the LWBC strategy.
2.2	There are a number of elements to LWBC:
2.3	The target for completion of a Health Needs Assessment (HNAs) is within 31 days of diagnosis and 6 weeks of end of treatment.
2.4	There are also Health and Wellbeing Clinics (H&W) and End of Treatment Summaries to undertake as part of the whole package of care.
2.5	Data will be collected to feed back to region who will be tracking the progress of implementation across the Peninsula. The metrics and reporting requirements will be agreed by the cancer managers and lead cancer nurses at their next meeting on 15 <sup>th</sup> June 2018.
2.6	<b>LWBC at the RD&amp;E</b>
2.7	The Skin Cancer team at Exeter are doing well with eHNAs and have met their target this year at both points on the pathway.
2.8	Care plans are not yet being shared with the patients, but there are plans in place to work through this over the next 12 months.
2.9	H&W clinics are well received by patients, with some really good information

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- sharing. Initially generic clinics were offered to patients, however this did not meet the needs of the patients well and site specific clinics were the introduced last year with excellent attendance rates (86%).
- 2.10 Unfortunately, due to staffing challenges, the site specific clinics came to a close but will start up again within the next month for all melanoma patients.
- 2.11 It will be helpful to capture who the clinic is and is not appropriate for.
- 2.12 EoT summaries currently requires some work in order to create a template which achieves consistency; hopefully this will be up and running in the next 4-6 weeks; this will then enable the team to get some feedback from patients and GPs.
- 2.13 Some teams complete two EoT summaries (one after primary treatment and one at the end of treatment); this is because the pathway for skin cancer patients can be quite lengthy and this method seems to meet patient needs better.
- 2.14 North Devon and Exeter need to work through how they will provide elements of LWBC for patients on a shared care pathway.
- 2.15 Steven Johnson has recently taken up post to lead this project at North Devon and in Plymouth the key contacts for LWBC are Nicky Bevan-French and Miranda Benney.
- 2.16 Transformation money includes allocation for funding of band 4 support staff to work alongside the clinical nurse specialists.
- 2.17 It was decided that BCCs would sit outside of the LWBC agenda, bringing the key focus to MMs.
- 2.18 ED noted that it would be useful to have consistency in the information that is fed back to GPs.
- 3.0 Minutes of the Previous Meeting and Matter Arising**
- 3.1 Clinical Guidelines: **Action:** NK will create separate documents to ensure that information is more easily accessible to staff.
- 4.0 Audit**
- 4.1 Exeter and Taunton completed the Merkel Cell Audit.
- 4.2 **Action:** NK to re-circulate the audit guidelines for trusts to complete prospectively (please send back completed audits to [nina.kamalarajan@nhs.net](mailto:nina.kamalarajan@nhs.net)).
- 5.0 GP Study Day**
- 5.1 A successful skills/teaching event for GPs was held in March, feedback from the day was very positive and attendance was excellent. The next event will be held on Thursday 21<sup>st</sup> March 2018.

## Peninsula Cancer Alliance

### 6.0 Cancer Alliance

6.1 The group felt that there was a lack of clarity around the function/purpose of the Cancer Alliance in comparison to the previous network group.

6.2 BP introduced herself to the group in her role as head of planned care commissioning for South Devon and Torbay CCG. BP explained that when the networked ceased to exist the Alliance took its place to move the cancer strategy forward. It is recognised that there are work gaps with the STP and a lack of strategic forum to deal with operations. There is a cancer strategy and operational delivery group which the cancer managers sit on, this group was formed to try to bridge the gap.

6.3 Key contacts for the CCGs in Devon are Bev Parker, Eileen Deakin, Joe Mays and Yash Patel (Lorraine Long for Cornwall).

### 7.0 Research Matters

7.1 Peter Stephens is planning to open a centre for the Rational MCC trial.

7.2 EM thought that it would be helpful to standardise the information that is given to patients across the Peninsula regarding trial availability to ensure equity of access. It is thought that many melanoma patients would be prepared to travel in order to participate in a trials and funding is often provided to cover such costs.

7.3 CNSs are finding it difficult to get up to date information about what trials are available for patients.

7.4 The NIHR website should list the trials-however, they may not be completely up to date.

7.5 **Action:** TT will endeavour to produce an email once a month to go out to the MDT Leads/CNS link nurses to let everyone knows what trials are open and where.

7.6 TT is happy to update the group again at the next meeting.

7.7 Please refer to the following links for research updates provided by Julie Cunningham:

(i) [Melanoma Infographics](#)

(ii) [Cancer Recruitment Summary/Performance 2017/2018](#)

### 8.0 Service Updates

8.1 Taunton-skin cancer services may be re-directed back to Bristol and therefore the Taunton team may feel that they are better placed within the SWAG Alliance SSG forum. However, Taunton still refers to Exeter for plastic surgery services.

8.2 The group thought that it might be helpful to meet once a year jointly with

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SWAG, however TT raised concerns that travel to such meetings (which would likely be held in Taunton) would be prohibitive for members of the MDT at Cornwall to attend.

### 9.0 **Surveillance for Ocular Melanoma Patients**

9.1 TT advised that there are two centres which patients are being referred to for primary treatment; Moorfield Eye Hospital and Liverpool. Depending on biopsy results patients can be risk stratified.

9.2 Discussions arose from difficulties with surveillance imaging and a lack of guidance on patient surveillance.

9.3 TT explained that in young people who have multiple MRI scans with gadolinium there is an accumulation of gadolinium within the brain. This can cause dementia and there is concern that multiple exposures may contribute to a dementia crisis in the future.

9.4 TT has been undertaking 6 monthly scans, and a baseline CT scan (full body). It may be that alternate ultrasound scans with 6 monthly MRIs for 10 years is the most logical solution.

### 10.0 **MDTs**

10.1 At the recent Exeter Skin AGM the issue regarding oncological MDT discussion of melanoma patients arose. RB will raise this again as a lack of oncology oversight for these patients is concerning.

10.2 It was noted that since the formation of an SSMDT (North Devon/Exeter) there has always been a challenge with oncology attendance (NDDH/Exeter).

10.3 PHT have just one MDT and Oncology is represented.

10.4 BP discussed that the effectiveness of MDTs are high on the agenda of NHSE and that the STPs needs to work with the Alliance to see how we can make our MDTs more effective across Devon and Cornwall.

10.5 BP thought that it might also be of benefit to see if every centre is stratifying their patients for MDT in the same way.

10.6 [Please find below links to the CRUK MDT Recommendations Executive Summary and a document on MDT Effectiveness by Martin Gore];

i) [Improving the Effective of Multidisciplinary Team Meetings In Cancer Services.](#)

ii) [Transforming MDTM \(Martin Gore 2017\)](#)

### 11.0 **AOB:**

Nil raised.

**12.0 Date of Next Meeting**

Thursday 15<sup>th</sup> November 2018

2pm-5pm

@ Roadford Lakes, Broadwoodwidge, Devon

DRAFT