



Dear Colleagues

- (1) A Dermatology Outcomes framework is currently being developed by the British Association of Dermatologists with all relevant stakeholders including patient groups as a Minimum Data Set. This multi-stakeholder project is due to be completed in July 2011.
- (2) Skin Disease is important and must be included in NHS outcome measures. It represents 20% of primary medical care activity. There are more cases of skin cancer in the UK than all other cancers put together. Skin allergy causing hand eczema is a major cause of disability in the workforce. 20% of children now suffer from atopic eczema.
- (3) The 150 NICE outcome measures should include measures for Skin Cancer and for Skin Inflammatory disease (eczema, psoriasis acne etc).
- (4) Examples of outcome measures in skin disease relating to the five domains include:
 - (1) **Preventing People from Dying prematurely:** early recognition of melanoma (the cancer most rapidly increasing in incidence and the second commonest cancer in young adults).
 - (2) **Enhancing Quality of Life with patients with long term conditions:** efficient shared care arrangements for drug monitoring for patients with severe psoriasis and eczema. These patients require frequent blood tests and other monitoring which might be best done with primary care/secondary care shared arrangements. This would minimise travel, reduce costs, reduce secondary care follow up and improve safety.
 - (3) **Helping patients recover from ill health...:** measurement of validated patient centred disease severity indicators (eg DLQI) at consultations would quantify improvement with treatment *from the patients' perspective*.
 - (4) **Ensuring patients have a positive experience of care:** measurement of patient satisfaction in questionnaires covering all aspects of their care.
 - (5) **Treating and caring for patients in a safe environment and protecting them from all possible harm:** Ensuring patients are treated by a practitioner who is an educated and trained and revalidated individual who can demonstrate competency according to nationally agreed standards.

The setting of outcome measures is of no value at all if Monitor, the CQC and Healthwatch have no teeth to monitor them and to apply sanctions for failure.

The current NHS allows untrained practitioners to practice dermatology in a way which flouts NICE and DH guidelines. This activity is going on at present. There is no effective process for control of these activities and some PCTs actively collude in avoiding regulation. Those undertaking and commissioning these activities face no sanctions as their activities avoid units breaching targets.

The British Association of Dermatologists advise that it is important not only to set outcomes but to monitor them and to have an effective process to deal with units that fail to meet safe standards.