

Meeting:	Skin Expert Reference Group	
Date:	16.02.17	
Time:	9:00am – 11.00 pm	
Venue:	Evolve Business Centre	
Present:	Sophie Alexander, CNS, Newcastle	SA
	Paul Barrett, Consultant, CDDFT	PB
	Jo Bradbury, CNS, CDDFT	JB
	Caroline Brownless, Specialist Nurse, South TEES	CB
	Rob Ellis, Consultant Dermatologist, South Tees	RE
	Kath Gilbanks, CNS, North Cumbria	KG
	Carol Heslehurst, CNS, CDDFT	CH
	Helena Hinde, CNS South Tees	HH
	Jong Kim, Consultant Plastic Surgeon, CDDFT	JK
	Jacky Langston, CNS, NUTH	JL
	Laura Lawton, Clinical Support Sister, CDDFT	LL
	Paolo Longhi Consultant CDDFT	PL
	Roy McLachlan, Associate Director, NESCN	RM
	Sheila Macmillan, CNS, North Cumbria	SM
	Adrienne Moffett, Network Delivery Manager, Cancer Alliance	AM
	Kate Morrell, CNS, Northumbria	KM
	Philip Rubin, Consultant, CDDFT	PR
	Daniel Saleh, Consultant Plastics, Newcastle	DS
In Attendance	Claire McNeill, Quality Surveillance Co-coordinator , CA	CM
	Dave Bottoms, Project Manager	DB
Apologies:	Neil McLean, Consultant Plastic Surgeon, Northumbria	NM
	Mumtaz Hussain Consultant Plastic Surgeon, Northumbria	MH
	Penny Williams, Cancer Research Manager	PW
	Robin Armstrong, GP	RA
	Ruth Plummer, Newcastle Hospitals	RP
	Jerry Ryan, Max fac, Sunderland	JR
	Alison Featherstone, Manager, Cancer Alliance	AF
	James Langtry, Consultant, Newcastle	JL
	Harry Bowles, Patient and Carer Representative	HB
	Sylvia Toresen, Patient and Carer Representative	ST
	Haroon Siddiqui, Cons Plastic Surgeon, South Tees	HS

MINUTES

	Lead	Enc
1. INTRODUCTION		
1.1 Welcome and Apologies		
PB welcomed all to the meeting, apologise as listed above.		
1.2 Declaration of Interest		
No declarations of conflict of interest were made.		
1.3 Minutes of the previous meeting 13.10.16		Enc1
Minutes then agreed as a true and accurate record.		

1.4	Matters arising		
	<ul style="list-style-type: none"> Named Ocular Plastic Surgeons <p>PB will chase again and hoped to provide updata at next meeting.</p>	PB	
	<ul style="list-style-type: none"> Lymph Node Dissections Guidance <p>Lymph Node dissections for Northumbria needs further clarification as there needs to be a link to specialised MDT</p>	PB	
	<ul style="list-style-type: none"> Sentinel Node Biopsy – Northumbria update <p>MH updated via email and confirm Northumbria are now awaiting for approval from “ARSAC” (Administration of Radioactive Substances Advisory Committee) before going ahead with SNB for Melanoma.</p>		
2.	AGENDA ITEMS		
2.1	Pathways		
	<ul style="list-style-type: none"> Sarcoma Shared Care Pathway- Craig Gerrand <p>At the last meeting CG discussed the need of a shared care pathway. Group discussed specific criteria that should be referred the Sarcoma MDT. Presentation attached for information.</p> <p>All Trust were asked to take back recommendations to their MDT for comments and then feedback to PB.</p> <p>No comments were received so group agreed to adopt the guidelines.</p> <p>Guidelines to be updated.</p>	CM	Enc 2
2.2	Cumbria Community Skin Services		
	<ul style="list-style-type: none"> Project Manager Update <p>Due to concerns raised through Cancer Peer Review and by the British Association of Dermatology, an independent review was commissioned by NCUH Trust.</p> <p>The review took place through the summer/ autumn of</p>		

2016 and reported back in November

The issues examined included concerns on the types of cases surgically treated in the community (lesions graded 3 or higher), levels of mentoring of the Cumbria Medical Services staff who provide the community element of the service, care pathways that did not reflect the work being undertaken by CMS, and MDT attendance issues.

The review revealed that both the NCUH Trust and CMS were working hard in the best interests of the patient but there needed to be a more formal governance structure that spanned the two elements of the service which would include the appointment of a clinical lead. Once in place, issues relating to formal adjustments to the pathways/ the cases undertaken by CMS and the MDT structure and function could then be addressed. The report emphasised that these changes will take committed Exec and Managerial support and resource.

In November 2016, S Eames, CEO of NCUH Trust, fully accepted the report and its recommendations and agreed to progress them through the Trust Board. It was agreed that a follow-up review would take place during the summer of 2017 to chart its progress.

KG advised advert for the clinical lead post has been circulated and expects to see improvements once these are in place.

2.3 Unknown Primary Site Melanoma Clinical Guidelines

RB not responded but work is expected to be completed in April.

2.4 Northumbria Skin Cancer MDT

Commitment from Northumbria to join in local Newcastle MDT.

Numbers provided by MH were Total: 123
(Average 5 patients/week)

Numbers appear to be manageable for Northumbria to join Newcastle. RM to take forward.

Recommendation MH should be a member of the MDT to whom he refers. PB to take this forward with MH.

RM

2.5	NICE Imaging Guidelines Update from 3 SSMDTs	
	<p>Following discussions at the last meeting regarding capacity issues which had been identified and the need for additional resources to enable NICE Guidelines to be adopted, KB agreed to present to the group at the next meeting. CM to email and check KB can attend the next meeting.</p>	<p>KB CM</p>
2.6	GP Monitoring of Incidental findings	
	<p>RM suggested the group review the wording of the incidental findings Template. RM to take forward.</p>	<p>RM</p>
2.7	MDT Review	
	<p>TB discussed work currently being undertaking to review MDTs, to see if they are still fit for purpose or in some cases delaying treatment for patients.</p>	
	<p>Meeting being held in March feedback to be provided at the next meeting.</p>	<p>TB</p>
3.	STANDING ITEMS	
3.1	Audits	
	<ul style="list-style-type: none"> Block Dissection 	
	<p>KA presented to the group. A large amount of data was submitted in summary and also some missing information. HS to chase Newcastle for their data and CDDFT to provide raw data. Once this has been obtain to be brought back to the meeting.</p>	<p>HS</p>
	<p>COSD Data and audit data to be presented at the next meeting.</p>	
	<p>PB asked if the group felt there was still a need for network audit. Group agreed to keep audit on the agenda as previous audits have led to changed guidelines and improved care for patients.</p>	
3.2	Cancer Alliance update	
	<ul style="list-style-type: none"> Transformation Bids 	
	<p>AM advised the Northern Cancer Alliance has been successful in bidding in phase 1 – which is the early</p>	

diagnosis element of the bid, pending some clarification. Additional information has been requested by the national team and this is to be provided this week. A financial due diligence telecom is to be held.

The recovery package and stratified pathways element of the bid has been successful for phase 2 funding- timescales are expected to be September / October. Further information will follow.

Early Diagnosis contained the following;

- Pathology network- digital system
- Radiology network – digital workflow system
- Pathway redesign for vague symptoms for Lung, UGI, LGI Urology.
- Cancer Academy (includes workforce development)
- Increase Radiology training

Alliance has appointed two laypersons to the Board. An additional Macmillan co-production post has been appointed.

Cancer Alliance launch event

Cancer Alliance launch event is to be held on the 30 March at Newcastle race-course. Invitations have been sent out via email.

3.3 CNS Update

- South Tyneside – Helena joined South Tyneside recently and currently integrating into the team
- South Tees- Sentinel node biopsies due to start soon limbs first and then plan to expand service from there currently patients been referred to Manchester.
- Durham- two new band 6 in training – 4 nurses in total and just employed band 3 co-ordinator .
- Cumbria- no changes
- Northumbria – still trying to establish service over the large rural area- process being made.
- Newcastle - band 6 still to be appointed trying to get team back to full capacity.

Discussions took place regarding the lack of CNS and reluctance to appoint additional CNS.

PB suggested ensuring a clinician with an interest in

cancer attends the Business Case Committees.

Concerns expressed about CDDFT patients are not receiving CNS support when attending Newcastle Clinics as no funding has been provided to cover CNS support.

PB disagreed if patients are referred for chemotherapy; CNS support is covered in tariff. Newcastle to take back to Trust and to contact PB if there are any queried.

NUTH

3.4 Living with and Beyond

No update

3.5 Clinical Governance Issues

Newcastle queried the clinical governance process regarding Sentinel node biopsies- and if patients should be offered the choice of being referred to other centres if service is not available at their local hospital.

If sites do have capacity/service available it was felt patients should be offered a referral to another local centres to avoid patients having to travel out of the area. This would need to be agreed between centres.

Group agreed to seek a referral outside the region if nothing available locally as per NICE Guidelines.

PR presented attached presentation to reconsider SLNB parameters in line with NICE guidelines. Presentation discussed in detail.

PB advised if Trusts want to operate outside of NICE guidelines they would have to be agreed in advance with their CCGs, otherwise there would be a risk of non-payment

3.6 Nice Clinical Guidelines

None- and group agreed to remove from standing agenda item.

3.7 Any other business

- **Clinical Guidelines –**

Plan to review on a 2 year basis –procedure will be a summary of sections will be emailed to the group and volunteers asked to take a section review within agreed timescales and return the updated section to CM who will amalgamate.

Audit

If anyone has any audits they would like to share with the group at the next meeting please advise CM.

All

Date of next meeting

Thursday 21 September 2017, 9.00am – 12.00, Evolve- Educational Event

4. MEETING CLOSE

Contact

Claire.mcneill@nhs.net

tel 01138252976