



Liberating the NHS: greater choice and control.

Summary of the response by the British Association of Dermatologists

- (1) All studies to date have highlighted that high quality dermatology care requires integrated services and patients have consistently said that their main requirement in healthcare is continuity. For these reasons and as dermatology deals primarily with diagnosing suspected cancers and with management of complex chronic diseases the AWP model is flawed.
- (2) To avoid costly duplication of consultations and unnecessary investigative procedures, patients should see the right doctor first time. Dermatology training for undergraduates and most GPs is poor. Therefore, those setting themselves up as providers for skin diseases should make their qualifications, range of services offered and accreditation details transparent for people choosing their services and this information must be clear to people at the point of choice.
- (3) Increased choice usually means increased expectation and entitlement and it is not realistic for everyone to get their first choice. What is important is not *increased* choice but *better informed* choice.
- (4) Some aspects of choice are incompatible with current systems eg choosing a preferred provider and being prepared to wait 6 months to go there (incompatible with current target systems).
- (5) Many GPs have a financial interest in provider services with major conflicts of interest for some GP commissioners. To avoid this, full public financial declarations must be made by commissioners and those with conflicts of interest must not commission.
- (6) New provider services could “cherry-pick” easy profitable dermatology cases. This would destabilise existing services that manage complex cases. This would disadvantage the elderly and those with rare, chronic, disabling or conditions which are expensive to treat. To avoid this there should be a reduced tariff for those who do not offer a full range of services with a correspondingly increased tariff for these more difficult aspects of dermatology care.
- (7) “Cherry picking” by new providers may extend to selection of diseases common in fit, non-disabled, white, young, middle class people, in low risk groups for HIV, for whom treatment costs may be lower. Systems should be in place to ensure that choice and AWP does not result in institutionalised racism, ageism, disability discrimination and homophobia.
- (8) New provider services may not offer a full range of education and training, nor research to improve healthcare outcomes, nor allow their staff to contribute to the wider NHS such as NICE and specialist society and college work. To avoid this creating an unfair advantage that would destabilise the NHS, services which cannot provide evidence of training, research and contribution to the wider NHS should receive a reduced tariff or pay a levy to support those that do.