"A voice for skin care in Wales"
"Llais I ofal croen yng Nghymru''

Cross Party Group on Skin Meeting

Wednesday 25 April, 2018
18:00 – 19:30
Conference Room B, Ty Hywel, Cardiff Bay
Chaired by Dr Sarah Wright

Meeting Minutes

Attendees:

Sarah Wright (Skin Care Cymru, **Christine Bundy** (Cardiff University), **Sharon Hully** (Cardiff and Vale UHB), **Beverly Gambles** (British Skin Camouflage), **Rachel Abbott** (Cardiff and Vale UHB), **Ann Davies** (Cardiff and Vale UHB), **Katie Wellings** (Skin Health Swansea Bay), **Karen Pontin** (Skin Health Swansea Bay) , **Maura Matthews** (Tenovous), **Rachel Pattison** (Cardiff University), **Louisa Dallas** (Novartis), **Jonathon Fox** (Leo Pharma), **Avad Mughal** (ABMUHB), **Shaheen Akhtar** (ABMUHB) , **Ann Vosper** (Skin Care Cymru), **Jenny Hughes** (ABMUHB), **Rebecca Andrews** (Welsh Government), **Richard Logan** (ABMUHB), **Caroline Mills** (Aneurin Bevan UHB), **Dominic Urmston** (Psoriasis Assocation), **Karen Barker** (Hywel Dda UHB), **Debora Harry** (Hywel Dda UHB), **Abhishek Tiwari** (Hywel Dda UHB), **Girish Patel** (Cardiff and Vale UHB), **Jen Ramsay** (Welsh Assembly), **Julie Peconi** (Skin Care Cymru), **Nick Ramsay** (Welsh Assembly)

Apologies:

Paul Thomas, Kathryn Humphries, Liz Allen, Llyr Gruffydd, Richard Oliver, Nabil Ponnambath, Deb Vine, Rob Vine, Claire Mather, Diana Perry, James Partridge, Richard Oliver, Glenda Hill, Kate Young, Aaron Gowson

1. Welcome, introductions, apologies

Dr Sarah Wright, Vice Chair of Skin Care Cymru welcomed everyone. She explained that the Plenary session was overrunning and as a result our chair, Nick Ramsay, and other

Assembly Members would be joining us as soon as possible. Sarah outlined the agenda and everyone introduced themselves. Jen Ramsay from the Welsh Assembly was present.

2. A research-led patient well-being service in psoriasis - Chris Bundy, Professor Behavioural Medicine /Health Psychology, Cardiff University

Professor Chris Bundy gave a quick overview of psoriasis which affects 2-3% of the population. Treatments for psoriasis vary from topical steroids through to immune suppressants (biologics). Different comorbidities associated with psoriasis include psoriatic arthritis, crohn' s disease, CVD, diabetes, obesity, disrupted sleep, itch, smoking, alcohol, inactivity, depression and anxiety. Up to 40% of psoriasis patients do not adhere to medication as prescribed. Additionally, many experience social isolation and feel the condition has affected their ability to perform in an educational setting and had negatively affected their income potential. This in turn can lead to poor coping or maladaptive coping (alcohol, substance use, over-eating, self-neglect).

The Impact Psoriasis Identification and Management of Psoriasis Associated Co-morbidities study (Impactpsoriasis.org.uk), showed a shift in understanding from 'just a skin to a systemic disorder. This led on to the Psoriasis & Well-being Study PSOwell, which aimed to: For patients:

- To broaden patients' understanding of psoriasis as a systemic and long-term inflammatory condition
- To increase patients' understanding of self – management & lifestyle behavioural change
- To produce high quality materials that encourage & empower patients rather than increase anxiety

For practitioners:

- To test efficacy & acceptability of a brief one day training session in motivational interviewing & behaviour change skills and integrate with current management in standard consultation time

PSOwell is a patient centred integrated model with dermatology, rheumatology, mental health/clinic psychology and nursing working in parallel. Activity consists of referral from any source in a dermatology clinic, followed by initial assessment by derm staff, specialist assessment /data collection/ beliefs/mood/behaviour and problem

formulation. The output is behaviour change focused with negotiated goals. Motivational support consists of 1-5 sessions face to face/telephone support. The focus is on seven areas: weight management, alcohol reduction, smoking cessation, mood management, increasing activity, improving sleep, improving adherence, with the key concept is that it is the patient' s choice. A practicing psychologist, a dermatologist and a dermatology speciality nurse deliver PSOWell.

Key successes of PSOWell include: patients and staff like it and it engages dermatology staff. Additionally a major success is the development of a core data set for on-going research. The remaining challenges are poor links with MH services, encouraging cooperation, getting the specific protocol for onward referral set up and engaging GPs.

Professor Bundy is now in the process of designing a patient outcome for an efficacy trial, which would look at integrated psoriasis and comorbidity management and build on the existing combined clinic.

3. Update on dermatology services in Hywel Dda University Health Board- Karen Barker, Service Delivery Manager

Karen Barker, Service Delivery Manager (Scheduled Care) provided an update. Symptomatic of the national shortage of dermatologists across the UK, there has been a severe shortage of consultant and middle grade doctors to deliver the dermatology service within Hywel Dda. Thus the service has experienced significant capacity shortfalls against demand and sustainability has proved difficult. Whilst the Health Board has not been successful in recruiting a substantive consultant dermatologist, the service recruited three specialty doctors in 2016. They have continued to advertise for a consultant on an intermittent basis but no applications have been received.

Recruitment to the nursing team has been successful. However, with upcoming retirements, the development plans that were in place for the nursing team have had to be significantly expedited. This also means that a significant amount of support and clinical supervision is being undertaken at a time when the medical team is also depleted.

However, with the continued hard work of the team, the delivery of dermatology services have been maintained to a high level- the service was able to meet their waiting times targets in 2017/18. Karen acknowledged the excellent triage referral support of ABMU and briefed the group on several principles which had also been implemented to

keep delivery going. These include but are not limited to, joint working with ABMUHB to include support for grading of referrals, MDT support for complex patients/cases, electronic referrals in place (to include clinical conditions information), teledermatology and digital cameras. Macmillan Clinical Nurse Specialists continue to support the skin cancer pathways.

She also acknowledged that this year will be more of a challenge as there is a delivery gap due to the vacancy position. Two of the speciality doctors have taken up locum consultant positions and have been advised by medical staffing to apply for the substantive positions. However, this situation has now changed due to maternity leave.

Previous recruitment and the plans put in place for service delivery, combined with the hard work of the team, had improved the performance and sustainability of the service. However, the unforeseen timing of the retirement of extremely experienced members of the team combined with the ongoing difficulties in the recruitment of appropriately skilled doctors and nurses to the team presents the service with an ongoing problem in meeting demand. To offset this, it is anticipated that there will be ongoing collaboration with ABMU, the ARCH programme, primary care colleagues and all relevant stakeholders. It is also hoped that all activities will be further supported by the work of the Welsh Dermatology Board via the national Planned Care Programme.

Karen finished by reiterating that there is a significant challenge to the delivery of Dermatology services within Hywel Dda, but that the team (both clinical and managerial) are looking at all available options and opportunities to continue that delivery.

3. Update on the Planned Care Programme –Dr Caroline Mills, Chair of Welsh Dermatology Board

Caroline gave the group on update on the Planned Care Programme (PCP), which sets out to help deliver a sustainable dermatology service for Wales and improve patient experience through the National Dermatology Implementation Plan. She reiterated the challenges the PCP is facing including: the lack of data, the manpower crisis, and uncertainty about what is the financial spend in dermatology. Dr Mills also expressed an interest in how dermatology compares with other units in the UK.

There is a requirement for health boards to understand and measure demand, capacity and activity. For new patients and follow ups, there is very basic, virtual activity, but for

new treatments – data are inconsistent and inaccurate with poor quality. There is a current lack of outpatient coding and recording outcomes, which makes service planning extremely difficult. Dr Mills gave an example how, for her two clinics per week in one year, there were 1538 procedures ranging from biopsy to wide local excision. However, data from all Wales suggested that there were only 1184 procedures performed across the country in the same time period.

With respect to the workforce crisis, a recent survey of 34 consultants in Wales suggests there are 13 consultant vacancies. Additionally, seven consultants have resigned from their posts in the last 5 years with only two having stayed in Wales. Six out of thirty-two consultants will retire in the next 5 years and 16/32 within the next 10 years. There is a need to understand why consultants leave and why Wales can't recruit. The Planned Care Programme is proposing exit interviews to try to answer these questions and to gather valuable insight and help address the problems of recruitment and retention.

Similarly, recent surveys show that only two out of the last 11 trainees who left the South Wales training programme have taken up consultant posts in Wales- 1 currently in a post CSST Fellowship post. Again an understanding is needed as to why and to as to how to get more local candidates on the training scheme and appointed within Wales. Trainees in dermatology for England and Wales are appointed via a national recruitment process, which is highly competitive- candidates need to have significant experience to score highly on their application and be offered an interview. There is little opportunity for junior doctors in Wales to obtain this experience and be successful in obtaining a training number. Additionally, trainees come to Wales for training and then move closer to home. One potential solution is to increase the number of training opportunities for local candidates in Wales and facilitate local candidates gaining experience in dermatology. Health Boards also need to support departments by funding Clinical Fellow posts. Hopefully this will enable more junior doctors to get a training number and be either able to train in Wales or return to Wales. In addition, it may be possible to obtain specialist training via alternative pathway (CESR) and work as speciality doctors supporting the dermatology department.

The 'Skin' spend in Wales is £139m per annum but there is a need to understand where this money goes and how we can better spend it.

There is an ongoing GIRFT (Getting it right first time) review in England which aims to improve quality of care within the NHS by reducing unwarranted variation, bringing

efficiencies and improving patient outcomes across 30 specialities. Dermatology as a speciality will be reviewed over the next 2 years. There are historical differences between England & Wales and there has been agreement for Wales to align with GRIFT review in England.

Dr Mills summarised with the current challenges the Planned Care Programme are looking to address. These include, a need to understand demand and activity, an urgent need to do something about our workforce crisis, making better use of the money and ensuring that Wales is not falling behind the rest of the UK.

4. SUN BED LICENSING IN WALES across Wales. - Dr Rachel Abbott, Consultant Dermatologist and Skin Cancer Lead, CAVUHB, Skcin Ambassador and Member of British Association of Dermatology

Dr Abbott informed the group that melanoma incidence is going up- this despite the fact that 1/3 melanomas were not recorded in 2015 in Cardiff and Vale UHB. However, 86% cases of melanoma skin cancer in the UK are preventable (Cancer Research UK).

In a recent systematic review on sun bed and skin cancer, authors concluded that 'sunbed use is associated with a significant increase in risk of melanoma' with a RR of 1.87 if sunbeds used <35 years and that 'the cancerous damage associated with sunbed use is substantial and could be avoided by strict regulations.'

The Sunbeds (Regulation) Act 2010 (Wales) Regulations 2011

- prohibit the sale or hire of sunbeds to under 18s
- supervise the use of sunbeds
- provide safe and appropriate protective eyewear
- display the prescribed health information in a prominent position and make available to sunbed users
- do not provide or display any material that contains statements relating to the health effects of sunbeds other than the prescribed health information

However, local councils are responsible for enforcing the regulations on sunbed premises and this does not always happen.

When Rebecca Evans was Minister for Public Health, she confirmed that she' d launch a consultation on whether to bring in regulations to include sunbeds in the Public Health Bill (like tattoo parlours etc). However, Rebecca has since moved roles and there is no

one currently taking this forward. The group discussed the best way to pursue a consultation on licensing of sun beds in 2018 including the collection of patient stories.

Action: Nick Ramsay to write to Vaughan Gething regarding the regulation of sunbeds and this consultation.

Action: Nick Ramsay to write to the Chair of the Health Committee regarding the regulation of sunbeds and whether the Committee would consider a short inquiry into it.

5. AOB

Dr Avad Mughal spoke about Skin Care Cymru' s Don' t be a Lobster campaign and mentioned that some areas had not been open to the idea of displaying the lobster sign, especially across Pembrokeshire in particular. There was a brief discussion on the need for community interventions as well and there is a need for more evidence about what works in Wales. **Action: Nick agreed to write to National Park Authorities encouraging them to endorse the 'Don' t be a lobster' campaign and ask them to promote the logo/posters.**

Our next meeting will be in approximately 6 months' time. Julie Peconi will circulate a time and date shortly.