

# All Party Parliamentary Group on Skin

## Priority Workstreams for 2015-16

This paper was prepared by the Group's secretariat Decideum Ltd\*

Approved by the Group's Parliamentary Officers on 11<sup>th</sup> June 2015

### PURPOSE AND AIMS

The APPGS was established in 1994 and aims to increase understanding about skin care issues in Parliament and to achieve improvements in the treatment and management of patients with skin disease. It also provides an unbiased means of responding to threats to dermatology services and acts as a forum for partners in skin care to engage with politicians with an interest in the issue.

The APPGS benefits from input from its Advisory Panel, which holds three to four meetings a year. The activities of the Advisory Panel and the APPGS as a whole are subject to the approval of the Group's parliamentary officers and its Chair. As with all other APPGs, the Group's work does not constitute official parliamentary business.

The APPGS maintains the following broad set of aims:

- To raise awareness of skin related issues in Parliament.
- To improve the treatment and management of patients with skin conditions.
- To provide an unbiased means of responding to threats to dermatology.
- To provide a forum for all skin interested stakeholders.
- To advise, and make recommendations to Government, on improving the management and treatment of skin related conditions.

### WHAT ARE THE GROUP'S PRIORITIES FOR 2015-16?

#### 1. England-wide audit of the state of services

- In 2009, Dr Julia Schofield carried out a needs assessment for dermatology services, detailing the most common skin conditions treated by the NHS, the make-up of services and the respective roles of dermatologists, nurses and GPs in delivering a comprehensive service that meets the needs of patients (no matter how common or rare the condition).
- Since this needs assessment was carried out the NHS has undergone its most radical period of change since its creation. The bodies responsible for commissioning local services have been transformed into Clinical Commissioning Groups and the methods by which they purchase care for their communities has likewise undergone significant change as a result of the 2012 Health and Social Care Act.
- There is considerable concern amongst the dermatological community that over the last few years, an information gap has emerged that has impeded the ability of stakeholders to track local service changes and aid (where possible) in their continuing evolution.
- The APPGS has therefore chosen to promote, as its priority workstream for the coming year, a nation-wide audit of dermatology services, including details on commissioning arrangements, local clinical leadership, staffing structures and service design.
- The information, collected by the secretariat in conjunction with the Dermatology Council for England (DCE), will be published in an accessible format and made available to all stakeholders - most importantly, to the new 2015 Government and NHS England. It will provide a clear snapshot of England's dermatology services – where good practice exists and where improvements are needed, where problems have been identified and where staffing issues have arisen.

#### 2. New models of care inquiry

- The APPGS is working closely with its members and partner organisations to ensure that the commissioning of dermatology services is carried out in a fair, transparent and informed way.
- Part of this focus will be covered in the aforementioned audit of dermatology services across the country. In particular we shall seek to draw attention to differing methods of service design, consultation and the tendering of local services – not necessarily in order to highlight the worst areas but to draw attention to, and disseminate the methods used, in those areas of best practice.
- This workstream will take the form of a formal APPGS inquiry into 'New Models of Care' held over a period of 3-4 months. In keeping with the NHS Five Year Forward View, the inquiry will seek to ultimately recommend best practice areas that could be put forward to NHS leaders

for their wider dissemination and potential replication in other areas.

- In order to inform the drawing up of local service specifications, the APPGS will also aim to raise awareness

### 3. Workforce

- The issue of the dermatological workforce has come to the fore of late with ever increasing numbers of reports coming our way describing services in a state of crises or constant flux. Several recent examples demonstrate the acute problems that can emerge as a result of insufficient workforce planning or controversial service re-designs that have not received the support of local clinicians. This must be addressed as a matter of urgency.
- Problems associated with workforce are compounded by the fact that there is a chronic shortage of consultant dermatologists working in the UK, with estimated deficits reaching as high as 300 full-time equivalents.
- Of course, dermatology services are increasingly dependent on the skills of GPs and nurses who continue to manage the vast majority of dermatological patients. Indeed many specialist GPs and nurses successfully run community-based services.
- Therefore, in seeking to communicate with and draw attention to areas of concern, we shall also seek to draw attention to, and hold up as examples, those areas that utilise the skill sets of the entire medical workforce to deliver a comprehensive and efficient service – recognising the ambitions set out in NHS England's Five Year Forward View and the fact that there is no 'one size fits all' approach to service delivery.
- As part of our on-going engagement programme with members of the House of Commons we shall seek to work with those MPs where there is an identifiable problem or cause for concern in their local area.
- We anticipate much of this work to be informed by the aforementioned national audit, however we shall continue to seek additional intelligence from stakeholders working in the field in order to identify issues at the earliest opportunity.
- Finally, we shall continue to support calls to Health Education England to increase the funding available for consultant dermatologist training posts.

### 4. Education

- In the last Parliament, the APPGS conducted a series of activities designed to find out the extent to which dermatology is covered under local training schemes for GPs undergoing their 3 years of specialty training. Chief amongst these was a contact programme with Local Education and Training Boards (LETBs) and contact with Health Education England itself. We determined that little data was collected at the local level and that some areas were unable to tell us what provision was in place for the training of GPs in dermatology due to the fluidity and flexibility of GP trainers – who were expected to train GPs in a variety of clinical specialties.
- There remains however a concern amongst the dermatology community that that GP, nurse and pharmacist education in skin conditions is severely lacking.
- We will therefore continue to seek a constructive dialogue with Health Education England regarding both training and workforce.
- We shall also seek to draw attention to the lack of education at the undergraduate level following a soon to be updated audit of medical schools carried out by the BAD.

## PLANNED FUTURE EVENTS

### → 14<sup>th</sup> July 2015

Presentation of the dermatology services national audit interim results (public event)

### → Summer Recess (Late July through to September)

### → September 2015 (date TBC)

New models of care inquiry session 1 – variation in provision & what has/is working well

### → December 2015 (date TBC)

New models of care inquiry session 2 - How to disseminate best practice commissioning of dermatology service? How can we feed into the implementation of the NHS Five Year Forward View?

### → Q1 2016 (date TBC)

Reception to mark the conclusion of the new models of care inquiry and presentation of recommendations to the NHS and Government

## MEMBERSHIP OF THE APPGS ADVISORY PANEL

The members of the APPGS Advisory Panel are as follows:

- Nick Evans (Chair) – former NHS Trust manager
- Mark Johnson (Secretariat representative) – Senior Account Manager at Public Affairs firm Decideum Ltd. and elected secretary of the Dermatology Council for England
- Dr David Eedy – President of the British Association of Dermatologists
- Dr Stephen Kownacki – Chairman of the Primary Care Dermatology Society
- Julie Van Onselen – independent nurse
- Dr Julia Schofield – Consultant Dermatologist
- Nigel Scott – Herpes Virus Association
- Helen McAteer – Psoriasis Association
- Michael Yarrow/Karen Whiteford – Industry Representative
- Rod Tucker – Pharmacist
- Dr Amanda Platts – General Practitioner
- Chris Bunker – former president of the BAD, Consultant Dermatologist

Special Advisers to the Advisory Group that occasionally attend meetings:

- Ray Jobling – Former Chair of the Psoriasis Association
- Jennifer Viles – Vitiligo Society
- Andrew Thompson – academic, psychological adviser