Kent and Medway Cancer Collaborative

Skin Tumour Site Specific Group meeting
Thursday 26th May 2022
Microsoft Teams
14:00-16:30

Final Meeting Notes

Present	Initials	Title	Organisation
Larry Shall (Chair)	**LS**	Consultant Dermatologist	Sussex Community Dermatology Service
Sandy Flann	**SF**	Consultant Dermatologist	Sussex Community Dermatology Service
Samantha Collins	**SC1**	North Kent Service Manager	Sussex Community Dermatology Service
Kirstyn Parratt	**KPa**	Admin & Cancer Lead	Sussex Community Dermatology Service
Grace Hancock	**GH**	Acute Services Manager	Sussex Community Dermatology Service
Fatima Ismailjee	**FI**	Consultant Dermatologist	Sussex Community Dermatology Service
Cherng Jong	**CJ**	Consultant Dermatologist	Sussex Community Dermatology Service
Prasad Hunasehally	**PH**	Consultant Dermatologist	Sussex Community Dermatology Service
Andrew Birnie	**ABi**	Consultant Dermatologist & Dermatological Surgeon / Clinical Lead – Dermatology	EKHUFT
Kim Peate	**KPe**	Macmillan Lead Skin Cancer CNS	EKHUFT
Wendy Willmore	**WW**	Macmillan Skin Cancer CNS	EKHUFT
Gemma Larking	**GL**	Skin Cancer Support Worker	EKHUFT
David Tighe	**DT**	Consultant Oral & Maxillofacial Surgeon	EKHUFT
Sarah Barker	**SB**	Project Manager – Early Diagnosis	KMCA
Sue Green	**SGr**	Project Manager – Living With and Beyond Cancer	KMCA
Tracey Ryan	**TR**	Macmillan User Involvement Manager	KMCC
Colin Chamberlain (Notes)	**CC**	Administration & Support Officer	KMCC
Annette Wiltshire	**AW**	Service Improvement Facilitator	KMCC
Ann Fleming	**AF**	Consultant Histopathologist & Clinical Lead for Cellular Pathology	MTW
Jennifer Turner	**JT**	Consultant Clinical Oncologist	MTW
Naomi Butcher	**NB**	General Manager – Cancer Services	MTW
Rebecca Nelhams	**RN**	Programme Manager – Cancer Workforce	NHS Kent & Medway CCG
Holly Groombridge	**HG**	Project Manager – KMCA Commissioning	NHS Kent & Medway CCG
Jonathan Pollock	**JP**	Consultant Plastic Surgeon	Nottingham University Hospitals NHS Trust
Anne-Marie Kennedy	**AMK**	Consultant Plastic Surgeon	QVH
Karen Carter-Woods	**KCW**	Head of Risk & Clinical Quality	QVH
Victoria Worrell	**VW**	Access & Performance Manager	QVH
Siva Kumar	**SK**	Consultant Plastic, Reconstructive & Aesthetic Surgeon	QVH

Julie Anthony	**JA**	Macmillan Skin Cancer CNS	QVH
Heather Drewery	**HD**	Assistant Cancer Manager	QVH
Simon Collins	**SC2**	Head of Strategic Engagement - Respiratory & Dermatology & UKIE	Sanofi
Chris Leahy	**CL**	Oncology Sales Specialist	Sanofi
Apologies			
Saul Halpern	**SH**	Consultant Dermatologist	EKHUFT
Kemal Tekeli	**KT**	Consultant Oral & Maxillofacial Surgeon	EKHUFT
Jeremy McKenzie	**JM**	Consultant Head & Neck/Maxillofacial Surgeon	EKHUFT
Asha Rajeev	**AR**	Consultant Dermatologist	EKHUFT
Sue Drakeley	**SD**	Oncology (Solid Tumour) Research Team Leader	EKHUFT
Cathy Finnis	**CF**	Programme Lead - Early Diagnosis	KMCA
Karen Glass	**KG**	Administration & Support Officer	KMCC
Rosemeen Parkar	**RP**	Locum Consultant Medical Oncologist	MTW
Jack Jacobs	**JJ**	Macmillan GP & Cancer Lead	NHS Kent & Medway CCG
Sona Gupta	**SGu**	Macmillan GP & Cancer Lead	NHS Kent & Medway CCG
Ann Courtness	**AC**	Macmillan Primary Care Nurse Facilitator	NHS Kent & Medway CCG
Chris Macdonald	**CM**	Consultant Plastic Surgeon	QVH
Maggie Curtis	**MC**	Macmillan Skin Cancer CNS	QVH
Abigail Brunning	**ABr**	Skin Cancer CNS	QVH
Andrew Morris	**AM**	Consultant Dermatologist & Dermatological Surgeon / Clinical Director	Sussex Community Dermatology Service

Item		Discussion	Action
1	**TSSG Meeting**	**Apologies** • The apologies are listed above. **Introductions** • LS welcomed the members to the meeting. **Action log Review** • The action log was reviewed, updated and will be circulated to the members along with the minutes from today's meeting. **Review previous minutes** • The final minutes from the previous meeting, which took place on 25.11.2021, was reviewed and agreed as a true and accurate record.	

2	**Gap in Skin RT provision in West Kent**	**Update provided by Jennifer Turner and Naomi Butcher** • Anthi Zeniou has gone on maternity leave and the locum recruited to cover her has yet to start. In view of this, there is no-one covering non-melanoma skin cancer cases at the MDT meetings from West Kent. • JT stated she and Anthi Zeniou are the only people who give skin radiotherapy in Kent and given her workload she is unable to take on any additional cases. • MTW have approached their tertiary supporting providers (including GSTT) in order to see whether they could provide them with some short-term relief by taking on cases. However, due to the high demand across all organisations the providers are unable to support West Kent at present. • MTW are managing clinically urgent patients on a patient-by-patient basis and they are being reviewed and supported by some of the oncologists. Any palliative patients coming through are being supported through the on-call clinical oncologist. • Following discussions with Justin Waters (Clinical Director) it was agreed that if MTW did not have the locum's start date following the Jubilee weekend, MTW will have to re-approach their neighbouring Trusts again to see if they can help with clinically urgent patients on a short-term basis.	
3	**SCC Guidelines**	**Presentation provided by Kim Peate** • KPe stated EKHUFT discussed the latest BAD guidelines (published in March 2021) as an MDT and decided that their stratification and risk profile is something they want to adopt in addition to their follow-up protocol. • KPe mentioned the guidance also provides an overview of clinical surgical margins, radiotherapy and systemic treatments. • KPe provided the group with an overview of the Suspected Primary cSCC algorithm which she worked on with JT to give a snapshot of how these patients should be managed and to stratify them in to low-risk, high-risk and very high-risk categories. • KPe provided the group with an overview of the EKHUFT cSCC Pre-Surgery Stratification document which is a checklist to guide clinical peripheral surgical margins dependent on clinical risk stratification and to thereby hopefully reduce the amount of surgeries needed for patients. • KPe also provided the members with a summary of the EKHUFT cSCC MDM Stratification document (to be completed prior to the MDT meetings) which is a checklist to guide the patient pathway. • KPe stated she has been looking on InfoFlex in order to see how stratifying patients in to their risk categories would be recorded and documented. • KPe stated the group needs to think about and come to an agreement regarding the following: - Is the TSSG definitely adopting stratified pathways for cSCC? - Is the group happy for the stratified outcome to be recorded on InfoFlex? Agreement is required by all Trusts/organisations for a box to be added to the system. - Is the group happy with the surgical margins laid out in the BAD guidance? - Is the TSSG going to adopt the BAD guidelines for treatment and follow-up? • LS stated the dermatologists in West Kent no longer record their data on InfoFlex and instead made the move to the Somerset system. VW mentioned QVH also use Somerset. • VW stated a lot of the Trusts that refer in to them as a tertiary provider have read-only access to Somerset. She would be happy to grant access to the EKHUFT team so they can see the MDM outcomes and any other relevant	

		information pertaining to data collection/data reporting. KPe asked if VW could link in with the Skin MDT Coordinator at EKHUFT in order to discuss this further. • LS believes it would be sensible to follow the same SCC pathway guidance across the patch.	
4	**Tele-dermatology**	• Serena Gilbert and Ian Vousden did not attend today's meeting so an update was not provided.	
5	**Listening & Learning**	**<u>Presentation provided by Tracey Ryan</u>** • TR presented research on barriers to patients attending endoscopy appointments. • Feedback had been received from providers indicating there was a reluctance by some patients to attend endoscopy appointments. To explore reasons behind the reluctance with a view to improving attendance, TR made a successful application for research funding for system-wide co-production. • A cohort of 76 male patients included those: living in areas with high indices of deprivation, in BAME communities, living with a disability, and identifying as part of the LGBTQIA+ community. Of these 76 patients: - 92% confirmed they would attend if the need was greater than the fear. - 62% felt information about the details of the procedure could help them overcome their concerns about attending an endoscopy appointment. • The research highlighted the importance of providing patients with a detailed understanding of the procedure, and the reasons for needing it. TR proposed having a video or videos in place to provide easily accessible information which could support patient understanding. • The research identified three main issues/areas for further exploration: - Information and communication considerations (for example not knowing approximate timescales for when patients should receive the results following their procedure and what support may be available for them). - Patient anxieties (for example with regard to the nature of the procedure and feelings of embarrassment). - Hidden factors (for example people with mental health issues). • TR believes it would be helpful to involve patients in letter writing so they can advise the professionals on what content they believe would be helpful for patients to know and to use non-medicalised terms where possible in order to support patient understanding. • TR is working with endoscopy managers and screening teams to look at how to use the information collected in order to improve patient experience and hopefully increase hospital attendance/reduce cancellation and DNA rates. • TR feels it may be helpful to include a flag on referral forms for additional needs. • TR believes FAQs would be helpful to include either on appointment letters or as an accompanying document. There is a plan to trial this in one Trust for a period of 3 months as suggested by the focus group and the outcomes of this can then be reviewed. TR added that before the FAQs are sent out, the focus group can work on obtaining figures for cancellation/DNA rates at the trial Trust and then after 3 months review whether any improvements were made. • TR is working with a colleague named Becky from EKHUFT around the potential for filming a patient having an endoscopy in order to educate others (including those who require an endoscopy) of the procedure. • TR highlighted the importance of taking in to account that patients may prefer to be contacted in a format of their choosing, for example in the form of an easy read document. • TR highlighted the benefits of providing admin staff with training as they are normally the first port of call for	

		patients. She believes it would be helpful if they had a script/prompts to assist them and then pass on information to clinical teams who can call patients back to answer any clinical questions they may have. • One Trust is putting on admin training so TR will link in with them, review the process and then share the findings with the other Trusts. • TR emphasised the importance of staff being aware of patient anxieties and to provide reassurance.	
6	**Performance**	**EKHUFT – presentation provided by Andrew Birnie** • Please refer to the circulated performance slide pack for an overview of the Trust's data. **SCDS – presentation provided by Samantha Collins (North Kent) & Grace Hancock (West Kent)** • Please refer to the circulated performance slide pack for an overview of the organisation's data. **QVH – presentation provided by Victoria Worrell** • Please refer to the circulated performance slide pack for an overview of the Trust's data.	
7	**CNS updates**	**EKHUFT – update provided by Kim Peate** • The team now comprises of 3 CNS'. Danielle Mackenzie has been seconded to another post within the Trust for 1 year. • The team recruited a Cancer Support Worker who started in February 2022. • The team are working on completing HNAs. • KPe believes it would be sensible to schedule a patch-wide Skin CNS meeting. **SCDS – update provided by Samantha Collins** • North Kent have a new nurse who is supporting cancer patients and she attends the MDT meetings. The nurse sees follow-up cases and responds to any queries patients may have. • There was no West Kent CNS representation at today's meeting so an update was not provided. **QVH – update provided by Julie Anthony** • A new nurse will be starting with the team next week and her role will be a development post. • The team's Cancer Support Worker recently retired but will be returning next month. • HNA information is recorded on the Somerset system. • The team hope to put in place a results clinic.	
8	**The Changing Landscape of Advanced Cutaneous Squamous Cell Carcinoma (CSCC) – A Plastic Surgeon's**	**Presentation provided by Jonathan Pollock** • JP's presentation provided the group with an overview of: - A definition of advanced cSCC (of which there is no agreed consensus). - When to refer advanced cancers from the local skin MDT to the SSMDT. - How skin cancer MDTs are changing. - Some case examples. - The definition of distant metastatic cSCC (tumours which have spread beyond the original loco-regional distribution to other parts of the body). - Locally advanced cSCC (cases where surgery as the default option may not be the case).	

	experience & viewpoint	- Regionally advanced cSCC. - Deciding the treatment modalities for advanced cSCC patients. - The importance of the dermatologists, CNS', surgeons, radiologists and oncologists as part of the MDT. - The evidence base for treating patients with advanced cSCC. • In summarising, JP highlighted the importance of: - Identifying high risk and advanced cases and getting them seen in the SSMDT. - Ensuring the MDT has the right membership to make the right decisions. - Looking to improve data to aid decision-making. • JP believes multimodality decision-making and treatment is a cornerstone in managing locally advanced cSCC. • JP also feels immunotherapy in cSCC has been an important paradigm shift and questioned whether it would be helpful to consider systemic treatment earlier in the locally advanced cSCC pathway. • JP stated he and his colleagues perform approximately 600 Mohs surgery cases each year and he believes it is valuable in peri-orbital cases.	
9	**Clinical Pathways Discussion**	**<u>Update provided by Larry Shall</u>** • **<u>Action</u>: LS to email colleagues in order to request they help in updating the PoC documents.**	**LS**
10	**Help Us to Help You**	**<u>Presentation provided by Sarah Barker</u>** • The aim of the Help Us to Help You campaign is to encourage people who are experiencing potential signs of cancer to come forward to their GP practice to help increase earlier diagnosis and improve outcomes. • The campaign is designed to address the key barriers to people seeking help, the fear around cancer diagnosis and increase awareness of the importance of body vigilance when it comes to bodily changes which could be a sign of cancer. • When cancer is diagnosed early, treatment is more likely to be successful. However, early in the pandemic the number of people coming forward to their GP with potential cancer symptoms dropped. Although nationally we are now seeing much higher levels of referrals and 540,000 people have started cancer treatment since March 2020, over 30,000 fewer people have come forward for treatment than expected. • The campaign will target men and women over the age of 50 and from C2DE socio-economic groups as these people are most likely to experience a cancer diagnosis including Black and South Asian audiences, who are already at risk of health inequalities. It will also target friends and family members to ensure they encourage loved ones to contact their GP practice if they are worried something could be cancer. • The success metrics of the campaign will be: - The percentage of people surveyed who correctly identify a symptom as being a possible sign of cancer (after vs before campaign). - The percentage of people surveyed who would intend to seek medical advice on a symptom (after vs before campaign). - Looking at the referral, diagnosis, treatment and staging data at a national level. • The campaign, which will be put in place in summer 2022, will focus on coastal communities and the first tumour site chosen to move forward with this campaign is skin cancer. • SB outlined the progress made so far in Kent & Medway. A project team has been put in place which includes	

		community stakeholders, councils and voluntary organisations. The Alliance are engaging with clinical teams in primary and secondary care and have identified roadshow and community event opportunities. They have also reviewed available data. • The percentage of patients diagnosed at an early stage (1 and 2) is higher than the England average across all referral types. • The percentage of patients diagnosed at an early stage (1 and 2) has fallen between 2018-2019 and 2020-2021 across all groups (age, sex, ethnicity and deprivation). The biggest fall can be seen in the most deprived populations. • KMCA has the third highest conversion rate compared to all cancer alliances in England. • More than two thirds of people receiving first treatments for skin cancer have been referred via a GP 2ww referral. • SB outlined the project plan, particularly in relation to communication and engagement. She and CF are looking at putting some mass communications in place including: - Social media. - The GP and Community bulletins. - Leaflets. - Posters. - Potentially outside advertising depending on financing. • SB and CF are working with local partners in order to find out whether they could support them in getting the communications out. These partners include: - Roadshows. - Library hubs. - Community hubs. - Community cancer champions. - Third sector organisations. - Primary Care Networks. - Local councils. • SB stated she and CF are looking for the campaign to develop an engaging visual identity. • Once the project comes to an end, SB and CF intend to evaluate it in order to see how successful it was. The 4 methods they will use in order to evaluate the project will include: - Utilising the CRUK Cancer Awareness Measure with some of the targeted groups which they will ask their community champions to work with them on. - Measuring the reach of their social media campaign. - Recording the number of people they engage with at their events. - Recording “intention to acts”. • JA stated she often has feedback from patients regarding how difficult it is to get a GP appointment in order for their lesions to be looked at. • JA mentioned the BAD website has some helpful information on Sun Awareness Week. • KPe suggested SB look at the SKCIN website which has helpful information on sun protection and skin lesion recognition.	

11	**Cancer Alliance update**	**<u>Presentation provided by Holly Groombridge</u>** • HG provided the group with an overview of the various projects relating to the following workstreams: - Faster diagnosis and operational improvement. - Early Cancer Diagnosis. - Treatments & Personalised Care. - Cross Cutting Themes.	
12	**AOB**	• SK stated that discussions pertaining to QVH's skin cancer service merging with that of Brighton and Sussex University Hospitals remains ongoing. A business case has been brought to the Cancer Boards of both Trusts and an options appraisal is being worked on. • **<u>Action</u>: LS informed the members that AW will be sending out an EOI for the Skin TSSG Chair position and encouraged the members to email her if they are interested in the role.** • SGr introduced herself as the Project Manager for Living With and Beyond Cancer. She hopes to meet with KPe and ABi regarding moving forward with the stratified follow-up pathways piece. A meeting will be put in place to discuss this workstream further and if anyone would like to be involved in this they are asked to email SGr.	**AW**
	Next Meeting Date	• 20th October 2022. • The meeting will be face-to-face and the venue will be confirmed in due course.	