



British Association of Dermatologists summary regarding Regulating Health Care Providers

- (1) Monitor should mandate the standards of a basic dermatology service which the British Association of Dermatologists can help define. This should include dermatology skin cancer surgery, paediatric dermatology, dermatology allergy services, photodermatology, dermatology genital services and other services such as psychodermatology.
- (2) Provider services must provide education, training, NHS management and usually research and innovation.
- (3) Competition may result in risks to patients. Structures that promote safety and quality will tend to restrict competition. Collaborative working between clinicians in secondary and primary care promotes patient safety.
- (4) Cherry picking of aspects of service which are easy and cheap to provide will inevitably be the focus of potential providers from outside the NHS. The needs of those patients who require services for conditions which are less common, more difficult or more costly to provide, must not be disadvantaged by this
- (5) Conflicts of interest for GP commissioners who are likely to be shareholders and providers of intermediate dermatology services mean that dermatology should not be commissioned locally. Central commissioning for dermatology services is the only way to avoid this.
- (6) All providers should have to bid on the quality and sustainability of their proposed service (both structure and staffing) and not just on cost as occurred under the CC2H agenda. Only then will patients have a clear 'choice'.
- (7) Failing providers should be indentified before collapse and emergency measures put in place to avoid loss of efficient and effective clinical teams. Monitor should work collaboratively with the British Association of Dermatologists clinical service unit who have expertise in recognising and supporting struggling dermatology units.
- (8) Monitor needs to pay special attention to reducing the tariff setting lifecycle which currently is 3 years (from costing to pricing). In other countries it is less than 1 year.
- (9) It is vital that the Specialty (the British Association of Dermatologists) is consulted separately over tariff setting and it must not be assumed that the patient perspective is adequately represented through the commissioning bodies.
- (10) Health service professionals contribute towards the overall function of the NHS by developing national audit standards, national guidelines for treatment, and organising the education, examining and higher training of health care professionals. Furthermore doctors contribute towards NHS development by advising NICE, the CQC and in the future monitor. These functions are currently provided by foundation trusts by releasing employees to the respective royal colleges and specialist societies. There is no mention of this essential work which provides the oil and the fuel for the machinery that propels the NHS forwards.