

NHS Herts Valleys CCG Primary Care led Community Dermatology Service (CDS) –

Indicative headline activity and financial information for the pilot

Introduction

Herts Valleys CCG has been working with incumbent providers on service redesign over the last 2 years to improve the patient pathways and increase community facilities for Dermatology services. To move towards achieving this service transformation, NHS Herts Valleys CCG has approved procurement of a pilot Primary Care led Community Dermatology Service (CDS) which is expected to run for 18 months. This will run in two of our four locality areas which have been identified as Watford and Three Rivers and Dacorum locality areas of Hertfordshire. Throughout the pilot period, the remaining two locality areas of Hertsmere and St Albans and Harpenden will continue to refer according to current referral criteria. This service will be evidence based, patient-centred, innovative and represent high quality value for money whilst also reducing inequalities in health and wellbeing. It is expected that this service will work closely with Primary Care, in particular General Practice to develop a community GPwER (GP with extended role) led service provision.

The intention of the pilot is to test out the community model and to inform the service design of the CDS prior to a full procurement process which is intended to start mid-2019.

Based on 2017/18 activity, the pilot service is expected to result in c 7700 patients being triaged through a Primary Care led Community Dermatology Service over the 18 month period. Patients will be offered care closer to home in a range of primary care/community based settings with the expectation of achieving a 1:0.5 follow up ratio through direct triage to procedures and specialists. Patients are expected to be discharged to their GP.

Advice and guidance is estimated to be approximately 5% of the original first appointments with 25% of these expected to result in an onward referral.

For the first 6 months we are expecting that 50% of all referrals and procedures that *could* be carried out in a community setting to remain as such, post triage. After 6 months this proportion is expected to increase. The purpose of this pilot is to test out these assumptions and see if there are further opportunities.

Pilot primary care led community model of care

The CCG has modelled assumptions for the pilot and the number of patients and appointments which could be redirected to be delivered in primary care/community settings during the pilot period and will work with incumbent providers to plan for the impact of the pilot over the pilot period.

Based on 2017/18 activity data, there are expected to be 7,776 referrals into the CDS to be triaged over the 18 month pilot period. Based on assumptions, it is expected that of these referrals, c 3014 first appointments can be seen in the Primary Care led Community Service and c 4,762 first appointments will require onward referral and management in Acute.

The indicative outcome of these referrals is that Primary Care led community pilot will triage and manage activity totalling c 13,000 including advice and guidance, triage, first, follow up, procedures and non-face to face appointments.

In Scope

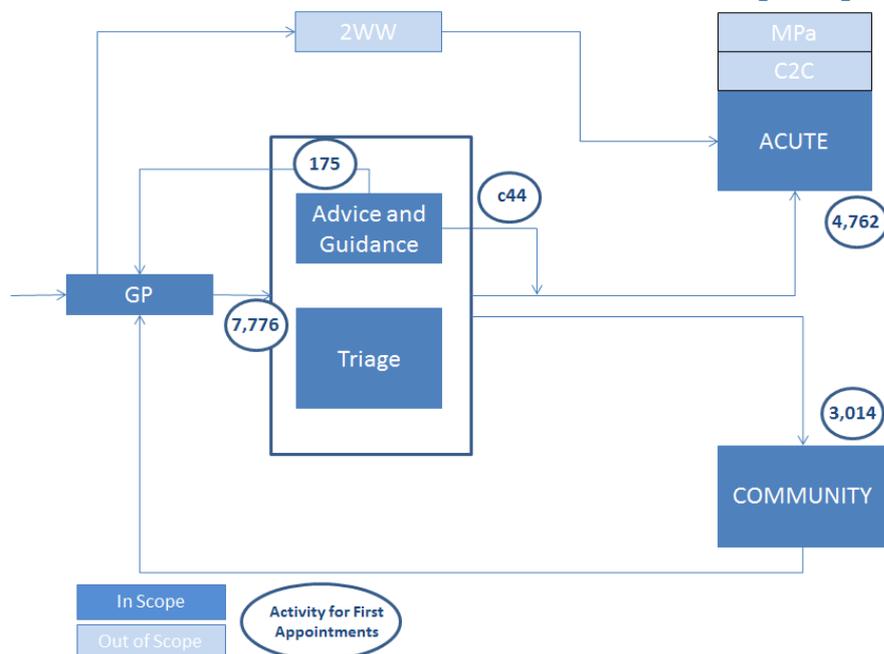
Lists of procedures that are expected to move to a community setting are provided in Appendix A. This is the minimum expectation.

Out of scope:

The following referrals are expected to remain as per current pathways and do not form part of the pilot service:

- 2 week waits (2WW) – are expected to still go direct to Acute
- Consultant to Consultant referrals (C2C) - are not triaged
- Multi professional Appointments (MPa) – are not triaged

Pilot Service Model and indicative volumes for pilot period of 18 months



More detailed information will be shared with all providers who demonstrate compliance with the requirements as part of the Expression of Interest process by the updated deadline of 5pm on Tuesday 28th August 2018.

See below Appendix A – Indicative modelling of procedures which could be delivered in a Primary Care led Community Setting

Appendix A – Indicative modelling of procedures which could be delivered in a Community Setting

2017/18 Activity			
Primary Procedure	Primary Procedure Desc	No of Patients	Activity
S064	Shave Excision of Lesion of Skin NEC	1	1
S065	Excision of Lesion of Skin of Head or Neck NEC	6	6
S068	Other Specified Other Excision of Lesion of Skin	13	14
S069	Unspecified Other Excision of Lesion of Skin	1	1
S081	Curettage and Cauterisation of Lesion of Skin of Head or Neck	1	1
S082	Curettage and Cauterisation of Lesion of Skin NEC	3	3
S083	Curettage of Lesion of Skin of Head or Neck NEC	1	1
S101	Cauterisation of Lesion of Skin of Head or Neck NEC	1	1
S102	Cryotherapy to Lesion of Skin of Head or Neck	8	9
S111	Cauterisation of Lesion of Skin NEC	3	3
S112	Cryotherapy to Lesion of Skin NEC	85	196
S131	Punch Biopsy of Lesion of Skin of Head or Neck	3	3
S132	Punch Biopsy of Lesion of Skin NEC	17	17
S141	Shave Biopsy of Lesion of Skin of Head or Neck	3	3
S142	Shave Biopsy of Lesion of Skin NEC	1	1
S152	Biopsy of Lesion of Skin NEC	8	8
S159	Unspecified Other Biopsy of Skin	643	703
S532	Injection of Therapeutic Substance into Skin	52	104
S564	Dressing of Skin of Head or Neck NEC	201	230
S575	Attention to Dressing of Skin NEC	442	1,731
S605	Diagnostic Dermatoscopy of Skin	3,122	4,020
		4,612	7,052