National Institute for Health and Clinical Excellence

Skin cancer update pre publication check
Guideline Consultation Comments Table
6 – 20 April 2010

Type	Stakeholder	Order No	Page No	Line No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	British Association of Dermatologists	2.00	General		The **NHS in Wales** has a different structure from England and as this guidance applies to both, the recommendations should reflect this. The divide between Acute Trusts and LHBs has now disappeared in Wales so that they both come under one management structure. This has an effect on the way that governance of model 1 and model 2 GPwSI's will have to be organised. A person who is fully aware of the management structure in Wales should be consulted on how to reword the document to take this into account.	Thank you for your comments. We have amended the text accordingly.
SH	British Association of Dermatologists	2.01	23	3	The first recommendation on p23 is for training and states that 'All health professionals managing skin lesions in the community should have **specialist training in the diagnosis and management** of skin lesions appropriate to their role'. Later in the document on p26 in Box 1 – the criteria for accreditation of GPs within the framework of the DES and LES – there is no mention of training in diagnosis although there is mention of surgical training requirements. The training in lesion recognition is obviously the first requirement for any health professional who is going to remove lesions independently, without expert supervision.	Thank you for your comments. We have amended the text accordingly.
SH	British Association of Dermatologists	2.02	16	26	In this paragraph it is mentioned that inadequate treatment may make it difficult to obtain a good cosmetic	Thank you for your comments. We have amended the text accordingly.

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					result but it should also be stated that inadequate and timely treatment may result in a tumour which is **incurable** (for example if bone or vital structures are involved).	
SH	British Association of Dermatologists	2.03	13 (algorithm), 16, 25 (Box 1), 28 (Box 2) and onwards	10 (p16)	In several places the term 'refer to LSMDT' is used. This should read 'Refer to a member of the LSMDT'. These cases do not need to be discussed at the MDT - if this is necessary, it can be arranged at the discretion of the member of the MDT contacted.	Thank you for your comments. We have amended the text accordingly.
SH	British Association of Dermatologists	2.04	25	Box 1	References to PDT are included. Rather than state that 'the patient is offered the full range of medical treatments, including PDT…', this should read that ' a full range of treatments etc are available'. It is a small point but the patient will only be offered PDT when it is appropriate. The decision to offer PDT is made by the clinician and agreed or not by the patient.	Thank you for your comments. We have amended the text accordingly.
SH	British Association of Dermatologists	2.05	28	Box 2	References to PDT are included. Rather than state that 'the patient is offered the full range of medical treatments, including PDT…', this should read that ' a full range of treatments etc are available'. It is a small point but the patient will only be offered PDT when it is appropriate. The decision to offer PDT is made by the clinician and agreed or not by the patient.	Thank you for your comments. We have amended the text accordingly.
SH	Royal College of GPs	1.00	30	Box 3	*MDT network audits are part of a rolling MDT programme. The GPwSI audits should be annual to match other community based audits. This is not clear in the box, the GPwSIs are expected to show annual clinical vs histological accuracy, this will be an audit, however the 6 monthly BCC network audit implies that the GPwSIs also need to present their results 6 monthly. Clarifying*	Thank you for your comment. We acknowledge that GPwSI audits should be annual, however we are recommending that the network audit meetings are held every 6 months to ensure that everyone can attend at least one meeting per year.

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					that this is annually will facilitate comparison between GPwSI and DES GP results.	The current requirements for GPwSIs sit within the DH guidance which will be reviewed and revised later this year based on the recommendations of this guidance document.
SH	Royal College of GPs	1.01	30 (and Page 14 Flow diagram)	Box 3	Where it states "If they are Group 3 GPwSI in Dermatology and skin surgery" should also state "***or Group 3a GPwSI in Skin surgery and skin lesions***"	Thank you for your comments. This is a new role recommended by the guidance. The detail of this role will be clarified when the new DH GPwSI guidance is published later this year. There is a footnote in box 2 to explain this. We have deleted the term group 3a to avoid any confusion as this role has yet to be clarified within the DH guidance.
SH	Royal College of GPs	1.02	29	4	*"Outreach community skin cancer services provided by acute trusts linked to the LSMDT" should be amended to "Outreach community skin cancer services* ***under acute trust governance*** *and linked to the LSMCT". Whilst it is specified that Model 2 practitioners be under Acute Trust governance it should be clear that they need not be wholly employed by the Acute Trust. Model 2 practitioners should retain the option of independent contractor status contracting with and acting under the Acute Trust as opposed to solely employed by the Acute Trust.*	Thank you for your comments. We have amended the text accordingly.
SH	Royal College of GPs	1.03	28	Box 2	*Group 3a is included in Box 2 for Model 1 practitioners but not Model 2. This should be amended to show both.*	Thank you for your comments. This is a new role recommended by the guidance. The detail of this role will be clarified when the new DH GPwSI guidance is published later this year.

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						There is a footnote in box 2 to explain this. We have deleted the term group 3a to avoid any confusion as this role has yet to be clarified within the DH guidance.
SH	Royal College of GPs	1.04	29	20	*Group 3 should include 3a.*	Thank you for your comments. This is a new role recommended by the guidance. The detail of this role will be clarified when the new DH GPwSI guidance is published later this year. There is a footnote in box 2 to explain this. We have deleted the term group 3a to avoid any confusion as this role has yet to be clarified within the DH guidance.
SH	Royal College of GPs	1.05	29	25	*Group 3 should include 3a. 3a Surgeons will also be expected to have a link to their acute trust clinical governance framework.*	Thank you for your comments. This is a new role recommended by the guidance. The detail of this role will be clarified when the new DH GPwSI guidance is published later this year. There is a footnote in box 2 to explain this. We have deleted the term group 3a to avoid any confusion as this role has yet to be clarified within the DH guidance
SH	Royal College of GPs	1.06	32	40-41	*Although the GDG have responded to patient choice they have not sufficiently covered the scenario where a competent patient refuses referral to or treatment by secondary care. In these rare cases it would be*	Thank you for your comments. Whenever these very rare events occur they should be managed under the normal

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					desirable for any GP with the necessary operating skills to be able to offer treatment within the community. This activity could, with minimal alteration, be included under the GDG as ***Acute Trust Guidance*** *if not* ***Acute Trust Governance*** *enabling the GP to provide care in the community under the guidance of secondary care and their local MDT.* *The GDG Consultation Comments Table response that : "The GDG patient/carer representatives were very clear that they would want, regardless of age, to have the best possible results of curative removal and a good cosmetic result" fails to recognise the right of patients to choose* ***less than the best*** *possible results. To quote from the GMC guidance on consent* *Competent adults are entitled to refuse informed consent.* ***In doing so the patient retains the right to continued medical care.*** *Refusing to accept a specific aspect of treatment does not take away the patient's right to reasonable and proper care, nor does it give the right to alternative treatment, which would not normally be available to other patients.* ***A refusal to treat the patient would only be acceptable if this posed no additional risk to the patient and a colleague was available to take over the patient's care.*** *Unless the GDG acknowledge and respond to this entitlement they risk leaving GPs isolated and patient autonomy undermined. With time it is hoped that all localities will have access to Model 2 practitioners working under acute trust governance but until this is universally available there should be provision for acute trust guidance.*	clinical procedural structure. Patient consent is also covered within the patient centred care section within the guidance document (page 20, line 5) which opens with the line "Treatment and care should take into account patients needs and preferences" and this will apply to all the recommendations in the guidance.
SH	Royal College of GPs	1.07	25 (And Page 13	Box 1	*"If the BCC does not meet the above criteria, or there is any diagnostic doubt, the patient should be referred to*	Thank you. We have revised the text in light of your comments.

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			algorithm)		*the LSMDT" this statement needs to be amended in light of the comments above and should read. "**Where a patient refuses referral to the LSMDT the GP should seek LSMDT guidance on best treatment options and discuss and document these options with the patient**". By adding this amendment it ensures that GPs who face this situation are still able to offer their patients optimum care. The LSMDT guidance may include referral to the local Model 2 Practitioner, where one exists, but it also allows flexibility where one does not exist.*	
SH	Royal Marsden NHS Foundation Trust	3.00			Can see no factual errors	Thank you.
SH	Welsh Assembly Government	4.00			This organisation responded and said they have no comments to make	Thank you.