

ERF Funding Allocation and Project Update

Peninsula Cancer Alliance

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Skin Cancer Pathway

Intended Outcomes

- To speed up diagnosis,
- Manage high volumes of referrals and
- Reduce face to face attendances where not clinically necessary.

Delivery options:

- Establish a tele-dermatology two week wait pathway (or embed use of teledermatology within existing suspected skin cancer clinic).
- Establish a community based 'large volume clinic' for rapid assessment of suspected skin cancers.
- Development of community Poly-clinics.

Lumps and Bumps

Intended Outcomes

- A rapid diagnostic service for patients with a 'lump or bump' that require further investigation, including: site specific lumps, e.g. a neck lump clinic; and/or suspected sarcomas; and/or Suspected lymphomas.

Delivery

- Step one – Advanced Practitioner Sonographer led FNA bx clinic (OSS) for head and neck lumps in place at each trust. Where currently consultant led would seek to expand into step 2 whilst training of ADS runs in parallel.
- Step two – expansion of this clinic to meet unmet need in H&N, Haem, Sarcoma and Skin.
- Specification of L&B clinic will be harmonised under RDC next year.

Funding allocation

Trust	Population covered by trust	Trust population as percentage of PCA	Additional funding for Skin / Spot clinics	Additional funding for Lumps and Bumps clinics	Stretch funding (application basis) - see notes	Total
TSD	260,615	14.54	£30,322	£30,322	£30,322	£90,967
UHP	513,180	28.64	£59,727	£59,727	£59,727	£179,182
NDDH	150,628	8.41	£17,539	£17,539	£17,539	£52,616
RCH	427,773	23.87	£49,780	£49,780	£49,780	£149,339
RDE	439,753	24.54	£51,177	£51,177	£51,177	£153,531
Total	1,791,949	100	£208,545	£208,545	£208,546	£625,636

Delivery Models

Trust	Model	Description	Skin Spend	Skin Activity
TSD	Telederm A&G service and skin cancer polyclinic	Set up telederm A&G service and an out of hour large scale skin cancer polyclinic	60,645	313
UHP	A community medical photography service to improve uptake for advice and guidance	Improve uptake for advice and guidance with 2 GP medical groups who have agreed to pilot as central practices with clinic space that could co-ordinate appointments for multiple practices.	59,727	616
NDDH			26,309	181
RCH	Band 4 Derm imaging assistant led clinic every week in the West, Mid and East of Cornwall at one of the larger GP practices	The idea is that we will send a nurse to the practices with a dermatoscope at least once a week. The images can be uploaded and referred through eRS to (Advice and Guidance)	68,100	513
RDE	Community pre-2WW teledermatology virtual 'spot clinic'	Community pre-2WW teledermatology virtual 'spot clinic' type set up, channelling through an e-RS A&G route with community based intermediate providers of the service but with e-RS digital cross links to the community skin surgery services and our secondary care service so we can all upgrade / redirect potential 2WW as required.	76,765	528
Total			291,546	2150

Delivery Models

Trust	Model	Description	L&B Spend	L&B Activity
TSD	Head and Neck Ultrasound FNA One-Stop Clinic on a Monday PM.	<i>This is a similar service to RDE but exploring cytology in the clinic also. The benefits will be reduced waits for diagnosis, and taking the workload from radiology.</i>	30,322	41
UHP	Weekly full day (two sessions)	<i>Same day ultrasound, histopathology and staging imaging and development of suitable infrastructure and governance support to allow the ability to regularly perform core biopsy.</i>	89,455	80
RCH	One clinic per week plus multidisciplinary clinic cross cover.	<i>A similar model to the ENT service would be established, incorporating MSK radiology input to encompass the sarcoma pathway. With ultrasound and FNA ROSE available the same day, both the sarcoma and haematology pathways would be reduced, and any skin lumps could be redirected to this service for a more appropriate investigation pathway,</i>	30,138	67
RDE & NDDH	Split clinic across 2 sites working 3 days in RDE & 2 days in ND	<i>aAdvanced practitioner to take history, examine, Us scan and take FNA, request staging CT and be the first port of call, then direct to the most appropriate site specific pathway (something similar to the NSS pathway). T</i>	103,075	92
Total			252,990	280