Kent and Medway Cancer Collaborative

Skin Tumour Site Specific Group meeting
Thursday 12th November 2020
Microsoft Teams
14:00 – 16:30

Final Meeting Notes

Present	Initials	Title	Organisation
Larry Shall (Chair)	**LS**	Consultant Dermatologist	Sussex Community Dermatology Service
Russell Emerson	**RE**	Consultant Dermatologist	Sussex Community Dermatology Service
Stacey Croney	**SCr**	Skin Cancer CNS	Sussex Community Dermatology Service
Samantha Collins	**SCo**	Service Manager (North Kent)	Sussex Community Dermatology Service
Grace Hancock	**GH**	Service Manager (West Kent)	Sussex Community Dermatology Service
Saul Halpern	**SHa**	Consultant Dermatologist	EKHUFT
Nina Hayes	**NH**	Skin Cancer CNS	EKHUFT
Andrew Birnie	**ABi**	Consultant Dermatologist	EKHUFT
Asha Rajeev	**AR**	Consultant Dermatologist	EKHUFT
Marni Gardner	**MG**	MDT Coordinator	EKHUFT
Kim Peate	**KPe**	Lead Skin Cancer CNS	EKHUFT
Irene Nhandara	**IN**	Programme Lead – Early Diagnosis	KMCA
Amara Arinzeh	**AA**	Data Analyst	KMCA
Claire Mallett	**CM**	Programme Lead – LWBC + PC&S	KMCA
Colin Chamberlain (Notes)	**CC**	Admin Support	KMCC
Karen Glass	**KG**	Administration & Support Officer	KMCC
Annette Wiltshire	**AW**	Service Improvement Facilitator	KMCC
Tracey Ryan	**TR**	Macmillan User Involvement Manager	KMCC
Ann Fleming	**AF**	Consultant Histopathologist & Clinical Lead for Cellular Pathology	MTW
Jennifer Turner	**JT**	Consultant Clinical Oncologist	MTW
Rosemeen Parkar	**RP**	Consultant Medical Oncologist	MTW
Susannah Lowe	**SL**	Melanoma CNS	MTW
Bana Haddad	**BH**	Macmillan GP / Clinical Lead – LWBC + PC&S	NHS Kent & Medway CCG / KMCA
Margaret Curtis	**MC**	Macmillan Skin Cancer CNS	QVH
Sam Orkar	**SO**	Consultant Plastic Surgeon	QVH
Siva Kumar	**SK**	Consultant Plastic Surgeon	QVH
Julie Anthony	**JA**	Macmillan Skin Cancer CNS	QVH
Heather Drewery	**HD**	Oncology Booking Team Member	QVH
Karen Carter-Woods	**KCW**	Head of Patient Safety	QVH

Victoria Worrell	**VW**	Access & Performance Manager	QVH
Abigail Brunning	**ABr**	Staff Nurse	QVH
Louise De Barra	**LDB**	MDT Coordinator	QVH
Kirstyn Parratt	**KPa**	Admin & Cancer Lead	West Kent Dermatology Service
Maria Stuttaford	**MS**	Patient Representative	
Apologies			
John Kyle	**JK**	Implementation Consultant	CIMS
Elizabeth Sharp	**ES**	Consultant Surgeon and Clinical Tutor	EKHUFT
Sandra Holness	**SHo**	Cancer Pathway Tracker Coordinator	EKHUFT
Sue Drakeley	**SD**	Clinical Trials Practitioner	EKHUFT
Serena Gilbert	**SGi**	Cancer Performance Manager	KMCA
Jack Jacobs	**JJ**	Macmillan GP	NHS Kent & Medway CCG
Sona Gupta	**SGu**	Macmillan GP	NHS Kent & Medway CCG
Julie Hales	**JH**	Service Specialist - Specialised Commissioning South (South East)	NHSE/NHSI
Jennifer O' Neill	**JON**	Consultant Plastic Surgeon	QVH
Maria Reza	**MR**	CT1	UCLH

Item		Discussion	Agreed	Action
1	**TSSG meeting**	**Apologies** • The apologies are listed above. **Introductions** • LS welcomed the members to the meeting and asked them to introduce themselves. **Action log Review** • The action log was not reviewed as LS felt the actions would no longer be relevant given the time that had elapsed since the last meeting and how services had been forced to change due to the impacts of the pandemic. • The skin TSSG HOP and PoC documents require updating and will be discussed later in the meeting. • The West Kent & North Kent Operational policy also requires updating. **Review previous minutes** • The final minutes from the previous meeting which took place on 28.11.2019 were reviewed and agreed as a true and accurate record.		

2	**Personalised Care Update**	**Presentation provided by Claire Mallett** • CM provided a presentation on Personalised Care and Support / Living With and Beyond Cancer, specifically with regards to stratified pathways and patient-initiated follow ups. • CM stated she is aware a lot of colleagues across K&M have had to work remotely since the first lockdown was enforced and have been utilising virtual consultations for patient appointments and work meetings. She has been working with the K&M Trusts on implementing digital solutions for the purpose of remotely monitoring their patients. • CM referred to the LTP in relation to cancer. By 2021, where appropriate every person with a cancer diagnosis will have access to personalised care which is inclusive of: a needs assessment, a care plan and health and wellbeing information/support. • CM encouraged the attendees to contact her should they wish to discuss how stratified pathways could be of benefit to skin services across the patch. • CM referred to the Cancer Care Map, an online directory which assists people in locating cancer care and support services in their local area. Cancer patients as well as their friends and family can either manually search for a service or browse the types of services available. There are a number of stories and videos which display how the services have benefited other people living with cancer and signposts services across the country whether they are NHS-led, charity-funded or community-based. The directory was given clinical and governance support by St Thomas' Hospital. CM has encouraged clinical colleagues to inform their patients of this resource being available to them. • JA stated QVH patients who have a SLNB have an HNA initiated when they are first seen. • Key features of the web-based InfoFlex system include: - The facilitation of care processes by automatically populating standardised templates such as eHNA's and end of care treatment summaries - The automatic uploading of eHNA's and treatment summaries to GP systems and other community-based providers to enable easier communication between secondary and primary care and a smoother transition of care for patients - Where stratified pathways are concerned, InfoFlex has the ability to facilitate a recall system which enables a more efficient tracking system to be available through the utilisation of activity trackers. The activity trackers outline all the necessary tests/investigations for the entire cancer patient pathway.		
3	**Skin suspected cancer e-Referral form**	**Update provided by Andrew Birnie** • ABi stated a number of GP referrals have little or no written supporting information. • ABi believes one of the most important pieces of information to record is the location of the lesion and asked whether this section of the form could be made compulsory for GP referrals. BH stated the GP's are unable to do this due to the technical infrastructure of the ERS system which sends the referral to secondary care. • ABi believes the form, not the system, needs to be amended and is happy to speak to BH about this outside of the meeting.		

		• **<u>Action:</u> LS stated he would redesign the form to include the relocation of the clinical information section to the top of the document and place an emphasis on the importance of GP's providing sufficient supporting information when referring patients. Once this has been actioned, he will circulate the form for comments.**		**LS**
4	**North Kent, DMC & integration of services for Kent & Medway**	**<u>Update provided by Russell Emerson</u>** • RE stated the team had worked hard on redesigning the service following the DMC Healthcare contract being suspended and eventually terminated following a comprehensive review of the service they were providing. A serious harm review remains ongoing. • RE mentioned a number of patients who come in for their outpatient appointments are given their surgery date before leaving the building, which many patients have been very happy with. • RE stated significant progress has been made across the entire clinical service for both new and existing patients who were previously untreated. • Due to the hard work and input of many clinical colleagues, all backlog waits have been seen and treated (amounting to over 5000 cases). This is inclusive of the diagnosis and management of over 1000 cancer patients – all of whom have been treated or are receiving care on pathways. • 2ww, 31d and 62d targets are being met. • One-stop biopsy clinics are in place across their designated locations (Rainham Healthy Living Centre, Rochester Healthy Living Centre and Fleet Healthcare Campus). • Surgical capacity has been created to enable cancer patients to receive surgical care within a maximum wait of 3 weeks for urgent and all routine cancer cases. • All long-term cancer waits have been cleared, with no patient waiting over 4 weeks for surgery. • In terms of long-term inflammatory disease cases, these will all have been seen by mid-December 2020. • RE advised his team liaise with patients to assure them their services are Covid-protected. • They plan on improving both their MDT and SSMDT attendance now cancer waiting times are well-controlled.		
5	**West Kent SSMDT**	**<u>Update provided by Siva Kumar</u>** • SK stated the team are doing well and have been very busy, especially since RE and his colleagues took over the skin service from DMC Healthcare and referred patients in the correct manner. • The SSMDT is functioning well but SK would like them to become even more efficient. • For some time, patients were having to be seen at hospitals in London but they are now being seen back in Kent. • GSTT provided cover at the SSMDT meetings for a number of months. • RP has been covering Ciara O'Hanlon Brown who is currently on maternity leave. • SK advised SCC cases make up part of their meetings and they are reviewing whether low-risk SCC cases can be followed up less often and therefore may not need a full MDT discussion		

		(but do remain on the list). • They are considering moving away from using performance status and reviewing whether they could trial the use of the Rockwood clinical frailty scale. This matter will be discussed at the SSMDT. ABi stated the WHO performance status has to be adhered to unless government guidance changes. • With regards to SCC cases, ABi highlighted the importance of identifying who would be responsible for deciding which cases are low risk, medium risk and high risk. SK stated the pathologists or MDT chair would make the decision. ABi voiced some doubts in relation to this as the chair/pathologist could be away and there is the potential for patients to slip through the net and result in delayed treatment.		
6	**Kent & Medway Skin performance data**	**<u>Presentation provided by Amara Arinzeh</u>** • AA stated he had collated a number of slides on provider performance, with the data sourced from InfoFlex. • The presentation provided an overview of the following: - Weekly 2ww referrals by Trust from the week ending 05.01.2020 to present - Total 62d PTL waits by Trust, patients waiting over 62d and those waiting 104d+ from 05.07.2020 to 08.11.2020 - Total 62d waits as of 08.11.2020 - KMCA PTL by diagnoses status (diagnosed and undiagnosed) - 2ww, 62d and 31d (first treatment) performance by Trust from April 2019 to August 2020. • AA stated his presentation could be circulated and he is happy to provide additional data at future meetings.		
7	**Performance**	**<u>EKHUFT</u>** • Chris Hopkins did not attend this meeting so a verbal update was not provided. • LS noted between June and August 2020 EKHUFT met the standards for 2ww, 31d and 62d. They are having daily calls with their team to ensure capacity is managed and engagement with the team ensures compliance as any issues can be dealt with quickly. • They had 1 104d+ case in June, 2 in July and 2 in August 2020. • The backlog was 6 in June, 8 in July and 8 in August 2020. • Reasons for breaches included: 1 patient having their treatment delayed due to Covid, 1 patient was in a care home which was in lockdown due to Covid and could not attend an earlier appointment and 1 patient had several co-morbidities and would not self-isolate in their nursing home. • With regards to 28d performance, they have met the compliance and completeness standards for June, July and August 2020. A Band 2 administrator is in place to support improving data collection and accuracy.		

		SCDS (North Kent) – update provided by Larry Shall • The team achieved the 2ww, 31d and 62d standards for September 2020 and had no 104d+ cases. **SCDS (West Kent) – update provided by Larry Shall** • The team achieved the 2ww and 62d standards for July, August and September 2020. • They achieved the 31d standard for July and September but failed to do so in August 2020 by a mere 0.17%. • There were no 104d+ cases during this period. **QVH – update provided by Victoria Worrell** • With regards to 2ww, the Trust failed to meet the standard in July but did achieve it in August and September 2020.They also hope to hit the standard in October and November 2020. • QVH did not achieve the 62d target in July but did so in August and September 2020. • They failed to hit the 31d standard in July, August and September 2020. • The team achieved the 28d standard in July but failed to do so in August and September 2020. They have challenges with see and treat capacity which is resulting in pathway delays. • The Trust had 14 104d+ cases in July, 9 in August and 5 in September 2020. • QVH had a backlog of 34 in July, 32 in August and then 34 in September 2020. • VW mentioned the Trust began to use the Somerset Cancer Register system in September 2020. AA stated he does not currently have access to this system so is unable to extract their data. VW advised she would be happy to provide AA with access to the system and he can then liaise with RE and the BI team to determine a plan going forward with regards to the presentation and utilization of the data. VW mentioned MDT data is also recorded on the system. • They are developing a bid to go to both the Surrey & Sussex Cancer Alliance and KMCA in order to request support for SLNB and oncology capacity.		
8	**Clinical Pathway Discussion**	• The following documents were circulated to the group by CC prior to this meeting for their review and comments: - Skin HOP **POC** - Basal Cell Carcinoma - Cutaneous Lymphoma - Melanoma (JA, KPe and SL are happy to contribute to the updating of this document) - Squamous Cell Carcinoma (JA, KPe and SL are happy to contribute to the updating of this document). • **Action: LS to liaise with colleagues he believes would be best suited to update these documents and then relay this information to AW who can keep track of how they are being progressed. He added oncology input would also be helpful.**		**LS**

9	**CNS Updates**	**<u>EKHUFT Plans for the future and Stratified Pathways – update provided by Kim Peate</u>** • KPe stated EKHUFT are doing a lot of work on stratifying their patients in to different groups based on risk. • Rosie Baur obtained funding from Macmillan to appoint 2 more Skin Cancer CNS' at EKHUFT (Danielle Mackenzie joined in January 2020 and Nina Hayes in August 2020). Funding was also allocated for the purpose of community and virtual follow-ups. Follow-ups tend to be a nurse-led duty but they can obtain support from dermatologists in order to safety net their patients. KPe stated community clinics may be of benefit in treating some patients but safety measures would need to be put in place to ensure the best quality care can be implemented. • There was a plan to have 2 support workers in place to assist with the piloting of embedding HNA's, treatment summaries and the recovery package piece but this had to be put on hold due to Covid. • KPe has been working on writing documents which include how the team plan on initiating the pilot and how to differentiate between low, intermediate and high-risk patients. • They plan to send out a survey to their patients to determine how they feel their follow-ups have been. However, they have yet to decide on which method they would use to do this. • It has been noted a number of patients prefer to have a face-to-face consultation for their end of treatment reviews. • CM stated the Alliance would be happy to support the piloting work and are happy to share details of how other cancer alliance skin providers have dealt with the integration of stratified pathways. She added a K&M-wide standard protocol on stratified pathways would be helpful. **<u>SCDS</u>** • No update was provided. **<u>QVH</u>** • No update was provided.		
10	**Research update**	• LS stated there was little to update on with regards to research given the impact Covid has had on services. • The DANTE and INTERIM trials are ongoing and an update will be provided at the next meeting with regards to how they have been progressed.		
11	**Pathology update**	**<u>Update provided by Ann Fleming</u>** • AF referred to 2 audits she will be working on - BCC/SCC proforma usage for excisions and 2 week reporting of pigmented lesions. She will provide the results of this in due course. • They process 72000 cases each year, 23% of which are for skin. • Turnaround times are a problem. • They are at 93% for 2ww turnaround times. • AF stated at least 1 pathologist should attend the SSMDT meetings as per the Royal College		

		of Pathologists recommendations. • RE thanked AF for providing consistent pathology support.		
12	**Cancer Alliance update**	**<u>Presentation provided by Irene Nhandara</u>** • IN provided an overview of KMCA priorities: - Restoring urgent cancer referrals to at least pre-Covid levels - Working to reduce the backlog to at least pre-Covid levels on 62d (urgent referral and referral from screening) and 31d pathways - Making sure there is adequate capacity to manage the increased demand moving forward, including for follow-up care - Supporting a system-first model for recovery through cancer alliances - Tackling inequalities, including where they may have been further affected by the pandemic - Making sure staff and patients are confident services are Covid-protected - Locking in innovations which were prompted by the pandemic or which support recovery - Making sure there is the appropriate workforce in place - Restarting Long Term Plan activity which supports recovery - Making sure there are effective communications across the wider cancer community • Meeting invites will be sent to the Trusts shortly to discuss funding bids.		
13	**AOB**	• LS thanked the members for attending today's meeting. • LS stated the next meeting is likely to take place on Microsoft Teams. He will liaise with AW to agree a date and an invite will then be sent out.		
	Next Meeting	• To be confirmed.		