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

**Steering Group (SG) Meeting 3**

**8-9am Friday 12/2/21**

**Virtual**

**MEETING NOTES & ACTIONS**

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| **Meeting Purpose** | * Welcome & introductions * Actions from November meeting * Review of responses so far to first survey * Actions to continue to promote survey * Next steps and next meeting * AOB | |
| **Meeting Action Points** | | |
| **Introducing new SG members** | | |
| Diane Cannon: Diane is the Corporate Partnerships Director of Melanoma UK.  Agata Rembliak: Agata is a Clinical Oncology Consultant at The Christie Hospital in Manchester and Senior Clinical Lecturer at The University of Manchester  The SG welcomed them to the group. | | |
| **Action** | **Who** | **When** |
| 1. Nil |  |  |
| **Actions from November meeting** | | |
| The survey had been completed, distributed and initial responses collected. | | |
| **Action** | **Who** | **When** |
| 1. Nil |  |  |
| **Review of responses so far to first survey** | | |
| AW presented an extensive overview of survey updates – the information is in the **attached** document.  A summary of salient points included:-  Lower health care workers responses – perhaps due to Covid/redeployment, however, this does reflect the same ratios as other PSPs.  Plastic surgery questionnaire has gone out via BAPRAS. This has started to increase the response rate from this specialty.  MF/ENT/oculoplastics – expecting lower numbers here reflecting the lower number overall of clinicians performing skin surgery in these specialties.    Carers – higher numbers 30-60yrs of age. Predominant female, Caucasian, England responses.  Sexual orientation: Matthew Helbert has comments on how to help tackle this - **attached.** | | |
| **Action** | **Who** | **When** |
| 1. Dissemination of response summary to group | AW/DV | By 29/2/21 |
| **Actions to continue to promote survey** | | |
| Menti responses as detailed:-   * Contacted Melanoma Focus, BAPRAS and the Skin Cancer Surgery Special Interest Group to complete the survey. Shared the survey link at a recent national interview process group. * Shared to the survey to our MDT, and Patricia has shared with the region. * Cirulated through my KSS CRN links to all units, emailed diretly, surgeons plastic lead at QVH and oncology, approached pts during surgery and given link with discharge paperwork * Worked hard to side step admin obstructions in ENT UK to get it promoted - disappointed that our professional group was initially awkward to engage with * To all UK DCTN members and twitter/facebook accounts * Put posters up * Tweeted regularly, informed patients in clinic, sent around to professional membership groups. * Sent info with links to two communities of lay people I'm in, one with all forms of cancer * Joined various Facebook groups and and asked if it was ok to share the survey. * I have circulated the survey with the British oculoplastic surgical society who have sent the survey to all members across the UK. In addition, I have circulated it within my local team. * UK RCR involvement * Manchester LMDTs and SMDT - distributed to all members * Every patient in clinic is aware of the survey * Circulated BAOMS, society of women on OMFS, phoned 50 pts to ask if ok to send link. * Included in CEBD Evidence Updates - 1600 subscribers, mostly dermatology health professionals. * Posters in department * Social media posts/activity * Email to our melanoma followers * Spoken with patients direct during our weekly Zoom calls * Tweets, ICPV (charity) their website and google group, personal friend * Given paper copies of the survey info and link to all patients who have attended my nurse led skin surgery lists * Shared with colleagues who are doing the same. * SKCIN involved in promo on website via Marie Tudor * Posted on LinkedIn   **RA:** There may be survey fatigue as there have been many surveys being disseminated recently. As things improve regarding redeployment this will hopefully get better.  Skin cancer is mostly male and over age 75. Do we think we are reflecting this population?  **DV/JP:** Could we hand out surveys to patients in clinic directly and then collect them at reception? This would allow more paper surveys to be handed out. The only problem is that in Covid some departments are not allowing paper forms. Leicester being an example of that.  **ED/PF:** agree that this would be a productive way to do this. Magazines are often not allowed now so filling out the survey could be a productive way to spend time while waiting for ones appointment.  **JB/RA:** Paper print outs to hand out would be effective. However, there are many consultations now that are virtual and so the footfall is overall lower. Although we would not capture all patients this may increase our target numbers.  **CW:** Their department phoned 50 patients in order to email out the survey to them and this has been very successful with good engagement. This could be an excellent plan in other departments and increase engagement  **DC:** Now we know the results thus far we know who to target. This is very helpful in order to fill in the gaps. Numerous male representative cancer groups that can be contacted.  **All:** This month a good time to target patients/ patient groups. As clinicians are being redeployed currently across the country it would be helpful to target patients. Then to revisit the push to target clinician groups next month when hopefully redeployment has lowered.  **DC:** Extend to NICE to see if they can disseminate.  **JB:** May be worth extending the survey once patients return to clinic and then we can get more responses. The group were in agreement with this. Many research studies have been extended during Covid due to recruitment problems.  **SK:** Please email/contact us with successful promotion techniques  **DT:** Contact FB group/CNS in department to hand out paper copies. Get in touch with communication departments in the Trust to disseminate locally. CNS’ are an excellent way to access skin cancer patients directly.  MH (by email): I see that the number of survey respondents presenting as LGBT is roughly the same as the background demography in the UK: Reassuring. Thanks for including that. The Gorlin Syndrome Group did a launch on their FB page ? second launch, maybe on Rare Diseases Day - 28/2/21 | | |
| **Action** | **Who** | **When** |
| 1. Survey promotion as detailed above – focus on targeting the older population and males. | All |  |
| 1. Please email/contact us with successful promotion techniques | All |  |
| 1. Ayath Ullah has A3 laminated posters available – members to email directly with address to send and how many required. | All – by emailing Ayath (ayath@hotmail.co.uk) |  |
| **Next Meeting** | | |
| 21st May 0800-0930 Virtual | | |

**ATTENDANCE**

Apologies received – Dr Alistair Brown, Dr Angelika Razzaque, Dr Matthew Helbert

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