

**REDUCTIONS IN NUMBERS OF GP REFERRALS TO SECONDARY CARE:
THREATS TO PATIENT SAFETY, CARE AND CHOICE
AND IMPLICATIONS FOR DERMATOLOGY SERVICES**

Introduction

The Department of Health and many Primary Care Trusts are showing a growing determination to remove most out-patient services from secondary to primary care, chiefly by strongly encouraging GPs to reduce numbers of referrals to specialists. While the Skin Care Campaign acknowledges that significantly more dermatology can be done in primary care, we are becoming increasingly concerned by the implications for patient safety, care and choice, and for the future of specialist dermatology services, inherent in so wholesale and indiscriminate a service change. We believe strongly that:

- the shift of services from secondary to primary care must not be made at the expense of patient safety, care or choice, which is what is happening in dermatology at present; and
- the future of specialist dermatology services, which are essential to the diagnosis and treatment of much complex and difficult skin disease, to the training of primary care clinicians and new consultant dermatologists, to the teaching of medical students and to dermatological research, must be assured.

Background

Dermatology is a uniquely complex specialty with over two thousand potential diagnoses.

Although about fifteen percent of GP consultations relate to skin disorders, undergraduate curricula still contain on average only six days of dermatology, and only twenty percent of GP vocational training schemes include a dermatological component. Practice Nurses receive no training in dermatology.

GPs are being strongly encouraged by their PCTs to reduce numbers of referrals. In many cases, they are being offered financial incentives to participate in the schemes. A recent press release from the Department of Health makes clear that the Department supports these initiatives.

Consequences of Referral Reduction

The reduction of referrals creates a real risk that patients with skin diseases will be seen by primary care clinicians who lack the necessary training and experience,

greatly reducing the likelihood of prompt and accurate diagnosis, not least in respect of skin cancer. (We have already been told of one PCT where determination to contain dermatology within primary care has led to failure to diagnose a number of serious cases of skin cancer.) It will also lead to sub-optimal care of people with chronic skin diseases, which greatly reduce the quality of such people's lives, frequently causing great distress. And it removes any element of patient choice.

The reduction in referrals is currently threatening the closure of many dermatology departments in secondary care. The resultant lack of income (through Payment by Results) threatens such departments' financial viability in acute trusts, many of which are already in deficit.

It is wrong to suppose that specialist care delivered by fully trained consultants can simply be replaced by General Practitioners with Special Interest in Dermatology (GPwSI) - GPs who have undertaken some limited extra training. But if specialist dermatology disappears from the NHS, that is all that will be available. We cannot believe that this is the intention of the Health Service reforms.

We believe the undermining of secondary care services leads also to what is, in some ways, an even greater problem. It removes any incentive for secondary care specialists to support or develop the role of the GPwSI in dermatology. And without a secondary care service, it will be impossible provide proper dermatology training for medical students or to train the dermatologists of tomorrow, and research will cease. This is not the outcome that patients and the public were promised, but it will be the inevitable result unless there is a more rational application of current policy.

*Skin Care Campaign
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