

APPG on Skin
Dermatology Services
 8th May 2018

Meeting Note

Prepared by Decideum

Agenda

Time	Speakers
14:30	Sir Paul Beresford MP (Chair of the APPG on Skin)
14:35	Dr Nick Levell (President of the British Association of Dermatologists)
15.00	Dr Tanya Bleiker (Consultant Dermatologist, Derby Hospitals NHS Foundation Trust)
15.15	Dr Tabi Leslie (Consultant Dermatologist, Royal Free Hospital)
15:30	Dr Anshoo Sahota (Consultant Dermatologist, Barts Health NHS Trust)
15.45	Dr Karen Gibbon (Consultant Dermatologist, Barts Health NHS Trust)
16:10	Helen McAteer (Chief Executive, Psoriasis Association)

Attendees

Sir Paul Beresford
 Mary Glendon MP
 Alistair, parliamentary
 assistant for Rt Hon Dame
 Cheryl Gillan MP
 Dr Nick Levell
 Dr Tanya Bleiker
 Professor Fiona Cowdell
 Vittoria Polito

Dr Tabi Leslie
 Dr Anshoo Sahota
 Dr Karen Gibbon
 Helen McAteer
 Dr Andrew Thompson
 Dr Christine Clark
 Dr Stephen Kownacki
 Rebecca Penta
 Christine Clark

Jonathan Fox
 Fabia Brackenbury
 Dr George Moncrieff
 Dr Stephen Kownacki
 Jamie Flaherty
 Kate Young
 Sebastian Guterres
 Andrew Proctor
 Rebecca Penzer-Hick

Notes

Introduction: Sir Paul Beresford MP (Chair of the APPG on Skin)

- Sir Paul welcomed attendees and introduced the first speaker.

Presentation: Dr Nick Levell (President of the British Association of Dermatologists) – *Introduction, Skin Cancer, Workforce and CESR*

- Dr Nick Levell (NL) outlined some of the key issues facing dermatology, including: the workforce not increasing fast enough to meet demand, poor short-term commissioning decisions, limited dermatology education in medical schools and primary care, and academic dermatology and research requiring more resources.
- NL showed data demonstrating that the number of squamous cell carcinoma (SCC) histology samples and patients has doubled in 10 years and described future trends. NL revealed how BAD membership numbers have doubled in twenty years, but not fast enough to keep up with demand. He outlined the pattern which demonstrates a fairly consistent empty or locum filled posts, around 200, noting the regional variation.
- NL stated that increasing specialty registrar (StR) training numbers will not completely solve the dermatology workforce numbers as there are not enough places (approximately 200). NL drew attention to specialty and associate specialist (SAS) doctors, which could be trained up to CESR entry to the specialist register. NL outlined how there is a pool of disillusioned junior doctors who are interested in dermatology but unable to get into posts. A solution to the filling of the dermatology workforce could be to locally support and train this pool as SAS doctors in dermatology via CESR. NL argued if a third of dermatology consultants take on a trainee then in 4-5 years the workforce issues will be solved with specialist register consultants.
- NL also highlighted that there is regional variation with SAS doctors in the workforce.
- NL mentioned the service issues of the BAD, including: workforce, CCGs awarding contracts to suppliers without resources, destabilisation of departments with loss of staff, and cancer services fragmented with loss of cancer networks. He also mentioned the challenges, which includes the delayed responses from NHS England regarding cancer commissioning and delays in reforming the dermatology CRG.
- NL spoke on training in dermatology research and the BAD's research, particularly the BAD Eczema Registry. He outlined how £200k has been designated funding via BSF over 3 years and it is expected there will be a rolled out to centres as industry funding flows in.
- Finally, NL described the 'Get it Right First Time' programme from NHS improvement that he will be running over the next year and a half, aiming for good and similar patient experience as standard across the NHS.
- Dr Christine Clark from the Royal Pharmaceutical Society asked for further detail on the expansion of community pharmacists. NL replied that they are the first point of contact for many patients and that the BAD has approached various pharmaceutical bodies in hopes to develop training programmes. Dr Stephen Kownacki (SK) added that general dermatological information is being added to the training programmes on community pharmacy.
- A question was asked by a member of the Royal Nursing Society, on how nursing is key to dermatology. NL answered that key and nurse registrar training programmes have started. Rebecca Penta stated that nurses are seeing similar problems but there is also a shortage of nurses in dermatology. She is very interested in seeing training for nurses so that nurses can move through dermatology to become specialists. NL agreed the need to 'pick them up' at the student stage. SK added that dermatology is united and that is one of the few sectors where this is true. Dr George Moncrieff (GM) noted agreement and updated the room that dermatology has been accepted as an RCGP Spotlight project - areas of work will include

antimicrobial resistance and preventative use of ointments.

Presentation: Tanya Bleiker (Consultant Dermatologist, Derby Hospitals NHS Foundation Trust) – *The spectrum of Skin Disease*

- Tanya Bleiker (TB) outlined the spectrum of Skin Disease, emphasising the importance of understanding the impact of skin disease on quality of life, including psychological, occupational and functional issues. She highlighted the example of the hands and feet which affects one's mobility and ability to work.
- TB revealed that 1 in 5 children under the age of five will have eczema but said the level of treatment in primary care is not good. Yet, with time, support and treatment these patients can have a massive improvement to their quality of life. As such, she believes we must make sure there is education out there to help these children get better.
- TB discussed haemangioma and the impact it can have and the need for urgent treatment. She warned that a fairly banal region on the skin can represent a more serious underlying condition. She then discussed acne and the impact on psychology and permanent scarring. Further, TB covered psoriasis and described that with moderate-severe psoriasis there is an increased risk of heart disease, stroke and depression.
- TB revealed that 4 million days off work per year are affected by hand dermatitis. 20% of these are caused by allergies which can be identified by patch testing. TB noted that the BAD hopes to publish standards on this to ensure no variation in care.
- Next, TB addressed trends in contact allergy and stated that PPD hair dye allergies are increasing, as is Methylisothiazolinone (MI) preservative. She stated that clinicians are seeing more of these allergies and it is important to recognise products with MI to prevent rashes.
- Lastly, TB covered severe skin disease and Toxic Epidermal necrolysis, describing rarity and mortality rates.
- The 'Skin I'm in' was recommended by GM as he noted it emotively drives home what is like to live with skin disease. GM also discussed the importance of preventing allergy due to immune memory.
- Dr Andrew Thompson (AT) queried what more can be done in terms of increased access to psychological services. He said that we need to think how we can lobby those working in the industry to ensure patients with skin conditions are not overlooked. NL agreed entirely, adding that within the BAD the research aspect is growing to recognise this. He also revealed that BAD have been looking at service standards for psychological aspects of dermatology.

Presentation: Tabi Leslie (Consultant Dermatologist, Royal Free Hospital) – *Urticaria and Angioedema*

- Tabi Leslie (TL) introduced the characteristics of Urticaria – primarily, itchy wheals and angioedema. She spoke of the 'AWARE' study which is a real-world study of 3,733 chronic urticarial patients and demonstrates inadequate care.
- TL described how chronic spontaneous urticaria (CSU) is a frequent clinical entity presenting a diagnostic and therapeutic challenge. She stated that 42% of CSU patients do not receive any treatment, and many are not treated according to guidelines and that 83% of patients note a negative impact on quality of life. TL advised on a need to improve the management of CSU.
- TL outlined the impact including swellings, itching, fatigue, disfigurement and work disruption, and how patients are also more susceptible to psychiatric diagnosis, social anxiety, phobia and depression.
- TL raised concerns over the use of second generation H1-antihistaminse for CSU since only a proportion respond.
- TL believes the use of omalizumab, which is indicated as a safe, is an effective therapy and must be continued. But, TL stated that NICE recommendations for CSU apply only in patient presenting severe CSU who have tried other treatments first.

- Alistair, parliamentary assistant to Dame Cheryl Gillan MP, asked whether there needs to be a reappraisal of GP training to increase awareness of mast cell activation syndrome. TL agreed, stating that there is a lot of educating to do as not enough is known about the disease. Also, TL noted European guidelines are being published on Urticaria. In response to a question from the audience, TL noted also existing publications on mast cell disorders.

Presentation: Dr Anshoo Sahota (Consultant Dermatologist, Barts Health NHS Trust) – *hidradenitis suppurativa (HS)*

- Dr Anshoo Sahota (AS) revealed how hidradenitis suppurativa (HS) causes scarring, and affects 1-4%, usually starting around puberty. It is a chronic and incurable condition, and significantly impacts on quality of life.
- AS spoke about how chronic disease management is key to improving the quality of life for patients. However, treatment is challenging where the underlying cause is multi-factorial. But, early recognition and treatment will restrict the severity of scarring. As well of burden of disease, he emphasized the need to account for burden of treatment.
- AS outlined what can we do to help patients – better recognition, better awareness and streamlined treatment. He raised the challenges of access, with long waiting times.
- AS argued that we need to lobby on the way CCGs treat patients, and rather than basing treatment on individual visits consider treatment over an entire disease management process.
- GM discussed the Limited List and the impact on use of emollients in terms of preventing eczema. NL agreed with GM that the wording and detail of the document are important, it could be misinterpreted if not read fully and used incorrectly. GM believes that we must use the APPGS's influence to tell commissioners they are wrong to ban emollients completely. Patient group representatives agreed on the negative impact for patients. Sir Paul discussed the potential for a debate on specifically this subject, in order to acquire a response from a Minister.

Presentation: Karen Gibbon (Consultant Dermatologist, Barts Health NHS Trust) – *Genital /vulval disease & genital cancer*

- Karen Gibson's (KB) presentation on genital and vulval skin conditions, revealed that problems around this area of the body often result due to the fact it is a juncture area of skin. Therefore, there can be friction and sweating, whilst incontinence, obesity and clothing can further contribute to dermatitis. She discussed the anatomy of a normal vulva and noted that patients often do not inspect this area of their body.
- KB explained the conditions affecting the vulva – eczema, dermatitis, psoriasis, lichen sclerosus, labial fusion and lichen planus. KB said her practice is overwhelmed with two-week referrals, and they see pre-malignant and malignant lesions such as VIN (Vulval Intraepithelial Neoplasia). She noted that joined up treatment is needed to effectively diagnose.
- KB discussed the service delivery standards –the 'VQLI' (vulval quality of life indicators), which include questions about sexual function, partners and feelings. Research is also being conducted with a lichen sclerosus priority setting partnership and a centre for evidence-based dermatology at Nottingham University.
- Patient representative Fabia Brackenbury added that more should be done for male patients with Lichen Sclerosus. KG agreed that it is an orphan subject and patients struggle for decades before acquiring care. Sir Paul commented that HPV vaccinations should be higher priority – with a focus on head and neck cancer.

Presentation: Helen McAteer (Chief Executive, Psoriasis Association) – *Psoriasis Association*

- Helen McAteer (HM) announced the Psoriasis Association's (PA) 50th anniversary commemorations in May. Reflecting upon the organisation's history, she noted how the challenges patients faced fifty years ago are similar to those faced today. She explained that the PA was founded by Dr Coles who recognised the need to treat psoriasis patients holistically. Yet, 50 years on, HM said we still only have a tiny amount of hospitals that offer an integrated approach to treating psoriasis. Of these centres, she thinks there are amazing results with many patients not requiring other treatments as their psychological components are dealt with.
- HM outlined how itching was described as far back as fifty years ago but is still not documented enough clinically. The PA is working with NICE and SMC to get better recognition for this and working for treatments to address this. She outlined issues with itching in terms of public acceptability and the impact of this on patients.
- HM discussed the importance of body image and the PA's survey, which found that 77% of those with psoriasis found it had a negative impact on their social life and 94% had suffered from anxiety or depression.
- HM stated that the PA uses social media to give each other support and how a number of hashtags around psoriasis support were banned, without response from the platforms.
- HM discussed the fact that successful treatments do exist, including biological injections and targeted therapies. But, psoriasis and other skin conditions are given low priority.
- HM noted the NHS consultation that cites mild psoriasis, asking patients to see a pharmacy instead of a GP. HM argued that this is problematic as some patients cannot afford the pharmacy and it moves the focus away from psychological help.
- HM noted that the work conducted with the SMC & NICE is disregarded at local level by commissioners. The PA feel that safety and efficacy must be monitored, and that advances in knowledge and training must be utilised at local level. HM stated that clinicians must be awarded the freedom to practice medicine to its best effect with patient needs at the heart. HM argued that a less effective but cheaper biosimilar should not be used ahead of a more appropriate treatment. HM believes we must look at the bigger picture than just cost considerations, with the cost of treating anxiety and depression carefully considered.
- Sir Paul concluded that an Adjournment debate on the issues raised may well be possible.



**For further information please
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