The BAD recognises that the document has been modified from the first draft and references to a diagnostic role and specialised treatments such as cryo and biopsies have been removed in some areas. However a number of concerns still exist.

- The BAD acknowledges that pharmacists will often be asked by patients about various aspects of their skin and in this regard they always have and always probably will advise re conditions such as athlete's foot etc. It is also probably quite reasonable that they can advise patients on the proper use of topical preparations that they have been prescribed, and promote emollients etc. This may already be happening in practice in some primary care and intermediate settings and the BAD would encourage pharmacists to increase their education in this area to support this part of their role to a higher standard.

- Secondary care: The BAD is aware that pharmacists in some areas help to run anticoagulant clinics etc but is not aware of any pharmacists in the North West who run or are involved in any specific dermatology services other than ward pharmacists who advise around provision of biologicals, pharmacy aspects of day care prescribing etc. None of these have ever become involved in direct clinical services.

- Page 8 :The BAD does not disagree with pharmacists explaining or clarifying the use of prescribed preparations for eczema or psoriasis but would disagree with them adjusting treatments UNLESS they could prove that they had all the relevant competencies/ experience etc required of a specialist nurse practitioner/GPwSI and that they were doing this within a well 'governed' and integrated service which had the approval of the local dermatologists. The MHRA guidance re isotretinoin is strict and we are not convinced this would be sensible anywhere other than in a secondary care clinic and then only with the support and guidance of the consultant whose name the prescription is issued.

- Page 10: This section detail the types of service that could be offered by a PhwSI and the BAD feels that this section needs to focus more on monitoring treatment prescribed as opposed to diagnosis. The question that arises on reading this is "Who would have made the diagnosis to allow PhwSIs to advise, provide and monitor treatment?".

A PhwSI Skin Care clinic may include :

- *Assessment, investigation and treatment planning of patients referred to the service, in accordance with the service specification and competencies of the individual PhwSI as stipulated by commissioners*.

    - As detailed in our previous response the BAD has strong reservations regarding pharmacist diagnosing skin conditions and the BAD maintains the need for the

dermatologist to diagnose the condition and the PhwSI to monitor and manage medication prescribed. PhwSIs are not trained to be able to identify chronic and non chronic skin conditions. It has to be recognised that minor skin symptoms can be signs of serious underlying disease, which pharmacists are not trained to identify. Without these skills it would be inappropriate for this role to instigate investigations which may prove unnecessary for the patient.

- The BAD is concerned with location of the consultation and facilities that may be available in a pharmacy to adequately assess a patient. How will investigation and further assessment be carried out to ascertain diagnosis and or treatment options. Further detail on the types of facilities suitable should be clarified.

- Page 11: There is no mention in the document about SLA and referral route for PhwSI services. Clear definition about how patients may access these services is required. These services should complement specialist services and not be an alternative to them.

- If a treatment is prescribed by a PhwSI they must ensure they meet and follow all national guidance – including all MHRA guidelines. This is particularly important following the recent 'Which' report into pharmacy advice. Which suggest that pharmacists it might be appropriate for pharmacists to advise patients as to how to use prescribed medications e.g. emollients and topical steroids for eczema but that they should not be altering treatment or diagnosing.
  http://www.which.co.uk/advice/pharmacists/our-investigation/index.jsp

- Communication : The document is unclear on how the PhwSI will record and communicate decisions to primary and or secondary care should the need arise. The document needs to define how information collected on patient's condition is stored (safely & securely- in line with clinical governance and risk guidelines) and then communicated to the patient's GP or other care provider if the condition does not improve.

- The BAD would like to stress the importance of getting the right diagnosis, right first time, by the right person, in the right setting. Only with this can ongoing review and management be properly implemented.

- These new models of care are perceived to reduce referrals to secondary care and allow patients access to care closer to home. However in practice models deploying GPwSIs have demonstrated that these roles address unmet need and in some cases increase the referrals to secondary care.

- Concerns remain regarding the demands on specialists time to train, accredit and supervise these individuals, the overall accountability e.g. re drug monitoring, involvement in a primary care team, given that many areas lack GPSIs or nurses with suitable training, who could help support such a model. Hospital Trusts will

need to consider time and financial implications for allowing consultants time to support the activities and the PCT or service provider may find that they are expected to pay for the services provided.

- Page 13/14 :As with specialist nurses/GPwSIs etc any pharmacist fulfilling a role should be able to demonstrate that they have all the required knowledge AND experience (not just have attended a course (as applies to the 'diploma' being the only thing necessary to be a GPwSI). The BAD would encourage the PhwSI to train in nursing or medicine to ensure they are fully equipped to support a PhwSI service.

- How long is the training period for PhwSIs in comparison to GPwSIs. It should be the same for both types of professions with a specialist interest.

- The BAD is keen to be involved in this process. However, the implication, on reading this document is that, looking after patients with eczema, psoriasis, hair and nail disorders, complex wounds, bacterial and viral skin conditions etc is somehow easy once a short course and sitting in on four "specialist" clinics a year has been accomplished. The reality is very different. In order to maintain quality in response to Darzi the training and education of PhwSI must be rigorous to ensure patient care is not compromised.

- The BAD cannot see any information in the document that confirms how much basic dermatology is included in pharmacists' training to prepare them for this role. What does their curriculum include? We would make the assumption that it should be more than a medical student receives and would seek confirmation of this.

- Page 15: Clinical Assessments Who will undertake these? PCTs need to be made aware that they as commissioners are responsible for ensuring the services are accredited and meet the national standards set.

- Other issues include clinical risk and medico legal issues of running such a service. The guidance needs to identify who will take ultimate responsibility in the event of missed diagnoses, inappropriate treatment/monitoring etc. Dermatology has over 2000 conditions and diagnosis and treatment are difficult enough for experienced in clinical medicine on a full-time basis, pharmacists with a special interest who would be less exposed to dermatology would find it more challenging. These issues must be carefully considered when implementing these roles.

- Also in relation to nursing there is no mention of consultation with the BDNG committee. Pharmacists can become associate members of BDNG if supported by a BDNG member.

- In relation to wound care community nurses and tissue viability nurses work widely in the health care community and provide a very comprehensive service which is a function we would not see as appropriate for this role as indicated.

NOTE: IT IS NOT A REQUIREMENT THAT PHWSIS IN SKIN DISEASE HAVE ALL THE COMPETENCES LISTED IN THIS TABLE, RATHER THAT COMMISSIONERS ENSURE THAT THE PRACTITIONER HAS THE SPECIFIC COMPETENCES, DRAWN FROM THE OVERALL LIST, TO MEET THE REQUIREMENTS OF THE SERVICE SPECIFICATION.

Objective: Demonstrates specialist pharmaceutical knowledge in the treatment of skin disease and is able to plan, manage, monitor, advise and review specialist pharmaceutical care programmes for patients with skin conditions

Knowledge Demonstrated understanding of…	**Skills** Is able to..	**Attitude**
National clinical guidance and standards relevant to skin disease including current NICE guidance	Provide care for people with skin disease in line with nationally agreed care pathways	Work with patients to empower them to look after their own health and take responsibility for managing their skin problems Understands the impact of skin diseases on pa and families and is able to empathise Empower patients with chronic skin conditions manage the effects for disfigurement
Symptoms, assessment and management of common skin conditions which may include ➢ Eczema ➢ Psoriasis ➢ Drug rashes ➢ Generalised pruritus ➢ Urticaria ➢ Acne and rosacea ➢ Infections (bacterial, viral and fungal) ➢ Infestations including scabies and head lice ➢ Disorders of hair and nails The need for close collaboration with primary care and specialist services in the management of many skin problems, e.g. psoriasis Understanding of local skin lesion pathways	Take a history of the skin condition Undertake physical assessments relevant for common skin conditions	
	Plan, manage, monitor, advise and review pharmaceutical care of patients referred for skin conditions	
	Coordinates pharmaceutical care with: • other primary care health professionals • dermatologists • other appropriate specialists to provide effective and appropriate acute and chronic disease management including prevention and rehabilitation.	
	Refer cases into specialist services where appropriate	
The use of assessment techniques and investigations relevant to the PhwSI service	• Initiate and refer appropriately for pathology and microbiological investigations • Refers appropriately for assessment for patch testing • Take specimens from skin, hair and nail where appropriate	

Comment [MSOffice2]: Where will assessments be conducted ?

Comment [MSOffice1]: Facilities and adequate equipment to review a patient need to be present.

Comment [MSOffice3]: In what format will records on patients be stored and transferred ?

Comment [MSOffice4]: It would be inappropriate to initiate investigations if uncertain of potential diagnosis.

Knowledge Demonstrated understanding of…	**Skills** Is able to..	**Attitude**
Specialist pharmaceutical knowledge of the range of systemic and topical drugs and non-drug interventions used to treat skin conditions	Prescribe or supply, and monitor response to drug and non-drug treatments for common skin diseases Monitor, review and adjust drug treatments effectively including for complex medication regimens	Empower patients to manage their skin conditi maximising effective use of prescribed and no prescribed treatments
More specialist drug treatments used in skin conditions, and drugs with special monitoring requirements including methotrexate and other immunosuppressants, isotretinoin and products used outside licensed indications	Advise, provide, and monitor treatment in line with local and national protocols and guidance, within limits of own competence Note: For isotretinoin, service provision must be in line with current MHRA guidance* Work within relevant medico-legal guidelines	Maintains awareness/vigilance re possibility of adverse drug reactions to drug treatments for skin disease and drug-induced skin disease Recognises limits of own competence
How to refer appropriately for conditions that might include pre-malignant and malignant lesions In the context of local skin lesion pathways	Makes timely and appropriate referrals to specialist services, especially to rapid-access pigmented lesion and skin lesion (sometimes called skin cancer, mole or melanoma) clinics	
Principles of prevention and health promotion in relation to skin disease	Promote skin wellbeing by applying health promotion and disease prevention strategies appropriately including sun protection, occupational health advice and hand care. Advise patients appropriately regarding lifestyle interventions including skin protection and occupational health advice.	
Drug treatment for common co-morbidities in skin disease	Monitor, review and adjust drug treatments effectively including for complex medication regimens	
Adverse reactions to drug treatments for skin disease	Manage and report adverse drug reactions and drug interactions	
Awareness of skin conditions which require urgent treatment or referral	Is able to provide appropriate urgent care or refer to other providers within the context of agreed care pathways	

Comment [MSOffice5]: Prescriptions can only be written if a diagnosis is known.

* In England this requires that the initiation of prescribing must be by a consultant dermatologist. Ongoing monitoring, prescribing and dispensing services may be developed within care pathways that maximise the available skills and competence of pharmacists

Knowledge Demonstrated understanding of…	**Skills** Is able to..	**Attitude**
How to achieve shared decision-making with patients with skin disease	Personalise treatment goals based upon therapeutic targets whilst recognising the individual patient's circumstances	Appreciates the importance of the social and psychological impact of skin problems on the patient's quality of life, including, for example, the effects of disfigurement <DN: or use preferable phrase> or sleep deprivation as a result of itching. Identifies the patient's health beliefs regarding skin problems and either reinforce, modify or challenge these beliefs as appropriate
	Follow legal, ethical, professional and organisational policies/procedures and codes of conduct Take action based on own interpretation of broad professional policies/procedures where necessary	

The competences described in this table relate to expert professional practice in the care of people with skin disease at PhwSI level. For other competences it is recommended that the generic PhwSI competency framework[16] is used to assess competence in line with the service that is being commissioned.