SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Community Dermatology Services
Commissioner Lead	NHS Mansfield & Ashfield CCG and NHS Newark & Sherwood CCG
Provider Lead	
Period	1st January 2018– 31st March 2019
Date of Review	July 2018

1. Population Needs

1.1 National/local context and evidence base

Skin disease is a common and distressing problem. It is estimated that of the nearly 13 million people presenting to General Practitioners with a skin problem each year in England and Wales, around 6.1% (0.8 million) are referred for specialist advice. Most (92%) are referred to NHS specialists rather than private dermatologists.[1]

Whilst there are some 3000 dermatological diseases, 10 of them (eczema, psoriasis, acne, urticaria, rosacea, infections/ infestations, leg ulcers and gravitational disorders, lichen planus and drug rashes) account for 80% of consultations for skin disease in General Practice.

Although it is the case that the commonest disorders are not life threatening, if not treated appropriately, patients can suffer harm and longer term health problems. Many of the rare and some of the severe common skin conditions have an associated morbidity and mortality, thus early and accurate diagnosis is critical to appropriate management. For those disorders that are not life threatening, the psychological impact on everyday life, work, social interactions and healthy living are substantial.

Evidence from past audit and lessons learned from other NHS organisations across the country have identified that many patients with dermatological conditions do not necessarily require the intervention of acute services. Most patients can be managed in a primary care setting or by self-care with support from a primary care clinician.

This service specification is aimed at Level 3, the GP with Special interest in Dermatology(GPwSI) Within Mid Nottinghamshire across the 2 CCG's, Mansfield & Ashfield CCG and Newark & Sherwood CCG, a new service of tele dermatology recently was commissioned in October 2017. This service was introduced as at that time the local secondary care provider King's Mill Hospital had had to close to routine GP referrals for Dermatology due to the lack of Consultant Dermatology capacity and the closure of a Community Dermatology service at Newark Hospital which was supported by a GPwSI. Unfortunately due to the sudden death of the GPwSI the service had to close, resulting in more demand for secondary care service at Kings Mill Hospital.

[1] Skin Conditions in the UK: A Health Care Needs Assessment: Schofield, Grindlay, Williams 2009

The tele dermatology service has been welcomed by the GP's within Mid Nottinghamshire (Mid Notts) but it is recognised that there are many patients who could be treated quickly and effectively within a Primary Care setting through the provision of a Community Dermatology service.
A highly experienced Dermatology GPwSI has recently moved into a practice within Mid Notts. At their previous practice they were running a very successful triage of GP dermatology referral system and providing community dermatology clinics. It has also become apparent that there are several GP's with a Dermatology diploma who wish to utilize their dermatology knowledge and skills to more patients than within their own practice.
Therefore if a Community Dermatology triage of referrals and community dermatology service was added to the current secondary care and tele dermatology services it would result in patients being seen, assessed and treated quicker by the most appropriate skilled clinician in the right setting. This would enable all suitable activity being managed in a primary care/community setting to allow secondary care specialists time to focus on the conditions which only they can manage.
A copy of the Dermatology Pathway to be implemented across Mid Notts can be found as Appendix 1.

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**	**X**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**X**
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**	**X**

2.2 Local defined outcomes

The Provider shall offer a patient-focused and easily accessible service.
The Provider(s) will work together to ensure that the service is available to 100% of the Locality (as defined by the CCG) population.
Other outcomes of the service are to;-

- More equitable access and treatment of dermatology service users across Mid Notts.
- A reduction in referrals to secondary care services and a reduction in the number of follow ups across all levels of care
- Increased Service User satisfaction with dermatology services.
- Early access to treatment with resulting improved health outcome
- Care provided closer to the service users' homes
- Integrated care pathway resulting in improved communication between specialist clinicians and general Practionners.
- Improved quality of care within primary and community settings
- Increased Service User choice
- Improved access to advice and information and increased knowledge and awareness of dermatology referral pathways within Mid Notts.
- A reduction of inappropriate 1st out-patient referrals to secondary care services to meet local QIPP initiatives

- Financial savings as a result of a reduction in face-to-face referrals.
- Reduced waiting times for patients who need to access specialist consultations,
- More equitable access and treatment of dermatology service for users across Mid Nottinghamshire

3. Scope

3.1 Aims and objectives of service

The aim of this specification is to equip commissioners, Providers and practitioners with the necessary knowledge, service and implementation details to safely deliver a high quality, Dermatology Service. The specification is a means of improving Service User's health and quality of life by providing Service User-centred, systematic and ongoing support.

Primary care and commissioners have a responsibility to improve access for service users by providing alternatives to traditional hospital-based services. In line with the principles of Implementing Care Closer to Home (timely, efficient, effective, equitable, Service User-centred and safe care) in mid Nottinghamshire the service can be accessed via referral from a general practitioner (from within the county) to a choice of local providers. In addition the provider of the tele dermatology service will be able to refer patients onto this service.

(Implementing care closer to home: Convenient quality care for service users - Department of Health (DH) (April 2007) (Gateway Reference: 7954))

This Service is available to all adult patients, and children with eczema(subject to Consultant Dermatologist agreement), registered with participating GP practices

The service will provide the following elements:

- Appointment system and review/triage of all routine GP referrals
- Assessment, investigation and treatment of service users referred to the service
- Provision of a range of clinical interventions, including skin surgery, liquid nitrogen cryotherapy, and the use of oral and topical treatments as indicated
- Diagnosis and management of non-malignant and pre-malignant skin lesions and low risk basal cell carcinomas in line with NICE Guidance. Where there is doubt about the lesion being low or high risk, these service users should be directly referred to a secondary care Dermatology Consultant.
- Assessment and treatment of skin lesions that would otherwise have been referred into secondary care.
- Access to a full range of diagnostics including phlebotomy, histology, microbiology and reporting of results.
- Service User advice and education including Service User information leaflets and signposting to other support services including local and national Service User support groups.
- Initial treatment if required
- Follow up will be offered as detailed in the CCG's commissioning intentions/principles and will only be when there is evidence/need for specialist intervention/procedure.
- Follow up letters to referring General Practionners will include treatment plan, and after-care.
- Links with other services in order that the full holistic needs of the Service user will be met (for example psychological support, podiatry, cosmetic camouflage services)
- Provision of informal occasional advice and support to local Practionners through non face- to-face contact (e.g. telephone, internet or other means) in the management of those dermatological conditions within the expertise of the Provider. Note the Provider is not expected to provide a full advice and guidance service as part of this service specification.
- Liaison with and provide support for other dermatology GPwSI in the area or GP's with dermatology diplomas.
- Referral to consultant care (including 2week wait) for service users who require specialist management.
- Maintenance of a full clinical register and record of all service users seen within the service.

3.2 Service description/care pathway

The Provider shall:-

- GPwSI will deliver the appropriate group of dermatology service in line with their accreditation
- This specification distinguishes for the requirements for Group 3: Dermatology, skin surgery and skin cancer and the requirements for skin lesion GPwSI: skin lesions and skin surgery including skin cancer community services.
- The Level 3 Dermatology Service should manage a range of dermatological conditions ,including the management of low risk BCCs where appropriate which are in line with Implementing care closer to home (DH 2007) Part 1-3 and the 'Revised guidance and competences for the provision services using GPwSI 2011'.
- Services that could be provided by GP's with a special interest in Dermatology are:-
    - Diagnosis and management of moderate skin conditions
    - Follow up of patients with moderate skin conditions
    - Telephone advice for local GP's
    - Management of mild to moderate forms of common rashes in adults such as eczema, psoriasis, urticaria, fungal infections
    - Premalignant skin lesions such as solar keratosis or Bowen's disease
    - Low risk BCC's on trunks and limbs in line with NICE skin cancer guidance
    - Mild to moderate acne not requiring isotretinoin
    - Diagnosis, investigation or management of other chronic rashes
    - Conditions of hair, scalp and nails
    - Some genital dermatology
    - Medication review
    - Management and advice including follow up of skin cancer conditions treated in secondary care by agreement.
- Services that providers are not expected to undertake, and should be provided by acute providers are:-
    - Severe inflammatory skin disease requiring non-conventional therapy
    - Specialised skin surgery
    - Laser treatment
    - Life threatening skin disease
    - Severe paediatric skin disease
    - Photo – investigation and specialised photo-dermatology
    - Specialised skin cancer
    - Genital dermatology
    - Non-malignant lymphoedema
    - HIV and infectious disease of the skin
    - Leprosy
    - Specialised derma pathology
    - Medical mycology
    - Occupational dermatoses and contact dermatoses
    - Genetic dermatology

3.3 Service Outline

- All referrals from GP's to Community dermatology triage service, should be received via Systm One and will be reviewed within 72 hours of receipt.
- Upon receipt of the referral the Provider will review the referral for any information that may indicate that the procedure is not appropriate either for this setting or for the Service User.
- If the referral is received from an out of county GP practice then the Provider will notify the commissioner immediately. The Commissioner will need to liaise with the respective organisation to ensure that this is agreed and a funding process is put in place. The Service User cannot be booked for an appointment until this has been confirmed the Provider should advise the referring GP that this process is being undertaken.
- Provide appropriate and timely follow up as agreed and in line with the CCG's commissioning principles

- Monthly spreadsheet to be completed by practices using specific. Read Codes (details to follow). This information will be used to back up a monthly invoice submitted from the practice for payment.
- Production of an up to date register of dermatology patients.
- Production of an appropriate GP record. The patient's record on SystmOne should have adequate recording regarding the patient's clinical history, assessment, diagnosis and any treatment, or procedures given or recommended.
- The Provider will discharge the patient's record back to the referring practice once the patient no longer requires to be seen by a Community Dermatology service,
- If the patient fails to attend an appointment or does not book an appointment within 4 weeks of referral the Provider will record this in the patient's notes and discharge the patient from its list. The provider will inform the referring practice and the patient in writing that the patient has been discharged.
- If the patient fails to attend or book an appointment the Provider will discharge the patients records back to the referring practice.
- Forward the referral to secondary care when necessary and in a timely manner.
- The Provider must ensure the service has administrative support and appropriate staff to ensure the clinics run efficiently, an adequate means of record keeping including a failsafe record to ensure that all results are actioned appropriately and reported to the Service User in a timely fashion(particularly important for histopathology reports).

3.4 Training/Accreditation

- To be accredited General Practitioners providing the Community dermatology service are to demonstrate that they have core competencies and have completed recognised training. The core competencies are both knowledge-based and practical.
- Acquisition of the knowledge may be demonstrated in different ways:
  - Diploma in Practical Dermatology
  - Evidence of experience in a Dermatology Department, under direct supervision with a Consultant in secondary care. The number of sessions should be sufficient to ensure that the doctor is able to meet the requirement and skills needed for the service.
  - Self-directed learning, with evidence of the completion of individual tasks
  - Attendance at recognised meetings/lectures in relevant topics.
- Acquisition of practical skills may be demonstrated in different ways:-
  - Evidence or prior experience in a dermatology department
  - Formal assessments undertaken during a GPwSI programme, for example, mini clinical examinations (Mini-CEX), direct observation of procedural skills (DOPS), case-based discussion (CbD), objective structured clinical examination (OSCE) etc.
- Providers will be expected to demonstrate with evidence that their clinicians fulfill all the core clinical competencies as specified in the document: "Guidance and Competencies for the Provision of Services using GPs with Special Interests (GPwSI) – Dermatology and Skin Surgery" published by the Department of Health in April 2007, Gateway reference 7954 and any subsequent revisions. Providers will also be responsible for the supervision of their clinical assistants. Clinical assistants will be able to demonstrate plans for continuing professional development, including Personal Development Portfolios, again in accordance with the specifications in the Department of Health GPwSI Dermatology and Skin Surgery Guidance. This must include and demonstrate arrangements for regular mentoring by a secondary care Dermatology Consultant, to include bi monthly clinical meetings and must also include an annual appraisal.
- Providers will be expected to provide documentary evidence of all required qualifications, training and accreditation, insurance and membership of professional bodies for their clinicians. Clinicians should demonstrate membership of either the British Association of Dermatologists (BAD) and/or the Primary Care Dermatology Society.
- Providers must demonstrate and provide documentary evidence to show that they and all other clinical staff have undertaken resuscitation updates in the previous 12 months.
- Providers must provide documentary evidence to show that all staffs have passed the relevant CRB checks.

3.5 Information Governance

- Providers must provide such IM&T systems and infrastructure as is necessary to support the delivery of the specified service, contract management and business processes.

- Providers must have in place appropriate, secure and well managed IM&T systems which properly support the efficient delivery of the service.
- Providers must have a designated Caldicott Guardian and lead for Information Governance and must meet the requirements of the NHS Information Governance Toolkit. Providers will ensure that appropriate security and confidentiality measures are in place for the handling of data and transit of data at all times.
- Providers must comply with the National Patient Safety Agency Safer Practice Notice NPSA/2008/SPN001. In particular Providers must use the NHS Number as the National identifier for al patients.
- Providers IM&T systems must be effective for referrals and bookings including appointment booking, scheduling, tracking, management and onward referral of patients for further specialised care.
- Providers are expected to provide information with respect to details of interventions, medication etc to the patient's registered GP practice in a timely and secure manner. As the patient's medical records will be updated in real time any formal letters to the patients GP need to be sent within three weeks when their care and treatment has been completed.

3.6 Information Requirements

- Providers should note that the data they supply may be used by Mid Notts CCG for data quality reviews, contract and performance management, health needs assessment, resource allocation, audit, service planning and delivery and strategy formulation. Providers must ensure that data is held and managed in a secure environment within strict confidentiality rules.

3.7 Patient satisfaction

Providers will conduct a patient survey after 6months and then on an annual basis to gauge the overall patient experience.

3.8 Premises

- The building utilities must be well designed and maintained, with cleanliness levels in clinical and non-clinical areas that meet the national specification for NHS premises. Rooms should be large enough to carry out an assessment of a patient and allow privacy for the patient during their treatment.
- Adequate and appropriate equipment should be available for the clinician to undertake the treatments chosen and should also include equipment for resuscitation.
- The treatment room – should have adequate light source e.g. an adjustable examination light, should be large enough to approach the examination couch or chair from both sides if necessary and have adequate space for an instrument trolley and assistant; should be clean and easily cleaned to a high standard i.e. non-permeable floor and wall coverings and disposable curtains; should contain adequate hand washing facilities.

- The examination couch or chair- must be large enough for a large adult.
- Providers must demonstrate that they have systems in place for instrument sterilisation which comply with National guidelines.
- Systems must also be in place to ensure regular and appropriate inspection, calibration, maintenance and replacement of equipment, disposal of sharps and waste management.
- The provider must confirm that the premises and service will comply with all statutory requirements and are fit for clinical purpose.
- Providers will be required to audit infection rates on a regular basis and report the results to the CCG.

3.9 Population covered

The Provider(s) will work together to ensure that the service is available to 100% of the patients in the 2 CCG's i.e. population of Mansfield & Ashfield CCG and Newark & Sherwood CCG.

3.91 Any acceptance and exclusion criteria and thresholds

The service is to be available to all patients meeting the following criteria:

- Registered patients within Mansfield & Ashfield CCG or Newark & Sherwood CCG

- Patients who have consented to their records being shared with the provider practice if appropriate.
- Able to attend surgery premises

3.92 Interdependence with other services/providers

The Provider shall undertake to refer patients when appropriate promptly to other necessary services and to the relevant support agencies using locally agreed guidelines where these exist.

The Provider shall ensure that, where appropriate to the service, interdependences are built with the following service providers:
Acute Services
Community Services
Voluntary Sector Organisations
NHS England

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

- Our Health, Our Care, Our Say; A new Direction for Community Services(Department of Health: January 2006)
- Improving Outcomes for People with Skin Tumours including Melanoma(NICE)
- Implementing Outcomes Guidance for Skin Cancer(NICE)
- Guidelines for the appointment of General Practionners with Special Interests in the Delivery of Clinical Services – Dermatology (DoH, April 2003)
- Guidance and Competencies for the Provision of Services using GP's with Special Interests (GPwSI) – Dermatology and Skin Surgery (DoH, April 2007)
- Implementing Care closer to home: Convenient Quality care for Service Users – Part 3: The Accreditation of GP's and Pharmacists with Special Interests (DoH, 2011)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

- British Association of Dermatologists
- Model of Integrated Service Delivery in Dermatology (2007)
- Quality Standards for Dermatology: Providing the Right Care for People with Skin Conditions
- Manual for Cancer Service: Draft Revised Community Skin Measures(National Cancer Action Team, December 2014 Version 1.2)

4.3 Applicable local standards

Not applicable

5. Applicable quality requirements

5.1 Applicable Quality Requirements

- The Practice must be CQC registered.
- The service must be provided by an appropriately trained individual as detailed in Section 3.4 Training/Accreditation
- A record of the information that meets National Contract Quality Standards should be made in the patient record.
- The Practice will provide adequate facilities including premises and equipment, as are necessary to enable the proper provision of treatment including facilities, see Section 3.8
- Practices must have infection control policies that are compliant with national guidelines including inter alia the handling of used instruments and the disposal of clinical waste.
- The Provider will notify the CCG of any significant events, near misses, complaints about the service and fully co-operate in any investigations.

Reporting Requirements

Service Objective	Performance Indicators	Data required	Data collection method
1. The service will reduce the number of unnecessary referrals to secondary care for routine dermatology referrals from GP's that can safely and effectively be managed in a Primary/Community setting.	CCG figures on reduction in routine GP referrals for Dermatology	CCG practice performance report	CCG to report from SUS data. Data already collected by CCG
2. Patients will be seen in the Community Dermatology clinic within 4 weeks from referral.	Capacity is adequate to deal with demand. Patients are seen in a timely manner and the service is clinically safe.	Number of new appointments used for Community Dermatology appointments	Provider to obtain data from SystmOne and report to CCG at the end of each month for both appointment types.
3. The service will provide a high quality service, providing clinical care which is effective and will be positively evaluated by patients, carers and GPs.	Service meets expectations of a high majority of key stakeholders. There are zero patient "near miss" or "serious incidents"	Measure of satisfaction with service of key stakeholders Measures of clinical effectiveness	**Six Monthly (end June 2018) Quality Evaluation Report to include:** Survey of GPs Patient / carer satisfaction survey Case studies Significant event analysis Complaints Accolades Standard of record keeping. PACT data prescribing audit – prescribing in line with Notts guidelines

6. Location of Provider Premises

The Provider's Premises are located at:
[insert name of GP Practice]
And will cover the patients registered at the following CCG(s):
Mansfield & Ashfield CCG and Newark & Sherwood CCG

7. Individual Service User Placement

8. Payment Arrangements

A payment will be made of £70 per first new Community Dermatology outpatient appointment. It is acknowledged that appointments will usually take a total of 20 minutes long and that some may be longer or shorter than this time.

A payment will be made of £35 per follow up Community Dermatology outpatient appointment. It is acknowledged that appointments will usually take a total of 10 minutes long and some may be longer or shorter than this time.

Claiming for the Service
A claim for the provision of services should be made in the month after the process is commenced. The names of patients for whom the claims have been made should be retained for audit purposes.

A template spreadsheet will be sent from the CCG for completion & return, on either a monthly or quarterly basis.

Monitoring
Practices will be visited to ensure that the standards of the service have been met and that claims are correct under the National Contract General Condition 15 rules. Any patient records requested by the CCG must be anonymised by the practice, and possibly use the local clinical system patient number for identification, where available.