



**"A voice for skin care in Wales"**

**"Llais I ofal croen yng Nghymru"**

**Cross Party Group on Skin  
Tuesday 27 September 2016, 5.30 to 7:30pm  
Conference Room 24, Ty Hywel, Cardiff Bay**

**Chaired by AM- Nick Ramsay**

**Meeting Minutes**

**Attendees:**

1. Nick Ramsay ,AM Chair
2. Julie Morgan, AM
3. Dai Lloyd, AM
4. Rhun Ap Iorweth, AM
5. Sarah Wright, Skin Care Cymru
6. Julie Peconi, Skin Care Cymru
7. Paul Thomas, Chair Skin Care Cymru
8. Henrietta Spalding, Changing Faces
9. Rob Vine, Skin Care Cymru
10. Jenny Hughes, Consultant dermatologist and Chair All Wales Dermatology Forum
11. Deb Vine, Skin Care Cymru
12. Girish K Patel, Consultant dermatologist
13. Sarah Sinstead, Almirall
14. Avad Mughal, Consultant Dermatologist
15. Rebecca Jones, Welsh Government
16. Caroline Lewis, Welsh Government

17. Peter Lewis, Welsh Government

18. Rachel Abbot, Consultant Dermatologist

### **Apologies:**

Andrew Davies, ABMU; Alice Parker, La Roche Posay; Amanda Simonds, Celgene; Dominic Urmston, Psoriasis Association; Elaine Hughes, Leo Pharma; Richard Oliver, Hyperhydrosis UK; Liz Allen, British Skin Camouflage; Rana Ghose, Leo Pharma; Hamish Laing, ABMU; Simon Oates, Mind and Skin; Carla Mahoney (observer), BMA Cymru; Claire Mather, Debra; Dave Hill, Betsi Cadwalder HB; Glenda Hill, Betsi Cadwalder HB; Kathryn Humphreys, National Eczema Society; Keith Harding, Welsh Wound Innovation Centre; Richard Logan, AMBU HB; Rose Bell, Skin Care Cymru; Mayda Thomas, Skin Care Cymru, Aled Thomas, Skin Care Cymru; Sarah Griffiths-Little, Ichthyosis Support Group; Valerie Loftus, Betsi Cadwalder HB

## **1. Introductions and re-establishment of the CPG, including terms of reference**

Nick Ramsay, AM, welcomed the attendees, and explained that as this was the first CPG meeting after the Assembly has been re-elected, that there was a need to officially re-establish the group. The Group confirmed Nick as Chair with Mike Hedges, AM, and Dai Lloyd, AM, having agreed to co-sponsor the group. Skin Care Cymru will continue to provide secretariat.

The drafted terms of reference for the group had been previously circulated and Nick invited members to contribute, stressing the importance of getting the aims of the group right. Julie, from Skin Care Cymru, said she would be happy to take any feedback on the drafted terms of reference following the meeting.

**Action: All to feed back any comments to Julie ([j.peconi@swansea.ac.uk](mailto:j.peconi@swansea.ac.uk)) on the drafted terms of reference for the CPG on Skin.**

## **2. Prioritising Skin Health scoping study report: results and discussion**

Dr Sarah Wright from Skin Care Cymru gave a brief introduction as to the background of the scoping study explaining that there is currently a lack of evidence regarding the provision of dermatology services in Wales. The scoping study in Wales was based around a similar project undertaken by members of the All Party Parliamentary Group

(APPG) in England which landscaped services in England. Essentially through this piece of work, Skin Care Cymru attempted to gain a better understanding of the reality of secondary care and the provision of supporting people psychologically with their skin conditions.

Unfortunately not all LHB' s responded. In brief, findings show:

- that there are problems with gaps in information
- There are staff shortages in dermatology
- There is not adequate psychosocial support for people suffering with skin conditions in Wales
- There are big gaps in routinely collected data
- There are is an inconsistent approach to review of dermatology services
- There is a lack of standardised monitoring across LHBs and there are major implications for not understanding what' s going on.

There are also some examples of good practice- for example engagement with GPs and that these examples of good practice should be shared and developed.

The group discussed whether there was any way of reducing the inconsistencies of the routine data collected, and increasing the quality. What could AMs do to support this? One possible suggestion was to write to the Minister.

Discussion also focused on the need to harmonise data across Health Boards (HBs) - at the moment HBs are using different coding systems. There was also a suggestion that the numbers presented in the scoping study were actually under-reported and that demand for services was actually higher. This again reinforces the need for data reporting in Wales to be of higher quality.

There was a discussion regarding the reporting system CANISC which is a cancer database.

It was noted that the Scoping Study reported secondary care figures only, not primary care.

### **3. Recruitment and retention of dermatologists in Wales**

A brief commentary on some of the key issues surrounding recruitment and retention of dermatologists in Wales had been circulated prior to the meeting. Dr Avad Mughal, Consultant Dermatologist with ABMU and Trustee of Skin Care Cymru gave a brief presentation and led the discussion on this paper. The Background and basis for this

paper is the number (possibly 7) of vacant posts in Wales and the fact that Hywel Dda Health Board, now has no consultant dermatologist.

One of the main issues with recruiting dermatologists in Wales is the difficulty getting into dermatology as a specialty in Wales. There are often 3 or 5 applicants for each post and just not enough vacant positions.

There is also evidence that registrars are returning to England with some trainees working in Wales while their families remain in London.

There is also evidence of a discrepancy on like for like adverts between England and Wales- consultant dermatologists in Wales do not earn enough as much as those in England.

The consultant dermatologist contracts are also different between England, Wales and Scotland. In Wales there is more time dedicated to supporting personal development and research.

Some of the possible conclusions to these issues with recruitment and retention of dermatologist in Wales are, expanding the number of training posts, giving more control at a local level and creating specifically designed CESR posts to recruit more local doctors to become consultants.

There was a discussion on the privatisation of dermatology which is happening in some areas in England. In these areas, locum consultants are brought in to do the work for 3-4 months, but they don't actually contribute to the HB and patients as a whole are suffering. There was discussion on why are recruiting centrally and the need to empower our junior doctors to compete nationally. Currently, our junior doctors aren't 'hitting all the tick boxes' they need to compete nationally.

Additionally, locums cost a lot more than staff contracts. The Workforce as a whole needs to be examined across Wales, not just in dermatology. We do have good training and turn out good quality consultants but we need a new way of working, which needs to be government driven. There was a feel that we aren't training enough of our own doctors, and aren't locking them into Wales. We should be aspiring to enable any student who wants to study medicine. Although it was agreed that many of these issues are across medicine as a whole there are certain issues which pertain to dermatology.

The question arose as to what this group can do with a suggestion that the CPG could write to the current Health Minister, outlining the key issues and offer suggestions how on how to improve the current situation. At the same time, Dai Lloyd, AM, could take the letter to the Health Committee, as he is chair of this group.

**Action: Skin Care Cymru to draft letter on behalf of CPG to Health Minister outlining key issues recruiting and retaining dermatologists in Wales. This will be circulated to members of the CPG for comment before sending.**

**Action: Dai Lloyd to take this letter to Health Committee.**

#### **4. Planned Care Programme**

Dr Peter Lewis, Clinical Lead for the Welsh Government's Planned Care Programme (PCP) presented. The purpose of the PCP is to create sustainable services and better patient experiences. Patient experiences will focus on the NHS Wales user experience, patient activation measures, decision quality measures, and patient reported experience measures. The key principles of these programmes are that they are transformational, balanced, value based and that they empower the patient. He presented some data on dermatology referrals based on Stats Wales data, which some of the clinicians in the CPG queried. Currently, LHBs have been asked about their priorities for the next specialties, with dermatology a strong contender to be next in the Planned Care Programme (although this is not yet confirmed).

#### **5. Any other business**

Dr Rachel Abbot brought up skin cancer as an area which needs attention in Wales. Skin cancer currently takes up at least 50% of dermatologists' workload which has a huge impact on dermatology services across Wales. Wales has the highest crude rate of skin cancer in the UK, with rates continuing to rise. The Welsh Cancer Intelligence and Surveillance Unit Official Statistics published in 2015 demonstrated that cases of

melanoma have doubled in men between 2001-2003 and 2011-2013. Data on keratinocyte skin cancers is still not collected in Wales although this is now available in England.

There is no funding currently from central government for skin cancer prevention despite an estimated 80-90% of skin cancers being preventable. The BAD, Cancer Research and the Skcin charity individually campaign on skin cancer prevention but this is not currently co-ordinated across Wales. It was suggested that Skin Care Cymru could help co-ordinate these campaigns.

Caroline Lewis mentioned the CPG on Cancer and said that there was currently a delivery plan out for consultation via the cancer network. She said she would try to find out the details to feed into.

Nick Ramsay thanked the group for their time and their contribution to a lively discussion on the issues surrounding skin care in Wales.

The next meeting will be held in approximately 6 months' time.