National Institute for Health and Clinical Excellence

NQB QS engagement exercise 15th August to 14th October 2011

Stakeholder Comments

Please enter the name of your registered stakeholder organisation below.	
Stakeholder Organisation:	British Association of Dermatologists
Name of commentator:	Nick Levell MD: Honorary Secretary

Order number *(For internal use only)*	**Question number** Please state the question number you are responding to or 'general' for other comments	**Comments** **Please insert each new comment in a new row.** **Please do not paste other tables into this table, as your comments could get lost – type directly into this table.**
1	General	Skin Disease represents approximately 25% of workload in primary care and is one of the commonest causes of secondary care referral. If only 5 out of 150 quality standards to relate to skin disease; acne, psoriasis, eczema in children, pressure ulcers and skin cancer (including melanoma) and resources are targeted to them, then people with common severe disabling diseases will inevitably be disadvantaged. There are many well validated PREMS and PROMS for dermatology eg DLQI, FDLQI, Skindex, and LYMQOL making quality measures in dermatology straightforward to quantify. There is scope to widen the existing five categories as follows:
2	i	***Skin cancer (including melanoma)*** could be expanded to ***skin cancer (including melanoma) and conditions pre-disposing to skin cancer (including immunosuppression)*** particularly transplant patients where there is a high risk of cancerous change. Management of common chronic inflammatory skin diseases predisposing to skin cancer such as genital lichen sclerosus should also be included in this category.
3	I and ii	***Childhood eczema*** could be expanded to ***child and adult eczema/dermatitis*** including allergic contact eczema. Adult eczema/dermatitis is shown by the Health and Occupational Research Network (THOR) to be an important occupationally-induced disease, exceeded only by mental and musculoskeletal disorders. There is a wide literature showing that early recognition and prompt intervention are accepted as important if persistent post-occupational dermatitis is to be avoided. By adolescence 15% of children have become sensitised to a contact allergen resulting in adult disease. Br J Dermatol 2001; 144: 523-32.
4	I and ii and iv	***Pressure ulcers*** could be expanded to include leg ulceration by creating a category of ***Skin Ulceration and predisposing conditions.*** Leg ulceration has substantial social and financial impacts in our aging population and there are preventative interventions involving treatment of cellulitis, lymphoedema and skin fungal infections. Cellulitis currently costs the NHS £96 million/year and accounts for 2-3% of hospital admissions occupying 400 000 bed days. Social care is particularly important in this category.
5	I and ii	***Acne*** is an important, very common condition in young adults leading to depression, and social isolation with long term psychological and social sequelae. It could be expanded to include the common adult variant acne Rosacea by naming the category ***acne vulgaris and rosacea.*** The standard should particularly address the safe use of isotretinoin treatment and the regulation and safe use of lasers.
6	ii	**Psoriasis** affects approximately 2% of the population and treatment commonly involves UV phototherapy. **UV phototherapy** is potentially highly hazardous if done incorrectly so the Quality Standard should address this area of therapy. In addition, the safe treatment and monitoring of people on long term disease modifying immunosuppressive drugs (including the biological drugs already looked at by NICE) requires high standards of care. The standard should address the safe monitoring of all common immunosuppressive and retinoid drugs used in psoriasis.
7	ii	**Long term conditions, people with co-morbidities and chronic disease.** There are over 2000 skin diseases which affect 50% of the population each year, with 20% of the population at any one time with a skin disorder. Chronic skin diseases, including many rarer genetic skin disorders; commoner conditions such as lichen planus and cutaneous lupus; genital disorders such as lichen sclerosus and chronic infections such as herpes simplex all produce substantial morbidity. There is increasing recognition of cardiac co-morbidity in chronic inflammatory disorders. These should all be included in this category.
8	i	***Pigment disorders including vitiligo*** are not included in the standards and are common conditions, with vitiligo affecting around 2% of the world population. Vitiligo causes substantial morbidity to those with pigmented skin, in some cultures making girls ineligible for marriage and family life. Whilst these

		conditions may seem inconsequential to those with white skin, in England's multi-ethnic community pigment disorders should not be overlooked.
9	i	***Hair disorders including alopecia*** are very common conditions which produce considerable morbidity particularly to women.
10	iii	***Cancers and infections due to immunosuppression (including transplant patients)*** is a suggested category which cuts across many specialties. All transplant patients need surveillance for skin cancer and HIV very commonly presents with skin infections.

Please add extra rows as needed

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Closing date: 14th October 2011