Meeting:	**Skin Expert Reference Group**	
Date:	**28 February 2019**	
Time:	**9:00am – 12.00**	
Venue:	**Evolve Business Centre**	
Present:		
	Paul Barrett, Chair	**PB**
	Andy Burns, Consultant, Sunderland	**AB**
	Amanda Connelly, CNS, NUTH	**AC**
	Lynsey Eddy, Surgical Nurse Practitioner, Newcastle	**LE**
	Ann Irwin, CNS, CDDFT	**AI**
	Jong Kim, Plastic Consultant, CDDFT	
	Laura Lawton, Plastic CNS, South Tees	**LL**
	Kate Morrell, Surgical Nurse Practitioner, Newcastle	**KM**
	Tom Oliphant, Dermatologist, NUTH	**TO**
	Kerry Osborne, CNS CDDFT	**KO**
	Philip Rubin, Consultant, CDDFT	**PR**
	Jerry Ryan, Max Fac, Sunderland	**JR**
	Haroon Siddiqui, Cons Plastic Surgeon, South Tees	**HS**
	Dan Saleh, Plastics, Newcastle	**DS**
	Linda Wintersgill, Information Manager, Cancer Alliance	**LW**
In Attendance	Su Young, Business Support Assistant, Cancer Alliance	**SY**
Apologies:	Harry Bowles, Patient and Carer Representative	**HB**
	Paolo Longhi, Consultant, CDDFT	**PL**
	Ruth Plummer, Newcastle Hospitals	**RP**
	Jonathan Slade, Deputy Medical Director	**JS**
	Sylvia Toresen, Patient and Carer Representative	**ST**

MINUTES

		Lead	Enc
1.	**INTRODUCTION**		
1.1	**Welcome and Apologies** PB welcomed all to the meeting, introductions were made and apologies listed above.		
1.2	**Declarations and Conflict of Interest** None		
1.3	**Minutes of the previous meeting 13.09.18** The minutes were agreed as an accurate record.		**Enc1**
1.4	**Matters arising** **Electro-chemotherapy actions;**		

- **BAD Data Review**

PB contacted BAD to asked who will be looking at the data. BAD are contacting NICE and considering the evidence that NICE has published. It is expected that the BAD guidance will not be given as treatment and PB suggested that this is taken to MDTs to agree if patient is suitable for the treatment.
It was queried if there were any trials however NICE has suggested that they be registered on a system however that was not felt to be a trial. JK informed the group that he attended a research group meeting it is expected that a trial may be done in the future.

- **Health Economics**

RE has been unable to review the pro's and con's and look at evidence. It is hoped that an update will be available at the next meeting.

2. AGENDA ITEMS

2.1 Skin Tele-dermatology

A copy of process map attached for information.
This is a triage for GPs to refer into dermatology using images. The aim is to try and streamline getting urgent matters to the right place.
This is being done in Leeds where dermo scopes were given to GPs to take pictures and these were sent in for referral on 2ww. If it is suspected a cancer they are seen urgently. Concerns were raised by GPs that they were unable to attach the pictures, and therefore if photos are not received within 24 hours then dermatology have to give the patients an appointment on the 2ww.
There is a worry that some referrals may be downgraded and therefore a cancer could be missed.
PB suggested that this should be compared between the areas that are and aren't currently doing this and could be done as a potential research project.

South Tees have also started a referral procedure for non 2ww referrals which is in the early stage providing a triage system and then these are filtered into the patient choice for treatment. This is to try and minimise the service delivery for the specialities.

2.3 Superficial X-ray treatment – equipment and future services

Radiotherapy group have asked the skin EAG to consider renewing the SXT Machines as these are getting old but patients still using them. The machines are £60k each or a

mobile unit the cost of which would be around £250k therefore it would be cheaper to purchase individual machines. Clarification was required as to who would pay for these. Charles Kelly has been asked to look into this but no response has been received to date.
PB asked what the frequency of using this is around the region and whether these machines are required. The group felt that the machines were needed but a decision is required who will pay for these machines.
It was felt that trusts would not have funding available to purchase these.

2.4 Clinical Guidelines

PB highlighted that there are a few amendments required from chemotherapist which are to be added to the clinical guidelines. PB also informed the group that he would be arranging meetings with MDT leads regarding MDT Rare cancers so that those sections could also be updated. **PB**

Sentinal Node Biopsy – PR informed the group that Durham have decided to go with the consensus document to offer biopsy. This is in addition to the guidelines, and evidence shows that these should be included. The group supported for these to be added into the guidelines. **PB/PR**

PB also agreed to raise some areas of the guidelines with the histopathology group and the sentinel nodding to see if other areas are struggling with this. **PB**

2.5

Inter-provider transfer form (aide memoir)

LW provided some background for the IPT, the issues being raised through the Breach Reallocations and for patients who are transferred between Trusts. Following several discussions, it has been agreed to call these aide memoirs.

Alison Featherstone and Tony Branson wrote to all EAGs and draft aide memoirs were shared with all EAGS. The initial idea was for every tumour site to have one. The group were asked whether this was required and if we do require one what is the information is required for the MDT to proceed with the referral. LW reported that there had not been a lot of responses to the initial form being sent.

The consensus from the group felt this to be a good tool especially for those not coming in through the normal routes. It was suggested that criteria for each melanoma etc is included on the form however there was concern that if all tests are listed then there could be delay in the

	referral. It was suggested that the wording “has complete staging been done yes/no”. HS raised concerns regarding the transfer of scans and it was confirmed that the MDT coordinators should be able to get these ready for MDT. Further comments to be forwarded to Linda Wintersgill and will be brought back to the next meeting. This will also be an appendix to the clinical guidelines to ensure it is reviewed regularly.	**ALL**
2.6	**Terms of Reference** These have been circulated – no comments have been received. The group accepted these and they will be added to the new website	
2.7	**Melanoma Me** AI informed the group that this is a charity that has been set up by a previous melanoma patient. The charity provides a counselling service however concerns were raised regarding the clinical aspects of the service. AI gave an example from a patient who attended with a list of questions that the patient had been advised to ask including requesting a copy of their histology record so that the charity rep could then discuss this with the patient. AI contacted AC who has had several similar issues. AC reassured the patients on these occasions and now there are no patients within the Newcastle area who attend the melanoma me. CDDFT have also been informed that the charity has purchased a dermo scope and are diagnosing patients with melanomas. It was unsure if this was a registered charity and they often ask for donations toward this. JK informed the group that he had a patient who regularly attends Melanoma ME for regular check-ups.	
	PB suggested that AI, AC and PB meet with the charity rep to offer guidance and then maybe there should be a warning added to websites.	**AI/AC/ PB**
	Good and bad examples to be shared with PB.	**ALL**
	Feedback to be given back at the next meeting.	
2.8	**Mohs referral**	

A paper is attached for information and it was suggested that this be included within the clinical guidelines

It was queried how this would affect the 2ww but there has been little evidence of breaches.

A discussion was held regarding further capacity and whether this could be offered through a hub and spoke system however it was felt that the labs may not have the required equipment for this.

3. STANDING ITEMS

3.1 Audits

None to be discussed

3.2 Cancer Alliance update

LW provided an update from the Cancer Alliance. The Alliance has had informal notification from NHS England that Cancer Alliances will receive an allocation for 2019/20 that is not less than the revenue allocation received in 2018/19. The Alliance is therefore committed to continuing to fund the Early Diagnosis band four and band five posts, and Living With and Beyond Cancer band five and band seven posts if cancer localities have agreed these are a priority.

Julie Owens – Programme manager for Early Diagnosis is leaving the NCA from the end of February for a new post in East Midlands CA

Newcastle Gateshead have been confirmed as the NCA site for the national lung health checks programme – funding will begin in 19/20.

Alliances have been asked by national cancer team to complete a self-assessment which was completed by NCA 8.2.19, once reviewed NCA will need to implement any actions required.

Digital pathology continuing and contracts have been signed with the supplier.

3.3 CNS Update

Durham

The Trust currently has funding for 4 CNS, AI informed that the Trust currently has 1 CNS on sick leave leaving 3 to cover the area.

Northumbria

No update available at today's meeting

Tees
The Trust reported that they were ok at present however there was likely to be changes.

Newcastle
The Trust are struggling with the reduced number of staff. A business case for additional staff has not been submitted however there have been discussions for changes to the business case. The Trust is struggling with certain clinics as melanoma patients are having to be seen in other clinics such as breast etc. The Trust have requested support for this and PB agreed to speak to the Alliance. **PB**
Newcastle also have a part time CNS retiring at the end of the year and this will put further pressures on the service.

CA informed the group North Tyneside have appointed a new CNS and CA will be providing support to her.

3.4 Living with and Beyond
No update available

3.5 Clinical Governance Issues
Already covered under item 2.7.

3.6 Any other business
Regional Audit
It was suggested that the group undertake a regional audit. **ALL**
PB requested that a proposal be written and shared with the group.

Changes at CDDFT
PR announced he was standing down as Skin Lead for the Trust. The group thanked PR for all the work he has done as lead and wished he well for the future.

Support for MDT Lead
JK asked the group for a letter of support for PA allocation for his role as skin cancer MDT lead. – what is the provision of time required for this. PB felt that this is a local issue and it would be as a role within the trust and for them to decide. This would not be something the Alliance would be able to control. JK informed the group that he required support from the cancer services and it was suggested that Iain Bain be contacted for this.

PB agreed to write a letter of support for this on behalf of the group.

- **Date of next meeting**

12 September 2019, 9.00-12.00, Evolve Business Centre

Contact Claire.mcneill@nhs.net tel 01138252976