SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	Derm L&SC 001
Service	Community Dermatology Service
Commissioner Lead	Neil Wynne, Lancashire & South Cumbria ICB
Provider Lead	Omnes Healthcare Ltd
Period	2 years +1 year option
Date of Review	1 November 2025

1. Population Needs

1.1 National/local context and evidence base

Skin conditions are the most common reason for patients to present in primary care. Around one in four patients visit their GP with skin problems each year. Many skin conditions are long term, with significant morbidity and requiring prominent levels of self-care. The commonest skin diseases continue to increase in frequency, as do GP referrals to secondary care Dermatology services.

The Department of Health, the British Association of Dermatologists and the National Collaborating Centre for Cancer have recognised that too many patients are attending hospital-based services for the provision of care that could be managed in a community setting. Initiatives elsewhere in the country demonstrate improved convenience and satisfaction for patients as well as reductions in DNA rates.

An integrated care model is desired for the delivery of Dermatology Services:

- Level 1 - Patient self-management /maintain health
- Level 2 - Primary Care & Enhanced Primary Care
- Level 3 - Community based service One stop service
- Level 4 – Secondary & Tertiary Care

Adoption of digital enabled care should be embedded in all levels of provision, supporting both remote consultation and remote surveillance as an alternative to face to face contact where clinically appropriate. Teledermatology should now be an integral part of the above models.

1.1.1 Local Context

Lancashire & South Cumbria ICB has identified significant efficiencies and patient benefits that could be realised by developing a 'One-Stop Dermatology Service.' Based in the community, the One-Stop service will offer local, accessible, high-quality care that would allow for triage of referrals, appropriate signposting and in most cases treatment of dermatological conditions. The service will integrate with local GP's, Acute Specialist Services and local/specialist skin cancer MDT's and should have full responsibility of all operational management, administrative, staffing and training requirements as well as all associated costs. The Service will also develop links with other local secondary care specialties such as Ophthalmology, Plastic Surgery and ENT.

The Lancashire & South Cumbria Integrated Care Board (ICB) will only accredit providers who can demonstrate that they meet national minimum quality criteria (set out by the Care Quality Commission) and local quality standards and within the model there are no guarantees of volume or minimum payment to any approved Provider.

The ICB is acting to commission health services for patients registered with GP practices within Lancashire and South Cumbria, and the service will be provided to patients registered within this footprint.

Dermatology services must meet the needs of large numbers of patients, a considerable proportion of whom will have long lasting conditions needing several types of care at various times throughout their care pathway. The service must provide the following: -

- Easy access to the right level of service at the right time and in the right setting to meet the patients' changing needs throughout their lives
- Access to remote review conditions where appropriate via Tele-dermatology
- Rapid access to diagnostic services
- A high quality of clinical care
- Evidence based treatment appropriate to the patient's condition
- Informed choice for all patients and the flexibility to meet their needs

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

2.2 Local defined outcomes

The merit of the Community Dermatology Service will be evaluated via a range of measures which are detailed in Appendix A. The headline performance indicators are as follows:

2.2.1. Improved access for patients.
2.2.2. Care closer to home.
2.2.3. Improved patient experience.
2.2.4. Patient centred service.
2.2.5. Development of a digitally enabled and integrated service.
2.2.6. Improve GP education and decision making. Improved access to advice and information for GPs, increasing their knowledge and management of minor skin conditions.
2.2.7. Deliver a cost-effective service, releasing funding for reinvestment in other areas of patient care.
2.2.8. Deliver a reduction in Health Inequalities

3. Scope

3.1 Objectives of service

To develop a One-Stop model of service that ensures patients within the Lancashire and South Cumbria ICB population receive the right care, delivered in the right place, by the right person, the first time. Reducing inappropriate referrals into secondary care and reducing patient attendance to a One-stop where clinically appropriate.

The scope of this is for ICB commissioned services only, as it is recognised that additional Dermatology care is provided within many GP practices. The service will cover patients registered within the boundaries of Lancashire & South Cumbria ICB, with the exclusion of those as detailed below.

Fast-track referrals are excluded from this service. If a referral is triaged and clinically assessed to be a fast track, then a locally outlined pathway is to be followed to refer this patient into secondary care.

Whole System Relationships Interdependence with other services/providers
The service must integrate with other service providers that the patients are dependent on to ensure a seamless care and minimal requirement for patients to coordinate separate providers of their care

Interdependencies

Patients
GP practices
Acute providers
Social Care Providers
Dermatology nurses
Lancashire & South Cumbria Integrated Care Board

3.2 Service description/care pathway

The Provider will:

3.2.1. Provide an integrated model of dermatology service provision for Lancashire and South Cumbria, facilitating communication and strengthening clinical governance between service providers.

3.2.2. Deliver value for money and demonstrate good outcomes for patients by working closely with other professionals to ensure that, wherever clinically appropriate, patients will be treated closer to home under community or primary care, avoiding the need for attendance at hospital outpatient clinics.

3.2.3. Provide Consultant Dermatologist led clinical oversight. Practical aspects of the service may be undertaken by appropriately trained and competent non consultant staff, in keeping with professional standards and duty of care.

3.2.4. Ensure the service will be accessible for referrals Monday to Saturday 9-5.

3.2.5. The service will accept referrals for all GP registered adults aged 16 years and above (excluding skin lesions in line with NICE guidance) within Lancashire & South Cumbria ICB, and children in Morecambe Bay, Central Lancashire and Pennine, except where the exclusions detailed in 3.5.7 below apply. The expansion of coverage for children across the remaining ICB areas will be considered within the lifespan of the contract.

3.2.6. Offer a single point of referral for non-skin cancer conditions and monitor GP referral pathways into the community dermatology service in line with this service specification and the national dermatology referral management guidelines (https://www.bad.org.uk/referrals/).

3.2.7. Offer email and/or telephone pre referral support for GPs (General Practitioner) (Advice & Guidance) at the minimum levels determined by NHS Priorities and
operational planning guidance.

3.2.8. Embed Digital Triage within their workflow. A standard clinical template should be set up on eRS to facilitate the receipt of digital images within their referrals, or advice and guidance requests, to minimise patient attendance to that where face to face observation of the skin condition is required to make a clinical decision. Internal processes must enable interface with Primary & Secondary Care systems.

3.2.9. Triage patients appropriately, based on the clinical information and images provided or obtained, within a period of two working days.

3.2.10. Ensure patients are triaged and treated in a setting most appropriate to their needs, by providing equity of access from all sites, or remote assessment where appropriate.

3.2.11. After triage the service will offer genuine patient choice in keeping with Patient Choice Regulations. Where the service user opts for the community provider, they will offer the service user a choice of service location, appointment time and date. These should be bookable through the NHS e-referral system (eRS).

3.2.12. Ensure patients who should be treated within Primary Care are appropriately returned, with advice and guidance provided to the referring clinician.

3.2.13. Facilitate onward referral to Secondary care services where this is deemed necessary for specialist treatment or suspicion of cancer. In circumstances where onward referral is required, ensure that the appointment is booked via NHS e-referral system (eRS).

3.2.14. Ensure patients who require subsequent care by the Community Dermatology Service are booked into clinics for a 'one stop' assessment and treatment at the same attendance, where clinically appropriate, within 6 weeks of referral for routine, or within 2 weeks of referral for urgent. Suspected cancer requiring an onwards 2WW referral should be actioned immediately.

3.2.15. A patient's individual treatment should be completed within 8 weeks of referral, including Minor Ops. A minimum of 80% achievement is expected.

3.2.16. Obtain written patient consent for assessments and appropriate treatment. The completed NHS consent forms should be filed in the service user's lifelong medical record.

3.2.17. Provide a comprehensive new patient assessment. Performing further investigations to warrant diagnosis and appropriate treatment. *See detail of expected diagnostics and therapies.*

3.2.18. Fully inform patients of their treatment options and any proposed treatment, providing patients with appropriate information via verbal, written or digital media.

3.2.19. Ensure that compliance with the 18-week referral to treatment target is delivered.

3.2.20. Inform patients and their referring GP of all treatments delivered and their outcomes, along with all ongoing management plans, via a Discharge Summary within 5 working days.

3.2.21. Provide appropriate follow up, incorporating remote follow up and patient initiated follow up where suitable and not request patients to attend follow up more than is clinically necessary in line with national clinical guidelines.

3.2.22. Provide appropriate follow up support information to patients.

3.2.23. With appropriately trained nursing staff, run chronic disease clinics and patient support groups for patients with conditions such as psoriasis and eczema.

3.2.24. Seek to discharge patients back to Primary Care where appropriate. In doing so the Provider will be expected to provide advice, support, and education to Primary Care practitioners to enable them to manage the patient's condition within Primary Care.

3.2.25. Advise the patient on discharge, explaining the course of recovery, including any pain and bleeding which may occur. Symptoms indicating deviations from the normal course of recovery must be explained and patients advised how and when to seek medical help. This should be supported by clear written information.

3.2.26. The Service will provide opportunity for patients to initiate further follow up appointments as part of their original package of care and payment, for a period of up to 3 months from discharge.

3.2.27. Expected Diagnostics and Therapies

- Punch biopsy
- Shave biopsy
- Skin surgery
- Cryotherapy
- Oral and topical treatments (including patient monitoring for Roaccutane).
- Self-management of long-term skin disease.

3.2.28. The service should have access to the following;

- Histopathology
- Blood Sampling
- Phototherapy treatment service

3.2.29. Attend Secondary Care MDTs (Multidisciplinary Team) a minimum of once per financial quarter for each trust that routinely (> 50% as the provider of choice) receives patients from within the ICB footprint. Attendance is required to discuss complex cases, skin cancers identified whilst on the non-skin cancer pathway, and to maintain integrated pathway relationships.

3.2.30. The provider is required to support cross provider Service Development throughout the lifespan of the contract, to aid in the development of a safe and efficient integrated model, enhancing out of hospital services with ongoing innovation.

3.3. Training expectations

3.3.1. The Provider will be expected to maintain and develop their own workforce through appropriate staff training (equivalent to 15hrs/year). GPwER (General Practitioner with Extended Role) Training must meet the standards for GPwER Dermatology accreditation and competency to practice in line with the standards of The British College of Dermatologists.

3.3.2. The Provider will be expected to host and provide a minimum of one education and feedback workshop to Primary Care practitioners each year. Educational sessions are expected to be delivered collaboratively with other providers, ideally as a multi-disciplinary event.

3.3.3. The Provider will attend GP coordinated Protected Learning Educational events and offer opportunities for GPs to shadow their service for training and development.

3.3.4. The Provider will be expected to participate in the training of Health Professionals, to support the ICBs (Integrated Care Boards) Dermatology Educational Strategy. This may include training grade and nurse practitioners, providing access for informal telephone advice and attendance at clinic for educational purposes by arrangement (NB maximum one learner per session).

3.3.5. The Provider will be responsible for management of training and all associated costs.

3.4 Population covered

The service is to be provided for GP registered patients within the boundaries of Lancashire & South Cumbria ICB, incorporating the former CCG (Clinical Commissioning Group) footprints of East Lancashire, Blackburn with Darwen, Morecambe Bay, Chorley & South Ribble, Greater Preston, Blackpool, Fylde & Wyre, and West Lancashire. Serving a population of around 1.82 million.

3.5 Acceptance and exclusion criteria and thresholds

The following should not be accepted by this service but redirected to secondary care:

3.5.1 Urgent two week wait suspected dermatology cancer referrals.
3.5.2 Lesions with significant risk of SCC (Squamous Cell Carcinoma) or melanoma or other high-risk malignancy.
3.5.3 High risk site lesions including BCCs (Basal Cell Carcinoma) (recurrent, infiltrative, immunocompromised. Any lesions in patients who are immunocompromised or have Gorlins syndrome).
3.5.4 Any lesions in patients with a previous history of SCC or malignant melanoma.
3.5.5 Lesions that are:
a) on the nose and lips (including nasofacial sulci and nasolabial folds), or around the eyes (periorbital) or ears.
b) above 1cm above the clavicle, similarly, any lesion 2cm below the clavicle, unless they are superficial BCCs that can be managed non-surgically.
3.5.6 Rapid access to specialist clinics for urgent and emergency care.
3.5.7 Children under 2 years of age for any condition, under 16 years of age for surgical procedures and young adults under 25 years of age for low risk BCC.

Further exclusions unless specific exceptions met (Refer to Dermatology Management Guide, Appendix A)

3.5.8 Procedures of limited clinical value as determined by ICB policies.
3.5.9 Care requiring multidisciplinary team input for management of complex or chronic skin conditions or those unresponsive to treatment e.g., with geneticists, surgeons, rheumatologists, or gynaecologists.
3.5.10 Day care treatments for infusion therapies -modifying drugs and treatment, skin cancer surgery.
3.5.11 Advice on the management of skin problems in patients admitted with other illnesses/disease.
3.5.12 Psychological assessment of patients with skin conditions with referral to relevant specialist for care.
3.5.13 Diagnostic investigations for rashes with systemic disturbance.
3.5.14 Patient entry into clinical trial.
3.5.15 Allergies unless contact allergy suspected.
3.5.16 Any patient with documented previous requirement for secondary care facilities e.g., phototherapy, biologics, and immunosuppressant therapies.
3.5.17 Alopecia male and female
3.5.18 Benign lesions – except where diagnosis is uncertain, and malignancy needs excluding.
3.5.19 Botulinum Toxin Treatment for Axillary Hyperhidrosis,
3.5.20 Cosmetic Procedures e.g., administration of Botox for wrinkles, frown Lines or ageing neck.
3.5.21 Cystic acne or patients who have not been through the complete Primary Care management cycle.
3.5.22 Genital dermatology.
3.5.23 Genetic dermatology.
3.5.24 Hyper- or hypo- pigmentation.
3.5.25 Hirsutism
3.5.26 HIV (Human Immunodeficiency Virus) and infectious disease of the skin.
3.5.27 Laser treatment.
3.5.28 Leprosy.
3.5.29 Life threatening skin disease.
3.5.30 Melasma.
3.5.31 Non-malignant lymphoedema.
3.5.32 Occupational dermatoses and contact dermatoses.
3.5.33 Organ transplant recipients with new or changing skin lesions.
3.5.34 Paediatric skin services.
3.5.35 Patients who seem significantly likely to require secondary care e.g. phototherapy second line drugs, admission/day care.
3.5.36 Phototherapy and patch-testing.

3.5.37 Psoriasis, unless Primary Care Treatments have failed.
3.5.38 Severe inflammatory skin disease requiring phototherapy or non-conventional therapy, such as systemic therapy or biologic therapies (eg eczema, psoriasis, lichen planus).
3.5.39 Specialised derma pathology.
3.5.40 Specialised skin cancer.
3.5.41 Specialised skin surgery.
3.5.42 Tattoos.
3.5.43 Urticaria unless urticarial vasculitis suspected
3.5.44 Vitiligo

It is a requirement of the service specification that the Interventions are Evidenced Based (EBI) and are proven to be of clinical value, i.e. it is not appropriate for procedures to be carried out for cosmetic purposes alone, unless the referring clinician has ensured that approval has been gained from the ICB or the listed exceptions apply. The provider must seek prior approval from the ICB commissioning team if not obtained by the referring clinician. Further guidance can be found in Appendix A.

Skin lesions not supported as an EBI include, but are not limited to:

3.5.45 Dermal neurofibromas
3.5.46 Dermatofibromata
3.5.47 Epidermoid Cyst
3.5.48 Lipomata
3.5.49 Milia
3.5.50 Molluscum contagiosum lesions
3.5.51 Naevi
3.5.52 Pilar Cyst
3.5.53 Scars, Keloid Scars
3.5.54 Sebaceous Cyst
3.5.55 Seborrhoeic Keratoses
3.5.56 Skin tags
3.5.57 Stretch marks
3.5.58 Vascular naevi (haemangioma, port wine stain, spider naevus, telangiectasia)
3.5.59 Veruccas
3.5.60 Warts- excluding genital warts
3.5.61 Xanthelasma

4. Applicable Service Standards

The Provider will be required to undertake and report on at least one clinical audit per year to monitor and improve compliance with service standards, also identifying opportunities for improved outcomes and patient satisfaction levels. The audit results and a copy of the report must be made available to the Commissioner.

The Provider must ensure that that following policies shall be made available to the Commissioner on request: -

- Equality and diversity
- Safe Recruitment
- Health & Safety
- Lone working
- Record keeping
- Confidentiality/data protection/Caldicott
- Complaints
- Business Continuity
- Safeguarding
- Mandatory Training

- Mental Capacity Act
- Managing Allegations
- Whislteblowing

Operational Management

The Provider will nominate a dedicated operational lead within their organisation to manage the contract and have financial and operational responsibility. It is anticipated that a high-quality community service will require nursing staff with considerable dermatology expertise and experience, capable of managing their own caseload. Specialty nurses should be able to demonstrate competencies in clinical, educational, and managerial skills, including nurse prescribing. Nursing staff including nurse prescribers also need to be able to demonstrate their CPD (Continuing Professional Development) and systems of mentoring. Any specialist nurse must have access to a Consultant Dermatologist for advice.

Mobilisation

The ICB reserves the right to review the service post mobilisation to ensure that all services are being delivered to the required standard. This review will include all aspects of service, both clinical and non-clinical and may include third party specialised organisations such as the British Association of Dermatologists and/or external audit consultants

On the anniversary of the contract a review will be conducted and these will be annually during the contract period. This review will include all aspects of service, both clinical and non-clinical and may include third party specialised organisations such as the British Association of Dermatologists and/or external audit consultants.

Administrative Staff

The Provider will undertake all clinic bookings, dealing with patient queries, reception, preparing reports and discharge letters. Administrative staff should have appropriate experience in a clinical environment to undertake these tasks effectively and efficiently.

Staff conduct

The Provider will have appropriate procedures in place to ensure an effective and efficient service to patients and referring practitioners.

The provider will ensure that the requirements set out for staff in the standard contract are met and that the British Association of Dermatology guidelines / best practice for staffing are embedded. The service provider will be responsible for ensuring that it maintains a staffing complement which allows it to meet the objectives set out in this specification. The staffing structure, staff qualifications and skills, competency framework, appraisal and supervision arrangements will be shared with the Commissioner prior to the start of the contract. A clinical lead for the service will be required with responsibility for overseeing the clinical governance framework and processes.

Changes in Staff

The Provider shall provide the Commissioner with a staffing structure of its organisation and shall indicate managerial responsibility for the provision of the service, prior to commencement of the contract. The Provider shall notify the Commissioner of any new appointments or proposed changes to the existing organisational structure in writing in advance of the proposed change becoming effective.

Training and Competencies

The provider shall be responsible for ensuring all appropriate training and competencies are maintained to safely deliver a clinical service and develop their workforce, with particular reference to the requirements of Schedules 4 & 6. They must:

- Maintain a record of the dates and types of training given to all staff delivering the service. Written evidence of training and development plans and arrangements for staff support is required throughout the duration of the contract.
- Ensure all staff have the knowledge, skills, competence and understanding to operate efficiently and effectively in their respective roles.
- Ensure all staff have a minimum basic life support training annually and attend other relevant mandatory training such as, safeguarding, manual handling and lifting.
- Ensure all staff are registered with relevant bodies i.e., GMC, NMC.

GPwER revalidation must follow the latest guidance from The College of Dermatologists and Royal College of General Practitioners:

https://www.bad.org.uk/education-training/gps/gpwer-guidance-for-commissioners-and-appraisers/

https://cdn.bad.org.uk/uploads/2022/02/29200009/GPwER-dermatology-framework-2019.pdf

Clinical Governance arrangements must be in place to ensure GPwER are supported and developed in accordance with the guidance through annual appraisal processes. A minimum of 15hrs per year should be dedicated as protected time, for individual practitioners to fulfil continued professional development in the subject of Dermatological care.

The Provider must ensure that the governance arrangements are robust enough to provide timely information on concerns about an employed GPwER at any point in the revalidation cycle, and an assurance that there are no outstanding concerns in the period preceding the revalidation recommendation.

Pharmacy support
Pharmaceutical support must be available to the dermatology team. Pharmacy services should provide:

- Formulary development
- Patient education, advice and support and point of dispensing
- Liaison with community pharmacists and GP practice pharmacists

The Provider will be responsible for:

- Providing all drugs (and paying all dispensing costs) on discharge which are required as a result of the presenting complaint or intervention, at least as a **minimum** 14-day supply.
- The provider must register with NHSBSA and set up a provider cost centre. The provider will be responsible for ordering their own prescriptions and the cost of the prescribing will be charged via this cost centre.
- Repeat supply of all drugs which are classified as RED by the Commissioner which are required because of presenting complaint or intervention .
- Initiating, adhering to, and providing GPs with appropriate shared care guidelines for all drugs designated as AMBER by the Commissioner, which are required as a result of the presenting complaint, in collaboration with Medicines Management and practice pharmacists.
- Adhering to any PCT/GP CC formularies around dermatology or wound care
- Adhering to any locally made decisions around drug funding.

- Adhering to MHRA guidance as regards control of medicines. Note requirements for prescribing Isotretinoin treatment in Appendix C.

The service provider shall 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.

Applicable national standards (eg NICE)

The service provider will be required to deliver the service within the key principles of the NHS and within established Good Clinical Practice. This will include compliance with the Standards for Better Health and National Service Frameworks, relevant NICE guidance and technical appraisals and adhere to the minimum standards set out within "Your Guide to the NHS." (Good Practice as indicated by the Map of Medicine or equivalent). The Providers will be required to have a quality assurance system and mechanisms to monitor, and quality assure the service. The provider must inform the commissioner of any lesion that has been removed and found to be malignant and refer directly to Secondary Care for review at the next available MDT. The provider will establish detailed pathways for doing this with the Secondary Care trusts that serve our ICB population.

- NICE guidelines including *Improving Outcomes Guidance 2006* (skin tumours including melanoma updated May 2010)
- RCGP framework to support the governance of General Practitioners with Extended Roles (bad.org.uk)
- Implementing care closer to home: Convenient quality care for patients, Part 3: the accreditation of GPs and Pharmacists with Special Interest (DH Apr 2007).
- Five Year Forward (2014) NHS England Planning Document
- Quality Standards for Dermatology. Providing care for patients with skin conditions. Primary Care Contracting, 2011
- NHS England Quality Surveillance Programme
- Manual for cancer Services and Skin Measures 2016
- The NHS Outcomes Framework 2022
- NICE cancer referral guidance (2015)

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

- Quality standards for dermatology providing the right care for people with skin conditions (2011) British Association of Dermatology in association with the Department of Health
- British Association of Dermatologists Service Standards
- British Association of Dermatologists: Quality Standards for Tele-dermatology
- British Association of Dermatologists 2011: Commissioning Guidance for Dermatology Services
- British Association of Dermatologists: Referral Management Guidelines
- RCP Consultants Working With Patients Guidance 2015
- Guidance and Competences to support the accreditation of GPs with Extended Roles (GPwER) in Dermatology (including Skin Surgery) – Royal College of Practitioners 2019

The Provider must satisfy the Commissioner that any GPwERs have undertaken sufficient dermatology training, as set out in the *Revised Guidance and Competences for the Provision of Services Using GPs with Extended Roles, Dermatology and Skin Surgery* and any relevant guidance that supersedes this.

Adherence to Quality Standards

The service must meet all the national standards of service quality and clinical governance, avoiding harm to patients, staff, and visitors by having systems to ensure that:

i. All risks associated with the acquisition and use of medical devices are minimised.

ii. All reusable surgical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.

iii. Medicines are handled safely and securely.

iv. The prevention, segregation, handling, transport, and disposal of waste is responsibly managed as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.

v. The risk of health care acquired infection to patients is reduced, with particular emphasis on exacting standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA.

vi. Adults and children are protected by following national safeguarding and MCA legislation and guidance within their own activities and in their dealings with other organisations.

vii. Safer recruitment practices and policies to manage allegations

The Provider will be expected to document systems that identify and learn from all patient safety incidents and other reportable incidents and:

viii. Make improvements in practice based on local and national experience and information derived from analysis of incidents.

ix. Ensure that patient safety incidents, alerts and other communications concerning patient safety which require action are acted upon within required timescales

x. Ensure that all medication alerts and other communications concerning medications which require action are acted upon within the required timescales.

Applicable local standards

- Restriction (Interventions of Limited Clinical Value policies)
- Cancer Network Skin Cancer Guidelines
- Medicines and Management policy

Along with the above policies it will be integral to the provision that the service also adopts along with their own safeguarding procedures, the ICB Safeguarding and Vulnerable Adults policy as set out in Schedule 2.

Service Review

On the anniversary of the contract a review will be conducted, and these will be annually during the contract period. This review will include all aspects of service, both clinical and non-clinical and may include third party specialised organisations such as the British Association of Dermatologists and/or external audit consultants.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

6. Location of Provider Premises

The Provider's Premises are located at:

The services should be situated within the ICB's geography and delivered in community settings at sites agreed with the commissioners, with a minimum of one site in each 'place' (former CCG boundaries). Attention must be given to meeting the needs of isolated/rural communities with poor public transport links and high deprivation. The services must be located with access to car parks and public transport links that limit travel time to a maximum of 30 minutes by car, or 60 minutes by public transport. The community locations will be DDA (Disability Discrimination Act) compliant. The addition of new sites during the contract period must also be agreed with the commissioners.

It is anticipated that when the service initially mobilises there may be fewer sites and that the number will increase depending on patient flow and levels of demand. Travel times should be audited as part of the service user experience.

The facilities must be fit for purpose in enabling the provision of a community dermatology service:

Providers should be satisfied that their facilities for carrying out minor surgery meet the requisite DH national guidance on premises standards. Adequate and appropriate equipment should be available for the clinician to undertake the procedures chosen and should

also include appropriate equipment for resuscitation. The provider must demonstrate they have appropriate arrangements for infection control and decontamination on premises. All tissue removed by minor surgery must be kept in refrigerated storage and sent routinely for histological examination to the local pathology department. Consulting and treatment rooms must meet DH building notes for clinical spaces.

The physical environment must meet the minimum requirements for providing services to Children and Young People:

Facing the Future - together for child health | RCPCH
Quality criteria for young people friendly health services (publishing.service.gov.uk)
You're Welcome: quality criteria for young people friendly health services (mefirst.org.uk)

Clarification on requirements may be sought from Lancashire & South Cumbria ICB

Skin cancer clinics (must be compliant with governance arrangements for cancer services, including NICE Guidance for Improving Outcomes for people with skin tumours including Melanoma) for low- risk BCCs. * The clinic must meet the local agreed guidelines and link into the local Trust Cancer Multi-disciplinary team (MDT) meeting.
**NICE 2006*

Days/Hours of operation

The number of sessions and their timings will be discussed and agreed by the Provider with Lancashire & South Cumbria ICB.

The Provider will need to demonstrate delivery of services at all times convenient to patients. This will include a choice of appointment times during the day, evenings, and weekend.

The Provider must be able to be flexible if times are popular with the local community, for example Saturday morning clinics. A telephone advice line for GPs will operate Mon-Fri (9.00am to 6.00pm).

Minor surgery facilities
The ICB should be satisfied that practices carrying out minor surgery have such facilities as are necessary to enable them to provide minor surgery services properly. (National guidance on premises standards has been issued - *DH Health Building Note 00-03: Clinical and clinical support spaces, DH Design for flooring, walls, ceilings, sanitary ware and windows (HBN 00-10), DH Facilities for primary and community care services (HBN 11-01)*

Adequate and appropriate equipment should be available for the clinician to undertake the procedures chosen.

A suggested list of resuscitation equipment can be obtained from the Head of Clinical Governance at the ICB.

7. Individual Service User Placement

N/A

Appendix A –Execerpt from Clinical all provider guidance on the appropriate provision of care for Dermatological conditions. *

Advice should be sought from Community Dermatology Services prior to possible referral
• Moderate infections and infestations (e.g., tinea, impetigo, scabies) where topical treatment is unsuccessful • Haemangioma in adults more than 1cm • Minor surgical procedures – curettage/diagnostic biopsies • Chronic/debilitating urticaria mild/moderate with failed primary care treatment (may require clinical immunology review).
The following presentations are suitable for referral to Community Dermatology Services where beyond the scope of Primary Care intervention

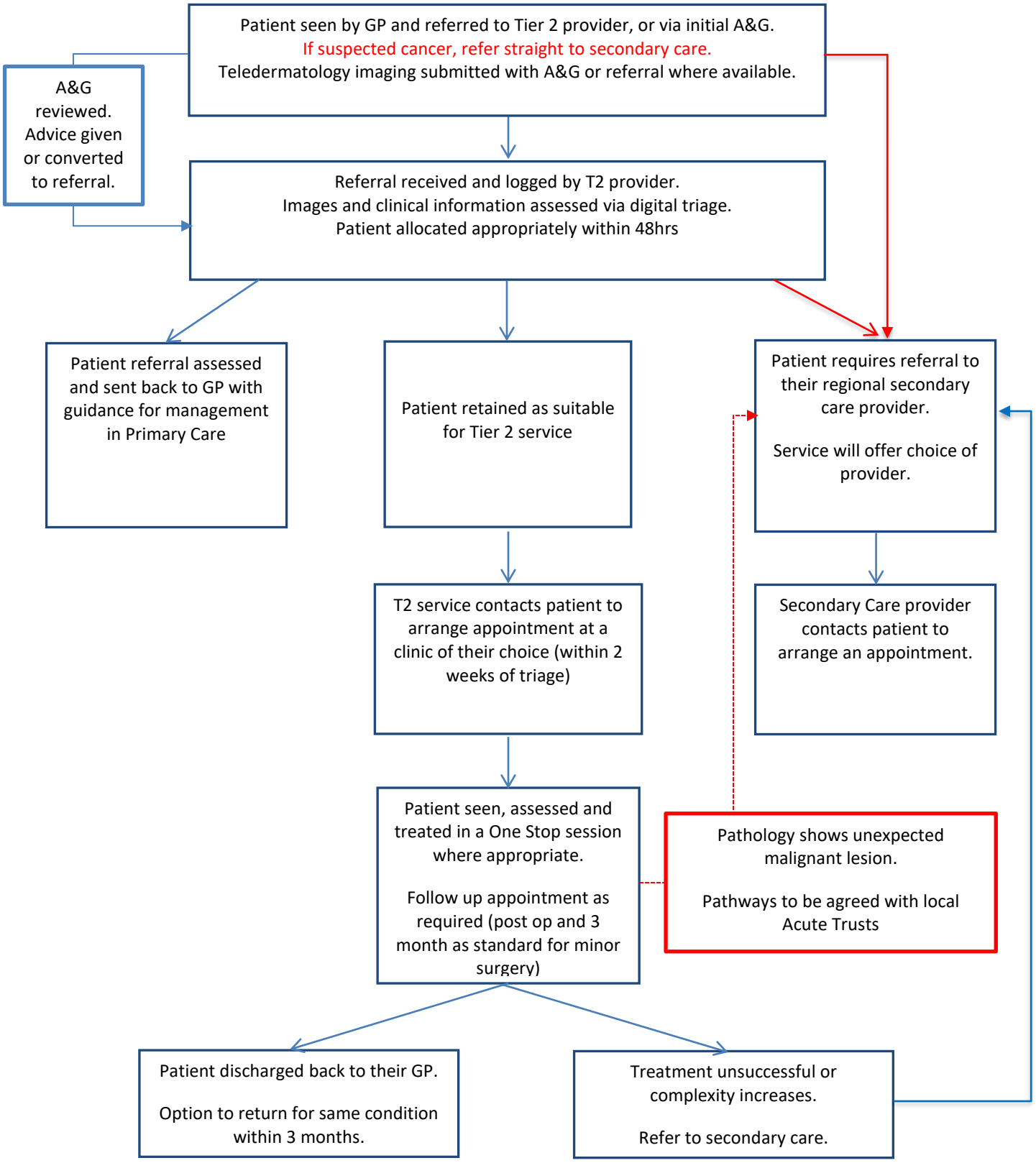
• Alopecia, only if
  ○ scarring alopecia
  ○ alopecia areata persisting after 6 months
  ○ cases for diagnosis
• Moderate acne not requiring systemic isotretinoin
• Severe / scarring acne – Isotretinoin treatment
• Chronic inflammatory dermatoses after trial of suitable treatment in primary care eg topical steroids /emollients (eczema/psoriasis etc.) NOT requiring phototherapy/day unit treatment/systemic treatment
• 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 but where there is **concern or uncertainty** (does not include asymptomatic definite benign moles)
• Chronic/debilitating Pruritus not responding to primary care treatment
• Dysmorphophobia
• Inflammatory skin conditions e.g., Lichen planus, granuloma annulare
• Keloid scarring in line with stated policy
• Moderate infections and infestations (e.g., tinea, impetigo, scabies) requiring systemic management
• Moderate to severe Folliculitis and not responding to primary care treatment
• Morphoea (localised)
• Nail disorders
• Psoriasis after attempted treatment in primary care with standard conventional therapies or involves more than 20% of body surface area.

- Shared drug monitoring where appropriate
- Undiagnosed skin lesions where concern or uncertainty and not 2-week wait indicated (NB High risk BCCs identified through this pathway will be referred on to secondary care for treatment. *High risk BCCs are BCCs 1cm in size above the clavicle, or over 2 cm in size below the clavicle, BCCs on the nose and lips or around the eyes or ears (H zone), BCCs sited over an important anatomical structure)*
- Vitiligo, if primary care exceptions apply

For note: In delivering clinical management to all the above skin conditions, the community service will provide medical student teaching

* ***The above is clinical guidance, and subject to change in response to new local or national directive***

Appendix B – The Patient Pathway



Appendix C – Tariff Arrangements

Tariff Structure

Tariff	Purpose
Minor Treatment Episode for non-surgical/rashes, e.g. • Chronic inflammatory dermatoses not requiring consideration of phototherapy, day unit treatment or systemic treatment. • Undiagnosed rashes in otherwise well patients. • Infections and infestations. • Facial rashes. • Pruritus. • Moderate conditions were diagnosis in doubt. • Pigmentary Disorders.	This tariff encompasses all activity up to and including a Minor treatment episode for low complexity and non-surgical cases. This incorporates the First Attendance activity and Follow Up.
Intermediate Treatment Episode for minor surgeries and more complex non-surgical treatments, e.g. • Lesions not identified as malignant (includes possibly pre-malignant). All lesions should be accurately measured by the referrer and documented). Referrer must also include history to any services for the same condition. • Precancerous skin lesions (actinic keratoses). • Bowen's disease. • Undiagnosed skin lesions (except 2-week wait skin cancer). • Pigmented lesions where 2-week fast track referral not indicated. • Low risk BCCs (Basal Cell Carcinoma) as specified in NICE (National Institute for Clinical Excellence) guidance.	This tariff encompasses all activity up to and including an Intermediate treatment episode for higher complexity and surgical cases. This incorporates the First Attendance activity and Follow Up.

No tariff payment is offered for triage, first attendance without procedure or first OP only appointments. Effective triage should be used to mitigate the occurrences of a first OP attendance without an included or subsequent procedure.

Appendix D - MHRA Guidance on Isotretinoin
https://www.gov.uk/government/publications/isotretinoin-for-severe-acne-uses-and-effects/isotretinoin-for-severe-acne-uses-and-effects

ICB Medicines Management have sought further clarity on the restrictions around Consultant led prescribing and hospital based dispensing. In addition to the above guidance, local policy must be agreed with the ICB Medicines Management Team.

Appendix E - Commissioning Policy for the Removal of Benign Skin Lesions

Policy Number 53 -
(Pan Lancashire) Poli