Freedom of Information Request: Our Reference CTMUHB_38_23

You asked:

Under the freedom of information (FOI) Act 2000, I would like to request the following information regarding your NHS Trusts/Boards:

In contrast to departments in England we do not have pathway guidelines set by local CCGs, so the responses are as follows:

1. **What are your current skin cancer patient clinical pathway guidelines e.g., from initial patient symptoms in a GP setting to specialist referral as well as treatment and follow-up procedures and protocol.** ***Attached are two outdated CCG (Clinical Commissioning Group) pathway guidelines for reference.***

   As per national NICE guidelines for all suspected skin cancers including basal cell carcinoma, squamous cell carcinoma and malignant melanoma.

2. **Does your skin cancer pathway include remote patient-clinic interactions (as opposed to face-to-face interactions), Yes or No and if yes, elaborate what they are and what stage in the pathway they're used e.g., teledermatology (the use of digital photography to assess patient lesions) at the GP stage.**

   There is no local specific skin cancer pathway and therefore no pathway that includes remote patient-clinic interactions.

   However, we do have a type of Teledermatology that we call our "Lesion Photography Service (LPS)".

   Urgent Suspected Cancer (USC) patients are not processed through the LPS (for example, GP's have never been allowed to refer USC patients to our LPS). This is because the initial turnaround time for the LPS is predicted to be 8 weeks, which is too slow for USC patients.

   In terms of Cancer Pathways (or Single Cancer Pathways) Basal Cell Carcinomas in Wales have never been managed via USC or Cancer Pathways, this is because they only grow extremely slowly, and have almost no potential for metastatic spread (hence they do not really behave in a malignant fashion). Therefore, BCC's are not referred in on the USC system (*), and BCC's can be sent through the LPS.

   The LPS started in August 2020 in RGH, we had planned to get this service started in previous years but did not have enough doctor time to do so.
   Our LPS is for lesions which are not suspected of being malignant. However, as we have had large numbers of patients referred through this LPS system, we have had a few SCC's and melanomas turn up in the LPS which were not originally referred in as suspected cancer by Primary Care.
   Hence, although our skin cancer pathway itself does not include remote patient-clinic interactions, we do have this LPS pathway for non-malignant lesions and occasionally a malignant skin cancer may inadvertently present through the LPS.

*If a Primary Care colleague mistakenly refers a classical BCC to us on the USC system, then such a patient may be downgraded by us to a less urgent category, and also may then be diverted by us to the LPS. (We do then audit the eventual outcome of patients who have been downgraded by us from their original USC category referral).

3. **What were your latest skin cancer pathway guidelines in 2019/2020 prior to the COVID-19 pandemic (announced as a pandemic by WHO on 11 March 2020).**

   As per the national NICE guidelines and updated BAD guidelines:
   NICE NG14 Melanoma: Assessment and management last updated 27 July 2022
   NICE QS130 Skin cancer last updated 27 July 2022
   BAD Squamous cell carcinoma guidelines published March 2021
   BAD Basal cell carcinoma guidelines published November 2021
   BAD/RCP Joint melanoma guidelines published September 2007