

Local SKIN MDT EOE Cancer Alliance BLMK ICS

Operational Policy Agreement Cover Sheet

Position:	Lead Clinician for MDT:
Name:	
Organisation:	Luton & Dunstable Hospital NHS Foundation Trust
Date Agreed:	28/05/2021
Signed:	

Position:	Trust Lead Clinician for MDT Leadership
Name:	
Organisation:	Luton & Dunstable Hospital NHS Foundation Trust
Date Agreed:	28/05/2021
Signed:	

Position:	Cancer Services Manager
Name:	
Organisation:	Luton & Dunstable Hospital NHS Foundation Trust
Date Agreed:	28/05/2021
Signed:	

The MDT Operational Policy Agreed On:	
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Operational Policy Review Date	28/05//2021
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AGREEMENT: The Lead Clinician and MDT on behalf of the MDT, hereby provide a consensus agreement to the content of this document.

VERSION NUMBER:

Category	Link to Measure	Compliance Guidance	Additional Information
Introduction		<p>Introduction The Luton and Dunstable University Hospital (L&D) Local MDT is part of the East of England Cancer Alliance south and BLMK ICS. Skin Multidisciplinary Teams (MDTs) have been developed to deliver cancer services in accordance with the NICE Improving Outcomes Guidance for People with Skin Tumours including Melanoma (NICE 2006).</p> <p>The L&D Local Multidisciplinary Team (LMDTs) covers the secondary care of patients who are classed as care levels 2, 3 and 4 (please refer to appendix 1 for details of care levels for skin, as determined by NICE).</p> <p>This document outlines how the operational arrangements by which the L&D Skin LMDT service is provided.</p>	<p>See appendix 1</p>
Purpose of MDT		<p>Purpose of LMDT The L&D Skin LMDT aims to provide first class diagnosis, treatment and support for its catchment patients (care levels 2-4) throughout their cancer pathway.</p> <p>The L&D Skin LMDT strives to achieve this through implementing the IOG, adhering to NCG clinical guidelines/operational policies patient pathway and monitoring implementation and impact through participating in network agreed audits.</p> <p>The L&D Skin LMDT is committed to developing and maintaining effective working relationships with primary care and their CCG. This is achieved by:</p> <ul style="list-style-type: none"> - Ensuring any future designated GP's with an extended role (GPwER) in skin cancer are regularly attending meetings (as stated as a requirement in the clinical guidelines for primary care) - Maintaining good communication loops with primary care - Reporting to their CCGs at a minimum annually (in the annual report) on the LMDTs activities which includes information on action taken when non-GPwER are found to be excising skin cancers. 	<p>See appendix 2,3 & 4 patients pathway</p> <p>See appendix 8 East of England Strategic Cancer Network clinical guidelines</p>
		<p>The LMDT Lead Clinician (Chair) Consultant Dermatologist / Skin Cancer Lead</p>	

Category	Link to Measure	Compliance Guidance	Additional Information
Leadership arrangements and responsibilities		<p>Luton and Dunstable Hospital NHS Foundation Trust</p> <p>The LMDT Deputy Lead Clinician Consultant Plastic Surgeon and Deputy LMDT Lead Clinician Luton and Dunstable NHD Foundation Trust</p> <p>The Responsibilities of the LMDT Lead Clinician</p> <ul style="list-style-type: none"> • To ensure designated specialists work effectively together in teams such that decisions regarding all aspects of diagnosis, treatment and care of individual patients and decisions regarding the team’s operational policies are multidisciplinary decisions. • To ensure care is given according to recognised guidelines (including guidelines for onward referrals) with appropriate information being collected to inform clinical decision-making and to support clinical governance/audit. • To ensure mechanisms are in place to support entry of eligible patients into clinical trials, subject to patients giving fully informed consent. • To have overall responsibility for ensuring LMDT meetings meet Quality Surveillance Measures. • To ensure core members (or their specified cover) attend at least two thirds of the number of meetings (Please note – the exception to this rule are GP with Specialist Interest, refer to the clinical guidelines for primary care). • To ensure that a target of 100% of cases with melanoma, squamous carcinoma and rarer tumours (see appendix 1) being discussed at the LMDT is met. • To lead on (or nominate lead for) service improvement. • To organise and chair annual meetings, including examining the functioning of the team and reviewing operational policies. • To ensure that there is LMDT representation at least two thirds of NSSG meetings • To ensure that all core histopathology members of the LMDT are taking part in the national specialist Dermatopathology External Quality Assessment (EQA), compliance to which is detailed in the annual report to the PCT. • To ensure that at least one (and preferably all) future core nurse members have successfully completed a programme of study in their specialist area of nursing practice, which has been accredited for at least 20 credits at first degree level or equivalent • To collate any required activities and to ensure optimal functioning of the team, including training for team members. 	

Category	Link to Measure	Compliance Guidance	Additional Information											
		<ul style="list-style-type: none"> To ensure that all core members of the LMDT who have direct clinical contact with patients have completed national advanced communication skills training To ensure the LMDT's activities are audited and results documented. To ensure the outcomes of the meetings are clearly recorded, clinically validated and that appropriate data collection is supported. To ensure target of communicating MDT outcomes to primary care is met. To produce the annual report. 	EQA Certificates Available for panel validation											
Core Membership and cover arrangements		<table border="1"> <thead> <tr> <th colspan="3" data-bbox="481 671 1776 738">Core LMDT Membership and Cover Arrangements</th> </tr> <tr> <th data-bbox="481 738 833 775">Role</th> <th data-bbox="833 738 1321 775">Core Team Member</th> <th data-bbox="1321 738 1776 775">Cover</th> </tr> </thead> <tbody> <tr> <td data-bbox="481 775 833 1082"> Dermatologist </td> <td data-bbox="833 775 1321 1082"> Consultant Dermatologist & Skin Cancer Lead Luton and Dunstable University Hospital NHS Foundation Trust </td> <td data-bbox="1321 775 1776 1082" rowspan="2"> All core consultant dermatologists cover each other </td> </tr> <tr> <td data-bbox="481 1082 833 1414"> Dermatologist </td> <td data-bbox="833 1082 1321 1414"> Consultant Dermatologist Luton and Dunstable University Hospital NHS Foundation Trust </td> </tr> </tbody> </table>	Core LMDT Membership and Cover Arrangements			Role	Core Team Member	Cover	Dermatologist	Consultant Dermatologist & Skin Cancer Lead Luton and Dunstable University Hospital NHS Foundation Trust	All core consultant dermatologists cover each other	Dermatologist	Consultant Dermatologist Luton and Dunstable University Hospital NHS Foundation Trust	See annual report for % LMDT attendance
Core LMDT Membership and Cover Arrangements														
Role	Core Team Member	Cover												
Dermatologist	Consultant Dermatologist & Skin Cancer Lead Luton and Dunstable University Hospital NHS Foundation Trust	All core consultant dermatologists cover each other												
Dermatologist	Consultant Dermatologist Luton and Dunstable University Hospital NHS Foundation Trust													

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		<p>Surgeon</p>	<p>Consultant Plastic Surgeon, (available Wednesday pm @ Luton)</p> <p>Deputy LMDT Lead Clinician Luton and Dunstable NHS Foundation Trust Royal Free Hospital NHS Trust</p>	<p>Consultant Plastic Surgeon (available Friday am @ Luton)</p> <p>Royal Free Hospital Pond Street, London NW3 2QG</p>	
		<p>Surgeon</p>	<p>Consultant Maxillofacial Surgeon Luton & Dunstable University Hospital NHS Foundation Trust</p>	<p>Consultant Maxillofacial Surgeon Luton & Dunstable University Hospital NHS Foundation Trust</p>	
		<p>Histopathologist</p>	<p>Consultant Histopathologist Luton & Dunstable University Hospital NHS Foundation Trust</p>	<p>Consultant Histopathologist Luton & Dunstable University Hospital NHS Foundation Trust</p>	
		<p>Nurses</p>	<p>Luton & Dunstable University Hospital NHS Foundation Trust</p>	<p>Lead Dermatology Nurse Arndale House Luton Lu1 2LJ</p>	
		<p>Clinical Radiologist Oncologist</p>	<p>Mount Vernon Cancer Centre</p>	<p>Secretary Mount Vernon Cancer Centre</p>	

Category	Link to Measure	Compliance Guidance			Additional Information				
		MDT Co-ordinator	Luton & Dunstable University Hospital NHS Foundation Trust	Luton & Dunstable University Hospital NHS Foundation Trust					
		<p>** Denotes core team member responsible for recruitment to clinical trials</p> <p>*** Denotes core team member who has specific responsibility for users' issues and information for patients and carers</p>							
Communication with primary care		<p>Communication of diagnosis with GPs</p> <p>Currently GPs receive email notification within 24 hours of when the skin cancer diagnosis and management has been discussed with the patient and a treatment plan has been agreed. This is usually after the relevant LMDT meeting has taken place.</p>			<p>see Appendix 7 GP notification template.</p>				
Extended Members of MDT		<p>Extended LMDT Membership</p> <table border="1" data-bbox="517 1281 1765 1412"> <thead> <tr> <th data-bbox="517 1281 1111 1345">Role</th> <th data-bbox="1117 1281 1765 1345">Extended Team member</th> </tr> </thead> <tbody> <tr> <td data-bbox="517 1350 1111 1412">Palliative care</td> <td data-bbox="1117 1350 1765 1412">Palliative Care Team</td> </tr> </tbody> </table>			Role	Extended Team member	Palliative care	Palliative Care Team	
Role	Extended Team member								
Palliative care	Palliative Care Team								

Category	Link to Measure	Compliance Guidance		Additional Information
			<p>Luton & Dunstable University Hospital NHS Foundation Trust Tel: 01582 718423</p> <p>Palliative Care Consultant Luton & Dunstable University Hospital NHS Foundation Trust</p>	
		Consultant Oculoplastic Surgeon	Luton & Dunstable University Hospital NHS Foundation Trust	
		Clinical psychologist		
		Clinical geneticist	<p>North West Thames Regional Genetics Service Kennedy-Galton Centre, Level 8 V, North West London Hospitals, Harrow, HA1 3UJ</p> <p>Hemel Hempstead General Hospital, Hillfield Road, Hemel Hempstead. Herts. HP2 4AD</p> <p>Melanoma genetics</p>	
		Occupational therapist	<p>Occupational Therapy department</p> <p>Luton and Dunstable University Hospital NHS Foundation Trust Tel. 01582 497048</p>	
		Person agreed as contact point for orthotics service	<p>Orthotics Department Luton & Dunstable University Hospital NHS Foundation Trust</p>	

Category	Link to Measure	Compliance Guidance		Additional Information
		Physiotherapist	Physiotherapy Department Luton and Dunstable University Hospital NHS Foundation Trust Tel. 01582 497350	
		Person agreed as contact point for lymphoedema service	Lymphoedema Nurse Luton & Dunstable University Hospital NHS Foundation Trust	
		Medical oncologist	Mount Vernon Cancer Centre	
		Clinical Oncologist	Consultant in Medical Oncology Melanoma and Early Phase Trials University College London Hospital and Mount Vernon Cancer Centre	

Category	Link to Measure	Compliance Guidance		Additional Information
		Clinical Trials Practitioner	Research Nurse East and North Hertfordshire NHS Trust Clock Tower Mount Vernon Cancer Centre Rickmansworth Road Northwood, Middlesex HA6 2RN www.enherts-tr.nhs.uk	
		Radiologist	Consultant Radiologist Luton & Dunstable University Hospital Foundation Trust	
		GPWeR in skin surgery	Sundon Park Medical Centre 142-144 Sundon Park Road Luton Bedfordshire LU3 3AH	
		Patient Pathway Co-ordinators	Luton & Dunstable University Hospital NHS Foundation Trust Tel: 01582 497162	
<p><i>Please note: Extended team members have no obligation to attend the LMDT, however will be used as a contact/reference point by the core members as necessary.</i></p>				
CNS and Key Worker Role		<p>CNS: Nangisai Rungwandi Luton & Dunstable University Hospital NHS Foundation Trust</p> <p><u>Key worker role</u> For the purposes of this policy the key worker will be defined as “The person who, with the patient’s consent and agreement, takes a key role in co-ordinating the patient’s care and promoting</p>		

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		<p>continuity, ensuring the patient knows who to access for information and advice (NICE Guidance 2004). The skin CNS, Nangisai Rungwandi, fulfils the role of Key Worker</p> <p><u>Identification of the key worker</u> The identification of the key worker will be the responsibility of the designated core nurse member, and must be documented in patient notes. It is important to ensure that the patient and carer understand the role of key worker as early as possible in the patient's pathway.</p> <p>It is recognised that the key worker will change over time as the patient's needs change during their journey.</p> <p><u>Responsibilities of the CNS</u></p> <ul style="list-style-type: none"> ▪ To contribute to the multidisciplinary discussion and patient assessment/care planning decision of the team at their regular meetings ▪ To provide expert nursing advice and support to other health professionals in the nurse's specialist area of practice ▪ involvement in clinical audit; ▪ To lead on patient and carer communication issues and co-ordination of the patient pathway for patients referred to the team - acting as the key worker or responsible for nominating the key worker for the patient's dealings with the team. ▪ To ensure that results of patients' holistic needs assessment are taken into account in the decision making ▪ To contribute to the management of the service ▪ To utilise research in the nurse's specialist area of practice. ▪ Nangisai Rungwandi is the clinical core member who has completed level 2 psychological assessment skills training ▪ Caseload supervision is provided by a level 3 or 4 psychology practitioner. Level two practitioners attend monthly. ▪ CNS has enrolled in Foundation in Cancer Course <p><u>Main responsibilities</u> With agreement of the patient, the key worker will:</p> <ul style="list-style-type: none"> - act as the main contact person for the patient and carer at a specific point in the pathway - offer support, advice, and provide information for patients and carers - ensure continuity of care along patient pathway and that all relevant plans are communicated to those members of the MDT involved in that patient's care 	

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		<ul style="list-style-type: none"> - ensures that patients and carers have their contact details, that these details are documented and available to all professionals involved in that patient's care - ensures that when handover of key worker role is indicated, it is implemented in full consultation with the patient and carer, and revised contact details given - ensure next key worker has appropriate information - supports patients in identifying their needs with holistic assessment, review as required, and co-ordinate care accordingly - liaise and facilitate communication between patient, carer, and appropriate healthcare professionals, and vice versa - empower patients, as appropriate 	
MDT Meeting		<p>The L&D Skin LMDT has treatment planning meetings and meets every second, fourth and fifth Wednesday of the month from 13.30 until 14.30 in the Videoconference Suite, COMET centre at L&D & Dermatology Department at Arndale House (from June 2018).</p> <p>Core members will attend at least two thirds of MDT meetings ensuring the LMDT is quorate. Radiotherapy and Chemotherapy is not provided locally, patients receive treatment at the Cancer Centre Mount Vernon.</p> <p>The MDT should agree and record individual patient's treatment plans. The record should include:</p> <ul style="list-style-type: none"> • the identity of patient's discussed; • the multidisciplinary treatment planning decision (i.e.to which modality(s) of treatment – surgery, radiotherapy, chemotherapy, hormone therapy or supportive care or combinations of the same, that are to be referred for consideration); • Confirmation that the holistic needs have been taken into account. <p>If any patient needs discussion before the next LMDT meeting, the relevant core members will be emailed or phoned and a consensus on the best management will be reached. The patient will be added to the next LMDT for retrospective discussion</p> <p><u>Patients discussed at the LMDT Meeting</u></p> <p>The following cases will be discussed:</p> <ul style="list-style-type: none"> • squamous carcinoma • Malignant melanoma – new, single primary, adult, non-metastatic, not for approved trial entry, 	<p>See appendix 15 For LMDT attendance</p> <p>Examples of treatment plans are available</p>

Category	Link to Measure	Compliance Guidance	Additional Information
		<p>up to and including stage IIa (must fulfil all of these criteria)</p> <ul style="list-style-type: none"> • Radiotherapy if attendance by clinical oncologist at LMDT • Lesion where diagnosis is uncertain but may be malignant • Incompatible clinical and histological findings • All patients Health needs assessment are taken into account in decision making process, the concerns check list is used by the CNS as the tool for Holistic Needs Assessment. <p>The LMDT does not discuss low risk basal cell carcinomas (BCCs). It does discuss high risk BCCs if there are questions about the management of the patient. Other high risk BCCs, as defined by the Cancer Network, are listed on the MDT proforma but not discussed routinely.</p> <p>The pathology of patients with skin cancers is inter departmentally reviewed prior to the initial report being verified. For cases of particular difficulty further expert opinion is sought from the Department Of Dermatopathology, St Johns Institute of Dermatology, St Thomas' Hospital Westminster and for sarcoma from the pathology department at the UCL NHS Trust.</p> <p>The LMDT is the only LMDT managing care level 2, 3 and 4 skin cancer patients in the locality.</p> <p>When appropriate, patients from South Bedfordshire will be referred to the SSMDT hosted by the Lister Hospital on Friday morning according to the criteria in Appendix 1 Levels of care 4, 5 & 6. The deadline for referral to the following Friday's SSMDT is Wednesday 1pm. It is the individual clinician responsible for the patients to make sure that all relevant information is provided to the Local MDT coordinator to send to the SSMDT coordinator. The LMDT agree the MVCN referral guidelines between named teams</p> <p><u>Referral to the SSMDT</u> The SSMDT runs every Friday at 8.30 am at the Lister Hospital. Core members from the LMDT videoconference. Referrals are made by the MDT coordinator who enters the patients details on to the SSMDT template and sends to the SSMDT coordinator by 12 noon the previous Wednesday</p> <ul style="list-style-type: none"> • Patients with high-risk SCC's that pose difficulty in management • Patients newly diagnosed with MM stage 2B or higher (American Joint Committee on Cancer (AJCC) staging system) 	<p>See appendix 6</p>

Category	Link to Measure	Compliance Guidance	Additional Information
		<ul style="list-style-type: none"> • Patients with MM stage 2c or above who are eligible for oncology clinical trials that have been approved at cancer network level • Any patient with metastatic MM or SCC diagnosed at presentation or on follow-up • Patients with infiltrative BCC's whom may need complex surgery • Patients with malignant skin lesions of uncertain pathological diagnosis • Patients with rare skin cancers, including sarcoma • Patients needing nodal dissection including sentinel lymph node biopsy <p>(SLNB) – these patients should be seen and referred by the LMDT</p> <ul style="list-style-type: none"> • Patients who may benefit from radiotherapy, if not available at the LMDT • Patients who may be eligible for entry into other clinical trials <p>Atypical Spitz Naevi</p> <p>Spitz naevi are melanocytic naevi, usually acquired and uncommon beyond the 5th decade of life. Typical lesions with characteristic histology can be regarded as a benign entity, although full excision is recommended. Spitzoid melanocytic lesions can be challenging clinically and histologically. Histopathological diagnosis is current gold standard. The use of genetic testing of the tumour tissue, such as FISH (to detect patterns of genomic copy number variation) and the detection of driver mutations (BRAF, NRAS and HRAS) increases the histopathologists ability to categorise atypical spitzoid melanocytic lesions, but the usefulness of these tests in determining prognosis is unclear.</p> <p>Current NICE guidelines recommends:</p> <ul style="list-style-type: none"> * Discuss all suspected atypical spitzoid lesions at the SSMDT * Make the diagnosis of a spitzoid lesion of uncertain malignant potential on the basis of the histology, clinical features and behaviour. * Manage a spitzoid lesion of uncertain malignant potential as Melanoma. * There is currently insufficient data regarding recommendation of SLNB 	

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		<p>The decision made at the SSMDT will be sent back to the MDT coordinator and to all Members of the LMDT and SSMDT team via secure NHS net emails. Attendance of core LMDT members will be recorded.</p> <p>The LMDT has agreed draft referral guidelines with Luton and Bedfordshire CCGs for :</p> <p>Management of Patients with Skin Cancer and Pre-Cancer in Primary Care</p> <p>The LMDT has agreed the following guidelines</p> <ol style="list-style-type: none"> 1. Network imaging guidelines for skin cancer 2. Network pathology guidelines for skin cancer <p>The L&D Skin LMDT will hold an annual business meeting to discuss the following</p> <ul style="list-style-type: none"> • Peer review documents • Policies and procedures • CWT targets and performance • National survey results • COSD data <p>In addition the L&D Skin LMDT will hold a bi-annual educational/audit meeting where the results of the network skin cancer audit are discussed The minutes of the meetings Will be available on request and held by the LMDT Lead Clinician. This may coincide with the educational meetings.</p> <p><u>Patients Listed for the LMDT meeting</u></p> <p>Cases to be discussed at the LMDT will be compiled by the LMDT Coordinator and circulated to all members in advance.</p> <ul style="list-style-type: none"> • All members are responsible for identifying patients to be discussed and notifying the LMDT Coordinator of patients to be added to the list. They are also responsible for providing all relevant information for discussion and data collection. The majority of patients discussed are picked up by the LMDT co-ordinator from positive histology received from the Histopathology department. <u>The Responsibilities of the LMDT Coordinator</u> 	<p>See appendix 8 For NCG Clinical Guidelines and referral pathway to SMDT</p> <p>see appendix 12 for minutes of meeting</p>

Category	Link to Measure	Compliance Guidance		Additional Information						
		<table border="1"> <thead> <tr> <th data-bbox="515 159 835 220">Role</th> <th data-bbox="835 159 1765 220">Team member</th> </tr> </thead> <tbody> <tr> <td data-bbox="515 220 835 292">MDT Co-ordinator (Core)</td> <td data-bbox="835 220 1765 292"></td> </tr> </tbody> </table>	Role	Team member	MDT Co-ordinator (Core)					
Role	Team member									
MDT Co-ordinator (Core)										
		<p>The MDT Co-ordinator responsibilities are:</p> <ul style="list-style-type: none"> • To arrange LMDT meetings. • To ensure all necessary patient information is available for effective team functioning. • To ensure LMDT meetings run effectively and all patients are discussed at the appropriate point in their pathway. • To ensure coordination and communication regarding individual patients between the team and its related teams (referring and specialist) in the network and neighbouring networks if relevant, and with its referring CCG • To ensure all decisions about individual patients management and the attendance of LMDT members are recorded. • To ensure the discussion date of each skin cancer case with the relevant specialist team is recorded in the case notes, and the MDT record is updated if necessary after discussion with the specialist team. • To support the LMDT chair with any service improvements and quality issues. • To communicate details of LMDTs to GPwER when their patients are being discussed. <p><u>Crossover with other MDTs</u> Selected diagnoses are classed under more than one tumour site and require crossover with other MDTs. These are detailed below:</p> <p>Table (g) List of diagnoses which cross over MDTs</p> <table border="1"> <thead> <tr> <th data-bbox="483 1197 931 1289">Diagnosis</th> <th data-bbox="931 1197 1361 1289">Applicable MDT (1)</th> <th data-bbox="1361 1197 1787 1289">Applicable MDT (2)</th> </tr> </thead> <tbody> <tr> <td data-bbox="483 1289 931 1356">Nasal mucosal melanoma</td> <td data-bbox="931 1289 1361 1356">Skin LMDT</td> <td data-bbox="1361 1289 1787 1356">ENT SMDT L&D</td> </tr> </tbody> </table>			Diagnosis	Applicable MDT (1)	Applicable MDT (2)	Nasal mucosal melanoma	Skin LMDT	ENT SMDT L&D
Diagnosis	Applicable MDT (1)	Applicable MDT (2)								
Nasal mucosal melanoma	Skin LMDT	ENT SMDT L&D								

Category	Link to Measure	Compliance Guidance			Additional Information
		Rectal Melanoma	Skin LMDT	Colorectal LMDT	
		SCC (oral mucosa)	Skin LMDT	Head and Neck SMDT L&D	
		T cell Lymphoma	Skin LMDT	Lymphoma SMDT St Johns Institute of Dermatology	
		B cell Lymphoma	Skin LMDT	Haematology	
		Penile melanoma / SCC	Skin LMDT	Urology LMDT	
		Vulval melanoma / SCC	Skin LMDT	Gynae Oncology LMDT	
<p>For patients discussed at the Skin LMDT, onward referral takes place via letter, coupled with a Telephone conversation with appropriate consultant.</p> <p><u>LMDT Referral Pathways & Guidance</u> Cases should be referred no later than 3 pm on Tuesday for the following Wednesday LMDT meeting. The LMDT list will be distributed by the LMDT Coordinator on Friday afternoon (provisional) and Tuesday afternoon.(Final)</p> <ul style="list-style-type: none"> • Referrals are made via email, phone or post to the LMDT Co-ordinator. <p>The LMDT receives referrals from other primary care and Consultant staff, depending on patient presentation. Further specific network guidelines are being developed and will be agreed at the NCG</p> <p>The LMDT will audit urgent (2 week wait) and non-urgent referrals on an annual basis to provide information to referring GPs and PCTs on the appropriateness and timeliness of urgent and suspected cancer GP referrals in line with HSC 2000/013. The outcome of this audit will be</p>					

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		<p>detailed in the annual report and discussed at the annual meeting.</p> <p><u>LMDT Decision and Documentation</u></p> <p>The LMDT discussion will determine the possible treatment options for each new patient. The chair will ensure that an action plan is formulated by consensus agreement and that the action plan is recorded in the patient medical notes at the time of the discussion by the LMDT lead or deputy.</p> <p>A completed LMDT Action Plan will include the following details:</p> <ul style="list-style-type: none"> • Patient identity • Clinical history • Diagnosis, including primary site of the cancer • Action plan and treatment plan • Identification of the key worker and Principal Clinician • The name of the SMDT to which the patient is referred to, if applicable. Patients with Level 5 SCC will be discussed in the Head and Neck SMDT at L&D, patients with T cell lymphoma will be referred to the SMDT at St John’s Institute of Dermatology, patients with Level 5 melanoma and Merkel cell tumour will be referred to Paul Nathan at the MVCN, Patients with soft tissue sarcoma will be referred to the SMDT at the UCH NHS Trust. <p>.</p> <p>The core team member responsible for recruitment to clinical trials will document this in the patient notes, Dr De Silva or any member of the MDT can also telephone Paul Nathan, Medical Oncologist regarding a patient’s suitability for a trial. If suitable a referral letter is typed and emailed immediately. This will be coordinated and recorded on the SSMDT outcome proforma</p>	<p>See appendix 5 For SMDT outcome proforma</p>

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Patient Information		<p>Local and national patient information is made available dependent upon patient need.</p> <p>The use of British Association of Dermatologists leaflets; Melanoma focus and Cancer research UK leaflets & Macmillan booklets, will be distributed in the clinics and all patients will have skin cancer information pack offered at diagnosis. This will be individually tailored according to patient needs. This includes;</p> <ul style="list-style-type: none"> ▪ Information specific to that MDT about local provision of the services offering the treatment for that cancer site ▪ Information about patient involvement groups and patient self-help groups ▪ Information about the services offering psychological, social and spiritual/cultural support if available ▪ Information specific to the MDT's cancer site or group of cancers about the disease and its treatment options including names and functions/roles of the team treating them ▪ Information about services available to support the effects of living with cancer and dealing with its emotional effects <p>Patient information prescriptions have been implemented with packs available on Melanoma, SCC BCC and other rarer Skin Cancers. All prepared for the individual patient in mind.</p> <p>Luton and Dunstable Hospital uses the Language Line Interpreting and Translation Service, which Provides 24 hour telephone access to trained interpreters. The hospital pays for this service and there is no cost to patients. Patients who need an interpreter should contact the ward / out-patient department in advance of their visit to book the service they need.</p>	<p>Available to view</p> <p>** from 30/11/18 DA Languages (new contract) Online portal</p>

Patient and
Carer Feedback
and
Involvement

Communication with Patients

All new patients that are diagnosed with skin cancer are seen in clinics in Luton and Dunstable Hospital, or Dermatology Department at Arndale House, following the LMDT meeting, which is where they will have their treatment options explained.

Where different treatment options exist, the consultant members of the LMDT responsible for the relevant treatment modalities will see the patient & will be supported in making a treatment decision with the clinical team either at that appointment or on a subsequent visit if appropriate.

All patients will be asked if they wish to have a permanent record or summary of a consultation at which the discussion of treatment options takes place. This information includes as a minimum:

- Diagnosis
- Treatment options and plan
- Relevant follow-up arrangements
- An individually tailored letter will be provided if the patient wishes to have one

The points below are discussed with the patients by a Consultant

- Diagnostic Procedures.
- The disease and treatment options.
- Treatment specific information leaflets, including information on outcomes and post treatment symptoms.
- Members and contact details of the Multidisciplinary Team.
- Support group and local services information and contact details.
- Psychological and spiritual guidance, information and contact details.
- Key worker name and contact.

User feedback and patient experience of this service is gained by taking part in National Patient Survey. As there were very few Skin Cancer patients included in the National Survey in 2018, we are planning to carry out our own local survey over this year .

Outpatient clinics

Additional Rapid access clinic / follow up clinics also in operation with Locum Dermatologists all supervised by core members of the LMDT team, on a rota system

Anonymised copies are available

Surgical services

All patients presenting to name of MDT will have access to the following surgical services:

Surgical services

Type of surgery	Trust	Surgeons
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Radiotherapy and Chemotherapy

All patients presenting to the L&D skin MDT will have access to radiotherapy and chemotherapy as detailed below.

Table Radiotherapy and Chemotherapy

RT/Chemo	Trust	Clinicians present
Radiotherapy	Mount Vernon Hospital	Consultant Oncologist
Chemotherapy	Mount Vernon Hospital	Consultant Medical Oncologist

Patients have access to:

- Comprehensive radiotherapy service, including conformal radiotherapy and intensity modulated radiotherapy
- Comprehensive chemotherapy service for inpatient and day case therapy.

Supportive and Palliative Care

This is provided as locally as possible to the patient's home under the direction of the LMMDT.

Luton and Dunstable Palliative Care team provide:

- Multidisciplinary Treatment Clinic for radiotherapy support
- Post-treatment follow-up and continuing care
- Hospital Specialist Palliative Care Advisory Service

As well as these clinics we also have follow up across all Specialities

*From January 2019

- Locality Specialist Palliative Care Teams
- Locality specialist out-patient palliative treatments

Inpatient Areas

All patients requiring inpatient care will be referred to an appropriate care setting.

Surgical Wards

At L&D, patients referred for surgical procedures to the maxillofacial department who require inpatient care when not on HDU and ITU will be nursed on the head and neck ward.

- All microvascular free flaps are performed by the Consultant Maxillofacial Surgeons [REDACTED] and [REDACTED]; both consultants are trained in harvesting free flaps and carrying out microvascular anastomosis.
- It is our routine practice for both maxillofacial consultants to operate together on patients who require free flap reconstruction.
- Both [REDACTED] will be available to monitor the flaps post-operatively and carry out salvage in cases of failure. This arrangement is in place for a minimum of one week after operation.
- Theatre space will be made available at any time for the return of patient to theatre if necessary. There are three microvascular instrument sets available in theatre. Operating microscope is being used regularly and both surgeons are provided with operating loupes as backup if the microscope is non-functional.
- All patients who had free flap reconstructions will be monitored in intensive care unit for a minimum of 24 hours.
- Both [REDACTED] have been to conferences and courses in microvascular flap courses to update skills and knowledge regularly. Both consultants provide training in free flap harvesting and microvascular techniques to two Specialist Registrars in Maxillofacial Surgery at L&D.
- For patients who do not require free flap reconstruction after ablative surgery, for example, by using pedicled flap, the above arrangements still apply whereby one surgeon performs the

resection and the other will perform the reconstruction.

Patients under the care of the plastic surgery team who require in patient care will be admitted to Ward 8 North at the Royal Free Hospital NHS Trust under the supervision of [REDACTED] and his dedicated team. This is for complex plastic surgery procedures and sentinel node biopsies. Simple local anaesthetic procedures are done L&D.

Skin Oncology

In-patients at L&D are nursed with oncology input dependant on individual patients needs. They will be visited by [REDACTED] as required.

Follow Up

The Skin Surgical Team at L&D will take responsibility for the patients until discharge and patients will be booked into the relevant clinic at Luton and Dunstable Hospital for post-operative review after discharge.

Immediate Post-operative Follow Up

All designated clinicians are LMDT members and therefore all patients receive FU by members of the LMDT. Patients will receive immediate post-operative FU at L&D. The Skin Surgical Team at L&D have a 24/7 consultant highlight on-call rotation for general and post-operative surgical advice. A consultant surgeon is always available, should patients have any post operative problems, via an on-call rota.

Emergency care and ITU

Patients would be admitted to ITU/HDU if deemed necessary by the team and anaesthetist. The criteria for patient admission to ITU are life threatening skin infections, organ failure/ multi system failure. Patients in ITU are reviewed on a daily basis by the Skin Surgical Team.

Long Term Follow Up

All patients will receive follow up by members of the LMDT in the clinics at L&D. Patients with SCC and melanoma are followed up according to the BAD guidelines and individual needs of the patient. Ongoing follow up is tailored to individual needs, taking into account patient choice, but at the discretion of the LMDT.

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			<p>See appendix 4 For Plastic Surgery pathway to Royal Free</p>
<p><u>Relationship with NSSG</u></p>		<p>The LMDT is represented at Cancer Alliance meetings by the skin cancer lead and/or other members of the team.</p> <p>The LMDT will engage with NICE and BAD in the development of clinical guidelines.</p> <p>The LMDT will participate in the annual network audit, as agreed by the LMDT.</p>	<p>See appendix 13 For NCG attendance</p>

		The LMDT will engage with the Mount Vernon to recruit to the approved list of clinical trials.	See appendix 9 For audit
Joint Treatment Planning for Teenagers & Young Adults (TYA)		<p>For each patient discussed within the TYA age group, the MDT agrees to refer and communicate with the appropriate TYA MDT the following;</p> <ul style="list-style-type: none"> - The MDT treatment plan decision ie proposed treatment modality - The named consultant in charge of each modality and the named person in charge of organising arrangements for the age appropriate support and care environment including those where the treatment is delivered outside the PTC <p>For those in the age range 19-24 years the MDT will record the choice of treatment location made by the patient, and if it is a TYA facility</p>	