LEEDS CANCER CENTRE

STANDARD OPERATING POLICY FOR THE SUPRANETWORK CUTANEOUS T-CELL LYMPHOMA MDT 2018

i Document Control

Title	STANDARD OPERATING POLICY FOR MDT MANAGEMENT OF SUPRANETWORK CUTANEOUS T-CELL LYMPHOMA
Author(s)	SUPRANETWORK CUTANEOUS T-CELL LYMPHOMA MDT
Owner	SUPRANETWORK CUTANEOUS T-CELL LYMPHOMA MDT

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1.0	May 2016	Initial version
1.1	May 2017	Annual update
1.2	May 2018	Annual update
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Contributors to current version		
Contributor	**Author/Editor**	**Section/Contribution**
T-Cell Lymphoma SMDT	Dr D Gilson	All
	Dr P Laws	All

ii Information Reader Box

Title	STANDARD OPERATING POLICY FOR MDT MANAGEMENT OF SUPRANETWORK CUTANEOUS T-CELL LYMPHOMA
Author(s)	SUPRANETWORK CUTANEOUS T-CELL LYMPHOMA MDT
Publication date	May 2016
Reviewed and updated	May 2018
Review date	May 2019
Contact details	Leeds Cancer Centre St James's University Hospital Bexley Wing Beckett Street Leeds LS9 7TF

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1 Introduction

A Supranetwork Multidisciplinary Team (MDT) has been established to review the diagnosis and management of patients with skin lymphoma from the Humber Coast & Vale (HC&V) South Yorkshire Bassetlaw & North Derbyshire (SYB&ND) and West Yorkshire & Harrogate (WY&H)Cancer Alliances. This allows pooling of expertise in this relatively rare cancer and is compliance with the Improving Outcomes Guidance for Skin Cancer, being based in Leeds where the Total Skin Electron Beam Therapy service is provided.

2 Purpose of MDT

The aims of the MDT are:

- To review all patients with cutaneous T cell lymphoma (CTCL) Stage 2b and above from the HC&V, SYB&ND and WY&H Cancer Alliances.
- To review patients with other types of lymphoma localised to the skin as requested
- Document diagnosis and stage for all patients
- To ensure that uniform treatment strategies are in place across the networks in compliance with agreed national and network guidance.
- Collect information on management of patients across the networks
- Ensure patients receive prompt treatment as near to home as possible
- Encourage entry of patient in to trials where possible
- Provide advice on implementation of new therapies.

The function of the MDT is:

- To confirm the diagnosis
- To resolve ambiguities
- To plan or confirm appropriate management of each patient
- To ensure that patients have treatment in the most appropriate environment and as near to home as possible
- To communicate treatment advice to referring teams clearly and promptly
- To ensure that the minimum data set for skin lymphoma and any additional information for any national CTCL database is collected
- To consider and confirm eligibility for and encourage entry of patients into clinical trials
- To ensure maintenance of clinical standards and protocols to support clinical governance
- To facilitate continuing professional education for all staff
- To maintain professional relationships.

3 Leadership Arrangement & Responsibilities

Dr P. Laws is the MDT Lead Clinician (the agreed list of responsibilities are in appendices 1 and 2) and also responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the MDT.

Ms Gill Stewart is the Lead Clinical Nurse Specialist for the service and has responsibility for users' issues and information for patients and carers and provides Level 2 Psychological Support.

4 Membership Arrangements

4.1 Core & Extended Membership

Core Members

	Role	Arranged cover
Dr Philip Laws	Consultant Dermatologist & MDT Lead Core Member of SSMDT Research / trials lead for MDT.	Dr Andrew McDonagh
Dr Bipin Mathew	Dermatopathologist, Leeds SSMDT	Dr W Merchant
Dr H Ali	HMDS haemato-pathologist	Dr Cathy Burton
Dr Di Gilson	Clinical Oncologist, responsible for TSEBT in Leeds.	Dr Robin Prestwich
Heather Hall	MDT Coordinator	Rebecca Gray

Extended members

	Role
Gill Stewart	Lymphoma Clinical Nurse Specialist, Lead for user issues
Dr A Alfred	Haematologist, Rotherham SSMDT
Dr Andrew McDonagh	Dermatologist, Sheffield SSMDT

The MDT lead is responsible for ensuring that all appropriate patients are offered the possibility of entry into clinical trials.

Each core member of each MDT should aim to attend at least 95% of all MDT meetings.

The meeting is open to all dermatologists, haematologists medical and clinical oncologists from the Alliances who wish to take part.

5 MDT Meeting

5.1 Time and Location

The team meets on the second Wednesday of each month between 13.30 and 14.00 in the Haematological Malignancy Diagnostic Services Offices, Bexley Wing, St James' University Hospital, Leeds.

Colleagues from outside Leeds may join the meeting, by video conference if possible.

5.2 Indications for MDT review

All patients will be reviewed by the MDT:

- If they have Stage 2b or greater CTCL
- When the previously suggested therapy is no longer effective
- When there are problems in the patient's management, e.g. problems tolerating recommended treatment
- If the patient requires urgent treatment that has to be started prior to MDT review, the treatment decision will be reviewed at the next MDT meeting. The procedure for dealing with patients in this situation is outlined in below
- If a patient declines or is unfit for the management plan suggested by the MDT, the patient will be discussed again to review the patient's further management.

Patients with earlier stage CTCL and other types of lymphoma localised to the skin will, also, be reviewed at the request of their dermatologist or haematologist.

5.3 Patients requiring treatment before next MDT meeting

The consultant responsible for the patient's care will review the relevant information:

i. from pathology, including discussion with a consultant form HMDS if an authorised report is not available
ii. from radiology, including discussion with a radiologist if an authorised report is not available

- Having collected all of this information the consultant will discuss the patient with the most appropriate consultant (depending on likely therapy to be offered) from the MDT to develop a management plan.
- In exceptional circumstances, when a patient needs to start treatment before the next working day, a consultant may decide to instigate treatment if no colleague is available with whom to discuss treatment. The patient's management, however, must be discussed with another consultant on the next working day.
- The patient's management must then be reviewed at the next MDT meeting.

5.4 Mechanism for Requesting MDT Review

- Dermatologist or Haematologist refers patient with skin lymphoma to one of the core medical members of the MDT.
- The core member completes a MDT Review Request which is faxed to the MDT co-ordinator.
- MDT coordinator adds patient to MDT meeting list.

It is essential that forms are received in a timely manner to enable the MDT co-ordinator to gather together all of the relevant information prior to the MDT review meeting.

5.5 Preparation for the MDT meeting

The MDT co-ordinator:

- Prepares a meeting list of patients to be discussed
- Ensures histological slides and blocks that have not been reviewed by the Leeds Haematology Diagnostic Service (HMDS) to be sent to HMDS
- Ensures all radiological films required for review and ensures that they are reviewed at the Leeds Lymphoma MDT prior to the CTCL MDT
- Sends a list of patients for pathology review to the dermatopathologist and HMDS at least one working day before the meeting (not currently happening due to lack of dermatopathology support)
- Distributes the meeting list to MDT members
- Ensures that all relevant clinical information is available for the MDT meeting
- Keeps an attendance record for the MDT meeting
- Ensures that an MDT outcome is recorded and that referring consultants receive a copy of the outcome record.

5.6 Conduct of the MDT meeting

- The MDT meeting will be chaired by the MDT leader. The chair is responsible for the smooth conduct of the meeting.
- The doctor receiving the patient referral (or his/her arranged cover) presents a summary of the patient's relevant medical history.
- The relevant pathology and radiology are reviewed.
- The patient's management is discussed.
- The chair summarises the agreed management plan.
- The member of the medical staff presenting the patient records a summary of the MDT discussion and outcome, including the identity of the patient and the management plan for the patient.
- Eligibility of patients for trial entry will be considered.
- The MDT Co-ordinator completes the MDT review record which is held within Patient Pathway Manager (PPM) database.

- If the patient is to receive Total Skin Electron Beam Therapy (TSEBT), this will be specifically stated in the MDT record, i.e. unless otherwise stated patients will not receive TSEBT.
- The place where the patient's on-going care will be occurring will be clearly documented.
- The MDT Co-ordinator prints a copy of the MDT review record. This is checked and signed as being an accurate record of the MDT review by a consultant core member who was present at the meeting.
- The MDT review record is filed in the patient's notes and a copy sent to the consultant(s) responsible for the patients care.
- The management plan formulated at MDT meeting may be subject to change due to the patient's clinical condition and patient's wishes. When this occurs it is fed back to a subsequent MDT meeting (see above). This is recorded on the PPM to allow audit of treatment decisions.
- If the patient has not been reviewed before the MDT meeting by a clinician present at the MDT meeting, a provisional management plan will be formulated and the patient will be discussed again at the next MDT meeting for confirmation of the management plan. This is recorded on the PPM to allow audit of treatment decisions.

The MDT co-ordinator keeps a register of attendance at the meeting. This information is then recorded onto PPM to record attendance for each core member of team.

The patients holistic needs assessment will be taken into consideration during the discussion of treatment planning. If a holistic needs assessment has not been completed at the time of MDT it will be documented on the live MDT summary that the treatment plan is provisional pending the assessment;

- This management plan is provisional and will be discussed with the patient once a holistic needs assessment has been performed.

5.7 Delivery of treatment

Where possible once a management plan is in place, patients' treatment will be supervised and administered in their local hospital. It should be noted that all Total Skin Electron Beam Therapy is delivered at Leeds Cancer Centre, under the supervision of Dr Di Gilson.

The following table outlines how this works:

Treatment	**Location of treatment supervision/delivery**
Topical therapy	Local Cancer Unit
Phototherapy	Local Cancer Unit
Local radiotherapy	Queen's Centre for Oncology and Haematology, Hull St James Institute of Oncology, Leeds Weston Park Hospital, Sheffield
Total Skin Electron Beam Therapy	St James Institute of Oncology, Leeds
Systemic therapy	Depending on treatment required: Local Cancer Unit or St James Institute of Oncology, Leeds
Photophoresis	Rotherham General Hospital

5.8 Informing the patient of the outcome of the MDT review

If the patient is being reviewed in the Skin Lymphoma Clinic in Leeds, it is the responsibility of the doctor from the MDT seeing the patient in the clinic to inform the patient of the outcome of the MDT discussions.

The doctor will ensure that the patient is offered a permanent record of the discussion about the treatment options being suggested for his/her diagnosis. This may take the form of a copy of the clinic letter that is being sent to the referring consultant and GP or a specific summary of the meeting produced for the patient as appropriate.

If the patient is not being seen in clinic, the MDT leader will ensure that the outcome of the MDT meeting is communicated to the referring consultant, so that he/she may inform the patient.

5.9 GP Notification of a new cancer diagnosis

It is expected that most patients reviewed by the MDT will already have been informed that they have cancer. For all patients where this is not the case, after seeing the patient in clinic the doctor completes a GP notification proforma provided by the MDT Co-ordinator. The patients GP receives a copy of the clinic letter which discussed the diagnosis and treatment plan.

A copy of the proforma will be filed in the patient's notes. Date of completion of the proforma and when it is faxed to GP are recorded on the MDT database for audit purposes.

6 Co-ordination of Care/ Patient Pathways

6.1 Clinical & Referral Guidelines

The MDT agree to the Supranetwork Clinical Guidelines for T-Cell Lymphoma MDT, being available online to the West Yorkshire & Harrogate, Humber Coast & Vale and South Yorkshire Bassetlaw and North Derbyshire Cancer Alliances.

WY&H, HC&V and SYB&ND Cancer Alliances Supranetwork Skin Lymphoma Referral Pathway
May 2017 v2.2

© i a ♦ Diagnosis
Patient diagnosed with skin lymphoma

Skin Cancer MDT
Diagnosis of skin lymphoma discussed at a local skin MDT and referral to a Specialist Skin Cancer MDT (SSMDT) made

Haematology MDT
Diagnosis of skin lymphoma discussed at a Haematology MDT (apart from an agreed subgroup which may have direct referral to SSMDT) to exclude any cancers requiring urgent chemotherapy. Referral to Specialist Skin Cancer MDT (SSMDT) made

Skin Cancer SSMDT
All cases of skin lymphoma to be discussed at the SSMDT (**Leeds, Hull or Sheffield)**
Referral to the Supranetwork Skin Lymphoma MDT is made for patients who have **nodular mycosis fungoides (stage 2B or over)** and all other patients suitable for TSEBT
Patients with earlier stages of cutaneous T cell lymphoma can be managed locally by the SSMDT

Dataset
A common dataset will be collected on **all cases** of skin lymphoma. Data to be collected either by the SSMDT or by the Supranetwork Skin Lymphoma MDT for those patients who are referred to the Supranetwork Skin Lymphoma MDT

Audit
The data on all cases of skin lymphoma will be included in an annual audit in order to share information and learning about these cases

Supranetwork Skin Lymphoma MDT (based at Leeds)
(MDT video conference between YCN, HYCCN and NTCN)
Patients with skin lymphoma who have been referred to this MDT are reviewed and a management plan agreed
Core Members:
- Clinical Oncologist responsible for TSEBT
- Dermatologist who is a core member of an SSMDT
- Dermatopathologist with expertise in cutaneous lymphoma
- Leeds MDT coordinator
- Lymphoma CNS

Extended Members:
- Haematological Oncologist
- HMDS Pathologist, including access to molecular diagnostic techniques
- Radiologist

Data from the MDT will be collected for the national Cutaneous T Cell Lymphoma (CTCL) database by the Leukaemia Research Fund (LRF) epidemiology unit at York University

i © Joint Skin Lymphoma Clinic
(Held once a month at Leeds)
Patients with skin lymphoma who have been referred to the supranetwork skin lymphoma MDT will be seen and a management plan discussed. Patent information offered

Treatment
(wherever possible patients should be treated in their locality)
- Topical treatments
- Phototherapy
- Total Skin Electron Beam Therapy (TSEBT) and local radiotherapy
- Extracorporeal Photopheresis (ECP) performed at Rotherham General Hospital
- Systemic therapy

© Follow Up
All follow up management should be as local as possible.
If skin directed therapy is not working or if the patient is not being controlled by the treatment that is being offered locally, they would be referred to Leeds. Patients who have had TSEBT and photopheresis would be followed up to see if their skin has settled down and then would be referred back to the local unit

Key
i Patient information
a Holistic assessment
© Key discussion point
♦ Single contact with key worker

Quality Criteria

Criteria 1
Patient's first treatment should not be delayed when referring to the Supranetwork Skin Lymphoma MDT

Criteria 2
Cancer Waiting Times will be monitored throughout the pathway

Criteria 3
MDT should be IOG compliant

Pathway review date May 2020

West Yorkshire & Harrogate, Humber Coast & Vale and South Yorkshire Bassetlaw & North Derbyshire Cancer Alliances

Supranetwork Skin Lymphoma Referral Pathway

Title	Supranetwork Skin Lymphoma Referral Pathway
Author & Owner	West Yorkshire & Harrogate CA Supranetwork Skin Lymphoma MDT

Version Control		
Version/ Draft	**Date**	**Revision summary**
1.0	June 2010	Published
2.0	January 2011	Full review of pathway. Update to the Supranetwork Skin Lymphoma MDT referral criteria. Update to the core/extended membership list. Pathway review date changed.
2.1	December 2012	Details of referral to Teenage and Young Adult Pathway MDT included in the 'Skin Cancer MDT' stage. HYCCN changed to NEYHCA.
2.2	May 2017	Full review of the pathway.
2.3	May 2018	Full review of the pathway.

Pathway Details/Supporting Information

This pathway should be read in conjunction with the Supranetwork Cutaneous T-Cell Lymphoma MDT Operating Policy

This pathway applies to:
West Yorkshire & Harrogate Cancer Alliance
Humber Coast & Vale Cancer Alliance
South Yorkshire Bassetlaw & North Derbyshire Cancer Alliance

Criteria for Referral to the Supranetwork Cutaneous T-Cell Lymphoma MDT – held monthly at Bexley Wing, St James Hospital, Leeds

The following patients will be reviewed by the MDT:

- If they have Stage 2b or greater CTCL and all other patients who are suitable for TSEBT
- When the previously suggested therapy is no longer effective
- When there are problems in the patient's management, e.g. problems tolerating recommended treatment
- If the patient requires urgent treatment that has to be started prior to MDT review, the treatment decision will be reviewed at the next MDT meeting.
- If a patient declines or is unfit for the management plan suggested by the MDT, the patient will be discussed again to review the patient's further management

Patients with other types of lymphoma localised to the skin will, also, be reviewed at the request of their dermatologist or haematologist. The MDT aim would always be to give advice and where ever possible to return the patient to the local team for treatment.

How to refer a patient
Referrals to be made to Dr Phil Laws, Consultant Dermatologist and the Supranetwork Cutaneous T-Cell Lymphoma MDT Leader, or Dr Di Gilson, Clinical Oncologist, who is responsible for TSEBT in Leeds preferably by **Fax to 0113 3924358 or 0113 20 67886** (with hard copy to follow to address below) and to and MDT lead

Ideally Dr Laws/Dr Gilson would like to receive the referral at least 10 days before the next MDT meeting to ensure that all of the relevant pathology can be obtained for review. It would be very helpful if the patient's skin biopsies could be listed including where they were taken and reviewed.

Any patient that the referring Consultant would like to discuss prior to MDT referral or who needs an urgent discussion, please do not hesitate to ring Dr Di Gilson on telephone number **0113 3924357** or Dr Phil Laws on **0113 20624359.**

Please send hard copy referral to:

Dr Phil Laws
Chapel Allerton Hospital
Chapeltown Road
LEEDS
LS7 4SA

Dr D Gilson
Level 4
Bexley Wing
St James's University Hospital
LEEDS
LS9 7TF

6.2 Teenagers and Young Adults referred to the MDT

Teenagers and Young Adults aged 18 to 25 years will be discussed with the appropriate TYA MDT and service. Patients from WY&H or HC&V and those receiving treatment in Leeds will follow the referral pathway outlined in Appendix 5. Patients being managed in South Yorkshire Bassetlaw & North Derbyshire CA will be discussed with and referred to the TYA service based in Sheffield.

7 Patient Experience

7.1 Patient Information

All patients are offered written information on their diagnosis at their first clinic appointment. As required, they are also offered more detailed information on specific treatments they may be receiving. The MDT aims to provide clear and understandable information for all. Patients are given the contact details of the clinical nurse specialists, should they have any further questions once they and their carers have had the opportunity to read the provided written information.

The written information offered includes:

- A leaflet which details the names, functions and roles of the Multi-Disciplinary treating team (see Appendix 3)
- Information specific to skin lymphoma and its treatment options. This includes national and local publications.
- Information specific to the local TSEBT services, if appropriate
- Regimen information about specific systemic therapies as appropriate.
- Information about patient involvement groups and local patient self-help/support groups.
- A leaflet about the Information Care and Support Service at LTHT, which includes information about psychological, social and spiritual/cultural support available and complementary therapies.
- Information about services available to support the effects of living with cancer and dealing with the emotional effects. We currently run the “Hope” course which specifically addresses these issues (see Appendix 4).
- For those patients for whom English is not their first language, the team have access to an excellent Interpreting Service. The team can also provide additional audio and visual material if required.

7.2 Patient Experience Feedback

The MDT will undertake an exercise every two years prior to review to obtain feedback on patients’ experience of the services offered. This will be done through the administration of a survey, which will be co-ordinated by the cancer centre team. The results of the survey will be discussed at an MDT meeting and an action plan agreed. Informal feedback received by any member of the MDT will also be discussed on an adhoc basis, with relevant actions agreed as necessary (a national cancer patient survey has been performed this year. We have recently completed a survey pertinent to skin lymphoma patients)

The exercise will ascertain whether patients were offered:

- A key worker
- The MDT's information for patients and carers (written or otherwise)
- The opportunity of a permanent record or summary of a consultation at which their treatment options were discussed.

8 Appendices

8.1 Appendix 1 - Responsibilities of MDT Lead Clinician

LEEDS CANCER CENTRE

MULTIDISCIPLINARY TEAM LEADER

JOB DESCRIPTION

The Leeds Cancer Centre supports a large number of cancer site-specific multi-disciplinary teams. Each team is made up of a defined, core group of staff and a number of extended members who provide services when requested. Each team has administrative and data management support.

Each team is led by a MDT Leader – a clinically based professional who takes responsibility for a particular team. Appointments are made on a three-year basis.

1. Professional Background

1.1 Multidisciplinary Team Leaders will possess recognised standing within their specific area of expertise and established organisational skills.

2. Role and Responsibilities

2.1 Ensure that the MDT meetings occur monthly[1], are well organised and documented to the standard expected by the Manual for Cancer Standards.

2.2 Represent the team on Leeds Cancer Centre and/or Acute Trust related activity and developments, where appropriate.

2.3 Where necessary, work closely with Trust Managers and Commissioners on planned developments of the service.

2.4 Ensure the team works towards meeting the quality measures outlined in the Manual for Cancer Standards.

2.5 Lead the MDT through peer review, as required, by ensuring the development and delivery of action plans to meet the relevant IOG measures. This will include the collation of evidence files, the development of the defined 3 key documents and ensuring that adequate preparation for the review meetings takes place.

2.6 Be responsible for identifying and promoting the development/adoption of guidelines and protocols relating to their cancer site.

2.7 Ensure that the MDT has patient pathways in place that facilitate meeting the cancer waiting times standards and that the MDT supports the patient tracking processes necessary to assure compliance with these targets.

[1] * As determined by local need and/or requirements outlined in the Manual for Cancer Services

2.8 Stimulate appropriate high quality clinical audit and research.

2.9 Review patterns of referral within the cancer site in order to ensure the existence of an appropriate and clear referral process between the Leeds Cancer Centre and General Practitioners/Cancer Units.

2.10 Closely supervise the work of the MDT administrative support team, ensuring these staff are given clear direction in their role and are supported in managing and developing the administrative processes of the team. Meet with these staff on a regular basis.

2.11 Represent the Cancer Centre in the site-specific meeting of the Cancer Alliance to plan appropriate service patterns for that cancer site across the Alliance and to offer professional advice to Commissioners and Trusts on general issues relating to their cancer site.

2.12 Represent the cancer site-specific team on appointment processes that will have an impact on the team e.g. the Consultant Advisory Appointment Committees

2.13 Attend appropriate meetings of the Leeds Cancer Centre, including the MDT Leaders forum.

3. Accountability

3.1 The MDT Leaders will be accountable, through the Leeds Cancer Centre Lead Clinician or Deputy, to the Trust's Executive Director Cancer Lead.

4. Notes

4.1 The Cancer Services Support Team is available as a resource and support. The MDT Leader is encouraged to work closely with this team to enhance the pathways of care and MDT processes locally.

4.2 The Cancer Services Support Team will provide specific support and professional development opportunities for the MDT administrative support team.

4.3 It is expected that the MDT Lead will be allocated 0.5 PA per week to allow them to undertake this role. This is not centrally funded by the Leeds Cancer Team

Agreed by: [MDT Leader]	Agreed by: [Lead Clinician, Leeds Cancer Centre]
Date:	Date:
Job description reviewed: 2nd May 2018	Date for review: 1st May 2024

8.2 Appendix 2 - Job Plan for Lead Clinician

Appendix C

Job Plan Documentation

Job plan for

Name: Philip Laws

Job Title: Consultant Dermatologist

Specialty: Dematology

Directorate:

Dates and those present at Job Plan Meeting(s): Present:

Date Agreed:

Job Plan active from April 2017 to March 2018

1. JOB CONTENT (TIMETABLE OF WEEKLY PA ACTIVITY). If weekly timetable changes on a relatively fixed pattern, produce separate weekly timetables for the weekly pattern and average for total PA section.

Weekly timetable

Day	Time	Location	Description of activity	Categorisation DCC/SPA/AR/ED *	No of PAs
Monday 2.75	0800-0900 0900-1300	CAH	Medical students Surgery	SPA DCC	0.25 1
	1300-1700 1700-1900	CAH	General Clinic Patient Admin	DCC DCC	1 0.5
Tuesday		Spire	Private Clinic		
Wednesday 2.625	0800-0900 0900-1300	CAH	Ward Round Skin Cancer Clinic/Lymphoma	DCC	0.25 1
	1300-1400 1400-1830	CAH	MDT Patient Admin	DCC DCC	0.25 1.125
Thursday 2.75	0800-0900 0900-1300	CAH	Medical Student Connective Tissue disease	SPA DCC	0.25 1
	1300-1400 1400-1700 1700-1900	CAH	Ward Round CME Skin lymphoma MDT lead	DCC SPA DCC	0.25 0.75 0.5
Friday 2.625	0800-0900 0900-1300	CAH	Ward Round Psoriasis Clinic/Ward Round*	DCC DCC	0.25 1
	1300-1700 1700-1830	CAH	Academic afternoon Patient Admin	SPA DCC DCC	0.5 0.5 0.375
Clinic - 4, Admin -2, Surgery - 1, SPA - 1.75, WR - 0.75, MDT - 0.25, Academic afternoon DCC - 0.5 *Psoriasis Clinic/Ward Round – The psoriasis clinic is run on a rotational basis with Dr Shams and Prof Goodfield every two months such that quantum will be 66% of expected normal. Total - 10.25					
Saturday					
Sunday					
Agreed activity to be worked flexibly*		Not specified	Research	SPA	**1**
Predictable Emergency On-Call Work				Direct Clinical Care	
Unpredictable emergency on-call work	Variable	On site, at home on the telephone & travelling to & from site		Direct Clinical Care	
TOTAL PAs					**11.75**

Notes

*: Flexibility is an important part of the professional contract. The default place of work is the Trust. All activity is expected to be included in the weekday timetable even if on occasions it may be displaced after agreement with the CD/DMM

- Direct Clinical Care (DCC), Supporting Professional Activities (SPA), External duties (ED) or Additional NHS responsibilities (AR)

Notes

i. Under 'additional agreed activity' the consultant might agree, for example, with the employer that they will undertake a certain proportion of regular patient administration equating to x PAs, at an unspecified time and location during the week. This section might also be used to set out the number of PAs for any unpredictable external duties.
ii. Predictable on-call work: where this work follows a regular pattern each week, consultants should identify within the weekly schedule when and where this takes place. Where such work does not follow a regular patter, for example due to variability of the on-call rota, consultants should assess an average level of activity per week and identify it in the predictable activity box at the bottom of the form.
iii. The location and timing of unpredictable emergency work cannot be completed, therefore only the categorisation and number of PAs should be completed.
iv. Location can be the principle place of work or any other agreed location e.g. the consultant's home for some duties.
v. In the 'work' column, a description of the duty should be completed, e.g. outpatient clinic, ward round, operating list.
vi. The 'categorisation' column should define whether the work is direct clinical care, supporting professional activity, additional NHS responsibility or external duty.
vii. The number of PAs should specify the number of PAs allocated to the duty. This can be a full PA or broken down into smaller units. If the work is in premium time after 1 April 2004, 3 hours of work is one programmed activity.
viii. *Regular* private practice commitments should be identified broadly in terms of timing, location and type of work.
ix. In addition to regular duties and commitments, the consultant might have certain ad-hoc responsibilities. These would normally but not exclusively fall into the 'additional NHS responsibilities' or 'external duties' categories of work, for example member of an Advisory Appointments Committee or work for a Royal College. Such duties could be scheduled or agreement could be reached to deal with such work flexibility.
x. All consultants will be expected to work flexibly. This will include:
    a. Consultants will be reallocated to appropriate duties when DCC activities in their job plan are cancelled.
    b. With advanced warning consultants may be asked to swap their on-site SPA sessions for clinical work should routine clinical sessions elsewhere be cancelled. It is also possible that colleagues might be asked to offer additional clinical activity in an SPA session in one week, this to be repaid at an agreed future date. It is recognised that certain types of supporting activity may prevent an individual from being able to accept such requests from time to time.

2. Activity Summary (the totals must match that of the job content section)

Programmed activity	Number of PAs
Direct clinical care (excluding on-call)	9
On-call - predictable	0.00
On-call - unpredictable	0.00
Supporting professional activities	2.75
Additional NHS duties	0.00
External duties	0.00
Academic	0.00
TOTAL	**11.75**
Contracted activity	

3. On-call availability supplement

Agreed on-call rota e.g. 1 in 5:	0
Agreed category (delete):	0
On-call supplement e.g. 5%:	0

4. Agreed Quantum of activity

List agreed annual quantum of activity, eg annual number of clinics based on number per week multiplied by individual working year. Expand table as required

Activity	Frequency	Annual quantum

	per week/month	Freq x working year (weeks)
Skin surgery	1/week	42 - BH
General clinic	1/week	42 - BH
Early skin lymphoma clinic	1/month	10
Skin cancer clinic	2/month	19
Connective tissue disease clinic	1/week	42
Supra Network Skin Lymphoma MDT	1/month	10
Supra Network Skin Lymphoma Clinic	1/month	10

5. Objectives

Objectives and how they will be met
(aim for measurable objectives in both DCC and SPA activity)

- Delivery of agreed clinical activity
- Audit and other clinical governance activities
- Evaluation of patient satisfaction - To evaluate Triage Clinic
- Service reconfiguration to meet changing demands as required
- Continuing professional development (personal, departmental and external)

- As medical education lead to support education of students in all years of training in a full range of methods (lectures, tutorials, clinics and ward)
- Development of medical dermatology and a simplified patient pathway for management of psoriasis and early psoriatic arthritis through the psoriasis triage clinic.
- Other site Ward round prospective Audit
- C2 ward round activity audit

6. Supporting resources

Facilities and resources required for delivery of duties and objectives	Appropriate clinic space (specifically for psoriasis) to support additional activities including nurse-led triage clinics, registrar and medical dermatology fellows clinics. Day case unit to facilitate more flexible patient care in treating complex eczema and other dermatoses**.**
1. Staffing support	Nursing support is essential both in delivering care (psoriasis triage band 6 level) and in supporting standard care (particularly in medical dermatology clinics where urinalysis, dressings, blood pressure and weight are routinely required).

2. Accommodation	
3. Equipment	EPRO Planning terminals
4. Any other required resources	

7. Additional NHS responsibilities and/or External duties

Indicate all activities under this heading. Specify how any responsibilities or duties not scheduled within the normal timetable will be dealt with