

**REPORT TO THE PRACTICE BASED COMMISSIONING
GOVERNANCE COMMITTEE
TO BE HELD ON: 10th March 2010**

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| Enclosure: | | | | | |
| Subject: | Community Dermatology Surgical Service | | | | |
| Lead Director: | Mark Powell | | | | |
| Lead Officer: | Jane Chapman | | | | |
| Recommendation: | For Approval | X | For Discussion | | For Information |

PURPOSE OF THE REPORT:

To provide the PbC Governance Committee with additional information as requested last month to clarify the business case for the provision of a a community based dermatology surgical service for the removal of low risk skin lesions and ask for approval to commence the service.

KEY POINTS:

Following the publication of NICE guidelines on skin cancers, there are limitations on the removal low risk skin lesions in Practice which has led to an increase in demand for hospital services.

Stafford PbC Consortia have been working with the Dermatologists at Mid Staffordshire NHS Foundation Trust (MSFT) to develop a safe alternative to hospital care for the removal of these lesions.

Dr Houlder has completed a training programme with the Trust and has been accredited as competent to deliver dermatology surgery.

The Stafford and Surrounds PbC Consortium wish to commission Dr Houlder to deliver a Dermatology Surgical Service.

The service will support PbC to deliver savings as part of CIP.

The tariff is set at 30% below the equivalent secondary care service and therefore represents a significant saving for a service which be delivered closer to the patients home, have short wait time and low rates of MRSA.

IMPLICATIONS:

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| Legal and/or Risk | Dr Houlder has been accredited as competent to deliver the service and will continue his association with MSFT as part of the local cancer network |
| Standards for Better Health | All standards for clinical services will be maintained |
| Financial | The community tariff will be 30% below the average procedure cost for secondary care. This service will form part of the consortium's Cost Improvement Plan. |
| Training | Training has been completed with Dr Hardwick, Consultant Dermatologist at MSFT. |
| PBC | The development of the service is supported by the Stafford and Surrounds Pbc Consortium |
| Other | The Stafford District PPG group supported the principle of community alternatives to secondary care at its January 2010 Meeting. |

RECOMMENDATIONS / ACTION REQUIRED:

The PBC Governance Committee is asked to approve the commencement of this service.

Business Case Template for Low Risk Basal Carcinoma and Benign Skin Lesions in Primary Care

Title of Project: **Business Case for Community Low Risk Skin Lesion Service**

Clinical Lead: **Dr Alex Houlder**

Executive Summary

Following changes in national guidance removal of BCC is now mainly carried out in secondary care, leading to capacity pressures in secondary care. Working with secondary care colleagues Brewood Practice, on behalf of SaS PbC Consortium, has developed a community pathway for delivery of the service which meets all required quality standards.

Background

Owing to changes in the guidance on the removal of benign basal cell carcinomas GP should only remove suspected BCCs if they are accredited and are part of a multi-disciplinary peer review group. In effect this means that most GPs no longer undertake these procedures in the Primary Care. As a result of this change the local dermatologists are struggling to meet demand.

As part of the workplan for the PbC LES and on behalf of the Stafford and Surrounds PbC Consortium Brewood have been working with Dr Hardwick at Mid Staffs Hospital Dermatology Department to develop a Community Surgical Pathway for patients with suspected BCC.

Current Service

Patients with suspected Basal cell carcinomas currently attend secondary care for removal of lesions. Most often patients will attend an out patient appointment for assessment and then return for the procedure as a day case, followed by a follow up appointment.

Drivers for change

- DH Guidance

In April 2007 the DH published guidance on the competencies for dermatology and skin surgery in primary care which recommended that only accredited GPwSI carry out skin surgery and that they need to be part of a multidisciplinary cancer review group.

The result of this change is that unless GPs undertake an accreditation process and join the local multidisciplinary cancer group more work will be driven into secondary care which causes both capacity and financial pressures.

- Patient Choice

Patients at the Stafford District PPG Forum have expressed a preference for attending services in the community rather than in secondary care. This is also reflected in the patient satisfaction scores for other services which have been moved out into the community.

Proposal

Dr Houlder from Brewood Practice, who has completed his accreditation as a GPwSI at Stafford Hospital, will lead a community dermatology surgical service as an alternative to secondary care. Initially the service will only be open to Stafford Practices but this may be expanded if there is excess capacity.

Dr Houlder will review all referrals and offer an appointment to patients who meet the clinical criteria for the service. Patients not meeting the criteria will be offered choice and re-direct to secondary care if appropriate.

Benefits

- The service will be delivered closer to the patients own home with a choice of Stafford or Brewood – The current service is delivered predominantly at Cannock which is not easily accessed from Stafford and Stone by Public Transport.
- Patients will most often be assessed and treated on the same day which reduces the number of journeys they need to make.
- Waiting times will short – typically 4-6 weeks
- Low Infection rates
- high patient satisfaction - as has been previously demonstrated with other primary care services offered by this practice
- Financial savings of 30% as part of the CIP

Financial

The costs associated with the service are based on 70% of the secondary care tariff. The SaS Consortium considered this rate as reasonable for the transfer of secondary care services into the community (set at the time when the ENT service was set up) and reconsidered at PbC meeting 2/3/10. Having reviewed the costs of similar services across the country SaS have noted costings commonly are 70 to 80% of tariff and consider a 30% saving as offering value for money.

Costings

- As activity data from secondary care is poor (we have not been able to obtain actual procedures carried out only costings) we have based our costings on an average cost per case from the data supplied from Month 7 activity from the SaS PbC consortium
- Average cost per case £503.00 + follow-up of £58.00
- Histological analysis as with current costs so not an issue.
- Savings 30% on tariff per case

| | |
|---|----------------|
| Secondary Care Costs based on cost of 84% of dermatology day cases for Month 7 SaS PBC consortium activity | |
| Initial Out-patient Appointment | |
| Surgery | £503.00 |
| Follow up Appointment | £58.00 |
| Total | £561.00 |
| | |
| Proposal from Brewood Surgery | |
| | |
| Initial Out-patient appointment | |
| Surgery | £352.10 |
| Follow up appointments | £40.60 |
| Total | £392.70 |

Stakeholder involvement

- Support supplied by Mid Staffs Dermatology Dept with GPWSI accreditation
- Referral pathway agreed by PEC & PBC consortium.

Estimated savings for PbC

We have based the example below on the cost of 84% of dermatology day cases carried out by secondary care for Month 7 SaS PbC consortium activity

Example: based on activity levels and costs provided by the PCT for SaS consortium the average cost per dermatology procedure and initial consultation was £503.00 plus £58.00 per follow-up appointment.

Based on 50% of this activity and 70% of tariff the following example is given:

Secondary care – 50 referrals per month based on an average cost of £561.00 per procedure x 12 = £336.600

Brewood Surgery’s proposal:

50 cases per month based on an average cost of £392.70 x 12 = £235.620

POTENTIAL SAVING TO SaS PbC Consortium = £100,098

RECURRENT FULL YEAR COSTS:

All costs associated with the service will be met by Brewood Practice including:

- GP travel
- Nurse costs and travel
- Clinic Administration
- GP letters
- Pathology
- Attendance at cancer peer support groups
- Hire of facilities at Greyfriars Therapy Centre

Risks

| Risks | Mitigation Action |
|---|--|
| 1. Changes in PBR in particular diagnostic tests | <ul style="list-style-type: none"> • To monitor overall dermatology lesion excision, SLA to re-negotiated if threshold changes. • Activity to another primary care provider. |
| 2. Illness of GP | <ul style="list-style-type: none"> • To re-negotiate SLA with Provider. • Identify second GP to develop as GPwSI |
| 3. Lack of support from secondary care | <ul style="list-style-type: none"> • Accreditation process now completed for GPwSI and both lead Dermatologist and CE expressing support |
| 4. Increase in demand due to lower threshold for operation. | <ul style="list-style-type: none"> • Amend threshold by pathway review |
| 5. Increased capacity in secondary care could result in reduced waiting times in dermatology in secondary care. | |
| 6. Secondary care consultant dissatisfaction. | |
| 7. Subject to Business Case being approved by PCT Strategy Group | |
| 8. Low referral rates from PbC | Risk borne by the Practice |

Activity

Reported to the PCT quarterly

Service Level Agreement

- Cost per case basis up to agreed capacity of provider.
- Three months notice required on either side.
- Provider to provide assurance that they are compliant with Infection Control Standards.

These will be reported to the PCT quarterly with infection control.

The facility will be inspected by the PCT infection control nurse if the proposal is approved all recommendations implemented prior to commencement of the service.

Measures for Commissioner

1. Dermatology lesion referrals at acute hospitals – monthly.
2. Dermatology lesion PBR costs at acute hospitals – monthly.
3. Not possible to measure Dermatology OPD – specific OPD activities.
4. Dermatology lesion activity in primary care.
5. Complication and infection rate 6 monthly.
6. Patient satisfaction – (form to be designed and sent to sampling patients by provider of Service) - annual
7. Referrer satisfaction – annual

Stakeholder Sign Up

Consult with:

- PEC – have approved the business case
- Stafford and Surrounds PbC Consortium

Recommendation

Support the proposal