

# **Skin Cancer Pathway Board**

## Annual Report 2015/16

Pathway Clinical Director: Dr John Lear

## Executive summary

The Skin Cancer Pathway Board has representation from all Trusts and disciplines that treat skin cancer, including dermatologists, plastic surgeons, oncologists, pathologists, nurses and managers. As yet we have no GP member of the group but hope to resolve this in the near future. The board is a lively one and meets regularly at the Christie throughout the year with good attendance figures. It represents the complexity of skin cancer delivery in Manchester with representatives of all the local and specialist MDTs across greater Manchester and Cheshire. This complexity is a particular challenge for us, both in the pathways for cancer delivery and the diversity amongst the skin cancer types themselves. Skin cancer rates are increasing dramatically year on year with difficulties in delivering the workload, leading to the need for innovation and change in this area. A particular emphasis has been made on non-melanoma skin cancer patients who vastly outnumber the potentially more serious melanoma cases. Many previous initiatives have focused purely on melanoma and this imbalance is being addressed through the board.

Projects that the board have focused on include:

1. Establish a nursing group to enable nursing input on all projects. This group meets regularly and is inputting into numerous projects in the region.
2. To be involved in the roll out of the clinical web portal to capture data on the thousands of skin cancer patients discussed at MDTs in the region
3. Developing a patient survey that reflects the majority of skin cancer patients being treated in an outpatient setting, our nurse and patient board are involved in developing this and this is almost finalised
4. The Skin Cancer Pathway Board will work in 2015/16 to assess the experience of the small number of Gorlin patients in Manchester who are under the care of an innovative multidisciplinary clinic and compare this to those patients in a general setting. We are the only place in the UK to offer such a clinic and it simplifies the pathway for the patient considerably. The board will work with the Macmillan User Involvement Team to do this and, if appropriate, the results will be used to build the case for increased capacity in the specialist clinics. Support for a project manager has been secured from macmillan, a survey being developed and an appointment will be made in august
5. Following on from an audit of follow up practices for skin cancer across greater Manchester which the board was instrumental in facilitating, there are enormous variations in practice across the region and between specialities. We are looking at assessing this formally with the aim of establishing and standardising best follow up practice. This could allow much more capacity in the system to see more patients faster. A survey of current practice has been undertaken and a task force established to take this project forward

6. The Skin Cancer Pathway Board aims to increase overall skin cancer trial recruitment through increasing the number of trials for non-melanoma skin cancers. Improvement in this area takes time but in 2015 funding and approval was secured for a National Institute for Health Research (NIHR) and National Cancer Research Institute (NCRI) study on transplant patients which could double patient trial recruitment. An extra 30 nmisc patients have been recruited
  
7. Standardising the surgical pathway for patients with stage 1b melanoma of the head & neck. This was not originally an objective of the Skin Pathway Board for 2014/15 and was added to the board's agenda during the course of the year. Discussions are still in their early stages but the aim of the Pathway Board is to develop a disease-centric pathway for these patients rather than the current site-specific pathway. Patient numbers are likely to be small and this will be assessed before the objective is tackled further. This should result in improved patient care and more standardised pathways. Preliminary discussions have taken place with a view to establishing this in late 2016
  
8. A very successful educational meeting was held at the Christie, event was over subscribed and well reviewed

## 1. Introduction – the Pathway Board and its vision

This is the annual report of the Manchester Cancer Skin Pathway Board for 2014/15. This annual report is designed to:

- Provide a summary of the work programme, outcomes and progress of the Board – alongside the minutes of its meetings, its action plan and its scorecard it is the key document for the Board.
- Provide an overview to the hospital trust CEOs and other interested parties about the current situation across Manchester Cancer in this particular cancer area
- Meet the requirements of the National Cancer Peer Review Programme
- Be openly published on the external facing website.

This annual report outlines how the Pathway Board has contributed in 2014/15 to the achievement of Manchester Cancer’s four overarching objectives:

- Improving outcomes, with a focus on survival
- Improving patient experience
- Increasing research and clinical innovation
- Delivering and high quality, compliant, coordinated and equitable services

### 1.1. Vision

The Manchester Cancer Skin Pathway Board aims are to improve patient outcomes and survival together with an improvement in patient pathways to reduce unnecessary delays and complexities in the system. There is a strong emphasis on research and innovation within the group.

### 1.2. Membership

Andrew Sykes	Consultant Clinical Oncologist	Christie
Chris Duff	Consultant Plastic Surgeon	UHSM
Corinna Mendonca	Consultant Dermatologist	Bolton
David Mowatt	Consultant Plastic Surgeon	SRFT
Deemesh Oudit	Consultant Plastic Surgeon	Christie
Elaine Hodkinson	Divisional Manager	SRFT
Elizabeth Stewart	Consultant Dermatologist	WWL
Gavin Wong	Consultant Dermatologist	UHSM
John Newsham	Consultant Dermatologist	Stockport
Julie Collins	Clinical Nurse Specialist	UHSM
Katie Bailey	Dermatology CNS	Tameside
Loma Gardner	Consultant Dermatologist	Tameside
Louisa Motta	Consultant Dermato-Pathologist	SRFT
Neil Cutler	Patient Representative	-
Suzanne Dyer	Patient Representative	-
Nick Telfer	Consultant Dermatologist	SRFT
Paul Lorigan	Consultant Medical Oncologist	Christie
Rebecca Brooke	Consultant Dermatologist	SRFT

Sue Taylor	Skin Cancer Nurse Specialist	WWL
Tim Woolford	Consultant ENT Surgeon	CMFT
Timothy Kingston	Consultant Dermatologist	East Cheshire
Vindy Ghura	Consultant Dermatologist	SRFT
Vishal Madan	Consultant Dermatologist	SRFT
Lucie Francis	User Involvement Manager	Manchester Cancer
Rebecca Price	Pathway Manager	Manchester Cancer

The Pathway Board has a number of leads for specific areas:

- Research – Deemesh Oudit
- Mohs – Vindy Ghura
- Plastic surgery – David Mowatt
- Early diagnosis – Rebecca Brooke
- Nursing Subgroup - Katie Bailey
- Histopathology - Luissa Motta
- User involvement – Lucie Francis

### 1.3. Meetings

The Skin Pathway Board met on the following dates in the financial year 2015/16:

- 6<sup>th</sup> March 2015  
<https://manchestercancer.files.wordpress.com/2014/09/skin-cancer-pathway-board-meeting-minutes.pdf>
- 5<sup>th</sup> June 2015  
<https://manchestercancer.files.wordpress.com/2014/09/skin-pathway-board-meeting-minutes4.pdf>
- 4<sup>th</sup> September 2015  
<https://manchestercancer.files.wordpress.com/2014/09/skin-pathway-board-meeting-minutes3.pdf>
- 4<sup>th</sup> December 2015  
[https://manchestercancer.files.wordpress.com/2014/09/skin\\_pb\\_minutes\\_04\\_12\\_15\\_-\\_final.pdf](https://manchestercancer.files.wordpress.com/2014/09/skin_pb_minutes_04_12_15_-_final.pdf)
- 15<sup>th</sup> April 2016  
 To be uploaded
- 3<sup>rd</sup> June 2016  
 To be uploaded

The minutes of these meetings will be posted on the Manchester Cancer website once approved by the Board ( <http://manchestercancer.org/services/skin/> ).

A record of the attendance at these meetings is also available at the same link.

## 2. Summary of delivery against 2015/16 plan

No	Objective	Alignment with Provider Board objectives	Tasks	Status Green = achieved Amber = partially achieved Red = not achieved
1	Regional patient experience survey and improvement plan	<i>Improving patient experience</i>		Green
2	Standardise approach to patient follow-up	<i>Improving patient experience</i>	Review of current practices	Green
			Devise a project plan to streamline services	Amber
3	Comparative assessment of Gorlin syndrome patient experience	<i>Improving patient experience</i>	Write business case to outline project parameters	Green
			Secure funding for 12 month scoping projects	Green
			Appoint project manager	Amber
4	Consider options to promote better skin cancer education throughout Manchester cancer.	<i>Increase research and clinical innovation</i>	Deliver an education event	Green
5	Continue to actively contribute the building a clinical trials portfolio.	<i>Increase research and clinical innovation</i>	Increase the number of clinical trials for non-melanoma skin cancer	Green
6	Look at methods for collecting more extensive clinical data on melanoma patients	<i>Increase research and clinical innovation</i>	Develop a project that will incorporate data collection on melanoma patients	Green
7	Complete and publish revised clinical guidelines and pathways	<i>Delivering high quality, compliant, coordinated and equitable services</i>		Green
8	Standardise the surgical pathway for patients with stage 1b melanoma of the head and neck	<i>Delivering high quality, compliant, coordinated and equitable services</i>	Liaise with Head and Neck pathway to agree a way forward for this	Amber

### 3. Improving outcomes, with a focus on survival

#### 3.1. Information

As in other cancer pathways, there is a lack of data available nationally on skin cancer services and outcomes. The most recent skin cancer-specific incidence and mortality information that is available on national data systems is shown below.

This data is restricted to malignant melanoma only and is significantly out of date. Nevertheless it shows a substantial variation in the average number of new cases of, and the average number of deaths per year from, the most serious type of skin cancer in the different CCG areas (formerly PCTs) across the Greater Manchester region.

**Figure 1: malignant melanoma incidence – source NCIN cancer e-atlas**

Health Boundary / Region	Persons Incidence (2008-2010)			
	Average number of new cases per year	ASR per 100,000 population	Lower CI	Upper CI
England	10192.7	16.6	16.4	16.8
Salford PCT	34.7	14.5	11.7	17.6
Stockport PCT	67.3	19.4	16.7	22.5
Ashton, Leigh and Wigan PCT	59.7	17.0	14.5	19.8
Bolton PCT	34.3	11.2	9.0	13.6
Oldham PCT	33.0	13.1	10.5	16.0
Bury PCT	36.3	17.5	14.2	21.2
Tameside and Glossop PCT	38.3	14.1	11.6	17.0
Central and Eastern Cheshire PCT	106.0	18.8	16.7	21.1
Heywood, Middleton and Rochdale PCT	33.7	15.1	12.2	18.4
Trafford PCT	44.0	17.4	14.4	20.8
Manchester PCT	43.0	10.4	8.6	12.4

95% confidence interval

**Figure 2: malignant melanoma mortality – source NCIN cancer e-atlas**

Health Boundary / Region	Persons Mortality (2009-2011)			
	Average number of deaths per year	ASR per 100,000 population	Lower CI	Upper CI
England	1807.7	2.6	2.6	2.7
Salford PCT	8.0	2.8	1.7	4.2
Stockport PCT	14.7	3.7	2.6	5.1
Ashton, Leigh and Wigan PCT	10.0	2.5	1.7	3.7
Bolton PCT	6.0	1.8	1.0	2.9
Oldham PCT	3.3	1.4	0.6	2.5
Bury PCT	4.7	2.3	1.2	4.0
Tameside and Glossop PCT	6.7	2.2	1.3	3.5
Central and Eastern Cheshire PCT	18.0	2.6	1.9	3.5
Heywood, Middleton and Rochdale PCT	4.7	2.0	1.0	3.4
Trafford PCT	11.0	3.9	2.6	5.6
Manchester PCT	6.7	1.5	0.9	2.4

95% confidence interval

Other information on the outcomes, including the survival outcomes, from skin cancer in Greater Manchester is scarce. There is therefore a need for better local data collection in the absence of any national or regional support.

### 3.2. Progress

#### Audit of basal cell carcinoma

At its meeting on 19<sup>th</sup> September 2014 the Skin Pathway Board agreed to conduct a regional basal cell carcinoma (BCC) audit. The audit followed the British Association of Dermatologists (BAD) audit template. Each practitioner of excisional BCC surgery was asked to submit data on ten cases from 1<sup>st</sup> January 2015 onwards. Data was requested by the end of June 2015 and is being received from all the acute trusts.

### 3.3. Challenges

#### Optimising data collection to generate meaningful outcome data

The Skin Cancer Pathway Board has expressed its support for the ambition that the Clinical Web Portal (CWP), developed by The Christie for the generation of outcome data locally, could be rolled out to all MDTs in all pathways across Manchester Cancer.

The Pathway Board understands that a pilot of the CWP has taken place in the gynaecology MDT at The Christie and that a further pilot in lung cancer is planned before the Manchester Cancer Provider Board receives a report outlining what it would take to roll out across Greater Manchester.

The Pathway Board is keen for the CWP to be implemented in skin cancer MDTs but understands the need for the system to be piloted and receive support and approval from all trusts. We await direction from Manchester cancer for this project

## 4. Improving patient experience

### 4.1. Information

The National Cancer Patient Experience Survey (NCPES) is a valuable resource for trusts but it has some serious limitations, particularly when attempts are made to analyse the results by pathway. In 2014 the small number of responses received by the majority of trusts meant that the only skin cancer-specific results from the NCPES were for The Christie. All other trusts saw fewer than 20 responses, as shown below.

**Figure 3: Manchester Cancer skin cancer responses to the NCPES 2014**

	Number of responses
<b>Bolton</b>	1
<b>CMFT</b>	0
<b>Salford</b>	0
<b>Stockport</b>	0
<b>Tameside</b>	2
<b>Christie</b>	107
<b>Pennine</b>	0
<b>UHSM</b>	13
<b>WWL</b>	4
<b>East Cheshire</b>	0

The Manchester Cancer Provider Board uses eight NCPES questions to measure patient experience across all cancers across the region. The skin cancer results at The Christie for these eight questions are shown below with the results for all cancer patients in Manchester Cancer as a comparison.

**Figure 4: Manchester Cancer skin cancer NCPES 2014 results**

		Skin patients at Christie	All Manchester Cancer patients
Q12	Patient felt they were told sensitively that they had cancer	88.6%	84.5%
Q20	Patient definitely involved in decisions about care and treatment	79.6%	73.6%
Q22	Patient finds it easy to contact their CNS	72.6%	74.4%
Q25	Hospital staff gave information about support groups	83.3%	83.4%
Q65	Hospital and community staff always worked well together	63.6%	64.0%
Q67	Given the right amount of information about condition and treatment	90.0%	89.2%
Q69	Patient did not feel that they were treated as a `set of cancer symptoms`	90.0%	82.4%
Q70	Patient`s rating of care `excellent`/ `very good`	91.0%	90.0%

As is the case with clinical outcomes, better data on patient experience is required to inform attempts to make improvements. Furthermore, we need surveys that reflect the vast majority of skin cancer patients who are treated as outpatients rather than in patients.

Macmillan in partnership with Manchester Cancer have funded a team to facilitate a User Involvement Programme of work that will establish a structure and platform for people affected by cancer to influence and steer the design of cancer services locally. Although the Skin Board has had a Service User Representative (SUR) feeding into meetings since its initiation, the Board is now supported by a Macmillan User Involvement Manager who came into post August 2015 and has been working to support the current SUR on the Board.

**Key objectives of the User Involvement team will be to:**

- Ensure a SUR on each of the Pathway Boards and where one already is in place to recruit another.
- At least one person affected by cancer on each Pathway Board representing wider community.
- People Affected by Cancer fully involved and treated as equals.
- Recruit patients and carers to form a wider community of people affected by cancer involved at different levels.
- Robust UI strategy for Greater Manchester & East Cheshire, coproduced with people affected by cancer.

**4.2. Progress**

**Key developments with User Involvement**

- Ensuring the SUR is linked in with the wider User Involvement Programme through attending Induction sessions coproduced by people affected by cancer and also linking in with the User involvement Steering Group.
- Forming support links with a CNS at the Board who meets with the SUR before the Board meeting to go through agenda items, offering the opportunity for questions to be asked and points clarified. This allows the SUR to feel better prepared and informed on entering the meeting.
- The production of a jargon buster to support to the SUR at meetings where medical jargon is unavoidable. This tool allows the SUR to remain engaged throughout the meeting.
- A second SUR has also been recruited to feed into the work of the Board.

In addition to background work taking place to ensure the SURs are fully supported in their role, the user Involvement Manager has also worked to support the SUR to strategically influence work happening at Board level and highlight relevant issues with regards to improving the patient experience.

One issue highlighted by the SUR is the lack of skin cancer support groups for patients within the Greater Manchester and East Cheshire area and that this could be a potential gap in support for patients and carers. The Board were in agreement that this needed further exploration and that a scoping exercise needed to take place to determine whether patients and carers would like a skin cancer support group locally and if so, what this would look like.

The User Involvement Manager and SUR consequently set up a focus group with patients and carers to coproduce a questionnaire that would go out to patients and carers through CNSs in clinic. This questionnaire has been finalised at the Nurses sub group meeting and will be rolled out in September.

This issue has now been adopted as a key work stream for the Skin Board for 2016/17

### **Nursing forum**

The Skin Cancer Pathway Board has agreed that a nursing forum should be set up as a subgroup of the board. The nursing forum is now established and aims for its first meeting in August. The forum agreed the following priorities: patient experience and surveys, skin cancer follow up, living with and beyond cancer

### **Assessing the experience of patients with Gorlin syndrome**

In 2014 a group of clinicians at Central Manchester and Salford Royal surveyed people affected by Gorlin syndrome through the Gorlin Syndrome Group. The survey sought to establish a number of parameters, including the experience that Gorlin syndrome patients have of their care.

The results showed that:

- patients perceive the general public and primary care physicians to have a poor or very poor awareness of Gorlin syndrome
- Multiple treatments are required for BCCs associated with Gorlin syndrome, with 97% patients requiring excisional surgery and 85% annual excisional surgery
- Gorlin syndrome and its treatment have a profound psychosocial impact, often requiring patients to take time off work and causing frustration and embarrassment

The Skin Cancer Pathway Board will work in 2015/16 to assess the experience of the small number of Gorlin patients in Manchester who are under the care of an innovative multidisciplinary clinic and compare this to those patients in a general setting. The board will work with the Macmillan User Involvement Team to do this and, if appropriate, the results will be used to build the case for increased capacity in the specialist clinics.

### **Living with and beyond skin cancer**

In early 2015, Chris Duff, Plastic Surgeon from UHSM, developed a survey to look at patient experience of their follow-up care, patient-led care, and the living with and beyond cancer agenda across the region.

The Skin Cancer Pathway Board added its support to this piece of work in order to ensure that teams across the region were engaged. The results were presented to the 5<sup>th</sup> June meeting of the Pathway Board. The survey revealed wide variation in the follow-up that was being provided across the region.

In 2015/16 the board will seek to standardise practice across the Manchester Cancer area.

## **4.3. Challenges**

### **Patient experience survey**

The Skin Cancer Pathway Board intended to carry out a skin-specific patient survey in 2014/15 to address lack of data and overcome the limitations of NCPES. It was planned for this work to fall under the umbrella of the skin nursing forum but this group has taken significant time to set up.

This work will now take place in 2015/16. The Manchester Cancer User Involvement Team is now in place to support the Pathway Board and its nurses forum to meet this objective and develop further patient experience and patient information work.

### **User Involvement**

A key role of SURs at Pathway Boards is not to speak from their own specific experiences but to advocate on behalf of people affected by cancer. A challenge has therefore been to ensure the SURs are linked in with other people affected by skin cancer so that their wider views can be represented at the Board.

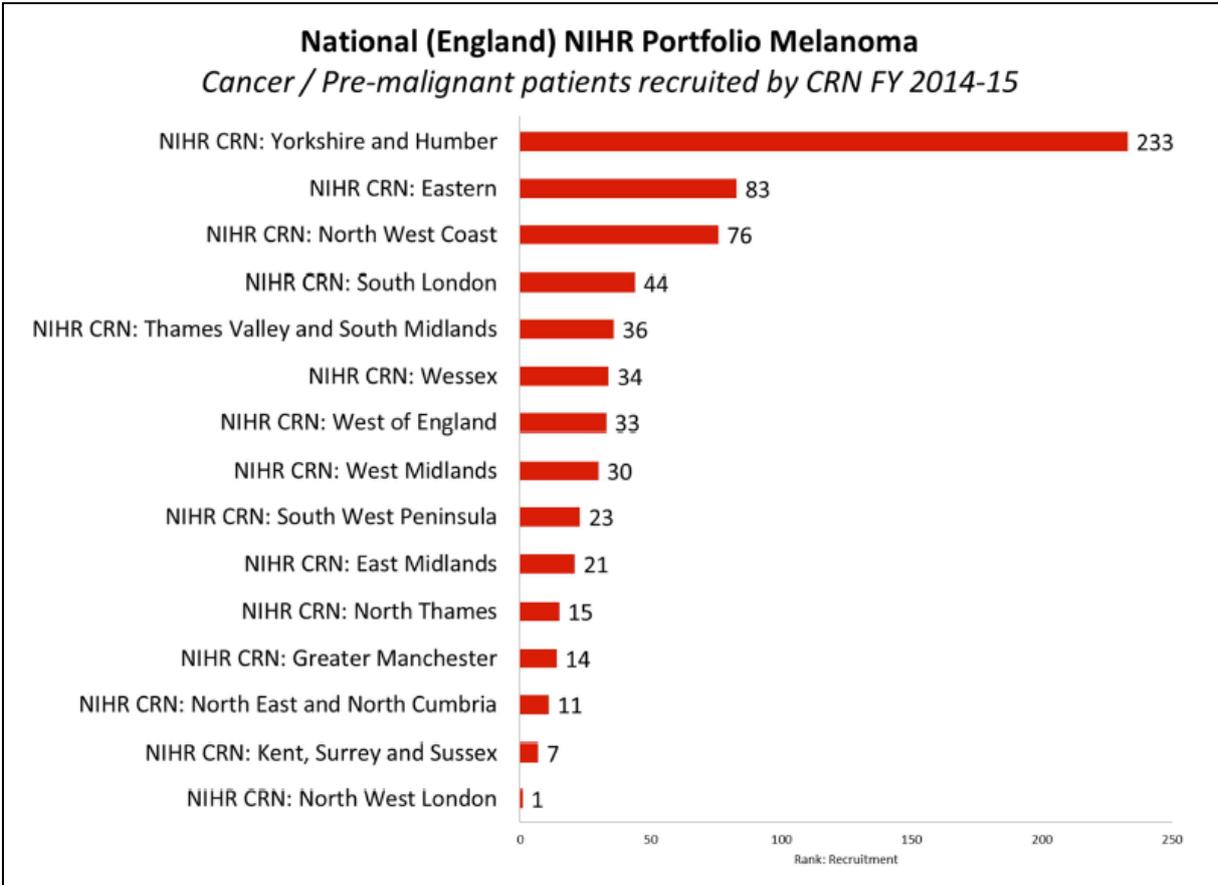
Not having access to any support groups in the area has posed as a challenge to this but it is something that the User Involvement manager will be working to ensure is overcome during the coming year.

# 5. Increasing research and innovative practice

## 5.1. Information

Figures 5 and 6 below show the official NIHR figures for melanoma trial recruitment across the country and in Manchester Cancer. The data seems to show very low levels of recruitment to melanoma trials across Greater Manchester. This data was presented to the Skin Cancer Pathway Board at its meeting of 5<sup>th</sup> June 2015. At this meeting the accuracy of this data was disputed and the board agreed to investigate.

**Figure 5: national melanoma trial recruitment 2014/15 (source: NIHR)**



**Figure 6: Local melanoma trial recruitment 2014/15 (source: NIHR)**

**CRN: Greater Manchester recruitment activity FY 2014-15**

Grand total recruitment: 14 participants into 6 NIHR Portfolio studies

**Cancer / Pre-malignant patients: 14 (FY 2013/14: 49) ↓**

Includes:

- 10 patients to Interventional studies
- 4 patients to Observational studies

FY2014-15	National Target	GM Target Recruitment	GM Total Recruitment	Recruitment to Target
Interventional	7.5%	135	10	0.6%
Overall	20%	360	4	0.2%

**5.2. Progress**

**Non-melanoma skin cancer trials**

The Skin Cancer Pathway Board aims to increase overall skin cancer trial recruitment through increasing the number of trials for non-melanoma skin cancers. Improvement in this area takes time but in 2015 funding and approval was secured for a National Institute for Health Research (NIHR) and National Cancer Research Institute (NCRI) study on transplant patients.

**5.3. Challenges**

**Education event**

The Skin Pathway Board planned to hold an education event for all those involved in the skin cancer pathway across Greater Manchester in 2014/15. Rather than set up a competing event however the decision was taken to support and promote the melanoma study day that had already been arranged by the region’s specialist skin multidisciplinary team (SSMDT) for October 2014.

The Pathway Board will develop this successful format further in 2015/16 and will seek to arrange a joint education event with the SSMDT, again in October.

## 6. Delivering high quality, compliant, coordinated and equitable services

### 6.1. Information

In skin cancer, only suspected squamous cell carcinomas (SCCs) and melanoma are subject to the cancer two-week waiting time target – basal cell carcinomas are not. Figure 7 below shows the number of two-week wait referrals received by each trust in the first three quarters of 2014/15 and the proportion that were seen in two weeks.

There were 980 referrals to Manchester Cancer skin cancer teams in the nine-month period and, as a region, the two-week wait target (95%) was met in each quarter.

**Figure 7: Manchester Cancer skin two-week wait performance in 2014/15**

Organisation	Quarter	Referrals	Seen in 2 weeks	Performance (%)
Central Manchester University Hospitals NHS Foundation Trust	Q1	326	311	95.4
	Q2	359	341	95.0
	Q3	272	259	95.2
East Cheshire NHS Trust	Q1	215	215	100.0
	Q2	266	261	98.1
	Q3	220	219	99.5
Royal Bolton Hospital NHS Foundation Trust	Q1	306	295	96.4
	Q2	364	358	98.4
	Q3	299	297	99.3
Salford Royal NHS Foundation Trust	Q1	712	676	94.9
	Q2	850	813	95.6
	Q3	652	628	96.3
Stockport NHS Foundation Trust	Q1	539	527	97.8
	Q2	530	515	97.2
	Q3	468	451	96.4
Tameside Hospital NHS Foundation Trust	Q1	581	578	99.5
	Q2	601	580	96.5
	Q3	525	514	97.9
University Hospital of South Manchester NHS Foundation Trust	Q1	269	249	92.6
	Q2	280	265	94.6
	Q3	198	193	97.5
Wrightington, Wigan and Leigh NHS Foundation Trust	Q1	315	305	96.8
	Q2	391	380	97.2
	Q3	269	267	99.3
<b>Grand total</b>	<b>Q1</b>	<b>3263</b>	<b>3156</b>	<b>96.7</b>
	<b>Q2</b>	<b>3641</b>	<b>3513</b>	<b>96.5</b>
	<b>Q3</b>	<b>2903</b>	<b>2828</b>	<b>97.4</b>

Figure 8 outlines the performance across the region against the 62-day referral to treatment waiting time target. Again the data reveals that the operational standard (85%) is being consistently met across Greater Manchester.

**Figure 8: Manchester Cancer skin two-week wait performance in 2014/15**

Trust	Quarter	Total treatments	Within 62 days	Performance
Central Manchester University Hospitals NHS Foundation Trust	Q1	6	6	100.0%
	Q2	20	19	95.0%
	Q3	20	20	100.0%
East Cheshire NHS Trust	Q1	22	22	100.0%
	Q2	26	24	92.3%
	Q3	20	20	100.0%
Royal Bolton Hospital NHS Foundation Trust	Q1	26	26	100.0%
	Q2	26	26	100.0%
	Q3	26	26	100.0%
Salford Royal NHS Foundation Trust	Q1	37	37	100.0%
	Q2	39	38	97.4%
	Q3	35	34	97.1%
Stockport NHS Foundation Trust	Q1	38	38	100.0%
	Q2	36	34	94.4%
	Q3	42	35	83.3%
Tameside Hospital NHS Foundation Trust	Q1	38	38	100.0%
	Q2	33	33	100.0%
	Q3	45	41	91.1%
The Christie NHS Foundation Trust	Q1	10	10	100.0%
	Q2	15	13	86.7%
	Q3	19	12	63.2%
University Hospital of South Manchester NHS Foundation Trust	Q1	26	26	100.0%
	Q2	26	24	92.3%
	Q3	20	20	100.0%
Wrightington, Wigan and Leigh NHS Foundation Trust	Q1	12	12	100.0%
	Q2	21	21	100.0%
	Q3	17	17	100.0%
<b>Grand Total</b>	<b>Q1</b>	<b>215</b>	<b>215</b>	<b>100.0%</b>
	<b>Q2</b>	<b>242</b>	<b>232</b>	<b>95.9%</b>
	<b>Q3</b>	<b>244</b>	<b>225</b>	<b>92.2%</b>

## 6.2. Progress

### Updating network guidelines

The update of the old skin cancer guidelines, developed under the old cancer network, was a priority for the Skin Cancer Pathway Board in 2015/16. The board developed subgroups to address the guideline for melanoma and sentinel lymph node biopsy and progress has been made. There is a need to link the guidelines to those of the specialist skin MDT and therefore publication will take place in 2016/17.

### **Assessing peer review compliance across the region**

The Pathway Board has completed an assessment of the skin cancer peer review results across Greater Manchester and assured itself that the region's teams are compliant.

### **6.3. Challenges**

#### **Standardising the surgical pathway for patients with stage 1b melanoma of the head & neck**

Discussions are still in their early stages but the aim of the Pathway Board is to develop a disease-centric pathway for these patients rather than the current site-specific pathway. Patient numbers are likely to be small and this will be assessed before the objective is tackled further in 2016/17.

## **7. Objectives for 2016/17**

For 2016/17 a formal work plan will be developed against which the board can measure progress.

The Pathway Board's objectives will be:

- 1.** Standardising Follow up procedures project
- 2.** Possible set up of support groups for patients
- 3.** Complete firsts phase Gorlin project
- 4.** Develop trials portfolio
- 5.** MM surgery pathway standardisation
- 6.** Organise annual educational event