

SCHEDULE 2 – THE SERVICES


A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement

Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	
Service	Community Dermatology Service
Commissioner Lead	
Provider Lead	
Period	
Date of Review	

<p>1. Population Needs</p> <p>1.1 National/local context and evidence base</p> <p>The specification provides Cambridgeshire and Peterborough CCG (CPCCG) the opportunity to define what it considers to be the core services that this specialist service should be delivering to its patients. The specification details the arrangements that are required for the service to deliver a safe, easily accessible service which meets the required quality standards, and the infrastructure needed to support that delivery. It also stresses the increasing importance of accountability through robust contract monitoring. CPCCG retain the right to amend this service specification at any stage of this process.</p> <ul style="list-style-type: none"> • General Practice Forward View (GP Forward View), (April 2016) • Skin Condition in the UK – Healthcare Needs Assessment 2009 • British Association of Dermatologists (2008) • Improving Outcomes for people with Skin Tumours including Melanoma (2010) • Model of Integrated Service Delivery in Dermatology Workforce Group (2007) • Ambitions for Health DOH (2008) • Care Closer to Home DOH (2007) • Providing care for patients with skin conditions: guidance and resources for commissioners (2008) <p>The CCG encourages all existing GPwSIs to transfer to GPwER over a period of time. All new practitioners should be GPwER rather than GPwSI. See attached RCGP guidance:</p> <div style="text-align: center;">  </div> <p>RCGP-framework-to -support-the-goverr</p>
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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	
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2 Local defined outcomes

- Streamline referral and management of common dermatological conditions
- A reduction in referrals to secondary care services and a reduction in the number of follow ups across all levels of care
- Increased patient satisfaction with Dermatology Services
- Increased patient choice
- Improved patient experience with services provided locally
- Improved access to advice and information and increased knowledge and awareness of the management of Dermatology within Cambridgeshire and Peterborough.

3. Scope

3.1 Aims and objectives of service

The main aims of the service are:

- To provide a Dermatology service for patients within the community
- To provide effective triage at the first step in the treatment pathway
- To refer all two week waits cases directly to secondary care
- To improve patient choice
- To reduce the number of times patients attend secondary care.
- To improve patient satisfaction through delivering a quick, accessible and quality service.
- To provide advice and guidance to GPs
- To improve the education of patients around self-management of their conditions
- To optimize the quality of GP referrals
- To facilitate the prompt and timely management of health-related problems to prevent deterioration of health
- To demonstrate that quality measures and robust governance arrangements are in place for the service to ensure a safe and effective service that provides a positive experience for patients.

3.2 Service description/care pathway

Delivery of a community, outpatient-based Dermatology Service for the local area surrounding the service location

Advice and guidance to be provided to GPs through the Electronic Referral System.

To accept referrals from GPs via ERS. Referrals will be triaged by the GPwSI/GPwER and seen within the community service where appropriate. Patients will be referred back to primary care, if necessary, or referred onto secondary care, if necessary.

Following triage of a referral, the appropriate treatment pathway will be put in place, offering a one stop shop where possible and offering choice on day and time of appointment, where required. The community service will include:

- Outpatient Assessment/Treatment
- Follow up outpatient appointment, where required
- Minor Surgical Procedures

Care plans will be individual to reflect each person's needs.

The aims of care planning and care co-ordination, which all providers will be expected to deliver, are to:

- Ensure access to a safe and effective comprehensive range of services
- Ensure the co-ordination of care across all agencies involved with the patient
- Ensure a seamless pathway that provides continuity of care for patients throughout their contact with the treatment system
- Avoid duplication of assessment and interventions
- Prevent patients falling between services

Patient information literature will be available relevant to the patient's needs.

3.3 Population covered

Patients registered with NHS Cambridgeshire and Peterborough CCG General Practices.

3.4 Any acceptance and exclusion criteria and thresholds

The service will provide the following elements

- Verification and validation of all referrals
- Full diagnostic service
- Patient advice and education, and GP Advice and Guidance through eRS
- Initial treatment if required
- Patients will be supplied with 2 weeks of new medications from a list of which is compliant with the CCG formulary
- Follow up management
- Management and follow up, when indicated of patients with low risk BCCs in line with the CCG Basal Cell Carcinoma Policy
- Provide a rapid referral service for patients who require specialist management eg suspected cancer, PUVA treatment for psoriasis, and other specialist conditions
- Maintain a full clinical register and record of all patients treated.
- Ensure that all GPs are given prompt and full information about their patients' diagnosis or treatments in line with national standards
- Collect data for conditions/ diagnosis and outcomes and conduct local audits
- Provide self-management plans for patients
- Access to Nurse Specialist service clinics including leg ulcer clinics and children's eczema nurse clinics
- Patient satisfaction audits.

The following exclusions will apply:

- Patients with lesions at difficult operative sites likely to need surgery e.g. nose, ears, lips, close to eyes
- Patients with lesions likely to need surgery > 1cm in size at any site on the face
- Patients with complex long term conditions previously managed by secondary care e.g. severe psoriasis needing systemic medication.
- Patients likely to require patch testing
- Patients likely to need light therapy
- Lesions covered by the CCG benign lesions policy e.g. warts / skin tags / seborrheic keratosis
- Vulval Intraepithelial Neoplasia (VIN)
- Children with Lichen Sclerosus
- Children under 5 years of age

3.5 Medicine Management

The provider will have a clinical governance lead who will ensure that all prescribing is within national and locally agreed guidelines and treatment pathways.

Patients will be supplied with 2 weeks of new medications from the CCG formulary. The referring GPs will be expected to provide all repeat prescriptions after that.

Prescribing decisions and recommendations will only be made by suitably qualified clinical independent prescribers.

The provider will meet safe and secure handling of medicines management standards: Standards for Better Health Cd4 as required by the Department of Health (2004) Health Care Commission (HCC) annual health check and be able to provide evidence of compliance (i.e. procedures and policies) following the CCG medicines management policy and ensure that CQC essential standards of quality and safety are adhered to. Last update 2010.

All medicines (diagnostic analgesics, anesthesia and discharge medicines, devices and NICE recommended treatments) will be procured by the treating service provider and be included of the agreed tariff.

3.6 Main Interdependencies with other services/providers

- Cambridgeshire and Peterborough GPs
- The Dermatology Department at CUHFT and NWAFT (delete as applicable)

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- National Institute for Health and Clinical Excellence. Improving outcomes for people with skin tumours including melanoma (update). The management of low-risk basal cell carcinomas in the community. 2010.

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

- Department of Health. Guidance and competences for the provision of services using
- GPs with Special Interests (GPWSIs): dermatology and skin surgery. 2010.
- Cambridgeshire and Peterborough CCG Benign Lesions Policy



Benign_Skin_Lesions
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4.3 Applicable local standards

The service will adhere to the following service standards:

- See all patients within 8 weeks recognising that there may be exceptional circumstances that mitigate against this.
- Aim to discharge 40% at first appointment
 - Not exceed a 60% follow up rate.
 - Exceptions: acne vulgaris patients on isotretinoin who need up to 6 follow ups

4.3.1 Cambridgeshire & Peterborough CCG

4.3.2 Governance and Accreditation

- A named consultant dermatologist will provide governance to the service and peer review to all the GPSs/GPwERs in the community service
- Professional Standards: The Provider shall deliver the Community Dermatology Service in a timely, safe and appropriate manner in accordance with all applicable professional and best practice standards, medico-legal and statutory requirements. (Please refer to local and national guidelines including: Guidance and competencies for the provision of services using GPs with Special Interests (GPwSIs): Implementing care closer to home: Convenient quality care for patients, March 2009 and Guidance and competences for the provision of services using practitioners with special interest for the relevant specialty, Department of Health).
- GPwSIs/GPwERs working in the service must have gone through the CCG accreditation and reaccreditation processes which will be in place in April 2019. They must ensure that service arrangements have been signed off by the CCG accreditation panel to ensure safe service delivery.
- The Provider shall be responsible for securing by subscription from the Medical Protection Society or Medical Defence Union.

GPwSI/GPwER Accreditation:

- Demonstrate extended knowledge and skills required to practice as a GPwSI/GPwER
- Undertake a minimum of 15 hours CPD per annum – portfolio signed off by mentor/appraiser
- Annual appraisal in special interest and generalist areas

Compliance with guidance and competency framework relevant to the Specialty

Re-accreditation to be completed when required.

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

Not Applicable

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement

Not Applicable