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What is the future of dermatology; hospital versus office-based; NHS versus private?

Increasing demands on the National Health Service (NHS) and shortcomings of the dermatology care provision have brought its future into dispute. This essay will explore the current structure of the dermatology service and how this may evolve in the future.

Hospital versus office-based

Since most conditions can be treated within primary care or self-managed, patient care should be retained within the community when possible. However, the current model of gatekeeping and referral has proven a challenge, primarily because of the inadequate dermatology training for GPs. Ineffective management at primary care level and increasing referrals to hospital have strained services.

While the integrated nature of hospital dermatology caters for the optimum management of patients with acute and complex presentations, the multitude of stressors combined with the shortfalls of hospital-based dermatology has prompted the consideration of an office-based dermatology model. These independent centres run primarily with consultant dermatologists, growing in popularity in the United States of America and across Europe.[8,9]

The presence of serious dermatological conditions means that dermatology should ideally remain in the hospital setting. However, measures must be taken to sustain hospital services. Incorporating office dermatology as an intermediary service allows bridging between primary and secondary care and a diminished need for GPwERs. Additionally, a consultant-led One Stop clinic where patients are assessed, diagnosed and treated on the same day may be ideal for simple cases, evidenced by the success of the spot clinic in Lincolnshire.[14]

NHS versus private

Introduction of the 2012 Health and Social Care Act (HSCA) adopted a more markets-based approach to commissioning which increased competitive tendering of NHS contracts, thus increasing private providers of NHS services.[15] Outsourcing of NHS services to private sectors indicates functional challenges within the NHS.

Working in the independent sector affords dermatologists the option to augment NHS income with private work. Opting for private care reduces waiting times for patients and offers procedures that would otherwise be unavailable on the NHS. Furthermore, competitive tendering for dermatologist services may ensure maximal efficiency and facilitates greater patient choice.[16]

Nonetheless, privatisation of the NHS brings a host of concerns. Last year, £9.2 billion was spent on non-NHS services thus drawing away funding that was needed within the NHS.[17] The near collapse of dermatology services in Nottingham provides insight into the catastrophic impacts of careless commissioning of private services.[19]

Continuing care within the NHS in the future would allow a more cohesive system essential for the management of acute and complex dermatology cases. By allowing private services to adopt small-scale services and fill gaps in care, independent providers can complement NHS services forming a more cohesive service. The disastrous impacts of commissioning demonstrated by the Nottingham case highlight the need for adequate education of commissioners.

Conclusion

With roughly 4000 patients a year dying from skin disease, it is essential that any change to healthcare is made in the best interest of patient safety.[22] The current system must evolve in order to continue providing high standards of care whilst maintaining cost effectiveness. While any one system may struggle to face the growing demands of dermatology, a system that incorporates and maximises the benefit of each model; whether it be hospital, office, NHS or private would be ideal for the formation of a cohesive healthcare structure capable of meeting the dermatology needs of a diverse society.

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