Peninsula Cancer Alliance

Meeting of the Skin Site Specific Group

Thursday 22nd October 2020

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:

RCHT	Amith Pinto	Consultant oral and maxillofacial surgeon
GLH	Ana Juett	Programme Lead
PCA	Beth Kingshott	PCA Support Manager
DCCG	Bev Parker	Head of Planned Care Commissioning
RDEFT	Carolyn Charman	Consultant Dermatologist
RDEFT	Claire Facey	Clinical Nurse Specialist
PCA	Domonique Curaba	Administrator
RDEFT	Emily McGrath	Consultant Dermatologist
UHP	John Dickson	Consultant Plastic Surgeon
PCA	Jon Miller	PCA Network manager
RDEFT	Kate Allington	Clinical Nurse Specialist
RDEFT	Kate Scatchard	Consultant Oncologist
RDEFT	Kevin Mitchell	Clinical Nurse Specialist
NDHT	Laura Beer	Clinical Nurse Specialist
RCHT	Magdalena Ionescu	Speciality Doctor Breast Surgery
RCHT	Polly King	Consultant Surgeon
RCHT	Samantha Hann	Consultant Dermatologist
TSDFT	Stephanie Hale	Clinical Nurse Specialist
RCHT	Toby Talbot	Consultant Clinical Oncologist

Apologies

RDEFT	Chris Bower	Consultant Dermatologist
TSDFT	Mihaela Costache	Consultant Dermatologist
TSDFT	Rosie Davis	Consultant Dermatologist

Draft Notes

Reference	Notes
1.0	**Welcome and Introductions** The minutes from the previous meeting held in July 2020 were considered;
2.0	**Matters Arising:**
2.1	(Ref: 2.0) FU of stage 1A malignant melanoma.
2.1.1	At the previous meeting the group discussed reducing the amount of FU for these patients from 4 to 2.
2.1.2	Guidance in this area is vague with NICE recommending 2-4 FU appointments.
2.1.3	The group agreed that they would like to offer more than one appointment, and raised concern that at the first appointment patients may not be as receptive to the information.
2.1.4	Agreed that subsequent FU does not need to be as frequent but teams would need to operate a degree of flexibility and provide open access to the skin cancer nurses.
2.1.5	The SSG agreed that the MDT could suggest FU for 2-4 appointments, and allow the CNS team to decide what is most appropriate on a case by case basis.
2.1.6	(Ref: 2.6.1) ACTION: EM to confirm this with JR and to incorporate into guidelines.
2.2	(Ref:4.3) Shorten clinical guidelines
2.2.1	Agreed to shorten the current guidelines and place on the Formulary to make it easier for GPs to access. *(Action carried forward)*
3.0	**Dermatoscopes for GP Surgeries and Teledermatology**
3.1	The PCA have helped to fund dermatoscopes in GP practices across Devon and Cornwall, to those practices that expressed an interest. Agreed that these GPs will engage with a dermoscopy course and dermoscopy training updates monthly.
3.2	Exeter have a team of 6 who would like to run the training programme, to encourage GPs to make positive diagnosis on benign cases and to avoid referring.
3.2.1	ACTION: EM to send training course details to BK to circulate to those who wish to attend within the SSG.

3.3	JM explained that the Alliance plan is moving towards all suspected skin cancers being referred with digital images, in the first instance for suspected melanoma, SCC and BCC. Over time it is hoped that GPs will become more confident at knowing who not to refer.
3.4	In terms of review of these images, it has been identified that this would be a consultant led service. The Alliance is therefore looking to support teams with workforce planning by considering the use of nursing teams to free up dermatologists time to be able to do this.
3.5	In April 2021, funding is available in skin cancer for the development of an RDS service. RDS funding is available to develop a NSS referral group for GPs, but overtime every tumour site needs to pick up the principles of RDS. This will essentially provide extra funding to invest in tightening pathways, introductions of technologies and techniques which would be more effective in early diagnosis.
3.6	BK has circulated a Summary of the alliance work programme *(circulated with minutes)* which is based on the national roadmap of tele dermatology. The alliance will also be engaging with 9 PCNs across the peninsula to discuss this further and to focus on those areas that have been identified as more of a challenge for diagnosing cancers early.
4.0	The SSG recently discussed dramatically reducing FU for SCC.
4.1	New SCC BAD guidance is in draft form but is essentially more prescriptive about FU and divides SCC into three categories; Low- one year FU High- two year FU Very High- three year FU
4.2	The SSG feels comfortable with this new guidance as it allows for variation due to patient factors. Due to the flexibility of this national guidance the group agreed that this should be followed in the first instance.
5.0	The group discussed an educational video used at Exeter to guide patients on self-examination of skin and lymph nodes: https://www.youtube.com/watch?v=AmSrD7-jt_8&t=1s
5.1	JM explained that they would like the SSG to consider reducing FU that adds no value to the patient, particularly if support can be provided in better way with use of the recovery package.
6.0	**Audit of SLN Biopsy Practice in Cutaneous Melanoma** *Magdalena Ionescu, RCHT* Please see slides circulated with minutes for further details.

7.0	**AOB**
7.1	PCA Literature review
7.1.1	The alliance wanted to work out what was working well with remote consultations and wasn't working well in these circumstances. The PCA commissioned a literature review, which in conclusion recommended that teams need to think more carefully about how they approach the delivery of clinics, the group of patients that virtual may be suitable for and timings of discussions, especially where virtual communications may have some significant risks.
7.1.2	The alliance has produced a short summary on what has been learnt for various sources, along with some steps that they would like the SSG to work through to support each other to establish which group of patients this works well for.
7.1.3	ACTION: BK to share the summary of the review with the group for further discussion at the next meeting.
7.2	Date of next meeting
7.2.1	The group have agreed quarterly meetings and one f2f meeting yearly when able.
7.2.2	ACTION: BK and EM to arrange the next meeting date.
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