

Dermatology

Specialist Outreach Clinics



This document provides guidance to providers, Commissioners and Local Health Authorities on the provision of outreach clinics for dermatology services. Further supplementary information on the staffing and facilities requirements for this secondary care clinic is contained in the following British Association of Dermatologists (BAD) and Royal College of Physicians (RCP) guidelines:

- [Staffing and Facilities for Dermatological Units \(2012\)](#)
- [Staffing and Facilities for Skin Surgery Units \(2011\)](#)
- [Consultant Physicians with patients: Dermatology working, Royal College of Physicians \(2013\)](#)

1. Introduction

Many Dermatology Departments provide clinics in community hospitals in rural areas with dispersed populations and poor transport. Specialist outreach clinics are defined as planned and regular visits by specialist doctors and nurses from their main practice location (hospital or specialist centre),¹ to distant hospital settings. The aim of these outreach clinics is to make access to specialist level care more convenient for patients.

These specialist outreach clinics are provided in the following settings:

1. Rural community health centres or hospitals where there is no resident specialist service.² This applies to the majority of outreach clinics.
2. In densely populated cities outreach clinics may provide access to specialist level healthcare for the socio-economically disadvantaged, less mobile or harder to reach communities who would not travel to the specialist centre.

The provision of a specialist outreach clinic in a District General Hospital (DGH) is a collaboration that strengthens links with local secondary care providers, and makes the expertise at centres of excellence more widely available³. This arrangement fits with the 'Hub and Spoke' model of care. The hub refers to the regional centre that provides innovative technology and specialist expertise. The spoke in this context refers to the DGH or distant setting. The 'Hub and Spoke' model is seen as an effective way of maintaining local access to services and ensuring the delivery of high quality care.

There are other types of clinics providing specialist care outside the hospital setting in some parts of the UK. These services provide an intermediate level of specialist care in line with the Department of Health (DH) Care Closer to Home agenda^{4,5} and are commissioned by Primary Care Commissioners under the standard terms and conditions of a community service contract⁶.

1. A community clinic is the term used for a specialist clinic provided, usually by a Consultant, in a primary care setting. Services provide specialist care and advice to patients referred by General Practitioners (GP's) on a number of non-chronic skin conditions that do not require long-term hospital follow-up or a multi-disciplinary or sub-specialist services.
2. Integrated Clinical Assessment and Treatment Services (ICATS) provide a range of specialist assessment and treatment services for patients. The service is provided by multi-disciplinary teams including Dermatologists, Clinical Nurse Specialist (CNS) and GP's with Specialist Interest (GPwSI).

These community type clinics should not be confused with the acute level of care provided in outreach clinics.

2. Service agreements for outreach clinics

Specialist outreach clinics are supplementary services, which are normally agreed as part of the Trusts acute services contract with their local Primary Care Commissioners. A range of specialist Dermatology clinicians along with Clinical Nurse Specialist (CNS) can provide outreach clinics.

Referral and triaging criteria for acute outreach services should be agreed with the Primary Care Commissioners and local GPs. Care pathways must be identified to ensure outreach clinics are set up to best serve patients who need access to the service for both acute and chronic skin conditions. The facilities required for treating Dermatology patients will limit the range of investigations and care, which can be provided outside the secondary or tertiary care hospital setting.

Specialist outreach clinics need to be reviewed regularly by the Primary Care Commissioner and secondary care provider to ensure demand for this service remains sustainable. It is important that clinics have both the capacity to meet increases in demand and the ability to grow and meet local need, where feasible.

Primary Care Commissioners should follow commissioning and procurement principles⁷ in determining the demand and capacity for the service. The provision of specialist outreach services should be supported by a needs assessment of the local community. Where local Trust services have capacity issues and cannot provide specialist outreach clinics, Primary Care Commissioners may approach neighbouring Trusts to provide this service.

Cost effectiveness

Clinics that involve Dermatologists travelling to distant community health centers or hospitals to provide specialist outreach clinics generally increase NHS costs.⁸ Therefore, they should generally only be introduced in areas with poor access to acute hospitals (e.g. rural areas) where major savings in patient costs can be achieved as well as improving equity of care.

The findings reported by Bowling et al (2000, 2001)⁹ showed that the mean total NHS costs per patient were higher in the outreach clinic, than for patients attending usual outpatient services. From the patient's perspective, it was less costly to attend an outreach clinic than an outpatient clinic due to shorter distances with cheaper travel.

The travelling time for the Dermatologists to and from the outreach clinics may mean clinicians see fewer patients in specialist outreach clinics. In consequence their Trust may lose income unless the tariff agreed takes this into account. Further costs for care will be incurred if the patient requires onward referral and treatment at a specialist hospital.

3. Evaluation of specialist outreach clinics

There is little published evidence to date on specialist outreach clinics. Earlier evaluations of the fundholders' model suggested these clinics offered shortened waiting times for patients, better communication and educational exchange between Consultants and GPs,¹⁰ improved patient satisfaction, and lower non-attendance rates. This study did not specify the costs of providing clinics and is a different model to specialist outreach clinics.¹¹

A later systematic review by the Cochrane Collaboration² concluded that while clinics improved access there was no evidence of their impact on health outcomes.

4. Summary

In summary, while outreach clinics improve patient's satisfaction, there are additional costs and resources, which are required to provide these clinics. Most Consultants who do outreach clinics visit only one or two distant sites. The established outreach clinics should be distinguished from community-based services or ICATS clinics, which are a different way of delivering specialist Dermatology care.

References

- ¹ Care Quality Commission (CQC) definitions of Acute services
<http://www.guidanceaboutcompliance.org.uk/step1.php>
- ² Specialist outreach clinics in primary care and rural hospital settings. (Review) The Cochrane Collaboration Gruen RL, Weeramanthri TS, Knight SS, Bailie RS.
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003798.pub2/pdf>
- ³ NICE clinical guideline 50: Acutely ill patients in hospital: recognition of and response to acute illness in adults in hospital July 2007.
<http://www.nice.org.uk/nicemedia/live/11810/58247/58247.pdf>
- ⁴ 'Our health, our care, our say' DH, 2006
<http://www.official-documents.gov.uk/document/cm67/6737/6737.pdf>
- ⁵ 'Delivering Care Closer to Home: Meeting the Challenge' DH, 2008
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_086051.pdf
- ⁶ 2012/13 NHS Standard Contract for Acute, Ambulance, Community and Mental Health and Learning Disability Services (Bilateral).
<https://www.gov.uk/government/publications/leave-for-will-pls-nhs-standard-contracts-for-2012-13>
- ⁷ Department of Health (2010) Procurement Guide for commissioners of NHS funded services. London.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152018/dh_118219.pdf.pdf
- ⁸ Roland M and Shapiro J (eds) (1998). Specialist outreach clinics in general practice. Radcliffe Medical Press. Oxford
- ⁹ Bowling A, Bond M. A national evaluation of specialists' clinics in primary care settings. *Br J Gen Pract* 2001;51(465):264–9.
- ¹⁰ Dunbar J, Vincent DS, Meikle JN, Dunbar AP, Jones PA. Outreach clinics in general practice. *BMJ* 1994;308:1714
- ¹¹ Bailey JJ, Black ME, Wilkin D. *Specialist outreach clinics in general practice*. Centre for Primary Care Research Report 1994. Manchester: Department of General Practice, University of Manchester, 1994

DH HEALTH BUILDING NOTES

Health building notes give best practice guidance on the design and planning of new healthcare buildings and on the adaptation/extension of existing facilities.

They provide information to support the briefing and design processes for individual projects in the NHS building programme.

Publications of interest to Dermatology departments

1. Guidance for infection control in the built environment
<https://www.gov.uk/government/publications/guidance-for-infection-control-in-the-built-environment>
2. Guidance for facilities for providing primary and community care services
<https://www.gov.uk/government/publications/guidance-for-facilities-for-providing-primary-and-community-care-services>
3. Guidance on flooring, walls and ceilings and sanitary assemblies in healthcare facilities
<https://www.gov.uk/government/publications/guidance-on-flooring-walls-and-ceilings-and-sanitary-assemblies-in-healthcare-facilities>
4. Design and layout of generic clinical and clinical support spaces
<https://www.gov.uk/government/publications/design-and-layout-of-generic-clinical-and-clinical-support-spaces>

5. Guidance on the design and layout of sanitary spaces
<https://www.gov.uk/government/publications/guidance-on-the-design-and-layout-of-sanitary-spaces>
6. General design principles for health and community care buildings
<https://www.gov.uk/government/publications/general-design-principles-for-health-and-community-care-buildings>
7. Planning and designing of in-patient facilities for adults
<https://www.gov.uk/government/publications/adult-in-patient-facilities>
8. Design of circulation and communication spaces in healthcare buildings
<https://www.gov.uk/government/publications/guidance-on-the-design-of-circulation-and-communication-spaces-in-healthcare-buildings>
9. Day surgery facilities buildings guidance
<https://www.gov.uk/government/publications/day-surgery-facilities-buildings-guidance>
10. Resilience planning for NHS facilities
<https://www.gov.uk/government/publications/resilience-planning-for-nhs-facilities>
11. Hospital accommodation for Children and young people
<https://www.gov.uk/government/publications/hospital-accommodation-for-children-and-young-people>
12. Guidance on the design of an out-patients department
<https://www.gov.uk/government/publications/guidance-on-the-design-of-an-out-patients-department>

