

FOI REF: 23/068

12th April 2023

FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions 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 Attached are two outdated CCG (Clinical Commissioning Group) pathway guidelines for reference.**

Please see attached [East Sussex Healthcare NHS Trust's \(ESHT\) current skin cancer guidelines](#).

- 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.**

No. ESHT runs face to face consultations as standard. However, ESHT is currently involved with Cancer alliance for the potential set up of a 2 week wait (2WW) teledermatology pilot for Spring 2023.

- 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 attached ESHT skin cancer guidelines](#).

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

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Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours sincerely

Linda Thornhill (Mrs)
Corporate Governance Manager
esh-tr.foi@nhs.net

East Sussex Suspected Cancer referral guidance Skin

Information and Guidance:

Immunosuppression includes:

- organ transplant recipient
- systemic immune suppressive therapy for inflammatory disease, eg arthritis, psoriasis, inflammatory bowel disease
- haematological disorder affecting immunity
- recent chemotherapy

Macmillan rapid referral toolkit accompanying notes

Squamous cell carcinomas

Squamous cell carcinomas are usually raised lesions, a number of typical features have been described: often ulcerated keratinised or crusting lesions and growing typically on the head and neck or back of hand. They occur commonly and are higher risk in anyone who is immunocompromised or had a previous organ transplant. Refer all new skin lesions in this group urgently.

Basal cell carcinoma

Features suggestive of a basal cell carcinoma include:

- An ulcer with raised, rolled edge,
- Prominent fine blood vessels around the lesion,
- Nodules, often waxy or pearly in appearance.

Suspected basal cell carcinomas should only be excised in primary care in accordance with the NICE guidance on improving outcomes for people with skin tumours including melanoma (May 2010). Specific sites of concern are sun-exposed areas such as the scalp, face, hands and arms, particularly in fair-haired patients.

Useful websites:

[BMJ Informatics pathways](#) Assessing and referring adult cancers Version 3.1. Updated 17 July 2015

[CRUK main](#) Cancer Research UK website

[CRUK learning](#) Cancer Research UK – Learning and Development including a collection of recommended accredited educational resources and tools and templates

[CRUK Easel](#) This resource summarises NICE's 2015 referral guidelines for suspected cancer (NG12)

[e-CDS](#) The Cancer Decision Support (CDS) tool is designed to support GPs in their clinical decision making and encourage them to think cancer by displaying the risk of a patient having an as yet undiagnosed site-specific cancer. This risk is based on read coded information from their patient record including symptoms, medical history and demographic data.

[Macmillan](#) - Macmillan website to support and help

[Macmillan learning](#) - Macmillan LearnZone provides a variety of free learning resources, online courses and professional development tools from Macmillan Cancer Support

[Genetics and Family History](#) - Macmillan genetic conditions and inherited cancers - Causes

and risk factors

[NICE](#) - Suspected cancer: recognition and referral NICE guideline [NG12]: June 2015

[Q-Cancer](#) - QCancer is an algorithm, which can be used to calculate the absolute risk of a patient having an undiagnosed cancer based on a number of factors.

[RAT](#) - The cancer Risk Assessment Tool (RAT) is an algorithm that can be used to calculate the absolute risk that a patient has an undiagnosed cancer based on certain risk factors and their current symptoms. The RATs are designed to support GP decision making when deciding which patients require further investigation or referral. The RAT does not replace clinical judgement, but gives more information on which to base patient management decisions.

ESHT SKIN CANCER PATHWAY

