

The Shape of the Service

The IOG either explicitly or by implication, effectively specifies six levels of care, differing in the degree of specialisation and service consolidation needed. The personnel foreseen as offering these levels range from any general practitioner, through specifically authorised, trained and registered community practitioners, local and specialist MDTs to supranetwork MDTs. All this is incorporated into the Network referral guidelines and Network infrastructure for Skin Cancer, set out in the measures. The types of case mix and the procedures which make up the different levels and the personnel practising at each level are given in Table 1.

Table 1 Levels of Care

Care Level	Person or Team	Case mix / Procedure		
1	Any general practitioner in the community	 Benign lesions Actinic Keratoses Precancerous – SCC in situ/Bowen's 		
2	Listed community skin cancer clinicians associated with a named MDT (LSMDT or SSMDT acting as 'local' LSMDT)	• Low risk BCC		
3	LSMDT, hospital staff core team member (May be core member of SSMDT acting as 'local' LSMDT). Without mandatory individual case review by MDT.	 High risk BCC SCC Other than categories below 		
4	LSMDT, hospital staff core team member(s), with mandatory individual case review by LSMDT (may be the SSMDT and its core members acting as 'local' LSMDT)	 High risk BCC SCC Malignant Melanoma (MM) – new, single primary, adult, non-metastatic, not for approved trial entry, up to and including stage II a (must fulfil all these criteria) Radiotherapy if attendance by clinical oncologist at LSMDT Lesion where diagnosis is uncertain but may be malignant Incompatible clinical and histological findings 		

5	SSMDT hospital staff core team member(s) with mandatory individual case review by SSMDT. (May have been previously reviewed by LSMDT or rapidly referred without prior review). For some cases – only one agreed SSMDT, if more than one in the Network.	 Selected BCCs and SCCs needing plastic/reconstructive surgery by SSMDT core member (as per Network clinical guidelines) Radiotherapy (as per Network clinical guidelines). If not discussed and treated by LSMDT clinical oncology core team member Metastatic SCC on presentation or newly metastatic MM – stage Ilb or more, or <19 years or metastatic on presentation or newly metastatic or recurrent or for approved trial entry or +ve excision margins Any cases for approved trial entry Any cases for adjuvant therapy (as per Network clinical guidelines) Histology opinion from SSMDT core pathology team member Mohs surgery Skin Cancer in immunocompromised patients including organ transplant recipients Skin Cancer in genetically predisposed patients including Gorlin's Syndrome Cases to be dealt with by only one agreed SSMDT per Network, if more than one in the Network: Cutaneous lymphoma Kaposi's sarcoma Cutaneous sarcoma above superficial fascia. (Below fascia, refer to sarcoma MDT) Note: There should be agreed working arrangements with site specialised MDT's for SCC of Head and Neck and Sarcoma and mucosal malignant melanoma.
6	 Supranetwork team. Selected Networks only. Agreed with SCGs. Clinician responsible for named facilities for photopheresis (very small numbers of patients). Agreed with SCGs. 	 T-cell Cutaneous Lymphoma: Total Body Surface Electron Beam Therapy T-cell cutaneous lymphoma. Photopheresis