

Meeting of the Skin Site Specific Group

Thursday 22nd April 2021

2pm-3pm

MS Teams Conference

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)

Attendees:

SWGLH	Ana Juett	Programme Lead
PCA	Beth Kingshott	PCA Support Manager
NDCCG	Bev Parker	Head of Planned Care Commissioning
RDEFT	Claire Murray	Consultant Histopathologist
RDEFT	Emily McGrath	Consultant Dermatologist
PCA	Jon Miller	PCA Network manager
RDEFT	Kate Scatchard	Consultant Oncologist
NDHT	Laura Armstrong	Associate Specialist
NDHT	Laura Beer	Clinical Nurse Specialist
TSDFT	Mihaela Costache	Consultant Dermatologist
UHP	Nicola Jones	Clinical Nurse Specialist
RDEFT	Rachel Wachsmuth	Consultant Dermatologist
RDEFT	Rebecca Batchelor	Consultant Dermatologist
RCHT	Sandy Anderson	Associate Specialist
RCHT	Sarah Carswell	Clinical Nurse Specialist
RCHT	Samantha Hann	Consultant Dermatologist

TSDFT	Stephanie Hale	Consultant Dermatologist
UHP	Toby Nelson	Consultant Dermatologist

Apologies

NDHT	Ben Waterfall	GPSi
TSDFT	Phillip White	Consultant Radiologist
TSDFT	Magdalena Ionescu	Speciality Doctor Surgery

Notes

1. FU of Stage 1 a Melanoma

Reduction of stage 1a melanoma follow up has not yet been reduced to two FU appointments opposed to 4 as discussed at the previous meeting.

EM has asked each trust to go back to their teams to see if two FU could be suitable. One consultant appointment and one CNS appointment.

NICE Guidelines recommends 2-4 FU appointments.

ACTION: EM to confirm this with JR

ACTION: Claire Murray to provide an educational presentation on wide local excision of stage 1a melanoma at the next meeting.

2. Dermatoscope Training

Dermatoscopes rolled out to GP practices in Devon and Cornwall. Providing training alongside this to improve GP diagnostic skills and to build confidence when identifying benign conditions.

Delivered first online training via a team’s live event which was very successful and well attended. Have now run the first of monthly sessions that will concentrate on specific areas.

The aim is to reduce the amount of benign referrals coming through the 2ww pathway.

Some concern raised that GPs were getting “dermatoscope happy” and sending lots of images of non-lesions.

Plans to audit the 2ww now and then again following the dermatoscope training.

If anyone would like to be involved in delivering the train please let EM know.

3. Triage of 2ww

EM has done some research across the country regarding triage of 2ww referrals.

Only happening in London, Bristol and Cardiff with pilot projects using medical photographers.

North Devon are triaging all referrals as they are unable to run see and treat clinics all the time and have a lower number of referrals than the other centres within the peninsula.

ACTION: RB to email Leeds for more details on triage. Leeds likely to have a lower pick up rate than the peninsula.

TSDFT discussed triage of 2ww referral but as they are receiving approx. 200 referrals a week it does not make sense to review these and there is little benefit.

RCHT not triaging for 2ww as easier to see and treat. Previously were triaging other referrals and approx. 50% of these included a picture. However a large majority were low quality photographs taken by the patient.

GPs may be more comfortable sending only what they think is a cancer via 2ww where they are reassured they will get rapid triage of non 2ww referrals.

Triaging 2ww turnaround would have to be fast and that would not be possible given the high number of referrals.

RCHT were directly triaging BCC to a surgical list but unable to continue this.

Pictures are generally of very poor quality where patients are not being seen by GP and the quality of referrals have decreased since covid.

ACTION: BP to speak to Joe Mays about considering extending dermatoscope training to nurse practitioners.

In general, teams want to see 2ww patient's f2f as they are seeing such a high number of referrals that the benefit of the appointment can be seen.

4. FU of SCC guidance

3 main columns according to risk of tumour.

“Recommend FU of high risk especially where several risk factors apply”

Discussion on interpretation;

- Consider at least one FU but judge this according to the patient. Age and immune status are important considerations.
- In Somerset the nurses are doing majority of SCC Fu but this is not the case in the peninsula.

The SSG agreed to work with the BAD guidelines. 4-6 for one to two years if deemed appropriate

More important that services are reactive and that it is easy for a patient to get access back in quickly.

5. AOB

JM to give a genomics update at the next meeting

Date of next meeting: Thursday 10th June 12pm via MS Teams

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