Meeting:	**Skin Expert Reference Group**	
Date:	**22 February 2018**	
Time:	**9:00am – 11.00**	
Venue:	**Evolve Business Centre**	
Present:	Kate Blasdale, Consultant dermatology NUTH	**KB**
	Tony Branson, Clinical Lead, Cancer Alliance	**TB**
	David Brass, Dermatology Consultant, Nuth	**DB**
	Andy Burns, Consultant, Sunderland	**AB**
	Amanda Connelly, CNS, NUTH	**AC**
	Debbie Gum, Cancer Care Co-ordinator, Nuth	**DG**
	Carol Heslehurst, CNS CDDFT	**CH**
	Mumtaz Hussain Consultant Plastic Surgeon, Northumbria	**MH**
	Ann Irwin, CNS, CDDFT	**AI**
9.30	Charles Kelly, Nuth	**CK**
	Laura Lawton, Consultant, South Tees	**LL**
	Roy McLachlan, Associate Director, NESCN	**RM**
	Adrienne Moffett, Delivery Manager, CA	**AF**
	Kelly Osborne, CNS CDDFT	**KO**
	Joanne Parkinson, Skin CNS, CDDFT	**JP**
9.30	Philip Rubin, Consultant, CDDFT	**PR**
	Jo Ryan, Max Fac, Sunderland	**JR**
	Dan Saleh, Consultant Plastics, Newcastle	**DS**
	Haroon Siddiqui, Cons Plastic Surgeon, South Tees	**HS**
In Attendance	Claire McNeill, Senior Adminstrator , CA	**CM**
	Laura Proctor, S2 Histopathology Trainee, Gateshead	**LP**
Apologies:	James Langtry, Consultant, Newcastle	**JL**
	Ruth Plummer, Newcastle Hospitals	**RP**
	Sophie Alexander, CNS, Newcastle	**SA**
	Penny Williams, Research Delivery Manager, NIHR	**PW**
	Jonathan Slade,	**JS**
	Paul Barrett, Chair	**PB**
	Tim Butler, Assistant Medical Director, NHSE	**TB**
	Neil McLean, Consultant Plastic Surgeon, Northumbria	**NM**
	Harry Bowles, Patient and Carer Representative	**HB**
	Sylvia Toresen, Patient and Carer Representative	**ST**

MINUTES

		Lead	Enc
1.	**INTRODUCTION**		
1.1	**Welcome and Apologies** MH welcomed all to the meeting, apologies as listed above. .		
1.2	**Declarations and Conflict of Interest** No declarations of conflict of interest were made.		

1.3	**Minutes of the previous meeting 21.09.17** Minutes then agreed as a true and accurate record with clarification that agenda item 2.4 covered all skin cancer in general and not just Malignant Melanoma.		**Enc1**
1.4	**Matters arising**		
	• **Named Ocular Plastic Surgeons**		
	Clinical Guidelines have not been updated as PB is reviewing wording. All Trusts to ensure details are forwarded to Claire.mcneill@nhs.net to update guidelines. MH advised Mr M Zaheen should be added as Cumbria Ocular Plastic Surgeon. Discussions took place to include Plastic surgeons with interest in facial reconstructive surgery who have already been carrying out oculoplastic procedures to maintain their existing skills. .	**PB**	
	• **Sentinel Node Biopsy – Northumbria update**		
	Business case is in progress. Patients currently being sent to RVI.		
	• **MDT Review feedback**		
	To be discussed at next meeting. CM to add to next agenda.	**CM**	
	• **Primary Care Melanoma Clinical Guidelines**		
	To be discussed at next meeting. CM to add to agenda.	**CM**	
	Group discussed patients treated in the independent sector. The correct practice is that these patients are discussed at MDTs and then brought back to the NHS for treatment. This then ensures all patients received supportive and holistic care from a CNS. Group discussed problems when independent providers don't link to MDTS and these patients can be missed and don't receive the full range of supportive care provided within the NHS.		
2.	**AGENDA ITEMS**		

2.1 Northumbria Skin cancer MDT

MH met with JL this week and putting in processes to formally join RVI SSMDT. MH advised this could take a few months to set up but planning has started. RM suggested a formal review of the agreement is needed as the original timescales agreed may have expired. RM suggested checking the original agreement and having a formal agreement in place which can be discussed outside of this meeting. RM/ MH

2.2 Unknown Primary Site Melanoma Clinical Guidelines

At the last meeting RE advised this is still being updated and will circulate as soon as possible. RE not in attendance and will discuss at the next meeting. **RE**

2.3 Primary Care Malignant Melanoma Clinical Guidelines

At the last meeting PB suggested sending a letter to support this model, as PB is not in attendance this item is to be carried forward to the next meeting. **PB**

2.4 NICE Quality Standards

Tees
HS advised that Tees currently hold combined Plastics and Dermatology clinics and also aspire to offer "see and treat" service. Currently looking to improve tariff. Plastics have limited access to Dermascopy and Trust needs to invest in buying Dermatoscopes for Plastics team, HS confirmed that training has been undertaken.

Newcastle
CNS provision is an issue. KB advised there is insufficient manpower to see patients with SCCs. Trust has advised they are non-conformant with Quality Surveillance Measure. Business case submitted for a band 7 but this is still outstanding. Current CNS had requested 2 band 6 CNSs due to workload.

2.5 Multicentre Selective LymphadenectomyTrial (MSLT-II)

Presentation attached for information – DS **Enc 2**
Recommendations were;
Sentinel node has;

- Prognostic value
- Might have therapeutic value in a selective group of

patients with intermediate thickness Melanoma.

- Regional control value in majority SNB +ive patients = less patient morbidity during overall survival
- No overall survival benefit

However completion lymphadenectomy (CLND) in majority of cases not beneficial- and should we look at practice changing

MH discussed other studies that looked at disease burden.

Group discussed the issue of identifying the small proportion of patients who are more likely to have problems, instead of treating many patients with only a small amount of patients benefitting from the treatment.

PR advised Durham were doing 90% complete lymphadenectomy however this figure has now dropped to 20% .

MH suggested that all patients with positive SLNB should be discussed at specialised MDT and CLND should be offered on case per case basis, taking in to consideration such parameters as Breslow thickness of the Primary tumour, Tumour Burden of the involved SLNs as well as presence/absence of NSLNs and site of Lymphatic basin. Group agreed to the above.

Group discussed how the patient is informed could affect treatment choices made. Discussion took place on how best to inform patients that this process not only identifies the nodes involved but could possibly remove them.

2.6 Provision of superficial radiotherapy machines

CK discussed the need for the three centres to replace/upgrade the SXT machines.

TB discussed the ageing machines in Newcastle and queried if the members of the group still needed them as they are not being used to capacity.

CK advised SXT machines cost approximately £60k- Skin cancer patients need these for treatments. Units outside this region are getting rid of these machines. Patients who would require this treatment tend to be older and frailer. TB advised if there was a reduction in the number of sites

providing SXR it would mean longer travelling distance for these frailer patients.

Newcastle advised they would expect to treat 30- 40 patients a year as other treatments would not be feasible.

Group discussed the possibility of a mobile unit however TB advised mobile units cost £250k and tariff for treating these patients is quite low. Three static machines would cost less than a mobile unit. However due to low numbers of patients being treated it would still be expensive.

Group agreed it would be helpful to get an idea of number of patients who could be clinically treated with this method.

KB also discussed the fact patients are sometimes reluctant to have multiple treatments.

CK agreed to obtain information on numbers and cost. CK also to contact to Middlesbrough and Carlisle and establish how old current machines are.

DS suggested looking at demographic and also to consider escort ambulance costs to get a true picture of costs and also to ensure machines are placed in areas of demand.

CK also discussed patients on blood thinners who would be eligible for this treatment and the benefits of not having to stop taking blood thinners so they can have surgery.

CK also discussed the options of one stop clinics.

CK summarised that he didn't want SXT disappearing without any discussions.
Information to be discussed at the next meeting.

3. STANDING ITEMS

3.1 Audits

Sentinel Node Biopsy – Dr Laura Proctor

Presentation attached for information. **Enc3**

Recommendations;

- Alternative SLNB protocol to be considered by other pathology departments

- Re-audit when 2018 data available

- Greater collaboration with clinicians for audit
- Avoid duplication
- Access to clinical notes and pathology systems

Group discussed the small numbers included within the aduit and ideally would have liked a bigger cohort.

PR discussed the MSLT 1 study which gives a positive rate of 25% which is only 1% out from the figures presented.
PR also queried the fact we are unsure where the problems lies- it could be with pathology or the surgeon, if there is a difference between surgeons With Surgeon's learning curve, the detection rate could also improve.

3.2 Cancer Alliance update

RM informed the group the Cancer Alliance were also successful in bidding for Living With and Beyond Cancer transformation money.

3.3 CNS Update

CDDFT

The group thanked CH who is retiring next week.
KO was introduced to the group who will be replacing CH.

Northumbria

Band 6 on maternity leave but have cover in place.

Tees

Currently awaiting a cancer co-coordinator, which should free up some CNS time.
Dermatology nurse currently on a temp contract which was extended until March but not known if this will continue beyond that date.

Newcastle

Been told to pull back until more resource if available. Business case submitted in December and no update available. CK discussed the increased number of clinics and the higher demand on services. CNS have been removed form Radiotherapy.

MH asked if money was available from the transformation funds. RM advised the transformation money is not recurring funding and has to be used within set parameters.

Cumbria

MH advised Cumbria had no issues

3.4 Living with and Beyond

Update given under Cancer Alliance update

3.5 Clinical Governance Issues

CNS shortfall is a significant risk for patients.

DS suggested recording this on Trust risk registers. Most had already done this.

3.6 Any other business

Supporting GPs with special interest

SH asked the group what support was being offered for GPs with special interest. KB advised there is very little since they lost the accreditation process and they had one GP who has expressed an interest to join the MDT but there are no mentorship or structure in place.

Outsourcing of Skin Services in other regions

Group discussed the fact that outside the region some skin services had been outsourced to GPs or community based services.

Group expressed concerns that this was being done purely for financial reasons and this could not be sustained as GPs see fewer patients and are not more cost effective.

AJCC Melanoma Staging

Group discussed the new melanoma staging publication.

Date of next meeting- 13 September 2018, 9.00am-12.00 – Extended meeting to include data presentation Evolve Business Centre

4. MEETING CLOSE

Contact Claire.mcneill@nhs.net tel 01138252976