



# South Devon Cancer Services

Summer 2010

## Inside this issue:

Take Early Action	2
Cancer Waiting Times	2
GP Matters	3
Cancer Lead Clinicians	3
Cancer Local Implementation Group	4
The Lodge Cancer Support and Information centre	4
Clinical and Medical	4

## Why have this Newsletter



### **Dr David Sinclair Director of Cancer Services South Devon Healthcare Foundation Trust.**

The Cancer Reform Strategy has now been in place since 2007 setting out 6 Key areas for action

- Prevention
- Diagnosing Cancer Earlier

- Ensuring better treatment
- Living with and Beyond cancer
- Reducing Cancer inequalities
- Delivering care in the most appropriate setting

The agenda is large and there is new guidance available on what seems like a daily basis.

It is now 3 years on and we still have much to do therefore I feel it is important that we communicate to as wide an audience as possible regarding what Cancer Services are available within the South Devon Community.

We will be producing this Newsletter on a regular basis. If there are any subjects that you would like more information on then please contact [julia.steer@nhs.net](mailto:julia.steer@nhs.net) to see if we can include in our next issue

## **Skin Cancer Dr Jill Adams, Consultant Dermatologist, Torbay Hospital**

Skin cancer is the most common cancer in the UK and represents approximately 1/3 of all new cancers. The commonest skin cancers are malignant melanoma which is responsible for most skin cancer associated deaths; and basal cell carcinoma and squamous cell carcinoma, known as non-melanoma skin cancers. We know that sunshine exposure causes skin cancer as can exposure to sun-beds.

In the UK there is a North-South gradient in the incidence of skin cancer. Here in Torbay we have one of the highest incidence rates of both malignant melanoma and non-melanoma skin cancer. The UK incidence rate of malignant melanoma is 14.67/100,000. In Torbay it is 29.11/100,000. For non-melanoma skin cancer the UK rate is 96.81/100,000. In Torbay it is 172.05/100,000.

Malignant melanoma is the most common cancer in the 15-34 year-old age group. Its development depends on individuals' genotype and environmental sun exposure especially before the age of 18years.

Early diagnosis is essential as the prognosis of any malignant melanoma depends on the depth of invasion into the dermis at excision.

Public health campaigns to raise awareness of skin cancer and its prevention must focus on reduction of sun exposure in vulnerable groups (children, unaware teenagers using sun-beds, outdoor workers, sportsmen and women and those who choose to spend their leisure time in the sunshine gardening, playing golf, tennis, sailing etc.).

# Take Early Action

Neutropenic sepsis is a serious life threatening complication of chemotherapy treatment. One of the barriers to effective management of neutropenic sepsis is patients failing to react to signs and symptoms quickly enough, perhaps because of lack of education about neutropenic sepsis and the potential consequences.

- **High or a very low temperature shivering**
- **Feeling unwell / flu-like**
- **Achy limbs**
- **Vomiting / Diarrhoea**

In order to effectively get the message across to patients, to react quickly and appropriately to early signs of neutropenic sepsis Cancer Services at South Devon Healthcare Foundation Trust will soon be launching a new patient education programme – **TEA**.

The acronym **TEA** for Take Early Action – a slogan that applies not only to patients but to staff as well includes the visual image of a cup of tea to be used throughout educational materials. The image and slogan is designed to prompt patients throughout the day to assess their own symptoms and be

reminded to take prompt action.

The on-going educational programme for all patients receiving chemotherapy uses the **TEA** Take Early Action theme through a range of materials. An information leaflet, a variety of **TEA** themed posters, an ALERT information card and a fridge magnet that highlights the early signs have been produced. In addition a Power-Point presentation to be played on a continual loop, will be shown in the patient waiting areas within the day unit.

Your patients may show you there alert card.

Please follow the directions on the card and inform either Turner ward or RGDU staff asap.

Patients are at risk of Neutropenic sepsis generally 5-15 days after chemotherapy, if they come to you with any symptoms as described please follow the guidance.

We need to act quickly within the acute trust to instigate antibiotics and supportive care if this happens. This should be within 1 hour of attend-

## Neutropenic Sepsis

Following chemotherapy  
Patient Guidance



**Take Early Action**  
Phone us for advice

### Take Early Action

Phone the nursing staff:

**Ricky Grant Day Unit:**

**01803 655219**

Mon – Fri 09.00 – 17.00  
Not Bank Holidays

**Turner Ward:**

**01803 655527**

Any time, day or night

Staff Guidance South Devon Healthcare NHS Foundation Trust

Name .....
Hospital number .....
Consultant .....
Chemotherapy regime .....

**This patient is at risk of Neutropenic Sepsis**

- This generally occurs 5 – 15 days after chemotherapy.
- They may appear well but can deteriorate quickly.
- This is a medical emergency similar to Meningococcal Septicaemia

**Guidelines for Primary Care staff**

Send patient to **Ricky Grant Day Unit** (Mon – Fri 09.00 – 17.00, not Bank Holidays) or liaise with nursing staff on **Turner ward** who will discuss further action with the lead clinician.

**Guidelines for A & E Staff**

- Commence Neutropenic Care Pathway
- Give IV antibiotics within 1 hour of arrival (do not wait for blood cultures)
- Contact the on-call Haematologist / Oncologist

Phone:

**RDGU 01803 655219**

Mon – Fri 09.00 – 17.00 (Not Bank Holidays)

**Turner Ward: 01803 655527**

Day or night



**Take Early Action**  
Saving lives

Sponsored by an educational grant from sanofi-aventis

## Cancer Waiting Times

**SDHCFT has achieved all Cancer Waiting Times targets for 2009-10**, but the success or failure of these targets can often hinge upon appropriate use of the 2ww system in Primary Care.

This is of particular importance with patients referred with suspected Testicular Cancer.

**Patients with Testicular Cancer must be treated within 31 days from receipt of referral.**

To achieve this target, the patient needs to be seen within 7 days of the GPs referral. Ideally, the patient should receive an Ultrasound Scan at this first appointment, to facilitate a swift diagnosis.

Guidance on the Choose & Book system therefore stresses the need for GPs to: **Book the 1<sup>st</sup> Outpatient Appointment within 7 days** Select a morning

**appointment to enable imaging to be undertaken.**

By following this guidance you can help to ensure that your patients are diagnosed and treated in a timely manner.

**If you have any queries regarding 2ww referrals or Cancer Waiting times please contact Sue Cose Cancer Information Manager on 01803 655562**

Last year the Acute Trust had 1,920 New Primary Cancers Diagnosed

## GP Matters by Dr Liz Thomas

I am the designated GP cancer lead for Torbay Care Trust and sit on the Cancer LIG which meets every 2 months. Usually this means representing the common sense from primary care and learning about new and relevant cancer issues. This is the first time I have written an update and would be grateful for any feedback at [liz.thomas2@nhs.net](mailto:liz.thomas2@nhs.net).

PCTs and SDFT have to demonstrate a number of actions relating to 2ww pathways to the SHA. This includes writing to GPs where they may have gone outside NICE guidelines and monitoring the quality of 2ww referrals. Part of this process includes copying GP referral letters to myself as the GP cancer lead. The exercise is meant to pick up any issues which might need addressing. However assessing the appropriateness of a 2ww referral is very subjective and I intend to challenge secondary care when I do not agree with the judgement.

You will, no doubt, have a certain amount of schadenfreude to know that I have been deemed to have made an inappropriate referral. You

will also not be surprised to know that I am challenging the reason for this decision (the patient had other comorbidities and may not have survived surgery). However if there are any problems in the system then this procedure will pick it up fairly promptly. If you get letters from consultants with the comment about inappropriate referrals on 2ww then it would be useful to share this as well, either to myself or Julia Steer (Cancer services manager at SDFT).

Another problem involving our practice has been when a basal cell carcinoma was inadvertently removed (long story!). If you do receive such a letter then, of course, review the notes to make sure you did not deliberately remove a potentially metastasising lesion, but equally do not fret about it. In addition, if you feel your view has been misrepresented then please feel free to contact me. You may be aware but the guidelines for removal of low risk BCCs is being re-considered by NICE and I expect new guidance soon.

I do need to remind you we also need to make sure our referral forms are completed. Some patients come in to a 2ww clinic with no referral letter or the 2ww proforma not completed.

There have also been times when the patient claimed they had no idea why they were referred. Fortunately these cases happen rarely but we need to keep our standards high.

My role is not to tick off doctors but to make sure any lapses are 'one offs' which do not require a more systematic response eg training days etc.

Another point to note is suspected testicular cancer patients should be booked in a morning 2ww clinic spot as this ensures they will have a scan as well as a consultation. This means that you will not need to book a scan prior to referral and reduces unnecessary delays.

Finally, the team would like to raise awareness of The Lodge Cancer Support and Information Centre and the services and support it can offer our patients.

In the year  
April 2009  
-2010  
The Trust  
received  
5,389  
2 week  
wait  
referrals !

## Cancer Lead Clinicians

Each of the main cancer sites at SDHCFT have a Lead Cancer Clinician who is responsible for ensuring that all aspects of the diagnosis, treatment and care of patients with cancer are provided to high standards of care by a designated team of specialists working together effectively in a multi-disciplinary team.

The teams are supported by a Multidisciplinary team coordinator who monitors and tracks all cancer patients according to national cancer waiting times and organises weekly MDT meetings.

### The Lead Clinicians are :

Mr Mike Green – Breast cancer.  
Mr Steve Mitchell – Colorectal Cancer  
Dr Jill Adams - Skin Cancer

Ms Morven Leggott - Gynaecological Cancer  
Dr Deborah Turner - Haematological cancers  
Mr David Cunliffe - Head and Neck cancers  
Dr David Sinclair - Lung cancer  
Dr Mark Puckett - Upper GI Cancer  
Mr Rob Mason - Urological cancer

## Your Cancer Local Implementation Group

### Terms of Reference

The purpose of the South Devon LIG is to improve the quality of care and outcomes for cancer patients.

To act in partnership with users, carers and all professionals involved in the delivery of cancer care. Seeking improvements in the prevention, diagnosis and treatment of cancer.

To act as a focus for cancer services on behalf of the transformation board. Linking with related groups and individuals both locally and in the wider network. An executive report will be sent from the group to the transformation board.

To monitor progress on the implementation of the Cancer Reform Strategy and National Cancer Standards for South Devon in fulfilling standards and targets for activity, quality, access and outcomes.

To scrutinize, initiate and promote plans for service improvement ensuring that they meet robust standards of safety and clinical and Cost - effectiveness.

Oversee the National Cancer Reform Strategy by 2012. Review progress annually and oversee working groups to ensure delivery

Review work plan at each LIG meeting Set priorities for annual investment, Local delivery plan (in time and resources) for the South Devon Local Community.

All progress will be reviewed annually.

**The purpose of the LIG is to meet and exceed whenever possible the requirements of the National Cancer Reform Strategy for Users in South Devon**

### Members

Dr David Sinclair	Director of Cancer Services Chair
Dr Liz Thomas	GP Cancer Lead (Torbay)
Liz Alsbury	Network Development Manager
Julia Steer	Cancer Services Manager/ Lead Cancer Nurse
Nikki Thomas	Network Lead Nurse
John Harrison	Interim Director of Peninsula Cancer Network
Debbie Stark	Director Public Health TCT
Dr Jo Sykes	Specialist Palliative Care Consultant
Richard Swarbrick	Commissioner Devon PCT
Emma Perry man	Commissioner TCT
Sandra Sellick	User Group Representative
Judith Prouse	User Group Representative
Dr Louise Wilson	Public health Consultant
Annie Sillitoe	Primary/Palliative Care Service Development Facilitator
Dr Sarah Harrison	Public Health Consultant
Emma Wheatfill	Service Development Manager SDHCT

## The Lodge

### Cancer Support & Information Centre

Torbay Hospital Annexe, Newton Road, Torquay TQ2 7BA

Tel: 01803 617521

Did you know the following services are available here for all of your cancer patients and their families/carers?

The Lodge is open on a 'drop-in' basis, Tuesday – Friday, 9am - 12 12.30 – 4pm

A telephone support and information service on 01803 617521 for those people unable to access the centre in person (answer machine out of hours)

Wide range of information, in a variety of languages and formats

Benefits advice service

Weekly wig fitting and accessories service

Food & nutrition workshops

Specialised Counselling and psychological support for cancer patients/carers

Relaxation classes

Genetics clinic

Moving on/Survivorship self management workshops

Health awareness/reducing your risk of cancer displays in the community

Macmillan Cancer Support patient grants

Complementary therapies

## Clinical and Medical Oncology Who's Who

	Tumour Site	Lead Oncologist/s	Contacts
The Oncology Dept at Torbay Hospital has had a few changes over the past few years.	Breast	Dr Bliss/Goodman	655385/655381
	Lung	Dr Cogill/Dorey	655052/655381
	Colorectal	Dr Lo/Cogill	654260/655052
Dr Peter Bliss continues to be the Clinical Lead for the Oncology Dept .	Urology	Dr Lydon/Srinivasan	655376/655385
	Ovary	Dr Lo	654260
Dr Lo is our relatively new Medical Oncologist and joined the Trust last year .	Non Ovarian Cancer	Dr Bliss/Srinivasan	655385/655385
	Upper GI	Dr Srinivasan/Dorey	655385/655381
	Testis	Dr Hong (RD&E)	
We also welcome Dr Nicole Dorey who also joined the Trust last year covering Lung and Upper GI cancers.	Head & Neck	Dr Cogill	655052
	Thyroid Cancer	Dr Goodman	655381
	Lymphoma	Dr Goodman	655381
Linda Gordon the Clinical Oncology Services Manager has now been at the Trust for 12 months and Dr Sue Cross is the Head of Medical Physics Dept.	Brain	Dr Bliss	655385
	Sarcoma	Dr Bliss	655385
	Melanoma	Dr Goodman	655381
non lymphoma Skins	Thyrototoxicosis	Dr Bliss (RD&E)	655381
	Non Melanoma/	Dr Bliss	655381
	Unknown Primary	Dr Lo/Srinivasan	654260/655385
Cord Compression	Any Clinical Oncologist		
/SVCO			