

**Skin Cancer Surgery Priority Setting Partnership (PSP)  
Steering Group (SG) Meeting 1 – Part B  
9-11am Friday 11<sup>th</sup> September 2020**

**Virtual**

**MEETING NOTES & ACTIONS**

<b>Meeting Purpose</b>	<ul style="list-style-type: none"> <li>• Summary of Meeting 1 Part A &amp; Introductions</li> <li>• Part 2 Discussion on Scope</li> <li>• Review of steering group membership</li> <li>• Discussion of partners and participants/identification of stakeholders</li> <li>• Launching and promoting the PSP</li> <li>• PSP Timeline</li> <li>• PSP administration: Terms of reference, future meeting dates etc</li> </ul>	
<b>Summary of Meeting 1 Part A and Introductions</b>		
Introduction of PSP members not present at Monday's meeting: <b>David Snow, Stuart Belshaw, Matthew Helbert, Douglas Grindlay, Jeremy Rodrigues.</b>		
<b>Action</b>	<b>Who</b>	<b>When</b>
1. Compile and send to SG summary of Steering Group member biographies (from Privacy & Interests form)	David and Aaron	Before SG Meeting (date tbc)
<b>Part 2 Discussion on Scope</b>		
<p>Aaron Wernham discussed changes to draft inclusion/exclusion criteria following comments during our meeting on Monday and subsequently through email.</p> <ul style="list-style-type: none"> <li>• Addition of “suspected primary” skin cancer given that most precancerous changes are surgically removed to rule out evidence of skin cancer.</li> <li>• Addition of local and regional recurrence as inclusion criteria given this is an integral part of skin cancer surgery.</li> <li>• “follow up related to scar outcome” to clarify that follow up uncertainties will only be included if relevant to the outcome of the surgery.</li> </ul>		

- In exclusion – “monitoring for recurrence not relevant to the surgical technique” – hence excluding issues regarding follow up monitoring if not relevant to how the surgery was undertaken e.g. margins taken.
- Questions related to skin cancer in the paediatric population (felt to be too broad to include in the scope).

It was discussed that, depending on the questions received, it may be necessary to have two top ten lists, one for primary surgery, and one for surgery for recurrent skin cancer.

Matthew Helbert raised a question on whether the referral pathway for skin cancer surgery, specifically referral between specialties after primary diagnosis, is included in the scope. The consensus was that this was an important aspect of the treatment pathway and should be included. This has been included in the inclusion criteria.

Action	Who	When
2. Finalise Scope inclusion and exclusion criteria and embed in JLA Protocol document to be shared with SG members for their review/approval.	David and Aaron	Before SG Meeting (date tbc) to allow further feedback/comments

#### Review of Steering Group Membership

Aaron Wernham highlighted the current representation of the steering group and suggested inclusion of oculoplastic, oncology and additional GP membership to the steering group. This was agreed by group consensus.

The point was also raised about UK-wide representation. In particular consideration of membership from Northern Ireland and further representation from Scotland.

There was also consideration of increasing female membership of the patients on the steering group (currently 2 women and 6 men).

Action	Who	When
3. Members to suggest to Aaron and David any additional members that they feel would be able to commit the time to the process.	SG members	Before SG Meeting (date tbc)
4. Aaron and David to approach additional members and invite their participation in the group	David and Aaron	Before SG Meeting (date tbc)

### Launching and Promoting the PSP

David Veitch discussed potential patient support/charity partners for the PSP and potential methods of promotion.

Potential charity/patient support partners to approach were:

- Melanoma UK
- Skcin
- Macmillan cancer support
- Wessex cancer trust
- Maggies
- Melanoma focus
- Cancer research uk
- British skin foundation
- World cancer research fund
- Gorlin syndrome group
- Scottish dermatological society
- UKDCTN, BAD, BDNG, BSDS, PCDS, BAPRAS, RSTN

The following were suggested as potential platforms for survey promotion:

- JLA
- UKDCTN
- Social media
- E-flyers
- Youtube – consideration of a video promotion
- Paper flyers – consideration of how these might be disseminated to patients, particularly practicalities of how this might be possible in light of COVID-19.
- Consideration of use of local and trust radio and local newspapers
- Sensitive promotion through social media to high profile people with experience of skin cancer surgery (e.g. Janet Street Porter)

Action	Who	When
5. Addition of Melanoma focus to partner group	Jonathan Pollock	Before SG Meeting (date tbc)
6. Addition of skin care cymru and health wise wales to partner group	Rachel Abbott	Before SG Meeting (date tbc)
7. Members to suggest any other groups to approach including consideration of	SG members	Before SG Meeting (date tbc)

any NI dermatology group membership.		
8. Ayath Ullah to assist with development of web-based promotional material	Ayath Ullah	Before SG Meeting (date tbc)
<b>PSP Timeline</b>		
<p>David Veitch proposed timeline for PSP:</p> <ul style="list-style-type: none"> <li>• Next three weeks <ul style="list-style-type: none"> <li>○ Confirm Protocol / Scope / Survey design</li> </ul> </li> <li>• 1<sup>st</sup> October – 1<sup>st</sup> November <ul style="list-style-type: none"> <li>○ Pilot test survey</li> </ul> </li> <li>• 1<sup>st</sup> November – 1<sup>st</sup> March <ul style="list-style-type: none"> <li>○ Collect evidence uncertainties</li> </ul> </li> <li>• 1<sup>st</sup> March – 1<sup>st</sup> July <ul style="list-style-type: none"> <li>○ Summarise responses / Categorising / Evidence checking</li> <li>○ <b>Interim Priority Setting Work Shop to agree on wording indicative questions</b></li> </ul> </li> <li>• 1<sup>st</sup> July – 1<sup>st</sup> October <ul style="list-style-type: none"> <li>○ Interim Priority Setting Survey → Top 25-30</li> </ul> </li> <li>• Oct-Nov 2021 <ul style="list-style-type: none"> <li>○ <b>Final Work Shop → Top 10</b></li> </ul> </li> </ul> <p>Funding for PSP has been extended beyond two year limit by UKDCTN in light of COVID-19.</p>		
<b>PSP Administration: Terms of reference, future meeting dates etc</b>		
<p>David Veitch discussed PSP funding breakdown and changes to anticipated spending in light of COVID-19.</p> <p>David Veitch discussed resource access for survey distribution/promotion, video conference, admin support, information specialist, evidence checking, venue access and paper writing.</p> <p>Steering group terms of reference – no comments/issues raised but it was felt that it would be helpful for this to be sent around to the steering group again.</p>		
<b>Action</b>	<b>Who</b>	<b>When</b>

9. Full terms of reference to be sent out to members	Aaron Wernham	Before SG Meeting (date tbc)
<b>Future Meetings</b>		
Suzannah suggested a doodle poll to establish best times for future meetings. Clinicians may need to provide 6-8 weeks' notice for clinic cancellation.		
<b>Action</b>	<b>Who</b>	<b>When</b>
10. Doodle poll to establish a suitable date for the next meeting and subsequent meetings.	Aaron Wernham and David Veitch  SG Members to complete	Before Friday 18 <sup>th</sup> September
<b>Any other business</b>		
<p>Summary of next steps:</p> <ul style="list-style-type: none"> <li>• Send summary of SG member biographies</li> <li>• Review revised scope and embed in protocol</li> <li>• Review terms of reference</li> <li>• Invitation to any additional steering group members with particular focus on regional representation from NI and Scotland.</li> <li>• Draft first survey &amp; consider who could help us to pilot it (mix of 20 patients/carers/clinicians outside the SG)</li> <li>• Consider avenues to promote the PSP.</li> </ul>		

**Mentimeter** – aspirations for the PSP put forward by Steering Group members:

- To lead at least one high quality grant-funded study that helps improve care for patients.
- That it enables people with blood borne viruses to have the best surgery for skin cancer.
- To drive research into skin cancer surgery.
- It improves the evidence base for skin cancer surgery to clarify best treatments and best outcomes for patients.
- To see a RCT developed out of the priorities we set that will significantly help and enhance skin cancer surgery for our patients.
- I hope that we can produce some really useful uncertainties which can be used to help focus research efforts and lead to influential changes in patient care and improve skin cancer outcomes from surgery.
- To ensure skin cancer patients get treated by the right person.
- Clarify important questions that encourage high quality research to address uncertainty in surgical dermatology.
- That several research studies are created and funded in the future.
- That we have highlighted what is important to patients and move forward successfully.
- Ensuring the best possible experience for skin cancer patients.
- Professional and PPI members to be treated quality and fairly, valuing everyone's time, energy and expertise.
- To get robust research ideas that are patient focused that can help guide future trials over the next several decades.
- Clarify pathways for clear follow up of patients, if any. Would allow rationalisation of resources.
- That we can work very well together.
- To keep patients and carers at the forefront of this important work.

Apologies received – Jonathan Batchelor, Carrie Wingfield, Diane Thompson, Stela Ziaj, Eleanor Earp.

<b>Attendees</b>	<b>Attended Y/N</b>
John Holmes	y
Eric Deeson	y
Stuart Belshaw	y
Ayath Ullah	y
Patricia Fairbrother	y
Nigel Dunford	y
Dr Aaron Wernham	y
Dr David Veitch	y
Dr Rachel Abbott	y
Dr Jonathan Batchelor	n
Dr Claudia Degiovanni	y
Mr Jonathan Pollock	y
Mr Jeremy Rodrigues	y
Ms Carrie Newlands	y
Carrie Wingfield	n
Dr Sarah Worboys	n
Mr David Snow	y
Diane Thompson	n
Dr Stela Ziaj	n
Dr Alistair Brown	y
Dr Eleanor Earp	n
Maggie Mcphee	y
Douglas Grindlay	y
Suzannah Kinsella	y
Jackie Kervick	y
Matthew Helbert	y

\*T/c = joining via video/teleconference