

Skin Cancer Pathway Management

Reference Number: RDF1234-23

Date of Response: 27/02/2023

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

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.

- GP's refer any patient suspected of Squamous Cell Carcinoma (SCC), melanomas and high risk BCCs (Basal Cell Carcinoma), via the Two Week Wait system (2WW).
- Low risk BCCs patients can be referred via ERS (electronic referral system).
- Patients with lesions with low suspicion of malignancy can be referred via A&G (Advice and Guidance). There is normally a 72 hour turn around, and patients can be upgraded to 2WW if necessary.
- Telephone appointments for results are offered for appropriate skin cancer patients.
- Other skin cancer appointments need to be face to face due to the need for skin examination and dermo copy to look for new or recurrent skin cancers.

2. Does your skin cancer pathway include remote patient-clinic interactions (as opposed to face-to-face interactions)., Yes at the Eastern service, no for the Northern service. For both services, 2WW referrals are seen face to face.

3. If yes, elaborate what they are and what stage in the pathway they're used e.g., tele dermatology (the use of digital photography to assess patient lesions) at the GP stage. As in question 1, A&G for low risk basal cell carcinoma or precancer referrals. Low risk BCCs patients can be referred via ERS (electronic referral system).

4. 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 in question 1. The only difference being that we did not encourage GP's to send patient's with low risk lesions with low risk of malignancy via A&G during this period.