

Yorkshire Cancer Network Skin Cancer Group

Minutes of the meeting held on
Tuesday 20th June 2006, 10.00am
Room 1, YCRN Conference Suite, Cookridge Hospital

Present:	Dr J O'Dowd	Airedale NHS Trust
	Ms C Wheelhouse Dr D Watt Dr K London Dr A Wright (Chair) Dr M Timmons Ms S Nguyen Mr C Wright Ms C Jevons	Bradford Teaching Hospitals NHS Foundation Trust
	Dr I Babar	Calderdale & Huddersfield NHS Trust
	Dr A Layton	Harrogate and District NHS Foundation Trust
	Dr W Merchant Prof J Newton-Bishop Dr G Stables Dr A Boon Ms J Sugden Ms T Mason Mr H Peach Ms D Beirne Dr D Kane Dr M Wilkinson	Leeds Teaching Hospitals NHS Trust
	Ms E Potts	Mid Yorkshire NHS Trust
	Ms L Turner Mr M Telfer Dr C Lyon	York Hospitals NHS Trust
	Ms S Guyli Dr S Balmer	Leeds NE PCT
	Ms J Lyons Ms M Bell	Leeds NW PCT
	Mr C Porter	Leeds South PCT
	Dr G Slack	East Wakefield PCT
	Ms M Cooke	West Wakefield PCT
	Ms C Sheard Mr S Duffy Mr P Melling Mr B Tinkler	Yorkshire Cancer Network
	Ms L Cooper	Yorkshire Cancer Network Service Improvement Team

1. Apologies for absence

Apologies were received from: Dr P Batman, Ms K Evans, Mr O Fenton, Mr I Foo, Dr G Ford, Dr H Galvin, Dr C McDonald & Ms B Wilson

2. Minutes from the last meeting

Were agreed as being an accurate record.

3. MDT Structure & Support

Dr Wright informed the group of the impact of the guidance on PCT's. The guidelines suggest that patients who are diagnosed with high risk BCC's and melanomas will be discussed and managed by their local and specialist MDT's who are trained in that area. There will be a robust referral criteria and it has been suggested that supervised training sessions be set up for GP's and GP's with Special Interest (GPwSI).

The group needs to address how they approach their local MDT's.

The issues surrounding GP's removing high risk melanomas and further training was discussed by the group.

▪ Local & Network Issues

Harrogate – Dr A Layton

Dr Layton gave details of the MDT's based in Harrogate, currently there is no plastic surgeon. She informed the group of their impending meeting with the PCT Commissioners. There is the possibility of forming a consortium of GP's.

York – Dr C Lyon

The MDT meet every two weeks. Mr Tinkler asked Dr Lyon if the GP's in York were removing skin 'lumps and bumps' and sending them to the local histopathology laboratories and MDT's being informed about appropriate patients.

Mid-Yorks – Ms E Potts

Ms Potts explained that there are two MDT meetings, and one monthly meeting, all melanomas are discussed. From July a Plastic surgeon will be appointed with an interest in skin cancer.

Calderdale & Huddersfield – Dr I Babar

The MDT meetings are currently held on a monthly basis but they may change to weekly Dr Babar explained the various roles within the Trust with an interest in skin.

Leeds (SJUH) – Mr H Peach

The Leeds MDT takes place monthly and a combined clinic is held. A large amount of information, for the patients is prepared by Prof Newton-Bishop. There are no GP's with a special interest in skin. The MDT links in with most of NSSG's.

Dr Wright referred to previous discussions regarding attendance at the MDT meetings. The guidelines state that anyone treating melanomas can attend the MDT meetings. It was suggested that there should be Consultant led surgeries which agree with the guidelines.

There is an issue with tertiary referrals where there is not enough information given by the referring Consultant.

Leeds (LGI) – Dr W Merchant

There are two skin cancer clinics a week, the nurses in clinic carry out biopsies. At present the MDT meet twice a month but hope to start meeting weekly. There are plans to recruit a skin cancer nurse, radiologist and pathologist with an interest in skin cancer.

There are no GPwSI's but some GP's are removing melanomas.

Bradford Hospitals & Airedale Hospital – Mr A Wright

There are monthly MDT meetings which are attended by all skin cancer nurses, pathologist and MDT Co-ordinators. Plastic Surgeons and GPwSI's do not attend the meetings. There are 14 GPwSI's but minor surgery is only carried out in Airedale. However, there are GP's doing minor surgery.

Bradford are looking at setting up a database to collect information on more complex cases. It was agreed that the Plastic Surgeons should attend the MDT meetings.

▪ Gap Analysis

Ms Cooper informed the group of the results from the gap analysis. A discussion followed and Ms Cooper asked members to inform her of any information they would like adding to the analysis.

4. Action Plan Formulation

▪ Timescale

Mr Tinkler advised the group that the timescale for the action plan is usually six months. The National Cancer Action team are due to produce action plan guidelines in September/October.

Mr Wright asked if in the past a sub-group had been formed. He stated that there had been no criticism of MDT's at national level.

Dr Merchant asked the group whether a scoring system needed to be kept and it was agreed that he would set up an audit programme and circulate amongst group members.

ACTION: Dr Merchant to circulate an audit programme and discuss at next meeting.

Mr Tinkler informed the group of the process and explained the work required to meet the Network Quality Measures including:

- Annual Report
- Work Programme
- Audit guidelines
- + agreed terms of reference

The group also need to do an audit on Care Pathway.

▪ Network Groups

Dr Wright started a discussion on the best way to support GP's/GPwSI's and to help them improve their skills. Mr Wright suggested holding an annual meeting for GPs and GPwSIs which could include a practical session on skin cancers and inform them of any new developments.

The suggestion of having a mobile GPwSI for rural areas was raised. It was also highlighted that Bradford has a rapid access service as a support following removal of a melanoma by a GP. How would this affect private hospitals and should they have the same duty to attend MDT meetings?

▪ Patient Held Records

Bradford Teaching Hospitals NHS Foundation Trust have produced a booklet as part of a pilot study with urology and head & neck cancers and plastic surgeons, to help produce a booklet on squamous cell carcinomas and have it put on a CD.

Mr Tinkler suggested that a draft be sent to Mrs Jane Archer, YCN Patient Information & Support Manager, to give her comments.

ACTION: To discuss with Mrs Archer for comments before going to print.

Prof Newton-Bishop has produced a booklet and pack which is being offered to patients in Leeds and has been well received. Patients can use it as a reference and keep details of treatment and contacts.

ACTION: Ms Sheard to circulate booklet to members of the group with minutes.

OPEN MEETING

5. IOG Skin Cancer Implications for Primary Care Services

Dr Wright explained the guidelines, the role of the MDT and the GPwSI's. An in-depth GP discussion followed regarding training of GP's and GPwSI's.

6. How do we work together?

It was suggested that a sub-group is formed to help GP's & GPwSI's with training, education and diagnosis.

The group is to meet with the GP's & GPwSI's who have an interest in skin on Tuesday 10th October 2006 at 1.30pm prior to the main meeting.

Key Points :

- Identifying patient's requirements
- To be clear about the role of the GPwSI's
- Draft a discussion document regarding services in primary care to be produced.
- Draft proposals for accreditation of GPwSI to be produced.

ACTION: Dr Merchant to prepare draft documents and send to Dr Wright for signing off

7. Any other business

Prof Newton-Bishop stated that all patients should have access to the same treatment and be offered the same opportunity to enter into trials.

A brief discussion followed on the latest skin cancer trials.

8. Next Meeting with GP's & GPSI's

**10th October 2006 at 1.30pm (lunch included)
YCRN Room 1, Ida Nurses Home,
Englands**

