Healthcare Improvement Scotland

SIGN

SIGN 140 • Management of primary cutaneous squamous cell carcinoma

Costing statement

February 2015

Improvement

1 Introduction

This resource and cost impact report accompanies the SIGN guideline: Management of primary cutaneous squamous cell carcinoma (SCC) (accessible at http://www.sign.ac.uk/guidelines. The report should be read in conjunction with the SIGN guideline. The report is an implementation tool and focuses on the recommendations that were considered to have significant impact on resource use. It is acknowledged that there may be additional resource implications associated with implementing other recommendations in the SIGN guideline.

The resource implications at a local and national level have been estimated based on data obtained from consulting clinical experts and a number of assumptions. It must be noted that, following discussions with the relevant NHS boards, in some instances resource implications have not been provided. Further details can be found in section 7 of the report. The costs presented in this report are based on estimates of current patients only and do not account for any future increase in patient numbers.

2 Recommendations

Two recommendations were considered to have significant impact on resource use:

1. Where high-risk features are present (see guideline for features), patients with primary SCC should be discussed at a skin cancer multidisciplinary team (MDT) meeting.
2. All SCC including low-risk SCC should be reported on a minimum dataset which allows all high-risk SCCs to be fast tracked to the MDT. Data on all SCC should be subject to clinical audit and sent to the Cancer Registry.

3 Methods

The resource impact of a recommendation is estimated by identifying:

- the population affected by the recommendation (eligible population)
- the current practice level of activity
- the additional activity required to implement the recommendation, and
- the cost of each activity.

Relevant costs were applied to activity information provided by the guideline group clinical expertsto enable the overall resource implications to be calculated. Relevant assumptions are noted throughout the document.

4 Eligible population

The numbers of patients with SCC and those with SCC and high risk features were obtained from the guideline group clinical experts. Table 1 presents the eligible population by NHS board. It is estimated that there are 3,766 patients with SCC within NHS Scotland and 1,532 with high-risk features.

Table 1 Eligible population by NHS board

NHS board	Total number of patients with SCC	Total number of patients with SCC and high risk features
NHS Ayrshire and Arran	280	126
NHS Fife	181	82

NHS Forth Valley	180	135
NHS Grampian	200	30
NHS Greater Glasgow and Clyde	1,145	539
NHS Lanarkshire	280	110
NHS Lothian	800	360
NHS Tayside	700	150
Scotland	**3,766**	**1,532**

5 Unit costs

The guideline suggests that, as a minimum, the MDT should comprise, alongside the co-ordinator; a dermatologist, a pathologist and a surgeon. Ideally a clinical nurse specialist and an oncologist should be involved as well as the referring clinical or their deputy.

Staff costs were estimate based on data provided by the guideline group clinical experts and charged at the pre-penultimate point of the Agenda for change (AfC) scales or appropriate consultant scale from April 2014 plus 25% for national insurance and superannuation (*see Table 2*).

Table 2 Staff costs applied by band

MDT staff	Grade	Annual cost	Cost per hour
Co-ordinator	AfC band 4	£26,581	£17
Dermatologist	consultant	£112,050	£72
Pathologist	consultant	£112,050	£72
Surgeon	consultant	£112,050	£72
Clinical nurse specialist	AfC band 7	£47,401	£31
Oncologist	consultant	£112,050	£72
Referring clinical or deputy	consultant	£112,050	£72
Total		**£634,233**	**£410**

Only staff costs have been included as it has been assumed that there will be no other costs associated with implementing the recommendations.

Recommendation 1: Where high-risk features are present (see guideline for features), patients with primary SCC should be discussed at a skin cancer multidisciplinary team meeting.

The number of patients with high-risk features currently discussed at the MDT meeting was estimated based on the data provided by the guideline group clinical experts.

The average time to discuss a patient was approximately 5 minutes (*see Table 3*). However, there is some variation across NHS boards in the time spent discussing these patients.

Implementing this recommendation will require additional time to be spent discussing those patients not currently discussed at the MDT meeting. An estimate of the additional number of patients required to be discussed per meeting has been made based on the current number of high-risk patients discussed and the annual number of meetings held in each NHS board. The total additional annual cost for NHSScotland is estimated to be £35,491 (*see Table 3*).

Table 3 Current and additional number of patients with SCC with high-risk features to discuss at the MDT

NHS board	Current number of patients discussed	Total time spent discussing patients (minutes)	Current annual cost	Additional number of patients to be discussed	Annual number of meetings	Additional number of patients to be discussed per meeting	Additional cost per meeting	Additional annual cost
NHS Ayrshire and Arran	42	210	£1,433	84	24	4	£137	£3,276
NHS Fife	78	390	£2,662	4	26	1	£34	£887
NHS Forth Valley	108	540	£3,686	27	26	2	£68	£1,775
NHS Grampian	0	0	£0	30	26	2	£68	£1,775
NHS Greater Glasgow and Clyde	0	0	£0	539	26	21	£717	£18,633
NHS Lanarkshire	0	0	£0	110	52	3	£102	£5,324
NHS Lothian	2	10	£68	358	26	14	£478	£12,422
NHS Tayside	150	750	£5,119	0	52	0	£0	£0
Scotland	**380**	**1,900**	**£12,968**	**1,152**		**47**	**£1,604**	**£44,091**

Recommendation 2: All SCC including low-risk SCC should be reported on a minimum dataset which allows all high-risk SCCs to be fast tracked to the MDT. Data on all SCC should be subject to clinical audit and sent to the Cancer Registry.

The number of patients with SCC currently recorded at the MDT meeting was estimated based on the data provided by the guideline group experts (*see Table 4*). It is worth noting that, with the exception of NHS Lanarkshire where all SCC patients are being discussed, the majority of patients with SCC are not currently being reported at the MDT for auditing purposes.

Implementing recommendation 2 may therefore require significant additional resources to undertake the additional auditing. Based on further data provided by the guideline group experts, reporting on patients for auditing purposes will involve registration, time for identification, and full synoptic reporting of SCC cases. It has been assumed that this will be undertaken by a co-ordinator and pathologist and will require 15 minutes per patient.

The estimate of the additional number of patients required to be reported per meeting has been made based on the number of patients currently reported for auditing purposes and the annual number of meetings held in each NHS board. The total additional annual cost for NHS Scotland is estimated to be £74,653 (*see Table 4*).

Table 4 Current and additional patients with SCC to be listed at the MDT meeting for auditing purposes

NHS board	Current number of patients listed	Total time spent discussing patients (minutes)	Current annual cost	Additional number of patients to be listed	Annual number of meetings	Additional number of patients to be listed per meeting	Additional cost per meeting	Additional annual cost
NHS Ayrshire and Arran	0	0	£0	280	24	12	£261	£6,266
NHS Fife	0	0	£0	181	26	7	£156	£4,050
NHS Forth Valley	0	0	£0	180	26	7	£155	£4,028
NHS Grampian	0	0	£0	200	26	8	£172	£4,476
NHS Greater Glasgow and Clyde	0	0	£0	1,145	26	44	£985	£25,623
NHS Lanarkshire	170	2,550	£3,804	0	52	0	£0	£0
NHS Lothian	0	0	£0	800	26	31	£689	£17,902
NHS Tayside	150	2,250	£3,357	550		21	£473	£12,308
Scotland	**320**	**4,800**	**£7,161**	**3,056**		**119**	**£2,655**	**£74,653**

6 Combined impact of recommendation 1 and recommendation 2

The total cost to implement the recommendations, by NHS board and for NHSScotland is presented in Table 5 and estimated to be £116,186.

Table 5 Total cost to implement recommendations in NHSScotland

NHS board	Additional annual cost associated with discussing patients at the MDT (Recommendation 1)	Additional annual cost associated with listing patients for auditing purposes (Recommendation 2)	Total additional cost to implement recommendations
NHS Ayrshire and Arran	£3,276	£6,266	£9,542
NHS Fife	£887	£4,050	£4,938
NHS Forth Valley	£1,775	£4,028	£5,803
NHS Grampian	£1,775	£4,476	£6,250
NHS Greater Glasgow and Clyde	£18,633	£25,623	£44,256
NHS Lanarkshire	£5,324	£0	£5,324
NHS Lothian	£12,422	£17,902	£30,324
NHS Tayside	£0	£12,308	£12,308
Scotland	**£44,091**	**£74,653**	**£118,744**

7 Limitations

The total cost to implement the recommendations does not include an estimate for all NHS boards within NHS Scotland. Expert advice received from NHS Dumfries and Galloway suggested there will be no cost implications resulting from implementing the recommendations. Similarly, for NHS Highland and NHS Western Isles, advice received stated that there will be no increased cost associated with implementing recommendation 2, other than for reporting patients for auditing purposes; however data to estimate this were not available. The total costs within this report therefore do not include estimates for these NHS Boards. Furthermore, data were not available for NHS Borders, NHS Orkney and NHS

Shetland. As such, it has not been possible to estimate what impact the recommendations will have on these NHS boards and the total costs presented are likely to be underestimated.

Data on the actual numbers of patients affected by the recommendations were not available for all NHS Boards and were therefore estimated based on the proportions in other NHS Boards. Clinical experts suggested that a more accurate assessment would be facilitated by audit data.

In terms of staff requirements, expert clinical opinion suggests that the composition of the MDT may vary from the minimum specified in the SIGN guideline and also that there is likely to be variation across the NHS boards; for example, there may be more than one consultant or dermatologist in attendance. In these instances, the costs will have been underestimated. There may also be variation in the pay scale of the MDT.

There is uncertainty as to whether the amount of time assumed for each of the recommendations is sufficient, and there is the possibility that it may have been underestimated.

There is limited information on the amount of time spent by staff carrying out the duties associated with the recommendations. As such the 5 minutes that has been assumed required to discuss each high-risk patient at the MDT (recommendation 1) and the 15 minutes assumed required to report patients against a minimum dataset (recommendation 2) may not be sufficient to capture all activity associated with implementing the recommendations.

8 Conclusion

This report provides an estimate of the resource impact of two recommendations from the SIGN guideline (*see section 2*). The estimates are based on clinical expert opinion and a number of assumptions. However, due to the limited data available, a degree of caution is required in interpreting these estimates. Local practice may differ from the assumptions used and the template may need to be amended to reflect local circumstances.

9 Report development

9.1 Author

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9.2 Acknowledgements

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