

# Sustainable Dermatology Services

A Model of integration and  
Collaboration

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# The Problem:

Hospital Dermatology Departments cannot cope with the increasing workload

The tariff based funding model does not allow for, or encourage, innovation

Hospitals are in fixed locations inaccessible to many and expensive to access

GPwER services are accused of 'cherry picking' and of being variable in quality

A high proportion of all Dermatology referrals are for conditions that can and should be managed in Primary Care : a failure of medical training

Current services do not use Technology to their advantage

# Possible Solutions:

## In the short term:

Share the load: Collaborative working between Hospital Dermatology and Community GPwER services

Use technology to ensure that each referral goes to the appropriate clinician

## In the longer term:

Increase undergraduate and post graduate training in Dermatology

Develop accessible A&G services to allow patients to be kept in primary care

Up-skill Primary Care staff and Patients to manage Primary Care Dermatology conditions

## Aspiration

Dermatology becomes primarily a community based discipline

Technology improves speed of diagnosis and reduces cost

Technology used to provide more care remotely

## Challenge

Stimulate a mind shift in clinical practice

Governance processes restrict innovation

Tariff structure perpetuates face to face only

## Cure

Good working relationships with consultants

Ongoing discussions at national level to mitigate and resolve

Modify the tariff structure to allow innovation in dermatology services

# Community Services

## Service Offerings

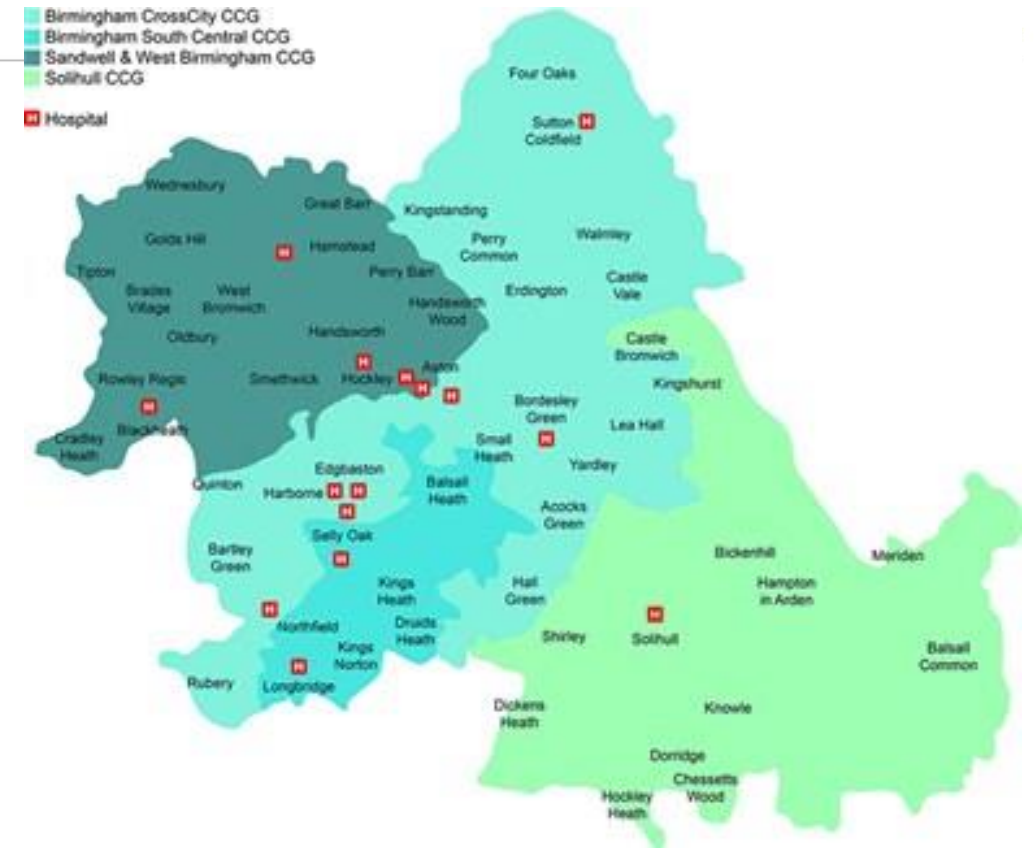
- **Dermatology:** Largest community dermatology service in the UK serving 1.5m patients across 3 CCGs – we deliver 11,000 consultations per year across 11 locations
- **Rheumatology:** Delivering more than 5000 consultations per year across 13 locations; Only primary care-led service in the UK to recruit patients into clinical research, led by Professor Chris Buckley from University of Oxford
- **Gynaecology:** First community-based gynaecology service offering day case procedures such as hysteroscopies
- **ENT:** Joint GPSI and Consultant MDT clinics within the community setting
- **Urology:** First community-based urology service offering day case procedures such as flexible cystoscopy
- **Cardiology:** First technologically integrated community service, all tests/investigations are accessible across both community and secondary care

## Service Benefits

- **Patients seen quickly:** First appointment offered within 4 weeks of referral
- **Patients seen locally:** We operate from 14 community based locations across Birmingham
- **Efficient service delivery:** Patients receive consultation and investigations within a single appointment
- **Financial benefit to commissioners:** Services delivered at 80% of National PbR tariff
- **Streamlined patient pathways:** Consultant support from local acute trust and direct listing for patients needing further care
- **Reduced duplication of care:** Integrated IT with local acute trust, ensuring that investigations /results can be accessed at hospital for those patients who re-present

# Making a difference locally

- Shifting care closer to home – we have 11 sites delivering this service across Birmingham
- Around 1.5 million people have access to our service across 3 CCG's
- Up-skilled workforce in primary care who can better manage dermatology patients in the community



# Community Dermatology Services

## Acceptance Criteria

- Referrals accepted for all adult and child dermatological conditions requiring specialist opinion

## Exclusion Criteria

- Suspected SCC or Malignant Melanoma
- High risk basal cell carcinoma
- Psoriasis or eczema patients who require DMARDs or systemic therapy
- Erythrodermic or systematically unwell patients requiring urgent assessment

## Referral

- Referrals made using standard referral template via ERS or email
- Referrals should be sent to [derm.lphc@nhs.net](mailto:derm.lphc@nhs.net)

## Service Queries

Clinical queries: [tracey.oshea@nhs.net](mailto:tracey.oshea@nhs.net)  
Admin queries: [derm.lphc@nhs.net](mailto:derm.lphc@nhs.net)

## Locations

- Laurie Pike Health Centre, Aston
- Enki Medical Practice, Handsworth
- Bellevue Medical Centre, Edgbaston
- Ann Jones Family Health Centre, Sparkbrook
- Smethwick Medical Practice, Smethwick
- Modality Medical SPA, Handsworth
- Handsworth Wood Medical Centre, Handsworth
- Coventry Road Medical Centre, Small Heath
- Swanswell Medical Centre, Acocks Green
- Poplars Surgery, Erdington

## Service Model



## Specialist Treatments Offered

- Roaccutane/acitretin
- Skin Prick Testing for allergy
- Camouflage
- Iontophoresis
- Intra-lesional steroid injections
- Cryotherapy
- DMARD monitoring
- Laser therapy
- Genital skin lesions and conditions

## Service Benefits

- Service accessible to over 250 practices across Birmingham & Sandwell
- Large clinical team including GPSIs, nurses, nurse surgeons and consultant input
- Service delivered from 10 community-based locations, with evening appointments to accommodate patient needs
- Delivered at 80% of PbR tariff

## Key Performance Indicators

Key performance indicator	How do we deliver?
Referral time to treatment: new consultations	Patients are seen within a maximum of 18 days
Onward referral rate	2% of patients are currently referred to secondary care
Triage and return of inappropriate referrals to referring GP	Referrals are triaged on the same day
New to review ratio	0.48%
Patient satisfaction	98% of patients would recommend the service to their friends and family
DNA rates	Current DNA rate is 11%

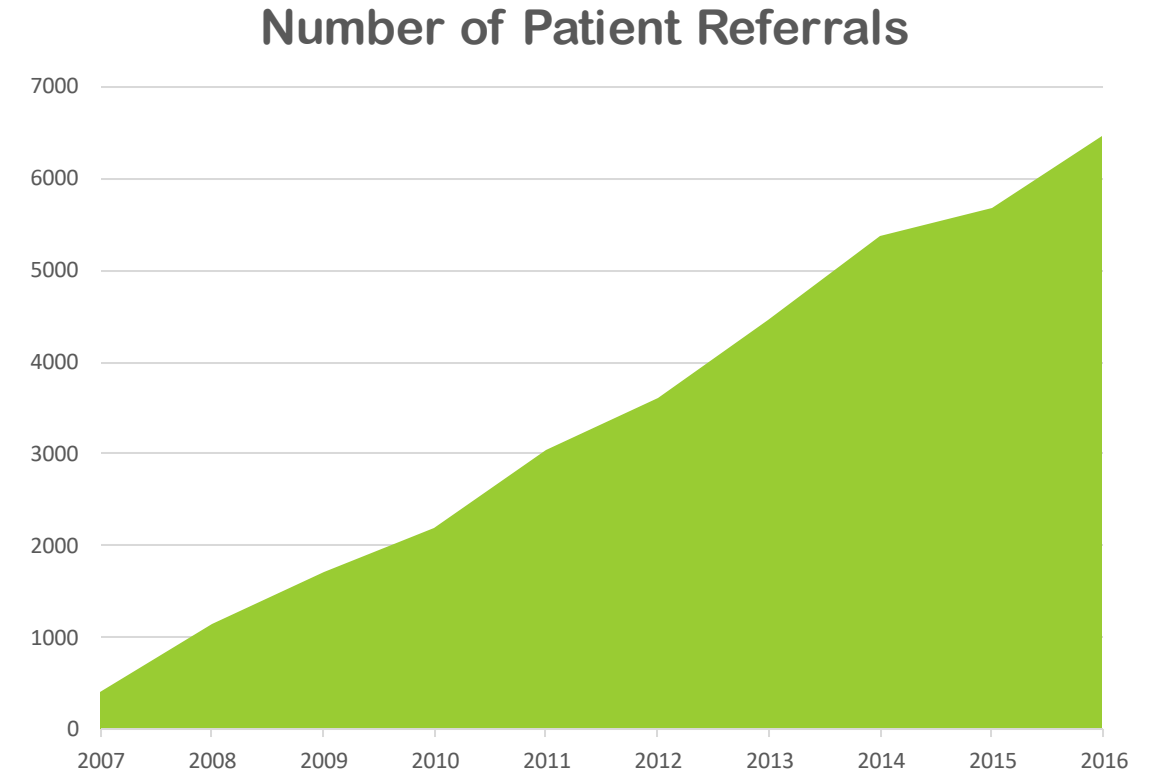
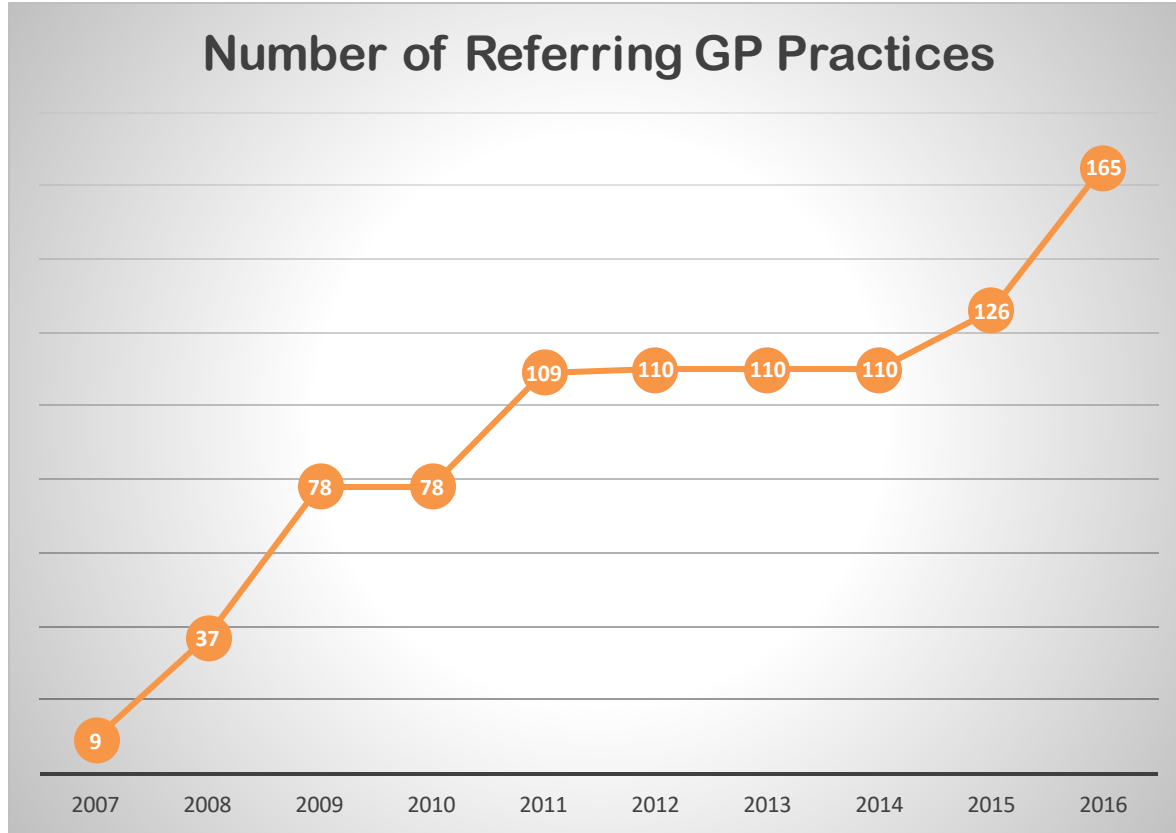


# Training Clinical Staff

- **Long lead in time: part time training for GP's**  
Cost of training has to be covered in-house
- **Gaining hospital experience/consultant references**
- **Unwillingness of hospitals to train up GP's**  
risk of reduced clinical exposure for hospital trainees
- **Tension between GMS and Specialist Services**  
Popular with trainees but cuts into GMS provision

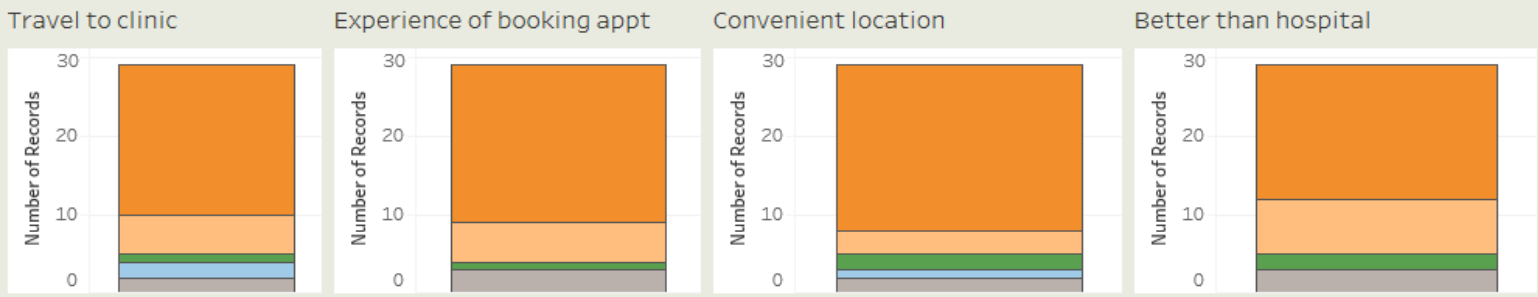
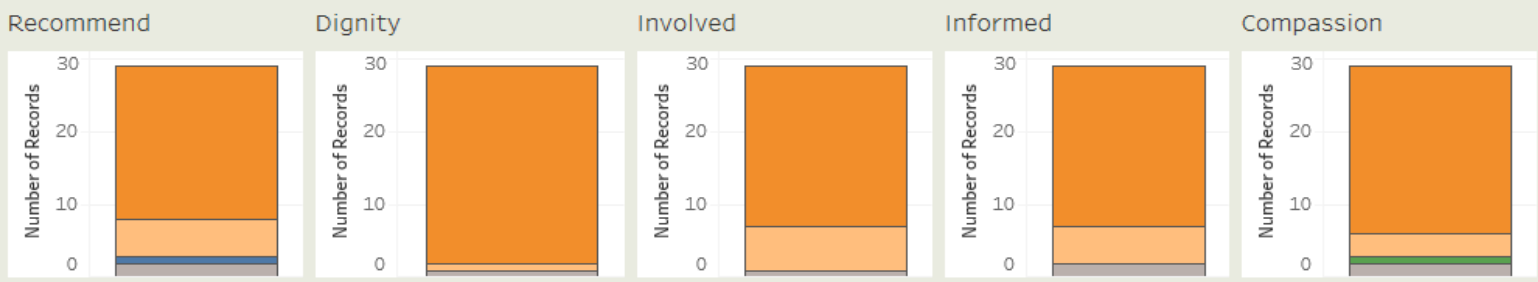


# Community Dermatology Service Referrals



**modality** Partnership **General Community Services** **iWantGreatCare**

Centre: (Multiple values) Service: Dermatology 5\* Score: 0 1 2 3 4 5 Date Review Completed: Last 3 months



Agree	Better or worse?	How good?	Recommend	5* Score	
Strongly Agree	Much better	Very good	Extremely Likely	5	■
Agree	Better	Good	Likely	4	■
Neither Agree Nor Disagr..	Neither better nor worse	Neither good nor bad	Neither Likely Not Unlikely	3	■
Disagree	Worse	Poor	Unlikely	2	■
Strongly Disagree	Much worse	Very poor	Extremely Unlikely	1	■
Not applicable	Not applicable	Not applicable	Not applicable	0	■

# Service benefits: happy patients equals happy referrers

Modality Partnership

Care Closer  
to Home

Reduce Patient  
Stress

Ease of Access  
for All

Flexible Opening  
Hours

Quick  
Response

Rapid  
Turnaround  
(2-4 Weeks)

Positive  
Patient  
Outcomes

Clinical  
Teams  
Supported

Clinical  
Quality

High Quality  
Information Sharing

Integration with GP  
Systems

Cost Effective  
Prescribing

## Dr Vidhu Mayor, GP Lead at Ann Jones Family Health Centre

*“Modality's dermatology team, are extremely helpful and obliging. The service is very accessible, particularly where co-located at a GP surgery. Their clinicians are all very approachable.*

*Waiting times are low and communications with practices are prompt and timely. All in all, it is a brilliant example of how care pathways in the NHS can be improved in the best interests of patients.”*



# Ensuring a Safe, High Quality Service

- **Community Service Reviews undertaken by the CCG**
- **RCGP/BAD Accreditation and Revalidation Process**
- **Regular Practice Audits**
- **Closer working relationships between Hospital and Community**
- **Enable a smoother, more efficient and effective patient journey**

# Modality Isotretinoin Audit 2017-18

## Comparison:

**Modality Community Dermatology Service : BAD 2013 National Audit**

**BAD: Survey monkey questionnaire to 1226 BAD members**

**336 (27.6%) responded = 1013 patients (3 each)**

**Modality: All Patients prescribed Isotretinoin April 2017- April 2018**

**339 patients**

## Regular Service Audits:

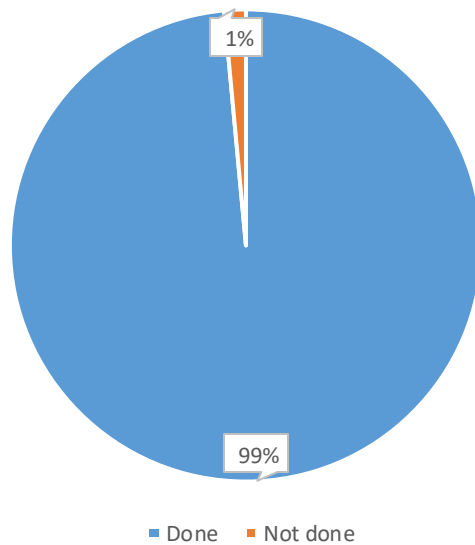
- **Histology: missed cancer or other serious pathology**
- **Post op Infection rates**
- **Significant Event Analysis**
- **Complaints Analysis**
- **Prescribing standards and Consistency**
- **PSQ's and Referrer satisfaction Surveys**

# LIPID PROFILE

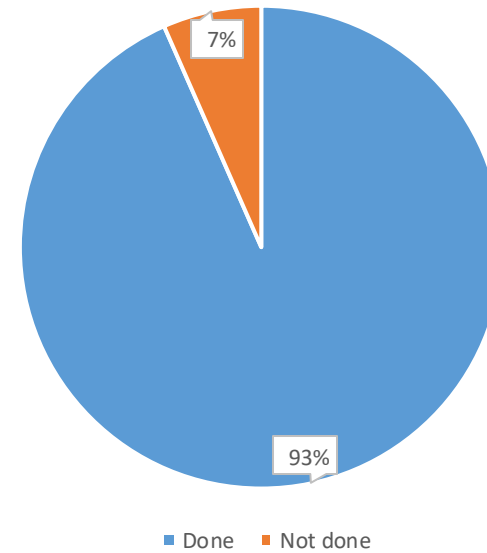
Modality

BAD

LFTs Lipid profile



LFTs Lipid profile

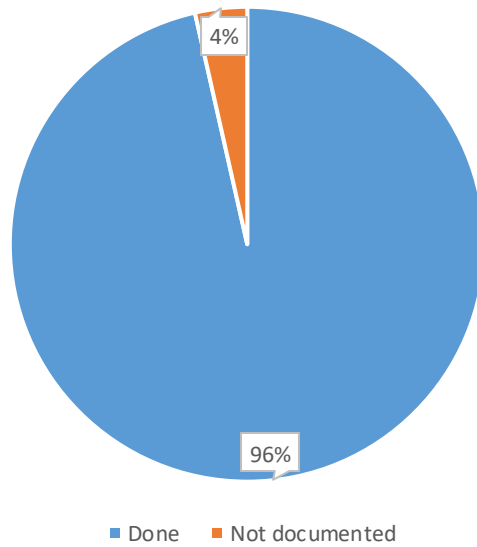




# MENTAL HEALTH

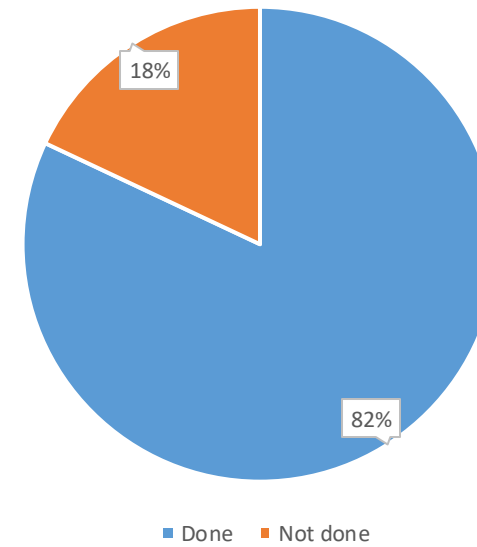
## Modality

Depression screening



## BAD

Depression screening

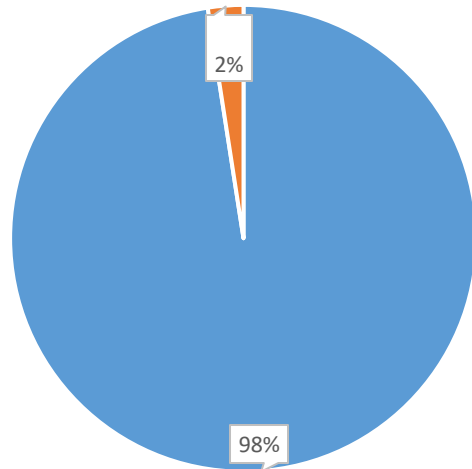


# PPP

## BAD

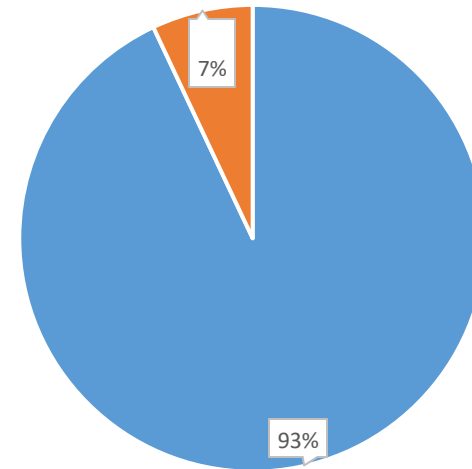
### Modality

Pregnancy test documentation



■ Done ■ Not documented

Pregnancy test documentation



■ Done ■ Not done

# Questions

