

Reference: FOI.ICB-2223/234

Subject: Community Dermatology

I can confirm that the ICB does hold the information requested; please see responses below:

QUESTION	RESPONSE
<p>1. Do you have a community dermatology provider?</p> <p>2. If you have a provider that is not the acute trust, who are the providers covering your ICB area?</p> <p>3. Have the CCGs that covered the ICB pre-June 2022 or the ICB ever been to procurement for community dermatology?</p> <p>If any of the above questions were answered yes, please could you answer the following:</p> <ul style="list-style-type: none"> i. When did the service start? ii. What was/is the annual spend? iii. What is the contract end date? iv. Is there any extension pending on the dermatology contract? <p>Please can you provide the published service specification or that given to all bidders?</p>	<ul style="list-style-type: none"> 1. Yes 2. Sirona care and health CIC is commissioned to deliver community dermatology services for BNSSG (Bristol, North Somerset and South Gloucestershire) 3. BNSSG CCG procured all adult community services including community dermatology services. <ul style="list-style-type: none"> i. The contract started on 1 April 2020. ii. The adult community services, of which community dermatology is a part, is funded by a block contract, therefore, an annual value is not available. iii. The adult community services contract, of which community dermatology is a part, will end on 31 March 2030 iv. There is no option to extend the contract available for this service or the wider adult community services contract. <p>Please find copy of service specification enclosed.</p>

The information provided in this response is accurate as of 15 March 2023 and has been approved for release by Sarah Truelove, Deputy Chief Executive and Chief Finance Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

3.3.2.8 Dermatology

The objectives of this service are to:

- Provide a community alternative to hospital Dermatology outpatient activity.
- Improve patient experience and outcomes.
- Provide effective diagnosis and treatment for patients with dermatological conditions.
- Improve access to quality specialist services for the range of patients requiring assessment and treatment, regardless of their age, where they live, or what language they speak.
- Establish / continue an education programme for clinicians and patients and carers to improve their knowledge and understanding of their condition.
- To monitor, evaluate and audit the service at regular intervals to ensure both a high standard of care and effective use of the service as a whole.

3.3.2.8.1 Service requirements:

- Initial and ongoing assessment to identify health care needs in relation to dermatology.
- Joint consultations with a consultant dermatologist or GP with a Special Interest (GPSI) in dermatology.
- Specialist dermatology clinician care provision in a variety of settings by undertaking advanced and holistic assessment and management of dermatological conditions throughout the dermatology service and working in partnership with other professionals.
- The development, implementation and evaluation of initiatives to provide a high quality of individualised patient care.
- To request or carry out investigative procedures, monitoring and evaluating results and altering mode of treatment accordingly.
- Provision of evidence based advice regarding appropriate management plans for chronic skin conditions.
- To prescribe directly or request prescriptions for topical and systemic therapies.
- To provide intensive support for effective self-management in order that patients can be treated in their own home.
- To liaise with other health care professionals regarding advice for optimum treatment regimens for management of chronic skins conditions.
- To be an expert resource both locally and nationally on issues relating to the care of dermatology patients to all service users and associated agencies.
- To promote health issues such as eczema, psoriasis, sun awareness via advertising
 - national awareness days e.g. National Eczema Week.
 - Encourage supported self-care and patient support groups.
 - Provide education sessions to GPs and other healthcare professionals.

3.3.2.8.2 The service will operate from Mon-Fri; 8am to 5pm. The service will operate a minimum of four GPSI sessions a week. Activity flows through these clinics will be monitored.

3.3.2.8.3 Further patient treatment not associated with the primary treatment will be handled within NHS/authorised by the referrer/referred on according to agreed pathway and protocol.

3.3.2.8.4 For newly diagnosed co-morbidity, the Provider will inform the patient's GP of the newly diagnosed condition in order that the appropriate referral can be made.

3.3.2.8.5 The Provider shall demonstrate a clinically effective and appropriate skill-mix of staff. Clinics will be specialist nurse led wherever possible, with access to medical input as appropriate. GPSI clinics should run independently and alongside to assure adequate diagnosis. Lines of managerial and clinical accountability shall be clearly outlined. A medical lead for the service is required with responsibility for overseeing the clinical governance framework and processes.

3.3.2.8.6 The community dermatology service will include administrative support to manage the coordination of the team, as well as relevant work related to the effective running of the service. In the future we would like the community Provider to consider a Bristol, North Somerset and South Gloucestershire approach to dermatology and transform services to best meet the population need.