

Schedule 2 – The Services

A. Service Specifications

Service Specification No.	
Service	Intermediate Community Dermatology Service
Commissioner Lead	Blackburn with Darwen CCG – Samantha Jones
Provider Lead	
Period	October 2017 to 31 st December 2019 with an option to extend for a further 2 years
Date of Review	May 2017

1. Population Needs

1.1 National/local context and evidence base

Dermatological conditions place a significant burden on the Health Service with studies suggesting that 22.5-33% of the national population suffer from some form of skin disorder at any one time. Most self-care (69%) and 14% seek further medical advice. Skin conditions are the most frequent reason for people to consult their GP with a new problem. Of the approximately 13 million presenting with these skin conditions, around 6% are referred for specialist advice in secondary care with 92% of referrals seeing NHS specialists on a predominantly outpatient-basis.

Referrals into secondary care have increased by an average of 5% per annum for the past 10 years and whilst many patients referred require the expertise and treatment facilities that are only available in secondary care, a significant proportion do not. This combined with varying levels of service provision across England has led to increased waiting times for patient appointments and without a change to service provision, this will continue to create an increasing burden on NHS resources.

In 2006, the DH White Paper, *'Our health, our care, our say' a new direction for community based outpatient care*, suggested that patients with long term skin conditions could be managed more effectively in a community setting, with access to specialist services if required. This model of care provides the option for a specialist dermatology service to be delivered closer to the patients' home, with access and agreed pathways to secondary care, clinical support and diagnostics where appropriate and will aim to enhance patient experience by offering greater choice of provider.

In summary we wish to procure the following:

- Triage of all dermatology referrals
- A medically led Dermatology Service which would provide the assessment, treatment, access to diagnostics and onward referral when required to support effective patient flow through the model.
- Inclusion of nursing and AHPs as appropriate to build a diverse workforce and support ongoing service development.

- The service should be based at locations accessible to the population of Blackburn with Darwen and operated at times convenient to patients e.g. During working hours, evening or weekend sessions

The purpose of this service specification is to compliment the commissioning intentions and local system service redesign of dermatology services in line with the CCG's Strategic Plan. To provide a specialist service in the community to manage a specified range of referrals for people with dermatological conditions in line with recognised best clinical practice and evidenced based interventions

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	Yes
Domain 2	Enhancing quality of life for people with long-term conditions	Yes
Domain 3	Helping people to recover from episodes of ill-health following injury	
Domain 4	Ensuring people have a positive experience of care	Yes
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Yes

2.2 Local defined outcomes

Based in the community, the medically led Integrated Intermediate Dermatological Service will offer integrated local, accessible and responsive, high quality care to the local population with a variety of skin disorders.

The new service will include:

- A directly bookable service via e-referrals
- A clinical triage which will provide a decision within 3 working days of receipt of referral
- The undertaking of appropriate investigations, the diagnosis of conditions, provision of treatment, monitoring and review of progress
- The provision of a minor surgery service for surgical skin procedures as per agreed guidelines
- The development of evidence based protocols and patient pathways for common conditions/procedures, which clearly demonstrate evidence based/effective outcomes for patients, in conjunction with other relevant professionals
- In conjunction with trained nursing staff, run chronic disease clinics for patients with conditions such as psoriasis and eczema
- Accept patients from secondary care as part of the step down provision of care within the overarching model
- Additionally, work collaboratively with patients to educate and support shared decision making for self-care
- Where relevant refer the patient to the appropriate professional for on-going management of their condition/treatment, in line with CCG policies and guidelines and the agreed patient pathway
- All referrals identified as a red flag at triage or assessment will immediately be stepped up to secondary care
- Appropriate referrals to secondary care Dermatology Services
- Support collaborative working between primary, community and secondary care
- Improve quality of referrals; initiating advice and support to referrers
- Return referrals that are inappropriate (PLCV) and referrals that do not have sufficient information and offer advice/guidance to referring GP
- A willingness to work in partnership with key stakeholders e.g. Local Acute Hospitals to develop a Single Point of Access for all local Dermatology referrals
- To support an ongoing developmental and innovative approach to service delivery including extending referral routes to other AHPs

The Intermediate Dermatology Service will be integral to a whole system model including primary and community care, pharmacy and acute specialist services including local/specialist skin cancer services providing a multi-disciplinary and holistic approach to dermatology care. (Appendix 1)

The intermediate service will provide triage, assessment, treatment, education, and where appropriate, signposting for a range of dermatological conditions to key stakeholders and health and social care partners for patients of all ages with the exception of children under the age of 16 in the following circumstances:

- a) presenting with severe skin conditions
- b) requiring a surgical procedure

Regardless of age all referrals for suspected cancer must be made to a skin cancer MDT and be sent directly to secondary care.

Referrals for suspicious lesions including Basal Cell Carcinoma (BCC) can be referred to the Community Dermatology Service in line with NICE guidance published May 2010, The management of low-risk basal cell carcinomas, where appropriate triage must take place and where the outcome is either:

1. Onward urgent referral to secondary care as a 2 week wait
2. Urgent appointment is provided within the Intermediate Community Dermatology Service

The local pathways will support patients to be managed as effectively as possible based on their clinical need. This may include both the patient step up to secondary care and step down to a range of community/primary care services including minor surgery arrangements. With important linkage to other interdependent pathways and services for other community dermatological conditions including lymphoedema, cellulitis, excema and psoriasis. All pathways will be linked into the model supported by robust referral processes.

The Intermediate Dermatological Service will have full responsibility of all operational management, governance, clinical assurance, administrative, staffing including training requirements and associated costs with the intermediate service. Strategic and future models of care delivery may necessitate a change in the overarching accountable management arrangements within a wider commissioned model.

As a result of the rising demand for dermatology services and in order to ensure equity of service provision and reduce health inequalities in a financially challenged environment the management of demand will be essential within the intermediate dermatology service. Set within this context patient and primary care education, self-management, self help groups, patient and clinical to clinician advice and compliance with agreed pathways and policies will be a key component and requirement.

The overall aims of the integrated dermatology service is to deliver high quality patient centred care, which is well co-ordinated between both acute, primary care and the community tiered services. The integrated dermatology service will provide specialist dermatology services for less complex and routine conditions that are clinically appropriate for management and treatment within the community setting. Through better integration of services and timeliness of treatment, the integrated service aims to reduce the need for hospital based intervention and provide better care and services to patients and carer alike, in the community where possible and appropriate.

The model of the holistic service will focus on the patient needs, through a collective partnership and proactive team approach, to develop an informed and activated patient with greater autonomy and independence to manage their skin condition and well being.

The objectives of this service are:

- **Access** – provide the right services for patients to be seen at the right time, in the right place, by the right professional.
- **Capacity** – Optimise appropriate use of resources and remove inefficiencies.
- **Quality** – Improve access, quality and choice of service provision within the community setting.
- **Value for Money and Affordable** – The service procured through the Procurement must be affordable and provide VfM.
- **Integration** – Work with colleagues from Secondary and Primary Care and Local Authorities to develop seamless care pathways
- **Effective** – ensuring the service is focused on delivering the best outcomes for patients
- **Standardised** – ensuring the service provided is to a consistently high and equitable standard to all

What success looks like will include as a minimum:

- Significantly improved patient experience and improved health outcomes
- Reduce the need for hospital based intervention and referral
- Increased independence and less reliance on services therefore reducing unnecessary demand
- Reduced duplication
- Economies of scale
- Reduced variation

In summary the service will be:

- A medically led multi-professional locality based community dermatology service which will provide assessment, treatment, education and access to diagnostics within the community whenever possible and appropriate
- Community triage of all dermatology referrals via a single point of access or local Referral Advice and Guidance Scheme
- A service which embeds and follows agreed national and local pathways of care and guidance e.g. NICE supporting effective patient flow through the system
- A service inclusive of effective patient information, education, self help and local help-line
- An integrated model which places the patient at the centre of care and where patients access the right level of care at the right time and by the right clinician
- Access will be 5 days per week based at accessible bases throughout Blackburn with Darwen (based on the CCG's locality model). Hours will be a minimum of 9am to 6pm Monday to Friday with any additional sessions delivered in line with patient need.

The Intermediate Dermatology Service will be a community specialist service undertaking triage, assessment and treatment for a whole range of dermatological conditions in line local pathway and protocols, recognised best clinical practice and evidenced based interventions and based on a one-stop principle. It is incumbent on the Provider to meet referral to treatment times including those for cancer relating to the service.

The service Provider will ensure that the views of patient and family/carers are taken into

account when making decisions about how services are delivered and improved. The Commissioner will agree with the Provider the methods they will use and monitor at quarterly contract review meetings to ensure that patient needs are built into future service changes and development.

The Provider must alert the CCG of any enquiries from public stakeholders e.g. politicians and agree a collective response.

The Intermediate Dermatology Service will provide an integrated specialist, locally delivered service closer to the patients' home that will aim to enhance patient experience and patient outcomes by improving access and a timely response to a range of conditions within the service and as a result of effective and appropriate triage. The community based service will provide skin management and treatment services for less complex/routine conditions and will only onward refer/step up patients to the secondary care based on the clinical need. The service will be tailored to individual need; being locally accessible, equitable and efficient providing value for money services within the health and social care economy.

Through better integration of services and timeliness of treatment, the integrated community service aims to reduce the need for hospital based intervention and provide better care and services to patients and carers/families alike, in the community where possible and appropriate.

Outcomes

The table below sets out the locally defined outcomes with a range of measures to monitor the delivery of the service.

Objectives	Outcomes	Measures
<ul style="list-style-type: none"> Improved Access for Patients Triage of referrals via a Single Point of Access (SPoA) 	<ul style="list-style-type: none"> Reduced waiting times Provision of care closer to home/accessible Increased patient choice Improve patient experience Effective patient flow through the system Compliance with referral to treatment times Equity and standardised care provision 	<ul style="list-style-type: none"> Number of sessions provided in each location Triage within 3 working days New patients seen within 18 week RTT Increased appropriate activity undertaken within the community based on benchmark Quarterly reporting of patient feedback through a variety of mechanisms Referrals redirected to secondary care are monitored
<ul style="list-style-type: none"> Efficient and effective service including robust assessment, diagnosis and treatment 	<ul style="list-style-type: none"> Successful treatment of dermatological conditions in the community, within a one stop shop where appropriate, resulting in a reduction of secondary care activity Patients are seen in the right place, by the 	<ul style="list-style-type: none"> 80% of activity completed in the community with the clinician having the ability to refer into secondary care, step down into primary care or initiate self-management Evidence of adherence to

	<p>right person at the right time</p> <ul style="list-style-type: none"> • Management of own caseload including follow up and effective onward referral to secondary care, community care or self-management as appropriate • To promote patient independence through programmes supporting on-going health education 	<p>operational pathways which are supported by written and regularly updated protocols and procedure for treatment and referral - Appendix 1</p> <ul style="list-style-type: none"> • Improved patient satisfaction
<ul style="list-style-type: none"> • Improved GP education 	<ul style="list-style-type: none"> • Support, advise and education to primary care clinicians in their management of patients with dermatological conditions • Provide specific education and training to primary care and relevant community stakeholders 	<ul style="list-style-type: none"> • Partnership working with a range of stakeholders including Nursing homes, Primary Care and Acute Providers in relation to education and support • Where appropriate, specialist advice will assist GPs to manage patients in primary care and achieve optimal outcomes, without the need for referral. • If a referral is considered appropriate, the specialist advice will provide guidance to GPs, supporting a greater understanding of dermatological conditions and will provide feedback & assurance in respect of appropriate clinical management plans.
<ul style="list-style-type: none"> • More cost effective service, releasing funding for reinvestment in other areas of patient care • Effective use of financial and workforce resources within the control • To ensure any inappropriate referrals are improved through education and support to primary care 	<ul style="list-style-type: none"> • Understanding of service capacity and patient profile • Control demand, intervention and onward referral rates • Successful treatment of dermatological conditions in the community and effective onward referral to secondary care, community care or self-management • To promote patient 	<ul style="list-style-type: none"> • New to follow-up ratio • Number of referrals passed onto secondary care after triage • Number of referrals passed onto secondary care after assessment and/or treatment • Number of referrals to other specialist services • DNA rates • Cancellation rates

	<p>independence through programmes supporting on-going health education</p>	<ul style="list-style-type: none"> Evidence of adherence to operational pathways which are supported by written and regularly updated protocols and procedure for treatment and referral - Appendix 1  <p>Access Policy ELHT January 2016 v5 18</p>
<ul style="list-style-type: none"> Reduced inequalities 	<ul style="list-style-type: none"> Case mix represents local community Variation across the local health economy is minimal regarding access to the service 	<ul style="list-style-type: none"> Numbers of people from minority ethnic groups, women, people on low incomes, the elderly and people with physical disability are measured and reflect local population
<ul style="list-style-type: none"> Improve communication between provider, specialist clinicians, primary care and other stakeholders 	<ul style="list-style-type: none"> Seamless care without duplication of effort 	<ul style="list-style-type: none"> Activity will be monitored along the pathway

3. Scope

3.1 Aims and objectives of service

3.1.2 The aims of this service are to:

- To operate to evidence based pathways covering the defined conditions within this specification
- A willingness to work in partnership with key stakeholders e.g. Local Acute Hospitals to develop a Single Point of Access for all local Dermatology referrals
- Promote primary and community care assessment, treatment and management of a range of dermatological conditions in line with locally agreed pathways policies and guidance and nationally agreed best practice. The service is responsible for providing evidence of applying the most current guidance.
- To operate an electronic single point of access and triage system for all dermatological referrals within Blackburn with Darwen. This includes compliance with Procedures of Limited Clinical Value and returning referrals that are inappropriate (PLCV) and referrals that do not have sufficient information offering advice/guidance to referring GP.
- To work in conjunction with other local referral and demand management schemes and services to ensure efficient and effective management of referrals and patients choice.
- To process triaged referrals electronically efficiently and effectively (within 3 days of receipt).
- Ensure the electronic management system utilised to manage referrals is compatible with nhs e-referral.
- All referrals identified as a red flag at triage or assessment must be immediately stepped up to secondary care and according to agreed local pathways.
- Undertake appropriate investigations to support the diagnosis of conditions, provision of treatment including minor surgery, monitoring and review of progress
- A commitment and willingness to work in partnership with key stakeholders e.g. Local Acute Hospitals, community services including Pharmacy and GPs providing minor surgery and ensure effective service provision in the right place, at the right time and by the right clinician.
- To provide a locality based service within Blackburn with Darwen offering choice
- To ensure first and follow up attendances in the service are appropriate and referrals are made in line with national and locally agreed guidance and according to agreed pathways. This includes step down referrals from the Acute Trust and step up and down referrals from and to community/primary care services.
- To ensure that patients who are referred and triaged into the service are seen and treated within 18 weeks of referral.
- To offer patients a 'one-stop' assessment and treatment where appropriate.
- To support the improvement education and advice for Nursing Home staff, GPs and nurses within primary care.
- To link with the locality GP Forum's and multi-agency meetings in order to promote the service and provide information, support and education to primary care/community clinicians and non-clinicians.
- To improve patient self-management of long term skin conditions and provide individual care management plans for all patients within the intermediate service including patient education, advice, self help groups and help line.
- To develop a service which is integrated within an overarching model/approach, facilitating communication and strengthening clinical governance between service providers.
- To support an ongoing developmental and innovative approach to service delivery

(e.g. extended working hours, new models of care, optimise the support available from Pharmacy and new technologies i.e. Telederm, and efficient utilisation of clinics) where appropriate.

- To involve the patients as an active partner in their care and in any decisions relating to their care and treatment.
- To provide patients with the best care experience possible in a way that embodies the spirit and substance of the NHS Constitution
<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>
accessed 07.03.16
- To facilitate early assessment by the most appropriate clinician.
- To help achieve delivery and coordination of locally commissioned care pathways.
- To provide relevant information to the referrer regarding ongoing treatment and discharge.

3.1.3 Objectives

- To develop and inform local care pathways and protocols supporting an integrated approach to dermatological issues
- To provide a responsive service achieving national and local waiting time targets
- To improve GP education
- To improve the direction of non-urgent referrals to the most appropriate setting
- To improve access and choice, maintaining a high quality service through effectively operating a triage system to ensure that patients are seen in the right place, at the right time and by the right clinician.
- To operate within a whole health economy system relating to the assessment, diagnosis, education and treatment of dermatological conditions supported by robust pathways and protocols to ensure a seamless pathway
- To provide a responsive service achieving national and local waiting time targets
- To enhance the knowledge and skills of stakeholders within the community and primary care through proactive education
- To provide a service which demonstrates cost effectiveness and clinically based interventions
- To provide a patient centred service with a strong emphasis on patient education, self-management and prevention
- To support primary care management of conditions and the implementation of local guidance on Procedures of Limited Clinical Value (PLCV)

3.2 Service description/care pathway

Through better integration of services patients will receive the right care, in the right place, by the right person at the right time. The provider will ensure delivery of a high quality patient-centred service which manages patients with a range of skin conditions deemed as mild or moderate and for those requiring minor surgical procedures. The service should offer value for money (VfM) and demonstrate good evidence based/effective outcomes for patients by working closely with other professionals to ensure that whenever clinically appropriate patients will be treated in the community care, avoiding the need for repeated visits to hospital outpatient clinics. The provider will be responsible for operational management of the service and all associated costs.

- Make a referral triage decision based on information contained in the referral letter/form and any other attached information e.g. pictures
- Assign a triage outcome in order for the patient to be referred to the most appropriate service/clinician
- The Provider will be expected to adhere to the 18 week patient pathway protocols

- The Provider will accept or reject all dermatology referrals (within 3 days of receipt – excluding weekends) that are received on a daily basis via E-Referrals
- The service will adhere to the Health economy access policy in relation to patient initiated delays

Within the agreed tariff:-

- The Provider will undertake appropriate investigations and diagnostics to aid and support the identification and extent of the patient's condition; this will include provision of treatment, monitoring and review of progress
- The Provider will perform minor surgery for surgical skin procedures deemed appropriate to be undertaken in a community setting, as per agreed guidelines/criteria
- The Provider will work in conjunction with GPwSI / Specialist nurses (if used in model)

The service must be managed and delivered in accordance with the rights, principles and values set out in the NHS Constitution

The service will be available to patients of all ages registered with a Blackburn with Darwen GP who meet the inclusion criteria.

The Provider will triage all dermatology referrals that are received on a daily basis (Monday to Friday 52 weeks of the year).

Referrals will be assessed for treatment within the Intermediate Dermatology Service, triaged for onward referral (via provider and commissioner agreed pathways) to GPs providing minor surgery, referred to secondary care, or other community nursing services or returned to the referrer with appropriate advice and support.

The following exceptions should not be referred to the Intermediate Dermatology Service but be referred directly to secondary care along locally agreed pathways of care.

1. Two week wait skin cancer referrals
2. Dermatological emergencies
3. Children under the age of 16 presenting with severe skin conditions
4. Children under the age of 16 requiring any surgical procedure

One Stop approach

Patients who require assessment by the Intermediate Dermatological Service will be booked into clinic appointments in order to meet referral to treatment timescales and provide where applicable one stop assessment, diagnosis, treatment and management of the condition. Where one stop assessment and management is not applicable appointments will be arranged accordingly.

The Intermediate Dermatology service will be expected to provide advice, support and education to community and primary care practitioners in order to ensure that the expertise and management of dermatological conditions in primary care is enhanced. The number of education sessions will be agreed and monitored within the contract.

Key elements of the Intermediate Dermatology Service will be as follows:

- include the provision of a full diagnostic service with biopsy and swab taking and reporting results;

- routinely send all tissue removed by minor surgery for histological examination unless there are exceptional or acceptable reasons for not doing so;
- be responsible for the review of histopathology results taking any appropriate actions and informing the patient and referring GP;
- have responsibility for all associated costs
- The Provider will be responsible for arranging clinics and the booking of all patient appointments within appropriate timescales
- The service will be responsible for all costs relating to prescribing. Patients will be offered self-care advice at the point of prescribing and if appropriate at the point of supply
- The Provider will offer a follow up at a subsequent clinic appointment where clinically required, the provider shall aim to reflect a one stop shop clinic, assessment/treatment/1 x follow up and assessment/treatment and multiple follow ups (these should be kept to a minimum and only used when deemed clinically appropriate)
- Triage with a referral triage decision based on information contained in the referral letter/form with any other attached information provided e.g. pictures
- Assign a triage outcome in order for the patient to be referred to the most appropriate service/clinician
- The Provider will be expected to adhere to the 18 week patient pathway protocols
- The Provider will accept or reject all dermatology referrals (within 3 days of receipt – excluding weekends) that are received on a daily basis via E-Referrals
- The Provider will adhere to the Health economy access policy in relation to patient initiated delays
- The Service must provide service users with the agreed process for booking appointments and policy on DNAs and cancellations.
- Within the agreed tariff-
The Provider will undertake appropriate investigations and diagnostics to aid and support the identification, differential diagnosis and extent of the patient's condition; this will include provision of treatment according to NICE guidance, care may be multi-disciplinary with appropriate monitoring and review of progress. Diagnostic provision may include biopsy and swab taking and the reporting of results
- The Provider will perform minor surgery for surgical skin procedures deemed appropriate to be undertaken in a community setting, as per agreed guidelines/criteria and include and in line with PLCV's. All tissue removed by minor surgery will be sent for histological examination unless there are exceptional or acceptable reasons for not doing so. The Provider will be responsible for the review of histopathology results taking any appropriate actions and informing the patient and referring GP
- The Provider will have responsibility for all costs associated with delivery of the service
- Prescribing will be via FP10 and in line with local formulary and national guidance
- Follow up will be undertaken at a subsequent clinic appointment if treatment via a one stop appointment is not viable. The number of follow ups will be at the discretion of the service provider but should aim to keep the ratio of new to follow up appointments at or below the national average
- An individual patient and family/carer education, advice, care and management plan must be provided to all service users. Providers are expected to offer a comprehensive range of patient information and empower patients. Information leaflets and access to information about local self care groups must be made available in different languages and formats according to local needs.
- The service must provide relevant information to service users as to what services to access should treatment complications arise in and out of hours.
- If patients do not have capacity to make decisions, healthcare professionals should

comply with the Mental Capacity Act.

- Discharge planning must be undertaken from the first appointment and reviewed at appropriate intervals. A discharge summary will be provided to the referrer within 7 working days. Summary to include as a minimum:
 - the date of the Patient's attendance by the Provider
 - the date of the Patient's discharge by the Provider
 - details of any Services provided to the Patient, including any operation(s) and diagnostic procedures performed and their outcomes
 - a summary of the key diagnosis made during the Patient's attendance
 - details of any medication prescribed at the time of the Patient's discharge including length of treatment
 - any adverse reactions or allergies to medications or treatments observed in the patient during attendance
 - the name of the responsible clinician at the time of the Patient's discharge
 - any immediate post-discharge or post-operative requirement from the primary healthcare team
 - any planned follow-up arrangements
 - whether the patient has any relevant infection, for example MRSA
 - the name and position of the person to whom questions about the contents of the discharge summary may be addressed, and complete and accurate contact details (including a telephone number) for that person
 - the Provider will involve patients in decisions made about their care, ensuring processes are in place that makes patients aware of their choices of treatment and the implications of these for their health and care. This includes the provision of an individual care plan
- The Provider must maintain an accurate electronic register of all referrals, caseload, onward referrals and discharges including patient details of name DOB and agreed identifiers such as NHS number
- Clinical audit will be undertaken as agreed with the commissioner to promote continuous improvement
- Compliance with agreed contract KPIs will be reported quarterly or as requested by the commissioner
- Confidentiality must be an integral part of the service.

As a result of robust pathways and the model of care it is expected that patients will receive the right care, in the right place, by the right person at the right time. The Provider must ensure delivery of a high quality patient-centred service. The Service must offer value for money (VfM) and demonstrate good evidence based/effective outcomes for patients by working closely with other professionals.

Demand Management

The provider is expected to work with Commissioners in the development of demand management approaches including the introduction of a new Referral, Advice and Navigation Service which will facilitate a referral management, triage and advice service which will make onward referral into this service. Providers are expected to collaborate and work in conjunction with Commissioners and other key organisations in order to implement any changes or new pathways/protocols required.

3.2.1 Medicine Management

The service Provider shall have a named clinical lead to ensure that all prescribing is within national and locally agreed guidelines and treatment pathways. All prescribers must adhere to both legal and good practice guidance on prescribing and medicines management in line with

the Medicines Act, associated legislation and regulations

The service Provider must comply with all statutory regulatory requirements and have robust, auditable systems in place to cover responsibility, reconciliation, record keeping and disposal requirements for the movement of drugs for which they are responsible.

The service Provider shall record and report significant events and trends on near misses to the Commissioner regarding prescribing or medicines management.

Pharmacy support must be available to augment the Intermediate Dermatology Service and to oversee and provide medicines advice for patients where required. Advice on complex drug regimes in patients with co-existing conditions will be provided accordingly. Pharmacy services will provide advice on the following issues:-

- Ensure prescribing is in line with East Lancashire Joint Medicines Formulary available at www.elmmb.nhs.uk
- Ensure licensed products are prescribed as a priority. In exceptional circumstances where a licensed product is not available, prescribe unlicensed pharmaceutical specials as recommended by the British Association of Dermatologists guidance and in line within health economy joint formulary.
- Ensure supplies are made in accordance with locally agreed pathways with robust communication mechanisms between primary and secondary care.
- Ensure appropriate liaison between GP's, practice pharmacists, secondary care and community pharmacists.
- Ensure robust governance arrangements are in place regarding use of samples e.g. emollient sample kits
- Ensure patient education, advice and support are available at, and point of dispensing

Providers will responsible for:

- Providing all drugs on discharge, which are required as a result of presenting complaint or intervention, to a minimum of 14 days and/or complete pack supply
- Manage the supply of all drugs which are classified as RED by the East Lancashire CCG Medicines Management Board, which are required as a result of presenting complaint or intervention
- Developing, supplying and adhering to appropriate agreed shared care guidelines for treatments designated as AMBER by East Lancashire CCG Medicines Management Board, which are required as a result of the presenting complaint
- Managing their own prescribing budget within the service contract value.

3.2.2 Prescribing

The Provider must ensure that prescribing within the community dermatology service is safe, clinically effective and cost efficient.

Prescribing decisions and recommendations must only be made by suitably qualified medical or non-medical independent prescribers. All independent prescribers must adhere to local, DoH and professional body Medicines Management standards

3.2.3 Workforce

There must be a dedicated operational clinical lead within the service to manage the contract, have financial and operational responsibility which includes sustainability of the service 365

days a year.

It is expected that the service Provider will have a skill mixed team that is medically led. The medical staffing must demonstrate compliance with the Department of Health accreditation guidelines and continuous professional development. A Consultant would be required to have a substantive post elsewhere and be a member of the British Association of Dermatologists. All medical staff must demonstrate proof of registration with the GMC.

It is essential that the Intermediate Dermatology Service has nursing staff who are registered with the NMC and have the required expertise and qualifications to manage their own caseload of patients as well as support the medical staff. Nursing staff must be able to demonstrate their continuing professional development and a system for mentoring. The nurses must have access to medical staffing for advice and supervision.

Pharmacy support to the team is essential and detailed in 3.2.1

It is expected that administrative staff undertake a range of support functions.

It is the responsibility of the service Provider to ensure that staff are appropriately trained, maintain their competencies and keep accurate training, mentoring and supervision records including compliance with DBS requirements.

3.3 Population covered Days/Hours of Operation & Location(s)

The service will be available to all ages of the population registered with a Blackburn with Darwen GP who meet the inclusion criteria.

Access will be: Monday to Friday 9am to 6pm (this is to be reviewed after 6 months to ensure it is in line with patient need)

The service locations should be within Blackburn with Darwen geographical area and should have sufficient sites to provide a locality based service. All sites must be DDA compliant, preferably located with access to car parks and public transport links, to ensure equitable access for patients.

Facilities as a minimum will include:

Consulting rooms with examination area

Treatment rooms suitable for minor surgery, excema and psoriasis

Good natural and task lighting

Dermatoscope

Digital camera

Appropriate computer equipment for record keeping, scheduling of appointments and seamless onward referrals to primary and secondary care

Cryotherapy

Reception and waiting area

Equipment suitable for minor surgery and appropriate means of decontamination of any reusable equipment

Pharmacy compliant storage system for provision of dressings and treatments

Meet infection control standards

There is an expectation that some appointments will be offered outside of normal working hours i.e. some evening and weekend appointments. Providers may propose such extended opening times in order to provide evidence that they will be able to accommodate their indicative activity levels and the maximum waiting times, as well as supporting accessibility

requirements.

The number of sessions and their timings will be discussed and agreed with the Provider by the CCG following contract award.

The Provider will be responsible for administrative arrangements such as clinic referral letters, discharge reports and the scheduling of appointments.

The service will be offered at the following price XXXX on a block contract

3.4 Any acceptance and exclusion criteria

3.4.1 Acceptance criteria

The Provider shall ensure that the service offered is respectful and must not discriminate on grounds of age, gender, sexuality, ethnicity or religion. The service should be sensitive to the needs of patients whose first language is not English and those with hearing, visual or learning disabilities.

The service must be advertised in a sensitive, clear and professional manner. Information should be provided at the main referral points. Any information supplied to patients should indicate times, locations and range of services available.

Confidentiality must be maintained at all times.

- The Provider will forward any referrals from triage that relate to Cancer referrals and dermatological emergencies directly to secondary care via the 'Step Up' pathway. In addition, the referring clinician will be notified
- The provider will 'Step down' to the referring GP any referrals at triage which relate to conditions that should be treated under a standard GMS or PMS contract; or managed within the local DES or LIS provision. Step down activity will also take place to community services available and appropriate to manage a range of conditions e.g. eczema

The following conditions not considered suitable for community dermatology service are excluded and should be directly referred to secondary care:-

- Any or definite/suspected malignancy (squamous cell carcinoma; suspected or definite melanoma (2 week rule)
- Dermatological emergencies

3.4.2 Exclusion Criteria

- Patients not registered with a Blackburn with Darwen GP
- Suspected cancer
- Children under the age of 16 presenting with severe skin conditions
- Children under the age of 16 who require any surgical procedure

See appendix 3 – referral criteria listing conditions for Primary Care, Community Care and Secondary Care

It is anticipated that by using the fully integrated service model, only identified onward referrals will be made to secondary care or stepped down to primary care provision as

per appendix 2. Prospective providers are not expected to duplicate specialist services already provided by existing secondary care providers.

It is anticipated that by using the fully integrated service model, only identified onward referrals will be made to secondary care or stepped down to primary care provision as per Appendix 2. Providers must not duplicate specialist services already provided by existing secondary care providers.

The Commissioner will monitor monthly onward referrals to secondary care and GPs, based on benchmarking and best practice.

The above requirements will be detailed in the full suite of KPI's to be agreed following contract award.

The following conditions are classed as 'cosmetic procedures' and should not be referred to or treated by the either community service or secondary care, should exceptional circumstances deem this necessary then prior approval via the IFR process will be required:-

- Basal cell papilloma/sebhorroeric warts
- Asymptomatic definite benign moles
- Skin tags
- Naevi
- Vascular naevi (haemangioma, port wine stains, spider naevus, telangiectasia)
- Tattoo removal
- Xanthelasma
- Symptomatic seborrhoeic keratosis
- Viral warts and verruca's (excluding genital)
- Mollusca contagiosa lesions
- Haemangioma in adults less than 1cm
- Sebaceous cysts
- Epidermoid cysts
- Pilar cysts
- Lipmoata
- Milia
- Stretch marks
- Scars, keloid scars
- Dermatofibromas
- Dermal nerofibromas

There is a CCG policy which covers conditions classed as Procedures of Limited Clinical Value and which are outside the remit of care and treatment

3.5 Audit and monitoring

The Provider will be required to undertake clinical audit to support continuous improvement, this will be agreed and reviewed at quarterly contract review meetings with a copy of the

report being provided to the Commissioner. Unannounced audits may be carried out by the responsible Commissioner to ensure that the policy for removal of Benign Skin Lesions and PLCV is being adhered to at all times. Should the audit reveal a breach of this policy and the clinical practice is found to be outside of the policy then the Provider will be monitored for a reduction in the procedure and adherence to the policy on a quarterly basis.

Activity levels and outcomes for the service will be monitored monthly and via quarterly review meetings and submission of monthly reports for a defined set of KPI's. Reporting requirements are detailed in schedule 6.

3.6 Governance

The service Provider must operate within an established governance framework and be able to evidence this within the service. The governance lead must have clear responsibility for ensuring clinical governance arrangements are in place and for the monitoring of the effectiveness of the clinical governance systems which as a minimum considers the following:

- Patient, public and carer involvement
- Robust patient booking and administrative systems including triage
- Risk management, including incidents and complaints reporting and investigation processes
- Serious untoward incident reporting processes
- Staff management and performance, including recruiting workforce planning and appraisals
- Education, training and continuous professional development
- Clinical effectiveness and audit programme
- Information governance policies and procedures e.g. Caldicott
- Communication with both internal and external organisations
- Infection control arrangements
- Regular audits of the service

3.7 Interdependencies with other services

Blackburn with Darwen actively encourages partnership and collaborative working and will expect the Provider to form effective working relationships with secondary care, community and primary care providers to support integration and a seamless pathway for service users.

Key stakeholders include:

GPs

Acute Trust-dermatology department, pathology laboratory, radiology

Community services including treatment room and district nurses

Health visitors

Pharmacy

Practice Nurses

Podiatrists

Counselling services

Transport

4. Applicable Service Standards

The service provider will provide treatment in line with agreed clinical protocols and will adhere to the following guidelines (as amended) in delivery of this service:

- NICE guidelines including *Improving Outcomes Guidance* (skin tumours including melanoma Feb 2010) to be reviewed 2018
- British Association of Dermatologists, Clinical Guidelines
- Revised guidance and competences for the provision of services using GPs with Special Interests (GPwSIs) Dermatology Services (DH2011)

The above is not an exhaustive list; the provider will be responsible for ensuring it meets any amendments or new guidelines / policies as they are published, during the lifetime of the contract.

The Provider will nominate a dedicated operational lead within their organisation to manage the contract and have financial and operational responsibility.

Medical Staff: The service will be overseen by a specialist in Dermatology and supported by medical staff with appropriate experience and qualifications i.e. GPwSI in dermatology, Specialist Nursing staff, AHPs and other health professionals all with relevant registrations and/or competencies such as <https://www.nmc.org.uk/>, Relevant certificates must be available to be viewed by the responsible commissioner upon request.

The Provider will be expected to undertake a full Equality Impact Assessment within 12 months of the service becoming operational.

The Provider will demonstrate the appropriate system and policy for recording, mitigating, monitoring and reporting of risk issues.

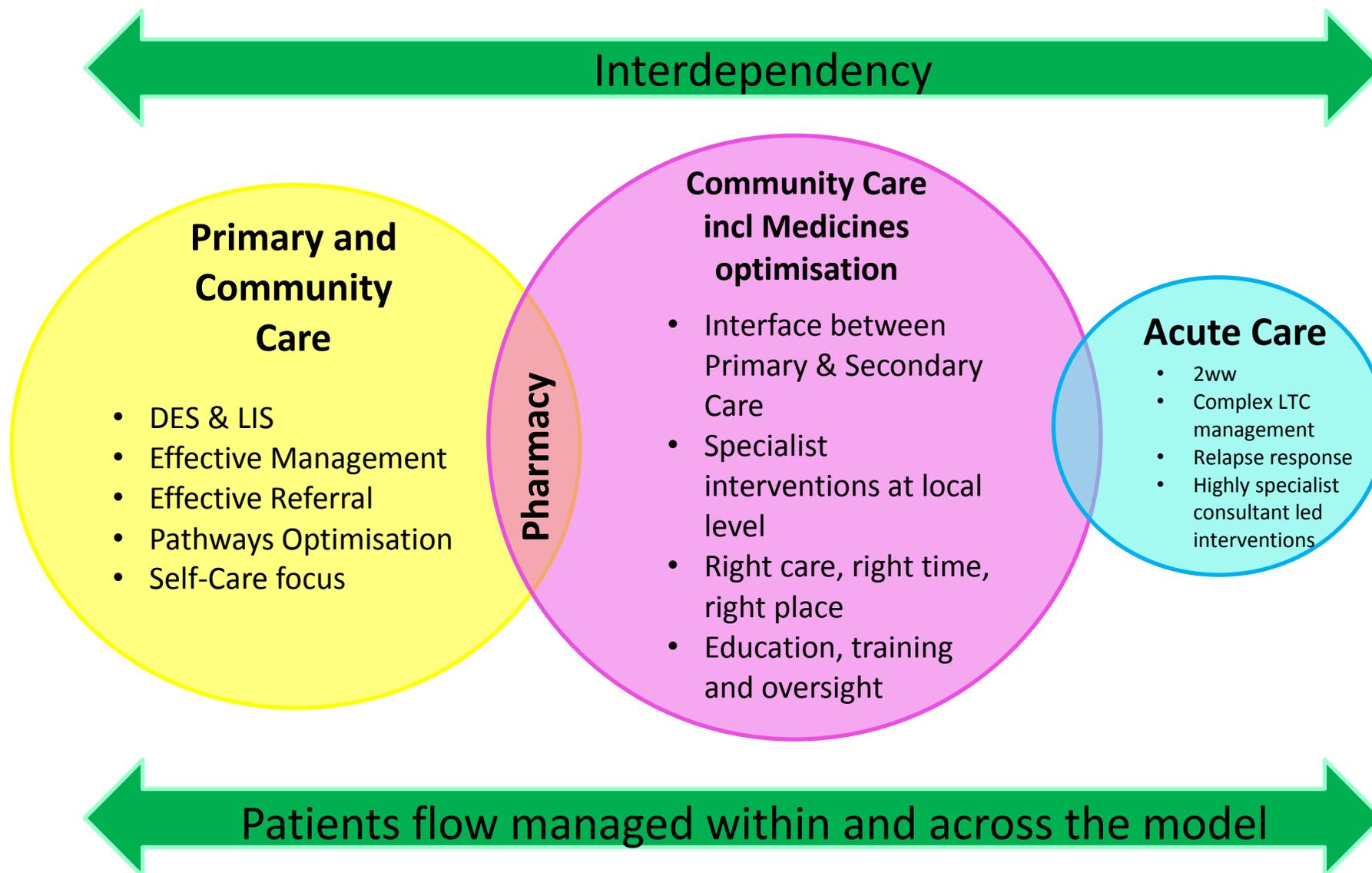
5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements

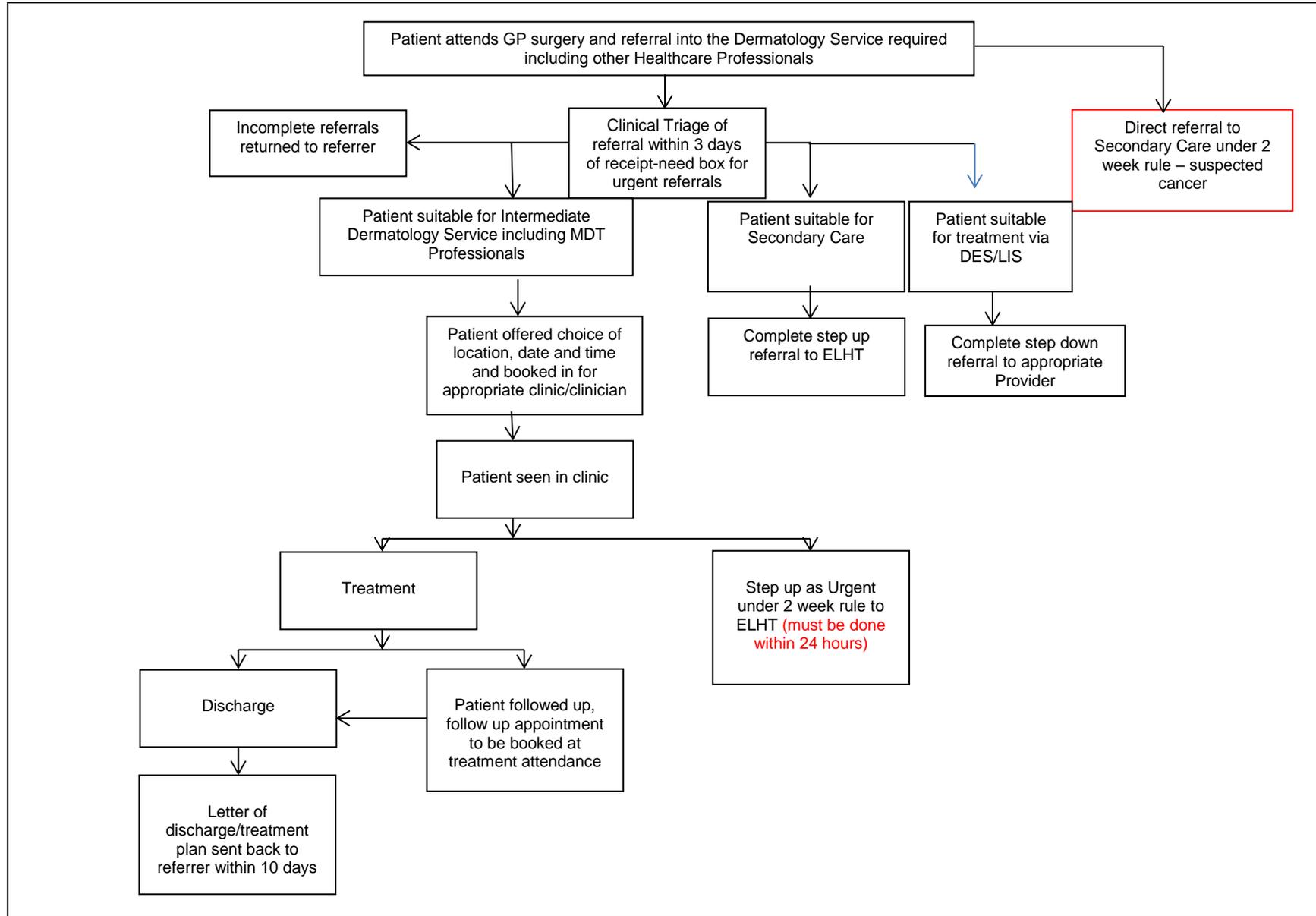
The provider will be expected adhere to all of the National and Local quality requirements within the NHS Standard Contract.

5.2 CQUIN

CQUIN will be available to the provider at 2.5% of the contract value. The CQUIN will be focused around implementation of a two part patient and GP satisfaction survey. Part one around the service and part two will be around patient outcomes and GP satisfaction.



Appendix 2



Appendix 3

Primary Care / Local Enhanced Service	Advice to Community Dermatology /Step Up	Community Dermatology Service	Advice to Secondary Care/Step Up	Secondary Care
<ul style="list-style-type: none"> • Mild acne and rosacea • Mild to moderate dermatitis or eczema • Small benign lesions and lumps, including skin tags in line with PLCV • Mild to moderate psoriasis • Basal cell papilloma/sebhorroeric warts in line with PLCV • Mollusca contagiosa in line with PLCV • Actinic /solar keratoses • Mild/moderate infections and infestations (e.g. tinea, impetigo, scabies) • Symptomatic seborrhoeic keratosis • Viral warts and verruca's (excluding genital) in line with PLCV • Haemangioma in adults less than 1cm • Sebaceous cysts • Dermatofibromas 	<ul style="list-style-type: none"> • Moderate infections and infestations (e.g. tinea, impetigo, scabies) where topical treatment is unsuccessful • Haemangioma in adults more than 1cm 	<ul style="list-style-type: none"> • Chronic inflammatory dermatoses after trial of suitable treatment in primary care eg topical steroids /emollients (eczema/psoriasis etc.) NOT requiring phototherapy/day unit treatment/systemic treatment • Psoriasis after trial of treatment in primary care (involving more than 20% of body surface area) • Eczema; seborrhoeic, atopic (but not suspected allergic contact dermatitis) neurodermatitis • Undiagnosed rashes in otherwise well patients • Bowen's disease • Benign moles and Pigmented lesions where 2 week wait is not indicated and where there is concern or uncertainty • Undiagnosed skin lesions where concern or uncertainty and not 2 week wait indicated • Chronic/debiting urticaria mild/moderate with failed primary care treatment • Chronic/debiting Pruritus not responding to primary care treatment • Nail disorders • Hair, scalp disorders, non-scarring alopecias • Female genital dermatology including vulval lichen sclerosis • Male genital rash (likely to respond to topical treatment) • Low risk BCCs as specified in NICE guidance (up to 10mm in diameter, below the clavicle) • Moderate acne not requiring systemic isotretinoin • Vitiligo • Moderate infections and infestations (e.g. tinea, impetigo, scabies) requiring systemic management • Hyperhidrosis 	<ul style="list-style-type: none"> • Female genital dermatology including vulval lichen sclerosis if intermediate treatment unresponsive • Male genital dermatology, including genital rash unresponsive to topical treatment • Occupational dermatoses and contact dermatoses where patch testing required • Hyperhidrosis only if iontophoresis required • Nail disorders - Consider advice from Secondary care or Podiatry prior to making a referral • Psoriasis possibly requiring phototherapy 	<ul style="list-style-type: none"> • 2 week wait cancer referrals • High risk basal cell carcinoma (dermatology, maxillofacial) • Dermatological emergencies • Severe inflammatory skin disease requiring phototherapy,or systemic therapy (eg eczema, psoriasis, lichen planus, urticaria) • Life threatening skin disease • Severe paediatric skin disease • Photo-investigation and specialised photo-dermatology for photosensitive conditions • Specialised skin cancer eg CTCL/ rare tumours • Skin disease related to connective tissue disease • Cutaneous vasculitis • HIV related skin disease • Pathology requiring MDT discussion/management • Complex mycoses • Severe hair and nail disease – with scarring or significant psychological impact • Specialist intervention for patients having undergone organ transplant • Suspected allergic contact dermatitis • Severe axillary hyperhidrosis requiring botulinum toxin injections • Photodynamic therapy for patients requiring secondary care e.g. transplant recipients • Severe / scarring acne – Isotretinoin treatment • Severe rosacea, refractory to 1st line treatment • Severe hidradenitis suppurativa • Immune-suppressed patients with possible skin cancer • Auto-immune blistering disorders e.g.

		<ul style="list-style-type: none"> • Inflammatory skin conditions e.g. Lichen planus, granuloma annulare • Morphoea (localised) • Moderate to severe Folliculitis and not responding to primary care treatment • Keloid scarring in line with PLCV Policy • Dysmorphophobia • Patients stepped down from secondary care • Shared drug monitoring where appropriate <p>For note: In delivering clinical management to all the above skin conditions, the community service will provide medical student teaching</p>	<p>pemphigoid</p> <ul style="list-style-type: none"> • Severe drug reactions e.g. Stevens-Johnson syndrome • Systemic illnesses related to skin disorders e.g. Lupus • Any patient requiring step-up from Community service
--	--	--	--