# <u>Gloucestershire Clinical Commissioning Group (CCG) case study: Transformation of the routine</u> <u>management of dermatology cases</u>

Gloucestershire CCG is undergoing a transformation of elective dermatology care, using a whole pathway approach.

Gloucestershire has a population of approximately 650, 000 spread across a large geographical area. There are 76 GP practices in the county which are split into 16 clusters across 7 localities. The majority of dermatology secondary care activity is provided by Gloucestershire Hospitals NHS Trust

## The case for change

- Incidence and prevalence of skin disorders has been increasing year on year
- Local referrals rising as well as increasing referrals from out of county, with demand and capacity issues within existing secondary care services.
- Variability in quality of care depending on access to GP with an interest in dermatology
- Disparity in availability of minor surgery skills across primary care
- Patients travelling long distances to dermatology secondary care appointments

#### **Existing service provision**

- Successful Advice and Guidance teledermatology service, with on average 250 requests per month. 90% of requests are responded to within 2 working days and 75% converted to primary care management.
- 2 week wait conversion rate of 10% for suspected skin cancer referrals. Recent introduction (Nov 2017) of 'One Stop Skin Cancer Service' in secondary care has improved performance.

#### Aims

- To deliver improvements in primary care skills training in diagnostic certainty and management of common skin conditions
- Improve skin cancer detection rates in primary care with increased 2 week wait conversion rates
- Speed diagnosis and management, and save patient journeys through increased use of digital technology in the care pathway, without compromising on quality and safety
- To facilitate clinician to clinician communication, and strengthen feedback/education of GPs
- Increase accessibility to minor surgery services in the community and to avoid unnecessary surgical excisions
- Empower GPs to manage their patients with confidence and reduce secondary care activity

### **Plans**

## Step 1: Develop a solid foundation of GP equipment, aptitude and attitude across the county

- Enable each GP practice to have access to a dermatoscope
- Provide a 1-day training course in dermoscopy and digital imaging to all GPs and half day course to all appropriate practice staff across all localities
- Encourage increased photography of skin lesions added to the patient record
- Encourage increased use of Advice and Guidance for lesions of low or uncertain suspicion of malignancy.
- Structured pathways to be published on local website (G-care) which GPs can use to support them with managing skin conditions in primary care.
- Develop and promote structured referral forms with minimum clinical information requirements and attached image. This will enable enhanced vetting of referrals so that patients are seen in the most appropriate setting and clinical resources are used most effectively.

## Step 2: Improve triage of dermatology referrals internally before referral to secondary care

- Ensure there is a GP in each surgery who can become a 'champion' and take internal dermoscopy referrals
- Train a number of GPs to act as dermatology champions at the cluster level, who can support intra-practice referrals, and establish skin 'clubs' to provide ongoing training for practice GPs.

## Step 3: Develop local dermatology minor surgery training and accreditation

 Develop Cluster based inter-practice minor surgery service, to ensure equitable access for patients to primary care minor surgery services across the county

## **Current progress 1.12.18**

Funding approved by the Community Education Provider Network to pilot 2-3 'test and learn' sites for Step 1 -3.

Case study written by Dr. Emma Le Roux RCGP Dermatology Clinical Champion. Gloucestershire's transformation of elective dermatology has been led by:

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