Service Specification No.	
Service	Community Dermatology
Commissioner Lead	NHS Lincolnshire ICB, East Locality
Provider Lead	DMC
Period	April 2023 – March 2024
Date of Review	March 2020

1. Population Needs

1.1 National context and evidence base

The current GP registered population of Lincolnshire is 764, 287 (April 2014). This is projected to rise to 902,000 by 2033.

By 2033, all age groups are projected to grow with the largest increase in the group aged 75 and over. This age group is projected to more than double in size between 2010 and 2033 from 104,000 to 188,000. Estimates of people from non-white British backgrounds living in Lincolnshire show that the numbers have doubled from 3% in 2001 to 6% in 2007.

This service is for the delivery of a community-based dermatology service for the patients of NHS Lincolnshire ICB, East locality (population 244, 731), as an alternative to hospital-based outpatients. The specification supports best practice in the delivery of community dermatology services and sets out the requirements for both service delivery and development.

The service should enable the delivery of:

- Responsive and patient centered care
- High quality and safe care
- A dermatology service, available in the community with equitable access
- A service within the principal of “no delays” and well within 18 week referral to treatment standards

Referrals to dermatology services are rising nationwide as a consequence of increasing population numbers, frequency of skin cancers, improved treatments, and changing attitudes to skin conditions.

The key drivers for the development of this service are to provide a local, more accessible and cost effective service for patients, as set out in documents such as:

- Our Health, Our Care Our Say; A New Direction for Community Services” (DH, January 2006)
- Skin Condition in the UK – Healthcare Needs Assessment 2009, Schofield et al
- British Association of Dermatologists - Recommendation for a Community Dermatology Service Specification (2011)
- Improving Outcomes for People with Skin Tumours including Melanoma (2010) Evidence Update October (2011)
- Model of Integrated Service Delivery in Dermatology Workforce Group (2007)
- Ambitions for Health DOH (2008)
- Care Closer to Home Strategy 2016-2021
- Providing care for patients with skin conditions: guidance and resources for commissioners DH (2008)
- Everyone Counts: Planning for Patients 2014/15 to 2018/19
- Lincolnshire Joint Operational Plan
- GP Forward View
- Lincolnshire STP
- Right Care

1.2 1.2 Local Context

Lincolnshire East locality is a group of 25 practices across the ICB, all working together to improve the delivery of healthcare to improve the health of our population.

A retrospective analysis of over 250 dermatology referrals from primary care to secondary care had demonstrated that a significant proportion of these patients could be dealt with in a community setting.

1.2.1 Summary Statistics

- This locality has 25 practices.
    - Beacon Medical Practice
    - Binbook Surgery
    - Caistor Health Centre
    - East Lindsey Medical Group
    - Greyfriars Surgery
    - Hawthorn Medical Practice
    - James Street Family Practice
    - Kirton Medical Centre
    - Liquourpond Surgery
    - Marisco Medical Practice
    - Market Rasen Surgery
    - Marsh Medical Practice
    - Merton Lodge Surgery
    - Old Leake Medical Centre
    - Parkside Medical Centre
    - Spilsby Surgery
    - Stickney Surgery
    - Swineshead Surgery
    - Tasburgh Lodge Surgery
    - The New Coningsby Surgery
    - The North Thoresby Surgery
    - The Sidings
    - Horncastle Medical Group
    - The Wragby
    - Woodhall Spa New Surgery
- The total registered population in June 2017 is approximately 245,000
- The ICBs registered patients live in 3 different upper tier Local Authorities.
- This ICBs main acute provider is United Lincolnshire Hospitals NHS Trust.

1.2.2 Key challenges facing Lincolnshire

- Changing demographics for Lincolnshire (inward migration, an increasing birth rate, ageing population, health inequalities, extreme rurality and poor public transport infrastructure) places challenge upon public and community services.
- Public perceptions and expectations of public sector services
- Economic and health inequalities related to low-wage economies (whether urban or rural)
- Children's health and lifestyles e.g. breast-feeding, accidents and injuries, smoking, sexual health, mental health and obesity
- Poor transport and highways infrastructure.

An ageing population over the next 20 years will provide challenges in relation to:

- Long term conditions, residential and hospital care and mental health, most notably dementia.
- Inequalities for people with disabilities, including those with learning disabilities.
- Disease prevention relating to smoking, alcohol and obesity

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	☑
Domain 2	**Enhancing quality of life for people with long-term conditions**	☑
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	
Domain 4	**Ensuring people have a positive experience of care**	☑
Domain 5	**Treating and caring for people in a safe environment and protecting them from avoidable harm**	☑

2.2 Local defined outcomes

Lincolnshire East locality require an excellent high-quality patient-centred community dermatology service which raises the standard of care, is easily accessible and with well-designed pathways.

The service will provide assessment, triage and treatment in one discrete episode of care, where possible, thereby promoting the “one stop shop” service model and that patients will be treated expediently and closer to home.

The service excludes two-week wait and tier four patients. The service includes all other routine and urgent referrals.

The clinical scope of the proposed Consultant-delivered community dermatology service includes, but is not limited to:

- Inflammatory skin disease (acne, eczema, psoriasis) unresponsive to GP treatment
- Premalignant skin lesions such as solar keratosis or Bowen’s disease
- Low risk BCCs of less than 2cm on trunks and limbs in line with NICE guidance Mild to moderate non-scarring acne, un-responsive to routine treatment in primary care
- Acne requiring isotretinoin, where the prescribing will be the responsibility of the provider
- Diagnosis, investigation and management of other chronic rashes in adults
- Diagnosis, investigation and management of mild-moderate dermatoses and skin lesions in children aged six and over
- Conditions of hair, scalp, and nails
- Management and advice, including follow-up, of skin cancer conditions treated in secondary care, by agreement between the provider and our current secondary care providers
- Assessment and advice for discrete skin lesions requiring diagnosis, including the further development of a teledermatology service

The service must:

- Be transparent and accountable
- Promote the one stop model of care
- Be outcome focused
- Make efficient use of available resources
- Be clinically effective and use evidence based treatments
- Ensure that the patient is to be seen by the *right* person, at the *right* time, and receive the *right* treatment.
- Be accessible for patients taking into account travel distance, car ownership and public transport issues
- Be safe, and deliver effective high quality care
- Ensure that the expected clinical outcomes are delivered

- Ensure Histology Reports and onward referrals adhere to national clinical guidelines

3. Scope

3.1 Aims and objectives of service

The aim of the service is to provide assessment, triage and treatment for dermatological conditions which can be treated in a safe and effective way in the community for all patients over the age of 6.

To enhance the level of dermatology services available in the community to the patients of the 25 constituent practices of Lincolnshire East locality in line with the operational plan of the organisation, with clinics to be held across the locality ensuring that patients have choice of location and have their first appointment within an agreed timescale. (4 weeks)

- During peaks in demand, NHS Lincolnshire ICB will expect the provider to provide extra clinic capacity in the most appropriate location, depending on patient flows.
- Ensure that appropriate onward referral processes to secondary care are in place, in line with national clinical guidance and evidence-based best practice, with an onward referral rate of no more than 5%

- Up-skill referring GPs through guidance, education and feedback.

- Enrich patient experience by improving access via reduced waiting and travelling times to this service, thereby demonstrating a more equitable access to treatment
- Deliver effective treatment/intervention, specific to the patient's clinical needs, that reduces the demand on secondary care services

- To provide a single discrete episode of care, a "*one-stop shop*" where possible, however the service will include ongoing management and follow up where clinically indicated

- To have a clear strategy to enable the increased use of Teledermatology through an agreed schedule of targeted practices to ensure population coverage of at least 25% within 6 months of contract extension.

- Direct listing for the removal of BCCs (incorporating the use of teledermatology).

3.2 Service description/care pathway

This is a service that aims to provide GPs with expertise in the community setting, and to manage dermatological conditions outside of a secondary care setting.

The service will have the capacity, resources and competencies required to provide dermatological triage, assessment and treatment in the community in either a clinic setting or via teledermatology.

The service will meet all clinical and corporate governance standards expected of an NHS provider and be CQC regulated.

It is anticipated that patients with the following type of dermatological problems will be assessed and managed by the Consultant-delivered community service. Please note that this list is not exhaustive

- Inflammatory skin disease (acne, eczema, psoriasis) unresponsive to GP treatment
- Premalignant skin lesions such as solar keratosis or Bowen's disease
- Low risk BCCs on trunks and limbs of less than 2cm in line with NICE guidance Mild to moderate non-scarring acne, un-responsive to routine treatment in primary care
- Acne requiring isotretinoin, where the prescribing will be the responsibility of the provider
- Diagnosis, investigation and management of other chronic rashes in adults
- Diagnosis, investigation and management of mild-moderate dermatoses and skin lesions in children aged six and over
- Conditions of hair, scalp, and nails

- Management and advice, including follow-up, of skin cancer conditions treated in secondary care, by agreement between the provider and our current secondary care providers
- Assessment and advice for discrete skin lesions requiring diagnosis, including the development of a teledermatology service

Exclusions – please see 3.5 Acceptance and exclusion criteria

If a patient requires appropriate onward referral to secondary care, the service provider will refer the patient as appropriate, via NHS e-referrals, offering the patient choice of location and provider within national clinical timescales.

Prescriptions for, and monitoring of, isotretinoin will be the responsibility of the provider. All other prescriptions will be the responsibility of the referring GP.

Follow-up appointments will be offered as clinically appropriate. If a patient is re-referred with the same condition within 3 months of original treatment the provider will not be paid for the second episode of care.

The service provider will inform the referring GP by letter, or via SystmOne, of the outcome of the consultation by the end of the next working day. The provider will provide the GP and the patient with both the outcome and the care plan.

Should the provider receive a referral for a patient who requires care which cannot be provided in a community setting, the provider will onward refer to secondary care within national clinical timescales.

Robust patient management processes need to be in place to ensure onward referral into secondary care is undertaken within 48 hours of receipt of referral. The GP will be informed by the provider that the patient has been referred into secondary care and the reasons for this.

3.2.1 Referral to Treatment Times (RTT)

All providers should be reminded that the 'Referral date' in RTT is the date the referral is received by the provider.

RTT waits must be recorded and monitored by the provider to achieve a 4 week wait for all referrals.

4 weeks is necessary to allow 14 weeks for the patient to have an outpatient appointment, diagnostic and receive treatment within the 18 week RTT waiting time target as set in secondary care, should they need to be referred on.

60% of patients should be seen, treated and discharged within 4 weeks from the date the referral is received ***excluding patients on Isotretinoin***.

80% of patients should be seen, treated and discharged within 6 weeks from the date the referral is received ***excluding patients on Isotretinoin***

All referrals should be seen, treated and discharged within 8 weeks from the date the referral is received, ***excluding patients on Isotretinoin***.

Review and Booking of Referrals

The decision to refer in to the service is made by the patient's GP.

Referrals will be sent to the provider via NHS e-referral. The service must appear on NHS e-referral with a postcode local to Boston, Louth and Skegness. Any telephone number provided to the patient must be a local number.

The service will be indirectly bookable via NHS e-referral, with the patient being offered choice of location and time for their appointment, in the most appropriate clinic for their reason for referral.

The referral letter/proforma must be attached at point of referral, at the same time as the UBRN is created.

The referring GP is responsible for ensuring that up to date and complete patient contact information is provided with the referral, including mobile telephone number.

The provider will be responsible for reviewing all referrals into their service and ensuring that the patient is booked into the most appropriate clinic for their reason for referral.

Referrals will be accepted in line with the NHS Lincolnshire ICB referral policy and acceptance criteria set out in 3.4 of this Service Specification.

For patients who cancel 24 hours before their appointment, the provider is expected to contact the patient within 3 working days of their original appointment and offer them a second appointment within 2 weeks.

The provider is expected to manage referrals to reduce DNAs.

For patients who DNA, the provider will not receive payment, and may send the referral back to the referrer. If the patient DNA's twice they will be removed from the list. This is in line with the local acute providers DNA policy. The provider will work closely with NHS e-referrals staff and Lincolnshire ICB to ensure that any delays experienced by patients in accessing treatments are avoided and evidenced.

Patient Delays

GPs should ask patients about their availability before they refer, however, should the provider receive a referral where the patient is unable or unwilling to be seen within 6 weeks, this should be sent back to their GP with a note explaining why. The patient needs to be re-referred via their GP when they are fit, willing and able to be seen within the 6 week timeframe.

Avoiding Empty Slots

Providers should operate a reminder call/text service to contact patients a few days before an appointment to ensure all slots are used. The provider should fill empty slots from cancellations by pulling patients forward from later slots. They should not hold referrals back from booking appointments 'on reserve' to fill such gaps.

2 Week Waits

Where the provider believes the referral should be categorised as a 'two week wait', they shall refer on to secondary care as such within 1 working day. The provider will contact the patient's GP to inform them of the referral within 1 working day of the referral being made and ensure that the patient's GP contacts the patient to discuss the referral. The provider will provide the patients GP with any necessary information to assist with the discussion with the patient.

Teledermatology

For the teledermatology element of the service referrals will be made via NHS e-referral "Advice and Guidance."

Upon review of the image, there will be three outcomes:

1. Offer the GP advice and guidance on managing the patient's condition in primary care
2. Arrange for the patient to be seen in a community dermatology clinic for treatment. This could include direct listing for lesion removal.
3. Refer the patient directly to secondary care.

The provider will perform the review and complete the appropriate action as detailed in 1, 2 and 3 above within 2 working days of receipt of the referral.

3.2 Treatment Function and Clinic Staffing

The provider will fully manage the episode of care from referral into the service through to discharge from the service. The provider will operate a "One-Stop Shop" see and treat discrete episode of care, where possible and appropriate.

During the community dermatology clinic, at the same time, and on the same site, there shall be minor surgery, led by a suitably qualified and accredited clinician.

The provider shall carry out a full dermatological history, examination and treatment as appropriate.

The provider may perform:
- Biopsy
- Lesion removal

The provider will ensure that informed written consent has been taken and documented in the notes for any procedure performed on any patient.

The provider will ensure that all tissue removed is sent for histology, and that they act on the results accordingly.

The provider is responsible for notifying the patient's registered GP of the histology report, and any onward referral, if required.

The provider will be responsible for arranging follow up appointments for patients, where appropriate, as part of the agreed tariff.

Patients shall be seen by either:
- Consultant Dermatologist
- An accredited GP with a Special Interest (GPwSI) in dermatology
- A dermatology specialist nurse
- An Associate Specialist in dermatology

NHS Lincolnshire ICB require that there be a consultant dermatologist onsite and in the clinic, for all clinics.

The provider shall ensure that there is at least one health-care assistant present at all clinics.

The provider shall ensure that they have the capacity to manage service demand and staffing issues to ensure there are no clinic cancellations.

The provider shall ensure that there is sufficient secretarial and administrative support for all clinicians and health care support workers.

3.2.1 Prescribing

The service is expected to prescribe Isotretinoin. All other prescriptions will be the responsibility of primary care. The provider may wish to provide a sample of a dermatological cream where appropriate.

The provider will discuss any prescription with the patient, including why it is being prescribed, how to use it, and what circumstances would require them going back to their GP.

3.2.2 Onward Referral

Where the provider identifies the patient requires secondary care for a non-2WW episode of care, they will offer the patient appropriate choice of provider and location, and complete the referral. Any patient that requires a referral to secondary care where there is a possibility of malignancy must be seen within clinical timescales relating to 2WW.

It is expected that the onward referral rate would be no more than 5% for non-2WW patients.

3.2.3 Discharge

When treatment is complete, the provider will discharge the patient back to the referring practice.

The provider will be responsible for ensuring that the referring GP and patient are sent a typed discharge summary letter and care plan outlining in clear user friendly language and format to include:

- Reason for Referral
- Diagnosis
- Investigations
- Treatment Plan
- Follow up care after surgery
- Medications
- Any patient advice or recommendations following surgery
- A named point of contact and telephone number should any questions or concerns need to be raised after discharge

This will be sent to the referring GP no later than three working days after discharge, preferably in an electronic format, via SystmOne.

A copy will also be provided to the patient.

The reason for referral, investigations, and diagnosis will be recorded and provided to Lincolnshire ICB on a regularly basis as part of the development of the service.

The provider will be responsible for providing the patient with a certificate should they need to be off work for any period of time.

The provider will provide standard form patient information leaflets regarding specific conditions including advice on self-care where appropriate.

The provider must meet the needs of patients for whom English is not their first language and provide information leaflets in a range of languages that reflect local need. If the patient has learning disability, sight or hearing impairment the provider must provide information in different formats.

3.2.4 Accreditation

All clinicians who provide this service must be registered with the relevant professional body. It is the provider's responsibility to ensure this and Commissioners reserve the right to request to view accreditation on an ad hoc basis.

3.3 Population covered

The service will cover all patients who are registered permanently or temporarily with a practice within Lincolnshire East locality.

The service will be sensitive to individual patient needs, including language, gender, age, culture, sexual orientation and religious beliefs. Specifically, the provider will offer a preferred gender of professional where appropriate, for example, for religious or cultural reasons. It will work with both carers and patients.

3.4 Acceptance and exclusion criteria

Acceptance Criteria

The referring GP must ensure that when referring a patient there is sufficient information for the provider to assess the referral.

As a minimum this must include:

- Patient Name
- Patient Address
- Patient contact telephone number
- Date of Birth
- NHS Number
- Reason for referral
- Relevant medical history and any medications

The provider will reject the referral if the information is not complete and inform the referring GP and the NHS e-referrals team.

Exclusion Criteria

Patients who meet any the following conditions are not appropriate for referral and therefore not covered by this service:

- Patients who are not permanently/temporarily registered in NHS Lincolnshire ICB, East locality
- Urgent 2WW cancer referrals
- High risk BCC (head and neck, recurrent, infiltrative, greater than 2cm, immunocompromised patient)
- Phototherapy and patch-testing
- Non-malignant lymphoedema (refer to community lymphoedema)
- Patients under 6 years old
- Acute/widespread/severe/worrying rashes (***severe*** eczema, psoriasis, erythrodema, bullous disorders, drug eruptions)
- Severe inflammatory skin disease requiring non-conventional therapy
- Procedures detailed under the Low Priority Procedures list, where criteria exists these should be adhered to or prior approval is required

Prior Approval Policy.Version 1. 202

3.5 Interdependence with other services/providers

The provider is expected to work within the Lincolnshire Health Economy. Partners within this pathway include (but are not limited to):

- NHS e-referrals team within the Arden & GEM Commissioning Support Unit (AGEMCSU)
- Secondary care providers e.g. United Lincolnshire Hospital Trust (ULHT) and North Lincolnshire and Goole (NLAG)
- GPs
- Nurse Practitioners
- Pathlinks departments
- Other services as required from time to time, including the Community Surgery Scheme

To ensure the patient experiences a seamless pathway of care the provider must work collaboratively with the commissioner, primary care and secondary care providers to deliver services in an organised and cohesive manner, and to reduce sequential waits between services within the pathway.

Providers are expected to co-operate and share information with others involved in a patient's care, treatment and support while having regard to the patients' rights to confidentiality.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

1. Department of Health, Programme Budgeting Data 2008-09pa
2. Department of Health. Equity and excellence: Liberating the NHS (2010)
3. Department of Health. Liberating the NHS: Legislative framework and next steps (2011)
4. Health and Social Care Bill 221 2010-2012, as amended on recommittal, 18.07.2011.
5. Department of Health. The NHS Outcomes Framework 2011/2012 (2010)
6. Department of Health. Principles and Rules for Cooperation and Competition (2010)
7. Accessible Information Standards: https://www.england.nhs.uk/ourwork/accessibleinfor/

4.2.1 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

- Quality Standards for Dermatology: Providing the Right Care for People with Skin Conditions http://www.bad.org.uk/Portals/_Bad/Quality%20Standards/Dermatology%20Standards%20FINAL%20-%20July%202011.pdf
- Relevant NICE guidance (for example in relation to psoriasis)
- Low Priority Procedure Policy

4.3 Applicable local standards

4.3.1 Communications, Marketing and Engagement

The provider will have printed patient information leaflets in a variety of languages for distribution to the GP practices, and will continue to engage with practices on an individual basis with regard to all aspects of the service where required.

4.3.2 Continuous Improvement/Innovation

Providers are expected to review and implement changes in service provision based on clinical research.

4.3.3 Patient Engagement

Patient feedback, evidence and actions taken in response to feedback will be discussed with NHS Lincolnshire CCG during monthly meetings.

5. Applicable Quality Requirements and CQUIN goals

5.1 Refer to Contract Particulars

6. Location of Provider Premises

Skegness and District General Hospital
Dorothy Avenue, Skegness, PE25 2BS

The Sidings Medical Practice
14 Sleaford Road, Boston, PE21 8EG