Kent and Medway Cancer Collaborative

**Skin Tumour Site Specific Group meeting**
**Thursday 28th November 2019**
**Auditorium, Maidstone Academic Centre, Maidstone Hospital**
**14:00 – 16:00**

**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 |
| Holly Bevis | **HB** | MDT Coordinator | DMC |
| Stacey Croney | **SC** | Lead Nurse – Dermatology & Skin Cancer | DMC |
| Sandra Varga | **SV** | Locum Consultant Dermatologist | EKHUFT |
| Saul Halpern | **SH** | Consultant Dermatologist | EKHUFT |
| Andrew Birnie | **AB** | Consultant Dermatologist | EKHUFT |
| Karen Glass (IT and notes) | **KG** | Administration Officer | KMCA & KMCC |
| Susannah Lowe | **SL** | Oncology Melanoma CNS | MTW |
| Ann Fleming | **AF** | Consultant Histopathologist & Skin Clinical Lead | MTW |
| Ciara O'Hanlon-Brown | **COHB** | Consultant Medical Oncologist | MTW |
| Julie Hales | **JH** | Service Specialist – Specialised Commissioning | NHSE |
| Jennifer O' Neill | **JON** | Consultant Plastic Surgeon | QVH/West Kent Dermatology Service |
| Karen Carter-Woods | **KCW** | Head of Risk and Patient Safety | QVH |
| 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 |
| Sue Eley | **SE** | Patient Representative | |
| **Apologies** | | | |
| Jack Jacobs | **JJ** | Macmillan GP & Cancer Lead | Canterbury CCG |
| Sona Gupta | **SGu** | Macmillan GP | Canterbury CCG / Newton Place Surgery |
| Anthony Downs | **AD** | Consultant Dermatologist | DMC |

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| Asha Rajeev | **AR** | Consultant Dermatologist | EKHUFT |
| Elizabeth Sharp | **ES** | Consultant Surgeon and Clinical Tutor | EKHUFT |
| Brigid Maguire | **BM** | Pathologist | EKHUFT |
| Kathleen Sands | **KS** | AS Dermatology | EKHUFT |
| Nipin Bagla | **NB** | Consultant Histopathologist | EKHUFT |
| Sandra Holness | **SH** | Cancer Pathway Tracker Coordinator | EKHUFT |
| Kim Peate | **KP** | Macmillan Skin CNS | EKHUFT |
| Annette Wiltshire | **AW** | Service Improvement Facilitator | KMCC |
| Colin Chamberlain | **CC** | Admin Support | KMCC |
| Tracey Ryan | **TR** | Macmillan User Involvement Manager | KMCC |
| Amanda Clarke | **AC** | Consultant Clinical Oncologist | MTW |
| Nick Rowell | **NR** | Consultant Oncologist | MTW |
| Russell Emerson | **RE** | Consultant Dermatologist | Sussex Community Dermatology Service |
| Laura Counter | **LC** | Commissioning Support Officer for Community Equipment | SCDS |
| Keith Cullen | **KC** | General Plastic Surgeon | QVH |
| Rosie Baur | **RB** | Head of East Kent Cancer and Specialised Services Commissioning | South Kent Coast CCG |

| Item | | Discussion | Agreed | Action |
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| **1** | **TSSG Meeting** | **<u>Introductions</u>**<br><br>KG confirmed there was a last-minute room change with the meeting now taking place in the Auditorium instead of the Lecture Room.<br><br>LS welcomed the attendees to the meeting and asked them to introduce themselves. Sue Eley was welcomed to the group as the new patient rep for Dulwich Medical Centre.<br><br>**<u>Apologies</u>**<br><br>The apologies are listed above. | | |

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| | | **Review previous minutes**<br><br>The minutes from the previous meeting were reviewed and agreed as a true and accurate record.<br><br>**Review action log**<br><br>LS confirmed the following actions were still outstanding:<br><br>• High Operational Policy needs updating to reflect the new services situation.<br>• LS to set up small working group with K&M Leads to establish protocols.<br><br>SA confirmed the weekly commissioning meetings are now taking place on a monthly basis (to close on action log). | | **AW** |
| **2** | **SSMDT operational policy** | **Update provided by Sally Allen**<br><br>• SA confirmed the Specialist Skin cancer multidisciplinary team operational policy is still being worked on by SK.<br><br>• SK stated he was two thirds through updating this outdated policy and hoped to have this done by the next TSSG meeting.<br><br>• SA offered her support to SK should he require it. | | **SK** |
| **3** | **West Kent SSMDT** | **Update provided by Siva Kumar**<br><br>• SK confirmed they have had video conferencing issues since April but hope these issues will soon be addressed and he will be able to share by December.<br>• COHB mentioned she had been unable to dial into EKHUFT for 18 months. COHB advises SK to check with IT that they have considered any compatibility issues with the new video conferencing set up and the units that dial in. | | |

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| | | • SK explained a Radiologist left today but they have a provisional cover – Ian Francis. QVH plan to recruit a new radiologist in January to mitigate the delay between now and then.<br>• SA referred to a forthcoming NHSE and CCG visit and would be confirming arrangements with Abigail Jago for a January / February visit.<br>• SA commented on the DMC initial teething problems but these are being worked through. The service is vulnerable and needs to be more robust.<br>• SA mentioned MFT are providing Radiologist support and dialing into QVH MDT. SA wondered if MTW would be able to provide support.<br>• SK concluded that QVH will be using EVOLVE – Electronic Medical Records system in the next few weeks. | | |
| **4** | **Performance** | **<u>62-days & breach analysis / 28-days - all Trusts</u>**<br><br>**DMC**<br>• **No update provided.**<br><br>**EKHUFT**<br>• AB was pleased to announce that EKHUFT are performing well across all performance areas from August to October 2019.<br>• AB explained there were some delays at 31-days due to Mr Williams being sick and Miss Sharp resigning in the same week.<br>• AB highlighted the main breach analysis reasons were due to complex diagnostic pathways, elective capacity, health care provider-initiated delay or treatment delayed due to medical reasons.<br>• AB confirmed they are capturing the data in the cancer clinics for compliance to 28-days to diagnosis.<br><br>**SCDS**<br>• The performance data has exceeded the national target of 85% for 2ww, 31-day, 62-day and 104-day with no backlogs.<br>• The main reasons for breaches were due to admin delays, patients did not attend or appointments were cancelled by the patient.<br>• There was no data to support compliance to 28-day.<br><br>• SCDS confirm they use eRS (e-Referral Service) whereas EKHUFT use RAS | **KG circulated the presentations provided on 12.11.2019** | |

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| | | (Referral Assessment Service).<br><br>**QVH**<br>• SK confirmed QVH were performing well across the performance data figures from August to October 2019.<br>• SK explained the main challenges for skin include:<br>i) Patient's delaying their outpatient appointments, first 2ww appointment and first appointment at QVH following a tertiary referral<br>ii) Patient's delaying their biopsies<br>iii) Complex comorbidities e.g. challenges with mental health patients, patients going through the IMCA process and elderly patients travelling to QVH<br>iv) SLNB capacity – outpatient and theatre<br><br>• SK highlighted the main challenges with compliance to 28-days to diagnosis lies with letting the patient know of a benign diagnosis. QVH are currently focusing on the following key areas:<br>i) Increased focus of seeing patients within 7 days.<br>ii) Pushing through diagnostics ensuring they are booked within a week of the first outpatient appointment<br>iii) Once a benign diagnosis has been reached informing the patient via letter and then book a follow up appointment if required. | | |
| **5** | **Clinical Pathway Discussion** | **<u>Stage III disease post adjuvant treatment – update by Ciara O'Hanlon-Brown</u>**<br><br>• COHB and the group discussed the frequency of scanning the patient post adjuvant treatment. They agreed to scan at 3 months / 9 months / end of treatment and then 6-monthly up to 5 years until disease free.<br>• It was agreed that patients would be discharged from oncology back to dermatology following completion of adjuvant treatment for ongoing follow up.<br><br>• **<u>Action:</u>** The group agreed it would be a very good idea to invite a Radiology specialist to the next TSSG meeting and suggested Gordon Ellul. COHB also recommended a Radiologist at MTW - Alexis Corrigan. | | **KG/COHB** |

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| **6** | **Research** | **<u>Update by Ciara O'Hanlon-Brown</u>**<br><br>• COHB mentioned the DANTE trial which is a randomized phase III trial to evaluate the **D**uration of **AN**ti-PD1 monoclonal antibody **T**reatment in patients with metastatic m**E**lanoma. A study to find out how long people with stage III unresectable/metastatic melanoma should have treatment with pembrolizumab or nivolumab. This study is now open to recruitment in East Kent.<br>• The Interim study: a randomised phase II feasibility study of INTERmittent versus continuous dosing of oral targeted combination therapy in patients with BRAFV600 mutant stage 3 unresectable or metastatic Melanoma is open to recruitment in West Kent.<br><br>• COHB confirmed there were no Squamous Cell Carcinoma (SCC) trials coming up in Kent & Medway. | **KG circulated this presentation on 11.12.2019** | |
| **7** | **Clinical Audit** | **<u>SCC excision – update by Andrew Birnie</u>**<br><br>• AB provided an update on EKHUFT's audit results for surgical treatment of primary cutaneous Squamous Cell Carcinomas.<br>• AB explained SCC is the 2nd most common skin cancer.<br>• The British Association of Dermatologists guidelines advise a 4mm clinical excision margin for low risk tumours and a 6mm margin for high risk.<br>• AB confirmed the objectives of the audit were to determine:<br><br>i) Are surgical margins documented on histology forms?<br>ii) Percentage of complete excisions and the performance of each specialty.<br><br>• AB highlighted that retrospective data was collected within EKHUFT from May – July 2018 for primary cutaneous SCC excisions.<br>• AB confirmed that histology reports and MDM outcomes were obtained from DART and MDM action sheets to ascertain: | **KG circulated this presentation on 11.12.2019** | |

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| | | i) Completeness of excision<br>ii) If completely excised, whether the histological margin was <1mm<br>iii) Whether the operator documented excision margins on the pathology form.<br><br>• AB provided recommendations as a result of the audit.<br><br>i) Clinicians should document excision margins for SCC excisions (both peripheral and deep).<br>ii) Reminder and education required for all members and extended members of the skin MDT – via annual skin MDT meeting, TSSG and email to all skin MDT.<br>iii) Recommended margins – 4mm (low risk) and 6mm (high risk) | | |
| **8** | **CNS Updates** | **DVH**<br>• SC would be keen to receive feedback from QVH regarding the service provided by DMC.<br>• SC mentioned she has been unable to access the National Cancer Skin audit and has attempted obtaining this through the Cancer Alliance but has still been unsuccessful.<br>• SC referred to the Patient Experience for skin and requiring more patient responses.<br><br>**EKHUFT**<br>• AB confirmed a 2nd Skin CNS has now been appointed.<br>• AB was pleased to announce a 2-year Macmillan pilot for funding a 3rd CNS and 2 - Band 4 Support Workers to provide community-based activity.<br><br>**MTW**<br>• COHB introduced SL who was appointed Melanoma CNS at MTW and has been in post since July 2019.<br><br>**SCDS**<br>• No update provided.<br><br>**QVH** | | |

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| | | • MC confirmed that Julie (Anthony) has reduced her hours, Mandy and Abigail are 2 new CNS's and Jackie (Blunt) will be retiring.<br>• MC referred to the sentinel node leaflet on after-care which is in the process of being updated.<br>• MC highlighted their first attempt of speed dating for GP's to improve recruitment and retention. There are plans for more of these sessions in the future.<br>• MC mentioned a webinar between the Immunotherapy and Surgical teams. | | |
| **9** | **Primary Care & Commissioning** | • SA mentioned the eight clinical commissioning groups (CCGs) in Kent & Medway have been granted conditional approval to merge and form a single CCG from April 2020.<br><br>• SA highlighted the importance of a consistent approach across Kent & Medway in relation to the 2ww (NG12) referral forms which are due to go live in January 2020. She added there has not been a requirement for much change on the skin referral form. SA confirmed they are unfortunately unable to include mandatory fields on this form.<br>• SA explained there is twice yearly training for GP's in relation to NG12. SA advised if there are any GP practices the group have any issues with to let her know and they can target that practice. | | |
| **10** | **AOB** | • LS encouraged the group to let him know in advance if they have any suggestions for future presentations or audits for the forthcoming TSSG meetings.<br>• SK asked for all providers and core members to engage with the MDT and dial in if unable to attend.<br>• SO, promoted the set-up of Joint Clinics with CNS cover which are definitely the way forward. He added they are nearly set up at QVH. | | |
| **11** | **Next meeting** | • KG agreed with LS that AW would contact him directly to discuss the next Skin TSSG meeting dates for 2020. | | **AW/LS** |