

Synopsis: What is the future of Dermatology; hospital versus office based, NHS versus private?

Introduction

The introduction of new NHS care models in recent years has facilitated an increase in office-based dermatological practice and thus, an increase in private provision of dermatology services within the NHS. The first part of this essay discusses why there is likely to be further shift to office-based practice in the UK and explores how this may impact secondary care. The second part of this essay highlights the implications that an increase in private provision within the NHS may have on dermatology as a speciality and discusses why private sector practice outside of the NHS may increase.

Hospital versus Office-based

Although dermatologists have a key role in secondary care, most dermatological practice is now outpatient-based and suitable for an office-based setting. Therefore, the Care Closer to Home policy of 2007 has encouraged more office-based dermatology practice in intermediate specialist services based in the community (RCP, 2012). Theoretically, the shift of dermatology practice from a hospital setting to an office-based setting in a similar fashion to America (Stern, 2004), would provide more cost-effective and accessible care for patients. However, in practice more dermatological practice in the community has resulted in a 67% increase in referrals to secondary care (Levell et al., 2012) and may be more expensive than hospital outpatient care (Coast et al., 2005). Despite concerns being raised about their effectiveness, the future is likely to see more intermediate specialist services in an effort to shift services to the community.

Private provision within the NHS

The near future is likely to see dermatology being disproportionately affected by the third of NHS contracts that go to the private sector (The King's Fund, 2019) as several commissioners hold the view that dermatology services can be successfully shifted to the community using private providers. This has huge implications for the future of dermatology as private provision is highly controversial. An example of this controversy is shown by the reluctance of dermatologists to continue with their roles when dermatology services previously provided by Nottingham University Hospitals NHS trust were commissioned to a private provider (Clough, 2015). This commissioning decision resulted in the collapse of the dermatology service in Nottingham; specialist inpatient care for dermatological emergencies has been transferred to Leicester and teaching and research opportunities have been lost.

Private provision outside of the NHS

Private sector use outside of the NHS is likely to increase due to the laxity of regulations, coupled with the fact that people suffering with skin conditions have a high level of willingness to pay for treatments (Seidler et al., 2012). Patients are now able to get private treatment from a consultant or specialist without being referred by their GP and dermatologists are now free to advertise their services on public spaces. This is particularly appealing to a society with rising expectations of skin, hair and nail appearance. However, a barrier to accessing this is the high expense of private medical care in the UK compared to other countries (The King's Fund, 2014).

Conclusion

It is certain that the NHS albeit increasingly privatised, will remain the main provider of dermatology services in the UK. Though not a serious contender, private sector practice may increase in line with societal expectations of appearance, so strict regulations need to be implemented to ensure safe

practice. Additionally, more office-based dermatological practice commissioned to the private sector is likely to be seen in the future, but this does not have to be to the detriment of hospitals. Commissioning decisions should be made in conjunction with secondary care clinicians and on a wider scale, government policy should reflect the concerns of dermatologists.

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