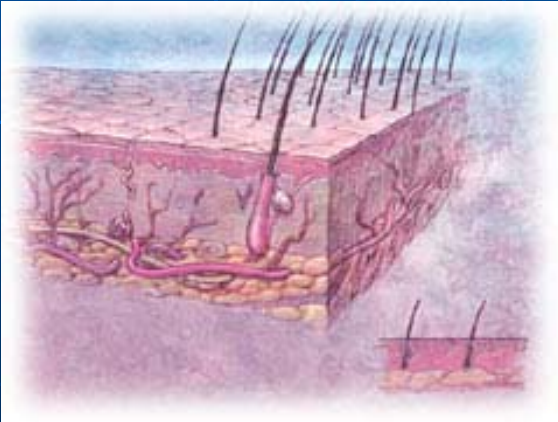


# Providing a primary care dermatology service



Dr Rod Tucker  
Pharmacist  
HULL PCT

# Size of the problem

- Between a third and a quarter of the population suffer from a skin problem at any one time (AOD 2003)
- Morbidity associated with skin diseases equivalent to other chronic conditions
- 4 million working days lost each year due to skin disease
- 15 to 20 % of all consultations in primary care are for skin problems
- Acne, eczema, psoriasis & leg ulcers account for 76% of all consultations in primary care

# Need for the service

- Over 600,000 primary care referrals to secondary care (2001/02)
- Over 2 million outpatient appointments (2001/02)
- 30 % of patients waiting over 13 weeks for first outpatient appointment (2001/02)
- Consequentially secondary care services stretched

# Outreach dermatology Service: Focus

- Primary care based
- General dermatological service
- Consultant led
- Skin surgery
- Aim to ensure more appropriate use of secondary care
- “spot the difference” – guidelines for GPs when referring patients

# Core Activity

- Provide clinical assessment, investigations and treatment of patients referred
- Clinical interventions e.g. skin surgery, liquid nitrogen cryotherapy, oral & topical therapy
- Skin cancer surgery with links to specialist services

# Current structure of Service: staffing

- One consultant dermatologist
- Two GPwSIs
- One Pharmacist
- Nurse support for surgery and cryotherapy
- Administration support

# Current structure of Service: Clinics

- Every Wednesday morning (2 sites)
- One clinic for “lumps & bumps” and minor surgery (GPwSI)
- Two clinics for general dermatology e.g. rashes, acne, eczema, psoriasis
- Run by consultants & one GPwSI
- Pharmacist clinic –continued prescribing & initial contact

# Care pathways

- Hull GP referrals paper triaged by pharmacist/consultant or GPwSi
- Patients seen initially by either consultant/GPwSi or pharmacist
- Patient outcome:
  - *Discharged back to own GP*
  - *Followed up at clinic for further treatment*
  - *Referred to secondary care service*

# Provision

- Total 1<sup>st</sup> April 06 – 31<sup>st</sup> March 07: 870 new; 883 reviews
- Pharmacist: 90 new & 215 review/follow-up
- Approx 26 new referrals per session
- More reviews as pharmacist does follow-up
- 6 – 7 skin surgeries
- Longest waiting time was 7 weeks at 1<sup>st</sup> April 2007

# Care closer to home

- Preliminary data suggest a 41 % reduction in referrals to secondary care
- Consultation costs are 52 % cheaper
- General feedback from patient survey was positive about the service
- Results provide support for the government's care closer to home agenda

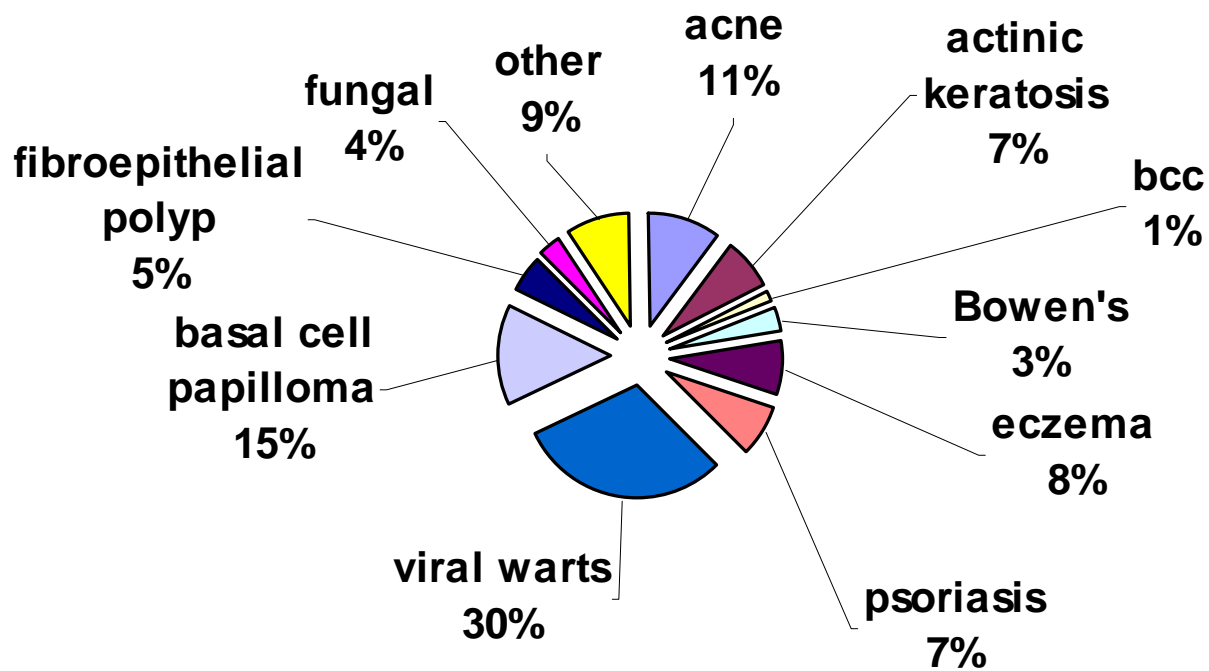
# Pharmacist clinics: Patients seen

- Approximately 18 – 20 patients/clinic
- Mix of new and follow-up
- Patients treated – cryotherapy or prescribed medicines
- Prescribing supported by clinical management plans
- Advice only – discharged back to GP

# Pharmacist clinics

- Between Jan 2006 and August 2007 total of 289 different patients seen
- Range of conditions treated
- Prescribing for acne – isotretinoin (on-going), eczema, psoriasis
- Liquid nitrogen cryotherapy – viral warts, actinic keratosis, basal cell papilloma
- Skin scrapings (fungal infections)

## Range of skin conditions seen (n =289)



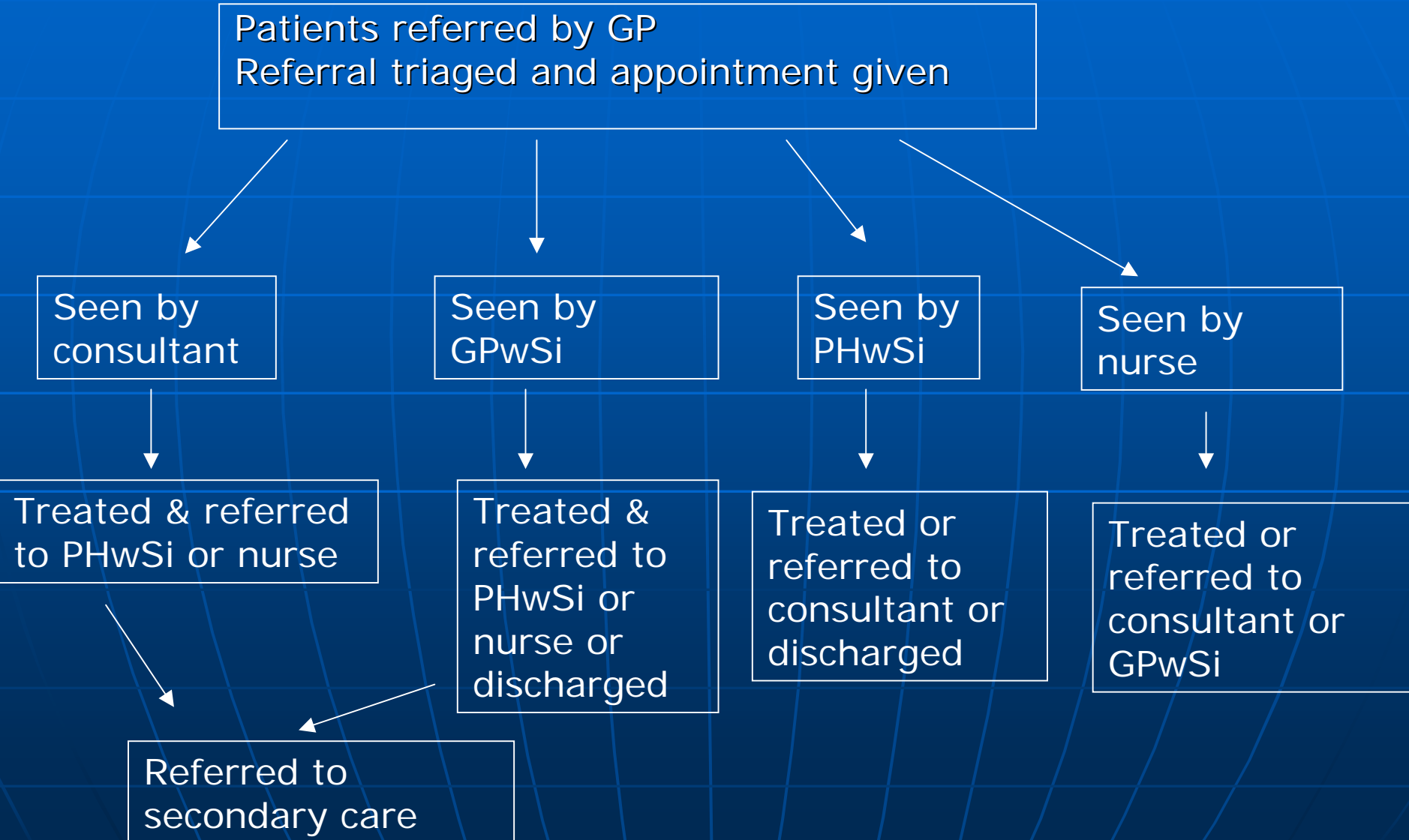
# Other conditions

- Alopecia
- Rosacea
- Xanthelasma
- Scabies
- Pyogenic granuloma
- Granuloma annulare
- Molluscum contagiosum

# Commissioning

- Service is *in situ* and will probably be commissioned as part of service redesign
- Still need to define service specification
- Re-accreditation of GPwSi and accreditation of PHwSi
- Still early days as whole dermatology service is likely to change because of care closer to home
- Potential model for PBC

# Potential model



# Future directions

- Nurse-led cryotherapy service
- Greater role as independent prescriber
- Further increase in capacity – reducing waiting time for access to service
- Expansion of service to cover all areas of PCT