CATCH
Local Commissioning Group
Cambridgeshire Association to Commission Health

Cam Health
Local Commissioning Group

MEETING: **CAMBRIDGE SYSTEM JOINT TRANSFORMATION BOARD**

AGENDA ITEM:

DATE: **6TH FEBRUARY 2014**

TITLE: **COMMUNITY DERMATOLOGY SERVICE**

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FOR: **DISCUSSION & RECOMMENDATION**

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1. Current Model

CATCH and Cam Health GPs make 5000 new referrals to the CUHFT Dermatology Service per annum. First outpatient appointments for the first 8 months of 2013/14 have increased by 24% compared to the same period last year across CATCH and Cam Health combined. Rates of referral per 1000/weighted patient population have also increased in the same time period for both LCGs.

The 2 Week Wait referral pathway accounts for 38% of dermatology referrals, approximately 1900 per annum in total for the Cambridge system.

Some issues with the current service provision are:

- Long wait for patients to be seen – up to 12 weeks for a 1st appointment.
- High First to Follow Up ratio (1.83)

These referrals result in the following activity at CUH. Please note that some referrals result in a first appointment and a procedure, and some only an appointment, so the activity numbers below for 2WW, for example, do not directly match the number of referrals made.

2. Proposed Model

There may be an opportunity to reduce waiting times for patients and costs for commissioners by partly moving to a consultant-led community based service.

Other parts of the country have successfully implemented a model of community dermatology care. There are a number of potential providers nationally including DMC Healthcare and Virgin Care. For the purpose of this case we have used the model of care and tariffs provided by DMC Healthcare who are well established. The model they provide also offers a consultant led option rather than consultant supervised, which would offer the

preferred level of clinical governance. Those CCGs who have already commissioned DMC Healthcare include: Eastern and Coastal Kent, North East Essex, Redbridge and Castle Point.

A DMC Healthcare Community Dermatology Service would offer a maximum 4 week waiting time. Care is provided in a consultant led clinic, supported by 2 local GPs and 2 Healthcare Assistants (HCAs), who are permanently employed by DMC Healthcare. Across CATCH and Cam Health 9 GPs have expressed an initial interest in participating in the clinic, and would do so on a rotational basis. In this way the learning can be shared with these GPS and disseminated further to practice colleagues.

Referrals are made via Choose & Book. Paper referrals are accepted by DMC although C&B is preferred. Due to the requirement of seeing the patient with 4 weeks, the DMC admin team will contact the patient directly to arrange the appointment details.

DMC Healthcare consultants triage the referrals daily at their London based Head Office and assign the patient depending on complexity to the consultant's or GP's list within the clinic. There is always a consultant present throughout each clinic, so if a GP has a query relating to a particular patient, they can quickly obtain consultant advice and review. Formal educational time for the GPs is also built in to each clinic day.

It is important to note that a percentage of the non 2 WW referrals received by the provider may need to be upgraded and referred on, either on triage or at the 1st appointment. This has been modelled at 5% for the purposes of this case.

3. Inclusions/Exclusions

All non 2WW referrals could be directed to the new community service, with the exception of patients requiring PUVA.

Inclusions:

- Acne
- Rosacea
- Urticaria
- Warts
- Molloscum contagiosum
- Solar keratosis
- Psoriasis
- Vulval skin conditions
- Loss of hair / hair conditions
- Female genital dermatoses
- Nail dystrophy
- Dermatitis
- Benign skin lesions
- Unknown skin conditions
- Leg Ulcers
- Skin infections
- Actinic keratosis
- Cutaneous horns
- Allergy
- Mole review

Minor Surgery Inclusions:

- Cryotherapy
- Biopsies
- Patch testing
- Curettage
- Scrapings
- Minor procedures

Exclusions:

- 2WW Referrals
  - Squamous Cell Carcinoma (SCC)
  - Malignant Melanoma (MM)
- Patients requiring PUVA treatment

Following these inclusions / exclusions, the following activity could be suitable for management in a community clinic:

CUH dermatology activity, Full Year Effect estimated, 2013/14

	Activity	2WW	Non 2WW	↑2WW (5%)	**Potential Community Activity**
1st Appointment	2500	950	1,550	78	**1472**
Procedures	2800	1064	1736	87	**1649**
Follow Ups	6000	2,280	3780	189	**3720**

4. Clinically Complex Conditions

All referrals will be triaged by DMC Healthcare consultants daily, and patients with more complex conditions will be booked on to the consultant's list. Any condition not covered by the 2WW referral pathway, or requiring PUVA treatment, can be managed by the community service. Particular details of some pathways/issues are described below:

a. Roaccutane Treatment

Patients with severe acne requiring a course of Roaccutane will be included in the community Dermatology pathway and seen by DMC Healthcare.

Description	DMC Tariff	CUHFT Tariff
Roaccutane treatment	[redacted]	[redacted]

b. Prescribing

Drugs that cannot be acquired from a Pharmacy, such as Methrotrexate, will be dispensed by the DMC consultant in the clinic.

c. PUVA

Patients requiring treatment with Psoralen in combination with Ultraviolet A light therapy for conditions such as severe psoriasis will be referred on to secondary care, either at the point of referral if the information is available in the referral letter, or at the community clinic appointment. DMC Healthcare are preparing and equipping themselves to carry out these treatments in other parts of the country, and this could be a local option in the future if the pilot proves successful.

d. Patch Testing

As the referrals are triaged, patients that require patch testing will be grouped together into one clinic, still meeting the 4 week target. Initially the consultant will apply the test in the weekly clinic. The HCA will then come up to Cambridge 2 days and then 4 days later, examine the results and take a high definition photograph for the consultant to review. A follow up appointment will be made where necessary or a management plan sent to the referring GP and the patient discharged. The GPs attending the clinic will be trained over time in how to do the patch testing and relevant follow up.

e. Plastic Surgery Input

There will be a requirement for a Plastic Surgery list once a month to be provided by DMC and covered by the tariff, for more complex patients. The location and day of clinic is to be determined. Patients will be booked into this clinic from triage by the DMC consultants or after the 1st attendance in the weekly clinic.

5. Clinic Capacity

The clinic model below needs to accommodate the following patients:

CUH dermatology activity, Full Year Effect estimated, 2013/14

	Activity	2WW	Non 2WW	↑2WW (5%)	**Slots required**
1st Appointment	2500	950	1,550	78	**1472**
Procedures	2800	1064	1736	87	**1649**
Follow Ups	6000	2,280	3780	189	**330***

Please note that follow ups are greatly reduced (to 10% of 1st appointment/procedures) in this one stop shop model, leading to a reduced requirement for follow up capacity.

The proposed clinic template is as follows:

Morning session:

	Consultant	GP 1	GP 2	HCA Support
15 mins	1st	1st	1st	
15 mins	1st	1st	1st	
15 mins	1st	1st	1st	
15 mins	1st	1st	1st	
30 mins	Complex	Minor	Minor	
		Minor	Minor	
30 mins	Complex	Minor	Minor	
15 mins	1st	1st	1st	
15 mins	1st	1st	1st	
15 mins	1st	1st	1st	
15 mins	1st	1st	1st	
10 mins	F-UP	F-UP	F-UP	
20 mins	Education	Education	Education	

1st	1st Appointment only
Minor	Minor Procedure (1st appt & Treatment)
Complex	Complex Procedure (1st appt or 2nd apt & Treatment)
F-UP	Follow Up
Education	Education session

Lunch time

Afternoon Session

30 mins	Complex	1st	1st
		1st	1st
	Complex	1st	1st
30 mins		1st	1st
20 mins	Minor	Minor	Minor
20 mins	Minor	Minor	Minor
20 mins	Minor	Minor	Minor
20 mins	Minor	Minor	Minor
20 mins	Minor	Minor	Minor
20 mins	Minor	Minor	Minor
10 mins	F-UP	F-UP	F-UP
10 mins	F-UP	F-UP	F-UP
20 mins	Minor	Minor	Minor
20 mins	Minor	1st	1st

In summary, every week there will be 23 Consultant slots, and 52 GP slots, of varying length to be able to accommodate firsts, minors, follow ups and more complex procedures.

Assuming the clinic runs for 44 weeks a year, this template will provide the following capacity:

Description	*Length (mins)*	*Number per clinic*	*Number per year*	*Required capacity*
1st Appointment	**15/20 mins**	**34**	**1,496**	**1472**
Follow up	**10 mins**	**9**	**396**	**330**
Complex Procedures	**30 mins**	4	176	
Minor Procedures	**20 mins**	28	1232	
Separate minor surgery clinic, run by DMC employed Plastic Surgeon				
Plastic Surgery Proc	**20/30 mins**	20	240	
All Procedures			**1648**	**1649**

6. Location

A convenient central location with 3 CQC accredited treatment rooms will be rented for one day a week and the cost will be met by the provider from within the tariff. Any additional reception cover that is required (e.g. for a Saturday clinic) will be arranged and paid for by the provider from within the tariff.

All equipment, drugs and supplies will be provided and maintained by the provider or by arrangement with the host practice.

7. GP Learning

Having GPs working alongside the consultant on a rotational basis increases knowledge and skills, which can be taken back to practices. This model has been used in East and Coastal Kent and the Commissioning Manager there reports that referrals are now down 30% after remaining steady for the first 2 years. The service is now in its 3rd year. We are not necessarily assuming the same effect will apply in the Cambridge system as there may be fundamental differences, this information is just included for reference.

8. Governance

This service will be set up as a 12 month pilot with full clinical and financial evaluation after 6 months but with ongoing review on a weekly basis. Clinical and financial success of the pilot will be reviewed through patient feedback and on site GP review as well as review of the SUS data.

9. Financial Assessment

a. Tariffs

DMC have a standard tariff of [redacted] for most procedures (see below). For some procedures this is cheaper than the CUHFT tariff and for others more expensive. Looking at the data for the first 8 months of procedures alone DMC are more expensive for procedures carried out. But this is not the area where savings will be made; they come from 1st and F/Up tariffs and from pathway changes.

First 8 Months of procedures carried out in the Cambridge System

opcs_code_desc	No	CUHFT Tariff	CUHFT Total	DMC Tariff	DMC Total
Attention to dressing of skin NEC	114	[redacted]			
Attention to dressing of skin of head or neck NEC	55				
Biopsy of lesion of external nose	2				
Biopsy of lesion of skin of head or neck NEC	4				
Cryotherapy to lesion of skin NEC	122				
Cryotherapy to lesion of skin of head or neck	251				
Excision of lesion of external ear	4				
Extended series patch testing of skin	193				
Other specified introduction of substance into skin	45				
Punch biopsy of lesion of skin of head or neck	10				
Removal of suture from skin of head or neck	32				
Toilet of skin NEC	48				
Biopsy of lesion of lip	0				
Unspecified other excision of lesion of skin	6				
Biopsy of lesion of skin NEC	2				
Excision of lesion of skin of head or neck NEC	11				
Curettage and cauterisation of lesion of skin NEC	2				
	901				
Full Year Effect	**1352**				

For first and follow up appointments, DMC are cheaper and the tariffs are as follows:

	First Tariff	Follow- Up Tariff
CUHFT	[redacted]	
DMC Healthcare		

b. Overall Financial Impact

The financial benefits of this service model are achieved through a reduced tariff for First and Follow-up appointments, and through a considerably reduced 1st to F/Up ratio of 1:0.2. The CUHFT 1st to F/Up ratio is 1:1.8.

A first attendance may or may not also generate a procedure, and a follow up. These two "pathways" have been split out for analysis purposes into "first attendances with associated procedures and follow ups"; and "first attendances with follow ups only".

First attendances with associated procedures and follow ups

Table 1 shows the potential cost savings for procedures and associated attendances. 1st appointments are not always required with all procedures in secondary care. This would be further reduced with the community model with GP booking and consultant triaging directly on to minor surgery lists, but this effect is hard to quantify so has not been included in the current costings. The current assessment of costs is therefore very prudent, as in reality not all these firsts will be required.

Table 1: Full Year Effect, 2013/14

	1st Appt	Tariff	Cost	Proc	Cost	FU Ratio	F/U Appt	Tariff	Cost	Total
CUHFT	1352	[redacted]		1352	[redacted]	1.83	2474	[redacted]		
DMC Healthcare	1352			1352		*0.2	270			
DMC Savings										

***The DMC model of care is a One Stop Shop, and very few patients are followed up in this clinic. The patient is usually discharged back to the GP with a management plan**

First Appointments (without procedures) - with associated follow ups

Table 2 shows the potential savings associated with first attendances that do not go on to have associated procedures.

Table 2: Full Year Effect 2013/14

	1st Appt	Tariff	Cost	FU Ratio	F/U Appt	Tariff	Cost	Total
CUHFT	1400	[redacted]		1.83	2562	[redacted]		
DMC Healthcare	1400			0.2*	280			

***The DMC model of care is a One Stop Shop, and very few patients are followed up in this clinic. The patient is usually discharged back to the GP with a management plan**

Summary of Savings / Costs, FYE 2013/14 activity

Appointment pathway Savings	[redacted]
Procedure and appointment pathway Savings	
Pathology costs (up to £50 per procedure – to be negotiated with CUHFT)	
Total Net Savings	

Other Issues - Referral rate

In East and Coastal Kent where the service has been up and running for 3 years, the Commissioner reports a 30% reduction in referrals when compared to the financial year prior to commissioning DMC. Therefore there is the potential for savings in the overall Dermatology spend, though case-mix and starting point will vary in different areas of the country.

Conclusion

The DMC Healthcare model of care offers the opportunity for the Cambridge system to move the Dermatology service out of secondary care and in to the community. It also gives GPs with an interest in Dermatology the opportunity to expand their skills and knowledge.

The Joint Transformation Board is asked to review this report, and make a recommendation in relation to this proposed pilot for consideration by the LCG Boards.