1.2 Evidence Base

The service draws on a number of key pieces of guidance and sources of evidence and best practice within the field of Dermatology. The evidence base includes but is not limited to the following documents & publications:

- Good Medical Practice for General Practitioners - 2008
- Practitioners with a Special Interest – New Guidance for the NHS - 2008
- Commissioning Assurance Handbook - 2008
- Implementing Care Closer to Home - 2007
- NICE Guidance (Improving Outcomes for People with Skin Tumours Including Melanoma (2006 & May 2010 Update).
- NICE Guidelines regarding the appointment, accreditation and reaccreditation of GPwSI's (2008 Dermatology Framework).
- DH Revised guidance and competences for the provision of services using GPs with Special Interests (GPwSIs) - (Dermatology and Skin Surgery April 2011)

1.3 General Overview

The SMS Community Dermatology service will include the following elements:

- The development of improved and revised referral guidelines, with clear care pathway guides for all GPs locally
- Clinical triage of **all** referrals to the Community Dermatology Service Clinic. Inappropriate, minor, and inadequately described referrals will be referred back to primary care with advice and information on as how to manage the condition. Additionally this will be supported by practical GP education and training offered by the SMS Service.
- The development of three clearly separate appointment types – one for rashes and associated conditions, one for lesion diagnosis and cryotherapy only, and the other for surgical procedures, so as to maximise appointment use. Patients will be triaged and booked directly into the most appropriate clinic. Clinic appointment slots will be varied according to the type of patients / conditions being managed in each clinic.

1.4 Objectives

- To be an expert proactive resource to colleagues, providing practical and clinical support to primary care clinicians on specific dermatological conditions to benefit patient outcome.
- To facilitate early referral for appropriate patients into Secondary Care for investigation and management.
- To provide an intermediate level service between Primary and Secondary care.
- To provide a seamless transition of care from diagnosis and throughout ongoing care.
- To provide GPs with an intermediate dermatology specialist service where patients are seen in a timely manner.
- To provide the majority of care in a Primary Care setting.
- To provide advice and feedback to GPs
- To ensure that the majority of patients referred are treated as one stop.
- To keep follow up appointments to a minimum;
- To provide patients with specific advice and management on presentation of their

Note

Improving Outcomes Guidance (IOG) for People with Skin Tumours including Melanoma (2006) and (May 2010 update), specify that the diagnosis and treatment of low risk Basal Cell Carcinomas (BCCs) must only be carried out by clinicians appropriately trained, qualified and recognised to do so. The Community Dermatology Service defined under this Service Specification offers a Model 1 level of Community Skin Cancer Care as outlined and specified by the (IOG) and Skin Cancer Quality Measures 2008 - *(Existing Group 3 GPwSI in Dermatology and Skin Surgery.* The Community Dermatology Service as commissioned includes;

The management and excision of low-risk BCC where the definition of a low-risk BCC is made after excluding the following

- Patients who are:
    - Aged 24 years or younger (that is, a child or young adult)
    - Immunosuppressed or have Gorlin's syndrome
- Lesions that:
    - Are on the nose and lips (including nasofacial sulci and nasolabial folds), or around the eyes (periorbital) or ears.
    - Are greater than 2 cm in diameter below the clavicle or greater 1 cm in diameter above the clavicle unless they are superficial BCCs that can be managed non-surgically.
    - Are morphoeic, infiltrative or basosquamous in appearance.
    - Have poorly defined margins
    - Are located:
        - Over important underlying anatomical structures (for example, major vessels or nerves).
        - In an area where primary surgical closure may be difficult (for example, digits or front of shin).
        - In an area where excision may lead to poor cosmetic result.

If any of the above exclusion criteria apply, or there is any diagnostic doubt, the patient should be referred to the LSMDT.

The exceptions described above and high risk BCC's will be referred to the appropriate Secondary Care provider (UHS) under the 2 week wait (urgent cancer referral guidelines).

2.2 Accessibility/acceptability

- The service will accept dermatology referrals for adults able to attend clinics over the age

c) All paediatric referrals aged 24 years or younger (that is, a child or young adult) for any suspected skin cancer (including low risk BCC's) will not be accepted or seen by the SMS Community Dermatology Service but instead should be referred directly to the appropriate Secondary Care provider (UHS) under the 2 week wait (urgent cancer referral guidelines).

2.3 Whole System Relationships

Education and Training

The SMS Community Dermatology Service will deliver advice, support & continual training to primary care health care professionals to improve skin rash and tumour management skills in primary care and encourage high quality referrals to secondary care. This will include the offer of clinical training sessions and practice lunchtime talks and case discussions by invitation as well as ongoing development through referral review/feedback.

2.4 Interdependencies

Patients requiring further opinion or treatment which cannot be delivered in the SMS Community Dermatology Service Clinics are referred to a consultant dermatologist in Secondary Care.

2.5 Relevant Clinical Networks and Screening Programmes

As above

2.6 Sub-contractors

- Canute Surgery (for service accommodation & facilities)

3. Service Delivery

3.1 Service Model

The GPwSI's and Community Specialist Doctor employed by the service will meet all relevant national and locally applied standards including appropriate GPwSI accreditation and GMC Registration. Evidence of this to be shared with the Commissioner prior to contract start date.

3.2 Pathways

This service currently provides a step up approach from General Practice. Details of inclusions and exclusions are detailed on the DOS. The triage process will identify patients requiring secondary care support and will be triaged upwards. The service is also receives triaged patients from UHS (secondary care) for minor surgical skin procedures appropriate to the SMS Community Dermatology Service.

4. Referral, Access and Acceptance Criteria

history and information on any known allergies to medication.

4.4 Referral route

Specific referrals will aim to be seen as a one stop assessment and treatment. Patients will be referred back to their GP or where indicated to secondary care.

4.5 Exclusion Criteria

Detailed at 2.2.2 above.

4.6 Response time and prioritisation

The aim is to see routine patients within 4 weeks of referral. Urgent patients will be seen within 1 week.

4.7 Geographic coverage/boundaries

Patients of the SMS Community Dermatology service should be registered with a Southampton City CCG GP.

5. Discharge Criteria and Planning

Most patients are discharged after their first visit. A small percentage are followed up in the clinic. A discharge letter is sent to the referrer within 1 week.

6. Prevention, Self-Care and Patient and Carer Information

7. Continual Service Improvement/Innovation Plan

Description of Scheme	*Milestones*	*Expected Benefit*	*Timescales*	*Frequency of Monitoring*

8. Baseline Performance Targets – Quality, Performance & Productivity

Performance Indicator	*Indicator*	*Threshold*	*Method of Measurement*	*Frequency of Monitoring*
Quality				
Insert relevant Vital Signs				

9. Activity

9.1 Activity

Activity Performance Indicators	*Method of measurement*	*Baseline Target*	*Threshold*	*Frequency of Monitoring*
Number of first attendances within 4 weeks	Monthly excel report	95%		Monthly
Number & % DNAs	Monthly excel report	<5%		Monthly
First to follow up ratio	Quarterly report	1:1		Quarterly
Number and % of patients onward referred to secondary care/primary care provider/other provider (detailing provider)	Monthly excel report			Monthly
Number and % of patients attending a follow up	Monthly excel report			Monthly
Contacts breakdown by treatment/assessment type	Monthly excel report			Monthly
Number and % of patients referred back to GP with management plan	Monthly excel report			Monthly
Number and % of referrals that should have been managed in primary care by reason and GP practice	Monthly excel report			Monthly

9.2 Activity Plan / Activity Management Plan

9.3 Capacity Review

10. Currency and Prices

<u>See Schedule 2, Section B, Indicative Activity Plan</u>
