West of Scotland Cancer Network

Skin Cancer
Managed Clinical Network

Activity Report
March 2014 – February 2015

Dr Mark Darling
Consultant Dermatologist
MCN Clinical Lead

Tom Kane
MCN Manager
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Executive Summary

Introduction
The purpose of this document is to report the Skin Cancer Managed Clinical Network (MCN) activities in respect of:

- Performance against agreed objectives;
- Outcomes achieved; and
- Challenges encountered and actions taken to remedy defined issues.

This activity report covers March 2014 to February 2015. It also reports on key audit findings and resultant actions from the 2013 clinical audit, as well as looking forward from March 2015 to February 2016.

MCN Objectives
The Skin Cancer MCN has made progress and delivered a number of key objectives.

- **Guideline Development and Review**
  Development and review of Clinical Management Guidelines (CMGs) and Clinical Guidance Documents remain a core component of MCN activity. The Squamous Cell Carcinoma (SCC) CMG is currently being reviewed. The Malignant Melanoma (MM) CMG is nearing completion. The regional follow-up guidelines for the three skin cancers were issued to the NHS Boards in October 2011. A review has now commenced for SCC and Basal Cell Carcinoma (BCC) follow up. It is expected that new national guidance for MM will be published in late 2015 and a review of MM follow up will take place at that point. Advisory Board members from across all Boards have confirmed that they are broadly adhering to the current guidelines. The MCN is also working on an additional skin cancer follow-up guideline for patients who have had transplants.

- **Regional Service Map**
  The high-level regional service map was reviewed during 2014, the updated baseline position identifies the points at which services are delivered, the service components available at each and the connections between these points which represent the referral pathways for access to specialist services.

- **Regional Skin Cancer Multi-disciplinary Team (RSMDT) Working**
  The MCN has been leading a review of the configuration of the RSMDT. A range of measures have been introduced which has enabled the RSMDT to work more effectively. This work is ongoing.

- **Transforming Care After Treatment (TCAT)**
  The MCN is monitoring the TCAT work in NHS Fife regarding their project to improve care for patients with skin cancer. Once the project in Fife has been evaluated, the MCN will discuss how to best utilise the learning gained within the West of Scotland context.

- **Scottish Melanoma Group Meeting**
  The MCN provided audit data and participated in this national educational event which is held annually.

- **Quality Performance Indicator Development**
  Quality Performance Indicators (QPIs) for MM were developed by a national group with representation by MCN members and were published in June 2014. Following publication of the MM QPIs the Advisory Board has reviewed and assessed the impact of the QPIs and agreed that QPIs will be a benchmark for future activity.
- **Regional Clinical Audit**
  The 2013 clinical audit data report was published in September 2014 and is available on the West of Scotland Cancer Network (WoSCAN) website. Action plans are being monitored through the Advisory Board.

**Key Priority Areas for the MCN in the next 12 months**
The MCN work plan has been developed with an emphasis on identifying outcomes that improve the quality of patient care and overall efficiency. A number of objectives will be carried over from this year as guideline development and review, regional service map, TCAT, education and QPIs continue as priorities in the work plan. The MCN will continue to monitor the RSMDT in the coming year to ensure that the improvements made are sustained.
1. Introduction

The Skin Cancer Managed Clinical Network (MCN) was established in 2004 as a means of delivering equitable high quality clinical care to all skin cancer patients across four NHS Boards; Ayrshire & Arran, Forth Valley, Greater Glasgow and Clyde and Lanarkshire covering a population of approximately 2.46 million.

The Skin Cancer MCN continues to support and develop the clinical service for skin cancer patients with the three skin cancers (Malignant Melanoma – MM, Squamous Cell Carcinoma – SCC and Basal Cell Carcinoma – BCC). The 2013 West of Scotland Cancer Network (WoSCAN) audit data indicates that the number of MM in that year was 568. The effective management of these patients throughout the region relies on co-ordinated delivery of treatment and care that requires close collaboration of professions from a range of specialties. Predominantly, it is the MM patients who are discussed in the six local and one regional skin multi-disciplinary team (MDT) meetings across the West of Scotland (WoS) but where there are concerns with any particular non melanoma skin cancer patients, they will also be taken to the MDTs for discussion.

The purpose of this document is to report the Skin MCN activities in respect of:

- Performance against agreed objectives;
- Outcomes achieved;
- Challenges encountered and actions taken to remedy defined issues; and
- Update on progress of actions identified from the Audit Report.

MCN Governance

The Advisory Board meets three times per annum with representation from each of the partner NHS Boards and all relevant specialities involved in the management of skin cancers. The Advisory Board is consulted between meetings as required by the lead and manager.

Dr Mark Darling, Consultant Dermatologist, NHS Greater Glasgow and Clyde, commenced as Clinical Lead in August 2014. Dr Fiona MacDonald, Consultant Dermatologist, NHS Lanarkshire, has taken up the position of deputy lead. The terms of reference and membership of the Advisory Board have been refreshed to reflect these changes.

2. MCN Workplan and Activities (reporting period 03/2014 to 02/2015)

2.1 Core Objectives

Regional Clinical Audit Programme

A key area of the Skin Cancer MCN was to effectively utilise audit findings to inform and drive service improvement. A comprehensive clinical audit report of performance against key outcome measures (KOMs) was issued to NHS Boards in September 2014 and is available on the WoSCAN website. Progress against action plans is being discussed on a regular basis at the Advisory Board. The Skin Cancer MCN is encouraged by the performance of individual units against the regionally agreed KOMs with results demonstrating that patients with MM receive a consistent and improving standard of care across all geographical locations.

Regional Service Map

Work was undertaken to review the high-level map of skin cancer services in the West of Scotland. The updated baseline position describes the points of delivery, the service components available at each point and the interconnections between these in regard to access to tertiary services.
The mapped information was included in a consolidated regional report which was presented to the Regional Cancer Clinical Leads Group in October 2014 and shared with Board Cancer Managers.

**Transforming Care After Treatment (TCAT)**
In support of the national programme, the MCN is monitoring the TCAT work in NHS Fife and the overall aim of this project is to develop a more patient centred pathway that builds on evidence and current developments to improve the care after treatment for all involved in the melanoma patient pathway: patient, carer, primary care, secondary care and local authorities, as health and social care becomes progressively integrated. The plan is to ensure that these aims are met by the development of a Plastic surgery ‘skin cancer link nurse’ at each hospital site and expansion of the Dermatology ‘skin cancer link nurse’ role. The expectation is that this will enable the introduction of additional methods of patient review, patient empowerment and education. Once the project in Fife has been evaluated, the MCN will discuss how to best utilise the learning gained within the West of Scotland context.

**Scottish Melanoma Group Meeting**
This national educational meeting takes place annually and affords clinicians throughout Scotland with the opportunity to present the 2013 regional audit data and to discuss a number of aspects of care associated with skin cancers. There was considerable discussion on the implementation of the Quality Performance Indicators (QPIs). The benefits of the QPIs were agreed and the implementation will be monitored in each of the regions.

**Guideline Development and Review**
Clinical management guidelines (CMGs) ensure the safe and equitable management of patients across the West of Scotland Cancer Network area whilst optimising the effectiveness of treatment and care. The MCN is currently reviewing the SCC CMG, with particular reference to the Scottish Intercollegiate Guideline Network (SIGN 140) Management of primary cutaneous squamous cell carcinoma. The MCN is continuing to work on the MM CMG to include a new drug approved by the Scottish Medicines Consortium in November 2014.

The regional follow-up guidelines for the three skin cancers were issued to the NHS Boards in October 2011. A review has now commenced for SCC and BCC. It is expected that new national guidance for MM will be published in late 2015 and a review of MM will take place at that point. Advisory Board members from across all Boards have confirmed that they are broadly adhering to the current guidelines.

The MCN is also working on an additional skin cancer guideline for patients who have had transplants. Organ transplant recipients are at a significantly increased risk of skin cancer compared to the immuno-competent population and the need for post transplant skin cancer surveillance is recognised by several international expert consensus guidelines. This additional skin cancer follow up guideline will be presented to the Regional Cancer Clinical Leads Group.

**2.2 Individual MCN Objectives**

**Regional Skin Cancer Multi-disciplinary Team (RSMDT) Working**
Following discussion at the MCN Advisory Board meeting in March 2014 and support by the Regional Cancer Clinical Leads Group meeting in April 2014, a short life working group was created to review the current configuration of the Regional Skin Cancer Multi-disciplinary Team (RSMDT) meeting. Considerable progress has been made. Finance has been made available to fund a coordinator until the end of the 2014/15 financial year, with a time commitment of 5-6 hours per week.

NHS Greater Glasgow and Clyde (NHSGGC) will explore anticipated staff changes into 2015 to ensure continuity of the coordinator role.
This will release time for the MDT chair, who does not have the role of chair allocated within their job plan. The MCN clinical lead is currently ascertaining how other MDTs chairs have time available to perform this important role.

The I.T. system used within the NHSGGC MDTs is being adapted for use by the RSMDT. Greater use of video conferencing (VC) has been improved. It is anticipated that having VC from both Glasgow Royal Infirmary and the Victoria Infirmary will increase the attendance of plastic surgeons and clinical oncology consultants respectively. It has been agreed that the RSMDT meeting will be undertaken on 1st/3rd/5th Tuesdays of the month and it is planned for this change to take place in early 2015. The need to ensure that there is a palliative care referral pathway in place has been identified; work is ongoing to develop this.

In addition to the changes being made to the RSMDT, publication of the Scottish Intercollegiate Guideline Network (SIGN 140) Management of primary cutaneous squamous cell carcinoma (SCC) guideline will mean that there will be a need to integrate the discussion of high risk SCC into the local and RSMDTs, meaning additional patients will be discussed.

Quality Performance Indicator (QPI) Development
QPIs for MM were developed by a national group, which had representation by MCN members. They were published in June 2014 and are available on the Healthcare Improvement Scotland (HIS) website. The QPIs and their potential impact have been discussed at the Advisory Board. It was agreed that the QPIs will be a benchmark for future activity as the MCN looks to continually improve the quality of care provided.

2.3 Other MCN Activities

Merkel Cell Carcinoma (MCC)
The MCN supported colleagues throughout Scotland to complete a Scotland wide audit of MCC presentation and management over the last decade. MCC is a rare and aggressive neuro-endocrine skin cancer. The management of MCC has been noted to be variable across the United Kingdom and this observational study examined how MCC cases have been managed in Scotland during 2000-2010 and attempt to identify any major prognostic indicators in this cohort. 192 new cases were identified of which 105 had complete data. From the data collected, it was not possible to accurately determine disease specific mortality rates, however overall 5-year survival was consistent with other epidemiological studies on MCC. This reflects both the aggressiveness of the tumour type and the age and co-morbidity of the majority of people affected by MCC. This study demonstrated variability in the management of MCC across Scotland particularly in terms of accepted surgical excision margins and administration of radiotherapy. Such inconsistent management practices reflect the fact that during the time period studied; cases were being managed in different regions, by clinicians from a mix of specialties, most with only limited experience of the disease. Similar variability has previously been demonstrated in other UK regions. Following publication of the audit the MCN will consider the resultant findings and assess any implications for the region.

Scottish Intercollegiate Guidelines Network (SIGN)
MCN members participated in the development of SIGN 140 which is available on the HIS website. The recommended changes to clinical practice contained in SIGN 140 will be considered during the review of the regional follow-up guidelines.
3. Quality Assurance / Service Improvement

The primary function of the MCN is to facilitate continuous service improvement, supporting delivery of high-quality, equitable treatment and care to patients with skin cancers in the WoS.

The MCN prospective clinical audit programme underpins much of the regional service improvement work of the MCN. It supports quality assurance (QA) by providing the means for regular assessment, and reporting, against recognised and agreed measures of service performance and quality. The National Cancer Quality Programme requires comparative assessment of performance to be published annually by Regional Cancer Networks and every 3 years a national comparative report will be produced by Information Services Division (ISD) containing trend and survival analysis.

Audit and Governance Process

The clinical audit process captured 568 new cases of MM for 2013. These data have been used to measure quality of clinical care provided; utilising six regionally agreed Key Outcome Measures. In the next report, the newly published national cancer Quality Performance Indicators (QPIs) will be used.

Following analyses of the regional data by the WoSCAN Information Team and reporting of provisional results, local multi-disciplinary teams are required to critically review and verify their own results before these are collated to provide a regional comparative report of performance.

The report of the 2013 clinical audit data was published in September 2014 and can be found on the WoSCAN internet website.

Following publication of the report and in accordance with agreed governance procedure, Boards were asked to produce an Action/Improvement Plan in response to the key findings and actions identified in the report. Initial responses are required to be submitted to the Regional Information Manager within two months of publication of the audit report. All actions should be progressed and monitored via local Board governance structures.

Progress against these specific Board actions and any regional actions identified as a priority by the MCN Clinical Lead and Manager, are monitored throughout the year by the Advisory Board.

Action/Improvement Plan Progression on 2013 Audit Report

All Boards returned local action/improvement plans in response to the audit report. Outlined below is a high level summary of progress on actions required.

- Referral Management: The Skin Cancer MCN has been in discussion with local leads to ensure that they continue to monitor the urgency of referral of suspicious lesions within their NHS Boards.

- Incisional Biopsy: Forth Valley has reviewed data and concluded that none of the patients treated underwent incisional biopsy prior to surgery. Forth Valley will continue with current practice. Lanarkshire has reviewed all cases and advise that where biopsy was performed it was deemed to be clinically appropriate due to the site and/or type of melanoma. Greater Glasgow and Clyde confirmed that incisional biopsy rates are being reviewed on a regular basis with local audits taking place and a database being maintained by the MDT co-ordinator. Ayrshire & Arran have reviewed data and advised that in all cases where biopsies took place it was clinically necessary.
Data Quality: Forth Valley has discussed current data capture processes. The Forth Valley audit team will now undertake a final check of all cases recorded as not having a wide local excision before the submission date to ensure all relevant data has been recorded. Lanarkshire has discussed data capture processes and have decided that no further action is required at this time.

Greater Glasgow and Clyde has provided data capture training for audit staff ahead of QPI implementation. A data capture proforma has been developed and a briefing meeting with the local audit team will take place to ensure data capture is adequate – particularly that obtained from clinical portal. This will also be discussed at Scottish Melanoma Group Meeting in December. Ayrshire & Arran noted that they previously had problems with collecting data for patients undergoing wide local excision in Glasgow. The patient pathway coordinator now links in with colleagues from Glasgow and will ensure that the information is now collected on an ongoing basis.

Case Ascertainment: Ayrshire & Arran have compared figures against cancer registry. At this point cancer registry have only 8 more diagnosis than audit. Ayrshire & Arran noted that cancer registry includes all melanomas not confined to skin and questioned that this may be where the discrepancy lies. Exact figures from the Information Services Division of the Scottish Government will not be available till the end of the year. Ayrshire and Arran plan to directly cross reference when available.

All actions from the previous report of the 2012 clinical audit data have been successfully completed.

Escalation Process

Any service or clinical issue which the Advisory Board considers not to have been adequately addressed will be escalated to the Regional Lead Cancer Clinician and relevant Territorial NHS Board Cancer Clinical Lead by the MCN Clinical Lead.

4. Key Priority Areas for the MCN in the next 12 months

The MCN work plan is currently being finalised with an emphasis on identifying outcomes that improve the quality of patient care and overall efficiency. The work plan is expected to be published by early May 2015. Below are the objectives to be progressed in the coming year:

Core Objectives
- Manage the development/review of skin cancer clinical management guidelines/clinical guideline documents;
- Participation in the West of Scotland rolling programme of regional and national education events; utilising the opportunity for learning and sharing of current best practice and innovation;
- Support delivery of the national cancer quality programme for 2015/16, ensuring the regional/national governance process is adhered to;
- Annual update of the regional service map for skin cancer service provision, detailing the points of service delivery and the connections between them; and
- Continue to support the Transforming Care After Treatment programme of work, in particular, facilitate raising awareness of the health and social care integration agenda in the West of Scotland.

Individual MCN Objectives
- The MCN will continue to support improvements in the RSMDT.
5. Conclusion

This has been a productive year and the MCN, with the support of the Advisory Board, has continued to work closely with local and regional clinical and management teams across the WoS to progress the work plan objectives.

Ongoing development and update of CMGs and other regional guidance continue to drive consistency of practice and provide improved care for patients with skin cancers in the WoS. Recognising the pressures on clinical time, the MCN is looking at the most time efficient and effective way to engage and involve members in MCN activities to ensure essential clinical input to the ongoing improvement and development of skin cancer services in the WoS.

Looking ahead the membership welcomes the opportunity to ensure that the RSMDT continues to improve its functioning and to continue to support and improve the treatment pathway and effective patient journey around local and regional services. The MCN will also take the opportunity to monitor the potential increased activity on the membership due to the likely impact of SIGN 140 on the MDTs.

Acknowledgement

This report represents the achievements and challenges progressed across the NHS Boards of the West of Scotland Cancer Network:

NHS Ayrshire & Arran
NHS Forth Valley
NHS Greater Glasgow and Clyde
NHS Lanarkshire

We would like to thank all members and active participants in the cancer network for their continued support of the Managed Clinical Network, without their efforts this level of progress would not be possible.