

Skin Pathway Board

Minutes and Actions

Friday 13th September 2019

14:00-16:00

The Christie, Wilmslow Road, Withington, M20 4BX

Members in attendance			
Name	Role	Organisation/Representation	Attendance 2019/20 (Apr-Mar)
John Lear (JL)	Clinical Pathway Director	Greater Manchester Cancer	2/2
Rachel Allen (RA)	Pathway Manager	Greater Manchester Cancer	2/2
Jane Cronin (JC) (deputising for NS)	Macmillan User Involvement Manager	Greater Manchester Cancer	2/2
Matthew Helbert (MH)	Patient Representative		2/2
Neil Cutler (NC)	Patient Representative		1/2
Agata Rembielak (AR)	Oncology Representative	The Christie NHS Foundation Trust	1/2
Alexander Marsland (AM)	Dermatology Representative	Salford Royal Foundation Trust	1/2
Alex Harris (AH)	Dermatology Representative	Mid Cheshire Hospitals NHS Foundation Trust	1/2
Loma Gardner (LG)	Dermatology Representative	Tameside and Glossop Integrated Care NHS Foundation Trust	1/2
Rebecca Brooke (RB)	Dermatology Representative	Salford Royal Foundation Trust	1/2
Stephanie Ogden (SO)	Dermatology Representative	Salford Royal Foundation Trust	2/2
Wayne Maxwell (WM)	Dermatology Representative	Vernova Healthcare (East Cheshire)	2/2
Kate Howlen (KH)	Nursing Representative	Vernova Healthcare (East Cheshire)	2/2
Luisa Motta (LM)	Pathology Representative	Salford Royal Foundation Trust	2/2

Ali Lewin (AL)	Commissioning Representative	Greater Manchester Cancer	2/2
Amit Gaokar (AG)	Commissioning Representative		1/2
Matthias Hohmann (MH)	Primary Care Representative	GP	1/2
Jane Brown (JB)	Living with and beyond Cancer Representative	Macmillan	2/2
Alison Armstrong (AA)	Programme Lead	Greater Manchester Cancer	2/2

Guests in attendance		
Name	Role	Organisation
Anne Whittington (AW)	Specialty Trainee in Public Health (ST3)	PHE / GMHSCP
Debra Allcock (DA)	Macmillan Programme Manager Macmillan GM - Lymphoedema Programme	Greater Manchester Cancer

Apologies			
Name	Role	Organisation	Attendance 2019/20 (Apr-Mar)
Lorraine Burgess (LB)	Patient Representative		1/2
Chris Duff (CD)	Surgical Representative	Manchester University Foundation Trust	0/2
Tim Woolford (TW)	Surgical Representative	Manchester University Foundation Trust: Oxford Road Campus	0/2
Sherif Bayoumi (SB) / Chetan Katre (CK)	Surgical Representative	Pennine Acute Hospitals Trust	0/2
Avinash Gupta (AG)	Oncology Representative	The Christie NHS Foundation Trust	1/2
Eileen Parry (EP)	Dermatology Representative	Tameside and Glossop Integrated Care NHS Foundation Trust	1/2
Gavin Wong (GW)	Dermatology Representative	Manchester University NHS Foundation Trust	0/2
Tim Kingston (TK)	Dermatology Representative	Vernova Healthcare (East Cheshire)	0/2
Elizabeth Stewart (ES)	Dermatology Representative	Wrightington, Wigan and Leigh NHS Foundation Trust	0/2
Julie Collins (JC)	Nursing Representative	Manchester University NHS Foundation Trust	1/2
Sue Taylor (ST)	Nursing Representative	Wrightington, Wigan and Leigh NHS Foundation Trust	0/2

Joanne Baczynski (JB)	Nursing Representative	Wrightington, Wigan and Leigh NHS Foundation Trust	0/2
Deemesh Oudit (DO)	Research Representative	The Christie NHS Foundation Trust	0/2
Lynne Jamieson (LJ)	Pathology Representative	Salford Royal Foundation Trust	0/2
Amanda Short (AS)	Cancer Managers Forum Representative		0/2

1. Welcome & introductions	
Discussion summary	JL opened the meeting and welcomed members.
Actions and responsibility	No further actions.

2. Minutes of the last meeting (2nd August 2019) and action tracker	
Discussion summary	LG queried the last sentence of the August minutes. It was also noted that there was a typo on 'sentinel lymph node'. RA to clarify and amend accordingly.
Actions and responsibility	a) RA to clarify suggested corrections to August minutes and amend accordingly, then publish to GM Cancer website.

3. Performance update	
Discussion summary	<p>There was no Cancer Manager able to attend to present the latest skin cancer performance data for the region.</p> <p>RA informed the Board of the latest 62 day performance figures for skin cancer by Trust. It was noted that skin is the only pathway (in addition to breast) that is achieving the 62 day performance standard of 85%, with a rate of 96.02% for Q1.</p> <p>JL commented that it would be helpful to see the detail behind the headlines.</p> <p>AA explained that the data is provided to Pathway Boards via the Trust Cancer Managers, led by Marie Hosey of The Christie.</p> <p>MH commented that Pennine do not provide a skin service and so queried whether the Pennine figure can be broken down by individual provider. RA explained that two surgeons from Pennine have been invited to join the Pathway Board, Mr Sherif Bayoumi (SB) and Mr Chetan Katre (CK) who will hopefully attend future meetings.</p> <p>A Cancer Manager will be present for the December Board to provide a comprehensive performance update.</p> <p>MH questioned whether metrics existed for the new 28 day faster diagnosis target. AA explained that the target will come into effect from March. Shadow monitoring has begun.</p>
Actions and responsibility	<p>a) Board members are encouraged to suggest performance measures that they would like to observe and discuss at the Pathway Board.</p> <p>b) RA to explore the Pennine data provided under 62 day performance for skin and whether it can be broken down.</p> <p>c) Cancer Manager to present comprehensive performance update at</p>

	December Board, possibly to include shadow monitoring of the 28 day target.
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4. Macmillan User Involvement	
Discussion summary	JC informed the Board of the staffing issues in the User Involvement team and NS will be resuming support to the Skin Pathway Board on her return to work (September).
Actions and responsibility	No further actions.

5. Skin cancer prevention	
Discussion summary	<p>Update on work with Trading Standards and emission data for sun beds</p> <p>JL updated on the work with Trading Standards. Dr Donald Allan and Lisa Seamark will be arranging to meet in October to carry out a set of intercomparison measurements at a particularly tanning shop as a useful further step to establishing the full accuracy of the meter used by Trading Standards.</p> <p>A short report on the technical work undertaken by Dr Donald Allan was shared with Pathway Board members in August.</p> <p>Overview of skin cancer prevention work programme</p> <p>Anne Whittingham (AW) Specialty Trainee in Public Health (ST3) PHE / GMHSCP presented an overview of the evidence review that she has led on primary prevention and early detection of skin cancer.</p> <p>AW's literature review was shared with Board members in advance of the meeting.</p> <p>AW summarised her findings as follows:</p> <ul style="list-style-type: none"> • Younger people more likely to partake in high-risk behaviour, less likely to undertake protective behaviour. • Limited-quality evidence supports a variety of interventions as effective at increasing knowledge, at least in short term. • General lack of research on long-term impacts. • Actual and reported behaviour change is often limited or does not necessarily reflect good knowledge and intentions. • Indications that knowledge/behaviour changes are quickly lost if interventions not maintained. • Some evidence to support cost-effectiveness of primary prevention, but not UK based. • Lack of economic evaluation of screening other than modelling, and a lack of any from the UK. • Longer-term research draws mixed conclusions on mortality rates after screening, which does not help support its implementation. <p>A number of recommendations were derived from the evidence review including:</p> <ul style="list-style-type: none"> • Prevention campaigns should be aimed at the younger generation and those at higher risk. • The greatest evidence base of support, albeit with limitations, is for educational campaigns. • Any campaign message needs to be clear, understandable and reach the target population.

	<ul style="list-style-type: none"> • Method of communication should reflect the target population and available evidence. • Consideration needs to be given to the benefits of running a one-off campaign. • Any intervention should be well evaluated, to support UK evidence base. • Evidence to support free-screening is mixed, lacks economic evaluation and is non-UK based, therefore difficult to justify screening in the UK. • The use of NICE Guidance is recommended to advise any interventions. <p>AR referenced the ECHO research group and offered to speak to Dr Paul Lorrigan and Dr Richard Marais with reference to UK representation.</p> <p>A discussion ensued on the cost of sunscreen in the UK and obstacles to prevention. MH commented that the quality of life impact of any skin cancer is significant and long lasting.</p> <p>Board members commented on AW's evidence review findings.</p> <p>JL summarised the next steps as follows:</p> <ul style="list-style-type: none"> • Consider the evidence review, particularly what has worked well / gaps • Identify 1-2 things to do in GM • Share this with the Board • Prevention sub-group to be established • Interested board members to join prevention sub-group
Actions and responsibility	<p>a) RA to share Anne Whittingham's presentation with Board members for their information.</p> <p>b) AR to speak to Dr Paul Lorrigan and Dr Richard Marais with reference to UK representation on the ECHO research group.</p> <p>c) Prevention sub-group to be established.</p>

6. Two week wait / suspected skin cancer referrals subgroup feedback	
Discussion summary	JL provided a progress update on this project. There is consideration as to whether formal ethical approval is required before the project can commence in Stockport. This is being explored with The Christie ethics team (due to GM Cancer hosting arrangements). 10 Stockport GP practices and 5 Dermatology Consultants have been identified to take part in this project to test proof of concept.
Actions and responsibility	No further actions.

7. MDT Reform	
Discussion summary	<p>JL provided a summary of progress around the MDT Reform workstream. Progress has been limited in this area since the last Board meeting.</p> <p>It was noted that implementation of the national MDT Reform guidance has been delayed 2-3 months.</p>
Actions and responsibility	No further actions.

8. Implementation of Macmillan Recovery Package
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<p>Discussion summary</p>	<p>JB provided an update on implementation of the recovery package which is now being referred to as 'personalised care'.</p> <p>It was noted that the focus for HNAs is melanoma patients owing to workforce/capacity pressures. HNAs are offered via a variety of methods including face-to-face, telephone; and either by a CNS and/or Cancer Care Co-ordinator. For the skin cancer pathway, HNAs are being offered 3 months post-treatment and end of treatment across GM, based on anecdotal feedback from members of the Recovery Package Subgroup.</p> <p>The Board were informed that an information sharing agreement is now in place between Trusts for eHNAs, preventing duplication of effort.</p> <p>JB updated on progress in relation to the development of standardised treatment summary templates.</p> <p>Templates have been developed by the sub-group led by JC and are in draft format for (i) SCCs, (ii) Melanoma stage 1 and 1a. Templates are <i>in progress</i> for Melanoma Stage 3 and 4.</p> <p>The Board were asked to ratify the templates for SCCs, Melanoma stage 1 and 1a.</p> <p>The templates will be embedded in Trust EPRs.</p> <p>JC queried service user involvement. JB highlighted that there has been some service user input but wider consultation is required.</p> <p>It was agreed for the templates to be ratified electronically outside of the Board meeting – RA to share templates and seek comments.</p> <p>LG commented on the medical terminology the drafts which may need consideration.</p>
<p>Actions and responsibility</p>	<ul style="list-style-type: none"> a) JB to share the Band 4 Cancer Care Support Co-ordinator Job Description with the Board. b) Board members to review the Treatment Summary templates for SCCs, Melanoma stage 1 and 1a for formal ratification by the Board. Comments are required by Friday 18th October. DA/KL to comment from a lymphoedema point of view (RA to share). c) NS to support user involvement contribution to development of treatment summary templates for SCCs, Melanoma stage 1 and 1a, and subsequently templates for Melanoma Stage 3 and 4.

9. Lymphoedema	
<p>Discussion summary</p>	<p>DA was invited to present on the Macmillan funded Lymphoedema project and a brief overview of the project was explained. In 2015, a Strategic Health Needs Assessment was undertaken by Macmillan. As a result of this exercise. It was evident that there is variation in access and provision for Lymphoedema services across the region. The vision was to have a cost-effective and proactive service across GM and that those affected by Lymphoedema are supported and managed appropriately.</p> <p>DA summarised the objective of the programme to understand the problem, develop ideas for improvements and reduce the variation in access and availability that will be proposed to the GM Network.</p> <p>The programme's model of care is based on prevention/early diagnosis and service</p>

	<p>provisions. Learning and development is also key as patients need to be aware of the signs and symptoms, and healthcare professionals need to be well informed.</p> <p>DA referenced research in the field of skin cancer which indicates that 11-31% of melanoma patients will suffer from lymphoedema. Modelling of 2018 NHS Digital Cancer Waiting Times (calendar year) suggests that 458 patients will at some point suffer from lymphoedema. JL commented that surgeons will be performing less lymph node resections going forward owing to updated guidelines, and so this modelling is likely to be overestimated. It was suggested to connect with the Board's surgical representatives for further guidance.</p>
Actions and responsibility	a) RA to share lymphoedema presentation, and request comments/queries from surgical and oncology representatives as no representation from these disciplines at the September Board.

10. Nursing Forum	
Discussion summary	Item deferred in JC's absence.
Actions and responsibility	No further actions.

11. AOB	
Discussion summary	<p>Greater Manchester Cancer Conference 2019 Board members were encouraged to register for the GM Cancer Conference in November.</p> <p>Greater Manchester Cancer Skin Cancer Education It was agreed to schedule an education event for April 2020 which will be supported by the GM Cancer Education team. GM Cancer Education team to liaise with RB as the Board education lead. There was a suggestion for the fourth Thursday in April (23rd April – to be confirmed). RB, Nick Telfer and JL to support with designing the agenda for the event.</p> <p>Greater Manchester Clinical Lead for Skin Cancer It was noted that GM Cancer did not appoint to the role of Greater Manchester Clinical Lead for Skin Cancer and so the vacancy will be re-advertised. Board members are encouraged to consider the role and share with their teams accordingly.</p> <p>December Pathway Board It was agreed to move the 13th December Board to the 6th December.</p>
Actions and responsibility	a) RA to connect GM Cancer Education Team with RB, Nick Telfer and JL to plan for April 2020 education event.

Date and time of next meeting:

- Friday 6th December 14:00-16:00 - Room F12, Pinewood House, Stockport NHS Foundation Trust, Stepping Hill Hospital, Stockport, SK2 7JE
- Full schedule of meetings for 2020/21 to be confirmed.