

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Care Pathway/Service	Community Dermatology Service
Commissioner Lead	NHS Wirral CCG
Provider Lead	Peninsula
Period	1st April 2020 – 31st March 2022
Review	September 2020

1. Purpose

1.1 Aims

- Deliver a high quality, Consultant Led Dermatology and skin surgery service in a primary care setting, using experienced dermatology and skin surgery professionals
- Improve patient access across the Wirral in both speed of appointment, and accessibility of location
- Enable demand to be more effectively managed within primary care
- Improve patient choice and enhance the patient experience
- Ensure that 18 week referral to treatment targets are met by reducing waiting times and more accurately matching need to professional competence
- Support a reduction in first and follow-up referrals in secondary care, thereby improving utilization of secondary care resources while also reducing costs to the Commissioner
- Improve education and training for GPs, Nurses and practice staff
- Improve the patient management of long term skin disease through comprehensive education programmes and ease of access to patient information
- Promote the development of specialisation in primary care
- Provide a range of additional, innovative extra benefits, such as telephone follow-ups and website accessible literature.

1.2 Evidence Base

The service will work to the following Clinical Guidelines:

- NICE publications, including:
 - Guideline on the management of skin cancers, including melanoma
 - Technology appraisals for prescribing in eczema and psoriasis
 - Guideline on pressure ulcer management
- British Association of Dermatologists guidelines, including:
 - Treatment of a range of dermatological conditions including atopic eczema and psoriasis

- Handling of skin biopsies
- Local guidelines, including:
 - Map of Medicine
 - Links to Dermatology Modernisation Group

We are also aware of and follow the Merseyside and Cheshire Cancer Network, October 2006 pathway for skin cancer patients in primary care outlining the minimum standards for GPs and GPwSI in treating skin cancer and pre-cancerous lesions

We have drawn on a number of other key pieces of work to inform delivery of our service

- Action on Dermatology – Good Practice Guide – NHS Modernisation Agency.
- Lessons learned from Action on Dermatology – A Clinician’s Perspective (Dr Julia Schofield).
- Delivering Care Closer to Home (DoH):
 - Meeting the Challenge
 - Specialty Subgroup Reports
 - Case Studies – Dermatology.
- Dermatology Good Practice Guide – British Association of Dermatologists.
- Providing Care for Patients with Skin Conditions: Guidance & Resources for Commissioners – NHS Primary Care Contracting.
- Models of Integrated Service Delivery – Dermatology Workforce Group.
- Prevention, diagnosis, referral & management of melanoma of the skin – Royal College of Physicians & British Association of Dermatologists.

1.3 General Overview

The service is available to any Wirral patient as outlined below:

- All adults aged 16 registered with a Wirral GP
 - All patients given choice of service
 - All patients with Dermatology Condition in line with referral criteria
 - All patients suitable for assessment and treatment in community setting
 - All new patients and any patients requiring follow-up management
- Patients will benefit from being able to choose a range of locations for their appointment at a time that is convenient for them.
 - Patients will have rapid access to a Consultant led service providing advice, assessment and treatment.
 - Through an on-going education programme, GPs and Primary Care Teams will improve skills and knowledge of the management of Dermatology conditions in primary care which in turn will benefit their patients and continuous personal development

1.4 Objectives

To provide a high quality and accessible service to the patients of Wirral

To provide a value for money service

To consistently achieve and if possible exceed key performance indicators and locally agreed targets

To interact and engage with all key stakeholders within the local health economy

1.5 Expected Outcomes including improving prevention

- Access – The service will be provided in the location identified and accessible at the specified times.
- Quality – The providers will deliver high quality services, delivered in a safe and effective manner and delivered through a learning environment that includes the training of staff and other healthcare professionals. Staff must be trained appropriately in regard to the welfare of children, vulnerable adults and standards for older people.
- Value for Money and Affordable – The service will be affordable and provide VfM.

- The service will proactively contribute to the Commissioner's vision, strategic aims and business objectives.
- The service will have the required IT links in place.

2. Scope

2.1 Service Description

The Provider is a collaboration between the GPs in the Wirral and Assura Medical; Peninsula Health will provide a community based Dermatology Service which will include triaging of patient referrals, assessment, diagnostics and treatment.

The Community Dermatology Service will be locally based and therefore more responsive and accessible to the needs of the local population, as outlined in *Care Closer to Home 2006*, and the Modernisation Agency *Action on Dermatology* programme January 2000 which was designed to improve access and quality of care for patients with skin disease.

The service will enhance the quality of primary care service provision, provide a cost effective service model for commissioners and increase choice in providers for patients. A key feature of the service will be education for patients and for the referring clinicians by the Team providing the service.

The dermatology service will be designed jointly between primary care and secondary care clinicians to ensure patients are seen rapidly by the most appropriate healthcare professional using agreed referral protocols and evidence based care pathways.

Care pathways will be linked to Map of Medicine pathways in relation to access to patch testing, phototherapy, rapid access for skin cancer, and rapid assessment of patients where there is diagnostic or management uncertainty.

The service will be a Consultant led Community Dermatology Service offering holistic care delivered by a specialist multi disciplinary team.

This service will support the Commissioner to achieve the 18 week target by reducing the number of new referrals to acute trusts, reducing follow ups, as well as substantially reducing waiting times for diagnostic check ups and surgical procedures.

The service will provide quick, convenient access to a community dermatology service with patients often seen and treated within the same visit. The service will be provided at a location that is registered and accredited by the Care Quality Commission and delivered by Dermatology Consultants and experienced GPWIs. It is our aim that this service will meet the needs of the local patients, clinicians, commissioner and the broader health economy.

The service will be a community Dermatology service which is pro-active in encouraging GPs to refer these categories of patients. The clinics will be responsive to the needs of the patient by offering choice in a community location, by doing so we expect a reduction in referrals into secondary care.

Service benefits

Benefits	Measurement
A service developed by GPs to be provided in Primary Care.	Evidenced by the LLP and its business case.
Joint working between Primary Care, community care and secondary care to produce agreed effective pathways.	Evidenced by the pathways signed off by all clinicians.

Improved health outcomes due to greater compliance with care.	Outcome measures as detailed above.
Ownership of the service encourages GPs to refer appropriately using protocol driven pathways.	Demonstration of benefits to GP referrers.
Appropriate pathways leading to reduction in hospital OPD appointments resulting in PBC savings.	Activity monitoring showing year on year reduction and PBC savings.
Supports meeting 18 week targets through reducing OP referrals.	Activity monitoring shows reduction in waiting times for first appointment.
Meets national policies re shifting of services from secondary to primary care and increases plurality of services.	Choice through Choose and Book system.
Fewer DNA's due to improved access.	Monitoring of DNA's demonstrates higher levels of attendance.
Potential provision of clinic times outside regular work hours.	Following patient consultation the provision of services at times that are convenient and increase access.
Hospital services are able to concentrate on those patients who specifically require their expertise resulting in an improved service for all patients and meeting waiting list targets.	Improved waiting times.
Care provided closer to home.	Local purpose built medical facility to ensure a quality and safe environment for patients
Increased skill levels within primary care.	Referring GPs involved in education and protocol development.

2.2 Accessibility/acceptability

Triage will be undertaken to ensure that appropriate patients are referred into the service; waiting times will be **no more than 28 working days from receipt of referral**.

Patients accepted into the service will be by direct GP referral, through Choose and Book, fax or letter.

Triage will be undertaken by a suitably qualified clinician. Patients not suitable for the service will be returned to the GP with an explanation as to why this has occurred.

Patients will be referred to the community service via Choose and Book where the referral will be triaged and verified by administrative and clinical staff. This will ensure that the referral is appropriate and that all suitable first line treatment has been commenced and any required diagnostics already completed in primary care. In addition this will enable the patient to be booked into a clinic to see the most appropriate member of the team.

Conditions appropriate for urgent referral will be directed straight through to secondary care. These conditions will include:

- any adult with an irritable rash covering at least 90% of the body which is interfering with sleep and/or work
- suspected immunological blistering diseases
- any patient with atopic eczema who has been exposed to the herpes simplex virus and developed eczema herpeticum
- Steven-Johnson syndrome
- Scalded baby syndrome

- Where there is a suspicion of a diagnosis of cancer, patients will be referred directly to secondary care under the 2 week cancer rule.

In the event of any of these conditions not being identified in the triage process, patients attending the service will be referred directly into secondary care via telephone or via Choose and Book as appropriate.

The service is designed to see and treat the following conditions

- Mild to Moderate eczematous skin rashes – Rash of unknown aetiology
- Discoid eczema, xerosis, generalised pruritus
- Seborrheic, Varicose, Atopic etc
- Mild/moderate acne not requiring Roaccutane
- Mild/moderate childhood atopic eczema
- Dermatitis
- Urticaria/angioedema
- Pruritus
- Tinea/fungal/recurrent bacterial infections
- Pityriasis Versicolor
- Plaque psoriasis confined to discrete areas
- Scalp Disorders
- Alopecia areata/androgenic alopecia
- Hirsutism
- Benign skin lesions / suspected low grade BCC
- Skin lesions likely to be benign but of diagnostic uncertainty
- Actinic Keratosis
- Bowen's Disease
- Epidermoid /Pilar (Sebaceous) Cysts
- Lipoma
- Dermatofibroma / Histiocytoma
- Keratin Horn
- Solar comedones / Giant comedones

Diagnosis, Management and Follow up

The team of clinicians will diagnose, manage and treat conditions for patients referred into the service. The service will include;

- The service will be consultant led with skill mix of Consultant and GPwSI. It is the intention of the Provider to recruit a Dermatology Nurse Practitioner/Nurse Specialist when the service has been operating for some time and referral patterns can be analysed to allow recruitment of appropriate skill mix.
- Full diagnostic service including blood taking, swab and skin scraping, diagnostic biopsy services and management of the results; once biopsy results are received they will be acted upon promptly by recalling the patient for the appropriate intervention, follow up or referred straight onto secondary as required.
- Clinical management of patients accordingly.
- Patient advice and education.
- Prescribing via production of a treatment plan for the GP to prescribe.
- Ensuring appropriate transport arrangements are available for those patients meeting the transport criteria.

Follow up, referral on to secondary care, discharge back to primary care with an agreed clinical management plan:

Patients who enter the service will be assessed and treated as appropriate. Following assessment and treatment potential outcomes are as follows:

i) Assess & Discharge to GP with Management Plan

Each patient will be provided with a treatment and management plan, which will be forwarded to their GP within 24 hours as a summary report followed by a detailed clinical letter to enable ongoing holistic management of their own care. The GP will be advised of the plan in writing, along with the outcome of the patient's episode of care. This will enable the GP to speedily resume managing the patient care in totality with an understanding of treatment and advice provided, and will support the development of an integrated service that will improve the patient's overall experience of care.

Suitable patients will be provided with self help tools and information leaflets which will support them to manage their own condition. They will also be provided with contact details to enable them to contact the service if concerns arise.

ii) Assess and recommend Management Plan

Each patient will be provided with a treatment and management plan, which will be forwarded to their GP within 24 hours as a summary report followed by a detailed clinical letter to enable ongoing holistic management of their own care. The GP will be advised of the plan in writing, along with the outcome of the patient's episode of care. This will enable the GP to speedily resume managing the patient care in totality with an understanding of treatment and advice provided, and will support the development of an integrated service that will improve the patient's overall experience of care.

Suitable patients will be provided with self help tools and information leaflets which will support them to manage their own condition. They will also be provided with contact details to enable them to contact the service if concerns arise.

iii) Follow-up by the most appropriate clinician at a subsequent clinic appointment

Patients will be booked for a follow up consultation if required at the appropriate review period. They will be provided contact details in the event a query should arise in the intervening period.

iv) Referral on to Secondary Care

There will be some patients who having been seen, assessed and treated within the community service will require secondary care input. The agreed pathways have red flags to highlight where urgent referral to secondary care is required. At this point the clinicians within the service will be required to make a Choose and Book referral to a secondary care provider, under the 2 week wait rules if appropriate. Where patients are referred on to secondary care for further management, the referring GP is informed of the referral process and the reason for referral.

Element 3 - Telephone Follow Up appointments

Options will also be offered to the patient for follow-up to be delivered face to face or via other means such as telephone or email.

Element 4- Minor Surgical Procedure

In some cases the patient may require a minor surgical procedure for the removal of a lesion for the purposes of a diagnostic and / or as part of the management plan. This may be undertaken during the initial consultation or as a planned procedure at a subsequent appointment.

When a patient undergoes a minor surgical procedure, each patient will be provided with a treatment and management plan, which will be forwarded to their GP within 24 hours as a summary report followed by a detailed clinical letter to enable ongoing holistic management of their own care. The GP will be advised of the plan in writing, along with the outcome of the patient's episode of care. This will enable the GP to speedily resume managing the patient care in totality with an understanding of treatment and advice provided, and will support the development of an integrated service that will improve the patient's overall experience of care.

Suitable patients will be provided with self help tools and information leaflets which will support them to manage their own condition. They will also be provided with contact details to enable them to contact the service if concerns arise.

As recommended by NHS Wirral, post operative care of wounds, changing of dressings and removal of sutures will be the responsibility of the referring GP as will treatment of minor complications following surgical procedures carried out in the community service such as wound infection. The GP will be made fully aware of the options available should any complications arise, notably the telephone advice service, referral back into the service or for an emergency appointment at the next clinic.

2.3 Whole System Relationships

The service cannot work in isolation and must work with partners to deliver safe, effective clear pathways of care. Partners will include:

- NHS Wirral
- Wirral Patient Forums
- All GP Practices
- Wirral Hospital Trust
- Wirral Health and Informatics Service
- North West Ambulance Service

2.4 Interdependencies

Stakeholders and interdependencies will vary as identified above and the interface with universal services cannot be over stated. Access to and support from universal services should always be accessible as circumstances allow.

2.5 Relevant networks and screening programmes.

The service to have full participation in local networks and national networks.

Diagnostic Requirements:

Access to pathology services will be based on the already existing services for Joint and Soft Tissue Services processes, where there are established contracts in place with local providers. These ensure that timely results are received to support management of patients care.

3. Service Delivery

3.1 Service model

The service will receive and triage all Dermatology referrals in advance of further referral, where required to secondary care; where possible patients will be seen, diagnosed and treated all within one appointment

The service will also manage follow-up patients before final discharge back to the care of the patients own GP. It is the intention to maintain a low follow-up ratio.

The Provider will develop agreed pathways across primary care in co-operation with the Commissioner to make sure that strong governance with supporting systems is in place.

The service will also work with the acute trusts locally to identify conditions which would trigger urgent hospital referral.

The development of the community service is made up of distinct elements in many cases seeing and treating patients within the one appointment.

3.2 Care Pathway(s)

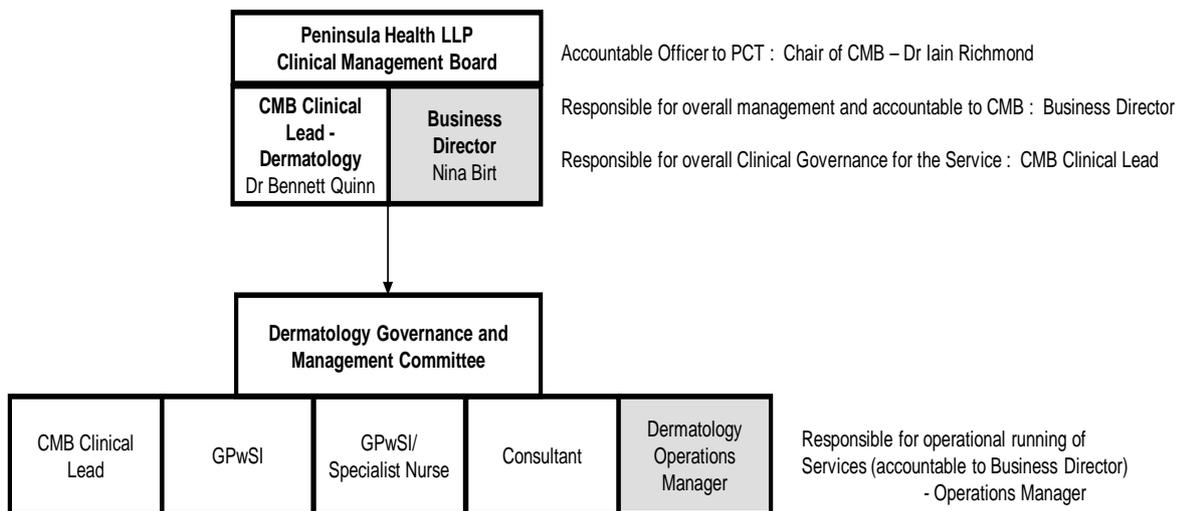
The Service will fully comply with Care Quality Commission (CQC), National Minimum Standards, professional body guidance and best practice. Underpinning this service there will be a comprehensive

set of local and corporate operational policies and procedures that detail how the service will be implemented and managed.

The care pathways that have been developed are based on the available information in *Care Closer to Home* (DH, 2007), evidence from innovative community based services. Accordingly the Provider is able to confirm that the proposed service models comply with best available evidence

All finalised pathways will require sign off from participating clinical staff and referring GPs and this is planned as a part of the implementation programme.

Dermatology – Governance and Management



Sub contract arrangements are managed by the Operations Manager.
GPwSIs/Specialist Nurses and Consultant retain their own professional responsibility for patient care.

Shaded – Operational Management Structure

The proposed dermatology service will be locally based and therefore more responsive and accessible to the needs of the local population, as outlined in *Care Closer to Home 2006*, and the Modernisation Agency *Action on Dermatology* programme January 2000 which was designed to improve access and quality of care for patients with skin disease.

The service will enhance the quality of primary care service provision, provide a cost effective service model for commissioners and increase choice in providers for patients.

A key feature of the service will be education for patients and for the referring clinicians by the Team providing the service.

The dermatology service will be designed jointly between primary care and secondary care clinicians to ensure patients are seen rapidly by the most appropriate healthcare professional using agreed referral protocols and evidence based care pathways.

Care pathways will be linked to Map of Medicine pathways in relation to access to patch testing, phototherapy, rapid access for skin cancer, and rapid assessment of patients where there is diagnostic or management uncertainty.

Care Pathways and Quality requirements

The service will fully comply with Care Quality Commission (CQC), National Minimum Standards, professional body guidance and best practice. Underpinning this service there will be a comprehensive set of local and corporate operational policies and procedures that detail how the service will be implemented and managed. These will be discussed and agreed with the Commissioner. The Business Director for the Provider will be the CQC Registered Manager of the service.

The care pathways that have been developed are based on the available information in *Care Closer to Home* (DH, 2007), evidence from innovative community based services. Accordingly the Provider is able to confirm that the proposed service models comply with best available evidence.

All finalised pathways will require sign off from participating clinical staff and referring GPs and this is planned as a part of the implementation programme. Pathway detailed in section 11.

Reducing Health inequalities

The service will ensure an ongoing responsiveness and develop a strategy to population groups experiencing health inequalities. Specific focus will include improving access for patients in deprived areas of the Wirral. We will provide services closer to the patient's home to ensure these are convenient to attend and would not incur travelling expenses. We provide a range of patient information in different formats (audio/Braille/DVD) and languages to support patient needs. Interpreters and Language Line are routinely available for patients to support their consultation if required.

4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/ boundaries

Community Dermatology will be delivered from Peninsula Health, Birkenhead Medical Building, 31 Laird Street, Birkenhead, Wirral CH41 8DB

4.2 Location(s) of Service Delivery

The facility is accessible for all Wirral patients attending the service and will provide car parking facilities and serviced public transport routes to ensure convenience.

The facility will be accredited to host the service and will be required to meet Control of Infection Standards, be DDA compliant and meet CQC Registration criteria. This will demonstrate a safe and robust environment for delivering a service that incorporates skin surgery.

4.3 Days/Hours of operation

The clinics will operate on a range of days and times of the week. These will include evening and weekend clinics to accommodate patient's needs.

The workforce requirements for various activity levels are calculated based on the assumption that 2 sessions would be provided weekly by the Consultant and two sessions per week by the GPwSI and each session would be 4 hours (3.5 hrs – Patient time and 30 min – Administration time) each. The service would provide 180 sessions per annum (unless stated otherwise).

The proposed service will utilise Consultant(s) who are registered on the European Specialist Register, GPwSI and a Dermatology Nurse Practitioner at some point in the future.

The anticipated time for new patient consultations and follow ups per session are:

	New	Follow Up
	20 minutes	10 minutes
Consultant	8	4
GPwSI	8	4

The expected number of patients expected to be seen by the Consultant and GPwSI on a weekly basis and annually has been given below:

No	Proposed Role		Pts weekly	Pts annually
1	Consultant	New	16	720
		Follow ups	8	360
2	GPwSI	New	16	720
		Follow ups	8	360

Absence due to sickness will, if possible be covered by another member of staff. Sessions will be provided for 45 weeks of the year to allow for holidays and professional development.

4.4 Referral criteria & sources

Patients will access the service following consultation with their GP and selecting this as their preferred choice. The service will be a choice on the local Directory of Service Choose and Book menu.

The service is available to any Wirral patient as outlined below:

- All adults aged 16 registered with a Wirral GP
- All patients given choice of service
- All patients suitable for assessment and treatment in community setting
- All new patients and any patients requiring follow-up management

4.5 Referral route

Any patient requiring onward referral to a secondary care service will be offered choice by the Dermatology Team. It would be beneficial if agreement was reached by the Commissioner that local providers will accept patients from the service fully worked up thus not having to undergo duplicate investigations or unnecessary appointments.

4.6 Exclusion criteria

- Suspected skin cancers which should be seen under the two week cancer target wait
- Patients requiring phototherapy e.g. PUVA/B
- Contact allergy testing
- Wounds/leg ulcers
- Laser service
- Dermatology emergencies
- Surgical procedures considered as plastic surgery
- Treatments not normally funded by the NHS

4.7 Response time & detail and prioritisation times

Patients will be offered an appointment to be seen within 28 working days of receipt of referral. Patients will be offered choice of day, time and venue at this point. If waiting times breach this response time the Business Director (or nominated representative) will alert the Commissioner to discuss plans and agree actions.

5. Discharge Criteria and Planning

Discharge from the service will be in agreement with the patient and will follow clear service discharge planning protocols. GPs will receive, within 24 hours, a discharge letter to enable on-going holistic management of their own care. The GP will be advised of the plan in writing, along with the outcome of the patient's episode of care.

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

The provider will ensure that patients and carers receive the most appropriate, evidenced based and updated advice and information.

The provider will ensure that the service will be promoted sufficiently across Wirral regarding its purpose, how to access the service and the services offered. This includes the provisions of the service leaflets/advertising detailing service access, making appointments and opening times.

The service must be available on Choose and Book and Information relating to the service will be held on the National Patient Choices website.

The service to adhere to NHS Wirral complaints policy. The service must provide information of how to access the complaints process and how to access local PALS. Staff should undertake training in the handling of complaints and there must be a nominated member of staff to handle complaints must be in place.

Information relating to the service will be held on the National Patient Choices website.

Information will be made available for all members of the public and will be accessible in all community settings, Braille, on disk, large print and in languages other than English. These will be provided to the patient upon request.

Patients will receive information leaflets that will address specific conditions, medication information and service information. These details will also be made available in electronic format, on a dedicated website for The Provider, which will include information on services, locations and opening hours.

Each patient will be requested to fill out a patient satisfaction survey that covers all aspects of their experience with a particular service. Questions are based around choice, experience prior/during the appointment, staff, service received and also allows the patient to feedback any other comments that will help to improve the service.

Information regarding the new services will be made available to patients through:

- GPs
- Patient participation groups within practices
- Practice leaflets
- Expert patient groups
- PPI forum
- PALS service
- Leaflets, notices and public meetings in community venues
- Provider web site

The Provider would assist in any public consultation the Commissioner feels necessary.