

Yorkshire Cancer Network

Skin Cancer Group

Minutes of the meeting held on
Tuesday 29th June 2004, 2.00pm
Arthington House Conference Suite, Cookridge Hospital

Present:	Dr J O'Dowd	Airedale NHS Trust
	Ms Z Marshall Ms C Wheelhouse Dr A Wright Mr M Timmons	Bradford Teaching Hospitals NHS Trust
	Ms J Smith Dr M Cheesbrough Mrs M Kanniah	Calderdale & Huddersfield NHS Trust
	Ms D Beirne Dr W Merchant (Chair) Professor J Newton Bishop Mr H Peach Ms J Sugden	Leeds Teaching Hospitals NHS Trust
	Dr S MacDonald-Hull Dr E Potts Dr M Shah	Mid Yorkshire NHS Trust
	Miss H Lamb Mr P Melling	Yorkshire Cancer Network

1. Apologies for absence

Professor M Baker, Dr A Boon, Dr G Ford, Dr H Galvin, Dr F Hicks, Dr K London, Dr C Lyon, Dr T Maraveyas, Dr P Patel, Ms C Sleight, Dr G Stables, Dr G Taylor and Mr B Tinkler.

2. Minutes from the last meeting

Were agreed as being an accurate record.

3. Matters arising

• BCC/SCC Minimum Dataset

Dr Merchant tabled the results of the questionnaire regarding the use and usefulness of National Minimum Datasets in the reporting of basal cell carcinoma and squamous cell carcinoma of the skin. It was evident that the results were inconsistent across the Network.

Dr Merchant also tabled an example of the BCC and SCC minimum dataset forms which are used at Leeds General Infirmary.

A discussion followed.

Dr Wright suggested carrying out a prospective audit at a Unit or Centre where there is 100% data collection and to analyse what the type of lesion and ask each Clinician to fill in a proforma to specify whether the information is valid or not.

Dr Merchant agreed to produce a form for Leeds to find out if the dataset was useful for all cases.

Dr Merchant agreed to look at the year's data and establish how many high risks factors are associated with high risk BCC and SCC's. The minimal clinical history should also be considered.

Action: Dr Merchant to carry out high risk factor audit.

- **Patient Information Leaflets/ Educational**

Professor Newton-Bishop highlighted that the CD-ROM is complete and will go out to peer review to around 20 different agencies. The intention is for CD ROM to go onto the website in September.

Professor Newton-Bishop presented the CD-ROM to the group.

Dr Potts highlighted that it would be useful to have some leaflets to use in clinic to introduce patients to the information available.

- **Primary Care Representative**

Dr Potts informed the group that she wrote to Mr Tinkler highlighting that there are two GPwSI's in Pontefract who have both been on the surgery courses and both done skin surgery including some malignancies.

It was agreed that a representative on the group is urgently required. Dr Potts agreed to approach the GPwSI's.

Dr O'Dowd informed the group that he audited the GP malignant melanomas at Airedale for 2003. There were 13 melanomas that year, 10 of which were removed by general practitioners, one of which was diagnosed as a malignant melanoma. Dr O'Dowd agreed to circulate the audit to the group.

Dr Potts highlighted that she is currently collecting data over a six month period for the skin cancers referred to Pontefract by GP's, which will include GPwSI's.

Action: Dr Potts to approach the GPwSI's in Pontefract regarding representation on the YCN Skin Cancer Group.

Miss Lamb to circulate the audit with the minutes.

4. Peer Review Update

Item postponed until next meeting.

5. Fast Track Audit

Dr Wright presented to the group the fast track audit data for October-December 2002. A brief summary was tabled.

A discussion followed regarding two week wait pressure on clinics.

6. Cancer Waiting Times

Mr Melling tabled information regarding skin cancer waiting times for urgent referral – first seen (2 weeks), decision to treat to treatment (31 days), urgent referral – treatment (62 days), which had been supplied by each Trust to the National Waiting Times Database.

- **Definition of first treatment**

Mr Melling explained that there has been some confusion regarding the definition of "first treatment" in terms of cancer waiting times.

The guidance states that a "purely diagnostic procedure" does not count as treatment unless the tumour is effectively removed by the procedure.

Mr Melling highlighted that it is difficult for the information staff to decide what is purely diagnostic and what is treatment. They would be grateful for any guidance from the group.

Dr Wright highlighted that Bradford have had an active discussion regarding this. Dr Wright explained that the Bradford data is anomalous as dates are for wider excisions following an excision, therefore the definitive treatment has been defined as the wider excision.

Mr Melling highlighted that a consistency of approach is needed. A discussion followed and the group suggested the following:

First outpatient appointment = Date of decision to treat

Primary excision of lesion = Start date of treatment

Mr Melling agreed to take this advice back to the Cancer Information Leads Group for discussion and agreement.

7. Pursuing Perfection

Ms Marshall gave a presentation to the group regarding Pursuing Perfection Skin Cancer Services for Bradford Health Community.

A discussion followed.

The group thanked Ms Marshall for the presentation.

8. Update on Senital Lymph Node Service

Mr Peach highlighted that the senital lymph node service is not currently in place. He is still keen and enthusiastic to set up the service in Leeds. The capacity is in place and there is a large enough melanoma referral base to make the service work

Once the service is established patients will be entered into the new international study, the multi-centre selective lymph node trial which goes online in July 2004.

Mr Peach explained that funding is available for randomised patients, however 80% of patients who have senital node biopsies will not be funded which has financial implications for Leeds Trust. Mr Peach has had discussions with Professor Mark Baker who is enthusiastic about the service and is looking into whether there is funding available.

Mr Peach confirmed that it will be at least a year before the service is provided in the context of the NHS. One option would be to carry out the study of patients in the private sector which would potentially allow the service to start.

Mr Peach highlighted that the NHS lymph node service may be split between the NHS and private sector due to the large influx of workload.

Mr Peach explained that the one major stumbling block is the nuclear medicine ARSAC licence.

9. NICE Skin Cancer GDG – Cosmetic Camouflage Services

Detail currently unavailable.

10. Any Other Business

- **Clinical Nurse Specialists**

Ms Wheelhouse highlighted that three more Clinical Nurse Specialist jobs have been advertised in the south of England.

Professor Newton-Bishop highlighted that there is still no Clinical Nurse Specialist at the Leeds MDT's.

11. Date of Next Meeting

**Tuesday 12th October 2004, 2.00pm
at Arthington House Conference Suite, Cookridge Hospital.**