

By: Tristan Godfrey, Research officer to the Health Overview and Scrutiny Committee

To: Health Overview and Scrutiny Committee

Subject: Dermatology Services Background Note

1. Introduction

(a) Dermatology is the branch of medicine dealing with the skin and its diseases. Depending on classification, dermatology deals with a complement of between 1,000 and 2,000 diseases.¹

(b) Key Facts:

- Skin disease is the most prevalent disease in those under the age of 16 and the second most prevalent disease in adults.²
- Around 24% of patients presenting to a primary care professional have a skin disease with around 6.1% of these being referred to a specialist.³
- Dermatology clinics make up about 5% of specialist outpatient activity.⁴
- There were nearly 4,000 deaths from skin disease in 2005, with 1,817 of these due to malignant melanoma (nearly twice as many as cervical cancer).
- Skin cancer is the most common form of cancer in the UK and malignant melanoma incidence rates in Britain have more than quadrupled since the 1970s.⁵
- In 2005/6 it has been calculated that the total cost for providing care for people with skin disease in England and Wales was £1,819 million. Of this, GP consultations for skin disease cost about £395 million (4.4% of the General Medical Services Budget that year).⁶

¹ Centre for Evidence Based Dermatology, University of Nottingham, *Skin Conditions in the UK: a Health Care Needs Assessment*, 2009, p.6, <http://www.nottingham.ac.uk/scs/documents/documentsdivisions/documentsdermatology/hcnaskinconditionsuk2009.pdf>

² NHS Primary Care Commissioning, *Quality Standards for Dermatology*, July, 2011, Foreword, <http://www.pcc.nhs.uk/quality-standards-for-dermatology>

³ Ibid., p.104

⁴ Ibid

⁵ NHS Primary Care Commissioning, *Quality Standards for Dermatology*, July, 2011, Foreword, <http://www.pcc.nhs.uk/quality-standards-for-dermatology>

⁶ Centre for Evidence Based Dermatology, University of Nottingham, *Skin Conditions in the UK: a Health Care Needs Assessment*, 2009, p.28,

2. Services

- (a) *Quality Standards for Dermatology* outlined the four levels of care for people with skin condition in the United Kingdom.

Level 1 – Self-Care/Self-Management.

- People manage their own condition, or do so with assistance of friends/family. Information is sourced from books, the internet, patient groups, other media, or community pharmacists.

Level 2 – Generalist Care/Primary Care

- First point of contact with GP, practice nurse, community dermatology nurse or pharmacist with special training in skin problems. GP acts as gatekeeper, referring patient to Level 3 where necessary.

Level 3 (a) - Intermediate Specialist Services/Intermediate Care.

- Specialist outreach services by consultants, dermatology specialist nurses, accredited GPs with a Special Interest (GPwSI) in dermatology, or accredited pharmacist with a special interest (PHwSI) in dermatology.

Level 3 (b) – Specialist Care/Secondary Care.

- Acute hospital setting. Consultant dermatologists, specialist registrars, dermatology specialist nurses, GPwSIs (accredited or in training).

Level 4 – Supra-Specialist Care/Tertiary Care.

- Consultant dermatologists/other care professionals with special skills in management of complex and/rare skin disorders.⁷

<http://www.nottingham.ac.uk/scs/documents/documentsdivisions/documentsdermatology/hcnaskinconditionsuk2009.pdf>

⁷ Adapted from: NHS Primary Care Commissioning, *Quality Standards for Dermatology*, July, 2011, pp.48-9, <http://www.pcc.nhs.uk/quality-standards-for-dermatology> and Centre for Evidence Based Dermatology, University of Nottingham, *Skin Conditions in the UK: a Health Care Needs Assessment*, 2009, p.42,

<http://www.nottingham.ac.uk/scs/documents/documentsdivisions/documentsdermatology/hcnaskinconditionsuk2009.pdf>