**Skin Cancer Surgery Priority Setting Partnership (PSP)**

**Steering Group (SG) Meeting 2**

**8-9am Friday 27th November 2020**

**Virtual**

**MEETING NOTES & ACTIONS**

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| **Meeting Purpose** | * Introduce new Steering Group (SG) members.
* Review draft of first survey and seek further feedback from members of the SG.
* Review partner organisations and promotion of the first survey.
* Discuss timing of survey launch.
* Discuss date / timing of next meeting.
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| **Meeting Action Points** |
| **Introducing new SG members** |
| Dr Angelika Razzaque is a GP in Amersham with a particular interest in dermatology.Dr John Bladen is a Consultant Ophthalmologist and Oculoplastic Surgeon at Kings College Hospital.The SG welcomed them to the group. |
| **Action**  | **Who** | **When** |
| 1. Send updated list of all SG Member biographies to the Steering Group
 | DV / AW | By December 15th.  |
| **First survey: Discussion about introduction and collecting uncertainties** |
| David Veitch (DV) updated the group on developments since the last meeting including the drafting of the first survey to collect evidence uncertainties and development of the website. The Survey Hero platform has been used to draft the survey and is felt to be a user friendly platform but may not be able to perform more complex features if required. The survey has been distributed to the PSP Steering Group (SG) members for feedback and the British Society of Dermatological Surgery (BSDS) Executive committee to provide external feedback. DV thanked all of those who have sent written feedback prior to the meeting. **The first page of the survey** was reviewed which included logos of the two funders of the PSP study – the BSDS and UKDCTN logo. * AW suggested adding the logos of other bodies supporting the work to show that it is supported by charities, patient support groups and non-dermatology professional bodies. This so far includes SKCIN, Melanoma Focus, Gorlin Syndrome Group, BAPRAS and the BSF.

**Intro page:** DV received feedback that the introductory information was too long and wordy. Some felt that all the information was necessary. * Eric Deeson (ED) offered to help shorten the introduction if required and to give patient perspective on this.
* One way to reduce this would be to split the survey into two, one targeted to clinicians and one to patients and carers with separate wording. DV and Carrie Newlands (CN) suggested keeping the survey as one for simplicity and to enable simpler collation of data. Separating the surveys might also be most costly due to the logic function required. The SG agreed to keep as one.
* DV, Claudia De Giovanni (CDG) and Eleanor Earp (EE) suggested dividing the information up for clinicians and patients. EE suggested having it on one page with two boxes – one for clinicians and one for patients. The SG agreed to trial this approach in the next draft.

The SG agreed that the contact information could be put at the end and was not required at the beginning. CN suggested the need for a privacy policy if the SG is going to keep any details of responders for communicating about future parts of the PSP work. AW noted that there is some information on the PSP website for this and that we could direct participants there to sign up. This would overcome the concern that Survey Hero would have contact details of those responding – it was unclear how these might be used. This would also overcome to issue of anonymity where their identifying information would be linked to survey answers. * Jonathan Batchelor (JB) suggested having a “thank you for completing our survey” message at the end of the survey.
* Angelika Razzaque (AR) felt it was confusing that it mentioned providing up to 5 uncertainties earlier on in the survey and then mentioning about a Top 10 at the end. Whilst this is clear to members of the SG, it was agreed this might not be clear to the public. One suggestion rather than to have 5 boxes to add uncertainties would be to allow the responder to complete one box and have the option to add additional uncertainties one at a time.
* One member of the group questioned how the process normally works for other PSPs. Suzannah Kinsella (SK) suggested that this is normally between 3 and 5 uncertainties that the responder is asked to add.
* CN suggested saying to responders that putting forward one uncertainty is ok but informing the responder they can add more if they like. It was agreed it was better to have one good uncertainty than many uncertainties of lower quality put forward.
* Nigel Dunford (ND) suggested having the option to add the name of the cancer the person has had. Maggie Mcphee (MM) also raised this point. There was some concern about confidentiality here, particularly with rarer skin cancers. The other issue raised was that this question would not be relevant to clinicians and some patients may have had multiple skin cancer types. John Bladen (JBl) suggested patients may not know which type of skin cancer they have had and find this difficult to answer. AW mentioned that patients could offer this information in the uncertainty they put forward if relevant to one cancer only. Many questions will however be relevant to skin surgery on any cancer. SG Agreed not to have a dedicated question on skin cancer type, but encourage patient/carer respondents to include type in their question if it is helpful.
* CDG mentioned the option of giving the responder topic areas e.g. consent, anaesthesia and asking for uncertainties related to those topic areas. Alistair Brown (AB) felt this may limit responses if there are fixed categories. JB felt that it would be better to have examples of areas of skin surgery to consider when thinking of uncertainties. This was listed on an earlier page in the survey and could be moved here to reduce word numbers earlier on. The SG agreed on this approach.
* The position of questions about demographics was discussed. AW suggested that this would be better at the end as the most important data to capture was the uncertainties put forward. The SG agreed with this.
* Stela Ziaj (SZ) suggested we need to ensure there is clarity that the PSP is for skin cancer surgery and not just skin cancer. AW and DV to review and ensure this is made clear throughout.
* Patricia Fairbrother (PF) suggested the option of free text to enable to responder to add more text around their question. The SG agreed.
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| **Action**  | **Who** | **When** |
| 1. Address agreed changes to the survey wording / structure as per the above minutes and from email feedback.
 | DV / AW | By December 15th.  |
| 1. Addition of agreed partner logos to the first page of the survey
 | DV / AW | By December 15th.  |
| **First survey: Discussion about collecting demographics** |
| DV and SK explained the need to collect demographic data to ensure that the uncertainties put forward represent all the relevant patient and health professional groups.* The SG discussed **ethnic groups** and whether **Fitzpatrick skin types** would be more relevant. ED questioned whether “skin types” would be unclear to patients. Rachel Abbott explained about Fitzpatrick skin types to the group (propensity to burn in the sun)– the SG agreed it would be easy for patients to choose their skin type as this has been used in many previous research studies.
* Matthew Helbert (MH) felt that asking ethnic group should be included to ensure the outcomes are representative of different patients groups. AW suggested that the responder numbers may be skewed towards fair skin or Caucasian backgrounds as skin cancer is much more common in this group. RA also suggested keeping in ethnic groups.
* SK mentioned there is a shortened version we could use and to include ethnic groupings. The SG agreed to keep this question in and add skin types as an additional question.
* CDG questioned the need to ask about **sexual orientation** and wondered whether responders will feel this is unnecessary information to give. MH suggested that this should be included to show that the survey is accessible to all. AW suggested that responders might not understand the need for this but that it would be fine to include as long as it was made clear why we are asking this. The SG agreed to include sexual orientation.
* SK questioned whether **anaesthesiology** should be included in the drop down list of specialisms. The SG agreed with this addition and also concurred that it should be specialisms rather than specific roles.
* The SG agreed that we could collect uncertainties **from the rest of the world** but that this would be excluded from the Top 10 PSP outcomes as these should be relevant to the NHS and UK Funders. AW suggested that this data would still be useful to collect and may support additional publications – it may however involve additional work. To this end, in the options for locations, Republic of Ireland will be deleted and any respondent from outside of the UK will be asked which country they are responding from. The SG agreed with this approach.
* The SG discussed about the options of **dropdown boxes** versus displaying all the categories on the page (making the page longer). JBl stated that patients with impaired sight might not be able to use dropdown boxes. The SG therefore agreed to maintain the current format. AR suggested that some survey platforms can read out the question to help the sight impaired. DV and AW to see if Survey Hero supports this feature but may not. AR also mentioned about reaching out to those for whom English is not their first language. Google translate can be used but may not work on drop down boxes. SK summarised the agreement to leave all the questions and options visible on the page.
* Jaqueline K suggested that the **gender question** could be rephrased to “I identify as”.
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| **Action** | **Who** | **When** |
| 1. Amend the demographics page as per the agreed suggestions in the minutes and send the revised survey to SG.
2. SG to provide email feedback on survey
 | DV / AWSG | By December 15th By December 22nd  |
| **Launching of the survey and promotion** |
| AW and DV will send a list of current partners to help to promote the PSP and the survey. The SG agreed with a timeline to distribute the survey in the new year with the next meeting to be arranged in February. This would enable the SG to review the responses so far and to see whether any groups need to be targeted who haven’t yet been represented. AW mentioned the challenge will be targeting patients and that we will need to focus on ways to reach out to patient groups.  |
| **Action**  | **Who**  | **When** |
| 1. Send list of partners to SG
2. Review and add to list of supporting partners
 | DV/AWSG Members  | December 15th January 7th  |
| 1. Send promotion plan to SG
2. Review methods of promoting the survey
 | DV/AWSG members  | December 15th January 7th  |

**ATTENDANCE**

Apologies received – J Rodrigues, D Thompson, J Pollock, C Wingfield, S Belshaw

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