

Skin Pathway Board

Minutes and Actions

Friday 2nd August 2019

14:00-15:00

The Christie, Wilmslow Road, Withington, M20 4BX

Members in attendance			
Name	Role	Organisation/Representation	Attendance 2019/20
John Lear (JL)	Chair, Clinical Pathway Director		1/1
Rachel Allen (RA)	Pathway Manager	Greater Manchester Cancer	1/1
Paula Daley (PD) (deputising for Natasha Smith, NS)	Macmillan User Involvement Manager	Greater Manchester Cancer	1/1
Avinash Gupta (AG)	Consultant Medical Oncologist	The Christie NHS Foundation Trust	1/1
Coral Higgins (CH)	Cancer Commissioning Manager, Manchester Clinical Commissioning Group	Greater Manchester Cancer Commissioning Manager Representative	1/1
Eileen Parry (EP)	Consultant Dermatologist	Tameside & Glossop Integrated Care NHS Foundation Trust	1/1
Jane Brown (JB)	Macmillan Transformation Manager: Recovery package implementation	Macmillan	1/1
Julie Collins (JC)	Skin Cancer Nurse Specialist	Manchester University Foundation NHS Trust	1/1
Kate Howlen (KH)	Macmillan Skin Clinical Nurse Specialist	Vernova Healthcare (East Cheshire)	1/1
Lorraine Burgess (LB)	Patient Representative		1/1
Luisa Motta (LM)	Dermatopathologist	Salford Royal Foundation Trust	1/1

Matthew Helbert (MH)	Patient Representative		1/1
Stephanie Ogden (SO)	Dermatology Consultant	Stockport NHS Foundation Trust (Trust representative)	1/1
Wayne Maxwell (WM)	Specialty Doctor, Dermatology	Vernova Healthcare (East Cheshire) (Trust representative)	1/1

Guests in attendance		
Name	Role	Organisation
Alison Armstrong (AA)	Programme Lead	GM Cancer

Apologies			
Name	Role	Organisation	Attendance 2019/20
Agata Rembielak (AR)	Consultant Oncologist with special interest in skin malignancies	The Christie NHS Foundation Trust	0/1
Alex Harris (AH)	Consultant Dermatologist	Mid Cheshire Hospitals NHS Foundation Trust	0/1
Alexander Marsland (AM)	Consultant Dermatologist and Urticaria Specialist	Salford Royal Foundation Trust	0/1
Amanda Short (AS)	Cancer Manager		0/1
Anne Whittington (AW)		Public Health England / GMHSCP	0/1
Chris Duff (CD)	Consultant Plastic, Reconstructive and Aesthetic Surgeon	Manchester University Foundation NHS Trust	0/1
Chris Guttridge (CG)	Patient representative		0/1
David Mowatt (DM)	Consultant Plastic Surgeon	The Christie NHS Foundation Trust	0/1
Deemish Oudit (DO)	Consultant Plastic and Reconstructive Surgeon	The Christie NHS Foundation Trust	0/1
Elizabeth Stewart (ES)	Consultant Dermatologist	Wrightington, Wigan and Leigh NHS Foundation Trust (Trust representative)	0/1
Gavin Wong (GW)	Consultant Dermatologist	Manchester University Foundation NHS Trust	0/1
Joanne Baczynski (JB)	Skin Cancer Nurse Specialist	Wrightington, Wigan and Leigh NHS Foundation Trust	0/1
Loma Gardner (LG)	Consultant Dermatologist	Tameside & Glossop Integrated Care NHS Foundation Trust	0/1

		(Trust representative)	
Lynne Jamieson (LJ)	Skin Cancer Dermatopathologist	Salford Royal Foundation Trust	0/1
Mary Kehoe (MK)	Clinical Nurse Specialist	Mid Cheshire Hospitals NHS Foundation Trust	0/1
Matthias Hohmann (MH)		GP Representative	0/1
Neil Cutler (NC)	Patient representative		0/1
Rebecca Brooke (RB)	Consultant Dermatologist	Salford Royal Foundation Trust (Trust representative)	0/1
Sue Taylor (ST)	Skin Cancer Nurse Specialist	Wrightington, Wigan and Leigh NHS Foundation Trust (Trust representative)	0/1
TBC	TBC	Bolton NHS Foundation Trust (Trust representative)	0/1
Tim Kingston (TK)	Consultant Dermatologist	Vernova Healthcare (East Cheshire) (Trust representative)	0/1
Tim Woolford (TW)	Consultant ENT Surgeon	Manchester University Foundation Trust (Oxford Road Campus)	0/1

1. Welcome & introductions	
Discussion summary	JL opened the meeting and welcomed members. It was noted that EP was present representing the lead clinicians for supra regional cutaneous lymphoma MDT.
Actions and responsibility	NA.

2. Minutes of the last meeting (15th March 2019) and action tracker	
Discussion summary	JL invited members to review the previous board minutes and highlight any requested amendments. MH queried the discussion documented in relation to MDT reform and the proposed rationalisation to exclude BCC patients from MDT discussions. JL explained that reform of MDT in skin cancer care is a national initiative. JL suggested that the discussion is addressed in Item 6. MH queried the low attendance of the meeting and requested to see member's attendance rates. RA explained that membership attendance is tracked. JL highlighted that it isn't compulsory for members to attend every meeting and no member obtains an SPA for their time. JL is the only member who takes a PA for his role in leading the pathway.
Actions and	a) RA to share membership attendance with all Board members.

responsibility	b) RA to publish the March minutes to the GM Cancer website.
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3. Macmillan User Involvement Team	
Discussion summary	<p>PD was in attendance in place of NS. There was no update to be shared.</p> <p>JB highlighted that there has been quite a lot of work undertaken for the draft template treatment summaries which LB has been involved in. The templates need input from a wider group of service users.</p> <p>Timescales were discussed. The treatment summary templates have been drafted but it's not yet clear when they will be finalised for ratification by the Pathway Board and implementation across all trusts.</p> <p>The treatment summaries will eventually be given to patients at the end of each treatment modality.</p> <p>It was noted that there are two templates being worked up at present (surgery and radiotherapy) which will be offered to patients with melanoma and squamous cell cancer. Treatment summaries may be offered to high risk BCC patients potentially in the future. It was noted that JC would like Katie McHale (KM) to be involved in development of the systemic therapy treatment summary template for advanced melanoma.</p>
Actions and responsibility	a) PD/NS to gather input into treatment summary templates from a wider pool of service users.

4. Skin cancer prevention	
Discussion summary	<p><i>Update on skin cancer prevention work programme</i></p> <p>JL explained that AW, public health SPR has been helping to establish a skin cancer prevention work programme. She has undertaken a literature review to understand the current evidence base. This will be shareable with the Board soon. AW is hoping to present the paper and an update at the September Board. JL spoke of the opportunity to implement some of the best practice initiatives identified in Europe and southern England within the GM region.</p> <p><i>Update on work with Trading Standards and emission data for sun beds</i></p> <p>JL summarised this area of work. Board members were informed that Dr Donald Allen (DA), Head of Clinical Engineering in Medical Physics and Salford Royal has calibrated Manchester City Council's sunbed emissions testing kit and a report has been produced to support this. Further work is required to verify the calibration in practice.</p> <p>It was noted that this workstream is separate to the work being led by Dr Lorigan exploring the economic impact of a sunbed ban. The two pieces of work will eventually dovetail and complement each other.</p>
Actions and responsibility	a) RA to share DA's report around calibration of the sunbed emissions testing kit (with permission).

5. Two week wait / suspected skin cancer referrals subgroup feedback	
Discussion summary	<p>JL summarised the project that is being explore by the two week wait / suspected skin cancer referrals subgroup which builds on the work that SO has led in Stockport around dermatology referrals.</p> <p>It was noted that the ambition is to test the proof of concept in Stockport from Autumn 2019. The subgroup plan to meet immediately after the Pathway Board to discuss the proposal further.</p>
Actions and responsibility	NA.

6. MDT reform	
Discussion summary	<p>LJ's apologies were noted. JL updated on behalf of LJ. LJ is yet to finish the MDT Reform protocol document for the LSMDT. This is in draft form with some final amendments required before it can be disseminated.</p> <p>LJ has met with Dr Nick Telfer regarding the SSMDT to discuss some processes that could be put in place to streamline the meeting further.</p> <p>ME queried the GM approach to MDT reform, particularly around the recommendations for BCC patients. It was highlighted that the GM position has been led by the BAD document that has been produced in response to Martin Gore's national recommendations to the reform of MDTs. JL explained that time for a meaningful discussion within MDTs is limited and so the time available needs to be used constructively.</p> <p>A discussion ensued on cross-trust communication. There was a discussion around the usefulness of having an awareness of trusts waiting times for treatment. The challenges in maintaining such a system beyond organisational boundaries was noted.</p> <p>There was a discussion around the role of Pathway Navigators and the use of such roles within the skin cancer pathway to improve cross-trust communication and help improve waiting times for patients. AA clarified that the NHS mandated accelerated cancer pathways (lung, prostate and colorectal) have funding for Pathway Navigator posts. The posts are funded via GM Cancer for a two year fixed period until the end of 2021 as part of implementation of the three best timed pathways. Commissioners are being engaged at present. The skin pathway is not included in this as it is not a nationally mandated requirement. GM Cancer are looking to introduce accelerated pathways for gynae, head and neck, HPB and OG, should further funding be acquired. AA encouraged Board members to consider other roles that already exist in the management of the pathway such as MDT co-ordinators, cancer trackers, CNSs and cancer managers.</p> <p>There was a suggestion for a project around improved co-ordination of multi-site surgery. MH is keen to contribute from a patient perspective.</p>
Actions and responsibility	a) JL to discuss potential project focusing on improving co-ordination of multi-site surgery with LJ and surgical representatives on the Pathway Board.

7. Implementation of Macmillan Recovery Package
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Discussion summary	<p>JC and JB provided an update on implementation of the Macmillan Recovery Package. It was noted that this should now be referred to as <i>'Living With and Beyond Cancer'</i>.</p> <p>It was highlighted that HNAs are now being offered to skin cancer patients in GM. It was noted that some trusts are not using the electronic forms and are using the paper format. JB referenced a modelling exercise that is being undertaken to look at what capacity is required in order to offer HNAs to BCC patients.</p>
Actions and responsibility	<p>a) JB/JC to present modelling around resource required for HNAs and BCC patients at a future Board meeting.</p>

8. AOB	
Discussion summary	<p><i>GM Clinical Lead for Skin Cancer</i></p> <p>It was noted that following the recent refresh of GM Cancer Board, a leadership review has taken place. It has since been agreed that Pathway Directors will serve a 3 year term, renewable at the end of that period subject to 'open' competition/re-interview against peers.</p> <p>It has also been agreed that the post title will change to 'Greater Manchester Clinical Lead for' rather than 'Pathway Director' to more simply reflect the importance and remit of the role. The post remains the same in scope, being the clinical lead for all elements of the pathway in a specific cancer area.</p> <p>The position of GM Clinical Lead for Skin Cancer is now out to advert via NHS jobs. Pathway Board members are encouraged to consider the vacancy. The closing date is Tuesday 20th August 2019 and interviews will take place on Monday 9th September.</p> <p><i>Skin Lymphoma</i></p> <p>EP spoke of the lack of dedicated resource available to support skin lymphoma patients. There is no designated CNS support in GM, Lancashire, Cumbria and North Staffordshire. JL offered to raise with the GM Clinical Lead for Haematology, Dr Eleni Tholouli.</p> <p><i>Rationalisation follow-up of melanoma patients</i></p> <p>AG described the advances of treatment on the oncology workload and clinics. The oncology team are keen to identify a way to rationalise follow-up of patients. The number and variety of professional specialities seeing the same patients was noted e.g. dermatologists, plastics, oncologists. AG commented that the rationalisation exercise would be part of a broader work programme by the oncology team looking at adopting standardised approaches to things like use of vitamin D supplements for patients with melanoma; imaging follow-up for patients with melanoma.</p> <p>AG highlighted the many variables that are being considered. AG is keen for Board members thoughts on a rationalisation strategy. There was a suggestion for the management of melanoma patients to be shared via the oncologist and dermatologist. Patients like to be seen for an all over assessment by the dermatologist. Dermatologist confidence in managing patients on adjuvant therapies was noted, particularly around the monitoring of patients and dealing with side effects – dermatologist education around awareness and understanding of managing patients on adjuvant therapies was noted.</p> <p>JL suggested the need to consider whether stratification of patients by thickness or stage is appropriate. If this isn't a valid way forward, the Board need to think a little more</p>

	<p>creatively.</p> <p>EP commented on the variation in shared care for sentinel lymph node negative patients. There was a suggestion for commissioned dermatology input into the Christie melanoma service with PAs for consultant time.</p> <p>AG indicated that the Christie are seeing 260-270 new patients a year in medical oncology.</p>
Actions and responsibility	<ul style="list-style-type: none"> a) JL to raise issue of support (lack of) for skin lymphoma patients with the GM Clinical Lead for Haematology, Dr Eleni Tholouli. b) Board members to contact AG with suggestions around approaches to rationalise.

Date and time of next meeting:

Friday 13th September 14:00-16:00 at The Christie – accessible room to be confirmed.