**Skin Tumour Site Specific Group meeting**
**Thursday 25th April 2019**
**Oncology New Build Meeting Room, Maidstone Hospital**
**14:00 – 17:00**

**Final Meeting Notes**

| Present | Initials | Title | Organisation |
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| Larry Shall (Chair) | **LS** | Consultant Dermatologist | West Kent Dermatology Service |
| Grace Hancock | **GH** | Acute Services Manager | West Kent Dermatology Service |
| Kirstyn Parratt | **KPa** | Admin & Cancer Lead | West Kent Dermatology Service |
| Cherng Jong | **CJ** | Consultant Dermatologist | West Kent Dermatology Service |
| Sandy Flann | **SF** | Consultant Dermatologist | West Kent Dermatology Service |
| Michelle Jee | **MJ** | Macmillan Strategic Cancer Lead for North Kent CCGs | DGS CCG |
| Holly Bevis | **HB** | MDT Coordinator | DMC |
| Pat Morant | **PM** | MDT Coordinator | DMC |
| Ravi Gupta | **RG** | Medical Director | DMC |
| Stacey Croney | **SC** | Lead Nurse – Dermatology & Skin Cancer | DMC |
| Tony Downs | **TD** | Consultant Dermatologist | DMC |
| Steve Nicholson | **SN** | Locum Consultant Oncologist | DVH |
| Kim Peate | **KPe** | Skin CNS | EKHUFT |
| Sandra Varga | **SV** | Locum Consultant Dermatologist | EKHUFT |
| Bana Haddad | **BH** | Macmillan GP & Clinical Lead (LWABC) | KMCA |
| Ian Vousden | **IV** | Kent & Medway Cancer Alliance Manager | KMCA |
| Annette Wiltshire | **AW** | Service Improvement Facilitator | KMCC |
| Colin Chamberlain (IT & Notes) | **CC** | Admin Support | KMCC |
| Sam Egan | **SE** | Project Manager | Medway CCG |
| Ann Fleming | **AF** | Consultant Histopathologist & Skin Clinical Lead | MTW |
| Julie Hales | **JH** | Service Specialist – Specialised Commissioning | NHSE |
| Ursula Peaple | **UP** | National Programme of Care Senior Manager – Specialised Commissioning | NHSE |
| Yaiza Rivero | **YR** | PoC Manager (Internal Medicine) - Specialised Commissioning | NHSE |
| Jennifer O' Neill | **JON** | Consultant Plastic Surgeon | QVH/West Kent Dermatology Service |
| Maggie Curtis | **MC** | Macmillan Skin CNS | QVH |
| Sam Orkar | **SO** | Consultant Plastic Surgeon | QVH |
| Siva Kumar | **SK** | Consultant Plastic Surgeon | QVH |
| Sally Allen | **SA** | Head of System-wide Commissioning | West Kent CCG |

| **Apologies** | | | |
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| Sarah Ryan-Millen | **SRM** | Development Analyst | DVH |
| Marie Payne | **MP** | Macmillan Lead Cancer Nurse | DVH |
| Brigid Maguire | **BM** | Pathologist | EKHUFT |
| Christine Reckling | **CR** | Associate Specialist for Dermatology | EKHUFT |
| Andrew Birnie | **AB** | Consultant Dermatologist | EKHUFT |
| Jack Jacobs | **JJ** | Macmillan GP & Cancer Lead | Ashford CCG |
| Serena Gilbert | **SGi** | Programme Lead – Early Diagnosis | KMCA |
| Tracey Ryan | **TR** | Macmillan User Involvement Manager | KMCC |
| Nick Rowell | **NR** | Consultant Oncologist | MTW |
| Sona Gupta | **SGu** | Macmillan GP | Newton Place Surgery |
| Laura Counter | **LC** | Commissioning Support Officer for Community Equipment | NHS Canterbury & Coastal CCG |
| Susan Woollard | **SW** | Service Specialist – (Internal Medicine/Trauma) | NHSE |
| Kay Jones | **KJ** | Project Coordinator | NIHR |
| Louise De Barra | **LDB** | MDT Coordinator | QVH |
| Jackie Blunt | **JB** | Skin Cancer CNS | QVH |
| Stefano Santini | **SS** | GP and Cancer Lead | West Kent CCG |

| Item | | Discussion | Agreed | Action |
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| 1 | **TSSG Meeting** | **<u>Introductions</u>**<br><br>LS welcomed the attendees to the meeting and asked them to introduce themselves.<br><br>**<u>Apologies</u>**<br><br>The apologies are listed above.<br><br>**<u>Review actions from previous minutes</u>**<br><br>The minutes from the previous meeting were reviewed and agreed as a true and accurate record. With regards to the Skin TSSG High Level Operational Policy and Pathway of Care documents, LS specified that they will need to be updated once there is a clearer picture with regards to the dermatology services situation.<br><br>**<u>Immunotherapy for melanoma patients</u>**<br><br>Although not allocated a slot on the agenda, SN provided an update on immunotherapy for melanoma patients. In summarising:<br>• Nivolumab and pembrolizumab are effective in reducing melanoma returning.<br>• The best outcomes tend to be through an adjuvant setting.<br>• Immunotherapy is not the only treatment for treating melanoma.<br>• SN feels treatment advantages are often diluted as the majority of patients will not benefit from this treatment.<br>• He grew up in a generation where surgery was given primacy for the treatment of melanoma and he believes that this is not the case so much anymore.<br>• SN made reference to joint clinics which he believes the Trusts are adverse to, although Ciara O' Hanlon Brown made some progress with this prior to going on maternity leave. | | |
| 2 | **Performance** | **<u>62 day data - all Trusts</u>**<br><br>The National Cancer Report spreadsheet was presented on the screen which outlined the performance data for the Trusts for February 2019.<br><br>**EKHUFT**<br>• Hit the standard level between February 2018 – February 2019 and surpassed the national level more often than not during that period. | **CC circulated the spreadsheet on 26.04.2019** | |

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| | | • Between March and May 2018 EKHUFT failed to meet the national level – KPe specified that this was due to both staffing and maxillofacial issues.<br><br>**QVH**<br>• Between February 2018 – February 2019, QVH only failed to hit the standard level on just one occasion.<br><br>**MFT**<br>• Making reference to MFT, LS noted that between February 2018 – February 2019 their performance was impressive.<br><br>**West Kent CCG**<br>• In terms of West Kent CCG performance, they too surpassed the standard and national level on all but 2 months during the February 2018 – February 2019 period. | | |
| **3** | **'Future SMDT Skin Cancer MDT configuration'** | **<u>Future Configuration of Skin Cancer SSMDT – presentation by Larry Shall</u>**<br><br>The NHS Cancer Plan set out a recommendation that the care of all cancer patients should be reviewed formally by a specialist team as this would help to ensure that they have the advantage of the array of expert advice required for a high quality of care. The presentation made reference to:<br>• Arrangements for skin cancer teams<br>• The LSMDT (its role, core membership and members of the extended LSMDT that the team can call upon as and when required)<br>• The SSMDT (its role, core membership and members of the extended SSMDT that the team can call upon as and when required)<br>• The organisation of the SSMDT and LSMDT meetings<br><br>A summary of the discussions that ensued are specified below:<br><br>• LS emphasised that local MDT meetings are necessary and that up until recently Medway Foundation Trust hosted the West and North Kent SMDT. As MFT have given notice on providing dermatology services from 01/04/2019 there is no formal host for the SMDT.<br>• UP specified that NHSE are responsible for setting national standards and guidance and that the NHSE representatives at today's meeting are there in an assurance capacity.<br>• IV outlined that there needs to be some clarity as to where patients are being clinically discussed now and whether they are being discussed with the | **CC circulated this on 26.04.2019** | |

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| | | appropriate multidisciplinary team membership in place.<br>• SA noted that QVH have kindly agreed to run the skin specialised MDT for both West and North Kent CCGs. She added that a local MDT is already in place in West Kent and that one is being set up for North Kent too.<br>• It was raised that QVH have always enjoyed radiological support but that hosting the SMDT will put an additional burden on that service<br>• SA stated that West Kent currently have 2 dermatologists and have a distinct shortage of Radiologists.<br>• UP shared that she understands that in relation to the finance activity aspect, this currently lies with the respective CCGs.<br>• RG advised the group that the DMC are membership quorate and that they are currently referring their cases to QVH, which he highlighted is a temporary measure.<br>• UP advised the attendees that whatever long-term plan is established, it has to be compliant with both national standards and Improving Outcomes Guidance (IOG).<br>• With regards to the Medway service that was provided, SA shared that the service they were running was not ideal. SC agreed with this point and specified that there was room for improvement.<br>• SA queried that in terms of updating the operating policy to reflect the new services situation when it is crystallized, how different would the guidance then be? LS advised that he did not foresee that there would be a significant difference.<br>• IV highlighted that defined timeframes are needed in implementing the plans.<br>• In terms of a long-term plan, SO stated that he believes that QVH and MTW are 2 viable options for the hosting of services.<br>• SA noted that there is no radiology presence for DMC patients currently.<br>• KPe advised the members that EKHUFT follow both NICE and Melanoma Focus guidelines for scanning.<br>• LS specified that a small working group with Kent & Medway Leads is needed in order to establish protocols. **Action: LS to set this up.**<br>• SA conveyed that there needs to be an immediate review of the operating plan.<br>• SK advised that the radiology input issue should be addressed with urgency. He added that the radiology team at QVH are overwhelmed.<br>• JH raised that it would be sensible to reinstate the weekly commissioning meetings. **Action: SA to arrange this.**<br>LS stated that he will contact certain colleagues to encourage them to attend this.<br>• It was stated that patients can contact SC on her work mobile phone or through | | **LS**<br><br>**SA** |

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| | | the main switchboard number at DMC.<br>• In wrapping up, LS outlined that an operational policy is needed for the North and West Kent SMDT and a separate one for the TSSG. | | |
| **4** | **Pathway for excision of dysplastic nevi** | LS presented the **Dysplastic Nevi** document.<br><br>With reference to the first bullet point under the 'Proposal' section, "Excision biopsy with 3mm margin for atypical pigmented lesions.", JON believes this should be changed to 2mm and questioned if this could be changed and then circulated to the TSSG membership as approved. | **CC circulated this document on 26.04.2019** | |
| **5** | **Scanning for melanoma patients** | **<u>Imaging for melanoma follow up – presentation by Larry Shall</u>**<br><br>• With reference to the statement in this presentation: **"***For people who have had stage IIC melanoma with no sentinel lymph node biopsy, or stage III melanoma, consider follow-up every 3 months for the first 3 years after completion of treatment, then every 6 months for the next 2 years, and discharging them at the end of 5 years***."**, KPe outlined that EKHUFT scan yearly after the 3 year period for a further 2 years.<br>• SN specified that he thinks it is more suitable to do a PET scan every 6 months instead of a CT. He continued stating that there is a variation in opinion as to whether a CT or PET scan is the most appropriate option.<br>• SK informed the members of a Melanoma Focus event which is scheduled to take place next month. He believes this topic will form a part of the discussions that take place at that event.<br>• LS shared that he believes it may be worth scanning all new patients at stage 2c or 3 with no sentinel lymph nodes.<br>• SK conveyed that there is a need to review this matter at the next TSSG. He is happy to form some guidance in the meantime.<br>• KPe stated that EKHUFT have been using PET scans for approximately 1 year now. | **CC circulated this presentation on 26.04.2019** | |
| **6** | **Update on Sentinel lymph node biopsy** | **<u>Update provided by Siva Kumar</u>**<br><br>• SK advised the group that the Sentinel Lymph Node Biopsy (SLNB) service has been in place since 2017.<br>• In the first 6 months of its existence, they had performed on 40 patients.<br>• In 2018, 163 patients were treated.<br>• So far this year, they have performed this procedure on 49 patients. | | |

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| | | • KPe specified that EKHUFT have started doing SLNB since November 2018 and that they are using KIMS at the moment for radiology.<br>• She asked SK if it would be acceptable for her to send on melanoma patients to him that require plastic surgery. He advised her that this would be fine and that SO can assist with this also. | | |
| **7** | **General Updates** | **<u>NOG</u>**<br><br>This item was not discussed.<br><br>**<u>Research</u>**<br><br>SN advised the group that he is only aware of 2 trials currently open.<br><br>**<u>CNS</u>**<br><br>**EKHUFT**<br>• KPe shared that EKHUFT have put in a bid for another Skin CNS. She outlined that her caseload is extensive, especially given that she is the only oncology Skin Cancer CNS in EKHUFT.<br>• They hope to bring in some Band 4 Support Workers in the near future.<br>• KPe outlined that each Trust will need to complete eHNA's for their patients on InfoFlex, which she hopes the Band 4's will do.<br>• She stated that they are looking to establish an immunotherapy forum at some point.<br>• Adjuvant therapy has been approved.<br><br>**MFT**<br>• SC highlighted that they are looking at succession planning.<br>• They are looking to host a Health & Wellbeing day in the near future.<br>• They have yet to establish joint clinics.<br>• They want to review their job plans.<br><br>IV specified that in terms of health and wellbeing provision, this forms part of the Living With and Beyond Cancer Working Group and encouraged the CNS' in attendance to come along to a meeting or send a colleague.<br><br>**DVH**<br>• No update provided. | **CC circulated the research spreadsheet on 26.04.2019** | |

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| | | **MTW**<br>• No update provided.<br><br>**<u>Pathology</u>**<br><br>• AF stated that Lamios Munthali is to join MTW.<br>• Brigid Maguire (EKHUFT) is to step down in the near future.<br><br>**<u>Patient representatives</u>**<br><br>It was noted that there was no patient representation at today's meeting. AW asked LS to kindly complete the PPE request form, for TR to progress with recruiting patient representation to attend the TSSG meetings. **<u>Action:</u> CC to send LS the form.** | | **CC** |
| **8** | **Primary Care & Commissioning** | MJ and SA advised the members that they had nothing else to add under this item. | | |
| **9** | **AOB** | No-one had anything they wished to raise under any other business. | | |
| **10** | **Next meeting** | Thursday 28th November 2019 (14:00 – 17:00)<br>Lecture Room (Maidstone Academic Centre) - Maidstone Hospital | | |