

This is an overview of the key components needed to develop effective dermatology pathways and aims to help commissioners, managers and clinicians to see the overall shape of secondary care services for specific diseases or presentations. There are some examples (shaded blue) which may improve quality or efficiency. They do not provide detailed guidance on disease management or referral criteria (see [www.bad.org.uk](http://www.bad.org.uk)).



Triage	Management	Outpatient / post-acute follow up
<p>Pharmacists often first contact: advice in line with <a href="#">NICE 2021</a> acne guidance : audit.</p> <p>Management of most acne should remain in primary care. Specialist referral should be in line with <a href="#">NICE 2021 guidance</a> and <a href="#">PCDS guidelines</a></p> <p>Assess adherence to treatment Assess and manage associated conditions including endocrine disorders, medication including contraception, mental health issues including depression, sexual dysfunction (if relevant), suicide risk and drug abuse including anabolic steroids</p> <p>Audit antibiotic misuse, particularly topical antibiotics, in <a href="#">NICE guidance</a> as above</p> <p>Refer to secondary care when failure to respond to treatments prescribed in adequate quantities for adequate period of time or severe acne or scarring high risk</p> <p>Advice and Guidance or teletriage with images may help optimise treatments, return to GP with advice or prioritise to appropriate outpatient appointment. See <a href="#">Teledermatology Roadmap</a> GIRFT found NHS ERS A&amp;G cost effective</p> <p>Secondary care triage may send patient back to GP with advice or to (1) Emergencies e.g. suicide risk (2) Urgent OP e.g. severe scarring, acne fulminans, conglobate or severe psychological impact, severe depression / non-school attendance (3) Routine OP- advice and guidance may optimise management when waiting if GP uncertainty. See <a href="#">FutureNHS Dermatology Referral Optimisation</a></p>	<p>Dermatology OP : initial shared management plan optimise adherence. Most seen in adult dermatology or paediatric dermatology clinics but <b>may</b> involve combined dermatology &amp; paediatrics/ adolescent clinics</p> <p>Nurse led acne clinic (isotretinoin management and supervision) offers holistic approach, skin care, safety monitoring including mental health and sexual dysfunction and frees up medical time. Must be <a href="#">appropriate</a> grade/ band of nurse.</p> <p>Rarely: emergency OP in larger departments same day assessment of urgent issues</p> <p>In-patient: rarely necessary but requires doctors / nurses with appropriate skills</p> <p>Involve endocrine services if needed for adults and children</p>	<p>Discharge most after treatment but <a href="#">PIFU</a> may be used for some to avoid unnecessary follow up</p> <p>Combined dermatology and paediatric/ adolescent clinics for your people with severe acne complicating other problems (eg SAPHO). Dermatology clinic follow up for some adults and children with severe acne</p> <p>Consider laser acne scar treatment present &gt; 1 year after treatment completed (criteria <a href="#">NICE 2021 guidance</a>) – limited NHS availability</p> <p><a href="#">Optimise follow up arrangements</a></p>
<p>Ongoing assessment and management of mental health, psychosexual function when appropriate by psychology and/or mental health services</p>		
<p>Fully accredited and supervised <a href="#">GPwER</a> services when suitable trained people are available can support community management and education of primary care, triage, assessment and management (isotretinoin prescribing under consultant dermatologists supervision in line with MHRA guidance below</p>		
<p>Rarely direct referral to dermatology from paediatrics or endocrinology</p> <p>Presents to A&amp;E: If acute mental health illness/suicide risk triage to mental health services. Acne fulminans consider admission. Discharge to primary care.</p> <p>Monitor A&amp;G + teletriage + total referral numbers to ensure that these do not escalate rapidly. A&amp;G should be used to educate and improve primary care treatment of common conditions and not to shift care to secondary care</p> <p><a href="#">Threshold policies</a> control referral of cosmetic lesion issues/ minor problems. ICBs should ensure buy-in and audit</p>	<p>Patient pack/info to support shared decision making</p> <p>Audit time from referral to treatment for scarring acne, adherence to MHRA isotretinoin regulations, isotretinoin medicine monitoring, and access of minority groups with acne to NHS secondary care</p> <p><a href="#">Super-clinics</a> (multiple practitioners, nurses, junior doctors and GPwERs supervised by consultant without own list who sees nearly all patients) increases efficiency of outpatient services by reducing follow ups and ensuring all patients get consultant direct opinion</p> <p>Identify related issues early such as endocrine issues, medication induced acne, sexual function or mental health problems</p> <p>Audit: misuse of antibiotics, particularly topical antibiotics/ systemic antibiotic combinations to reduce antibioticresistance (<a href="#">NICE 2021 acne guidance</a>) This is important in primary care, other community settings and secondary care</p>	<p>Primary/ secondary shared care to increase community management. Particularly for chronic severe/scarring acne in adults – often requires unlicensed treatments</p> <p>Review isotretinoin use compared to national norms and explore variance</p> <p><a href="#">Telephone/Video clinics</a> – may reduce unnecessary hospital attendance (but concern over risk of missing mental health issues and child protection issues and adherence to MHRA pregnancy testing requirements) – research needed</p>
<p>Clinicians should encourage self-management and <a href="#">patient education</a> via <a href="#">online resources</a> – from assessment of treatment adherence to living with a long-term condition to skin care advice</p>		
<p>Collect patient reported data (PREMS and PROMS) and participate in relevant NIHR studies. Clinical research units have better outcomes</p>		
<p>Further use of virtual technology to improve and streamline efficient patient care: see <a href="#">dermatology digital playbook</a></p>		