






Birmingham and Solihull
Clinical Commissioning Group

BSOI CCG – Transformation of Dermatology outpatients

Elective Care Transformation- National Programme

Theme	Intervention	The opportunity
 Rethinking Referrals	Shared learning opportunities involving GPs	If learning and knowledge around the appropriate treatment of dermatological conditions is shared between practitioners, then patients should receive effective treatment and advice earlier. Primary care practitioners should build their knowledge, confidence and expertise reducing the number of referrals into secondary care and improving the quality of referrals made.
	Advice and guidance (via teledermatology and e-referral service)	If access to specialist advice and guidance is available via e-Referral Service or teledermatology, more patients should receive effective treatment and advice in primary care. Primary care practitioners should have improved and more responsive access to specialist support. This should reduce the number of referrals into secondary care and improve the quality of referrals made.
	Triage in the community (spot clinics)	If triage in the community that is integrated with secondary care services is implemented, patients should be seen by an appropriate practitioner and spend less time waiting to see them. Practitioners should see the right patients at the right time, reducing the number of referrals into secondary care and waiting times associated with these appointments.
 Shared Decision Making	Self-management resources	If self-management resources for GPs and patients are available within primary care then patients should feel more confident to manage their conditions and be more likely to improve their health outcomes. Practitioners' confidence to manage patients with dermatological conditions in the community should also improve. This should reduce the number of referrals into primary and secondary care and increase the quality of referrals made.
 Transforming Outpatients	Self-management resources	If self-management resources for GPs and patients are available within primary care then patients should feel more confident to manage their conditions and be more likely to improve their health outcomes. Practitioners' confidence to manage patients with dermatological conditions in the community should also improve. This should also see a reduction in the number of follow-up appointments/re-referrals required.

Local Dermatology programme Focus

- Primary Care Dermatology Proof of Concept Pilot in 1 area where there is a GPwSI
 - Impact has been 43% reduction in 2ww and 60% reduction in routine 1st appt to secondary care
 - = >£400k per year
 - Offered A&G and Teledermatology – BUT
 - 90% Patients still need some management in Primary care.
 - Most GPs lack confidence and skill to manage without support
 - PCDS provides most of that care , still have to refer some pathways due to lack of agreement in new pathways eg BCC
 - All change from July 19 – roll out to locality of 250k pop, new pathways, consultant lead for the GPwSI, local MDT for BCC

Local Dermatology programme Focus

- Primary Care Dermatology – contract with Modality Partnership
 - small contract for 30 practices in Birmingham (old CCGs)
 - Using GP practice locations
 - % less of national tariff
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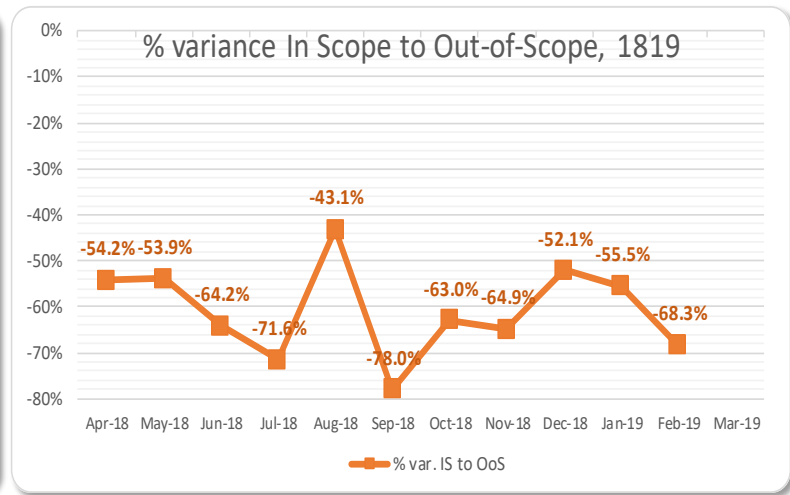
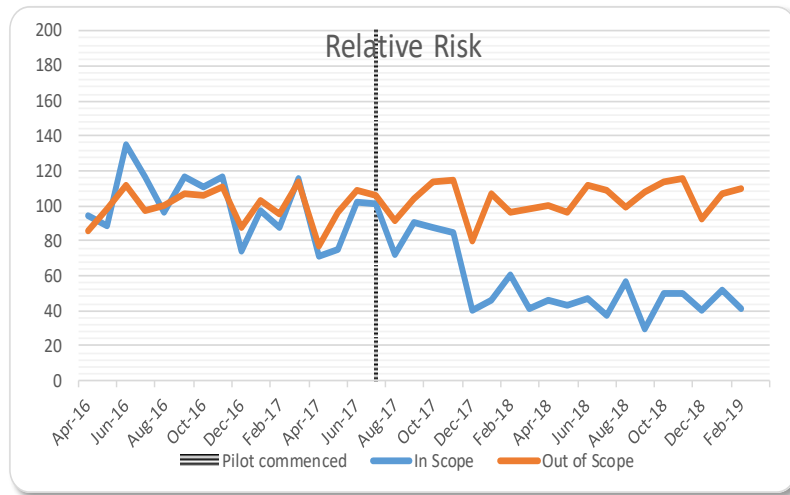
BSOL q4 2018/19- report

Is dermatology transformation included in your STP plans?				
Intervention		Transformation Work		
		Q1 Assessment	Year-end Outlook	Narrative Update including timescales
Rethinking Referrals	Shared learning opportunities for GPs	Green	Green	The local GPS healthcare provides a Primary care dermatology service for c40k population and has offered training placements for interested GPs and is also in process of accrediting local GPwSI s with current Dermatology, within new RCGP Framework to GPwER . Protected learning time on various clinical pathways, workshop training provided by local University has also been provided. This new service is expected to expand to c. 250K population coverage in the second half of 2019.
	Advice and guidance and/or teledermatology	Amber	Amber	Teledermatology is in place in Solihull Locality through the local Primary Care Dermatology Service (PCDS) via a Independent supplier who also offer A&G. Other NHS providers also offer A&G via eRS and Consultant Connect, although this is not widely used by our GP Practices for many reasons. Recent discussions with Clinical teams in Dermatology and GP experts on Dermatology and eRS have agreed a way forward to further enhance and roll out training for GPs and develop a FAQ list of common questions that have previously been asked . A plan with timelines for this
	Triage in the community (spot clinics)	Amber	Amber	We have a well established and succesful PCDS for 6 practices of c40k pop, soon to be rolled out to c250k population in July 19. There is also a community Dermatology service covering practices in parts of W/N/C Bham and we are engaging with several other Bham PC collaboratives. The Solihull proof of concept services cover all clinical pathways for adults and children and has evaluated well with huge cost benefits and patients satisfaction. We are in process of discussions to establish a system wide Transformation Board for Dermatology to also involve Paediatric Services and all Providers that serve Birminghamand Solihull STP. Times lines are being worked through for this project and the associated programme within the next month. The SPOT clinic service is not something we have agreed would be useful for our area and are keener to establish better A&G
Shared decision making & self-management	Self-management education and support	Amber	Amber	This issue will be taken up as part of the Transformation of Dermatology services programme Board . There has been very recent discussion with British Dietetics Association regarding support they can offer to Children and Families following the recent closure of Paediatric Dermatology service at BWCH - we are writing a paper regarding alternatives for GPs now . We will pick up the Adult alternatives within the Programme

BSOL CCG – honest appraisal

- Not enough Dermatology Hospital staff (medical & nursing)
 - Not enough GPwSI or GPwER- they are all working in other ‘private jobs’ as well
 - Outsourcing contracts/ procurement is not the solution
 - Must find a local system solution – that takes time
 - Conflicting clinical priorities
 - QIPP – we must save money
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QIPP calculator for PCDS



QIPP	2018/19	% var. IS to OoS	-54.2%	-53.9%	-64.2%	-71.6%	-43.1%	-78.0%	-63.0%	-64.9%	-52.1%	-55.5%	-68.3%	Total
	Estimated change		-37	-36	-43	-48	-29	-53	-43	-44	-35	-37	-46	
	QIPP Saving		£13,619	£13,547	£16,146	£18,000	£10,852	£19,606	£15,834	£16,314	£13,107	£13,956	£17,187	£168,168

biggest challenge to transforming elective care dermatology service

- **clinical staff time from all Providers including Primary Care to fully engage in the design and implementation of a Transformation Programmes**
 - **Must have Clinical Leader**
 - **Traditional style meetings do not attract the Hospital Consultants to become engaged. We need to think of other ways to ensure all staff can fully participate,**
 - **Future NHS website uses a collaborative digital platform, but have not seen any evidence that Consultant Medical Staff and GPs are involved in discussions or offer any advice.**
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biggest challenge to transforming elective care dermatology service

- Commissioning capacity to lead these very complex Transformation Programmes which can cross all age boundaries, Primary, secondary and tertiary care pathways and require support from many other AHP and social and voluntary services support such as all listed in this return,
- cross over into many of the other NHSE Transformation waves subject matter
- The CCG Planned Care Programme Board which includes overall sight of many of these programme is broadening its membership and prioritising workload to achieve 19/20 milestones with **QIPP savings**

biggest challenge to transforming elective care dermatology service

- **more local discussion across CCGs as to best solutions and impact measures (KPI, Clinical outcomes, patient reported outcomes) as many of the new NHSE sponsored programmes have not been fully researched and there is no acceptable way of measuring success and impact**
 - **Time too short (100days)**
 - **Discussion with CCG colleagues both locally/ nationally as we have done within the FCP agenda would be really beneficial, not only for the Managers supporting the programmes but for Clinical Staff working on the front line .**
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Transformation of Outpatients

- Different programme !
- Secondary care led – part of GiRFT and Model Hospital work
- Have to work hard to make the links across programmes.
- 30% of appts to be delivered in a different way.
- ?use digital platforms
- WHY ARE THEY THERE ?
- Lack of confidence & Trust in Primary Care to manage the patients
- Huge variance in Paed dermatology 1:3 follow up rate and 1:0.5 in other Hospital
- Waiting times for Dermatology 1st Appt >200 days to 300days (paed and adults)
- Local Crisis in Paediatric Dermatology has caused all secondary care providers to come together

Solutions

- Alliance of Providers
 - Local education Programmes for GPs- local practice leads around the PCN- but long way off, training places and accreditation for GPwER
 - Advice & Guidance – Digital Platforms for FAQ linked to GP clinical systems , real time in Job plans of hospital experts to answer and review images, supportive tariff
 - Primary Care Dermatology service where possible
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Thank you for listening

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