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PRESS RELEASE

NICE ISSUES GUIDANCE TO IMPROVE HEALTHCARE SERVICES FOR SKIN CANCERS

The National Institute for Health and Clinical Excellence (NICE) and the National Collaborating Centre for Cancer (NCCC) have issued guidance for the NHS in England and Wales on how healthcare services should be provided for adults, children and young people with skin tumours, including melanoma. The guidance, which is the seventh in the Institute's series on cancer services, provides advice to those who develop and deliver cancer services on the planning, commissioning and configuration of those services.

Skin cancers are, for the most part, curable, but the fact that their incidence has increased so rapidly has placed particular pressures on the services responsible for managing and treating people with these cancers. This guidance, which is based on a service model involving cancer networks as the vehicle for delivery of the NHS Cancer Plan, recommends that these networks should establish multidisciplinary teams for the provision of skin cancer care which for the first time brings community services into the system. This will ensure that the care provided to patients is tailored appropriately to the level of risk that their condition poses, and that NHS resources are used in the most effective way.

There are many types of skin cancer but the three most common (basal cell carcinoma [BCC] – a slow developing cancer of the epidermis that usually occurs on the face); squamous cell carcinoma [SCC] – a cancer of the outermost layer of skin cells; and malignant melanoma [MM]) account for more than 95% of all skin cancers. There are many other types of skin cancer that occur less commonly – such as skin lymphomas and skin sarcomas – and the NICE guidance also provides information about the treatment and care that people with these rarer cancers should be offered. Treatments for precancerous lesions

and skin cancers are usually relatively simple, involving the removal or destruction of the lesion. However, some patients require extensive, longer-term treatment which may involve specialist care and treatment in hospital.

Key recommendations in the guidance include:

- Cancer networks should establish two levels of multidisciplinary teams – local hospital skin cancer multidisciplinary teams (LSMDTs) and specialist skin cancer multidisciplinary teams (SSMDTs). All health professionals who knowingly treat patients with any type of skin cancer should be members of one of these teams, whether they work in the community or in the hospital setting.
- People with precancerous skin lesions may be treated entirely by their GP or referred for diagnosis, treatment and follow-up to doctors working in the community who are members of the LSMDT/SSMDT. If there is any doubt about the diagnosis, people with precancerous lesions should be referred directly to their local hospital skin cancer specialist – normally a dermatologist, who is a member of the LSMDT/SSMDT.
- Patients with low-risk BCCs should be diagnosed, treated and followed-up by doctors – either a GP with a special interest (GPwSI), working in the community as part of the LSMDT/SSMDT, or a local hospital skin cancer specialist, normally a dermatologist, who is a member of the LSMDT/SSMDT and to whom they have been directly referred. Where there is doubt about the lesion being low or high grade, the patient should be referred directly to the LSMDT/SSMDT.
- All patients with a suspicious pigmented skin lesion, with a skin lesion that may be a high-risk BCC, a SCC or a MM, a rare tumour, or where the diagnosis is uncertain, should be referred to a doctor trained in the specialist diagnosis of skin malignancy, normally a dermatologist, who is a member of either an LSMDT or an SSMDT.

The incidence of all types of skin cancer has more than doubled over the past decade, as a result of social changes including increased UV light exposure from both sun and artificial sources. Skin cancers now constitute the most common group of cancers in the UK with approximately 60,000 registered cases in England and Wales each year, representing 20% of all cancer registrations. However, because of differing practices for registering skin cancers across England and Wales, it is unlikely that this figure represents an accurate picture of new cases each year - one estimate suggests that the true incidence of BCC and SCC could be as high as 125,000 new cases each year.

Dr Julia Verne, Consultant in Public Health Medicine and Chair of the Guideline

Development Group, said: “The numbers of new cases of skin cancer diagnosed continue to rise year on year. It is important that wherever people are diagnosed and treated that they

have access to the same high quality standard of care from trained professionals. This guidance should ensure improved standards of care for skin cancer patients across England and Wales and that the development of these services is patient focused.

Dr Dafydd Roberts, Consultant Dermatologist and Lead Clinician on the Guideline Development Group, said: “We believe that patients with skin cancer will benefit from the sort of teamworking described in this guidance, with doctors from primary care and different specialists from secondary care working closely together to ensure that each individual patient receives the optimum care for their condition.”

Mr James Smallwood, Consultant Surgeon and member of the Guideline Development Group, said: “The NICE Guidance for skin tumours has recognised the importance of including all skin cancers in a governance framework that recognises the importance of primary care but also the need for specialist multidisciplinary review of the serious cancers.”

Gillian Godsell, Skin Cancer Clinical Nurse Specialist and member of the Guideline Development Group, said: “This guidance will mean that all health professionals seeing patients with skin cancer will be part of a specialist skin cancer team. This will ensure that all those with suspected or confirmed skin cancer are seen by the right person, in the right place at the right time, thus reducing the so called "post-code lottery.”

Professor Julia Newton-Bishop, Consultant Dermatologist and member of the Guideline Development Group, said: “This guidance is intended to help the NHS move towards better, more cohesive care for skin cancer patients. The incidence of melanoma continues to increase in the UK and it is therefore important that our approaches to management are more streamlined. The prognosis of patients with melanoma is improved by early and prompt treatment and this guidance is directed towards promoting this.”

Marion Stevenson-Rouse, patient cancer representative on the Guideline Development Group, said:” At present the service for patients with skin cancer is often fragmented and many patients are managed by healthcare professionals who do not have a special interest in skin cancer. The NICE guidance, by recommending that care should be consolidated into the hands of trained personnel working in approved teams and to agreed protocols should ensure that every patient receives appropriate treatment. This should result in better outcomes for patients. The early detection and prevention of skin cancer were not within the scope of this guidance. However, evidence suggests that in the long term the most effective way to reduce the impact of skin cancer on the population and the NHS will be through reduction of exposure to ultraviolet (UV) radiation, combined with increased awareness of the signs and symptoms of cancer.”

Ends

For more information, or a request to speak to one of the Guideline Development Group members quoted above, call Sarita Tamber on 020 7067 4915 or Phil Ranson on 020 7067 5904.

Notes to Editors

About this guidance

1. 'Improving outcomes for people with skin tumours including melanoma (guidance on cancer services)' can be found on the NICE website at www.nice.org.uk/csgstim
2. Cancer service guidance supports the implementation of The NHS Cancer Plan for England, and the NHS Plan for Wales Improving Health in Wales. The service guidance programme was initiated in 1995 to follow on from the Calman-Hine Report, A Policy Framework for Commissioning Cancer Services. The focus of the cancer service guidance is to guide the commissioning of services and is therefore different from clinical practice guidelines. Health services in England and Wales have organisational arrangements in place for securing improvements in cancer services and those responsible for their operation should take this guidance into account when planning, commissioning and organising services for cancer patients. The recommendations in the guidance concentrate on aspects of services that are likely to have significant impact on health outcomes. Both the objectives and resource implications of implementing the recommendations are considered. This guidance can be used to identify gaps in local provision and to check the appropriateness of existing services.

About NICE

3. On 1 April 2005 the National Institute for Clinical Excellence took on the functions of the Health Development Agency to form the National Institute for Health and Clinical Excellence (NICE). NICE is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

4. NICE produces guidance in three areas of health:

- **public health** – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
- **health technologies** – guidance on the use of new and existing medicines, treatments and procedures within the NHS
- **clinical practice** – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.