



"A voice for skin care in Wales"

"Llais I ofal croen yng Nghymru"

**Cross Party Group on Skin Meeting
Wednesday 3rd April 2019
18:00 – 19:30
Conference Rooms C&D, Ty Hywel, Cardiff Bay
Chaired by AM David Meldings**

Meeting Minutes

Attendees: Liz Allen (British Association of Skin Camouflage), Rebecca Andrews (Welsh Government), Jyoti Atri (Public Health Wales), Christine Bundy (Cardiff University), Evan Chachos (Cardiff University), Debora Harry (Hywel Dda UHB), Stephanie Hire (Hywel Dda UHB), Keith Jones (Hywel Dda UHB), Peter Lewis (Welsh Government), David Melding (Welsh Assembly), Caroline Mills (Aneurin Bevan UHB), Donna Morris (Hywel Dda UHB), Avad Mughal (Swansea Bay UHB), Julie Peconi (Skin Care Cymru), Karen Pontin (Skin Health Swansea Bay), Paul Thomas (Skin Care Cymru), Dominic Urmston (Psoriasis Association).

Apologies: Rachel Abbott (Cardiff and Vale UHB), Rose Bell (Skin Care Cymru), Andrew Davies (Swansea Bay UHB), Martin Fiddler Jones (Tenovus), Jonathon Fox (Leo Pharma), Gail Grant (AbbVie), Mike Hedges, (Welsh Assembly), Glenda Hill (Betsi Cadwaladr UHB), Sharon Hulley (Cardiff and Vale UHB), Jenny Hughes (Swansea Bay UHB), Olivia Hughes (Skin Care Cymru), Girish Patel (Cardiff and Vale UHB), Rachel Pattison (Cardiff University), Nick Ramsay (Welsh Assembly), Richard Tew (Novartis), Mayda Thomas (Skin Care Cymru), Harry Thurston-Smith (Sanofi), Deb Vine (Skin Care Cymru), Rob Vine (Skin Care Cymru), Ann Vosper (Skin Care Cymru), Sarah Wright (Skin Care Cymru).

1. Welcome, introductions and apologies, previous meeting's minutes

Paul Thomas, Chair of Skin Care Cymru, welcomed the group and indicated that Plenary was over running and that our chair, AM David Melding, who was filling in for our regular Chair, Nick Ramsay, would be joining us as soon as possible. The group went around the room and everyone introduced themselves. Julie Peconi indicated that there were several apologies and that she would add them to the minutes in the interest of time.

Avad Mughal ran through the Information Policy for the group. This was created to keep in line with GDPR guidelines. They are:

"In line with General Data Protection Regulations 2018 and in line with Welsh Government policy, Cross Party Groups are responsible for appropriate handling of their data.

All minutes (including attendee lists and apologies) will be published online on the Cross Party Group section of the Welsh Assembly Government website and on the Skin Care Cymru website. Meeting attendee names will also be published in the Cross Party Group on Skin' s annual reports. If you wish to opt out of this, please inform the Cross Party Group on Skin' s secretariat, Julie Peconi at *j.peconi@swansea.ac.uk*.

At the beginning of each meeting, the above paragraph will be read to all attendees. "

We went through the previous meeting' s minutes and all agreed that they were an accurate reflection of what had been discussed. Julie gave a brief update on the Consultant Retention Research Project. They have completed 10 interviews so far and she hopes to have all the interviews complete within the next two weeks. She will likely provide a further update at the next CPG on Skin meeting.

We discussed Vaughan Gething, The Cabinet Secretary for Health and Social Services' reply to our letter (tabled) regarding that the consultation to add sunbeds to the list of special procedures would take place after April 2020. Members of the CPG queried as to how sunbeds fell below tattooing and piercing. We agreed to keep the pressure up and reply to him asking for confirmation that sunbed legislation would definitely be included in the next consultation.

Action: Nick Ramsay to write to the Cabinet Secretary for Health and Social Services requesting confirmation that sunbeds would be included in the consultation.

As David had not yet joined the meeting we changed the order of the agenda to accommodate him.

2. Bridgexit

Dr Avad Mughal told the group that as of Monday, Bridgend had joined Cwm Taff Health Board and that ABMU would now be called Swansea Bay University Health Board and there would be one dermatology service across Neath and Swansea. The details of this are still being worked out and the Service Level Agreement needs to be decided with consultants from Bridgend. It is still early days but it is believed there will be no impact on patient care. The group agreed that if any problems were to arise, we could add Bridgexit to future agendas.

3. Prescribing by GPs

Avad informed the group that recently the All Wales Therapeutic and Toxicology Committee had circulated a document for consultation regarding prescribing practices: Conditions for which over the counter items should not be routinely prescribed. The intention of this document is to reduce spending by reducing and restricting prescribing in primary care. The general feedback of this document was that it portrayed a fundamental misunderstanding of dermatology issues. There were many areas which were not clearly laid out and it didn't differentiate for example, between chronic conditions and dry skin, nor did it take into account long term treatments or diagnoses. It also expected the public to be able to diagnose and understand their own dermatological conditions. There was no mention in the document about patient education.

It was felt that there was a danger to patients the way the document was currently set out as often patients don't fully understand what they need. The Planned Care Programme, the Welsh Dermatology Forum and Skin Care Cymru had all submitted responses to this document back in January. There had been no feedback from the All Wales Therapeutic and Toxicology Committee. The CPG on Skin felt we needed a strategy to ensure that the decision makers hear our concerns.

Action: Rebecca Andrews to liaise with colleagues in WG to understand when those who had submitted responses would hear back.

The issue of GP prescribing was also raised by the APPG in England and they raised a counter argument. David joined the meeting here and mentioned that there were several ways in Wales in which the Assembly mechanisms can be used to help, for example: 1) AMs can write to the minister (for example, asking when they will respond and when they have a delivery plan; 2) AMs can raise written questions for discussion (for example, should we have a national prescribing process; and 3) The Health Committee could look at specific issues. The group expressed a desire for a national consensus in future policies to avoid a post code lottery in terms of health care.

Caroline Mills has identified where savings could be made in Aneurin Bevan HB, as prescriptions were being made for blacklisted products of products that NICE did not recommend- these were still being prescribed in some places. The issue was also raised if the CPG on Skin could commission a project to help identify where the savings are.

4. Update on the Planned Care Programme (PCP) - Caroline Mills

The workforce issues in Wales are a microcosm of the 200 empty Consultant posts across the UK. The PCP has been successful in gaining approval for 6 clinical fellowship posts which would allow an alternative route of training dermatologists in Wales. Individual health boards will be responsible for funding these posts. They are also currently undertaking a review of all dermatology units in Wales which consist of a 12-month review, questionnaires and follow up visits.

Work is still ongoing with respect to the coding of data because dermatology data is coded as outpatient data it is notoriously inaccurate. Once a list of codes has been agreed, the PCP will take these to the Health Boards to mandate use.

The PCP has been working on identifying areas to save money, for example in the area of stopping the prescriptions for black listed items. We need mechanisms in place to stop the prescribing of these items. The PCP have been to see Directors of Finance to try to regulate the waste. However, it is very difficult to move savings around the different sections of the Health Service. The Skin Spend is £28 million but dermatology only gets £2.2 million. This would be a good question to raise with the AMs.

5. Update on dermatology services in Hywel Dda University Health Board- Keith Jones

Keith Jones, Assistant Director of Acute Services, gave a brief update on the services in Hywel Dda. He touched on the historic issues of not being able to recruit dermatologists in the area combined with the problem of losing primary care staff and no expertise to train the new cohort of GPs. He discussed how the Health Board was looking to develop local expertise in the area to ensure sustainability. They have a part time locum consultant retained as well as have recruited a full-time specialty doctor which has helped with capacity issues. They have now appointed a new consultant and are interviewing shortly for another locum consultant. The Health Board is also putting effort into developing a new cohort of GPs with an interest in dermatology and in particular have identified one GP to train to consultant level. They are in discussions with Swansea Bay UHB to pool the collective expertise and help bring the GPs up to speed.

Through engaging with external providers to help in the short term they have been successful in reducing the waiting times: by the end of March, they no longer have patients waiting over 36 weeks for an appointment. Aneurin Bevan UHB have been helping with triage and this is appreciated. The nursing team at Hywel Dda is particularly strong and the Health Board is very grateful to them. They are performing well in the cancer pathways.

The Arch programme between Hywel Dda and SB UHB is working well, with a joint Health Board meeting planned for Monday. Support from SB UHB with respect to training GPs needs to be signed off through the correct governance channels. Trainee plastic surgeons from SB UHB have also offered support, particularly in relation to skin cancer and this needs to be discussed.

6. AM engagement

David had already mentioned several ways in which AMs could help the work of the CPG on Skin and how to get them to engage more. These include holding a reception or a big event, asking the researchers and other members of staff to attend on the behalf of an AM. He also stressed getting patients involved as this would help. CPGs which were held at lunch times were also well attended. With respect to getting questions asked in Plenary, two possible questions could be:

- 1) How will the Government help improve the recruitment and retention of dermatology services?
- 2) How is the Government going to improve data collection in dermatology?

It was also suggested that we should target more management from the HBs to attend.

7. Any Other Business

No other business was raised. David Melding thanked the group. Julie Peconi will circulate the next meeting date which will be in approximately 6 months with these minutes.