

YORKSHIRE CANCER NETWORK Skin Cancer Group

Notes from the meeting held on
Tuesday 15th May 2007, 10.00am
Room 1, YCRN Conference Suite, Cookridge Hospital

Present

Catherine Wheelhouse
Lesley Green
Sandra Veater
Dawn Preston
Nicky Whitfield
Rowena Mellows
June Toovey

Bradford NHS Trust
Dewsbury District Hospital
Doncaster Royal Infirmary
Leeds NHS Trust
Leeds PCT
Rotherham General Hospital
Yorkshire Cancer Network

Apologies

Anne Brier, Margaret Fenton, Fiona Reid, Vanessa Taylor and Debbie Beirne

Welcome and Introductions

June welcomed everyone to the meeting

All present introduced themselves, their role and its relevance to the meeting

Background and aims of the meeting

June gave some background information regarding the meeting, and the current national cancer and health reform agenda pertinent to the discussions. Highlighting the importance of the specialist nursing role in the cancer patient pathway.

The aim of the meeting was; -

- To identify the potential specialist/advanced nurse input into the skin cancer service and to base this on the patient pathway
- To consider the education and development requirements for new skin cancer specialist nurses

Discussion

During a long and productive discussion about the skin cancer CNS role the following were identified as important elements along the patient pathway and the knowledge and skill required to undertake the elements. This work is based on the high level pathway and concentrates on the clinical aspect of the role. It was recognised that other elements of the CNS role would also need to be taken into account

Pathway	CNS role	Knowledge /Skill
Pre diagnosis	Diagnosis of cancer. This could be working a long side or in a joint clinic with medical staff Assessing skin lesions and recording information prior to seeing medical staff	Expert clinical knowledge, diagnostic skills in skin cancer and assessment skills. In depth cancer knowledge to the same standard of the GPwSI. Expert holistic assessment
Diagnosis	Perform biopsies (some roles) and deliver treatments at the level of the GPwSI	Expert clinical knowledge and clinical surgical skills meeting the same standards as GPwSI
	Giving patients the diagnosis, supporting patients when the diagnosis is given. Giving patients detailed Information specifically relating to the stage of their cancer, discuss treatment options and prognosis Providing the appropriate level of support dependent on patient needs	Expert clinical knowledge of skin cancer grading staging treatment side effects prognosis and long term effects Advanced communication skills Some discussion about the need for counselling skills (some roles) Expert assessment skills holistic assessments
Treatment	Some roles Provide photo dynamic therapy, cryotherapy	Relevant knowledge and competency to deliver the treatments
Follow-up	Nurse led clinics (follow up Clinics) for surveillance and education of patient re self care, recognition of recurrence and prevention of recurrence. Including <ul style="list-style-type: none"> ▪ Recognition of new suspicious lesions ▪ Lymph node surveillance for metastatic spread ▪ Measures they can take themselves Highlighted that this was a very important aspect of the CNS role and each Melanoma patient would need an education session with the CNS post treatment that would also support their Holistic care needs	Same diagnostic skills as for pre diagnosis Advanced communication skills/ counselling skills (some roles)
Through out pathway	Health promotion at all stages Supportive and Psychological care for issues including <ul style="list-style-type: none"> • Body image issues • Family • Self esteem • Guilt The level and amount of support needs to be identified	Discussion about the levels in the S&P guidance the CNS would work at 2/3
	Social care <ul style="list-style-type: none"> • Benefits advice 	
	Pathway coordination Often acting as the patients Key worker and liaising between the care settings to ensure continuity of care for patients	

Other issues discussed was the CNS role in up skilling and supporting other members of the dermatology, plastic surgery and out patients teams, Skin cancer MDT, primary care colleagues to recognise and support patients with skin cancer

Other responsibilities for the role were identifies as follows

- Being a core member of the MDT
- Responsible as part of the MDT for the development of services and pathways that are patient centred
- Responsible for providing Health education and promotion with in the trust and local community
- Education
- Research and audit
- The role is often the patient information Leda and user involvement Lead for the MDT

Taking forward

- June agreed to produce notes of the meeting in draft and circulate to the group for amendments and additions
- Feedback to the Skin Cancer NSSG in June
- Arrange a further meeting at the end of June beginning of July on a Tuesday am

June thanked everyone for attending the meeting and their contribution

Date and time of next meeting: [Tuesday 17th July 2007 at 10.00am – 12.00pm](#)