Skin Care Cymru

Prioritising Skin Health in Wales

LANDSCAPING REPORT • 2016

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www.skincarecymru.org

Contents

Acknowledgements

We would like to express our gratitude to the staff from Local Health Boards (LHBs) in Wales who committed time to collating the information requested to prepare this report.

Our thanks also go to Dr Hayley Hutchings and Dr Sarah Wright at the Swansea University Medical School for their input and support producing this report.

Skin Care Cymru is a volunteer run charity. We are a patient support group, giving a voice to those with any skin condition in Wales. We also act as the secretariat for the Cross Party Group on Skin and we are grateful to the Chair, Nick Ramsay, AM and members of this CPG for raising awareness of this report.

Skin Care Cymru Management Committee

Cover image: Shutterstock 2016

With thanks to the following organisations for their support

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Introduction

National estimates indicate that every year over 1.5m people in Wales experience a skin condition and that over 720,000 people visit a GP with a skin complaint[1]. While the severity of skin conditions can vary significantly, a recent report from the All Party Parliamentary Group (APPG) on Skin found that the psychological and social impact of skin diseases on people's lives is significant[2]. In some instances that impact is comparable to other chronic conditions such as heart disease and diabetes. Despite this, the provision of dermatology services in the English NHS is limited.

The situation in Wales is even more complicated as there is very little publicly available information on the provision or quality of dermatology services. Anecdotally, it is apparent that service provision is a particular concern, while some of the issues that are common in England, such as waiting times and workforce issues, also exist in Wales. As the information is not currently in one place it is difficult to make a strong case to politicians and policy leaders about the need to reform the health system and ensure that patients are able to access the services and treatments that they need.

Ascertaining a clear understanding of the provision of care and treatment to people in Wales living with skin disease and conditions plays an important role in informing clinical practices and consequently improving the quality of care for patients. Skin Care Cymru recognised that a gap existed in information related to understanding the landscape of health services for people in Wales with skin conditions.

In order to address some of these challenges, Skin Care Cymru conducted a survey to assess the variation in the quality of secondary care dermatology services and patient experience in Wales. This short report highlights the landscape within which services are provided across Wales to people with skin conditions.

At the outset of this data gathering exercise the intention was to report on the prevalence of skin conditions; the local strategies established to improve outcomes for people with skin conditions; the ratios of dermatology consultants and specialist nurses to patients; the waiting times for appointments and the availability of psychodermatology services and mental health support.

Whilst responses were not provided by all seven LHBs in Wales, the analysis for this report has elicited important information and issues that warrant the attention of the Welsh Government and other key stakeholders in health in Wales. However, these results should be considered alongside other publications in the public domain, which cover similar issues related to stretched services in the NHS.

This data gathering exercise, conducted using freedom of information requests sent to Corporate Information Governance departments across the seven LHBs, was designed not as a rigorous scientific study, but as an approach to try to source intelligence relating to the status of dermatology and plastic surgery services and their related capacity to deliver care in the NHS in Wales in 2015.

The full anonymised data gathered to inform this report are available via the Skin Care Cymru website (www.skincarecymru.org) and we would urge policy makers to consult this data set.

[1] Schofield J, Grindlay D and Williams H. Skin Conditions in the UK: A Health Care Needs Assessment. Centre of Evidence Based Dermatology, University of Nottingham, 2009.

[2] The Psychological and Social Impact of Skin Diseases on People's Lives' Report by the APPG on Skin, 2013.

Methodology

All of the seven Welsh LHBs were sent a freedom of information act request at the beginning of July 2015:

1. Hywel Dda
2. Cardiff and Vale
3. Aneurin Bevan
4. Powys
5. Betsi Cadwaladr
6. Abertawe Bro Morgannwg
7. Cwm Taf

The Health Boards were given until the end of October 2015 to respond to the request.The purpose of this request was to ascertain: the skin care services available within each LHB; the provision of specialist and community services; the volume of patient throughput through their dermatology and plastic surgery services; staffing levels available to support dermatology clinics; and protocols used to support their services.

Image source: www.diabetes.org.uk

Specific questions were organised into four sections:

- Service design and makeup
- Consultation and needs assessment
- Specific service usage (dermatology)
- Specific service usage (plastic surgery services) (A copy of the freedom of information request can be found in Appendix 1)

Issues relating to the collection of data

- Despite the mandatory requirement to respond to Freedom of Information (FOI) requests within 20 days, repeated reminders were necessary to retrieve the Health Board responses. Some Health Boards required further clarification in order to provide the information requested which extended the data collection period.
- In total five of the seven Health Boards returned the FOI requests. One Health Board responded to the request informing Skin Care Cymru that they could not provide the information, citing their right to FOI exemption and responded that it would cost too much and take too much staff time to deal with the data request. Another Health Board did not respond. Those Health Boards that did respond were unable to provide detailed breakdowns for some questions and only provided data at a summary level. Some stated that responses would require individual review of patient records, whilst other LHBs did not record data at a detailed level.
- The first response was received by 18th August, with the final response received by 19th October. We have reported the findings from the five responding Health Boards anonymously and they are referred to as Health Board A, B, or C, D and E in this report.

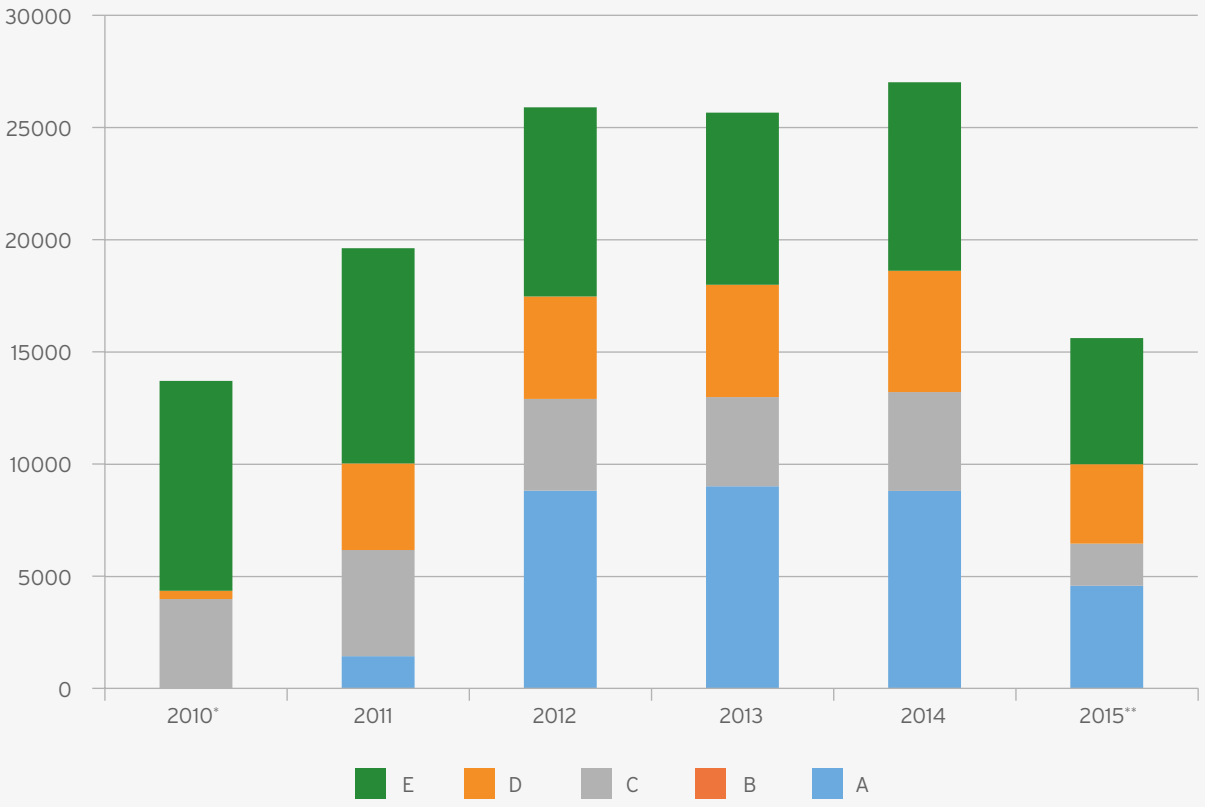
Findings

Evidence of usage of services across Wales in Dermatology

The majority of Health Boards only provided information at a summary level so we were unable to make comparisons on a condition specific basis. There has been a steady increase in the number of referrals since 2010.

Figure 1 presents the total number of referrals made from primary care to local secondary care specialised dermatology services each year as reported by five LHBs in Wales.

Figure 1: Illustrates the number of referrals from primary to secondary care specialised dermatology services (2010-2015)

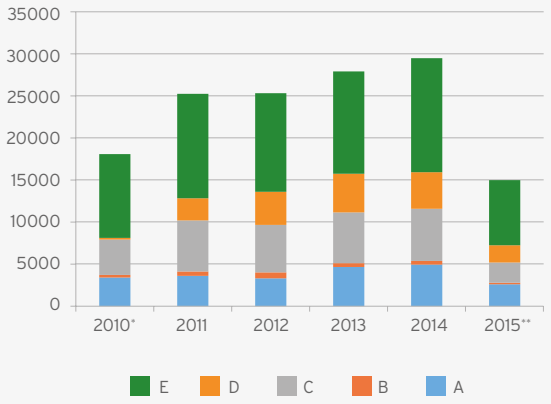


Notes: No data available for Health Board B. *No data available for Health Board A for 2010; Data only available between April and December 2010 for Health Board E. **Data collection period January-June 2015 for Health Boards A-D; January-August for Health Board E.

Figures 2 and 3 present the number of patients attending for a new outpatient or a follow-up appointment in dermatology between 2010 and 2015.

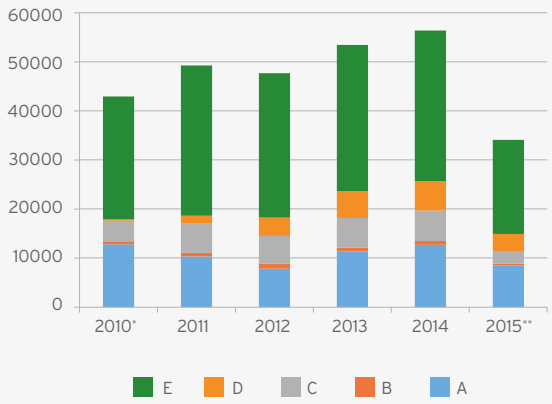
The graphs illustrate and provide evidence that there is an increasing number of both new and follow-up dermatology patients placing demands on the dermatology services across the five responding LHBs.

Figure 2: Illustrates the number of new outpatient appointments in dermatology (2010-2015)



Notes: *Data only available between April and December 2010 for Health Board E. **Data collection period January-June 2015 for Health Boards A-D; January-August for Health Board E.

Figure 3: Illustrates the number of follow-up outpatient appointments in dermatology (2010-2015)

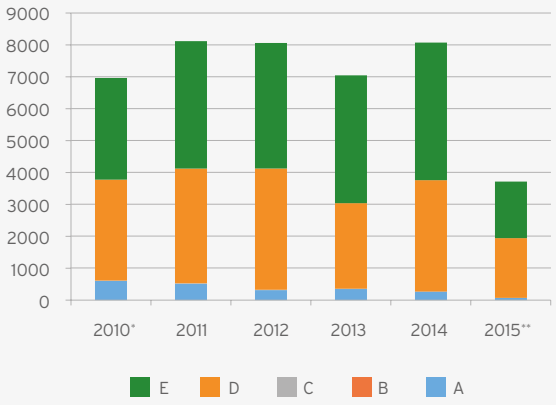


Notes: *Data only available between April and December 2010 for Health Board E. **Data collection period January-June 2015 for Health Boards A-D; January-August for Health Board E.

Figure 4 illustrates the number of patients undergoing dermatology day-case surgery within each of the Health Boards.

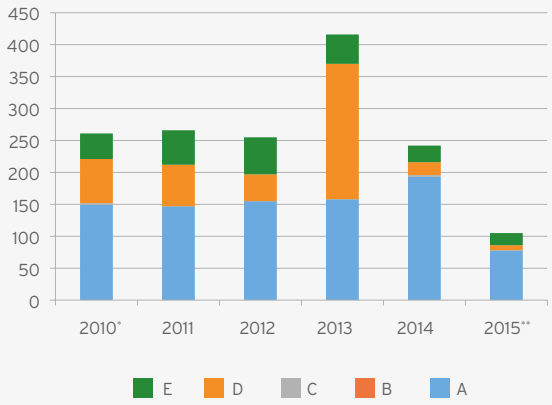
There has been no major increase in the number of surgical day cases since 2010 across the five responding LHBs.

Figure 4: Illustrates the number of surgical day cases in dermatology (2010-2015)



Notes: No day surgery undertaken at Health Board B. *Data only available between April and December 2010 for Health Board E. **Data collection period January-June 2015 for Health Boards A-D; January-August for Health Board E.

Figure 5: Illustrates the number of dermatology inpatient admissions at each Health Board between 2010 and 2015



Notes: *Data only available between April and December 2010 for Health Board E. **Data collection period January-June 2015 for Health Boards A-D; January-August for Health Board E.

Evidence of usage of services across Wales in Plastic Surgery for those patients referred from dermatology departments

Only two of the five responding Health Boards referred patients from secondary care dermatology to plastic surgery services. Only one of the referring Health Boards was able to provide data since 2010 regarding referrals. We were therefore unable to make comparisons across Health Boards related to the usage of services of patients with skin conditions using plastic surgery services.

Only one of the five responding Health Boards provided any plastic surgery services or employed consultants in plastic surgery. We are therefore unable to present any information relating to plastic surgery posts, referrals and appointments for comparative purposes.

Psychosocial support

There is limited access to psychodermatology services in Wales

Only two of the five responding Health Boards provide access for patients to specialist psychological/psychosocial support. Patients with malignant disease in one of these Health Boards had access to specialist psychosocial support from the Cancer Services clinical psychologists at all LHB sites. Patients who do not have malignant disease however do not have any access to psychosocial support, with the exception of patients with mental health conditions (who have access to support via their GP and the Primary Care Mental Health Support Service). The other Health Board that provides access to psychosocial support did so via the clinical psychologist based at their local Cancer centre.

Care pathways - design and development

In terms of provision of care pathways for defined skin conditions, there were limited 'in-house' developed protocols. For many conditions there were no detailed protocols in use. Most Health Boards used NICE guidelines/British Association of Dermatology guidelines to inform the development of care pathways:

Table 1: Presents the protocols used across the LHBs in Wales

Condition	Care pathway - Yes/No
Malignant melanoma	A: Based on referral criteria using NICE guidance B: Provided by visiting consultants and their host organisations C: Under development D: Through collaboration with primary care colleagues and produced in line with NICE and British Association of Dermatology guidelines E: Based on NICE and British Association of Dermatology guidelines
Squamous cell carcinoma	A: Based on referral criteria using NICE guidance B: Provided by visiting consultants and their host organisations C: Under development D: Through collaboration with primary care colleagues and produced in line with NICE and British Association of Dermatology guidelines E: Based on NICE and British Association of Dermatology guidelines
Skin cancer basal cell carcinoma	A: Based on referral criteria using NICE guidance B: Provided by visiting consultants and their host organisations C: Under development D: Through collaboration with primary care colleagues and produced in line with NICE and British Association of Dermatology guidelines E: Based on NICE and British Association of Dermatology guidelines

Table 1: Continued

Condition	Care pathway - Yes/No
Pigmented lesions	A: Based on referral criteria using NICE guidance B: Provided by visiting consultants and their host organisations C: No care pathway D: Through collaboration with primary care colleagues and produced in line with NICE and British Association of Dermatology guidelines E: No care pathway
Contact dermatitis	A: Based on referral criteria using NICE guidance B: Provided by visiting consultants and their host organisations C: No care pathway D: Through collaboration with primary care colleagues and produced in line with NICE and British Association of Dermatology guidelines E: No care pathway
Paediatric dermatology	A: Based on referral criteria using NICE guidance B: Provided by visiting consultants and their host organisations C: No care pathway D: Through collaboration with primary care colleagues and produced in line with NICE and British Association of Dermatology guidelines E: No care pathway
Vulval disorders	A: Based on referral criteria using NICE guidance B: Provided by visiting consultants and their host organisations C: No care pathway D: Through collaboration with primary care colleagues and produced in line with NICE and British Association of Dermatology guidelines E: No care pathway
Leg ulcers	A: Through wound clinic, using NICE guidance B: Provided by visiting consultants and their host organisations C: No care pathway D: Through collaboration with primary care colleagues and produced in line with NICE and British Association of Dermatology guidelines E: No care pathway
Acne	A: Based on referral criteria using NICE guidance B: Provided by visiting consultants and their host organisations C: Care pathway in place-no details given D: Through collaboration with primary care colleagues and produced in line with NICE and British Association of Dermatology guidelines E: No care pathway
Eczema	A: Based on referral criteria using NICE guidance B: Provided by visiting consultants and their host organisations C: Care pathway in place based on NICE guidelines D: Through collaboration with primary care colleagues and produced in line with NICE and British Association of Dermatology guidelines E: No care pathway
Psoriasis	A: Based on referral criteria using NICE guidance B: Provided by visiting consultants and their host organisations C: Care pathway in place based on NICE guidelines D: Through collaboration with primary care colleagues and produced in line with NICE and British Association of Dermatology guidelines E: No care pathway
Allergy	A: No-managed by Immunology at LHB B: Provided by visiting consultants and their host organisations C: No care pathway in place D: Through collaboration with primary care colleagues and produced in line with NICE and British Association of Dermatology guidelines E: No care pathway
Other	A: N/A B: Provided by visiting consultants and their host organisations C: Patch testing care pathway - no details given
Other	A: N/A B: Provided by visiting consultants and their host organisations

Service reviews - frequency and involvement by service users

Despite lack of care pathways, four of the five responding Health Boards are undertaking a number of positive activities to identify health care needs or requirements relating to skincare services.

Here follows a list of current activities taking place across Wales:

- Close working with Neighbourhood Care Networks
- Dermatology Patient Panels
- Review of previous activity for residents in external providers
- Discussion with local lead GPs from each of the local practices
- Review of equipment/clinic requirement needs
- Consideration of any daycase surgery which could be undertaken
- Onward referral pathways into neighbouring organisations
- Clinical governance requirements for a community hospital theatre
- Identification of risks
- Stakeholder engagement
- Financial analysis of dermatology services in LHB
- Head, Neck and Skin Population Health Group
- Annual planning process using population needs assessment, capacity and demand analysis

Workforce - a crisis?

The five responding Health Boards provided detailed information in relation to dermatology staff and recruitment. The analysis of the findings indicates a lack of consultant dermatologists in Wales as well as a low number of locum consultants working in this area of health.

Table 2: Presents the status of the dermatology workforce in the responding LHBs in Wales

Question	Number of posts (per Health Board A-E)	Whole Time Equivalent (WTE) (per Health Board A-E)
How many consultant dermatologists do you employ within your LHB?	A: 7 posts (6 prior to Aug 15) B: Sessional basis only C: 1 D: 2 E: 7	A: 5.2 WTE (4.2 Aug 15) B: N /A C: 1WTE D: 2.1 WTE E: 7 WTE
How many consultant dermatologist vacancies currently exist within your LHB?	A: 2 posts B: N/A C: 1 D: 2 E: 1	A: 2 WTE B: N/A C: 1WTE D: 1.6 WTE E: 1WTE
How many locum dermatology consultants are employed by the LHB?	A: 2 locum consultants (+ 1 acting up) B: N/A C: 0 D: 0 E: 0	A: 0.4WTE B: N/A C: 0 WTE D: 0 WTE E: 0 WTE
If you employ locum dermatology consultants, how many are not on the specialist register	A: 1 B: N/A C: N/A D: N/A E: N/A	A: 0.2 WTE B: N/A C: N/A D: N/A E: N/A
If you have locum consultant dermatologists- how long have they been in post?	A: 12 months B: N/A C: N/A D: N/A E: N/A	

Table 2: Continued

Question	Number of posts (per Health Board A-E)	Whole Time Equivalent (WTE) (per Health Board A-E)
Do you have dermatology nurse specialists employed in secondary care in the LHB?	A: 7 posts (7 posts from Sept 15) - some accredited B: N/A C: 4 D: 4 E: 14	A: 4 WTE (5WTE from Sept 15)
If you employ dermatology nurse specialists - are they accredited?	A: Yes - some B: N/A C: Yes - some D: No E: Yes - some	
N/A- Not applicable		

The analysis of the findings shows that there are dermatology services operating with consultant level and nursing vacancies and although efforts to fill these gaps were being made by the providers, most of the services were operating with an understaffed secondary care dermatology service.

In response to specific queries regarding workforce planning the five Health Boards demonstrated some evidence of dermatology review but limited evidence of increased workforce.

Table 3: Presents the responses from the LHBs to the questions related to reviewing service delivery

Question	Response from each Health Board (A-E)
Has your Health Board conducted a healthcare needs assessment to determine the likely level of demand for a dermatology service?	A: Yes - demand and capacity reviewed annually B: Yes - currently considering development of dermatology services C: No D: No E: Informatics service carry this out using forecasting based on population need and growth
Has your Health Board conducted a review of current service provision?	A: Yes - Directorate and consultant meetings, job planning and vacancy replacement. Also with Divisional team with Health Board via Integrated Medium term plan (IMTP) B: Yes - based on previous activity, referral information and contract datasets from Commissioned services C: Yes - currently under way D: No E: Informatics service carry this out using forecasting based on population need and growth
When was the last time your Health Board conduced a review of local dermatology service demand in relation to workforce capacity?	A: April 2015 in line with IMTP B: N/A C: Currently being conducted via a service review and by the current demand and capacity reporting mechanisms for the delivery of waiting time targets D: No activities undertaken E: Reviewed on an annual basis
When was the last time your Health Board conduced a review of local plastic surgery service demandand workforce capacity?	A: N/A B: N/A C: N/A D: Commissioner funded 2 new posts approx 2 years ago (Hand surgery and Head and Neck post) E: N/A
N/A - Not applicable	

Primary, Secondary and Community Care

In terms of the LHBs provision of dermatology services, there was a wide variation across the regions in terms of their service design and makeup. In one LHB, patients do not have access to community based dermatology services and must therefore rely on expertise in primary care or referral to secondary care services in another LHB.

Two of the five responding LHBs have dedicated services delivered by GPs with a special interest in dermatology. The analysis of the data also indicates that there is a low number of GPwSI (general practitioner with special interest) in Wales, particularly in those LHBs where there are also no community based dermatology services.

Table 4: Presents the responses from five LHBs related to the delivery of primary, community and secondary care services

Question	Response
Community based dermatology services?	A: Yes B: Yes C: Yes D: No E: Yes
Secondary care dermatology services?	A: Yes B: No C: Yes D: Yes E: Yes
Secondary care plastic surgery services?	A: No B: No C: No D: Yes E: No
GPwSI services?	A: No B: No C: Yes (Skin surgery- weekly clinic at local hospital together with a community based clinic) D: No E: Yes (General dermatology and minor operations)
Dedicated ward space for dermatology inpatients?	A: Yes B: No C: No D: No E: Yes
Rapid access clinic for dermatology?	A: Yes (twice weekly) B: No C: No D: Yes (weekly) E: No
How are consultations for open access dermatology clinics triggered/coordinated?	A: Consultations allocated as a result of GP referrals, contact from patients or other health care professionals B: N/A C: N/A D: 4 Consultant-led 'See and Treat' clinics E: N/A
Waiting time for urgent dermatology that does not come under two week wait referral?	A: Less than two weeks B: N/A C: Maximum wait 18 working days D: 15 days for an appointment in a surgical treatment clinic E: 21 day target for first outpatient appointment - urgent suspected cancer (USC) for dermatology

N/A - Not applicable

Moving Forward

This report provides a short and by no means complete analysis of the data collected via our freedom of information exercise. Acknowledging our capacity and resources we would encourage all interested organisations or members of the public to access the full data set.

The analysis of the data has elicited issues, challenges and good practices in the delivery of health care services to people in Wales living with skin conditions. It is our recommendation that the following areas warrant the attention of Welsh Government and LHBs in order to improve the experience and accessibility to high quality dermatology services for people in Wales:

- Work with LHBs to develop appropriate and standardised frameworks for collecting and monitoring routine data related to service usage and health and patient related outcomes for people with skin conditions which can then direct the development of services and re-design of existing services.
- Understand and respond to the capacity issues and under-resourced dermatology departments in several LHBs in Wales.
- Develop dedicated psychodermatology services for local populations in Wales, so that people in Wales living with skin conditions can access the appropriate support to manage and live with their skin condition.

Appendix 1
Freedom of information request for LHBs in Wales.

Service Design and Makeup

1) Do you have any community based dermatology services within your LHB? Yes/No
If Yes, where are they based and who is the service provided by?

2) Do you have any secondary care dermatology services provided within your LHB? Yes/No
If Yes, by whom and where are community and secondary care dermatology services provided within your LHB?

3) Do you have any secondary care plastic surgery services provided within your LHB? Yes/No
If Yes, by whom and where are community and secondary care plastic surgery services provided?

4) Which of these services are:
A: contracted as consultant led 18-week services
Community care dermatology service **Yes/No**
Secondary care dermatology service **Yes/No**
Secondary care plastic surgery service **Yes/No**

B: GPs with special interests GPwSI services
Community care dermatology service **Yes/No**
Secondary care dermatology service **Yes/No**
Secondary care plastic surgery service **Yes/No**

C: secondary care nurse services
Community care dermatology service **Yes/No**
Secondary care dermatology service **Yes/No**
Secondary care plastic surgery service **Yes/No**

5) Does the LHB contract directly with GPwSI services? Yes/No If yes, what dermatology services are offered by GPwSI(s).
Please provide details below:

6) If you have a GPwSI dermatology service directly contracted by the LHB do all the GPwSIs:
A: deliver a monthly clinic at their local hospital or **Yes/No**
B: have access to another consultant dermatologist resource **Yes/No**
Please provide details below:

Consultation and Needs Assessment

1) Does your LHB put community dermatology services locally out to tender? Yes/No
If Yes, do you do this for all community dermatology services? Or some dermatology services?
Give details of what community dermatology services you put out to tender?

2) Do you have care pathways for the following skin conditions?
Please append any detailed protocols:

Condition	Care pathway Y/N
Malignant melanoma	
Squamous cell carcinoma	
Skin Cancer Basal Cell Carcinoma	
Pigmented lesions	
Contact dermatitis	
Paediatric dermatology	
Vulval disorders	
Leg ulcers	
Acne	
Eczema	
Psoriasis	
Allergy	
Other (please specify)	
Other (please specify)	

3) How were care pathways informed?
A: Informed by new guidance (please specify)
B: Implemented following LHB audit
C: Informed by consultation with public and other key stakeholders
D: Other (please specify)

4) What activities do you undertake to identify the local health care need or requirements for service redesign? (please list and give specific examples in relation to dermatology)

5) Has the LHB conducted:
A: A healthcare needs assessment to determine the likely level of demand for a dermatology service? Yes/No

B: A review of current service provision? Yes/No If Yes, Please provide details of how this was conducted.

6) When was the last time your LHB conducted a review of local dermatology service demand in relation to workforce capacity?

7) When was the last time your LHB conducted a review of local plastic surgery service demand and workforce capacity?

Specific service usage questions (dermatology)

1) How many consultant dermatologists do you employ within your LHB broken down by:
A: posts B: WTE?

2) How many consultant dermatologist vacancies currently exist within your LHB broken down by:
A: posts B: WTE?

3) How many locum dermatology consultants are employed by the LHB broken down by:
A: posts B: WTE?

4) If you employ locum dermatology consultants, how many are not on the specialist register?

5) Of the above locum consultant dermatologists how many have been in post for:
A: longer than 12 months
B: longer than 24 months
C: longer than 36 months
D: longer than 48 months

6) Is your local specialist secondary care dermatology service fully staffed? **Yes/No**
If you have vacancies:
A: where in the LHB does this specialised secondary care dermatology service vacancy/ vacancies exist?
B: have you advertised them?
C: how many times have you advertised each vacancy?

7) Do you have any dermatology nurse specialists employed in secondary care in the LHB? **Yes/No** If Yes, where are these nurses located and how many in total does the LHB employ?

8) If you employ dermatology nurse specialists - are these nurses accredited dermatology nurse practitioners?
Yes all accredited
Yes some accredited
No none accredited

9) Within your LHB area, how many GPs are providing skin surgery locally? Where are they located?

10) Please provide activity levels for the service, according to specific skin conditions, for the last five financial years (2010-2011, 2011-2012, 2012-2013, 2013-2014, 2014-2015) for:

Condition	Jan-Dec 2010	Jan-Dec 2011	Jan-Dec 2012	Jan-Dec 2013	Jan-Dec 2014	Jan-June 2015
Malignant melanoma						
Squamous cell carcinoma						
Skin cancer basal cell carcinoma						
Pigmented lesions						
Contact dermatitis						
Paediatric dermatology						
Vulval disorders						
Leg ulcers						
Acne						
Eczema						
Psoriasis						
Allergy						

Appendix

11) How many routine referrals are made from primary care to your local secondary care specialised dermatology services each year?

Condition	Jan-Dec 2010	Jan-Dec 2011	Jan-Dec 2012	Jan-Dec 2013	Jan-Dec 2014	Jan-June 2015
Malignant melanoma						
Squamous cell carcinoma						
Skin cancer basal cell carcinoma						
Pigmented lesions						
Contact dermatitis						
Paediatric dermatology						
Vulval disorders						
Leg ulcers						
Acne						
Eczema						
Psoriasis						
Allergy						
Surveillance (nurse-led)						

12) How many patients attended for a new outpatient appointment in dermatology?

Condition	Jan-Dec 2010	Jan-Dec 2011	Jan-Dec 2012	Jan-Dec 2013	Jan-Dec 2014	Jan-June 2015
Malignant melanoma						
Squamous cell carcinoma						
Skin cancer basal cell carcinoma						
Pigmented lesions						
Contact dermatitis						
Paediatric dermatology						
Vulval disorders						
Leg ulcers						
Acne						
Eczema						
Psoriasis						
Allergy						
Surveillance (nurse-led)						

13) How many patients attended follow-up outpatient appointments in dermatology?

Condition	Jan-Dec 2010	Jan-Dec 2011	Jan-Dec 2012	Jan-Dec 2013	Jan-Dec 2014	Jan-June 2015
Malignant melanoma						
Squamous cell carcinoma						
Skin cancer basal cell carcinoma						
Pigmented lesions						
Contact dermatitis						
Paediatric dermatology						
Vulval disorders						
Leg ulcers						
Acne						
Eczema						
Psoriasis						
Allergy						
Surveillance (nurse-led)						

14) How many patients had dermatology surgery in the LHB? (day cases in secondary care)

Condition	Jan-Dec 2010	Jan-Dec 2011	Jan-Dec 2012	Jan-Dec 2013	Jan-Dec 2014	Jan-June 2015
Malignant melanoma						
Squamous cell carcinoma						
Skin cancer basal cell carcinoma						
Pigmented lesions						
Contact dermatitis						
Paediatric dermatology						
Vulval disorders						
Leg ulcers						
Acne						
Eczema						
Psoriasis						
Allergy						
Surveillance (nurse-led)						

15) How many dermatology inpatient admissions were there in your LHB?

Condition	Jan-Dec 2010	Jan-Dec 2011	Jan-Dec 2012	Jan-Dec 2013	Jan-Dec 2014	Jan-June 2015
Malignant melanoma						
Squamous cell carcinoma						
Skin cancer basal cell carcinoma						
Pigmented lesions						
Contact dermatitis						
Paediatric dermatology						
Vulval disorders						
Leg ulcers						
Acne						
Eczema						
Psoriasis						
Allergy						
Surveillance (nurse-led)						

16) Do you have dedicated ward space for dermatology inpatients within your LHB?
No not in any sites
Yes in all sites
Yes in some sites (please specify)

17) What is the waiting time in your LHB for urgent dermatology referrals that do come under the category of a two week wait referral?
Please provide details below:

18) Does the LHB operate a rapid access clinic for dermatology?
Yes/No If Yes:
A: what is the frequency of these clinics?
B: how are these consultations coordinated /triggered?

19) In terms of new to follow up referrals coming in, within your agreed contracts, has the LHB ever flagged up unmet need in the last five financial years (2010-2015)?
If so, how much was this unmet need?
Please provide details below:

20) In each of the last five financial years (2010-2011, 2011-2012, 2012-2013, 2013-2014, 2014-2015) for how many patients have you breached your two week wait targets for cancer referrals?

Year	No of patients
2010	
2011	
2012	
2013	
2014	
2015 (to date)	

21) In each of the last five financial years (2010-2011, 2011-2012, 2012-2013, 2013-2014, 2014-2015) how many patients with skin cancer have been referred from secondary care dermatology services to plastic surgery services?

Year	No of patients
2010	
2011	
2012	
2013	
2014	
2015 (to date)	

22) Do dermatology patients have access to specialist psychological/psychosocial support services in the LHB? **Yes/No**
Yes in all sites **Yes** in some sites **No**
Please specify the types of services offered:

23) Please provide details of who provides this psychological/psychsocial service, details of the service and the details of the posts available (eg WTE, located at which hospital site)?

Specific service usage questions (plastic surgery services)

1) How many consultant plastic surgeons do you employ within your LHB broken down by:
A: posts **B:** WTE?
C: Specialism in skin cancer

2) How many consultant plastic surgeon vacancies currently exist within your LHB broken down by:
A: posts **B:** WTE?
C: Specialism in skin cancer

3) How many plastic surgery locum consultants are employed by the LHB broken down by:
A: posts **B:** WTE?

4) If you employ plastic surgery locums, how many are not on the specialist registry?

5) Of the above locum consultants how many have been in post for:
A: longer than 12 months
B: longer than 24 months
C: longer than 36 months
D: longer than 48 months

6) Is your local specialist secondary care plastic surgery service fully staffed? **Yes/No**
If you have vacancies:
A: where in the LHB are these vacancies?
B: have you advertised them?
C: how many times have you advertised each vacancy?

7) How many nurse specialists are employed in plastic surgery to manage skin cancer in the LHB in secondary care?
If so, where are these nurses located and how many in total does the LHB employ?

8) Are these nurses accredited skin cancer nurse practitioners?
Yes all accredited
Yes some accredited
No none accredited

9) How many routine referrals are made from primary care to your local specialised plastic surgery service each year for patients with skin cancer?

Year	No of patients
2010	
2011	
2012	
2013	
2014	
2015 (to date)	

10) What are the other sources of referral for new skin cancer patients to your specialised plastic surgery service?

11) How many skin cancer patients attend for a new outpatient appointment in plastic surgery?

Year	No of patients
2010	
2011	
2012	
2013	
2014	
2015 (to date)	

12) How many skin cancer patients attend follow-up outpatient appointments in plastic surgery?

Year	No of patients
2010	
2011	
2012	
2013	
2014	
2015 (to date)	

13) How many plastic surgery day cases in secondary care (skin cancer)?

Year	No of patients
2010	
2011	
2012	
2013	
2014	
2015 (to date)	

14) How many plastic surgery inpatient admissions in your LHB (skin cancer)?

Year	No of patients
2010	
2011	
2012	
2013	
2014	
2015 (to date)	

15) Do you have dedicated ward space for skin cancer inpatients? If Yes, where are these located in the LHB?

16) What's the waiting time for urgent skin cancer referrals in plastic surgery that do not fall under a two week wait referral?

17) Does the LHB operate a rapid access clinic for skin cancer patients in plastic surgery services? If so:
A: What is the frequency of these clinics?
B: How are they triggered?
C: Where are these located in the LHB?

We would like to request permission to re-publish the information receivedin a publically accessible format.