



To the Minister of Medical Care and Sport
P.O. Box 20350
2500 EJ DEN HAAG

Date 24 October 2018 / 2019029229
Re In-depth phase appropriate post-treatment surveillance of patients
with non-melanoma skin cancer or actinic keratosis

Dear Mr Bruins,

At the end of 2015, as part of the *Zinnige Zorg* programme, *Zorginstituut Nederland* started the in-depth phase of appropriate post-treatment surveillance of patients with non-melanoma skin cancer or actinic keratosis. This letter is to inform you about the completion of this in-depth phase and the initiation of the implementation phase.

No Room for Improvement Report

Together with the (relevant) stakeholders, we conclude that it would be of no added value to draw up a Room for Improvement Report to improve the after-care of non-melanoma skin cancer or actinic keratosis. The question central during the in-depth phase was how to improve post-treatment surveillance of patients with non-melanoma skin cancer or actinic keratosis. To answer this question, research was carried out in order to arrive at the most concrete possible improvement possibilities. The synthesis of the research results from the in-depth phase were discussed with (relevant) stakeholders on 17 May 2018. Below we explain why we and the parties fail to see this added value.

Substantiation

We also conclude that (relevant) parties have adopted various initiatives for improving and clarifying post-treatment surveillance and after-care in its broadest sense.

- The national guidelines for non-melanoma skin cancer have been revised (or the revision has almost been completed).
- A GP standard, 'Suspicious skin disorders', has been approved for the treatment of non-melanoma skin cancer and actinic keratosis.

These guidelines and a standard for medical specialists and GPs offer guidance for improving the interpretation of after-care in cases of non-melanoma skin cancer or actinic keratosis. The (relevant) stakeholders agree with the conclusion that the findings from the in-depth phase are in line with the recommendations from the current guidelines and the standard. Issuing a Room for Improvement Report to complete the in-depth phase would therefore be of little added value.

We should comment that the description for interpreting after-care is based on consensus. There is a lack of 'hard' evidence in the literature for interpreting after-care for non-melanoma skin cancer or actinic keratosis. Despite the lack of 'hard' evidence, guidelines have been drawn up that provide clear agreements on how to design after-care. Implementation of these guidelines will benefit the after-care of patients with non-melanoma skin cancer or actinic keratosis.

Conclusion

Together with the (relevant) stakeholders, we conclude that it would be of no added value to draw up a Room for Improvement Report to improve the after-care of non-melanoma skin cancer or actinic keratosis. We and the stakeholders would prefer to complete the in-depth phase and focus on implementing the guidelines.

Continued

Based on this conclusion, we want to compliment the stakeholders on how they have dealt with this issue – that was raised during the screening phase and which they placed the agenda – and how they included it in drawing up/revising the guidelines. For implementation (and the contents) of the guidelines, the stakeholders have carried out a bottleneck analysis, which addresses relevant issues. They prioritised and are dealing with the bottlenecks that were found. Based on this approach, we feel we can count on a thorough implementation process.

Zorginstituut Nederland will support implementation of the guidelines and monitor their implementation in practice. In 2019 we will inform you about progress of the implementation process and the outcomes of the monitoring phase.

Yours sincerely,

Sjaak Wijma
Member of the Executive Board