

# Community and Paediatric Dermatology Services

Sussex Community Dermatology Service  
Medical Clinics Ltd  
Worthing Skin Clinic Ltd

November 2015

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### 1. Executive Summary

Skin problems are the most common ailments seen in children and dermatology services play an important role in improving the well-being across primary, community, secondary care, and tertiary care services. There are a number of recommendations made for the provision of Paediatric Dermatology Services produced by the British Association of Dermatologists and National Services Framework for Children. The operational policy for services is based around the recommendations for minimum standards produced by the British Association of Dermatologists in 2014.

This policy describes the operational framework adopted by clinical services provided by Sussex Community Dermatology Service, Worthing Skin Clinic Ltd, R&F Emerson LLP, and Medical Clinics Ltd. It has been approved by the Executive Boards of all the organisations and has been implemented in full by the management and clinical teams.

### 2. Classification of Paediatric Dermatology Services

There are four levels of service that can be used to determine how care is delivered based around the Department of Health 'Care Closer to Home' recommendations. **All of the organisation's limit care to the provision of Level 3A Community Services regardless of whether they are private or NHS services.** This has been agreed with local NHS Clinical Commissioning Groups and Local NHS Trusts.

#### Level 1: Population Based Management

The majority of mild skin diseases are managed by carers that usually comprise of one or more parents. They self-manage skin problems and seek minor treatments from local pharmacists.

#### Level 2: Primary Care

The initial assessment and management of mild to moderate skin conditions are undertaken in primary care. A majority of children with skin disease are treated in primary care by General Practitioners (GP), practice nurses or community children's nurses. This provides a single local point of contact for the patient and their carer with a satisfactory outcome.

#### Level 3A: Community Services

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Ltd

This level of service provides assessment and management of moderate skin conditions. Intermediate care is most often provided at a community healthcare facility, but can also be delivered as community clinics, if this is more convenient for the patient. A number of children are treated by dermatology doctors, GP with Specialist Interests (GPwSIs) and dermatology specialist nurses. Health visitors and community children's nurse assistants can also provide additional support by educating children's parents and carers in the application of topical treatments, bandaging and managing their child's skin condition etc.

*Relevance to Level 3 Services in the South East:*

The largest provider of community-based paediatric dermatology services is Sussex Community Dermatology Service (SCDS), which is classified as an 'Extended Primary Care' provider. SCDS receives approximately 20,000 new patient referrals overall and 1600 of these are for children aged under 18-years of age (8%). This includes young children with atopic eczema, undiagnosed skin rashes, psoriasis, inflammatory skin lesions, and undiagnosed skin lesions. The same clinical team that delivers community services also provides private services that are based in Hove and in the new clinical building at Worthing. Private new patient volumes are 2934 per annum comprise of 343 new referrals per annum for children aged under 18 years of age (11%). They are led by the three Lead Paediatric Dermatology Specialists (Dr Russell Emerson, Dr Nic Nicolaou & Dr Sandeep Cliff) working alongside Sister Sophie Lockyer as Paediatric Nurse Lead. Paediatric community dermatology services have been provided locally led by the same clinical team for in excess of 10-years in Sussex.

**Level 3B: Hospital Secondary Care Services**

Acute or secondary care services provide assessment and management of severe or complex skin conditions for children or conditions not responding to treatment at Level 3. A number of children may need treatment as a day case or inpatients and/or require multidisciplinary input into their care. This level of service is essential for children whose skin disease cannot be satisfactorily managed by primary or intermediate care services. The types of treatments provided in this setting is based on the staffing expertise and facilities available. These differ from the intermediate levels of treatment defined above. Secondary care is provided by consultant dermatologists, specialist registrars, staff grade and associate specialist doctors and dermatology specialist nurses.

*Relevance to Level 3 Services in the South East:*

Acute Trust based services are located at Brighton, Portsmouth and Surrey with nominated referral leads as:

Brighton – Dr Jessie Felton

Portsmouth – Dr Bronwyn Hughes

Surrey – Dr Sandeep Cliff/Dr Fiona Anthony

**Level 4: Tertiary Care Services**

Tertiary care provides assessment, investigation and management of complex skin disease and comorbidities for children which cannot be satisfactorily managed by an acute specialist secondary care service. These services are provided by consultant dermatologists (who have a specialist interest in paediatric dermatology), specialist registrars, specialty and associate specialist doctors and paediatric dermatology specialist nurses.

This includes services for:

- Complex cases of chronic common paediatric dermatoses
- Rare paediatric dermatoses and genetic skin diseases

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- Children with complex birthmarks and complicated haemangiomas
- Complex congenital and acquired melanocytic naevu
- Skin cancer

*Relevance to Level 4 Services in the South East:*

The majority of these types of problems would require referral to Great Ormond Street as the nearest tertiary provider of care. There are numerous services which support different speciality referrals based around the presenting clinical problem.

### **3. Service Locations**

Children will only be seen at community locations that are considered appropriate for care and that are registered with the CQC as a primary care setting or hold a CQC licence for seeing children. These locations have all been used for many years apart from the new clinical premises at Worthing, which has new facilities that include the provision of outpatient children's services. Registered CQC primary care locations are used to provide a network of NHS services across Sussex and Surrey that have all been vetted for suitability by the consultant, nursing and management teams. We have sub-contract agreements in place to provide services that are 'hosted' by the primary CQC holder for NHS services provided by Sussex Community Dermatology Service Ltd.

Children will only be seen at two of the registered owned CQC locations as follows:

- **Worthing Laser and Skin Clinic** – 51 Chesswood Road Worthing BN11 2AA  
CQC Main Registration – [Medical Clinics Ltd](#) & [Worthing Skin Clinic Ltd](#)
- **Hove Laser and Skin Clinic** – 13 New Church Road Hove BN3 4AA  
CQC Main Registration – [Medical Clinics Ltd](#) & [Sussex Community Dermatology Services Ltd](#)

Clinical waiting areas at both locations are separated from the main waiting areas and clinics are held at times when there are no or limited adult clinics. Children's care is separated from adult care at these locations. Safety measures include low height main reception desk, protected radiator covers, no low shelving or sharp edging, protected power sockets, and a 'no hot-drink' policy when children's clinics are being undertaken. Children have a basic need for recreation and play. There are a range of age appropriate, wipe-clean and quiet toys, books, games and art materials to try to achieve a more relaxed patient and parent experience. Other facilities include baby-change mats, standing stools for toileting toddlers, and privacy for breast-feeding. We also have a range of age appropriate educational material in the form of healthcare advice leaflets, access to helpful websites and information about patient support groups.

The Worthing premises also has a patient lift that is fully equipped for disabled patients and carers. At primary care GP surgeries, similar facilities are available for children and parents. All community locations have been assessed to ensure that they are child friendly and appropriate for services.

The community dermatology services we provide are a significant part of care for the local healthcare services at both a NHS and private level. At least 10% of all CCG referrals into services are for dermatology so it is important that services are accessible locally for patients.

In the past 5-years, we have seen approximately 7200 children under the age of 18-years. Last year 1800 children were seen across NHS and private services.

<b>Children's Referrals – 12 Months</b>	<b>Sussex CDS</b>	<b>Hove</b>	<b>Brighton*</b>
0-12 years	698	136	0
13-18 years	729	207	0
Total <18 Years	1427	343	0

\*We have never seen any children at the CQC location in Brighton at any time.

#### **4. Pathways of Care for Children**

##### **Triage**

All referrals are vetted to assess whether they are suitable for Level 3 Services regardless of whether they are NHS or private. If they are not considered suitable, they are either rejected or directly referred through approved 'NHS onwards referral proforma' that are in place. In all cases, the GP and parents of the child are informed of the decision. Staff have many years experience in this process and if there are any doubts about this process, they are referred to one of the specialist consultant team or Lead Paediatric Nurse (Sophie Lockyer).

##### **Pathways and Integration of Services**

The organisation shares excellent working relationships with many local Children's services and acute NHS trusts providing Level 3B Paediatric Dermatology Care. Existing Consultants have worked to establish these relationships for many years and have an established knowledge of services offered, local expertise, and tertiary expertise. The clinical team meets regularly with other Consultants at local meetings providing opportunity to discuss pathways, changes to services, and the provision of services. In Brighton, Dr Emerson & Dr Nicolaou work directly with Dr Jessie Felton in the Brighton & Sussex Dermatology NHS Acute Service. In Crawley/Horsham, services are provided by Dr Sandeep Cliff, who provides both Level 3A community services for Sussex Community Dermatology Service Ltd, and also works at Surrey and Sussex Hospital providing Level 3B services. Children requiring excision of skin lesions are referred to Queen Victoria Hospital in East Grinstead or Portsmouth via Bronwyn Hughes. Other paediatric specialist pathways for more complex medical problems are referred into local paediatric hospitals or Great Ormond Street depending on complexity. All childhood skin cancer is discussed at the Specialist Skin Multi-Disciplinary Team meeting and then referred on to Great Ormond Street if they have a sarcoma. As medical staff all work in local MDT's across the area, the pathway is completed through good working relationships.

All NHS referrals are made through agreed 'Inter Provider' referral pathways avoiding the necessity for the GP to make a referral. If private patients require onwards referral this is either done directly by letter or through the GP. The GP is notified in all cases.

##### **Coding and Record Keeping**

All patients are registered on electronic patient record systems that are backed up centrally and locally on servers. Medical notes are kept for 21-years or longer as per national guidelines. NHS systems link into the National Database and in many instances, care records are shared between the referring GP and community service provider.

### **Communication and Care Plans**

All children seen have a dedicated self-care plan, that is sent through the post with a copy of the GP letter. This includes relevant patient information that is age-appropriate and specific for common skin dermatoses. Where considered necessary, links to support groups and local services are provided including the National Eczema Society, CAMS, and the Red Cross Cosmetic Camouflage Service.

## **5. Staff Training**

### **Staff Recruitment and Employment**

All staff are employed with pre-employment interviews, Disclosure Barring Service checks, General Medical Council checks, medical indemnity insurance checks, and receive induction training. All GPwSPI's we recruit are local to the area and are registered on the GP performers list. Medical recruitment policies and procedures, appraisal, and revalidation procedures have all been independently appraised by the General Medical Council in December 2015 as a part of a routine planned visit to accredit all registered 'Designated Bodies'. This inspection was passed with many positive comments made about how the organisation is run and patient focused.

We do not employ any temporary staff, locums or staff that have not been otherwise interviewed and assessed by the management team or clinical team.

### **Staff Clinical Postgraduate Education and Skills Training**

There is an ongoing commitment to training as an organisation. Paediatric dermatology core lectures are included on the postgraduate training programme for all staff including administration, nurses, GPwSPI staff and consultant staff. The same team also lectures on Paediatric Dermatology to local GP's as a part of the Regional Programme (SEEDS – South East Education for Dermatology Services). This has a timetabled programme rolling for 3-years and dates for meetings are published on our NHS website: [www.sussexcds.co.uk](http://www.sussexcds.co.uk).

### **Staff Leads for Paediatric Community Services**

Three of the Consultant team have received sub-speciality training in Paediatric Dermatology and have held dedicated acute trust clinics for many years. They include:

Dr Sandeep Cliff – Clinical Director of Dermatology at SASH

Dr Nic Nicolaou – former Clinical Director at Newport & Gwent Hospital

Dr Russell Emerson – Clinical Director of Sussex Community Dermatology Service

All GP's employed in the service hold a Diploma in Dermatology and receive ongoing training working alongside a Consultant Dermatologist as 'General Practitioners with a Specialist Interest in Dermatology'. All GPwSPI's work in close contact with consultants and specialist nurses in joint clinics. They receive formal GPwSPI training with the Consultants and Specialist Nurses with paediatric dermatology education included in core training sessions at quarterly meetings.

The nursing team for children is led by Mrs Sophie Lockyer, who is a Registered Paediatric Nurse. Sophie is also the Children's Safeguarding Lead and works closely with the other safeguarding team. Sophie is supported by three other specialist nurses including Sister Carolyn Battes, Sister Oilivya Choi and Staff Nurse Tracey Willifer. All of the nurses have many years experience in advising on the application of creams, emollients and topical

steroids. They are also trained to perform patch-tests although this part of the service is restricted to 12-year olds and over because of the difficulty in keeping on the patches for several days.

Liaison with local hospital services is sometimes necessary and this typically involves discussion amongst nursing and medical teams. As the same clinical teams also provides care for Brighton & Sussex Dermatology Service working with Brighton & Sussex University Hospital NHS Trust, these pathways are all in place.

## **6. Safeguarding Children**

We take safeguarding very seriously across the organisation and all staff are trained to recognise abuse, neglect, and raise any concerns. This is led by Sophie Lockyer as Child Safeguarding Lead. Sophie has worked for the organisation in NHS and private services for 10-years. She is a Registered Paediatric Nurse and keeps up-to-date with training to support Children's Paediatric services included attendance at National British Association of Dermatology Nursing Group conferences and speciality specific training. Mrs Lokyer works closely with the other Safeguarding Leads to ensure that services are all integrated with local multi-disciplinary teams across the area. We follow all local procedures and policies that are made accessible on our NHS website. We also display contact details in clinic rooms so that staff are aware of contact telephone numbers across services.

Administration staff and reception staff are all trained to Level I Safeguarding. Nurses have Level II training and all medical staff are trained to Level III. Training is provided through discussion groups, formal lectures, online accredited training modules (Educare®), and external courses. Dr Fiona Emerson attends all of the local GP meetings on Safeguarding in the area and is responsible for keeping policies and procedures up-to-date with local teams.

## **7. Investigations and Procedures in Children**

We perform a limited range of investigations and very limited range of minor procedures on children in Level 3A Community Services. Investigations that are undertaken are confined to skin scrapings, hair samples, bacteriology swabs and allergy patch-testing. Blood tests are not usually performed. Phlebotomy is rarely necessary as more complex dermatology problems are referred on to acute trust Level 3B services or tertiary services. All diagnostic samples are sent to local NHS trusts with whom we hold contracts to provide support services.

Procedures are limited to minimally invasive cryotherapy for warts, curettage of minor skin lesions eg facial warts, and rarely a small skin biopsy. This is only possible when children are considered to have appropriate maturity (typically aged 12 and over) and Gillick' competent if appropriate. They are only undertaken when considered absolutely medically necessary and only then with full written consent of the parent/child. Minor procedures are only undertaken by experienced members of the consultant team. Consent follows 'Form 4' recommendations. We do not perform any invasive procedures, procedures under any form of sedation, or any other invasive techniques. If there are any doubts about the suitability of a child for any form of investigation or treatment, is not performed and referral undertaken to another specialist service.

In the past 12-months, we performed 7 procedures under the age of 12-years (all cryotherapy for small filiform viral warts) and 21 procedures in children aged 13-18 years (cryotherapy,

removal of milia, curettage of viral warts, skin biopsies). There were no recorded adverse events, infections, or complications of any kind. 100% parents and children were consented in writing on Form 4 consent forms. 100% procedures were performed under consultant supervision. Procedures reflect service audits across NHS and private services.

Children requiring more extensive investigations or excisional surgery are referred onwards to other providers. Suspected skin cancers are referred to the Plastic Surgical Department at Queen Victoria Hospital or Sarcoma unit at the Royal Marsden after discussion at the local Specialist MDT. This applies across NHS and private services.

We have established links with the following Consultants:

Mr Teo – Consultant & Plastic Reconstructive Surgeon (General Paediatrics)

Mr Dheansa – Consultant & Plastic Reconstructive Surgeon (Paediatric Burns/Lesions)

Complex medical paediatric dermatology would otherwise be under supervision of an acute trust consultant dermatologist working with other medical paediatric specialities.

## 8. Paediatric Resuscitation and Equipment

All staff seeing children are trained in paediatric anaphylaxis training and paediatric resuscitation. We hold external training modules twice per annum for staff. Clinics at Hove and Worthing have resuscitation equipment that includes paediatric face masks, breathing aids, and paediatric defibrillator pads. Both locations are conveniently located within 5-8 minutes of local acute hospitals. In 10-years experience of providing Level 3A care we have never seen any child placed at risk or requiring resuscitation of any kind.

## 9. Prescribing

The prescribing for children differs from adults and all staff are used to prescribing for children. Training is included on prescribing for skin conditions as a part of the postgraduate educational programme. We have 'Children's British National Formularies' available in consulting rooms and online access to prescribing recommendations in every consulting room. In paediatric dermatology, the majority of prescriptions (>95%) tend to be **topical preparations**. These are prescribed safely using 'finger-tip units' and any other specific good practice guideline recommendations. When systemic medications are required they are usually prescribed from a limited range of medications on the prescribing formulary we use after discussion with a consultant. Children and parents are involved at all stages about treatment recommendations.

Prescribing of any kind is supported by Patient Information Leaflets (PILS) that are child friendly, and online web information. A treatment plan is typically sent in writing to all parents and children with information relating to diagnosis, planned treatment and follow-up arrangements. Where possible we encourage self-management of skin diseases and teach parents how to do this working with children as a family unit. Nurse prescribing is not undertaken as the nursing teams work alongside GPwSPL's and consultants in an integrated team.

Unlicensed and off-label medicines for children and young people are not prescribed by the service unless there are any local arrangements in place. Systemic chronic disease management is not undertaken in any of the private or NHS clinics. Medicines Management



policies and procedures are all discussed with the Lead (Dr Andrew Morris) and external pharmacist.

## 10. Clinical Governance

The Clinical Governance Lead is Dr Russell Emerson, who is also Responsible Manager for the CQC Registered locations. Dr Emerson is accountable to the Directors of the organisation and reports to the management team. Dr Emerson is integrally involved in the delivery of paediatric dermatology services and has been involved in the delivery of care to children for in excess of 20-years in acute, community, and primary care settings. Dr Emerson is a member of the British Society for Paediatric Dermatology, a member of the British Association of Dermatologists, and a Fellow of the Royal College of Physicians of London.

The paediatric dermatology service is delivered by a **multi professional team**. The same team have a proven track record in clinical leadership that includes supervision, training, clinical expertise, and clinical management. Services are continually reviewed and discussed to assess ways of improving them for patients. The team meets each quarter to discuss services in relation to children and have daily contact with each other as a part of care delivery in the area. Staff are encouraged to raise and voice their concerns when standards are being compromised and continually strive for quality so as to promote and safeguard the interests and well being of patients.

When the team meets we discuss the following areas:

- Clinical effectiveness
- Risk Management
- Audit
- Service Developments
- Staff Training Needs
- Pathways into other providers

One of the key issues locally and at a national level has been a shortage of Consultant Dermatologists and poor access to services within acute units. In Brighton, waiting lists exceeded 18-weeks earlier in 2015. We were instrumental in helping out with these waits by seeing appropriate Level 3A referrals in community clinics that were sub-contracted to us by Brighton & Sussex University Hospital NHS Trust as a part of joint contracting we provide in Brighton.

Across Sussex and Surrey, the NHS and private services we provide form a significant component of the overall structure of healthcare services for the population. All dermatology services have been under extreme pressure for many years and community services have been instrumental in reducing waits for children and adults. The average waiting time for a child to be seen in our NHS and private service is less than 3-weeks compared to 14-20 weeks in acute trusts. We do not foresee this changing in forthcoming years, as there is no plan to increase training numbers for dermatology and paediatric dermatology is not a very popular sub-speciality.

## 11. Clinical Research

We do not undertake any forms of clinical research in children in any age-group and have

never done so in any service.

## **12. Key Reference Papers**

**BRITISH ASSOCIATION OF DERMATOLOGISTS  
WORKING PARTY REPORT ON MINIMUM STANDARDS  
FOR PAEDIATRIC SERVICES 2012**

**NATIONAL SERVICE FRAMEWORK FOR CHILDRENS SERVICES  
DEPARTMENT OF HEALTH**