



Community Dermatology Service

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GPSI in Rushcliffe



Demand for Dermatology Services

- 54% of the population are affected by skin disease
- 69% of these will self care
- 13 million consultations with their GP
- 5.5% referred on to specialist Dermatology services
- 80% of skin consultations with GP are for the 10 most common skin conditions
- Referrals to specialist care rising, especially for diagnosis
 - 15.5% increase in referrals between 2007 and 2012
 - Increasing burden of skin cancer
 - Rising expectations regarding skin, hair & nails



General Practitioner

- ▶ Limited training - Dermatology not compulsory part of GP Training
 - ▶ In Nottingham they receive 1 day of dermatology teaching in their 3 years
 - ▶ The trainee learns about skin disease during their GP attachment and is variable
- ▶ Time - due to increase in competing demands
 - ▶ Increasing demands from ageing population with complex patients
 - ▶ Increasing demands from other specialties wanting to upskill GPs
 - ▶ Managing change and non-clinical duties
- ▶ Main difficulties for GPs:
 - ▶ Diagnosis of skin conditions
 - ▶ Anxieties about missing skin cancer
 - ▶ Adequate management of chronic skin conditions e.g. Eczema, Psoriasis
 - ▶ Anxieties about using topical steroid
 - ▶ Lack of experience of various treatments



Workforce concerns

- ▶ National shortage of Dermatology consultants
 - ▶ East Midlands has one of the lowest coverage of consultants
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Kings Fund recommendations

- Improve self care and self management
 - Improve quality of dermatology knowledge in primary care
 - Build a stronger bridge between Primary and Secondary Care
 - Develop teledermatology services
 - GPs, GPSIs and Consultant Dermatologists to have more involvement in the commissioning of new models of care.
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Rushcliffe Community Dermatology Service

- 2 GPs Dr Ram Patel and Dr Alex Hodson
 - 4 clinics per week
 - Covering a population of 100,000
 - The community service provides:
 - Triage
 - General dermatology consultations
 - BCC triage
 - Advice and guidance
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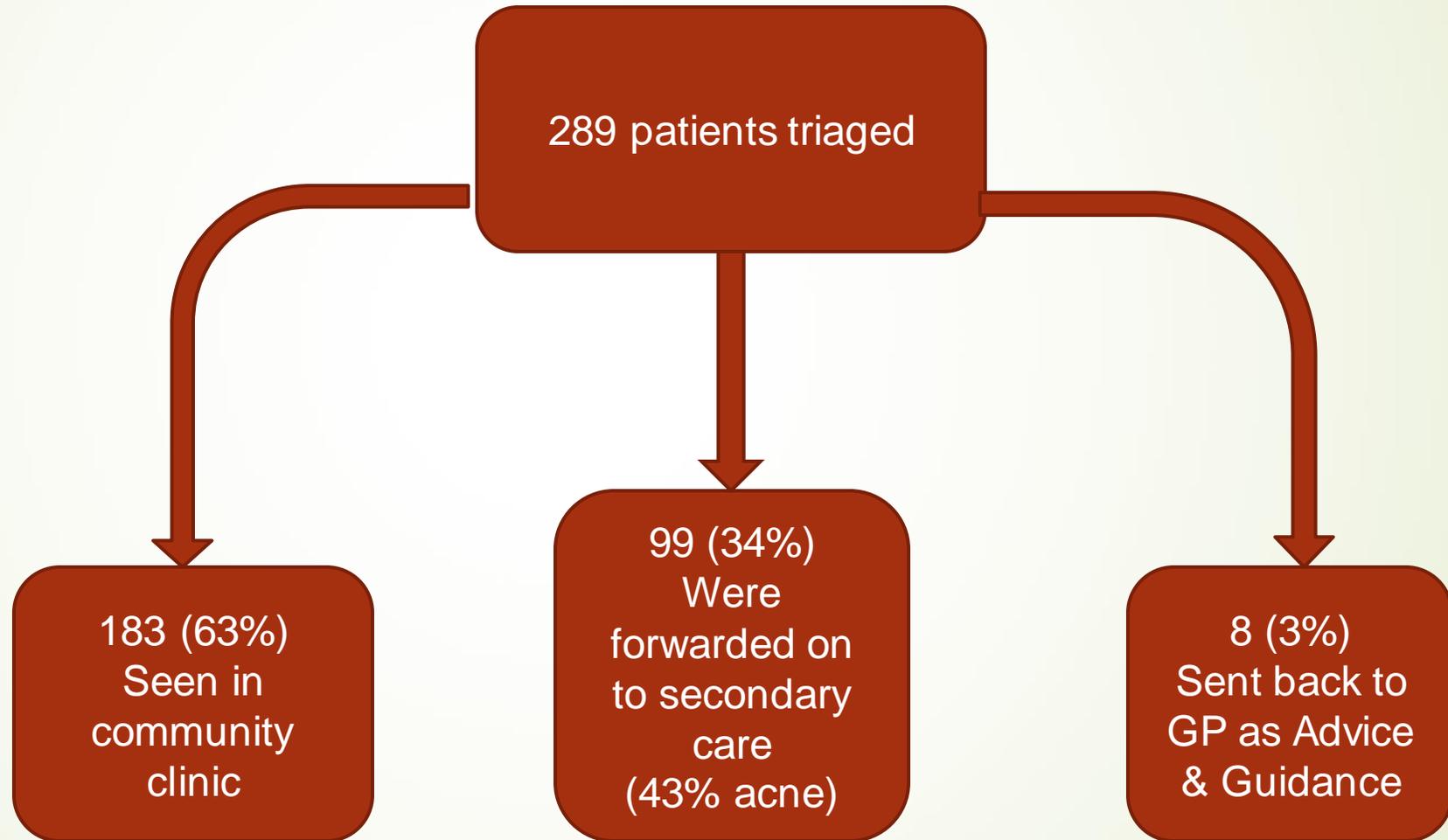


Triage

- ▶ The GPs refer all dermatology patients through one pathway
 - ▶ Excluding 2 week wait SCC and Melanoma
- ▶ General Dermatology Referrals triaged by myself and Dr Hodson within 1 week
- ▶ Outcome
 - ▶ Advice and guidance back to GP
 - ▶ Appointment to be seen in community dermatology clinic
 - ▶ Referral forwarded on to secondary care
- ▶ BCC referrals are seen within 2 weeks

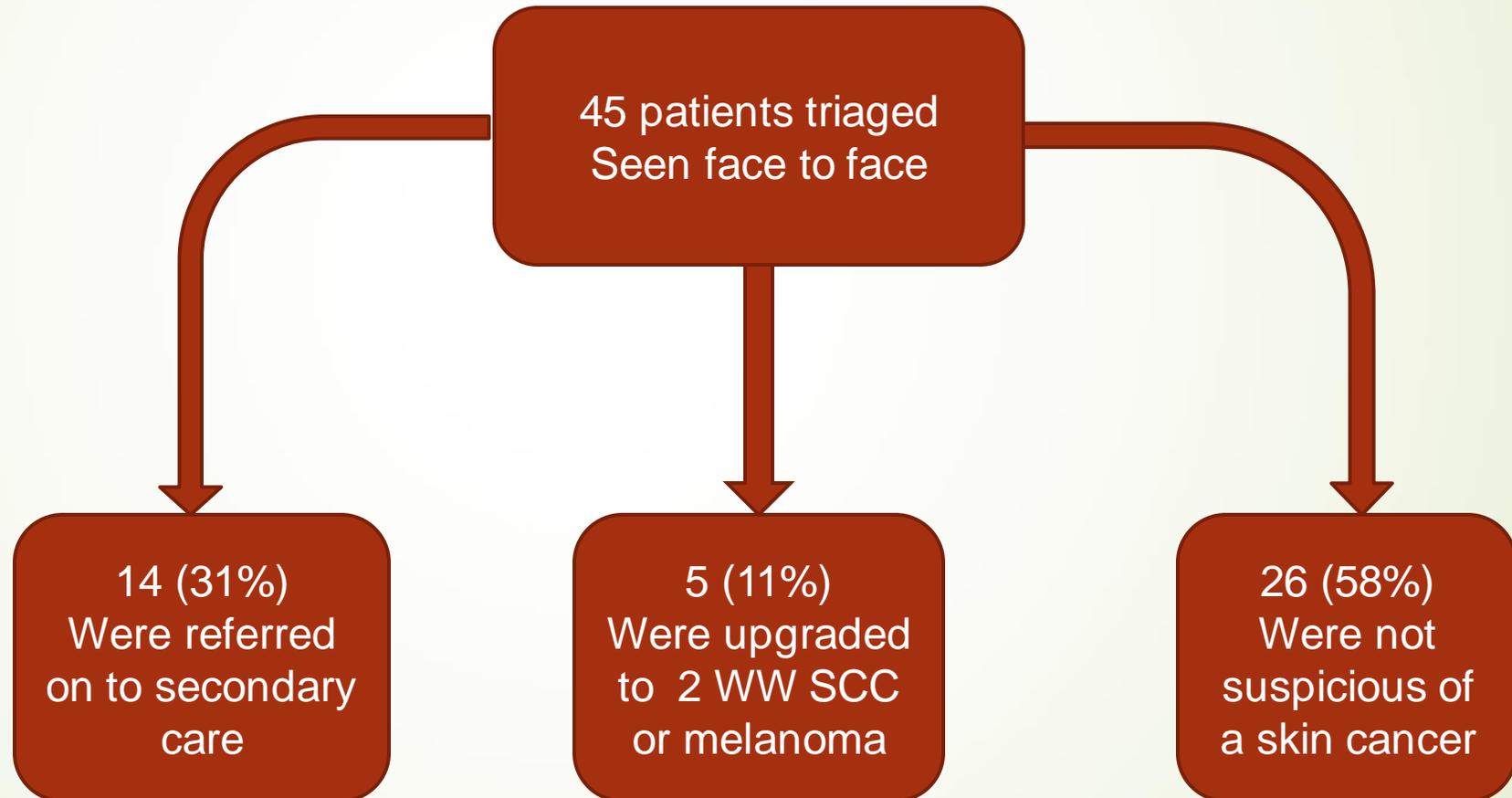
Outcome of triage

Past 3 months data



Outcome of BCC triage

Past 1 month data





Community Clinic Outcome

December 2016 to November 2017 data

- ▶ 601 patients were seen
 - ▶ 239 new patients
 - ▶ 362 follow up
 - ▶ Ratio of new:follow up = 1:1.5
- ▶ 55 (23%) patients were referred on to secondary care
- ▶ 7 (1% of all appointments) Did Not Attend



Benefits of a community service

- ▶ Care closer to home
- ▶ More accessible service
 - ▶ Waiting time 4 weeks for general dermatology patients
 - ▶ Urgent patients seen within 2 weeks, often same week
 - ▶ Significant eczema
 - ▶ Significant pruritus
 - ▶ Significant undiagnosed rashes
- ▶ Improved support for GPs and patient care:
 - ▶ Consultation recorded directly into patient GP records
 - ▶ Management plan in records for patients with chronic disease at discharge
 - ▶ Task sent to referring GP with specific feedback
- ▶ Cost effective:
 - ▶ At the 6 month review the predicted annual saving was £133,000



Patient experience



- ▶ Patient satisfaction has been very high in surveys
 - ▶ Regular biennial survey of the community dermatology service over the past 16 years
 - ▶ This survey looked at the patient experience of accessibility; making an appointment and satisfaction with the consultation
 - ▶ Scored: Good or Excellent in over 95% across all areas
 - ▶ Recent RCGP Patient survey for accreditation
 - ▶ Looked at the patient experience of the consultation
 - ▶ Scored: >4.5/5 across all domains
 - ▶ No complaints
 - ▶ No adverse events



Success of Rushcliffe GPSI service

- ▶ Increasing knowledge in Primary Care
 - ▶ GP education through:
 - ▶ GP Specific feedback (similar to John's teledermatology)
 - ▶ GP training in assessment of skin lesions and dermoscopy
 - ▶ GP education through the Nottingham Dermatology Forum
 - ▶ Running the whole day teaching on Nottingham VTS
 - ▶ GP trainees and GPs sitting in the community clinics
- ▶ A bridge between Primary care and Specialist dermatology services
- ▶ We meet the 3 components in defining quality of care:
 - ▶ Effectiveness : (>75% of patients have their care completed in the community)
 - ▶ Safety:
 - ▶ Review of a pilot BCC triage scheme in 2014 showed no missed BCCs in those patients discharged back to GP
 - ▶ No complaints and no adverse events
 - ▶ Patient experience: has been excellent in repeated surveys



Challenges



- Lack of easily accessible diagnostics
 - Skin biopsy – need to be fitted in to my minor ops sessions at Radcliffe
 - Blood tests need to be requested through the GP
- Lack of attached dermatology nurse
 - Management of patient with chronic skin diseases such as eczema and psoriasis
 - Patient support
 - Patient education
- Succession planning for GPSI service
 - Service dependent for too long on a single enthusiastic GP with special interest
 - Has improved with Dr Hodson joining me
 - Need a more robust service with closer links to secondary care services



Any Questions?

