



FACT SHEET- Dermatology (skin conditions)

<p>What happens now?</p>	<p>Some dermatology services are provided in hospital by Croydon Health Services NHS Trust.</p> <p>An intermediate service for less serious skin conditions also runs from a number of locations, some in hospital and some in the community. An intermediate service provides care to patients – generally older – to help them avoid going into hospital unnecessarily, and support them to be as independent as possible.</p> <p>GPs can refer patients to the intermediate service or hospital.</p>
<p>Why is change needed?</p>	<ul style="list-style-type: none"> ▪ Patients are not always being treated in right place with the most appropriate treatment ▪ Patients are not adequately involved in decision making about their care ▪ When people first seek help for skin conditions there are too many different approaches to assessment, diagnosis and treatment taken by healthcare professionals ▪ Limited and ineffectively co-ordinated education and training for GPs and wider primary care teams ▪ Services could be better integrated ▪ We are not taking advantage of available digital technology to improve care
<p>What does the future look like?</p>	<p>Our model will see more people supported in primary care. The key features are:</p> <ul style="list-style-type: none"> ▪ Hospital consultant triage of all referrals ▪ Education and training of key groups in the community ▪ Promotion of self-care ▪ Introducing advice and guidance for GPs from hospital consultants. This includes use of Teledermatology - a way of using digital technology to diagnose and treat patients faster. It allows GPs across Croydon to get rapid opinion on the diagnosis of skin conditions in adults (aged 16+) and how to manage them in primary care – reducing the number of patients who have to go to hospital. ▪ Education and development for GPs and their practice teams <p>During the procurement period (March - September 2018) elements of the new service will be tested.</p>

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<p>What does this mean for patients?</p>	<ul style="list-style-type: none"> ▪ Faster diagnosis and treatment ▪ Being cared for closer to home – in patient’s GP practice, without having to make unnecessary trips to hospital ▪ More support for patients to manage their own condition ▪ Making better use of technology in the NHS to improve patient care and experience of services
<p>What does this mean for GPs?</p>	<ul style="list-style-type: none"> ▪ GPs supported with tools to help promote self-care with patients ▪ More succinct referral process and improved referral quality ▪ Specialist capacity focused on patients who need it most ▪ Development of GPs with extended roles ▪ Shorter waiting times for diagnostics and treatment ▪ Less administration from re-referrals and repeat patients ▪ Easier access to advice and guidance from specialists ▪ Options to book patients into group consultations ▪ Improved collaboration with dermatology specialists ▪ Additional education, training and support to help GPs manage patient care more efficiently
<p>What improvements do we expect to see?</p>	<ul style="list-style-type: none"> ▪ 28% reduction in new outpatients ▪ 14% reduction in outpatient follow ups ▪ 7.2% reduction in outpatient procedures
<p>When will it happen?</p>	<ul style="list-style-type: none"> ▪ Service specification agreed by working group: November 2017 ▪ Business case: September 2017 ▪ Start procurement process: March - September 2018 ▪ Set up of new model: from October 2018
<p>Meet the team</p>	<p>Clinical lead Dr Agnelo Fernandes</p> <p>Transformation Programme Lead John Bassi</p> <p>Commissioning Lead Antonietta Viola</p>