

Our Ref: PW/AKB/FOI-01-232

3rd February 2023

Stafford Education & Enterprise Park
Weston Road
Stafford
ST18 0BF

Sent by email

Telephone: 0300 123 1461

Dear

FOI-01-232

Your request for information under the Freedom of Information Act 2000

Thank you for your request dated the 26th January 2023. We can confirm that the Staffordshire and Stoke-on-Trent Integrated Care Board does hold the information that you have requested. Please see our responses in blue below:

Under the freedom of information (FOI) Act 2000, I would like to request the following information regarding your NHS Trusts/Boards:

- 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?**

GPs within Staffordshire and Stoke-on-Trent ICB can refer their patients to multiple NHS Trusts and there are legitimate clinical variations in pathways within Trusts. The ICB does not therefore set a mandated clinical pathway for skin cancer. Each Trust provides GPs with its own referral forms which are used usually electronically by GPs. The forms include referral guidance. The pathways and referral form can be requested directly from Trusts. The most frequent local Trusts used by Staffordshire and Stoke-on-Trent ICB are:

- University Hospitals North Midlands
- University Hospitals Derby and Burton
- Royal Wolverhampton Hospitals
- Dudley Group of Hospitals
- University Hospitals Birmingham.

All local Trusts to which patients with GPs within the Staffordshire and Stoke-on-Trent ICB might be referred are expected to follow clinical pathways / guidelines for skin cancer issued by the National Institute for Clinical Excellence. These are publicly available and there are numerous documents. Individual Trusts are best placed to advise if they have any deviations or variations from NICE guidelines.

Where patients present with skin complaints, GPs across Stoke on Trent and Staffordshire will make an urgent referral to a specialist if the patient meets the criteria as set out in NICE NG12:

<https://www.nice.org.uk/guidance/ng12/chapter/Recommendations-organised-by-site-of-cancer#skin-cancers>.

There are minor variations with respect to things like pre-referral blood tests and other elements that are dependent upon the Trust into which the patient will be referred.

Patients with skin cancer may be made the Staffordshire and Stoke-on-Trent tier three dermatology service. This service is aimed at patients with skin lesions that require specialist assessments but where the GP does not initially suspect skin cancer. This is a consultant dermatology lead service and if this service identifies a skin lesion which the dermatologist suspects is in fact cancer, the service will refer directly to the most appropriate NHS Trust. This will be done following exactly the same guidelines as are used by GPs.

An outline of the referral pathway is attached. The tele-dermatology element is partially implemented across the ICB at present.

The ICB does not set out specific and detailed treatment and follow-up procedures and protocols for patients with skin cancer and these are best requested directly from the relevant NHS Trusts.

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 are used e.g., tele-dermatology (the use of digital photography to assess patient lesions) at the GP stage?

Yes.

GPs may use remote patient-clinic interactions. As independent practitioners GPs have some flexibility as to how and how often these are used. Patient choice may also influence use of remote interactions. Staffordshire and Stoke-on-Trent ICB does not specify a single model and the range of options may vary from practice to practice.

Initial interactions with GPs before skin cancer is suspected might include:

Use of the NHS app or practice web site to electronically submit a description of a lesion which will normally lead to a call back from the practice and further interactions as required.

Use of approved and secure apps to upload images of lesions taken by the patient.

Telephone or video consultation.

However, if a GP suspect skin cancer a face-to-face consultation is normally required before a decision to refer to a specialist is made.

GPs may collect images themselves but see below for tele-dermatology services.

Tele-dermatology where cancer is suspected.

For a majority of the Staffordshire and Stoke-on-Trent population, when a GP suspects skin cancer, the GP will request high quality images to be taken, face-to-face at a clinic setting not in an acute hospital, by the designated tier three dermatology provider. These images are then sent alongside a skin cancer referral to the NHS Trust skin cancer specialist service. This supports remote triage and for a majority of patients, the recommended next step in the pathway can be determined by review of the images. Staffordshire and Stoke-on-Trent are considering the preferred options for further role out of this model or an equivalent to cover the remainder of the population. There are clinical exceptions where attendance at tele-dermatology base is not possible or appropriate, in which the patient is referred into the specialist skin cancer service without images being collected. This is extremely rare however.

An outline of this pathway is attached. This is partially implemented across the ICB at present.

Details of remote patient-clinic interactions within the secondary care part of the skin pathway (if any) are best provided by the Trust directly.

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)?

Staffordshire and Stoke-on-Trent ICB did not exist until July 2022. The ICB has however not changed any of the skin cancer referral pathways or requested that Trusts change any pathways with the exception of the tele-dermatology service outlined above.

Right of Appeal

Should you require any further information or clarification regarding this response please do not hesitate to contact us. If you are dissatisfied with the response, you are entitled to request an internal review which should be formally requested in writing and must be within two calendar months from the date this response was issued.

To request an internal review

You can request an internal review by contacting the Staffordshire and Stoke-on-Trent Integrated Care Board FOI team by emailing the team at StaffsStokeFOI@staffsstoke.icb.nhs.uk or by post to the address at the top of this letter.

If you are not content with the outcome of your internal review, you may apply directly to the Information Commissioner's Office (ICO) for a decision. Generally, the ICO cannot make a decision unless you have exhausted the Staffordshire and Stoke-on-Trent Integrated Care Board's FOI complaints procedure.

The ICO can be contacted at:

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

www.ico.gov.uk

Yours sincerely

Paul Winter
Associate Director of Corporate Governance