NICE National Institute for Health and Care Excellence

NICE quality standard

Skin cancer

Quality standard

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Contents

This standard is based on NG34, NG14, NG12 and CSG8.

This standard should be read in conjunction with QS124, QS55, QS15 and QS13.

Introduction

This quality standard covers the prevention, assessment, diagnosis and management of skin cancer (malignant melanoma and non-melanoma) in children, young people and adults. For more information see the skin cancer topic overview.

NICE quality standards focus on aspects of health and social care that are commissioned locally. Areas of national policy, such as changes to national commissioning arrangements and legislation, are therefore not covered by this quality standard.

Why this quality standard is needed

There are 2 main groups of skin cancer: malignant melanoma, which can prove fatal, and non-melanoma skin cancers (main types: squamous cell carcinoma and basal cell carcinoma), which are rarely fatal. Over the past decade the incidence of malignant melanoma in the UK has increased by almost 50%. There were about 14,500 new cases of malignant melanoma in the UK in 2013.

Non-melanoma skin cancers are much more common than malignant melanomas, but because of current registration practices their true number is significantly underestimated.

The quality standard is expected to contribute to improvements in the following:

- skin cancer prevention
- skin cancer awareness
- early diagnosis of skin cancer
- skin cancer referrals
- appropriate excisions of skin cancer
- skin cancer survival
- patient experience.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- NHS outcomes framework 2016–17
- Public Health Outcomes Framework 2016–19

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 NHS outcomes framework 2016–17

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	*Overarching indicators* 1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare i Adults 1b Life expectancy at 75 i Males ii Females *Improvement areas* **Reducing premature mortality from the major causes of death** 1.4 Under 75 mortality rate from cancer* i One-year survival from all cancers ii Five-year survival from all cancers *v One-year survival from cancers diagnosed at stage 1&2**** *vi Five-year survival from cancers diagnosed at stage 1&2****

2 Enhancing quality of life for people with long-term conditions	*Overarching indicator* 2 Health-related quality of life for people with long-term conditions** *Improvement areas* **Ensuring people feel supported to manage their condition** 2.1 Proportion of people feeling supported to manage their condition
3 Helping people to recover from episodes of ill health or following injury	*Overarching indicators* *Improvement areas* **Improving outcomes from planned treatments** 3.1 Total health gain as assessed by patients for elective procedures *i Physical health-related procedures*
4 Ensuring that people have a positive experience of care	*Overarching indicators* 4a Patient experience of primary care i GP services 4b Patient experience of hospital care 4c *Friends and family test* *4d Patient experience characterised as poor or worse* *i Primary care* *ii Hospital care* *Improvement areas* **Improving people's experience of outpatient care** 4.1 Patient experience of outpatient services **Improving hospitals' responsiveness to personal needs** 4.2 Responsiveness to inpatients' personal needs

5 Treating and caring for people in a safe environment and protecting them from avoidable harm	*Overarching indicators* *5b Severe harm attributable to problems in healthcare* **Improving the culture of safety reporting** 5.6 Patient safety incidents reported
Alignment with Public Health Outcomes Framework * Indicator is shared ** Indicator is complementary Indicators in italics in development	

Table 2 Public Health Outcomes Framework 2016–19

Domain	Objectives and indicators
2 Health improvement	*Objective* People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities *Indicators* 2.19 Cancer diagnosed at stage 1 and 2*
4 Healthcare public health and preventing premature mortality	*Objective* Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities *Indicators* 4.5 Under 75 mortality rate from cancer*
Alignment with NHS Outcomes Framework * Indicator is shared	

Safety and people's experience of care

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to skin cancer.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE pathway on patient experience in adult NHS services), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to people using services. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that affect people's experience of using services and are specific to the topic are considered during quality statement development.

Coordinated services

The quality standard for skin cancer specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole skin cancer care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people with skin cancer.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality skin cancer service are listed in related NICE quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating people with skin cancer should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development sources on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting people with skin cancer. If appropriate, healthcare professionals should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

Statement 1. Local authority health promotion activities on preventing skin cancer and recognising early signs are consistent with the messages in any national campaigns.

Statement 2. GPs who manage low-risk basal cell carcinoma, including GPs with a special interest (GPwSI), maintain and audit records of their caseload.

Statement 3. People with suspected malignant melanoma are referred using a suspected cancer pathway for an appointment within 2 weeks.

Statement 4. People with pigmented skin lesions undergoing a specialist assessment have the lesions examined using dermoscopy.

Statement 5. People with malignant melanoma or squamous cell carcinoma have access to a skin cancer clinical nurse specialist.

Statement 6. People with stage IB–IIC melanoma with a Breslow thickness of more than 1 mm have a discussion about the advantages and disadvantages of sentinel lymph node biopsy as a staging procedure.

Statement 7. People with unresectable or metastatic melanoma are offered genetic testing of the tumour.

Quality statement 1: Local health promotion activities

Quality statement

Local authority health promotion activities on preventing skin cancer and recognising early signs are consistent with the messages in any national campaigns.

Rationale

Skin cancer is the most common form of cancer and, even though most types are preventable, its incidence has been increasing. People can recognise changes to their skin in early stages of the disease but some are still seeking help too late. Local health promotion activities, with messages consistent with any national campaigns, should minimise public confusion and increase the likelihood of behaviour change.

Quality measures

Structure

Evidence that the local authority health promotion activities on preventing skin cancer and recognising early signs are consistent with the messages in any national campaigns.

Data source: Local data collection.

Outcome

a) Incidence of skin cancer.

Data source:Public Health England National Cancer Registration and Analysis Service.

b) Proportion of melanoma diagnosed at stage 1 or 2.

Data source:Public Health England National Cancer Registration and Analysis Service.

c) Proportion of non-melanoma skin cancer diagnosed at stage 1 or 2.

Data source:Local data collection.

What the quality statement means for public health practitioners and commissioners

Public health practitioners ensure that they implement local authority health promotion activities on preventing skin cancer and recognising early signs using messages consistent with those in any national campaigns.

Commissioners (local authorities) ensure that local authority health promotion activities on preventing skin cancer and recognising early signs are consistent with the messages in any national campaigns.

What the quality statement means for people in the community

People in the community are given advice about how to prevent skin cancer, and how to recognise early signs, through local authority health promotion activities that reinforce the messages in any national skin cancer campaigns.

Source guidance

- Sunlight exposure: risks and benefits (2016) NICE guideline NG34, recommendations 1.1.3 and 1.1.13

Quality statement 2: GPs managing low-risk basal cell carcinoma

Quality statement

GPs who manage low-risk basal cell carcinoma, including GPs with a special interest (GPwSI), maintain and audit records of their caseload.

Rationale

Low-risk basal cell carcinoma can sometimes be managed by GPs in the community, which can be more convenient for patients. Treatment in the community can also frequently be provided at a lower cost and free up capacity in hospitals. However, it is essential that this is balanced with ensuring that care offered in the community is as safe and effective as that in hospital. Maintaining and auditing records of their caseload can help in demonstrating competence.

Quality measures

Structure

Evidence of local arrangements to ensure that GPs who manage low-risk basal cell carcinoma, including GPwSI, maintain and audit records of their caseload.

Data source: Local data collection.

Process

Proportion of GPs managing low-risk basal cell carcinoma, including GPwSI, who audited their caseload within the past 12 months.

Numerator – number in the denominator who audited their caseload within the past 12 months.

Denominator – number of GPs managing low-risk basal cell carcinoma, including GPwSI.

Data source: Local data collection.

Outcome

a) Proportion of skin lesions excised by GPs and GPwSI in dermatology and skin surgery that are subsequently confirmed as low-risk basal cell carcinomas.

*Data source:*Local data collection.

b) Patient safety incidents reported related to removal of basal cell carcinomas in primary care.

*Data source:*Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (GP practices) ensure that GPs managing low-risk basal cell carcinoma, including GPwSI, maintain and audit records of their caseload.

Healthcare professionals (GPs and GPwSI) managing low-risk basal cell carcinoma maintain and audit records of their caseload.

Commissioners (NHS England and clinical commissioning groups) ensure that GPs who manage low-risk basal cell carcinoma, including GPwSI, maintain and audit records of their caseload.

What the quality statement means for patients and carers

People who are having treatment from a GP for a type of skin cancer called low-risk basal cell carcinoma receive treatment that is safe and effective.

Source guidance

- Improving outcomes for people with skin tumours including melanoma (2010) NICE cancer service guidance 8, 'Models of care'.

Definitions of terms used in this quality statement

Low-risk basal cell carcinoma

Low-risk basal cell carcinoma is defined as set out in 'Models of care' in NICE's guidance on improving outcomes for people with skin tumours including melanoma.

Competence in managing low-risk basal cell carcinoma

NICE's guidance on improving outcomes for people with skin tumours including melanoma outlines criteria for assessing competence and accrediting practitioners.

Quality statement 3: Suspected cancer pathway referrals

Quality statement

People with suspected malignant melanoma are referred using a suspected cancer pathway for an appointment within 2 weeks.

Rationale

Timely referral to a specialist is important for a quick and accurate diagnosis of skin cancer. The specialist will usually be working as part of the local hospital skin cancer multidisciplinary team and can provide rapid diagnosis, treatment, management and follow-up for most people with skin cancer. Some squamous cell carcinomas, basal cell carcinomas and less common skin cancers may also need urgent referrals, in line with clinical judgement.

Quality measures

Structure

Evidence of local arrangements and clinical protocols ensuring that a suspected cancer pathway is in place for suspected malignant melanoma.

Data source: Local data collection.

Process

Proportion of confirmed malignant melanomas that were referred using a suspected cancer pathway for an appointment within 2 weeks.

Numerator – number in the denominator that were referred using a suspected cancer pathway for an appointment within 2 weeks.

Denominator – number of confirmed malignant melanomas.

Data source: NHS England Cancer waiting times.

Outcome

a) Time between GP referral for suspected skin cancer and specialist assessment.

Data source: NHS England Cancer waiting times.

b) Time from GP referral for suspected skin cancer to first definitive treatment.

Data source: NHS England Cancer waiting times.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (GP practices and secondary care providers) ensure that systems are in place for people presenting with suspected malignant melanoma to be referred using a suspected cancer pathway for an appointment within 2 weeks.

Healthcare professionals (such as GPs or secondary care clinicians) ensure that they refer people with suspected malignant melanoma using a suspected cancer pathway for an appointment within 2 weeks.

Commissioners (NHS England, clinical commissioning groups) ensure that services they commission refer people with suspected malignant melanoma using a suspected cancer pathway for an appointment within 2 weeks.

What the quality statement means for patients and carers

Peoplewho have skin lesions, such as damaged or injured patches of skin or new, large, changing or unusual looking moles, and whose GP thinks it is a type of skin cancer called malignant melanoma, are referred for an appointment to see a specialist within 2 weeks.

Source guidance

- Suspected cancer: recognition and referral (2015) NICE guideline NG12, recommendations 1.7.1 and 1.7.2

Definitions of terms used in this quality statement

Suspected cancer pathway referral

The patient is seen within the national target for cancer referrals. This was 2 weeks at the time of publication of the NICE guideline on suspected cancer: recognition and referral.

Quality statement 4: Dermoscopy

Quality statement

People with pigmented skin lesions undergoing a specialist assessment have the lesions examined using dermoscopy.

Rationale

Dermoscopy performed by suitably trained specialists is more sensitive and more specific in classifying skin lesions than clinical examination with the naked eye. It lessens the chance of missing a diagnosis of melanoma and reduces the number of unnecessary surgical procedures to remove benign lesions.

Quality measures

Structure

Evidence of local arrangements and clinical protocols to ensure that people undergoing specialist assessment of pigmented skin lesions are examined using dermoscopy.

Data source: Local data collection.

Process

Proportion of pigmented skin lesions undergoing specialist assessment that are examined using dermoscopy.

Numerator – number in the denominator examined using dermoscopy.

Denominator – number of pigmented skin lesions undergoing specialist assessment.

Data source:Local data collection.

Outcome

a) Pigmented skin lesions not selected for biopsy that are subsequently confirmed as melanoma

Data source: Public Health England Cancer stats tool and local data collection.

b) Proportion of melanoma diagnosed at stage 1 or 2.

Data source:Public Health England, National Cancer Registration and Analysis Service.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (local hospital skin cancer multidisciplinary teams and specialist skin cancer multidisciplinary teams) ensure that systems are in place for using dermoscopy during specialist assessment of pigmented skin lesions. Service providers should also ensure that those using dermoscopy have formal training.

Healthcare professionals (members of local hospital skin cancer multidisciplinary teams or specialist skin cancer multidisciplinary teams) undertaking specialist assessment of pigmented skin lesions ensure that they examine the lesions using dermoscopy. They should include formal training as part of their continuing professional development.

Commissioners (clinical commissioning groups and NHS England) ensure that the specialist services they commission have trained specialists who use dermoscopy to examine pigmented skin lesions.

What the quality statement means for patients and carers

People with skin lesions (such as damaged or injured patches of skin or new, large, changing or unusual looking moles) that are being assessed by a specialist have the lesions examined using a magnifying tool called a dermatoscope, which gives a more accurate view of the lesion.

Source guidance

- Melanoma: assessment and management (2015) NICE guideline NG14, recommendation 1.2.1

Definitions of terms used in this quality statement

Specialist assessment

An assessment carried out by a doctor trained in the diagnosis of skin malignancy, normally a dermatologist, who is a member of either a local hospital skin cancer multidisciplinary team or a specialist skin cancer multidisciplinary team.

[Adapted from NICE's guideline on improving outcomes for people with skin tumours including melanoma, key recommendations (page 8)]

Quality statement 5: Skin cancer clinical nurse specialist

Quality statement

People with malignant melanoma or squamous cell carcinoma have access to a skin cancer clinical nurse specialist.

Rationale

Skin cancer clinical nurse specialists can provide specialist guidance and support at all stages of care and treatment, including follow-up. They can act as a source of information (including about local support groups), psychological support and palliative care if needed. People with other forms of skin cancer may also need support from a skin cancer clinical nurse specialist, depending on their individual needs and the impact of their disease.

Quality measures

Structure

Evidence of local arrangements and clinical protocols to ensure that skin cancer clinical nurse specialists are available for people with malignant melanoma or squamous cell carcinoma.

Data source: Local data collection.

Process

Proportion of people with malignant melanoma or squamous cell carcinoma who have a skin cancer clinical nurse specialist.

Numerator – number in the denominator who have a skin cancer clinical nurse specialist.

Denominator – number of people with malignant melanoma or squamous cell carcinoma.

Data source: Quality Health National Cancer Patient Experience Survey and National Cancer Intelligence Network Cancer Outcomes and Services Dataset.

Outcome

a) Quality of life among people with malignant melanoma or squamous cell carcinoma.

*Data source:*Quality Health National Cancer Patient Experience Survey.

b) Satisfaction with support received from skin cancer clinical nurse specialist, reported by people with skin cancer.

Data source: Quality Health National Cancer Patient Experience Survey.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (secondary and tertiary care) ensure that skin cancer multidisciplinary teams have a skin cancer clinical nurse specialist to support .people with malignant melanoma or squamous cell carcinoma under their care.

Healthcare professionals (members of local hospital skin cancer multidisciplinary teams or specialist skin cancer multidisciplinary teams) ensure that people with malignant melanoma or squamous cell carcinoma have access to a skin cancer clinical nurse specialist.

Commissioners (clinical commissioning groups and NHS England) ensure that there are enough skin cancer clinical nurse specialists to support all people with malignant melanoma or squamous cell carcinoma.

What the quality statement means for patients and carers

People with a type of skin cancer calledmalignant melanoma or squamous cell carcinoma have a skin cancer nurse specialist who can provide information, advice and support.

Source guidance

- Melanoma: assessment and management (2015) NICE guideline NG14, recommendation 1.1.1
- Improving outcomes for people with skin tumours including melanoma (2006) NICE cancer service guidance, 'Organisation of skin cancer services'.

Quality statement 6: Sentinel lymph node biopsy

Quality statement

People with stage IB–IIC melanoma with a Breslow thickness of more than 1 mm have a discussion about the advantages and disadvantages of sentinel lymph node biopsy as a staging procedure.

Rationale

Sentinel lymph node biopsy helps to find out whether cancer has spread to the lymph nodes. It is better than ultrasound scans at finding very small deposits of cancers in the lymph nodes. However, it is not a form of treatment and, as with all invasive procedures, it has associated risks and complications that should be discussed with the person to enable shared decision making.

Quality measures

Structure

Evidence of local arrangements and clinical protocols to ensure that the advantages and disadvantages of sentinel lymph node biopsy as a staging procedure are discussed with people with stage IB–IIC melanoma with a Breslow thickness of more than 1 mm.

Data source: Local data collection.

Process

Proportion of people with stage IB–IIC melanoma with a Breslow thickness of more than 1 mm who have a discussion about the advantages and disadvantages of sentinel lymph node biopsy as a staging procedure.

Numerator – number in the denominator who have a discussion about the advantages and disadvantages of sentinel lymph node biopsy as a staging procedure.

Denominator – number of people with stage IB–IIC melanoma with a Breslow thickness of more than 1 mm.

Data source: Local data collection.

Outcome

Satisfaction with support received when deciding the best treatment, reported by people with skin cancer.

Data source: Quality Health National Cancer Patient Experience Survey.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (secondary and tertiary care) ensure that systems are in place for people with stage IB–IIC melanoma with a Breslow thickness of more than 1 mm to have a discussion about the advantages and disadvantages of sentinel lymph node biopsy as a staging procedure.

Healthcare professionals (members of local hospital skin cancer multidisciplinary teams or specialist skin cancer multidisciplinary teams) discuss the advantages and disadvantages of sentinel lymph node biopsy as a staging procedure with people who have stage IB–IIC melanoma with a Breslow thickness of more than 1 mm.

Commissioners (clinical commissioning groups and NHS England) ensure that in the services they commission the advantages and disadvantages of sentinel lymph node biopsy as a staging procedure are discussed with people who have stage IB–IIC melanoma with a Breslow thickness of more than 1 mm.

What the quality statement means for patients and carers

Peoplewith a type of skin cancer called malignant melanoma that is classified as stage 1B or stage 2 discuss the pros and cons of a procedure called sentinel lymph node biopsy with their healthcare professional. In this procedure, 1 or 2 lymph nodes near the cancer are removed and checked to see whether there is melanoma in them. Sentinel lymph node biopsy does not cure melanoma, but it can help to find out whether it has spread and may lead to other treatment options.

Source guidance

- Melanoma: assessment and management (2015) NICE guideline NG14, recommendation 1.5.2

Quality statement 7: Genetic testing

Quality statement

People with unresectable or metastatic melanoma are offered genetic testing of the tumour.

Rationale

Genetic testing of tumour tissue can help with choosing more targeted and effective treatment for people with unresectable or metastatic melanoma.

Quality measures

Structure

Evidence of local arrangements and clinical protocols to provide genetic testing of the tumours for people with unresectable or metastatic melanoma.

Data source: Local data collection.

Process

Proportion of people with unresectable or metastatic melanoma who receive genetic testing of the tumour.

Numerator – number in the denominator who receive genetic testing of the tumour.

Denominator – number of people with unresectable or metastatic melanoma.

Data source: Local data collection.

Outcome

1-year survival rates in people with diagnosed with unresectable or metastatic melanoma.

Data source: Office for National Statistics Cancer survival by stage at diagnosis, experimental statistics: 2012 to 2014.

What the quality statement means for service providers, healthcare

professionals and commissioners

Service providers (secondary and tertiary care) ensure that systems are in place to provide genetic testing of the tumour for people with unresectable or metastatic melanoma.

Healthcare professionals (specialist skin cancer multidisciplinary teams) offer people with unresectable or metastatic melanoma genetic testing of the tumour.

Commissioners (clinical commissioning groups and NHS England) ensure that they commission services that offer genetic testing of the tumour to people with unresectable or metastatic melanoma.

What the quality statement means for patients and carers

Peoplewith a type of skin cancer called unresectable or metastatic melanoma are offered genetic testing of their tumour to help find out whether a type of drug treatment called targeted systemic therapy might be suitable for them.

Source guidance

- Melanoma: assessment and management (2015) NICE guideline NG14, recommendation 1.2.7

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's what makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's quality standard service improvement template helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement. This tool is updated monthly to include new quality standards.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in development sources, NICE's cancer service guidance on improving outcomes for people with skin cancer including melanoma and the National Cancer Peer Review Progamme's Manual for cancer services: skin measures.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between health, public health and social care professionals and people with skin cancer is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with skin cancer should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards process guide.

Evidence sources

The documents below contain recommendations from NICE guidance that were used by the quality standards advisory committee to develop the quality standard statements and measures.

- Sunlight exposure: risks and benefits (2016) NICE guideline NG34
- Melanoma: assessment and management (2015) NICE guideline NG14
- Suspected cancer: recognition and referral (2015) NICE guideline NG12
- Improving outcomes for people with skin tumours including melanoma (2006) NICE guideline CSG8, partially updated in 2010

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Independent Cancer Taskforce (2015) Achieving world-class cancer outcomes: a strategy for England 2015–2020
- NHS England (2015) Waiting times for suspected and diagnosed cancer patients: 2014–2015 annual report
- The Melanoma Taskforce (2015) 2015 Skin cancer visions: the melanoma taskforce
- Department of Health (2012) Direct access to diagnostic tests for cancer: best practice referral pathways for general practitioners

Definitions and data sources for the quality measures

- National Cancer Intelligence Network Cancer Outcomes and Services Dataset
- NHS England Cancer waiting times
- Office for National Statistics Cancer survival by stage at diagnosis, experimental statistics:

- 2012 to 2014
- Public Health England Cancer stats tool
- Public Health England National Cancer Registration and Analysis Service
- Quality Health (2014) National Cancer Patient Experience Survey

Related NICE quality standards

Published

- Suspected cancer (2016) NICE quality standard 124
- Cancer services for children and young people (2014) NICE quality standard 55
- Patient experience in adult NHS services (2012) NICE quality standard 15
- End of life care for adults (2011) NICE quality standard 13

In development

- Early years: promoting health and wellbeing. Publication expected August 2016

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Community engagement: effective strategies for behaviour change
- Healthy workplaces: improving employee mental and physical health and wellbeing and lowering sickness absence
- Population health programmes
- School-based interventions: health promotion and mental wellbeing

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality standards advisory committee and NICE project team

Quality standards advisory committee

This quality standard has been developed by quality standards advisory committee 3. Membership of this committee is as follows:

Mr Ben Anderson
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The following specialist members joined the committee to develop this quality standard:

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Consultant Medical Oncologist, Royal Free London NHS Foundation Trust

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard has incorporated into the NICE pathways on sunlight exposure: risks and benefits, suspected cancer recognition and referral and melanoma.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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Endorsing organisations

This quality standard has been endorsed by the following organisations, as required by the Health and Social Care Act (2012):

- NHS England
- Department of Health and Social Care

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- British Association of Plastic, Reconstructive and Aesthetic Surgeons
- Royal College of General Practitioners
- Faculty of General Dental Practice