**National Institute for Health and Care Excellence**

**Quality Standards Advisory Committee 2 meeting**

**Date: Tuesday 12 September 2023**

**Skin cancer update – review of stakeholder feedback**

**Minutes:** Draft

**Quoracy:** The meeting was quorate.

**Attendees**

**Quality Standards Advisory Committee 2 standing members:**

Sunil Gupta (chair), Anica Alvarez Nishio (vice-chair), Moyra Amess, Esabel Chabata, Nadim Fazlani, Julia Gallagher, Steve Hajioff, Rachael Ingram, Devina Maru, Jane Putsey, Murugesan Raja, Louis Savage, Ruth Studley

**Specialist committee members:**

Stephen Keohane, John Lear, Gillian Godsell, Delia Sworm, Myles Smith, Lynne Jamieson, Steven Watkins, Christine Parkinson, Susan Cheetham, Tim Cunliffe

**NICE staff**

Mark Minchin (MM), Jean Bennie (JB), Charlotte Fairclough (CF), Jamie Jason (notes)

**Apologies**

Dominika Froehlich-Jeziorek, Peter Hoskin, Lindsay Rees, Nick Screaton, Mark Temple, Howard Peach

1. **Welcome, introductions objectives of the meeting**

The Chair welcomed the attendees and public observers, and the quality standards advisory committee (QSAC) members introduced themselves. The Chair informed the committee of the apologies and outlined the objectives of the meeting, which was to review stakeholder feedback.

1. **Confirmation of matter under discussion and declarations of interest**

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion was the skin cancer update specifically,

* Local health promotion activities.
* Suspected cancer pathway referrals.
* Dermoscopy.
* Skin cancer clinical nurse specialist.
* Genetic testing.
* Imaging.

The Chair asked standing QSAC members to declare verbally any interests that have arisen since the last meeting and all interests specifically related to the matters under discussion. The Chair asked the specialist committee members to verbally declare all interests not included in their declarations of interests forms that had been provided to NICE and circulated.

1. **Minutes from the last meeting**

The committee reviewed the minutes of the last QSAC 2 meeting held on 13 June 2023 and confirmed them as an accurate record.

1. **Recap of prioritisation meeting and discussion of stakeholder feedback**

CF provided a recap of the areas for quality improvement prioritised at the first QSAC meeting for potential inclusion in the skin cancer update draft quality standard.

CF summarised the significant themes from the stakeholder comments received on the skin cancer update draft quality standard and referred the committee to the full set of stakeholder comments provided in the papers.

The committee discussed whether the inclusion of non-melanoma skin cancers (NMSC) and rare skin cancers should be included in this quality standard.

The committee agreed to include non-melanoma skin cancers (NMSC) and rare skin cancers. The group agreed that rates of Merkel cell carcinoma in particular is increasing. Inclusion of rare skin cancers in the NICE guideline on melanoma (NG14) was discussed during the recent update but at the time other guidance was being produced by the British Association of Dermatologists.

**Discussion and agreement of amendments required**

**Draft statement 1:** Integrated care boards work with local partners to implement strategies to prevent skin cancer and raise awareness of the risks of sunlight exposure in at-risk groups.

The committee discussed statement 1.

The committee agreed that it is important to prevent skin cancer for everyone not just at-risk groups. It was noted that people often do not realise they are at risk. “At risk groups” could be misinterpreted, it may imply that only people with lighter skin are at risk and not people with darker skin. CF noted ‘at risk groups’ was based on a definition in NICE guideline on sunlight exposure (NG34). The committee suggested that the statement be amended to make clear that although the statement has a focus on at-risk groups, it would be applicable to all of the population. The committee suggested adding “in particular at risk groups”.

The committee noted the difference between primary and secondary prevention as highlighted by stakeholders. Primary is preventing an initial skin cancer and secondary is preventing subsequent skin cancer.

The committee highlighted that childhood sun exposure was a major problem. Socioeconomic considerations were discussed, and it was suggested this may be an area of inequality as some parents cannot afford sunscreen.

The committee flagged that artificial UV light also causes skin cancer and it is important to raise awareness. There is an increased use of sunbeds amongst young people resulting in high cases of melanoma. In addition to sunbeds, the committee also discussed use of UV lamps in nail salons, and the added risk in regular usage. The committee queried if there was a certain group of people more likely to use sunbeds and UV lamps and whether this may result in inequalities. It was noted that use of sunbeds was more common in the North West and North East seeing higher cases from artificial UV exposure.

The committee agreed that UV light exposure should be included in the quality statement. CF noted that the suggested source guidance for the statement did not cover this but the NICE team agreed to look for alternative underpinning guidance and explore the inclusion of artificial UV light. CF requested members pass on any information that can be used.

The committee discussed the current outcome measure and agreed that stage 1 and 2 do form the bulk of diagnosis of melanomas but the outcome measure is still important. CF highlighted that another outcome measure would be explored that covers non-melanoma skin cancers. The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the above amendments and issues to be explored by the NICE team.

ACTION: NICE team to explore inclusion of exposure to artificial UV light in the statement and explore widening the statement. NICE team to add outcome measure for non-melanoma skin cancer.

**Draft statement 2:** People with suspected melanoma or squamous cell carcinoma are referred using a suspected cancer pathway referral for an assessment within 2 weeks.

The committee discussed statement 2.

The committee were asked whether BCC and rare skin cancers should be included.

Including BCC would cause capacity issues, the committee heard that BCC is not associated with a reduction in life expectancy. most BCC is separate from urgent cancer referral, although high-risk BCC would be referred urgently. The statement should not include BCC but should include rarer skin cancers. They were confident that this is measurable with ICD-10 and SNOMED codes already in use.

Inclusion of BCC and non-malignant lesions has increased the wait time in the system. The committee discussed the removal of the 2-week wait measure noting that although the target has been removed from the NHS England standards, the clinical practice will remain, however the statement should reflect current terminology and data collection. The committee agreed that the statement should use the faster diagnosis standard. They agreed that the statement should focus on a diagnosis within 4 weeks and to remove 2 weeks from the statement. The committee was showed the suspected cancer draft statement, however they wanted to progress statement 2 with the agreed changes.

The committee discussed the use if teledermatology and advice and guidance services and the impact on the suspected cancer pathway. They noted that taking photographs of lesions is not mandated. It was highlighted that teledermatology is already embedded in pathways. There was no objection to including teledermatology, it is an advantage to have a photograph.

The referral is not the issue it is the duration between referral and assessment.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the above amendments and issues to be explored by the NICE team.

ACTIONS: NICE team to amend to reflect the faster diagnosis standard and a diagnosis within 28 days. NICE team to include people with SCC or rare skin cancer in the statement.

**Draft statement 3:** People with pigmented skin lesions undergoing a specialist assessment have the lesions examined using dermoscopy.

The committee discussed statement 3.

The committee suggested the statement should refer to suspicious skin lesions rather than pigmented skin lesions, as some melanoma may be hypopigmented. Dermoscopy is useful for all suspicious skin lesions. There was some concern for the definition of specialist assessment. CF highlighted that the definition is in the original quality standard based on NICE guidance. The group noted that assessment would be by a member of a skin cancer MDT who is properly trained and accredited, post referral from primary care. It was agreed to review the definition and remove reference to specific roles.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the above amendments and issues to be explored by the NICE team.

ACTION: NICE team to review the statement and remove focus on pigmented lesion only. NICE team to review definition of specialist assessment and remove reference to specific clinical roles.

**Draft statement 4:** People with melanoma or squamous cell carcinoma are supported by a skin cancer clinical nurse specialist.

The committee discussed statement 4.

The committee highlighted a massive increase in squamous cell carcinoma (SCC) and suggested the statement should focus on people with a high-risk SCC. There was a suggestion to include rarer skin cancers and Merkel cell carcinoma with the increased incidence of this and the availability of adjuvant treatment.

The committee agreed on the importance of clinical nurse specialists and it was noted that the previous quality standard acted as a drive to recruit more clinical nurse specialists.

The committee discussed the support offered by the CNS and noted the impact of patient choice on the statement wording. There was a suggestion to change the statement to say “have access to” or “offered support” to reflect this.

The committee discussed the key points of the pathway for CNS support. They felt that newly diagnosed people should see a clinical nurse specialist in the first few weeks and also during key points of treatment.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the above amendments and issues to be explored by the NICE team.

ACTION: NICE team to review the statement wording ‘access to’ or ‘offered support’ and include high-risk SCC and rare skin cancers.

**Draft statement 5:** People with stage IIC to IV primary melanoma have BRAF analysis of the tumour.

The committee discussed statement 5.

The committee agree this will help with service requirements.

The committee discussed stakeholder comments about the exclusion of people with other stages of melanoma. They highlighted that since the guideline was developed a new technology appraisal (TA) has been published that includes treatment for stage 2B melanoma. The committee noted that this is not included in NG14 and thus not reflected in this statement. NICE team agreed to feed this back to the surveillance team at NICE.

The committee discussed the availability of immunohistochemistry tests and noted that not everyone has access to this for cost reasons. Because national data collection is molecular only, the committee agreed that data should be collected at local level for this statement.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the above amendments and issues to be explored by the NICE team.

ACTION: NICE team to feedback issue about inclusion of TAs in the NICE guideline on melanoma. NICE team to amend measures to reflect local data collection.

**Draft statement 6:** Adults 25 and over with stage IIC to IV melanoma, and under 25s and pregnant women with stage IIB to IV melanoma, have a staging scan.

The committee discussed statement 6.

The committee suggested that the statement be simplified to refer to all people with melanoma stage 2C to 4 rather than separate out children and young people and pregnant women.

It was agreed the type of imaging should not be specified in the statement but can be addressed in the supporting information.

The committee also noted the implications of not having a staging scan for people with stage 2B melanoma and again noted the TA for treatment in this group.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the above amendments and issues to be explored by the NICE team.

ACTION: NICE team to reword statement for simplicity.

1. **Additional quality improvement areas suggested by stakeholders at consultation**

The following areas were not progressed for inclusion in the final quality standard as the committee agreed that they were not a priority in relation to the other quality improvement areas already included.

* Sentinel lymph node biopsy
* Survivorship

The committee discussed other additional areas.

* Survivorship. Late effects clinics, run by nurse consultants, post treatment for those with long term issues. The NICE team agreed to explore inclusion of survivorship in statement 4 as services are provided by nursing staff, although some terminology may need to be changed. NICE team to work with SCMs on this.
* Full skin checks. The NICE team noted that lack of NICE or NICE-accredited guidance may be a barrier to a statement on this but agreed to again explore the potential.
1. **Resource impact**

The committee considered the resource impact of the quality standard. Stakeholder comments were relayed to the committee including those that suggested the need for investment in primary care education on benign lesions.

1. **Equality and Diversity**

The committee noted that the following groups would be considered when the equality and diversity considerations are being drafted for this quality standard:

Age

Gender reassignment

Pregnancy and maternity

Religion or belief

Marriage and civil partnership

Disability

Sex

Race

Sexual orientation

It was agreed that the committee would continue to contribute suggestions as the quality standard was developed. No other comments were made.

**Close of meeting**