

Why dermatology should be a priority for STPs and primary care: a patient's perspective

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Welcome

- Introduction
- The NHS
- Why is dermatology important?
- The current primary care experience
- What do people with skin diseases want



What does the NHS promise all patients?

- **The NHS Constitution:**
- “The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights”



What does the NHS promise all patients?

- **NHS Choices:**

- All patients are aware of the choices available to them, particularly where these are legal rights and have the information they need to make meaningful choices
- All GPs/referrers discuss the different treatment options available to patients, include them in shared decision making, and offer choice to patients
- All providers make good quality, up to date information about their services available and accept all appropriate patient referrals in line with the NHS Standard Contract
- All commissioners assess how well choice is working within their CCG and put improvement plans in place to address areas that need strengthening



Why is dermatology important?

- **Prevalence** of dermatology in work load
 - The majority of skin consultations with GPs concern the 8 most common skin conditions
 - Dermatology has a comparatively high number of referrals to specialist care, particularly for diagnosis & many more patients will increasingly demand access to specialist care/a treatment plan
- Many patients are self-treating: 18% of OTC sales



Why is dermatology important?

- **Mortality:**

- Low mortality but a huge rise in skin cancer – malignant melanoma currently the fastest increasing cancer in the UK (except in deprived areas)
- Half of all specialist activity now relates to the diagnosis and management of skin lesions

- **Demographics:** An increasing elderly population is likely to increase demand for dermatology services



Why is dermatology important?

- Chronic **disease**
- If unchecked, dermatology conditions generally become more challenging to treat
- Often a dermatology condition will be allied with other auto-immune conditions (vitiligo & thyroid disease), indicate mental health problems (skin picking/itch) or **lead to further invasive disease** (dry skin/ulceration)



What's the current primary care experience

- NHS general pressures “...the NHS will increase its budget from £115bn to £135bn by 2023-24.”
- Individual pressures:
 - Pressure **for** appointments / pressure **on** appointment times
 - Budgets
 - Training in dermatology
- Moisturise; Steroids; Refer



What do dermatology 'patients' want to experience?

- Health care is informed by a very new culture; commissioning appears to be informed by other probabiliites
- Social media usage has increased from:
 - 47% of the adult population engaging in social networking via Facebook, Twitter, Instagram in 2016



- 62% of the adult population in 2018
- A new dimension for skin disease: **access to information;** **community;** importance of appearance
- The 'patient' has changed into the 'service user'



What do service users want to experience?

- Collaborative care
- Come informed of their 'rights'
- Have support for advocating for their health
- Want access to specialists and to treatment



What could you do differently?

- Budget for the largest number of appointments by condition
- The appointment:
 - Collaborative care:
 - Discuss treatment;
 - Identify information sources (patient support groups; Cancer Research UK; the British Association of Dermatologists)
 - **Ask QoL questions;**
 - Refer



What could you do differently?

- ‘Skinformation’ practice pages or notice boards:
 - Pointers to topical steroid information
 - Patient Information Leaflets for drugs / treatments e.g. phototherapy
 - Patient Information Leaflets for conditions
 - The BAD: including www.skincareaction.org.uk
 - BAD / NICE Treatment guidelines for conditions
 - Patient Support Groups
- A personalised Health Care Portal



The top eight dermatology issues seen in Primary Care

- **Skin lesions:** 40%–50% of specialist activity now relates to skin lesions;
- **Eczema:** Between 10% and 12% of patients seen in specialist dermatology departments have eczema.
- **Psoriasis:** Probably affects about 1.5% of the population, the condition represents between 1.7% and 5% of all GP consultations for skin disease.
- **Acne:** Common in 14–16-year-olds, with prevalence in this age group of around 50% (11% with moderate to severe acne); around 4%–5% of 15–24-year-olds consult their GP about acne each year.³⁹
- **Wounds,** including leg ulcers: UK incidence of leg ulcers is around 1.5–3 per 1,000
- **Contact dermatitis:** Often work-related and diagnosed and managed with self-care or in primary care.
- **Infectious skin disorders** (excluding viral warts and molluscum contagiosum)
- **Viral warts and molluscum contagiosum**

