

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	04N NNCCG 0019
Service	NHS Nottingham and Nottinghamshire CCG Community Dermatology Service (including GPwSI advice & guidance and BCC triage service)
Commissioner Lead	NHS Nottingham and Nottinghamshire CCG
Provider Lead	Ram Patel – Radcliffe on Trent Health Centre
Period	1 st April 2020 – 31 st March 2022
Date of Review	Quarterly

1. Population Needs
<p>1.1 National/local context and evidence base</p> <p>National Context</p> <p>Over recent years, the NHS has been increasing its focus on improving the provision, access and quality of care provided outside of an acute hospital setting to meet new challenges as the population lives longer with more complex health needs. These aims continue through the Five Year Forward View, which asks the NHS to take advantage of the opportunities that science and technology offer to break down the barriers of how care is provided between GP's and hospital care, physical and mental health, health and social care. To deliver these aims Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services through far more care delivered locally.</p> <p>When considering the above stated national drivers for change in a local context, the following key challenges are apparent for NHS Nottingham and Nottinghamshire CCG:</p> <ul style="list-style-type: none"> • The residents of Rushcliffe have changing health needs, as people live longer and live with more long term and chronic diseases – putting pressure on health care provision • There is a need to deliver more planned and integrated care, provided earlier to our population in settings outside of hospital. Patients do not always need to receive hospital based care and alternative community based services can often be delivered to an equitable standard and be cost effective, whilst still maintaining a safe, quality service. <p>NHS Nottingham and Nottinghamshire CCG wishes to continue the existing community dermatology clinic and expand its scope to include a GP with specialist interest (GPwSI) advice and guidance service, and BCC triage clinic. The service will deliver triage and a mix of first and follow up appointments.</p> <p>The clinic will offer a service in the community which focuses on:</p> <ul style="list-style-type: none"> • Introducing an effective, well integrated patient pathway • Developing an enhanced understanding of the range and capacity of community based dermatology services to facilitate on-going service improvement and innovation

- Continuity of care for patients through education and advice to primary care practitioners in the management of common dermatology conditions
- Improve support to patients for self-care and shared decision making
- Reducing the number of inappropriate referrals to secondary care for diagnosis, treatment and management of conditions
- Achieving value for money

The pilot supports NHS Outcomes Framework 2015/16, Domain four: Ensuring that people have a positive experience of care.

Local Context

NHS Nottingham and Nottinghamshire CCG will continue to have to make financial efficiencies as part of the Quality Improvement Productivity and Prevention (QIPP) agenda.

This service supports the QIPP principles:

- **Quality:** Patients will receive optimal management of their condition, integrated care, where appropriate closer to home and will be empowered to self-manage their condition
- **Innovation:** This service will fully integrate the patients care across primary and secondary care
- **Productivity:** The service will reduce secondary care 1st outpatient and follow up appointments
- **Prevention:** Early intervention by the most appropriate clinician/service will reduce complexity and delays. Patients will receive self-management information and clinical education will support patient education.

Evidence Base

Whilst NHS Nottingham and Nottinghamshire CCG practices have made significant progress in reviewing their referral patterns there is still significant variation between them. NHS Nottingham and Nottinghamshire CCG aims to reduce practice variation and bring care closer to home for its patients.

Within NHS Nottingham and Nottinghamshire CCG, there has been a number of successful community services that have reduced the demand on secondary care services, these include;

- Community Trauma and Orthopaedics service – reduced GP referred first outpatient appointments to T&O by 24% from 2015/16 to 2016/17
- Community Gynaecology Service - reduced GP referred first outpatient appointments to Gynaecology by 22% from 2015/16 to 2016/17
- Nottingham Digestive Disease Interface – early data shows that the service reduces GP referred first outpatient appointments by up to 30%.

The existing community dermatology service has demonstrated that it is able to treat patients within the community. Fewer than 9% of appointments result in an onward referral to secondary care.

A previous pilot of a community BCC triage service has also been shown to be effective. All BCC referrals to secondary care were triaged within a face to face clinic, with around 50% of patients discharged back to primary care with management advice.

This fits with the strategic vision of NHS Nottingham and Nottinghamshire CCG to deliver care close to home and aligns with the MCP development. The overall aim is for the service is to provide patients with comprehensive assessment, diagnosis and wherever possible treatment for patients with dermatological conditions. The expectation is that patients shall be treated in the community and only referred to hospital when there is a definite need for hospital based specialist services.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2 Local Defined Outcomes

- Improved clinical outcomes for patients
- Improved patient experience of dermatology services
- Reduced attendance at hospital for dermatological related conditions
- A local cost-effective service
- Improved education of primary care in the management of dermatological conditions
- Increased patient education
- Clear pathway delivering an integrated service

3. Scope

3.1 Service Overview

The NHS Nottingham and Nottinghamshire CCG Community Dermatology Service will have 3 key elements:

1. GPwSI triage/advice and guidance service
2. Community medical dermatology clinic
3. Basal Cell Carcinoma (BCC) triage clinic.

The service will deliver a range of interventions, providing an alternative community setting for first and follow up appointments.

The service will accept referrals for:

GPwSI triage/ advice and guidance service	Community Medical Dermatology Clinic	Basal Cell Carcinoma (BCC) triage clinic.
	<ul style="list-style-type: none"> • Eczema • Psoriasis not requiring PUVA treatment 	

	<ul style="list-style-type: none"> • Acne vulgaris not requiring Isotretinoin • Rosacea, seborrhoeic eczema, perioral dermatitis, discoid lupus erythematosus • Lichenoid planus, lichen simplex • Skin infections and infestations, including bacterial and fungal • Scabies • Urticaria • Bowen's Disease • Actinic keratosis • Nail infections • Non-scarring Alopecia • Disorders of pigmentation, e.g. Melasma, Vitiligo • Benign skin lesions to confirm uncertain diagnosis. 	
--	---	--

Patients with the following conditions will not be seen in the community clinic but will be continue to be dealt with under the pre-existing arrangements in secondary care:

- 2WW melanoma and SCC
- Vulval disorders
- Leg ulcers
- Blistering disorders eg pemphigoid/pemphigus
- Viral warts (unless painful and patient has tried all other treatments)
- Benign skin lesions for excision (unless referring for diagnosis only)

3.2 Aims and Objectives of Service

The aims and objectives of the community dermatology service are:

Aims	Objectives
1. Increase the number of patients managed in primary care and community settings where appropriate	<ul style="list-style-type: none"> • Empower patients where appropriate, to self-manage a diagnosed long term condition for example by producing educational literature and sign posting to relevant support groups • Provide a multi-skilled approach to assessment; diagnosis and treatment of dermatological conditions • Through the triage process support GP practices with education and knowledge to improve primary care compliance with approved dermatology primary care pathways supporting the reduction of clinical variation in primary care and contributing to a reduction in the number of secondary care referrals
2. Demonstrate cost effectiveness	<ul style="list-style-type: none"> • Produce robust data collection in line with NHS Nottingham and Nottinghamshire CCGs expectations

	<p>that also includes patient satisfaction and health outcomes, which provides intelligence to inform future service design and development</p> <ul style="list-style-type: none"> • Actively promote the service to ensure the activity plan is met.
3. Integrate services across primary and secondary care	<ul style="list-style-type: none"> • To develop and progress working relationships with other providers of dermatology services to enhance service provision across the clinical pathway, that supports an improvement in patient experience.
4. Deliver a service valued by patients and clinicians.	<ul style="list-style-type: none"> • Demonstrate patient satisfaction through patient satisfaction surveys • Provide sensitive services according to culture, age and ethnicity • Actively seek opinion of the service from local clinicians and act on the feedback given.
5. To help maintain the waiting times in secondary care and contribute to meeting the 18 week RTT pathway.	<ul style="list-style-type: none"> • Deliver elements of the service within the set timescales. • The service will act as an “interface service” according to RTT guidance

3.3 Service description

The key characteristics of the NHS Nottingham and Nottinghamshire CCG community dermatology service are as follows:

- To provide GPwSI led advice and guidance to GPs within NHS Nottingham and Nottinghamshire CCG
- To deliver assessment, diagnosis and a treatment plan / treatment for patients wherever possible in the same visit
- Provide step-up expert management of patients for a limited time, until agreed clinical targets have been achieved
- Ensure patients are discharged back to primary care with an agreed treatment plan or when clinically appropriate refer onto a secondary care provider of their choice, with all details of their assessment and treatment to date provided as part of the patient’s management plan
- To offer those patients that require surgery onward referral to an appropriate secondary care provider of their choice, with all details of their assessment and treatment to date provided as part of the patient’s management plan
- Offer step-down management (if clinically indicated) of patients referred to the service from secondary care, and in line with above, transfer onwards to primary care with a treatment plan once clinical targets have been achieved
- Provide monthly data to NHS Nottingham and Nottinghamshire CCG to facilitate evaluation of the service against its objectives, activity plan and financial modelling.

Response/Waiting times:

- The advice and guidance service will be expected to respond within 2 working days.
- The community medical dermatology service will be required to see patients within 6 weeks of receipt of referral
- Those requiring an appointment within the BCC clinic should be seen within 2 weeks of referral.

3.4 Service Activity

GPwSI Advice and Guidance

It is anticipated that there will be 12 advice and guidance referrals per week. Given the nature of the service, the service will be required to operate for 52 weeks per year. The anticipated activity plan is therefore 624 advice and guidance responses per year.

Clinics

The maximum activity per clinic type is shown below:

Activity per Clinic			
Clinic Type	First Appointments	Follow up Appointments	Total
Medical Dermatology	6	7	13
BCC triage	10	2	12

It is expected that there will routinely be two medical dermatology clinics per week and two BCC triage clinics per week. The capacity is based on clinicians delivering the service for 46 weeks, however ideally the service will operate weekly for 52 weeks of the year (at a reduced capacity in some weeks). The service will be expected to deliver 85% slot utilisation.

Activity per Year			
	Per Week (2 clinics per week)	46 Weeks	85% Slot Utilisation
Community medical dermatology firsts appointments	12	552	469
Community medical dermatology follow up appointments	18	828	704
Community BCC triage clinic first appointments	20	920	782
Community BCC triage clinic follow up appointments	N/A	N/A	N/A

Follow up appointments should be kept to a minimum and should not exceed a ratio of 1:1.5 for the routine medical dermatology clinic. The BCC triage clinic will have a small number of follow ups, however the amount is not yet know. As a guide, follow ups should not exceed a ratio of 1:0.3.

The total anticipated annual activity plan is shown below:

Activity Description	Activity
----------------------	----------

Advice and guidance requests	624
Community medical dermatology firsts appointments	469
Community medical dermatology follow up appointments	704
Community BCC triage clinic first appointments	782
Community BCC triage clinic follow up appointments	N/A