

Dermatology Service Standards

Information Sheet



1. Introduction

The British Association of Dermatologists (BAD) Clinical Services Unit (CSU) provides advice to our members, their hospital departments and commissioners on all aspects of Dermatology service provision provided in community, secondary and tertiary care settings. It also advises on service development and improvement areas, producing tools and resources to support service delivery infrastructure. The CSU is responsible for producing service standards, which underpin the interventions carried out in acute and tertiary Dermatology services.

Service standards are currently being developed which focus on the broad configuration and provision of clinical services. These will be NICE accredited and only address those interventions that are likely to have implications for the configuration of services such as skin cancer and acute care pathways. Their purpose is to reinforce governance and accountability by making service provision transparent, and increase patient confidence by demonstrating commitment to service excellence. This will also ensure commissioners of NHS services procure services from appropriately qualified providers who have the necessary NHS acute governance framework as part of NHS contracted services.

2. Service Standards Process

In most intervention specific service standards, the starting point is when the patient is referred to a service by a GP, and follows the patient's journey through to discharge. These generic standards have been adopted by the BAD as core principles for its service standards.

They are set out as follows:

- STANDARD 1: Referral and Patient Assessment
- STANDARD 2: Patient Information and Consent
- STANDARD 3: Staff Training and Education
- STANDARD 4: Clinical Management & Monitoring
- STANDARD 5: Equipment and Facilities
- STANDARD 6: Clinical Governance and Audit
- STANDARD 7: Discharge Protocol
- STANDARD 8: Surveillance / Self-Management

Each service standard will contain a statement explaining the 'rationale' for its existence with 'essential criteria' which must be met. Supporting documentary evidence and audits points have been set to demonstrate compliance with these essential criteria.

Dermatology service standards will also complement existing skin disease service specifications and intervention specific BAD clinical management guidelines.

The evaluation and prioritization of topics is facilitated by reviewing several criteria:

- degree of public health importance (high prevalence, significant morbidity and poor outcomes)
- current service configuration and provision
- perceived or documented variation in service practice patterns identified through service issues, published reports, service based audits and literature reviews (where available)
- potential for performance measures and accreditation of service model development
- an area in which increased dermatological attention and involvement would be beneficial for the specialty.

Where service standards support existing BAD clinical management guidelines, representatives from the clinical guidelines group will be asked to participate in the Working Party Group (WPG) to ensure consistency.

We anticipate that the process for developing and updating Dermatology service standards will be similar to those for clinical guidelines. However, as each service standard will conform to the generic core principles adopted by the BAD, the process for their development and review is relatively straight forward. Each service standard will be supported by the available evidence and expert clinical judgment of the nominated WPG.

Each service standard will be tested in principle by a number of nominated hospital departments. This will allow accurate feedback to be obtained on the operational process and updates to be made to the service standards. The finalized service standard will be scrutinized and approved by the BAD Officers.

A formal consultation period (normally one month) will then apply where all service providers will be invited to comment on the service standard. Comments will be collected using a standard proforma. These will be reviewed at the end of the consultation period by the WPG and necessary changes made to the service standard.

The service standards will be submitted to NICE for comment and their approval process before publication in the public domain.

Phase 2 – Accreditation frameworks to support the service standards is currently being explored by the BAD. Phase 3 - Managed Clinical Network (MCN) are their feasibility for Dermatology will also be investigated and all avenues explored over the longer term.

BAD Service Standards Process Flowchart - Phase 1 Development



