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ST ANNE'S GROUP PRACTICE
BELTINGE & RECVLVER
SURGERY

Surgery Opening Hours
08.30 - 12.30
14.00 - 18.00
Monday to Friday
(Please Book Appointment)
Tel 01322 395521

12.03.2009



14.03.2009

Current Roles

- GP (5 sessions)
- Clinical Assistant – General Surgery – lumps n bumps in Day Surgery Unit. (0.5 sessions)
- Dermatological Surgery – Mohs unit.(0.5 sessions)
- PCT
 - 1 General Minor ops (3sessions)
 - 2 Carpal Tunnel Surgery (2sessions) (part of pathway)
 - 3 Vasectomy (1sessions)

Procedures

Approximately 1200 per year. Includes

- 200 Carpal Tunnel Decompressions
- 200 Vasectomy
- 150 Skin Cancer mainly BCC's.



Skin Cancer Measures

“Exemption or extinction?”

Skin cancer

- Improving Outcomes Guidance (NICE February 2006) MDT's
- GPSI Dermatology and Skin Surgery (DH April 2007)
- Manual for Cancer Services 2008 – skin specific measures (National Cancer Review Programme Nov. 2008)

Skin Specific Measures

- 1. PCT to liaise with Network Site Specific Group over primary care referral guidelines.
- 2. PCT, NSSG and MDT to agree network configuration and **which of the various models of community skin cancer to include.**
- 3. Referral guidelines include **levels of care 1-5** but those in the community include:

Community levels

- 1- pre-malignant lesions and actinic keratoses all GP's may treat
- 2-low risk BCC's either GPSI Dermatology (Model 1) or community skin cancer clinicians of which there are
- Model 2- do surgery only – referred by core MDT member.
- **Model 3-** and above-hospital. High risk bcc are care level 3 and for local MDT management only. Further levels are less relevant to these notes which I have restricted to community treatment.

Community practitioner models

- **Model 1** GPSI are dealt with under SLA and via PCT arrangements for training and clinical governance but are associated with MDT (DH April 2007 GPSI-dermatology) These also have to follow the same accreditation requirements as model 2 below in addition (1-5).
- **Model 2** practitioners are **under acute trust governance**. Training is according to **DH spec for SSI and SS2 DH guidelines**.

SKIN CANCER MEASURES

- Two distinct routes.
- Exemption / accreditation.
- Extirpation and extinction!





Accreditation / re-accrreditation

- Model 2 skin cancer community clinicians must be associated with MDT and approved by MDT lead clinician.
- Accreditation requirements:
 - 1. 15hrs CPD I skin cancer per year.
 - 2. Session with dermatology consultant core member MDT per year
 - 3. Attend 4 MDT's per year.
 - 4. Log 40 cases of suspected (!) skin cancers surgical excisions per year.
 - 5. Have their practice included in the audit.

Exemption

- Exemption may be applied for if 2 years of relevant skin cancer surgical practice can be demonstrated and verified by the lead of the MDT.

What evidence for exemption?

- CV – Qualifications/experience
- Posts/roles.
- Current accreditation. National /local.
- CME/CPD. Relevant courses ILS
- Attendance dates MDM.
- Audit – BCC. Unexpected SCC.
- Plans for development/improvement.

Skin Cancer Data : 2 years activity to October 2008.

Total number of skin cancer results analysed for BCC and SCC =184

BCC analysis:

Total no. BCC	178	100%	ratio
No. excised	145	82%	
Of these no. with a complete excision	141	97% complete excision rate	
No. Rx C+C	29	16%	1 :6
No. planned incisional biopsy	4	2%	
No. incomplete excision	4	3% incomplete	

AUDIT. Single cycle data collection

Criterion 1.	To collect histopathology results for BCC work.	Met.
Standard	95%	Achievement retrospective on this occasion so it is likely some data is not collected but probably near to 95%.

Criterion 2.	Excision rate vs C and C rate to be recorded.	Met.
Standard	? < 1 in 4?	<1 in 6 – met.
Criterion 3.	For those BCC's excised. Rate of complete excision to be recorded.	Met.
Standard	>85% complete excision	97%

Criterion 4.	For those BCC's incompletely excised to report on some detail with a view to learning to improve outcomes.	Met
Standard	100%	Met.

Criterion 5.	SCC treated to be reported on.	Met.
Standard	100%	100 %

SCC analysis.

- Total no. SCC excised =6 as percentage =3.2%.
- Of these no. with complete excision =100%.



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Excision margins SCC

Deep	Nearest short axis
2mm	3.5mm
6mm	4.5mm
4.1mm	2.8mm
3mm	6.5mm
1.8mm	4.6mm
4mm	3mm

No. followed up in secondary care = 100%

DATA COLLECTION EXCEL / ACCESS

DOB	GP Surgeon	Clinic Date	Position	Treatment Method	Short axis margin mm	Deep Margin mm	Comments	Results of Histology	Complete excision?	Complications	6 wk F/up date
1936	rine	02/07/2007	chest	excision	2	1.5	bcc	bcc	complete		
1948	rine	02/07/2007	leg	excision	3	3	bcc	bcc	complete		tel f/u
1942	rine	02/07/2007	temple	excision	2	1.5	bcc	bcc	complete		23.8.07
1945	rine	02/07/2007	leg	excision	1.5	5	bcc	bcc	complete		13.9.07
1928	rine	09/07/2007	shoulder	excision	2.5	1.5	bcc	bcc	complete		30.8.07
1912	rine	19/07/2007	shin	incision	n/a		bcc/scc	bcc	n/a	ref sec care via GP	
1927	rine	23/07/2007	jaw	excision	1	2	bcc	bcc	complete		13.9.07
1917	rine	26/07/2007	ear	incision	n/a		bcc	bcc	n/a	ref sec care via GP	



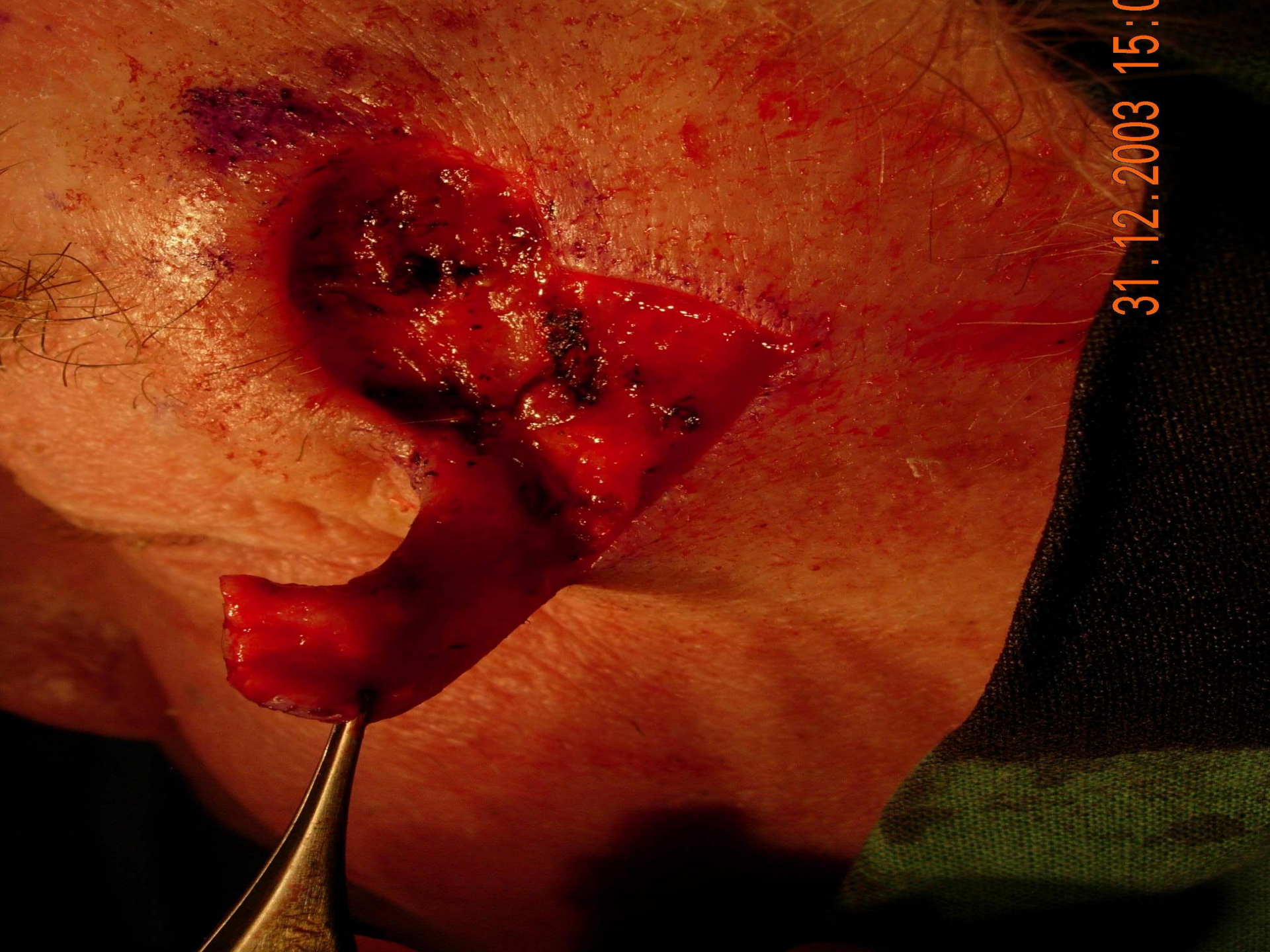
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Problems

- Model 1 GPSI Dermatology diagnose skin cancer and treat but can't refer across to Model 2 who can only accept MDT screened referrals.
- Model 2 Practitioners can treat any skin cancer other than hospital only cases but they have to be screened first by the MDT.
- Both of these result in a lot of extra out patient appointments and patient travel.



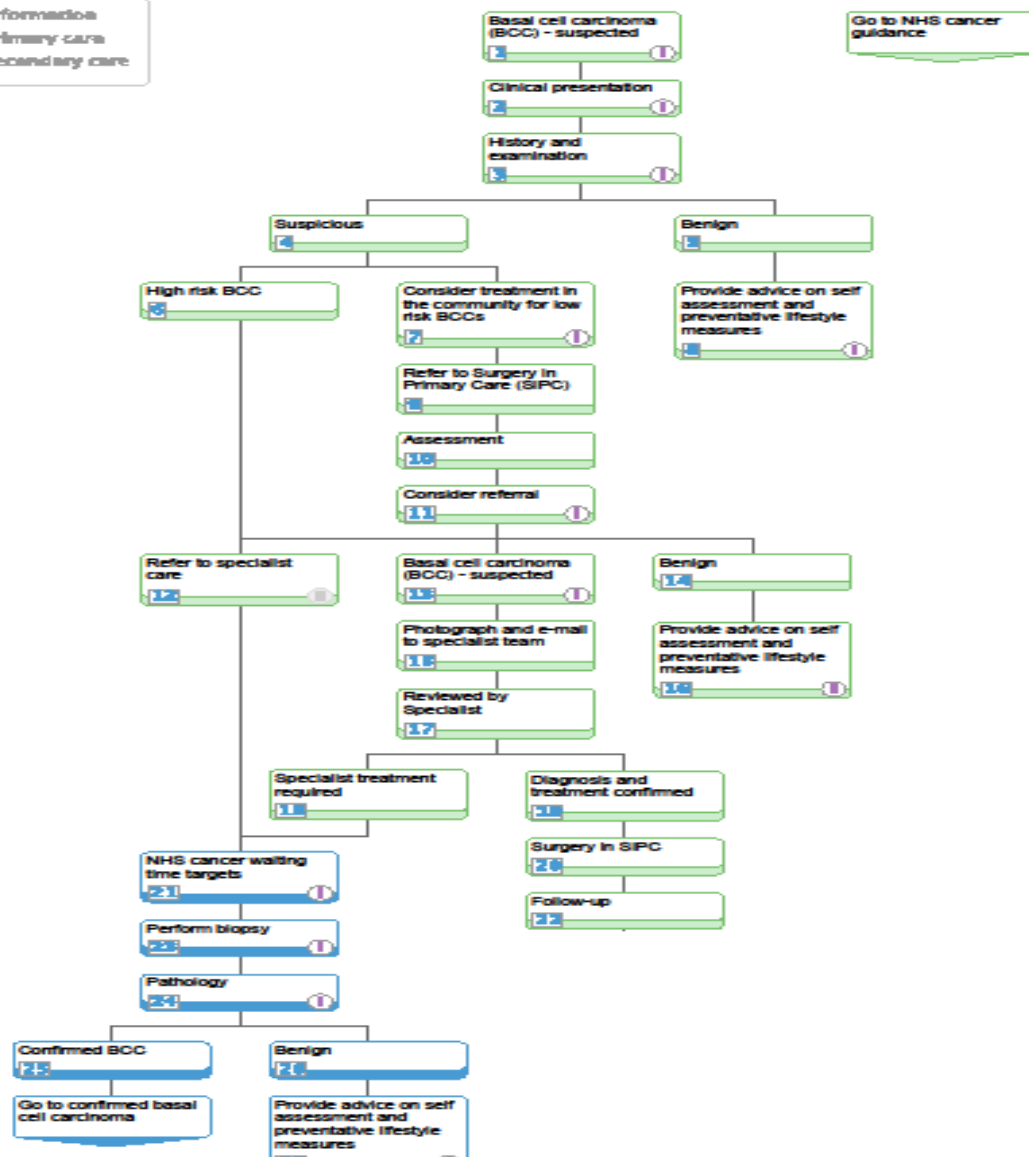
BCC Pathways.

- From secondary care OPD or W/L to Model 2 (geographical)
- GP direct referral to Model 2. Assess and plan treatment using pro forma and send photograph to agree plan with core MDT. (Tele-dermatology)
- Plan agreed and treatment takes place closer to home.
- Follow up arrangements agreed.

Basal cell carcinoma (BCC) - suspected

Dermatology > Dermatology > Basal cell carcinoma (BCC)

i Information
 Primary care
 Secondary care



Locally reviewed: Due for review: 31-Jan-2010 Printed on: 16-Mar-2009 © Map of Medicine Ltd

IMPORTANT NOTE

Locally reviewed refers to the date of completion of the most recent review process for a pathway. All pathways are reviewed regularly every twelve months, and on an ad hoc basis if required. Due for review refers to the date after which the pathway on this page is no longer valid for use. Pathways should be reviewed before the due for review date is reached.

Current Plan East Kent

- PCT will commission x five Model 2 Community Skin Cancer Clinicians (Eastern Kent and Coastal)
- Exemption evidence has been submitted to lead of MDT – two are approved so far.
- We are working on accreditation/re-accreditation which can evolve.
- East and West Kent are sharing ideas and working on the documents required for Model 2

Plans for development/improvement (– a sort of wish list)

- Can Model 1 - refer across to Model 2 to allow a more joined up community service? (Both are scrutinised by the MDT)
- Can Model 2 - extend into accreditation for relevant diagnostic skills? Currently I can state that a referred lesion is *not* a BCC if I suspect it is I have to get MDT core referral!

JUMP!

