

Skin Tumour Site Specific Group meeting
Thursday 25th October 2018
Robert Hardwick room, Maidstone Academic Centre, Maidstone Hospital
15:00 – 18:00

Final Meeting Notes

Present	Initials	Title	Organisation
Larry Shall (Chair)	LS	Consultant Dermatologist	West Kent Dermatology Service
Colin Chamberlain (IT & Notes)	CC	Admin Support	KMCC
Annette Wiltshire	AW	Service Improvement Facilitator	KMCC
Linda Caine	LCa	Cancer Compliance Manager	MFT
Sue Addison	SAd	IT Project Manager	EKHUFT
Bana Haddad	BH	Macmillan GP	Medway CCG
Jennifer O'Neill	JO'N	Locum Consultant Plastic Surgeon	QVH/West Kent Dermatology Service
Prasad Hunasehally	PH	Consultant Dermatologist	West Kent Dermatology Service
Ann Fleming	AF	Consultant Histopathologist	MTW
Julie Hales	JH	Service Specialist - Specialised Commissioning South (South East)	NHS England
Maggie Curtis	MC	Macmillan Skin CNS	QVH
Sally Allen	SAI	Head of System-Wide Commissioning	West Kent CCG
Ian Vousden	IV	Kent & Medway Cancer Alliance Manager	KMCA
Cherng Jong	CJ	Consultant Dermatologist	West Kent Dermatology Service
Apologies			
David Chesover	DC	GP	West Kent CCG
Jack Jacobs	JJ	Macmillan GP & Cancer Lead	Ashford & Canterbury CCG
Laura Counter	LCo	Commissioning Support Officer for Community Equipment	NHS Canterbury & Coastal CCG
Alistair Lindsay	AL	General Manager	MFT
Nick Rowell	NR	Consultant Clinical Oncologist	MTW
Stefano Santini	SS	GP Clinical Lead Consultant	West Kent CCG
Naomi Webb	NW	Service Manager for Cancer Services	EKHUFT
Sami Page	SP	Patient Representative	
Elizabeth Sharp	ES	Consultant Surgeon and Clinical Tutor	EKHUFT
Jenny Middleton	JM	Patient Representative	

Andrew Birnie	AB	Consultant Dermatologist	EKHUFT
Serena Gilbert	SG	Programme Lead – Early Diagnosis	KMCA
Kay Jones	KJ	Project Coordinator	NIHR
Nicola Southwell	NS	Research Delivery Manager	NIHR
Amanda Clarke	AC	Consultant Clinical Oncologist	MTW
Saul Halpern	SH	Consultant Dermatologist	MFT
Ciara O'Hanlon Brown	COHB	Consultant Medical Oncologist	MTW
Julie Anthony	JA	Skin CNS	QVH
Stacey Croney	SC	Skin CNS	MFT
Tracey Ryan	TR	Macmillan User Involvement Manager	KMCC
Siva Kumar	SK	Consultant Plastic Surgeon	QVH
Sam Orkar	SO	Consultant Plastic Surgeon	QVH
Kim Peate	KP	Macmillan Skin Cancer Clinical Nurse Specialist	EKHUFT

Item	Discussion	Agreed	Action
1 TSSG Meeting:- - Apologies - Review actions from previous minutes	The apologies are listed above. LS ran through the final minutes v2.0. No issues were raised and the previous minutes were confirmed accurate.		
2 InfoFlex Project Update	<ul style="list-style-type: none"> • SAd shared that she had been working on updating InfoFlex and any issues raised with the upgrade had been resolved • She conveyed to the members that they are currently working on the web design and that these will be used in live MDTs soon • SAd added they are close to getting the design finalized, and it will be transferrable and can be replicated in other tumour sites other than breast • A phased approach method will then be employed with SAd conveying that a lot of work with the KMCA had been undertaken, especially with regards to stratified pathways and eHNA's amongst other items • Work has progressed well and they are in a good position to carry on but PAS has caused issues intermittently • SAd shared that with the web design, the user will no longer have to go through a double Citrix login 		
3 Update on Medway Dermatology with specific regard to cancer services	SH was absent from this meeting but LS felt it would be good to discuss this item nevertheless. An informative discussion ensued, summarised by the following points: <ul style="list-style-type: none"> • LCa shared that MFT had given notice on the dermatology service and that this issue now lies with the CCGs and procurement • Patients are transferring to other areas for treatment • Staffing issues have been problematic • BH shared that a number of patients are going back to their GPs after 6 weeks due to no appointments being offered • LCa stated that patients on a cancer pathway that need a follow up are actioned 		

		<p>by the MDT team members if post MDM, however pathway coordinators also action appointments from clinic letters. Anything else for dermatology should go via the service manager. Complaints or communication from patients on a cancer pathway belong to the service so again the service managers are responsible for auctioning these with some input from LCa.</p> <ul style="list-style-type: none"> • LCa also felt that it would be beneficial to have more clinics to accommodate the increase in 2ww referrals • IV wondered if there had been a lot of 'noise' made with the number of patients in the system that are not getting very far in seeing/treating. He has concerns patients may not get through their pathway in a timely manner and will be at risk • IV highlighted concerns about the provision of a West & North Kent Specialist Skin Cancer MDT. If Medway have given notice on these services then this also needs to be factored into the re-procurement process which Ian Ayres is leading on. • IV suggested that LS write to Ian Ayres highlighting these Skin Cancer pathway concerns and the need for the MDT provision to be included accordingly • IV added that a collated letter around clinical concerns and MDT provision, addressed to Medway CCG. LS to action • IV conveyed that a service specification for skin cancer is due to come out soon catering for a population of about 2 million people 		LS
4	Update on Mohs service Kent	<p>AB was not present at this meeting so this item was not discussed.</p> <p>JH shared that she had no updates to give from a commissioning perspective. However, IV raised that a national review of the Mohs service is currently going on.</p>		
5	Sentinel Lymph Node Biopsy update	<p>JO'N ran through the Sentinel Lymph Node Biopsy presentation which focused on the sentinel lymph node treatments that Dr Sam Orkar and Dr Siva Kumar had undertaken. JO'N shared that:</p> <ul style="list-style-type: none"> • There had been an increase in referrals and that an increased focus has been placed on looking in to 0.8mm and up. • That anything from 0.05mm gets upgraded and anything below 0.05mm does not. • JS stated that it is the 0.75 mm Breslow thickness MM's that are being rounded up to 0.8mm from a sentinel node point of view. 	CC circulated this presentation on 26.10.2018	

		LS asked for the sentinel node measurements and their subsequent treatments to be put on the agenda for the next meeting as there was no East Kent representation at this meeting.		LS/AW
6	Immunotherapy for Melanoma: advances and adjuvant therapy	This item was not discussed.		
7	Dysplastic Nevus	<p>This item was not on the agenda but was presented by Prasad Hunasehally.</p> <p>PH ran through a presentation centering around whether completely excised dysplastic nevus should be re-excised. His slides outlined the following areas relating to dysplastic nevus:-</p> <ul style="list-style-type: none"> • Current Management as per MDT • The assumptions and myths • Facts about dysplastic nevi • A number of studies and surveys • PH's proposal on how to treat patients with dysplastic nevus <p>JO'N shared that she sees a lot of dysplastic nevi cases but not so many severe cases as most are moderate or mildly atypical. LS advised not to shave excise them with AF sharing that a number of other pathologists often disagree with diagnoses of dysplastic nevi. This item provoked a lot of good discussion, with LS asking PH if he can ratify some documentation relating to dysplastic nevus and this can then be put together for the next TSSG for discussion and implementation.</p>	CC circulated this presentation on 26.10.2018	
8	Performance	<p>The performance slides for MFT, EKHUFT, MTW and DVH were presented, paying particular attention to 62 days.</p> <p>IV requested that CC navigate on to the CCG Detail tab and look at the data for West Kent CCG in particular, which showed a score of 94.3% had been achieved for 18-19 Q1 Performance, up 14.9% from Q1 in 17-18.</p>	CC circulated the 4 performance spreadsheets on 26.10.2018	
9	Joint Clinic	<p>LS shared that with regards to the Joint Clinic, progress had stalled recently but that efforts had been made in trying to get back up and running. COHB liaised with managers from the clinics and has been provided with 2 clinics a month.</p> <p>Issues with regards to PAS systems have been somewhat of an issue as has a lack of clarification as to who is paying for this. LS added that things have gone very quiet on</p>		

		this front but that he will follow-up with COHB to discuss moving forward with this once more.		LS
10	TSSG Documentation: - Skin Pathways of Care update	Due to the shortage of attendees, the documentation could not be ratified. Lots of changes are being made and LS felt that it may be appropriate to discuss this item at the next meeting. LS informed the members that he is happy to continue as the TSSG Chair unless anyone else is interested in taking over.		
11	Election of Research lead	LS shared that Ciara O'Hanlon Brown has been appointed as the Research Lead.		
12	General Updates: - NOG - CNS - Research Update - Pathology Patient representatives	<p><u>NOG</u> – there were no oncologists present at this meeting so this was not discussed.</p> <p><u>CNS</u> QVH – MC shared that she and her colleague JA are making progress with the joint clinic that they have been focusing on. On a separate note, MC added that she had recently attended a Melanoma Focus Day and found this to be of interest, especially with regards to 2 presentations that were displayed at the event. She would be happy to look further in to them.</p> <p><u>Research</u> – this item was not discussed due to there being no research members present at the meeting.</p> <p><u>Pathology</u> – AF shared that there had been configuration issues at MTW and expressed concern at the uncertainty of the service's future at MTW. LS shared that he would be happy to raise AF's concerns in a letter out, asking for pathology services to be kept local to the individual hospital bases.</p> <p>Negotiations between MFT and DVH are ongoing with regards to pathology services.</p> <p><u>Patient Representatives</u> – TR did not attend this meeting but her presentation was displayed for the members to read through. TR has been working extensively to recruit more patient representatives for all tumour sites. LS paid special reference to Jenny Middleton, a patient representative who survived melanoma, who was unable to attend this meeting today.</p> <p>AW informed the group that TR had put together 'A Patient Voice for Cancer</p>		CC sent TR's PPE presentation on 26.10.2018

		Services' leaflet, which was circulated to the CNS's.		
13	Primary Care and Commissioning	<p>BH mentioned that it would be useful to have some clarification around how quickly someone with suspected basal cell carcinoma is seen, stating that some patients can wait up to 8 months. LS shared that it is better to completely excise BCCs as soon as possible as the smaller they are the easier to excise and the better the cosmetic result. In addition if the diagnosis is incorrect one requires histology sooner than later to avoid a delay in treating a more serious cancer.</p> <p>The question of rates for day cases and tariffs was raised in respect of what could be agreed with providers. SAI advised that the West Kent service is commissioned using a locally agreed tariff rather than the national tariff and there were no plans to change this arrangement. Providers and commissioners are able to negotiate local tariffs if both parties agree.</p>		
14	Any Other Business	<p>LS asked the members for suggestions as to what they would like placed on the next agenda. JO'N stated that it would be advisable to include a section on scanning, with LS adding that a research audit on the number of patients scanned could be undertaken and brought to the next meeting. He also advised that NICE guidelines should be followed.</p> <p>AW advised that a provisional date for the next meeting is 25th April 2019 to avoid the Easter holidays. Sponsors will be contacted to arrange lunch, and venues are being looked at for Maidstone and Ashford to rotate meetings between sites. Next meeting will commence from 2pm.</p> <p>LS asked for the Skin pathway documentation will be an item for the next agenda.</p>	LS/AW	AW/KG
		Next meeting: TBC 25/04/2019 & Venue		