

The NHS White Paper 2010 A response from the Skin Care Campaign

Please read our suggestions in conjunction with all consultation responses from other stakeholders in skin care/dermatology inc skin charities, the British Association of Dermatologists, Primary Care Dermatology Society, British Dermatological Nursing Group and the All Party Parliamentary Group on Skin.

The Skin Care Campaign (SCC) is pleased to read that the white paper highlights the need for proper engagement and involvement of patients in the planning, commissioning, delivery and monitoring of all NHS services and sincerely hopes that these will be achieved effectively.

Our suggestions to support effective implementation are:

Transparency in Outcomes:

We suggest the development and use of Patient Related Experience Measures (PREMs) and Patient Related Outcome Measures (PROMs) and to ensure patients know what they should be getting as part of their care pathway Gold Standards for all dermatological conditions (as per a previous DoH bid from the SCC, Primary Care Dermatology Society and the University of Hertfordshire).

NICE guidance, whilst quite limited for the full gamut of skin conditions, needs to properly implemented and monitored. Currently, for the vast majority of guidance little is done to ensure that it is used.

Commissioning for Patients:

Experience has shown that the implementation of stakeholder commissioning groups, (as per the NHS PCC Care Closer to Home *'Providing Care for Patients with Skin Conditions: Guidance and Resources for Commissioners'* appendix2), provides an equitable forum where commissioners, clinicians and patients can work together to properly plan, resource and monitor services.

A significant concern for the SCC is that many GPs do not have enough knowledge about skin conditions and national commissioning must have a route to influencing the training needed for all clinicians. With proper stakeholder commissioning groups this knowledge gap will be ameliorated by the involvement of patient and clinical experts in the dermatology.

For the most effective commissioning decisions to be made, all stakeholders need to be trained to work collaboratively and effectively. It is as important for clinicians to learn how to work with patients on these issues as it for patients to be trained in working within these groups.

Current legislation, NHS Act 2006, and the NHS Constitution demand proper consultation on NHS services – it is our experience that these are ignored and most PCTs have made decisions without any proper consultation. To address this we suggest the National Commissioning Board (NCB) uses these mandatory obligations and acts more punitively when not being met by new commissioners.

Some rarer skin conditions cannot be effectively supported locally and national commissioning needs to ensure that services are provided to meet their needs. Some treatments for skin conditions would also not be financially viable on a local

basis and we suggest national commissioning of these to ensure all patients have access to appropriate treatment and care. It is our experience that the most important issue for people requiring specialist treatment is the expertise of the clinicians involved and patients will travel if they need to to get this.

Increasing Democratic Legitimacy:

As per the All Party Parliamentary Group on Skin's Skin Cancer report (2009) and the Melanoma Taskforce *2015 Skin Cancer Visions* recommendations we would like to see full collaboration of all stakeholders, including schools, employers, local chemists etc, in effective prevention and early detection of skin cancer.

Regulating Health Care Providers:

Peer review of cancer services has worked well for improving services for some cancers – we suggest similar regulation and reviewing be put in place for all dermatology services with effective patient involvement throughout. This must provide clear guidance as to the minimum requirements for an effective integrated dermatology service, including full holistic provision of supportive care.

What safeguards are likely to be most effective in ensuring transparency and fairness in commissioning services and in promoting patient choice?

Patients need to know what the Gold Standard (see above) of care is that they should be receiving and the effectiveness of local services in meeting this (through published peer reviews) and given all of the relevant information to make informed choices. Through this level of transparency can patients make informed decisions about their own care and any over arching commissioning decisions.

The current style of meaningless paper questionnaires needs to be replaced by effective consultations that involve 1to1 and public meetings that properly discuss and evaluate services. National minimum standards need to be set by the NCB outlining clearly what is expected when monitoring patient opinion, satisfaction, experience etc.

Please note the Skin Care Campaign is happy to be involved in any developments that will affect patients requiring any healthcare.

Andrew Langford
Chief Executive
Skin Care Campaign

e: alangford@skincarecampaign.org
t: 07810564913