GIRFT
GETTING IT RIGHT FIRST TIME

NHS

GIRFT recommendations address dermatology workforce shortages and call for wider use of technology

The Getting It Right First Time (GIRFT) national report for dermatology makes recommendations to recruit and retain skilled clinicians in dermatology, as well as making greater use of new technology, to ensure millions of patients with conditions such as skin cancer, eczema, psoriasis and acne get faster and more equitable access to care.

The recently-published GIRFT report aims to ensure patients receive the best treatment available, wherever they live, by improving equal and early access to diagnoses and treatment across England.

Addressing the current workforce shortage in the specialty will be key to achieving this, and the report highlights a range of recommendations to increase training and optimise the skills of the wider team to help fill the gaps. It also looks at how clinicians can embrace new ways of working to get their diagnoses right first time.

One in four people in England and Wales (13.2m) see their GP about a skin, nail or hair condition every year – in 2018/19, there were more than 3.5m outpatient and day surgery attendances in dermatology. Skin cancer now accounts for half of all cancers in England and Wales and is increasing by 8% annually and NHS dermatology units carry out around 200,000 procedures to surgically remove malignant moles, lesions and tumours every year.

The report is written by Professor Nick Levell, GIRFT's clinical lead for dermatology and a consultant dermatologist for the Norfolk and Norwich University Hospitals NHS Foundation Trust. He and the GIRFT review team visited 80 units in England, speaking to hospital doctors, managers, nurses and members of the wider multidisciplinary team, including GPs. One of the biggest issues for the specialty is a significant workforce shortage, which dominated discussions in the majority of GIRFT's deep dive visits.

The report shows there were 659 consultant dermatologists working in the NHS in England (508 whole time equivalents), with 159 WTE consultant vacancies and more than 140 locums at the time of the review. This shortage in staff is impacting efficiency and leading to varying access to allergy patch testing (which can prevent the need for lifelong prescriptions and outpatient visits for eczema), treatments such as Mohs surgery (the gold standard treatment for some skin cancers) and phototherapy (a treatment to clear psoriasis), and to clinics for psychodermatology (addressing mental health issues resulting from conditions such as acne).

A key recommendation focuses on how to increase the number of doctors training in the specialty, by reviewing options for increasing funded training posts in the regions with the greatest shortages and working with the British Association of Dermatologists (BAD) to encourage trusts to train their own consultants. Developing networks between trusts could also help support consultants working single-handedly in smaller units.

The report also recommends improving the training and function of the whole multidisciplinary team to improve patient care and reduce locum costs. Suggested measures include training dermatology nurses as specialist nurses and nurse consultants, as well as better training opportunities for GPs and pharmacists, who are often the first point of contact for patients.

More efficient use of NHS resources can be achieved by encouraging the uptake of digital technology. The COVID-19 pandemic saw rapid innovation in dermatology to meet the challenge of offering diagnoses and treatment in a remote setting, through teledermatology and telephone and video consultations, and the report urges guidance and protocols for developing this further. For example, if all providers could now reach a target of 5% for telephone follow-ups, £3.2m could be saved and fewer patients would need to visit hospital.

Overall, the report identifies opportunities to improve the patient experience through establishing more equitable access to treatment, fewer admissions and fewer repeat visits. This in turn will reduce the costs of common procedures and free up between £20m and £35.5m of NHS money through measures such as:

- Reducing outpatient follow-ups - £14.6m
- Reducing did not attend (DNA) rates – £9.1m
- Increased use of telephone consultations - £3.2m

Report recommendations

1. Increase the number of people training in dermatology.
2. Develop regional or sub-regional strategic plans for sustainable partnerships between local trusts to eliminate single-handed working and support smaller units.
3. Optimise the training and function of the whole dermatology multidisciplinary team to deliver better care across settings and reduce locum costs. Develop a clinic structure to support this.
4. Ensure there is a clear and consistent delineation between day case and outpatient skin cancer surgery activity taking place dermatology. This should apply to other specialties treating skin cancer. Funding arrangements should reflect this to support surgery in the most appropriate and efficient setting.
5. Address unwarranted variation in follow-up rates, reduce unnecessary follow-ups, reduce DNAs and ensure that patients see an appropriately trained person in the right setting to receive the right diagnosis and treatment first time.
6. Improve care continuity and governance for NHS and non-NHS patients.
7. Improve equitable access to high-quality Mohs surgery that meets national standards for patients with complex skin cancers.
8. Reduce the likelihood of wrong-site skin cancer surgical never events.
9. Develop Clinical Threshold Policies for benign and cosmetic conditions management.
10. Improve access to dermatopathology.
11. Improve access to, and quality of, allergy patch testing services.

12. Improve access to, and quality of, emergency dermatology care.
13. Consistently implement NICE guidance to address variation in uptake and use of biological medicines and ensure patients have equitable access to appropriate therapies.
14. Improve quality of, and access to, phototherapy for all appropriate patients.
15. Establish networks to encourage shared care and expertise across specialties for complex medical dermatology.
16. Improve access to dermatology specialties, including hair and nail disease, female and male genital skin disease, and psychodermatology.
17. Improve access to, and quality of, paediatric dermatology services.
18. Review prescribing and dispensing practice for isotretinoin.
19. Review teledermatology services to inform trust-level investment and resourcing decisions.
20. Increase use of telephone outpatient consultations.
21. Ensure the public, patients and clinicians have access to the latest research studies, information and support to implement national safety recommendations.
22. Enable improved procurement of devices and consumables through cost and pricing transparency, aggregation and consolidation, and by sharing best practice.
23. Implement the GIRFT 5-point plan for reducing litigation costs.