



National Cancer Action Team  
Part of the National Cancer Programme

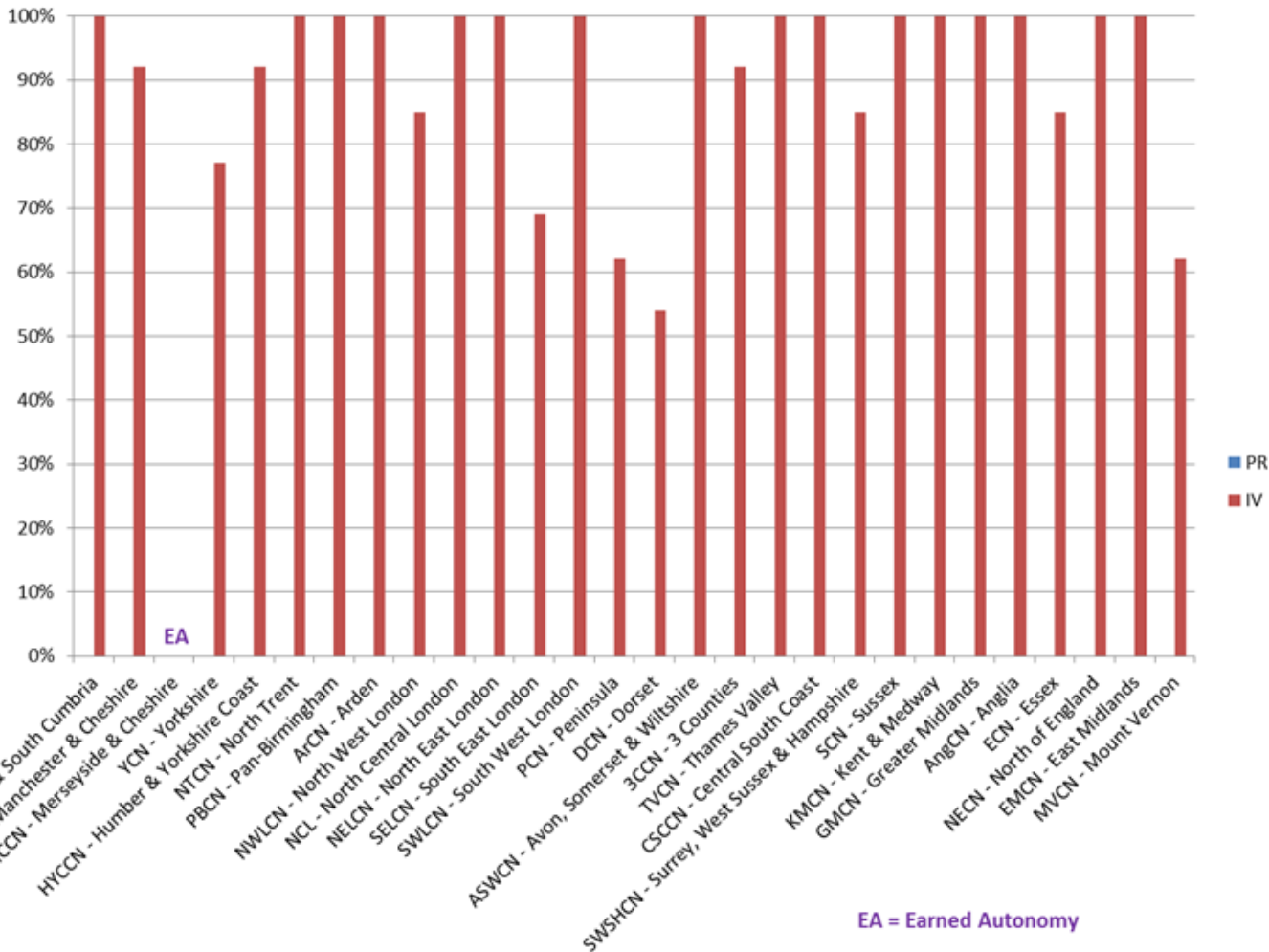
# **Skin SSCRG Workshop**

## **NCPR Update**

November 2011

# **Feedback from National Report – 2010/2011**

### Skin NSSG Overall Compliance



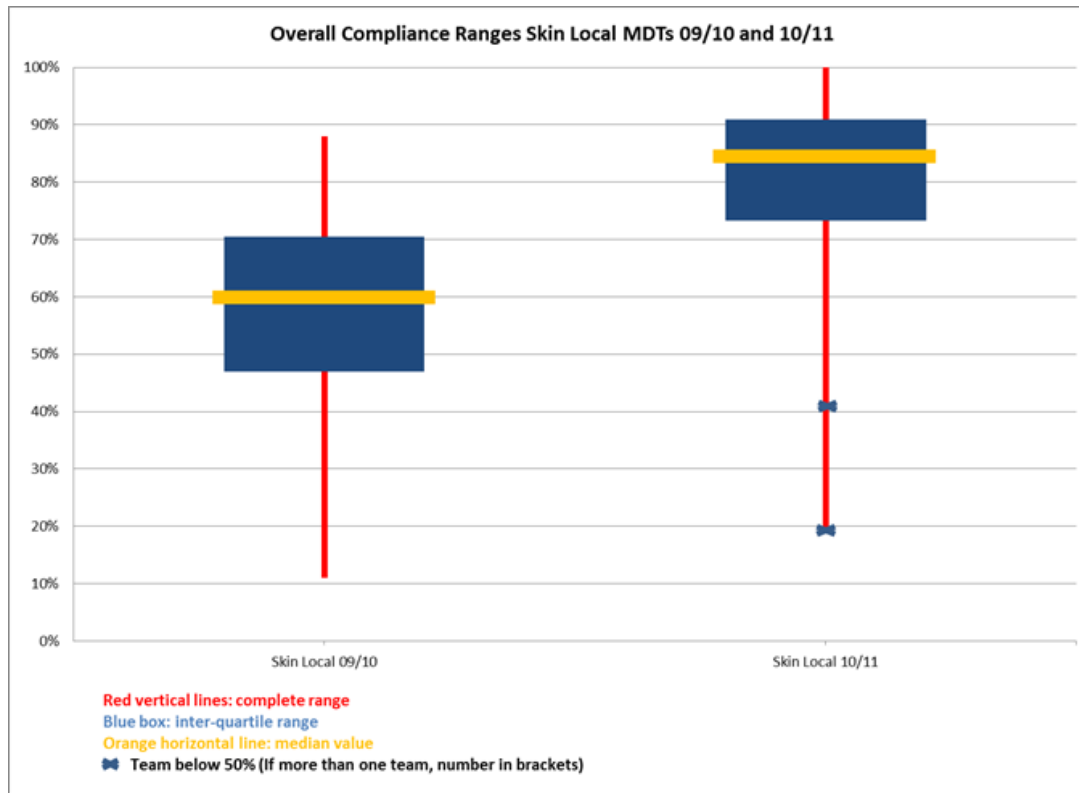
EA = Earned Autonomy

# Skin Local Teams

# Skin Local Teams

- 92 teams reviewed
- 88 teams IV
- 14 teams EV
- 2 teams PR
- 4 teams EA (2 of which published an IV)
  
- 9 teams selected for visit in 2011/2012

# Skin Local Teams



*NB There were 28 Skin Local teams with compliances of under 50% in 2009/2010, but these were not highlighted as that was the first year of the introduction of the measures for Skin*

# Skin Local Teams – IRs and SCs

No of teams with IRs (IV or EV)	No of teams with IRs (PR)	Total no of teams IRs	% of teams with IRs	No of teams with SCs (IV or EV)	No of teams with SCs (PR)	Total no of teams SCs	% of teams with SCs
5	0	5	5%	33	1	34	37%

# Skin Local Teams – IRs and SCs

## Immediate risks

- Lack of core membership and attendance
- One instance where the MDT had not been meeting
- Treatment decisions taken outside the MDT



# Skin Local Teams – IRs and SCs

## Serious Concerns

- Main concerns:
  - Oncology, CNS and consultant dermatology input
  - No assurance that all appropriate cases were referred on to the SMDT
- Other Serious Concerns are noted in the Report

# Skin Local Teams – Good Practice

- Many MDTs implemented service improvements since 2009/10. For example:
  - Appointment of CNS
  - Increased attendance at the MDTs
  - Development of pathways with specialist services
  - Improved communication with Primary Care
  - Introduction of one stop clinics
  - Introduction of services for Mohs surgery
  - Health promotion initiatives
  - Real time data collection in the MDTs

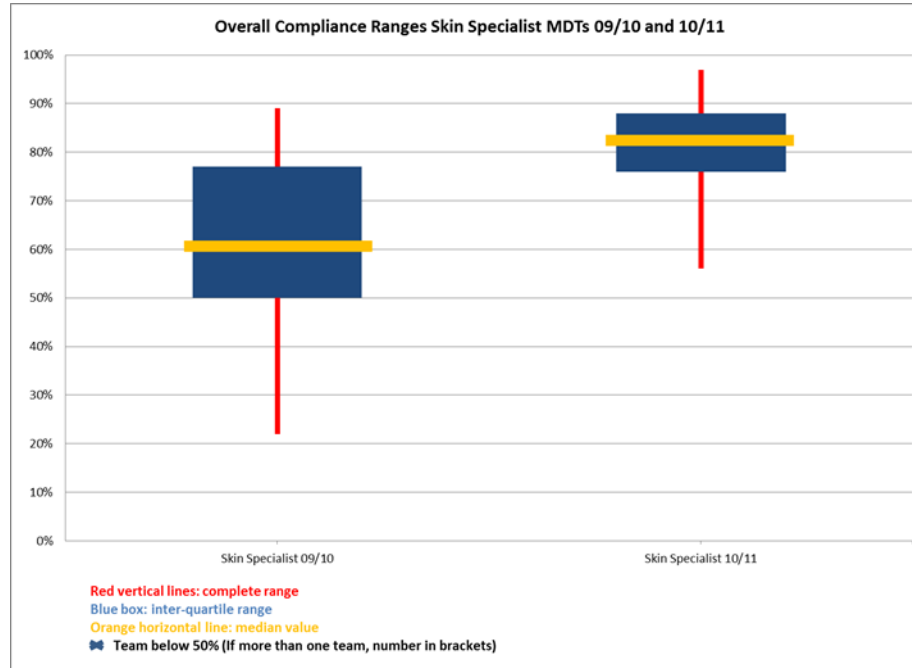
# Skin Specialist Teams



# Skin Specialist teams

- 43 teams reviewed
- 41 teams IV
- 8 teams EV
- 3 teams EA (1 of which published IV)
  
- 4 teams selected for visit in 2011/2012

# Skin Specialist teams



*NB There were 11 Skin Specialist teams with compliances of under 50% in 2009/2010, but these were not highlighted as that was the first year of the introduction of the measures for Skin*

# Skin Specialist teams – IRs and SCs

No of teams with IRs (IV or EV)	No of teams with IRs (PR)	Total no of teams IRs	% of teams with IRs	No of teams with SCs (IV or EV)	No of teams with SCs (PR)	Total no of teams SCs	% of teams with SCs
3	0	3	7%	12	0	12	28%

# Skin Specialist teams – IRs and SCs

## Immediate Risks

- Availability of notes in clinics and MDT
- Lack of Skin CNS input into the service
- Number of block dissections undertaken by individual surgeons



# Skin Specialist teams – IRs and SCs

## Serious Concerns

- Main concerns:
  - input and capacity of Skin CNS (a lesser extent oncology, histopathology, radiology, plastic surgeons and consultant dermatologists)
  - inadequate numbers of lymph node dissections by individual surgeons
- Other Serious Concerns are noted in the Report

# Skin Specialist teams – Good Practice

- Further recruitment of specialties
- Introduction of Mohs surgery
- Improvement in real time data capture at the MDTs
- Integrated working between plastics and dermatology
- Recruitment to clinical trials
- Development of patient information

# Skin Melanoma Teams



# Skin Melanoma teams

- 2 teams reviewed
- Both teams IV
- 0 teams EV
- 0 teams EA
- 0 teams selected for visit in 2011/2012
  
- One team had compliance of 72%, the other of 84%

# Skin Melanoma teams – IRs and SCs

## Immediate Risks

- Neither team had any Immediate Risks
- Both teams had Serious Concerns
  - necessity of GP audit for timeliness of information
  - audit of melanoma work required to be assured that all appropriate cases were being referred
  - inadequacy of CNS support

# Skin Melanoma teams – Good Practice

- Further recruitment of specialties
- Introduction of Mohs surgery
- Improvement in real time data capture at the MDTs
- Integrated working between plastics and dermatology
- Recruitment to clinical trials
- Development of patient information

# Supranetwork T-cell Lymphoma teams





# Skin Supranetwork T-cell Lymphoma teams

- 5 teams reviewed
- 4 teams IV
- 0 teams EV
- 1 teams EA
- 0 teams selected for visit in 2011/2012
  
- Overall national compliance for these teams was 88%

# Skin Supranetwork T-cell Lymphoma teams – IRs and SCs

## Immediate Risks and Serious Concerns

- None of the 4 teams with internal validation assessments had any Immediate Risks or Serious Concerns

# Skin Supranetwork T-cell Lymphoma teams – Good Practice

- Recruitment to clinical trials
- High quality treatment options
- Support available to patients
- Recruitment of additional staff, including CNS and psychologist

# Next Steps

- National report published
- Community skin cancer measures published
- Clinical lines of enquiry (CLE) developed

# Development of CLE

## Progress to date

- SSCRG preliminary feasibility assessment
- Only national data will be used
- CLE will be aligned to service profiles

# SSCRG Suggested Clinical Measures

- Excision margins for all skin cancers
- Local recurrence rates for BCC?SCC
- Melanoma staging
- 5 yr survival figures for melanoma stage 1-111A
- % of patients with MM offered clinical trial who were then randomised into a trial

Thank you

Any questions?