



In response to Equity and Excellence: Liberating the NHS White Paper 2010 the British Association of Dermatologists (BAD) considers that the following are of the utmost importance:-

- (1) The commissioning process must include secondary care specialists. Consultants are the greatest expert resource in the NHS and processes excluding them will inevitably be flawed.
- (2) Evidence shows that skin services not manageable in primary care are most efficiently and effectively delivered by a multi-disciplinary team led by consultant dermatologists.
- (3) 20% of GP consultations relate to the skin and 5% of these will require specialist input. It should be compulsory for all commissioning groups to purchase the full range of dermatology services for their population.
- (4) Education and training, although expensive, is essential to ensure long-term quality, safety and sustainability of services.
- (5) Research, although expensive, results in long-term improvements in quality. Providers excluding education, training or research will be able to make financially attractive bids to commissioners but at the cost of sustainability and future quality.
- (6) The 150 NICE indicators should reflect the full range of health problems and not be weighted by traditional patterns or by which group has the most powerful political lobby.
- (7) NICE guidelines and DH guidance are often ignored or “reinterpreted” by local prescribing guidelines. NICE and regulatory bodies require “teeth”.
- (8) GPs and other commissioners must not have any financial interest in the process. Clear rules on conflicts of interest with the sanctions for any transgressions must be codified.
- (9) Involvement of NHS clinicians in National NHS management is essential for the functioning of the NHS. Trusts and commissioners should be required to facilitate this process
- (10) “Cherry-picking” of young patients with curable diseases allows new providers to make substantial profits driving up overall healthcare costs or resulting in less resource for the elderly, disadvantaged and those with chronic disease.
- (11) Poor communication when patients are transferred between independent healthcare systems may result in safety issues (eg allergies) and duplication of tests. Transfer of full information must be compulsory and quick. This may be resisted due to litigation fears.
- (12) Monitor must be financially independent from commissioners and regulate independently.
- (13) Patient outcomes are important and the BAD is developing with full stakeholder involvement a Minimum Dataset of skin disease outcomes that will be available by July 2011. The Health Needs Assessment for skin disease (2009) should be used to guide commissioners.
- (14) Chronic diseases which naturally fluctuate or deteriorate despite optimum care may be less amenable to systems which align outcomes with costs. Care must be taken to avoid “gaming” with chronic , elderly and disadvantaged patients