GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Cancer

Skin Pathway Board

Skin Pathway Board

Minutes and Actions

Friday 15th March 2019

14:00-16:00

Meeting Room 6, 3rd Floor, The Christie, Wilmslow Road, Withington, M20 4BX

Present

Name	Role	Organisation / Representation
John Lear	Clinical Pathway Director	
Rachel Allen	Pathway Manager, Greater Manchester Cancer	
Natasha Smith	Macmillan User Involvement Manager, Greater Manchester Cancer	
Neil Cutler	Patient Representative	
Alexandra Harris	Consultant Dermatologist	Mid Cheshire Hospitals NHS Foundation Trust **(Trust representative)**
Agata Rembielak *(Dialled in)*	Consultant Oncologist with special interest in skin malignancies	The Christie NHS Foundation Trust
Amanda Short	Cancer Manager	
Avinash Gupta	Consultant Medical Oncologist	The Christie NHS Foundation Trust
Coral Higgins	Cancer Commissioning Manager, Manchester Clinical Commissioning Group	Greater Manchester Cancer Commissioning Manager Representative
David Mowatt	Consultant Plastic Surgeon	The Christie NHS Foundation Trust
Deemish Oudit	Consultant Plastic and Reconstructive Surgeon	The Christie NHS Foundation Trust
Gavin Wong	Consultant Dermatologist	Manchester University Foundation NHS Trust
Jane Brown	Macmillan Transformation Manager: Recovery package implementation	Macmillan

Julie Collins	Skin Cancer Nurse Specialist	Manchester University Foundation NHS Trust
Loma Gardner	Consultant Dermatologist	Tameside & Glossop Integrated Care NHS Foundation Trust **(Trust representative)**
Luisa Motta	Dermatopathologist	Salford Royal Foundation Trust
Rebecca Brooke	Consultant Dermatologist	Salford Royal Foundation Trust
Stephanie Ogden	Dermatology Consultant	Stockport NHS Foundation Trust **(Trust representative)**
Wayne Maxwell	Specialty Doctor, Dermatology	Vernova Healthcare (East Cheshire) **(Trust representative)**

Guests

Justine Palin	GM Elective Hub	
Karen Moran	Senior Commissioning Manager Service Reform and Planned Care, Stockport Clinical Commissioning Group	
Anne Whittington	Public Health England / GMHSCP	

Apologies

Lorraine Burgess	Patient Representative	
Matthew Helbert	Patient Representative	
Chris Duff	Consultant Plastic, Reconstructive and Aesthetic Surgeon	Manchester University Foundation NHS Trust
Tim Woolford	Consultant ENT Surgeon	Manchester University Foundation Trust (Oxford Road Campus)
Tim Kingston	Consultant Dermatologist	Vernova Healthcare (East Cheshire) **(Trust representative)**
Corinna Mendonca	Consultant Dermatologist	Bolton NHS Foundation Trust **(Trust representative)**
Kate Howlen	Macmillan Skin Clinical Nurse Specialist	Vernova Healthcare (East Cheshire)
Sue Taylor	Skin Cancer Nurse Specialist	Wrightington, Wigan and Leigh NHS Foundation Trust **(Trust representative)**
Eileen Parry	Consultant Dermatologist	Tameside & Glossop Integrated Care NHS Foundation Trust
Mary Kehoe	Clinical Nurse Specialist	Mid Cheshire Hospitals NHS Foundation Trust
Lynne Jamieson	Skin Cancer Dermatopathologist	Salford Royal Foundation Trust
Sophie Yates	Cancer Commissioning Manager; Oldham Clinical Commissioning Group (on behalf of Greater Manchester)	Greater Manchester Cancer Commissioning Manager Representative

Matthias Hohmann		GP Representative
Alexander Marsland	Consultant Dermatologist and Urticaria Specialist	Salford Royal Foundation Trust

1. Welcome and introductions

JL opened the Board and welcomed attendees.

2. Minutes of last meeting (14th December 2018)

Discussion summary	Board members approved the draft minutes of the 14th December 2018 meeting. The outstanding actions were noted including details of tariff charges for the Stockport project. JL updated on changes to the GM Cancer Business Intelligence team who are unable to support elements of work outside of the core GM Cancer business. Their support to the melanoma database has been withdrawn for the time-being. It was noted that AG will provide an update at the next Board on work underway around the rationalisation of surveillance and follow-up. JL noted that it may be wise to list the rationalisation of surveillance and follow-up on the Skin Pathway Board work programme for September time.
Actions and responsibility	**a) RA to publish the approved December minutes on the GM Cancer website.**

3. Performance update

Discussion summary	Amanda Short (AS) provided an overview of cancer performance for GM. Q4 data is unvalidated as yet and so the main update was around Q3. GM compliance against the 62 day target for Q4 is expected to be 73.8% (this needs to be validated). For Q3, compliance was 80.65% for all tumour sites. Improvement plans are in place to try and bring trust performance up. The pressures across all tumour sites are diagnostic capacities and every organisation in GM is in the same position. Patient engagement particularly around December was low as many patients wanted to defer treatment. The main issue is diagnostic capacity. AS offered an update on detailed breach analysis for Q3. There were 24 breaches for the skin pathway across all organisations. The main beaches lie with Wythenshawe, Salford and Pennine. The broad themes were surgical capacity, waiting times for first appointment in the first 7 days. Pathology delays in Salford are a problem. In Pennine, administration errors are an

	issue. AS to share Q3 compliance for the skin pathway. There were 421 patients treated in Q3 for skin and 24 breaches. JL requested for trends to be presented in future. LM requested referral rates for referral through to diagnosis/treatment.
Actions and responsibility	**a) AS to share Q3 compliance for skin – 14 day and 62 day compliance.** **b) AS to share ongoing performance trends for the skin pathway at future Pathway Boards along with referral rates for referral through to diagnosis/treatment (if available).**

4. SNB Consensus Guidelines

Discussion summary	DM presented an overview of the new SNB consensus guidelines. The document follows a meeting of melanoma experts in May 2018 and was published in December 2018. It will change referrals from the central node aspect. DM described the main changes. An overview of the evidence was provided including details on what the guidelines are based on, why clinicians should be changing their practice and what that means in practice for patients referred for sentinel lymph node biopsies. DM advised that the guidelines document is available on the Melanoma Focus website. DM noted that the document succinctly presents the rationale for the changes. It includes an overview of five trials. DM highlighted the two trials focusing on sentinel lymph node biopsies: MSLT-II and DeCOG. The significant differences in disease free survival was discussed, improvements of 45-50%. It was noted that there is no difference in disease free survival between whether a patient has a complete lymph node dissection or not. There is a difference in local disease recurrence. The interim report of the MSLT-II trial was discussed. There is no significant difference between the control arm and those with a complete lymph node dissection. The pathological burden was described in terms of increased number of sentinel lymph node biopsies. This will need to be taken into account when it comes to resourcing the consensus guidelines. The 10 items of the consensus statement were described.

	DM agreed to provide a brief summary of the main points for onwards circulation to MDT leads. RA to share DM's presentation to all MDT local leads. DM summarised that things have changed and clinicians need to familiarise themselves with the consensus document. It was noted that the melanoma guidelines need updating (as a network). DM to update and bring back to Board for ratification. This will help the specialist MDT.
Actions and responsibility	**a) DM to provide a short summary of the key points in relation to the SNB Consensus Guidelines. RA to share presentation with all local MDT leads.** **b) DM to update the melanoma guidelines and bring back to Pathway Board for ratification. DM to contact VG for the current version.**

5. Macmillan User Involvement Team update

Discussion summary	NS updated that two new patient representatives have been recruited to join the Pathway Board.
Actions and responsibility	**NA.**

6. GM Cancer Core Business

Discussion summary	**Skin cancer prevention** JL updated that there has been an ambition to include skin cancer prevention to the Pathway Board work programme for some time. JL noted that the development of a prevention themed subgroup is likely. An overview of the three prevention strands of work was provided including liaison and support to the Manchester City Council Trading Standards team to address sunbed emissions. Many sunbeds across the region are omitting emissions that supersede the recommended limits. Medical physics at SRFT have helped to validate the Trading Standards meter readers. Trading Standards are keen to regulate sunbeds and prosecute irresponsible sunbed parlours. JL met with the medical physicist in February, Donald Allen (DA). DA is to visit sunbed parlours with the Trading Standards team to help to validate their data. Alongside this, Paul Lorrigan, Richard Marais and Adele Green are leading work around the development of an economical model on the impact of a sunbed ban in GM. The two strands of work or separate but may interlink. RA highlighted that conversations have taken place with Siobhan Farmer

	(SF), Public Health Consultant at GMHSCP and lead for screening and immunisations across GM. SF is a member of GM Cancer Senior Management Team (SMT) and connected JL and RA to Anne Whittington (AW), Pubic Health Registrar at GMHSCP to help develop a strategic programme addressing skin cancer prevention. This would be separate from Paul Lorrigan's work but would dovetail in. AW introduced initial plans to review the evidence base on the approaches that exist for skin cancer prevention nationally and regionally. There are plans for to form a subgroup dedicated to this workstream. Board members will be invited to join over the coming weeks. AG queried whether this connects with Martin Eden's work. **Two week wait / suspected skin cancer referrals** JL summarised the Pathway Board project proposal to run the established pathway of care with a pilot project running in tandem, where patients would be assessed teledermoscopically and at the end of the project the two approaches will be compared. Patients will be seen and teledermoscopic images would be taken. The project will assess whether any referrals could have been deflected or whether patients could have been directly listed and look at the benefits of the approach including how many lesions were directly picked up that weren't sent in on the images. Around the past couple of years, SO has been working in Stockport working on teledermoscopic service but not specifically looking at suspected skin cancer referrals. Since the December Board, meetings have taken place with Stockport CCG to look at how this proposal could merge with theirs. Karen Moran (KM) and Justine Palin (JP) were invited to the Board to provide an overview of the work underway in Stockport. JP provided an overview of the GM Elective Care Hub. The hub is a one year programme to pump prime the system in terms of supporting demand management approaches. A range of initiatives are in place. One of the key areas of focus through the Directors of Commissioning has been around standardisation and the development of best practice frameworks, one of which was developed for dermatology, launched in October 2018. Localities are being asked to start working across commissioners and providers to implement the suggested interventions for dermatology. Through the national elective care programme, Stockport and HMR are looking at the use of dermatoscopes. GM have purchased 72 dermatoscopes which are being rolled out across all localities with a GP education and training programme to use dermatoscopes. This is a piece of work underway which will be helpful in terms of the position to refer in the first place. The impact of this work will be seen over the next few months as this is rolled out. KM provided an overview of the teledermatology work in Stockport. Stockport focused on dermatology approximately 3 years ago. A piece of

	work was undertaken to roll out dermatoscopes across Stockport GP practices. Two projects are in operation that are not co-dependent but dovetail together (dermatoscopes and teledermotology platform). There has been national interest in the Stockport model. The teledermotology project allows GPs to send images to Consultant Dermatologists in Salford for clinical advice and guidance back to GPs. Board members were invited to watch a video outlining the project from a practical perspective. JL commented that the platform being used in Stockport may be a good option to use in the Pathway Board project. The platform connects to GP practices on EMIS. It was noted that there are approximately 20% of GP practices who do not use EMIS so an alternative solution would need to be considered at some point. In terms of the Pathway Board project, JL suggested to target GP practices with high suspect skin cancer referrals, and those with dermatoscopes to see if they would like to participate in the project. It was noted the Skin Pathway Board suspected skin cancer referrals project could be tested in Stockport given that the infrastructure is already in place. 40% of Stockport GPs are now trained in using dermatoscopes. Beyond Stockport, funding would be required to expand the use of the platform to other GM localities, to enable use in further GP practices. Funding would also be required to integrate EMIS to the platform. Stockport do not currently use the platform for suspicious lesions. There is an opportunity to test the platform and this approach in Stockport as a collaborative effort with the GM Cancer Skin Pathway Board without a cost implication. The next step is for JL to meet with members of GM Cancer SMT to finalise the proposal and suggested approach of collaboration with Stockport. NC commented that from a patient point of view this project is beneficial. KM suggested that approximately 10/35 Stockport practices are likely to want to engage with this Skin Pathway Board project. **MDT Reform** JL requested for LJ to update on current status with this subgroup via email as LJ was not present to inform the Board of current developments. JL suggested a subgroup meeting to discuss implementation of the changes to LSMDTs. It was noted that in Salford, the MDTs have been rationalised to one per week. BCCs are not being discussed due to lack of capacity/space. RB will

	be sharing data around changes to Salford's MDT at the upcoming AGM. **Implementation of Macmillan Recovery Package** JC and JB presented an overview of progress made with implementation of the Macmillan Recovery Package in relation to the skin pathway. It was noted that data is missing for East Cheshire. The numbers of HNAs completed is increasing over time. Patients are receiving treatment summaries (confirmed anecdotally) yet there is no evidence of these documented on Somerset therefore it is difficult to know how the roll-out of these is progressing. JL queried whether the data could be split by condition. JB noted that the data is for SCC patients and melanoma patients but not BCC patients. JL spoke of plans to stratify implementation of the recovery package to melanoma patients. JB commented that it would be a large task to investigate the data and split by SCC, BCC and malignant melanoma patients. JB offered to look at this for one site (MFT). The implementation of HNAs is progressing but capacity is a big issue in dermatology. It was noted that at the October Pathway Mapping event, it was agreed for the first HNA to be completed at the three month follow-up appointment. Recovery package activity undertaken at MRI (MFT) specifically was described. The top five patient reports concerns were discussed. Emotional concerns was described as the biggest concern for skin – much more commonly than in other tumour groups. JB spoke of how health and wellbeing services can be tailored to meet the needs of patients. GM and Eastern Cheshire are developing an information sharing agreement to allow cross-sharing of treatment plans. Standardised treatment summary templates are going to be developed by the recovery package subgroup, led by JC. JC provided an overview of health and wellbeing events offered to skin patients across GM. JB spoke of a tariff available for health and wellbeing events of circa £70. JB to identify tariff available for HNA clinics. JL suggested highlighting the capacity required to fully resource implementation of the recovery package and HNA provision for skin patients. JL also suggested to begin thinking about how patients can be stratified. GM currently stipulates that the recovery package should be offered to all melanoma and SCC patients as the ideal. JL suggested agreeing that high risk SCC patients would require an

	information leaflet only and possibly a telephone follow-up. An approach to the stratification of melanoma patients would then need to be agreed. RB queried whether some of the rarer cancers were being addressed with the recovery package e.g. angio sarcoma, merkel cell carcinoma, hair follicle tumours. JC commented that patients with these rarer cancers should be seen. JL reiterated that it would be useful to have idea of how much it would cost to deliver it all for skin cancer patients. JC noted that she will discuss this with fellow Recovery Package project managers to model this. Co-ordinator roles and Band 6 nurses need consideration.
Actions and responsibility	**a) JL to meet with members of GM Cancer SMT to discuss testing proof of concept in Stockport and then a wider pilot in GM.** **b) RA to request written update from LJ in relation to MDT Reform, including the draft document that was developed in Autumn.** **c) JB to investigate the recovery package progress data further and split by SCC, BCC and malignant melanoma patients for one site initially (MFT) as noted that it would be a time-consuming exercise.** **d) East Cheshire data to be included in the GM recovery package database – RA to connect KH, JB and JC again to action this.** **e) JB to identify tariff available for HNA clinics.**

7. BRAF Turnaround Time

Discussion summary	LM presented information on BRAF turnaround time. LM spoke of delays from the point of request for BRAF testing by the oncologist to the point at which the sample was received at St Mary's. Analysis was sought to understand the delays. Some of the delays appear to be logistical and are easily rectified. Some delays were 'silly', samples were sent to St Mary's and received at the main pathology reception, rather than the genomics lab reception – samples were delivered in a timely fashion but not necessarily to the right place. Conversations are underway around the imminent increase in referrals requiring BRAF turnaround and the implications on this (including financial). Most of the patients that require BRAF testing are identified at The Christie site how do we ensure that the pathology departments that host the primary tumour are properly informed in order to progress things quickly. LM spoke of the need for immunochemistry to be made available in pathology departments for BRAF testing and was keen to discuss this with cancer commissioners [No cancer commissioners were present for this agenda item]. As more advanced treatments are introduced, requiring more molecular testing and immunochemical tests, and more input from pathology, the tests need to be appropriately resourced – finances need to flow efficiently. If the oncologist requests BRAF, pathology departments are fine

	as that test is funded. If pathologists request the BRAF test, the invoice is expected to be paid via the pathology department itself. This is problematic for pathology departments who are not financially sustainable. The system needs to work more collaboratively. The transport of samples was discussed including logistical issues currently, and how they can be improved to advance efficiencies, particularly as referrals and increased requests for testing increases. RA referenced the new Greater Manchester Cancer Genomics Pathway Board that is being led by Prof Fiona Blackhall.
Actions and responsibility	**a) LM to pursue conversation with cancer commissioners around the commissioning of BRAF testing. Paul Lorrigan and AG to join, along with a surgical representative. Timings around when the test should be requested needs to be agreed.**

8. Research – Recruitment to Clinical Trials

Discussion summary	DO provided an updated on recruitment to clinical trials for skin cancer patients. It was noted that the studies presented in the CRN report were mainly oncology studies. Most of the recruitment was undertaken at The Christie. RA referenced that only CRN accredited trials are presented in the report circulated to Pathway Board members. RA noted that GM Cancer are hoping to collate a report that demonstrates all research activity underway soon. AG suggested contacting Sharon Wooley or Pamela Hewitt who will be able to share details of trials underway at The Christie that are not listed on the report. DO suggested collating a list of publications produced by Skin Pathway Board members. LG queried whether there was a way of having information about clinical trials in the MDT. RA noted that other GM Cancer Pathway Board members have created web-based trial finders e.g. lung and urology.
Actions and responsibility	**a) DO to collate a list of publications produced by Skin Pathway Board members.** **b) RA to share details of the lung trial finder with DO.**

9. AOB

Discussion summary	LG requested a brief summary of the SNB consensus guidelines. JL advised

	that DM will be sharing an overview of the key points as per Item 4.
Actions and responsibility	**NA.**

10. Date and time of next meeting

- Friday 2nd August 14:00 at The Christie