Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Services

Skin Cancer Network Clinical Advisory Group (CAG)

Constitution

June 2022

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VERSION CONTROL

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VERSION	DATE ISSUED	SUMMARY OF CHANGE	OWNER'S NAME
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1.0	30th June 2015	Finalised	SWAG Skin SSG
1.1	April 2017	Biennial review	SWAG Skin SSG
1.2	30th June 2017	Finalised	H Dunderdale
1.3	30th May 2019	Biennial review and rebranding from Site Specific Group to Clinical Advisory Group	H Dunderdale
1.4	28th June 2019	Finalised	H Dunderdale
1.5	February 2022	Biennial update (delayed due to the COVID-19 pandemic)	H Dunderdale

This constitution was edited by:

Ewan Wilson, Chair of the SWAG Skin Cancer CAG, Consultant Plastic Surgeon, North Bristol NHS Trust
Amrit Darvay, previous Chair of the SWAG Skin Cancer CAG, Consultant Dermatologist, North Bristol NHS Trust
Helen Dunderdale, SWAG Cancer CAG Manager

This constitution has been agreed by:

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1. Statement of Purpose

The Somerset, Wiltshire, Avon and Gloucestershire Cancer Network Skin Cancer Clinical Advisory Group (CAG) endeavours to deliver equity of access to the best medical practice for our patient population. The essential priorities of the CAG are to provide a service that is safe, high quality, efficient and promotes positive patient experiences.

To ensure that this statement of purpose is actively supported, the consensually agreed constitution will demonstrate the following:

- The structure and function of the service is conducted, wherever possible, in accordance with the most up to date recommended best practice, as specified in the Manual of Cancer Services, Skin Measures

- A CAG consisting of multidisciplinary professionals from across the Somerset, Wiltshire, Avon and Gloucestershire cancer services has been established and meets on a regular basis
- Network wide systems and care pathways for providing coordinated care to individual patients are in place. This includes the process by which network groups link to individual MDTs
- A process for ensuring that the CAG clinical decision making is in accordance with the most up to date NICE Quality Standards is in place, as are local clinical guidelines that support the standards
- There is a process by which patients and carers can evaluate and influence service improvements that supports the principle '*No decision about me without me*'
- Internal and externally driven routine risk related clinical governance processes are in place for evaluating services across the network, and identifying priorities for improvement
- The CAG have a coordinated approach to ensure that, wherever possible, clinical research trials are accessible to all eligible cancer patients
- Examples of best practice are sought out and brought to the CAG to inform service development
- Educational opportunities that consolidate current practice and introduce the most up to date practices are offered whenever resources allow
- Provision of advice to influence the funding decisions of the Cancer Alliance Board.

2. Structure and Function

2.1 Network Configuration of MDTs (measure 14-1C-101j)

Name of MDT/Host organisation	Type of MDT/ Level of care provided	Hospital Contact Point	Referring CCG	Catchment Population
North Bristol NHS Trust (NBT)	Local Skin Cancer (LS) MDT Level 1,2,3,4	cancerservices@nhs.net	South Gloucester Bristol	69,523 171,249
Royal United Hospital Bath NHS Trust	LSMDT Level 1,2,3,4	ruh-tr.cancerservicesruh@nhs.net	Bath and North East Somerset Somerset Wiltshire	176,717 51,311 321,842

Somerset Hospital Foundation Trust	LSMDT Level 1,2,3,4	tsn-tr.cancerservices@nhs.net	Somerset	375,000
Yeovil District Hospital NHS Foundation Trust	LSMDT Level 1,2,3,4	YDH-MDT@ydh.nhs.uk	Somerset	136,833
University Hospitals Bristol and Weston NHS Foundation Trust – Bristol Site	LSMDT Level 1,2,3,4	ubh-tr.cancerreferrals@nhs.net	Bristol Bath and North East Somerset North Somerset South Gloucester	256,873 9,301 20,181 72,652
University Hospitals Bristol and Weston – Weston Site	LSMDT Level 1,2,3,4	wnt-tr.CancerServiceswaht@nhs.net	North Somerset Somerset	181,630 51,311
Gloucestershire Hospitals NHS Foundation Trust	LSMDT Level 1,2,3,4	ghn-tr.GNHSFTcancerdatatransfer@nhs.net	Gloucestershire Worcestershire Herefordshire	<1.1 million
North Bristol NHS Trust	SSMDT Level 1,2,3,4,5	cancerservices@nhs.net	South Gloucester Bristol	169,523 171,249
Somerset Hospitals NHS Foundation Trust	Specialist Skin Cancer (SS)MDT Level 1,2,3,4,5	tsn-tr.cancerservices@nhs.net		171,249
Gloucestershire Hospitals NHS Foundation Trust	SSMDT Level 1,2,3,4,5	ghn-tr.GNHSFTcancerdatatransfer@nhs.net	Gloucestershire Worcestershire Herefordshire	<1.1 million

The CAG local and specialist skin MDTs comply with the following Peer Review ground rules for networking:

- They are the only Skin Cancer MDT in the host hospital
- The MDTs are associated with the SWAG skin cancer network group only.

Specialist skin MDT (SSMDT) should:

- Function as the LSMDT for its own local (secondary) referral population
- Have a catchment population for specialist (level 5) referral of at least 750,00 (although the SFT SSMDT does not meet this target, given the rural nature of the community and the high incidence of skin cancer in the South West, where the incidence of melanoma is 22 cases per 100,000 as opposed to the national average of 14 cases per 100,000, the pro rata population exceeds the expected national population requirements).

There is not a separate Melanoma MDT operating within SWAG. All cases of Stage IIB melanoma or more, those aged 19 or less and new cases of metastatic melanoma on presentation are referred to the appropriate SSMDT within the SWAG network.

All cases of T-cell lymphoma are referred to the MDT at University Hospitals Bristol and Weston NHS Foundation Trust.

University Hospitals Bristol and Weston NHS Foundation Trust Lymphoma MDT		
MDT Member to Contact		Referral Information Required
Debra Murphy, MDT Coordinator	ubh-tr.cancerreferrals@nhs.net (Bristol) T: 01173421528	All clinical information Imaging sent electronically Pathology is sent to Consultant Pathologist Naomi Carson, Severn Laboratories.
Giles Dunnill, Consultant Dermatologist	giles.dunnill@uhbw.nhs.uk	

2.2 Network Configuration of Skin Cancer Services in the Community (measure 14-1C-102j)

The network group plan to agree a policy for the provision of skin cancer services in the community which includes the provision of treatment for skin cancer over the network, if carried out for NHS patients in the community setting, should be drawn only from the following 4 service models as specified in the introduction to these cancer measures:

- The service provided under the DES / LES contracting team
- Service Model 1
- Service Model 2
- Service Model 3

The community skin cancer services will be named with their host organisations. For each service it will specify:

- Which of the 4 models of community service it will provide for which named parts of the network catchment area
- The names of the relevant MDTs
- The locations of any relevant community facilities.

2.3 Agreed Network Distribution of Clinics for Immunocompromised Patients with Skin Cancer (measure 14-1C-103j)

Specific clinic slots are allocated to immunocompromised patients with skin cancer, as documented in the Trusts' Operational Policies.

Compliance

University Hospitals Bristol and Weston and North Bristol triage all organ transplant patients to the two week wait (2WW) skin cancer service running in designated clinics.

Royal United Hospital Bath is not a centre for renal / liver or cardiac transplantation, although they do manage transplant patients. All newly referred organ transplant patients are triaged to the 2WW skin cancer service. Ongoing care is provided in the clinic of the patient's choice. In many cases this is in their community hospital.

Somerset Hospital manages organ transplant patients and patients with genetic disease predisposing to skin cancer in a dedicated clinic which runs every 3 months. Fast track patients are booked into any spaces that remain 2 weeks before the clinic is due to be held.

The Renal Transplant centre is based in Southmead Hospital, North Bristol Trust, and the Cardiac Transplant Centre in The Bristol Heart Institute, University Hospitals Bristol.

An audit of this group of immunocompromised patients will be undertaken and presented annually at the MDT. The Lead Clinician will include this in the MDT Annual Report.

2.4 Network Group Membership (measure 14-1C-104j)

Trust	Name	Title
UHBW	Adam Bray	Consultant Dermatologist
RUH	Ahmed Basiouni	Consultant Pathologist
UHBW	Amar Challapalli	Consultant Clinical Oncologist
UHBW	Amit Bahl	Consultant Clinical Oncologist
NBT	Amrit Darvay	Consultant Dermatologist
SWAG	Amy Smith	Cancer Alliance CAG Administrative Coordinator
RUH	Andrew Felstead	Consultant Oral & Maxillofacial Surgeon
NBT	Andrew Heryet	Laboratory Manager

BANES	Andrew Lloyd	Community Skin Cancer Physician
RD&E	Andrew Wilson	Consultant Plastic Reconstructive & Aesthetic Surgeon
SFT	Angela Locke	Skin Cancer Clinical Nurse Specialist
NBT	Antonio Orlando	Consultant Plastic / maxillofacial surgeon
UHBW	Aparna Sinha	Consultant Dermatologist
Somerset FT	Ben Hawthorne	Skin Cancer Clinical Nurse Specialist
NBT	Beth Wright	Consultant Dermatologist
UHBW	Cameron Kennedy	Consultant Dermatologist
RUH	Caoimhe Fahy	Consultant Dermatologist
UHBW	Caroline Harbutt	Skin Cancer Clinical Nurse Specialist
Glos	Charlie Hall	Consultant Plastic Surgeon
UHBW	Chris Herbert	Consultant Clinical Oncologist
UHBW	Chris Price	Consultant Medical Oncologist
UHBW	Christina Wlodek	Specialty Registrar in Dermatology
RUH	Christine Elwell	Consultant Oncologist
NBT	Claire Lanfear	Skin Cancer Clinical Nurse Specialist
Somerset FT	Clare Barlow	Consultant Oncologist
Glos	Daisy Morgan	Skin Cancer Clinical Nurse Specialist
NBT	Daniel Keith	Consultant Dermatologist
Glos	Daryl Godden	Consultant Oral & Maxillofacial Surgeon
UHBW	David DeBerker	Consultant Dermatologist
Glos	David Farrugia	Consultant Medical Oncologist
UHBW	Debbie Shipley	Consultant Dermatologist
Glos	Deborah Moffitt	Consultant Physician
NBT	Douglas Kopcke	Consultant Radiologist
NBT	Elaine Harris	Administrator - SCARF
RUH	Elizabeth Metcalfe	Skin Cancer Clinical Nurse Specialist
Glos	Emily Davies	Consultant Dermatologist
RD&E	Emily McGrath	Consultant Dermatologist
NBT	Ewan Wilson	Consultant Plastic Surgeon
UHBW	Farida Lahcen	Skin Cancer Clinical Nurse Specialist
YDH	Felicity Edwards	Consultant Dermatologist
BANES	Fiona Armstrong	Community Skin Cancer Physician
UHBW	Gemma Shaw	Skin Cancer Clinical Nurse Specialist
UHBW	Genevieve Osborne	Dermatology Consultant
SFT	Gihan Ratnayake	Consultant Medical Oncologist
UHBW	Giles Dunnill	Consultant Dermatologist, Regional Lead for Skin Lymphoma
NBT	Graham Collin	Consultant Radiologist
SFT	Graham Merrick	Consultant Surgeon
Glos	Greg Knepil	Consultant Oral & Maxillofacial Surgeon
NBT	Helen Audrain	Consultant Dermatologist

UHBW	Helen Breeze	Skin Cancer Clinical Nurse Specialist
SWAG	Helen Dunderdale	Cancer Network CAG Support Manager
RUH	Helen Francis	Skin Cancer CNS Navigator
UHBW	Helen Winter	Consultant Oncologist
RUH	Inma Mauri-Sole	Associate Specialist in Dermatology
NBT	Iraklis Delikonstantinou	Consultant Plastic Surgeon
YDH	Ivona Ramoiu	Skin Cancer Clinical Nurse Specialist
Glos	James Milne	Consultant Dermatologist (MDT Lead)
Glos	Jerry Farrier	Consultant Oral & Maxillofacial Surgeon
Somerset FT	Joanna Brown	Consultant Radiologist
NBT	Joanne Hawkins	PA to Antonio Orlando
Somerset FT	Jo MacDonald	Skin Cancer Clinical Nurse Specialist
NBT	Joanne Watson	Skin Cancer Clinical Nurse Specialist
NBT	Jonathan Oxley	Consultant Pathologist
NBT	Jonathon Pleat	Consultant Plastic Surgeon
UHBW	John Bostock	Skin Cancer Nurse Practitioner
RUH	John Mitchard	Consultant Pathologist
RUH	Julia Pain	Occupational Therapist
Somerset FT	Karen Curtis	Lead Skin Cancer Clinical Nurse Specialist
UHBW	Kathryn Carter	Skin Cancer Clinical Nurse Specialist
NBT	Katherine Finucane	Associate Specialist in Dermatology
UHBW	Kat Nightingale	Associate Specialist in Dermatology
Glos	Kim Wilcox	Lymphodema Clinical Nurse Specialist
RUH	Leigh Biddlestone	Consultant Pathologist
Glos	Linda Barlow	Medical Secretary
UHBW	Lois Baldry	Skin Cancer Clinical Nurse Specialist
Glos	Louisa Hancox	Skin Cancer Clinical Nurse Specialist
Glos	Louise Pound	Skin Cancer Clinical Nurse Specialist
Glos	Lucy Daffarn	Skin Cancer Clinical Nurse Specialist
NBT	Lynda Knowles	Skin Cancer Clinical Nurse Specialist
Glos	Margaret Coyle	Consultant Oral & Maxillofacial Surgeon
UHBW	Mark Singh	Consultant Maxillofacial / Head & Neck Surgeon
YDH	Mihaela Savu	Skin Cancer & Dermatology Clinical Nurse Specialist
Glos	Mike Thomas	Consultant Pathologist
NBT	Naomi Carson	Consultant Pathologist
YDH	Nicola Bardwell-Dix	Skin Cancer Clinical Nurse Specialist
RUH	Nicola Congdon	Skin Cancer Clinical Nurse Specialist
NBT	Nidhi Bhatt	Consultant Pathologist
Weston UHBW	Osama Eldin	Consultant Pathologist
RUH	Paola De Mozzi	Consultant Medical Oncologist
Glos	Paul Craig	Consultant Histopathologist & Dermatopathologist

Glos	Peter Slimmings	Consultant Dermatologist
RUH	Pippa Shellard	Skin Cancer Clinical Nurse Specialist
Somerset FT/Exeter/YDH	Rachel Wachsmuth	Consultant Dermatologist
Royal Devon & Exeter	Rebecca Batchelor	Consultant Dermatologist & Skin Cancer MDT Lead
UHBW	Rebecca Ford	Consultant Ophthalmologist Specialising in Oculoplastics
UHBW	Richard Harrad	Consultant Ophthalmologist
BANES	Roland Teare	Community Skin Cancer Physician
NBT	Samantha Wells	Skin Cancer Clinical Nurse Specialist
Glos	Sandra Collins	MDT Coordinator
Glos	Sarah Creswell	Skin Cancer Clinical Nurse Specialist
Glos	Sarah Lewis	Skin Cancer Clinical Nurse Specialist
NBT	Sarah McDonald	Consultant Pathologist
RUH	Sarah Woodrow	Consultant Dermatologist
NBT	Shabba Vaithianathan	Assistant General Manager Dermatology and Plastics
GP	Shalini Narayan	Consultant Dermatologist
Somerset FT	Stephen Holwill	Consultant Histopathologist
RUH	Stephen McDonald	Consultant ENT Surgeon
Glos	Stephen Shepherd	Consultant Clinical Oncologist
NBT	Suriya Kirkpatrick	Senior Research Nurse
YDH	Susan Adams	Consultant Dermatologist
RUH	Tania Tillett	Consultant Medical Oncologist
Glos	Tira Galm	Consultant Otolaryngologist
Glos	Tom Millard	Consultant Dermatologist
Somerset FT	Urmila Barthakur	Consultant Clinical Oncologist
Glos	William Porter	Consultant Dermatologist
Somerset FT	Yeung Oon	Consultant Dermatologist
NBT	Yuening Zhang	Consultant Pathologist

Terms of reference are agreed in accordance with the paper *Recurrent Arrangements for Cancer Alliance Clinical Advisory Groups (2019),* which is available on the SWAG website here.

2.5 Network Group Meetings (measure 14-1C-105j)

The SWAG CAG will meet twice yearly. Agendas, notes and actions, and attendance records will be uploaded on to the SWAG website here.

Appendix 1 is the Template Agenda for the Skin CAG meetings, which is circulated prior to each meeting to ensure that all members are aware of those required to attend and that all subject matters requiring discussion are identified. CAG meetings are also conducted in line with the Manual for Cancer Services, Skin Measures (Version1.1).

2.6 Work Programme and Annual Report (measure 14-1C-106j)

The SWAG CAG will produce a Work Programme and Annual Report in discussion with the SWAG Cancer Alliance.

2.7 Designated Hospital Practitioners for Mohs Surgery (14-1C-107j)

The hospital practitioner authorised to perform Mohs micrographic surgery, including 'Slow Mohs' surgery is Dr Adam Bray.

Dr Adam Bray will carry out at least 50 complete Mohs surgical procedures per year averaged over the last two complete calendar years prior to the network's Peer Review visit or self-assessment.

2.8 Training Policy for Model 2 Community Practitioners with Named Trainers / Assessors (measure 14-1C-108j)

The network group, in consultation with the MDTs, agree a training policy for the network for 'Model 2' Community Practitioner which includes that, unless they fulfil the exemption conditions:

- Practitioners should be trained and assessed in an agreed selection of the skin surgery curriculum and competencies, as set out in 'guidance for the accreditation of General Practitioners with a special interest in dermatology (GPwSIs) and General Practitioners performing skin surgery 2011'

The network group, in consultation with the MDTs, agree named trainers / assessors of competence for the network for the Model 2 practitioners' training. They should be core dermatologist or surgical members of skin cancer MDTs. This is the process in each area of the network with the exception of the Bristol, North Somerset, South Gloucestershire region, where commissioning of a community service is currently being investigated.

3. COORDINATION OF CARE / PATIENT PATHWAYS (A08/SC/LS-16-004, A08/SC/LS-16-005)

3.1 Clinical Guidelines (measure 14-1C-109j)

The CAG refers to the NICE guidelines for the clinical management of skin cancer. Further details of the local provision of the guidelines are within the Skin CAG Clinical Guidelines on the SWAG website here. This is reviewed every other year to ensure that any amendments to imaging, surgery, pathology, chemotherapy and radiotherapy practices are up to date.

3.2 Chemotherapy Treatment Algorithms (measure 14-1C-110j)

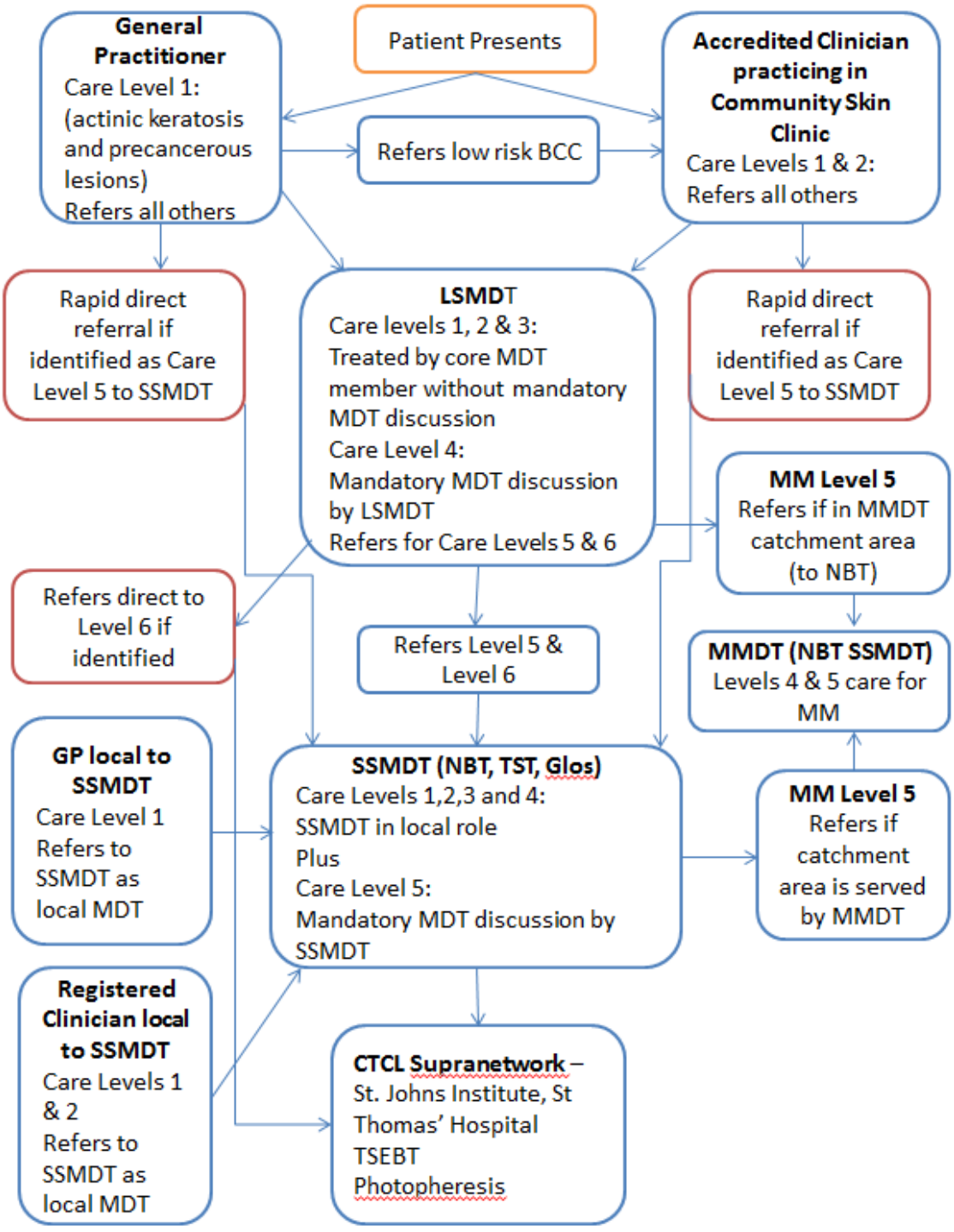
An agreed list of acceptable chemotherapy treatment algorithms is reviewed bi-annually and available to view in the Annual Report and on the SWAG website. Any treatment algorithms that require updating are listed in the CAG Work Programme.

3.3 Patient Pathways for Primary Care / Community Services and MDTs (measure 14-1C-111j)

3.3.1 Levels of Care

Care Level	Person or Team	Case Mix / Procedure
1	Any general practitioner in the community	• Benign lesions • Actinic Keratoses • Precancerous - SCC in situ / Bowen's.
2	Community practitioners working to the 'DES/LES' model (Level 2a) or the 'model 1' service model (level 2b). See guidance below in the section on skin cancer in the community.	• DES/LES list of BCCs. (Level 2a) • Model 1 list of BCCs (level 2b). See guidance below in the section on skin cancer in the community.
3	LSMDT, hospital staff core team member (may be core member of SSMDT acting as 'local' LSMDT). Without mandatory individual case review by MDT.	• High Risk BCC other than categories below • SCC
4	LSMDT, hospital staff core team member(s), with mandatory individual case review by LSMDT (may be the SSMDT and its core members acting as 'local' LSMDT)	• High Risk BCC - Recurrent or with +ve excision • SCC • Malignant Melanoma (MM) - new, single primary, adult, non-metastatic, not for approved trial entry, up to and including Stage II a (must fulfil all these criteria) • Radiotherapy if attendance by clinical oncologist at LSMDT • Lesion where diagnosis is uncertain but may be malignant • Incompatible clinical and histological findings.
5	SSMDT hospital staff core team member(s) with mandatory individual case review by SSMDT. (May have been previously reviewed by LSMDT or rapidly referred without prior review). For some cases - only one agreed SSMDT, if more than one in the Network.	• Selected BCCs and SCCs needing plastic/reconstructive surgery by SSMDT core member (as per Network clinical guidelines) • Radiotherapy (as per Network clinical guidelines). If not discussed and treated by LSMDT clinical oncology core team member • Metastatic SCC on presentation or newly metastatic • MM - Stage IIb or more, or <19 years or metastatic on presentation or newly metastatic or recurrent or for approved trial entry • Any cases for approved trial entry • Skin Cancer in immunocompromised patients including organ transplant recipients • Skin Cancer in genetically predisposed patients including Gorlin's Syndrome. Cases to be dealt with by only one agreed SSMDT per Network, if more than one in the Network: • Cutaneous lymphoma • Kaposi's sarcoma • Cutaneous sarcoma above superficial fascia. (Below fascia, refer to sarcoma MDT) in cancers • Other rare skin cancers (see Appendix 1 in the Skin Cancer IOG pg 128/129. Notes: There should be agreed working arrangements with site specialised MDTs for SCC of Head and Neck and Sarcoma and mucosal malignant melanoma.
6	• Supranetwork team. Selected Networks only. Agreed with SCGs. • Clinician responsible for named facilities for photopheresis (very small numbers of patients).	• T-cell Cutaneous Lymphoma: Total Body Surface Electron Beam Therapy • T-cell cutaneous lymphoma. Photopheresis.

3.3.2 The interrelationships and referral pathways between community practitioners and the different MDT types



Further guidance on the Primary Care referral process for GPs is documented in the SWAG Skin Cancer Clinical Guidelines and in the NICE Guidelines.

The Clinical Nurse Specialists within the region are available to provide psychological and social support, advice on rehabilitation and follow up care.

3.3.3 Contact Details of Teams

North Bristol NHS Trust
Royal United Hospitals Bath NHS Foundation Trust
Somerset Hospitals Foundation Trust
Yeovil District Hospital
University Hospitals Bristol and Weston
Gloucestershire Hospitals

3.4 Patient Pathways between MDTs (measure 14-1C-112j)

LSMDTs should refer cases of the types of skin cancer needing care Level 5, as in the introduction to the skin cancer measures, to a named SSMDT. If there is more than one SSMDT in the network, the SSMDT to which each of the following types of cases is referred should be named:

- Cutaneous lymphoma - Lymphoma MDT at UHB
- Kaposi's sarcoma - Bristol SSMDT
- Cutaneous sarcoma above superficial fascia any of the SWAG SSMDTs. Consider referral to Sarcoma MDT at NBT if involving fascia or below fascia.
- Other rare skin cancers. Any of the SWAG SSMDTs

Beside the specific case mix and procedures which make up each Level, the network group should agree any other parameters to determine whether a case should be referred for the opinion of:

- A surgical core member of the SSMDT and for associated MDT review
- An oncology core member of the SSMDT and for the associated MDT review.

3.5 Patient Pathways for Supranetwork MDTs / Services (measure 14-1C-113j)

Cases of nodular mycosis fungoides (Stage 2B or over) will be referred for discussion and consideration of TSEB to the supranetwork T-cell lymphoma MDT at St. Thomas' Hospital.

Cases of erythrodermic cutaneous T-cell lymphoma, Stages 3 and 4 having both skin involvement and circulating T-cell clonal cells, will be discussed for potential referral and treatment by photopheresis at the same supra network MDT:

Sean Whittaker, Consultant Dermatologist
The Cutaneous Lymphoma Service
St John's Institute of Dermatology
St Thomas' Hospital
Westminster Bridge Road
SE1 7EH

F: 02071888145
CNS: 02071887188

Patients who decline to travel to London can be referred to the next closest centre in Coventry:

Ward 35, Oncology Department
University Hospitals Coventry and Warwickshire
Clifford Bridge Road
Coventry
CV2 2DX
024 76964000

3.6 Patient Pathways Shared with Other MDTs (measure 14-1C-114j)

Head and Neck Skin Cancer:

Patients with head and neck skin cancer may be managed by the Local Skin Cancer MDT (LSMDT) or Specialist Skin Cancer MDT (SSMDT) in accordance with their level of care, except when there is involvement of cervical lymph nodes or the parotid gland or extensive uncontrolled disease.

Patients with nasal mucosal melanoma or any skin cancer involving cervical lymph nodes or the parotid gland should be discussed at the Head and Neck MDT. The Specialist Head and Neck MDT is based in the Dental Hospital, University Hospitals Bristol.

Unless covered by category 2 above, patients with periocular skin cancer will be referred to plastic maxilla-facial, dermatological or oculoplastic surgeons or head and neck surgeons who are core members of an appropriate MDT.

Patients with known or suspected ocular mucosal melanoma will be referred to the ophthalmology oncology MDT.

Anal and Perianal Skin Cancer:

Patients with invasive perianal skin cancers will be referred to the anal cancer / colorectal MDT. Management of perianal skin cancer patients requiring reconstructive surgery by SSMDT core members should be reviewed by the SSMDT. Histology and operative findings should be reviewed by the SSMDT. SSMDT review of management is recommended for all patients with perianal melanoma.

Skin Cancer of External Female Genitalia:

Patients with invasive vulval skin cancer will be referred to the Gynaecology MDT for discussion. Management of vulval skin cancer patients requiring reconstructive surgery by SSMDT core members will be reviewed by the SSMDT. SSMDT review of management is recommended for all patients with vulval melanoma.

Skin cancer of external male genitalia:

Patients with invasive male genital skin cancers will be referred to the urology MDT which will refer appropriate cases on to the Supra-Network Penile Cancer MDT hosted by Southmead Hospital. SMDT review of management is recommended for penile melanoma cases in addition to the Supra-Network Penile cancer MDT.

Lymphoma involving skin:

Patients presenting in any specialty with known or suspected primary cutaneous lymphoma should be reviewed by the LSMDT. Assessment should follow the proforma outlined in the Network Clinical Guidelines, based on National Guidelines. Review by the SSMDT and the Lymphoma Specialist MDT, hosted at Bristol Haematology Oncology Centre, is advisable for atypical cases or those of plaque stage or greater.

Patients presenting with skin lesions associated with known or suspected systemic haemato-oncological malignancy should be reviewed by the haemato-oncology MDT before starting definitive treatments such as radiotherapy, chemotherapy or photopheresis.

Patients discussed at the haemato-oncology MDT who transpire to have primary cutaneous lymphoma should be referred to the SSMDT before starting definitive treatments.

Sarcoma involving skin:

After SSMDT review, patients with cutaneous sarcomas that involve or penetrate the superficial fascia or cutaneous sarcomas potentially requiring radiotherapy or chemotherapy will be referred to the sarcoma MDT hosted by Southmead Hospital.

3.7 Patient Pathways for Teenagers and Young Adults (TYA)

Details of TYA patient pathways for the SWAG CAGs can be found on the SWAG website:

TYA

3.8 Cancer of Unknown Primary (CUP) Referrals

All patients with a metastatic carcinoma of unknown origin are referred to the Cancer of Unknown Primary MDTs within the network. Details of the CUP referral processes can be found on the SWAG website:

CUP

4. PATIENT AND PUBLIC INVOLVEMENT

4.1 User Representative Involvement

The SAG has a user representative member who contributes opinions about the Skin Cancer service at the SAG meetings. The NHS employed member of the CAG nominated as having specific responsibility for users' issues and information for patients and carers is the Cancer Clinical Advisory Group Manager. The CAG actively seeks to recruit user representatives. Appendix 2 contains the Patient/User Involvement Brief that is circulated for this purpose.

4.2 Patient Experience (14-1C-115j)

The results and actions generated from the National Patient Experience Survey within each Trust in the CAG will be reviewed at every other CAG meeting, and the progress of the agreed improvement programme monitored. Progress will be published in the Annual Report.

4.3 Charity Involvement

See Appendix 3

5. THE NATIONAL PERSONALISED CARE AND SUPPORT (PCS, FORMERLY LIVING WITH AND BEYOND CANCER) INITIATIVE

The Skin CAG has agreed to conduct a review of patient follow up systems in line with the practices recommended by the National PCS Initiative. Due to the ever increasing population of patients living with and beyond cancer, the current follow up systems are not sustainable, therefore new follow up methods need to be established to provide the support that patients require to 'lead as healthy and active a life as possible, for as long as possible'[1]. The Skin CAG will work to ensure that all patients have access to the recommended *Recovery Package*. The *Recovery Package* consists of holistic needs assessments, treatment summaries and patient education and support events. The Skin CAG will also develop risk stratified pathways of post treatment management, promote physical activity and seek to improve management of the consequences of treatment.

6. CLINICAL GOVERNANCE

6.1 Clinical Outcomes, Indicators and Audits (14-1C-116j)

The CAG regularly review the data from each MDT's clinical outcomes, quality indicators and audits. At least one network audit will be performed each year. The results of this are presented at the CAG meetings and distributed electronically to the group.

[1] http://www.ncsi.org.uk/

6.2 Data Collection

Patient data on diagnostics is uploaded to the Somerset cancer registry as part of a National initiative.

6.3 Clinical Governance Arrangements for Community Practitioners (measure 14-1C-117j)

The network group, in consultation with MDTs, will agree a policy for arrangements for Community Practitioners which includes the following:

- Group 3 and skin lesion GPwSIs and 'Model 2' practitioners practising in the network are associated with a named LSMDT or SSMDT
- Community skin cancer practitioners have their practice included in the network audit
- MDT lead clinicians monitor the attendance of any GPwSIs associated with their MDT at four MDT meetings a year, and at annual community practitioners' educational network group meeting
- The network group holds at least one educational meeting per year to which community skin cancer practitioners are invited and which includes:
    - A presentation of network skin cancer audit results. The audit and the presentation will include a topic involving BCCs, of relevance to practitioners treating patients in the community and a breakdown of individual practitioner performance
    - A four hour CPD session, with an emphasis on skin lesion recognition and the up to date management of skin cancer (including BCCs) for community practitioners.

4. CLINICAL RESEARCH

7.1 Discussion of Clinical Trials (14-1C-118j)

Members of the CAG discuss each MDT's report on clinical research trials within every CAG meeting. A list of all of the open trials on the Skin NIHR portfolio, and potential new trials, is brought to each CAG meeting by the West of England Clinical Research Network (CRN) Cancer Research Delivery Manager.

Due to the CRNs mapping with the Academic Health Science Networks, Taunton and Yeovil are in South West Peninsula CRN. The Cancer Research Delivery Manager from the Peninsula CRN will provide the CAG with the data for these Trusts. Information on clinical trial recruitment will be published in the CAG Annual Report. Potential new trials to open and actions to improve recruitment will be documented in the CAG Work Programme. The trials available in each Trust will be updated on the South West Strategic Clinical Network website at regular intervals so that the CAG members can ensure, wherever possible, that clinical research trials are accessible to all eligible Skin oncology patients. The NHS staff member nominated as the research lead for the CAG is Christopher Herbert.

5. SERVICE DEVELOPMENT

Regular reviews of major service developments and changes in treatment pathways are conducted at the CAG meetings.

8.1 The Enhanced Recovery Programme (ERP)

The CAG will endeavour to provide an Enhanced Recovery Programme for all patients. The ERP is about improving patients' outcomes and speeding up a patients' recovery after surgery. The programme focuses on making sure that patients are active participants in their own recovery process. It also aims to ensure that patients always receive evidence based care at the right time.

8.2 Education

The CAG meetings will have an educational function. Continuous Professional Development (CPD) accreditation for meetings with multiple educational presentations will be sought by application to the Royal College of Physicians. This will involve uploading presentations and speaker profiles to the CPD approvals online application database. The approvals process takes approximately six weeks, and can be applied for retrospectively. The CAG members will be required to complete a Royal College of Physician's CPD evaluation form. Certificates of the CPD points that are allocated to the meeting will be distributed to the CAG members.

8.3 Sharing Best Practice

Where best practice in Skin oncology services outside the SWAG CAG has been identified, information on the function of these services will be gathered to provide a comparison and inform service improvements. Guest speakers from the identified services will be invited to provide a presentation at the CAG meetings.

Where best practice in Skin oncology services within the SWAG CAG has been identified, information on the function of SWAG services will be disseminated to the other cancer networks.

8.4 Awareness Campaigns

In the event of a Skin awareness campaign, the CAG have an agreed process to manage the possible impact of increased urgent referral from Primary Care to the Skin oncology services. Information on clinical decision making when referring to Skin services will be cascaded to General Practitioners via the Primary Care email bulletin and the SWAG website.

6. FUNDING

9.1 Clinical Commissioning Groups

In the event that an insufficiency in the Skin oncology services relating to funding is identified, the CAG will gather evidence of the insufficiency via audit and research, together with feedback about how the provider Trusts have tried to address them. The consequences of the insufficiencies for patients will be listed so that all key issues are documented and the required actions made clear. This information will then be fed back to the Cancer Alliance Delivery Group to determine what action needs to be taken, and escalated to the SWAG Cancer Board if required.

9.2 Industry

The Government's paper *Improving Outcomes: A Strategy for Cancer* states that 'working together with other organisations and individuals, we can make an even bigger difference in the fight against cancer'. The CAG will forge relationships with pharmaceutical companies to seek commercial sponsorship for the meetings in order to make savings that can be fed back into the CAG cancer services. The Clinical Advisory Group Manager will comply with the various rules and regulations pertaining to the pharmaceutical companies' policies and with the NHS rules and regulations as follows:

- Completion of a register of interest form with the CAG support service host Trust, University Hospitals Bristol NHS Foundation Trust
- Declaration of any sponsorship offers
- Confirm with all sponsors that the arrangements would have no effect on purchasing decisions
- Ensure that all pharmaceutical companies entering into sponsorship agreements comply with *the Code of Practice for the Pharmaceutical Industry* (Second Edition) 2012
- Obtain advice from the Medical Director or Chief Pharmacist for sponsorship agreements in excess of £500.00
- Ensure that where a meeting is funded by the pharmaceutical industry, that this is documented on all papers relating to the meetings
- Ensure that the receipt of funding is approved by an Executive Director and recorded in the Register of Gifts, Hospitality and Sponsorship in advance
- Scrutinise contracts with the assistance of Financial Services prior to providing a signature.

7. APPENDICES

7.1 Appendix 1

Meeting of the Skin Clinical Advisory Group: Template Agenda

Network group membership to attend: Chair, MDT core members, Skin nurse specialist, Dermatologist, Surgical representative (including plastic / reconstructive surgery), Medical oncologist, Clinical oncologist, Imaging specialist, Histopathologist, Community GPwSI in skin cancer, User representative , User representative 2, Administrative support

- Chair to name nominated network group member responsible for users' issues and information for patients / carers
- Chair to name nominated network group member responsible for clinical trial recruitment function.

AGENDA

1. **Review of last meeting minutes and actions:**

2. **Clinical opinion on network issues:**

- Review of MDT membership changes / meetings / service.

3. **Clinical guidelines:**

- Review of any amendments to imaging, pathology, chemotherapy, radiotherapy, surgical practices.

4. **Coordination of patient care pathways:**

- Review hospital referral processes for TYA / varying indications / investigations and follow up
- Review implementation of Primary Care referral pro forma / implementation of rapid diagnostic pathways
- Cancer Waiting Times breach example to discuss.

5. **Patient experience:**

- User representative input
- Review patient experience survey / identified actions
- QOL surveys
- Patient information
- CNS / keyworker support
- Addressing inequalities.

6. **Personalised Care and Support and stratified follow up:**

- Holistic needs assessments - to define when these should be performed
- Next steps (Health and Wellbeing events)

- Treatment summaries.

7. Quality indicators, audits and data collection:

- Current audits / audit outcomes
- Audits in the pipeline
- Data collection issues.

8. Research:

- Current clinical trials / recruitment / actions to improve recruitment
- Clinical trials in the pipe line
- Regional referrals
- Developing early career researchers / addressing inequalities.

9. Service development:

- Genomics
- Immunotherapy
- Early diagnosis
- Prehabilitation / enhanced recovery programme
- Training opportunities available
- Sharing best practice
- Innovation
- Awareness campaigns.

10. Quality Surveillance Programme:

- Annual Report
- Constitution
- Work Programme
    - Good practice – specific areas to highlight
    - Are there any immediate risks?
    - Are there any serious concerns?

11. Any other business / date and content of next meeting:

10.2 Appendix 2

SWAG CAG Patient/User Involvement Brief

10.3 Appendix 3

SWAG CAG Charity Involvement Brief

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