



SKINCARE CONDITIONS IN SCOTLAND: WHAT THE HEALTHCARE PROFESSIONALS THINK

A REPORT OF A SURVEY OF SERVICE PROVISION FOR
PATIENTS WITH DERMATOLOGICAL CONDITIONS



SCOTTISH
SKIN CARE
INDUSTRY GROUP

FOREWORD

33% OF THE POPULATION WILL HAVE A SKIN CONDITION AT ONE TIME

This report into dermatology services in Scotland is presented at the Scottish Parliament on World Psoriasis Day. The theme of this year's World Psoriasis Day is 'the burden of the disease'. This is a particularly apposite theme for those with psoriasis seeking to explain what it means to them. It is a theme that can just as easily be applied to the litany of other skin conditions that, according to the Skin Care Campaign, affect around a third of the population at any one time.¹

Yet, despite this apparent prevalence, skin and skin disorders remain misunderstood. Skin conditions can often be very complicated to diagnose and treat and, while some of the more trivial skin infections can be cured relatively simply, for many the diagnosis of a dermatological condition means chronic pain and changes to their daily lives.

There are no cures for many of the most serious complaints and often just managing a condition can lead to severe side effects and life changing commitments.


This survey was commissioned by the Scottish Skincare Conditions Industry Group (SSCIG) within ABPI (Association of British Pharmaceutical Industry) Scotland.

As the voice of the pharmaceutical industry in Scotland, ABPI Scotland works to ensure that the industry is recognised as a partner in the provision of healthcare and works with clinicians to ensure Scotland's patients have access to the best medicines available. SSCIG is one of nine disease-specific industry groups within ABPI Scotland that help to promote best practices and opportunities for further development within their healthcare area.

This survey into Skincare Conditions in Scotland is directly in keeping with the aims of SSCIG to:

- Raise the standards of evidence based care
- Improve outcomes for people with the skincare diseases
- Ensure people with the disease have equitable access to the best available medicines and services
- Highlight opportunities for aligning plans and policies across national groups and related disease areas at both strategic and tactical levels

The survey responses from healthcare professionals in the primary and secondary care, those at the forefront of services, provide some interesting points for further consideration. Whilst there are excellent examples of best practice the responses received also raise crucial issues and provide valuable suggestions for the further development and improvement of our services in Scotland.

I would like to take this opportunity to thank all those who took the time to complete the survey. We all understand the busy schedules our healthcare professionals have and therefore the time taken, the expansive answers received and the genuine enthusiasm with which our respondents approached our survey should be acknowledged and applauded. 

¹ <http://www.skincarecampaign.org/docs/APPGS/APPGSLeaflet%20in%20Word%20format.doc>



I would hope that the professional opinion, as illustrated in this survey, can inform and influence the way people think about dermatology services. Not only is it important to draw attention to the sterling work that is going on in dermatology departments up and down the country but I would strongly encourage our health service planners to give due consideration to the suggestions voiced through this survey.

Diane Thomson

CHAIR OF SSCIG

A survey looking at clinicians' opinions of the service that they provide is always welcome. Next to the patients, the doctors and nurses who diligently deliver the health services that we all rely on are the most important voices that we should be hearing.

The findings, while inevitably raising some points for further attention, also highlight much of the good work that is going on. I believe the report also draws attention to the difficult and often underestimated role of dermatology specialists.

Dermatological conditions are notoriously complicated and difficult to treat. Accurate diagnosis, the key to good treatment is often hugely problematic in its own right; and the specific complexities of dermatological conditions make it a difficult service to assess.

Few dermatological conditions lead directly to death, but many lead to severe comorbidities, which can have a crippling effect on the sufferer. For policy makers and managers however, it is difficult to assess from statistics how much of a psoriasis sufferer's chronic pain has been alleviated by a particular treatment. It is even more difficult for a clinician to record such subjective information. And so we must rely upon the judgement and experience of those that treat the patients, and witness the effects that policy and managerial decisions have on the patients.

This is why we should really value reports such as this. They offer us the chance to consult with a range of specialists from within the field as to their views. I am pleased that this particular survey seems to have been used by them as a constructive forum by its participants; a forum through which pressure points and weaknesses in systems can be identified in order to improve them, and more importantly positive examples of services that are making real differences to both clinician and patient can be supported and where possible expanded.

I warmly welcome this report, and I look forward to politicians and policy makers working together in the future with the clinicians to continually improve the service that we offer to the patients who suffer from these common, yet misunderstood afflictions.

Dr Richard Simpson MSP,

SHADOW MINISTER FOR PUBLIC HEALTH

INTRODUCTION

A NUMBER OF SKIN DISEASES CAN RESULT IN DISABILITY LEVELS EQUIVALENT TO OR GREATER THAN THOSE EXPERIENCED BY PATIENTS WITH DISEASES SUCH AS ANGINA, ASTHMA, ARTHRITIS, BACK PAIN, BRONCHITIS, DIABETES AND HYPERTENSION.

Skin conditions can range from the irritating to the agonizing, and despite the stigma that often surrounds them, are rarely to do with cleanliness or hygiene. They can have very real visual effects, including scarring and disfigurement. This can act as an inhibitor to quality of life and economic productivity due to the resultant loss of confidence and self-esteem. In the most serious cases, this can lead to depression.

And this is not the only way in which skin illnesses can and do affect lives: the most common form of work related disease is occupational dermatitis with between 50,000 and 100,000 cases every year.²

The purpose of this survey was to consult with those at the forefront of dermatology care to gauge services in Scotland. We have sought to achieve this by engaging with nurses and doctors from both the primary and secondary care sectors. Unfortunately whilst we received a satisfactory response rate from the secondary care level, from primary care it was disappointing despite a number of attempts to engage with GPs on this issue.³

As has been highlighted elsewhere in this report, dermatological conditions are a major problem with around one quarter to one third of the population having some form of skin condition. Yet, despite the pervasiveness of these conditions, they have a very low profile. This survey set out to discover whether this fact was reflected in the service being offered from the point of view of those who treat, consult and nurse these conditions.

This is not an academic study rather it is intended as a snapshot of opinion from those with firsthand knowledge and experience of dermatology service provision in Scotland. It is hoped that this sample of professional opinion can help inform and influence the future development of dermatology services in Scotland.

² http://orgs.dermis.net/content/e02eden/e04research/e95/index_ger.html

³ <http://www.rospa.com/occupationsafety/facts.htm>

10% OF ALL REFERRALS TO HOSPITAL
ARE OF PATIENTS WITH ECZEMA

EXECUTIVE SUMMARY

THE RESULTS FOR THIS SURVEY ARE BASED ON TWO MULTIPLE CHOICE ON-LINE QUESTIONNAIRES WHICH WERE SENT TO HEALTHCARE PROFESSIONALS AT PRIMARY AND SECONDARY CARE LEVELS.

THE SURVEY

Recipients for the two surveys came from three data sets:

1. Consultant dermatologists (who completed the secondary care survey)
2. Specialist nurses (secondary care survey)
3. General Practitioners (primary care survey)

It was decided to approach both primary and secondary healthcare professionals through two targeted surveys. At the secondary care level 2 consultants and 2 specialist nurses were selected from each of the 11 mainland NHS boards using random sampling methodology. At the primary care level 2 GPs from each of the 37 CHP areas were identified, also on the basis of random sampling. The survey was conducted between June and August 2008.

All 11 mainland NHS boards were covered: Ayrshire and Arran; Borders; Dumfries and Galloway; Fife; Forth Valley; Grampian; Greater Glasgow and Clyde; Highlands; Lanarkshire; Lothian; and Tayside.

At the secondary care level 29 responses were received: 16 from specialist nurses and 13 from consultant dermatologists. From primary care a total of 83 GPs were contacted, initially via telephone call and then with a follow-up letter. Of this number, 29 were also contacted by email. We received 5 responses, but only 3 were complete.

Over half of respondents (55%) had been in their current position for ten years or more and a further quarter (24.1%) in position for five years or more.

THE FINDINGS – OVERVIEW

The survey was broken down into 4 main sections: Diagnosis; Intervention; Provision of Services; and Auditing of Services. Though the majority of questions provided multiple choice answer options, space was also provided for recipients to elaborate on or clarify their responses.

DIAGNOSIS

With over 30 different skin conditions correct diagnosis is vital. At the secondary care level a positive picture emerges with a range of diagnostic tools available and familiarity with referral guidelines, though opportunities for improvement do exist. Problems with diagnosis, particularly poor adherence can lead to sub-optimal treatment for patients. The two themes that require further attention are: adherence to guidelines which would appear to be less than rigorous; and referrals from general practice which, for a number of secondary care consultants, was less than satisfactory.

“...on the whole we provide an excellent service for our patients with the resources available...”

“A patient will be given as much initial follow up as required by the specialist nurse service until confident with managing symptoms.

This is not necessarily through follow up visits at hospital. Communication can be done at home setting or via telephone.”

INTERVENTION

A picture of variance emerges from the survey, both between NHS boards and on the basis of which condition is in question. The impact of cancer priorities is an important issue for healthcare professionals. Skin cancer patients are regarded as a higher priority and consequently waiting times for non-cancerous skin conditions can be exacerbated.

PROVISION OF SERVICES

Service provision and the standard of provision is undoubtedly an important consideration in healthcare. From the survey, staffing levels, standard of out-patient care and, from the secondary care perspective the role of GPs were all areas of concern. Over 68% of respondents felt that there were not adequate numbers of specialist nurses and nearly 60% believed there was not adequate provision of consultants. Just over half (54.6%) of the healthcare professionals polled regarded the standards of out-patient care as 'adequate' or above. A feeling emerged from the secondary care professionals that potential existed for primary care to assist more and to take some of the pressure off their resources by treating the less severe cases.

AUDITING OF SERVICES

The survey results show that secondary healthcare professionals ranked their disease area lowest amongst the priorities of their NHS boards.

One consultant summed up the situation with 4 points:

1. The low priority given to Dermatology in medical schools translates into a low level of interest and competency in GPs. This leads to inappropriate referrals. GPs see a high percentage of skin conditions and therefore should have the skills to select well for secondary referral.
2. Managers do not grasp the extent of Dermatology and underestimate the nursing skills required to manage serious skin diseases in the context of co-existing non-skin diseases.
3. There is little appreciation of the time required for an adequate Dermatological consultation – too often, it is seen as simply looking at a rash and giving a diagnosis – rarely that easy, and often time is needed to help the patient understand as well as deal with the consequences the condition has for daily living.
4. It is too easy to see skin conditions as cosmetic or trivial without appreciating the associated morbidity. This regrettably colours the way Dermatology is treated among specialities.

RECOMMENDED ACTIONS

1. Conversion of current care pathways (CCI) be adopted by QIS and become standards of care that are implemented equitably throughout Scotland.
2. Inclusion of dermatological conditions such as Psoriasis be included in the cardiac screening programmes for Long term Conditions.
3. Increased collaboration between secondary care and primary care given 1:6 GP consultations are for dermatology.
4. Greater training for GPs in dermatology.

"...no such thing as an average dermatology patient most of our patients are discharged at their first visit."

PSORIASIS PRODUCES SEVERE SOCIAL AND PSYCHOLOGICAL CONSEQUENCES AND REDUCES QUALITY OF LIFE SIGNIFICANTLY (FINLAY AND COLES, 1995). IT IS LIFELONG.

Psoriasis Scotland Arthritis

Link Volunteers comment

At the Psoriasis Scotland Arthritis Volunteers (PSALV) reception in Holyrood to mark World Psoriasis Day, three patients discussed their experiences. All had previously experienced problems with primary care and accessing good treatment. Two patients had unfortunately had very negative experiences. Perhaps they were unlucky but as a charity group having worked with and meet others with skin psoriasis and PsA for ten years, we feel that GP training is totally inadequate.

The APBI survey mentions “inappropriate referrals” -we would say people are lucky if they get a referral! There is huge inequity in GP knowledge and we feel that the existing “patient pathways” are not widely used. This means some GPs are excellent and refer on, however others know little. As around 150, 000 people here have psoriasis in varying degrees, this causes gross inequity, and suffering.

Too many go to their practice and receive a tube of cream with no follow up. This shows both a lack of interest and a lack of understanding of the impact of even moderate, or scalp psoriasis on lives. Unfortunately there are treatments for this condition and many patients never get to hear about them.

PSALV would disagree that patients are given appropriate information. We find most people do not receive information leaflets or details of Scottish charities. Many, if not all, never receive any further advice. Support and information are essential for all those with psoriasis and should be mandatory in primary care.

In response to PSALV’s recent e-petition on services, absence of guidelines and the absence of national standards, the Scottish Government acknowledged the existence of co-morbidity factors for patients. It was also implied that screening should take place for all with psoriasis/PsA in primary care. PSALV is also currently active in the new SIGN guidelines group, however if such guidelines are not implemented, no matter how excellent they are -if not used they are pointless.

The comments from a consultant in the survey are almost exactly what we think in regards primary care. Many find it takes far too long still to reach an expert who can diagnose their condition and supply correct treatment. If PsA is not treated adequately it leads to much chronic pain, deformity and possible lifelong disability. This needs serious consideration.

LTCAS is setting up advice and self management for many conditions, however dermatology is being neglected.

PSALV would recommend that there should be at least one person in each practice with expert dermatology training.

The Scottish Dermatological Nursing Society comment

The Scottish Dermatological Nursing Society broadly welcomes this report.

Dermatology services in Scotland are, overall, of a good standard, thanks in no small measure to the dedication of the staff who are delivering them.

As always there are steps that could be taken to improve things further, both for the sake of those working in them and, more importantly, for their patients.

We are pleased that this survey of staff opinions has taken place. We hope very much that the views and findings in the report can inform policy and have a positive influence on future decisions about dermatology services.



COMMENTARY ON FINDINGS

THIS SURVEY IDENTIFIED THOSE HEALTHCARE PRACTITIONERS WHO HAVE FIRST HAND EXPERIENCE OF TREATING PATIENTS WITH SKIN CONDITIONS. AS SUCH, OUR RESPONDENTS SHOULD BE REGARDED AS BEING BEST PLACED TO COMMENT ON CURRENT PRACTICES.

It should be noted that in addition to possible sampling error, question wording and practical difficulties in conducting the survey can introduce error and bias into the findings, though all appropriate steps have been taken within the context of this survey to ensure this was not the case.

Though strenuous effort was taken to engage with primary care professionals the low response rate from this sector means that we are unable to draw any firm conclusions from the responses received or assert that these are representative of primary care as a whole. This notwithstanding, the responses may present a flavour of the view from the primary care level and we felt it was correct to let those who took the time to respond have their opinion added to this report.

PERSONAL INFORMATION

- 74 primary care and 44 secondary care professionals were selected and approached for this survey.
- At the secondary care level 55% of respondents were specialist nurses and 45% were consultants.
- Responses were received from 10 of the 11 NHS boards approached.
- Borders, Ayrshire & Arran and Dumfries & Galloway NHS Boards had no consultants available / choosing to respond.
- Over 55% of respondents had been in position for 10 years or more, a further quarter (24.1%) had been in position for 5 years or more.

SECONDARY CARE

(I) DIAGNOSIS

The overall picture in diagnostics across NHS boards in Scotland paints a positive picture, with key diagnostic tools in wide use across NHS boards.

- Over three-quarters (83.3%) of respondents identified that PASI screening is available, and over two-thirds (70.8%) confirmed DLQI screening was on offer in their NHS board.
- Respondents also identified the availability, to varying degrees, of combined consultant clinics, CDLQI, DFI, IDQoL, PGS and SASSAD.

Knowledge of referral guidelines is also positive across Scotland.

- 100% knew the Acne referral guidelines
- The least well-known set of referral guidelines were those for infections & infestations, of which only three-quarters of respondents were aware.
- Over one in ten were unaware of referral guidelines for both Psoriasis and Eczema (both 12.5%).

“Dermatology is strong in our area but it has been a long battle and we don’t wish to find money transferred to primary care otherwise specialist services will suffer and so will new treatment advances and research.” – CONSULTANT

“...dermatology seems way down the line.”

- All consultants in the survey were aware of the lumps, bumps & lesions referrals, and almost nine out of ten were aware of the guidelines for Psoriasis, Eczema and infections & infestations.
- Specialist nurses showed a high level of awareness of the referral guidelines except those for infection & infestations, of which only slightly above half were aware (58.3%).

A slightly different picture however is presented in terms of adherence to the guidelines. Where guidelines do exist, adherence appears on the low side.

- None of the conditions had more than half of respondents answer in the affirmative (Psoriasis being the highest for adherence at 47.8%).
- There was only one condition where consultants were more likely to use the guidelines than not use them (Psoriasis).
- In all other conditions, consultants were as likely, or more likely to not use the guidelines.
- Around half of specialist nurses answered no for most of the conditions, and exactly half 'don't know' for infections & infestations.

However the comments received pointed to possible underlying reasons for the statistics above. Of the eight respondents who chose to elaborate on this question, four indicated that the referral guidelines were not followed by GPs, with one adding that this state of affairs remains 'despite frequent prompts/reminders'. However another respondent noted that clinical judgement was applied and the referral guidelines were used as exactly that, as opposed to rigid rules.

From the responses it is evident that respondents felt the guidelines were useful to certain extents. Around half of respondents for all of the conditions listed thought the guidelines to be 'somewhat useful'. The number who thought them 'very useful' varied between one in five for infections & infestations to almost half for Acne. Less than one in ten felt guidelines were 'not very useful' for all conditions except lumps, bumps & lesions which stood slightly higher (12.5%).

The survey also examined the sources of information available to patients about their conditions. A wide-range of sources were identified by secondary care professionals.

- The prominent sources of information were the internet and media, identified by 95.8% of respondents and outpatient clinics, identified by 91.7%.
- Three quarters mentioned specialised booklets, two thirds said GP surgery and exactly half answered that patient groups were a usual source of information.

In regards to what information a patient usually receives on a visit to their healthcare professional all of them will be provided with a specialist booklet as to their condition, and 87.5% stated that patients would also be given contact information for other agencies/groups. A large number of respondents also highlighted the role of verbal information that would be given over the course of a visit, as well as demonstrations and specific treatment plans.

(II) INTERVENTION

The length of time a patient will have to wait to be seen between first GP referral and the first secondary care visit can vary greatly. This can depend on the condition in question and its severity. From responses it is evident that it was felt that suspected skin cancer conditions were of a higher priority than many, if not all, other conditions.

"Unfortunately, the GP's who make the referrals are apparently not aware of them." – CONSULTANT

"Yes and no as to what is referred in by GPs. You will get some who have followed the referral and some who don't." – SPECIALIST NURSE

"Centre for change and innovation guidelines not adopted by primary care division." – SPECIALIST NURSE

- Over 40% of respondents indicated the average waiting time for patients was 13-18 weeks (however due to the difficulties in generalising conditions, severity, and the different modes of treatments it was difficult to make any absolute assertions).
- Around half of the participants identified a downward trend in waiting times (Psoriasis – 45.8%, Eczema – 41.7% and lumps, bumps & lesions – 58.3%).
- Just over 1 in 10 identified an upward trend
- Sizeable numbers indicated there to be no trend one way or another.

However it is necessary to state that the question on waiting times did have a relatively high number of 'don't know' responses, possibly indicative of the problems of gaining a perspective of the whole system when you are involved with only one of its constituent parts.

A key issue raised was that of skin cancer. It was commented that an upward trend in waiting times is being exacerbated by cancer priorities.

This highlights the problems that cancer priorities set by politicians and managers can have on the clinicians who run the front-line services. It also further exposes the problems that appear to be caused by GP referrals made with insufficient understanding of conditions, thus causing blockages further down the treatment process.

(III) PROVISION OF SERVICES

Within secondary care there is an obvious rural / urban spread within NHS boards in terms of longest patient travel distances for services (10-50miles – 45.5%, 51-100 miles – approximately a quarter, and a similar proportion identified over 100 miles.)

On the question of consultant to consultant referrals it is evident that frequent collaborative working occurs throughout Scotland's NHS boards. Though a quarter of respondents stated that they did not know about such referrals, over half of participants responded with additional comments and these presented a picture of far more regular consultant to consultant referrals than the figures themselves would suggest. On cross-disciplinary consultant to consultant referrals almost one in five (18.2%) said once a month and almost two-thirds (63.6%) ticked the 'other' category and specified timescales that ranged from daily referrals to as-and-when required.

The proportion of cases referred to specialist nurse-led clinics proved to be a problematic question for respondents, with many comments reflecting the wide range of services, and even stages within services, that are sometimes nurse-led, but that seem to vary depending on the circumstances. The majority of respondents answered that such referral occurred in less than ten per cent of cases, though the actual figures vary depending on the condition.

It was acknowledged that more could be referred to experienced and well-trained specialist nurses, but that the trend in nursing appeared to be to create 'generic' nurses who can provide a range of services but who lack the specificity in one particular area to take the lead on it.

- For acne, infections & infestations and lumps, bumps & lesions the majority of participants believed that less than ten per cent of cases were referred.
- For eczema, almost one third of participants (31.8%) put the percentage of referrals to specialist nurse-led clinics at between 26-50%.
- This question did attract a high volume of 'don't know', around a quarter for each condition.

“The targets to be met for skin cancer mean that we see a lot of lesions of a non-urgent nature because we have insufficient information on referral to be able to vet them as non-cancer. As a result, other non-cancerous but severely debilitating skin conditions are pushed down the queue as we do not have resources to see them urgently as well. The long wait for severe non-cancer conditions leads to extra GP telephone calls, secondary letters trying to expedite matters and overbooked clinics.”

– CONSULTANT

“These long term conditions need a higher profile as the consequences of the morbidity are grossly underestimated socially and financially. They do not attract the same interest as conditions with easily recorded statistics, eg, mortality.”

In regards to staff levels different pictures are presented by the NHS boards.

- Forth Valley has one consultant whilst Greater Glasgow and Clyde identified approximately 15.
- Borders has three consultants though these are all visiting consultants, from the Lothian area.
- A number of respondents expressed confusion with the definition of specialist nurses.
- Almost one in five (18.2%) gave a ratio of one specialist nurse to two consultants; approximately 13% identified a ratio of one to one; the same number again stated there were ratios of one specialist nurse to three consultants and three specialist nurses to one consultant.
- Almost two-thirds (63.6%) stated they did not know who their long term conditions clinical lead is.

Despite the confusion that exists around the role of long-term conditions lead, 31.8% of respondents believed that the 'long-term conditions' approach to management of dermatology services was the best approach, 18.2% answered in the negative.

- 13.6% of respondents gave an unqualified 'yes' to whether the long term conditions approach was successful.
- Among the specialist nurse population there was a slightly higher support level for the approach, 18.2%

Comments ranged from a cautious 'it's too early to tell' approach to a flat dismissal of this approach in dermatology. Responses indicated that the approach could be improved through better management and funding. These suggestions for improvements included additional funding at primary care level; moving away from hospital care; an increase in clinics that combine nurses and consultants for those patients who do require hospital care; more training; collaborative clinics; and extra support when needed.

The survey responses indicated that the determination of treatment pathways for patients almost unanimously involves consultants (95.5%), with the nursing team involved 68.2% of the time and GP's 45.5% of the time. The patient is identified as involved in half of the responses overall, although this figure is lower for consultants as only 37.5% identified patients as involved. From the specialist nurse perspective alone, 81.8% identified themselves as part of the process, and almost two thirds identified the patient (63.6%).

A range of support services are available to patients for self-managed care as identified by the healthcare professionals polled. These include patient information (95.5%), patient groups (68.2%) and self-managed care plans (50%). In the comments, it is worth noting that telephone/email support featured prominently. Self-managed care plans were identified by respondents from the majority but not all NHS boards. The responses in general do show a level of uniformity in the services that are available.

The perceptions of standards of out-patient care present a somewhat disappointing picture.

- 18.2% rated the service as 'more than adequate'
- 9.1% stated it was 'excellent'
- The majority of respondents (27.3%) felt their service was 'adequate'
- Almost a quarter (22.7%) rated it as 'less than adequate'
- Almost one in five (18.2%) felt the out-patient service offered by their NHS board to be 'insufficient'

"These long term conditions need a higher profile as the consequences of the morbidity are grossly underestimated socially and financially. They do not attract the same interest as conditions with easily recorded statistics e.g. mortality" - CONSULTANT

"Much care can be handled in the community by specialist nurses improving quality of care but there is a real danger that transfer of money away from secondary services will result in a reduced specialist service and ultimately a detriment to patient care."

- The majority of consultants believed the services to be either 'adequate' or insufficient (both 37.5% of respondents).
- The majority of specialist nurses believed the overall service to be 'less than adequate' (45.5%).

The comments provided identify that there is potential for primary care services to take some of the pressure off secondary care by treating the less severe cases, thus giving the specialists more time to spend with the patients with most severe conditions. The problem of skin cancer/lesions' priority pushing other conditions down the queue was also highlighted by those polled.

A range of services are offered to patients, their availability varies across NHS boards. These include a specialist out patient clinic (86.4%), a locally run clinic (45.5%), a consultant visit to community hospital (40.9%), a clinic in GP surgery (22.7%) and telemedicine (18.2%).

- 31.8% felt the dermatology service offered in their NHS board region was 'adequate'
- 18.2% believed the service was 'less than adequate' and also 'more than adequate'
- 13.6% stated it was 'excellent' and the same number 'insufficient'
- The figures for consultants were more polarised, with 37.5% believing that overall services were 'adequate', and 25% as 'insufficient'
- Specialist nurses are more satisfied; with 27.3% stating that the service overall was 'less than adequate', almost one fifth believed their service to be excellent (18.2%) and over a quarter believed the service to be more than adequate (27.3%).

Whilst issues were raised in regards to funding and lack of resources it is evident that staff themselves and their contributions are invaluable. The lack of specialist nurses was seen a problematic, their role is one which can empower patients to self-manage their condition.

To reflect the positive attitudes, increased funding in Ayrshire & Arran to extend nurse-led services was mentioned as a reason for the service being 'more than adequate', and the nursing service was described as 'excellent' which was attributed to the nursing team.

- 36.4% rated in-patient bed provision 'insufficient'
- 13.6% believed the provision to be 'adequate'
- Over two thirds of participants (68.2%) believed that there were not adequate numbers of nurse specialists
- Over half believed that there was not adequate provision of consultants (59.1%)

Around a quarter believed that dermatological conditions were part of their NHS board's long term conditions strategy (22.7%), with just less than one in ten answering no (9.1%) and 68.2% answering that they didn't know. Over two thirds of consultants answered 'yes' to this question, with only half saying that they did not know. That figure shot up to over nine out of ten when just taking into account specialist nurses.

AUDITING OF SERVICES

- Over 9 out of ten of our respondents listed 'likely compliance & concordance' as an important consideration when choosing treatment options for patients.
- 81.8% stated patient choice; cost was a consideration for 77.3%; and availability of services was a factor for 72.7%
- The factor least considered was the latest advances (63.6%)
- Half of the respondents stated that the cost of treatments 'sometimes' affects their clinical decision making

"There needs to be more Specialist Nurses and they need to work regularly alongside supportive Consultants. I have found such clinics more efficient and beneficial for staff morale with the mutual support available. Much better than individuals working in isolation which slows down transfer and interchange of patients between different staff."

"Recognition of dermatological conditions as chronic disease in line with diabetes."

- 27.3% stated it rarely impacted upon their decisions whilst more than one in ten stated that they 'never' allowed cost to affect clinical decisions

When asked to rank the diseases in order of their NHS boards' priorities, the results showed that most believed skin conditions to be the least prioritised out of the seven conditions listed. Not one of the respondents ranked skin conditions any higher than fourth. 10.5% believed skin conditions to be fourth and fifth, with 26.3% saying sixth and 52.6% stating that seventh out of the seven areas was right.

PRIMARY CARE

As a very limited response rate was achieved from our primary care survey it is not possible to use the answers received as indicative of the sector as a whole.

DIAGNOSIS

- All respondents unaware of the further treatment options available in their area.
- Knowledge of particular referral guidelines varied as did adherence to the guidelines and level of usefulness of these.
- A broad range of information sources and information provided were identified by the GPs surveyed.

INTERVENTION

- The respondents identified the average waiting time between GP referral and first secondary care visit to be in the region of 8-18 weeks.

PROVISION OF SERVICES

- From the responses received question can be raised over the level of awareness of GPs in regards to the wider service provision.
- There was uncertainty about the number of specialist dermatology consultants in their NHS board area, who their long term conditions clinical lead is, the NHS' current policy of adopting a long term approach to the management of dermatology services and whether this was the best approach.

The one participant who did comment further on the long term conditions approach stated that the best way that this approach could be improved would be 'to make them aware of it'.

- Psoriasis and acne take up about ten per cent of GP time
- The norm ranges from 2 to 5 visits to their team before being referred to secondary care
- The GPs identified self managed care and patient information as the support services available
- None of the respondents were able to identify any 'other' options that those offered in respect to outpatient services available to their patients.
- All of the responding GPs rated the provision of services for people with skin conditions in their respective NHS board area as 'adequate'
- When asked to elaborate upon their answer to the prior question, two of the respondents pointed to the falls in waiting times as an indicator of the service's adequacy.
- On the provision of in-patient beds in their particular area, two said it was 'less than adequate' and comments indicated a belief that there was a programme of closure of dermatology in-patient beds.

"I am under such pressure to see ever increasing numbers of referrals that it is difficult to give patients with bad inflammatory skin disease appropriate time and care. GPs need to learn more dermatology and take care of the mild conditions in the community."

"Lack of expert and specialist nursing provision to empower patients to self manage; lack of space and lack of resources to manage volume of patients."

“In-patient beds are an essential part of Dermatology care. We should have learned from mistakes in England. I feel that changes will be made without due regard to what’s required for dermatology patients.”

TRAINING

- Two respondents believed their training and education to be ‘adequate’ for each of undergraduate/pre-registration training, postgraduate/post registration and on the job learning.
- One respondent thought that the continued professional development was ‘adequate’, though the other two felt that the training received was ‘less than adequate’.
- Participants suggested ‘online and paper based educational tools’, ‘meetings’, ‘teach and treat’ and ‘consultant meetings’ as further training/development that would enable them to better manage patients.

AUDITING OF SERVICES

- ‘Likely compliance & concordance’ and ‘patient choice’ were considerations for all GPs surveyed.
- Other factors included ‘availability of services’, ‘cost of medicines’ and ‘latest advances’.
- Cancer and cardiovascular disease came out as the top funding priorities within their NHS board.
- Skin conditions were a fourth priority.

50% OF PSORIASIS SUFFERERS WILL REQUIRE HOSPITAL MANAGEMENT OVER A 5-YEAR PERIOD.

ISSUES FLAGGED BY THE RESEARCH

DIAGNOSIS

- Though a generally positive picture emerges, opportunities exist for further development particularly on adherence to guidelines and GP referral.

INTERVENTION

- There is variance between NHS boards in terms of referrals from general practice to secondary care level.
- Waiting times for those with a skin condition are being exacerbated by cancer prioritisation.

SERVICES

- Whilst support for the long term conditions approach exists, there are undoubtedly questions raised about its success in practice.
- Standard of outpatient care are flagged.
- Staffing levels are flagged

AUDITING

- Low priority is given to skin conditions despite the prevalence of these in the population in general and the proportion of GP time these conditions take up.

IN ITS MOST SEVERE FORM PSORIASIS IS LIFE THREATENING, BUT FOR THE MAJORITY OF PATIENTS WITH MILD DISEASE, SIMPLE TOPICAL THERAPIES WORK WELL PROVIDED THAT THE TREATMENTS ARE USED APPROPRIATELY.

RECOMMENDATIONS

WORKING BETTER TOGETHER – PRIMARY AND SECONDARY

(I) COLLABORATIVE WORKING

From the survey it is obvious that these examples of best practice throughout the survey report should be recognised, shared and promoted both within and between NHS boards.

(II) LONG TERM CONDITIONS STRATEGY

Whilst there is broad agreement for this management strategy this is not translated into recognition at the CHP and primary care levels for the success of a long term conditions approach.

The findings of this survey indicate a lack of knowledge in general with regards to the long term conditions approach. In order for it to work, we believe a greater level of understanding among the front line staff should be encouraged. Staff should be well informed as to who their long term conditions lead is, what the strategy entails and how it works in practice. We would therefore encourage the Scottish Government to ensure that dermatological conditions are given a higher priority within the long term conditions management programme.

Those healthcare professionals who are at the forefront of this service identify that additional primary care funding; a move from hospital care; more training; collaborative clinics; and extra support when needed are solutions that should be considered in the future development of this approach, and we would encourage the Scottish Government to listen to Scotland's healthcare professionals.

(III) CLARIFICATION AND EQUITABLE PROVISION OF NURSE SPECIALISTS

Nurse-led clinics and enhanced general practitioner roles can produce a positive impact on the management of skin conditions, improve self-reliance and reduce the need for hospital referral

The specialist nurse role fulfils an important service assisting patients in the self management of their conditions through guidance and help with the practicalities. Nurse-led clinics reduce the need for consultant appointments and improve patient care in general. However a lack of understanding remains from healthcare professionals thereby compromising the potential effectiveness of this role within the service.

The results of this survey indicate the value of specialist nurse led services though it also illustrates the range of nurse-led services that exist across the NHS Boards. Great benefit is to be found in clarifying and expanding on their role and implementation of a systematic and equitable service across the country.

(IV) COMMUNICATING WITH PRIMARY CARE

Skin problems account for around 15% of all consultations in general practice in the UK (RCGP, 1995). There are more referrals by GPs to Dermatologists than to the rest of General Medicine. 20% of all referrals to hospital are for the three major inflammatory conditions (eczema, psoriasis and acne).

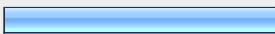
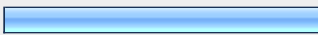


However, the low response rate by primary care professionals to this survey would suggest that dermatology conditions and their importance may not be fully recognised by GPs. Many dermatology conditions have an inflammatory aspect which can cascade and have a major impact upon patients. This lack of recognition of how serious these conditions can be is possibly one of the key driving forces to the lack of engagement that exists.











It is clear from the survey results that a lack of adherence to referral guidelines, coupled with a lack of interest in or knowledge and understanding of dermatology conditions does hamper treatment outcomes. This sub-optimal use of referral guidelines could impact upon the treatment that the patient receives, and thus should be improved on where possible.

80% OF TEENAGERS SUFFER FROM ACNE AT
SOME TIME IN THEIR LIVES, AND BY MID TWENTIES,
1% OF MEN AND NEARLY 30% OF WOMEN STILL SUFFER.

SURVEY RESPONSES

Skincare services in Scotland (Secondary Care)

1. What is your current position?			
		Response Percent	Response Count
Consultant		41.4%	12
Specialist Nurse		48.3%	14
GP		3.4%	1
Other (please specify)		6.9%	2
		Other (please specify)	3
		answered question	29
		skipped question	0

2. In which NHS Board region are you based?			
		Response Percent	Response Count
Ayrshire & Arran		10.3%	3
Borders		3.4%	1
Dumfries & Galloway		0.0%	0
Fife		13.8%	4
Forth Valley		10.3%	3
Grampian		10.3%	3
Greater Glasgow & Clyde		17.2%	5
Highland		6.9%	2
Lanarkshire		10.3%	3
Lothian		6.9%	2
Tayside		10.3%	3
		answered question	29
		skipped question	0

SURVEY RESPONSES

3. How long have you been in your current position?

		Response Percent	Response Count
Less than 6 months		0.0%	0
6 months or over but less than 2 years	<input type="checkbox"/>	3.4%	1
2 years or over but less than 5 years	<input type="checkbox"/>	17.2%	5
5 years or over but less than 10 years	<input type="checkbox"/>	24.1%	7
10 years or more	<input type="checkbox"/>	55.2%	16
<i>answered question</i>			29
<i>skipped question</i>			0

4. In regards to identifying patients for further treatment options, what services are currently available to the population in your area? (please tick all relevant boxes)

		Response Percent	Response Count
PASI screening	<input type="checkbox"/>	83.3%	20
DLQI screening	<input type="checkbox"/>	70.8%	17
Other (please specify)	<input type="checkbox"/>	16.7%	4
None	<input type="checkbox"/>	8.3%	2
Don't know	<input type="checkbox"/>	8.3%	2
Other (please specify)			6
<i>answered question</i>			24
<i>skipped question</i>			5

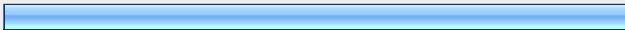
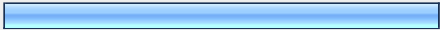

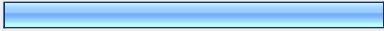


SURVEY RESPONSES

5. Are you aware of referral guidelines for the following skin care conditions? (Please tick one box per row)			
	Yes	No	Response Count
Psoriasis	87.5% (21)	12.5% (3)	24
Acne	100.0% (24)	0.0% (0)	24
Eczema	87.5% (21)	12.5% (3)	24
Infections & infestations	75.0% (18)	25.0% (6)	24
Lumps, bumps & lesions	95.7% (22)	4.3% (1)	23
		Additional Comments	4
	<i>answered question</i>		24
	<i>skipped question</i>		5

6. For the following conditions with referral guidelines, are these guidelines adhered to? (Please tick one box per row)				
	Yes	No	Don't know	Response Count
Psoriasis	47.8% (11)	34.8% (8)	17.4% (4)	23
Acne	41.7% (10)	41.7% (10)	16.7% (4)	24
Eczema	39.1% (9)	39.1% (9)	21.7% (5)	23
Infections & infestations	36.4% (8)	22.7% (5)	40.9% (9)	22
Lumps, bumps & lesions	39.1% (9)	43.5% (10)	17.4% (4)	23
			Additional Comments	8
	<i>answered question</i>			24
	<i>skipped question</i>			5

SURVEY RESPONSES

7. How useful do you find the referral guidelines where they exist? (Please tick one box per row)					
	very useful	somewhat useful	not very useful	unaware of guidelines	Response Count
Psoriasis	41.7% (10)	41.7% (10)	4.2% (1)	12.5% (3)	24
Acne	45.8% (11)	45.8% (11)	8.3% (2)	0.0% (0)	24
Eczema	33.3% (8)	45.8% (11)	4.2% (1)	16.7% (4)	24
Infections & infestations	20.8% (5)	45.8% (11)	4.2% (1)	29.2% (7)	24
Lumps, bumps & lesions	29.2% (7)	54.2% (13)	12.5% (3)	4.2% (1)	24
Additional Comments					4
answered question					24
skipped question					5

8. Where do patients usually access information on their condition? (please tick all relevant boxes)			
		Response Percent	Response Count
Internet and media		95.8%	23
GP surgery		66.7%	16
Specialised booklet		75.0%	18
Friends		58.3%	14
Outpatient clinic		91.7%	22
Patient Groups		50.0%	12
Other (please specify)		0.0%	0
Don't know		0.0%	0
Other (please specify)			3
answered question			24
skipped question			5

SURVEY RESPONSES

9. What type of information do patients usually receive on a visit to your team? (please tick all relevant boxes)			
		Response Percent	Response Count
General booklet	<input type="checkbox"/>	37.5%	9
Specialist booklet	<input checked="" type="checkbox"/>	100.0%	24
Contact information for other agencies/groups	<input type="checkbox"/>	87.5%	21
Other (please specify)	<input type="checkbox"/>	33.3%	8
No information		0.0%	0
Don't know		0.0%	0
		Other (please specify)	10
		answered question	24
		skipped question	5



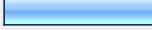

10. What is the average waiting time to be seen between GP referral and first secondary care visit? (please tick one box)			
		Response Percent	Response Count
Less than 2 weeks	<input type="checkbox"/>	4.2%	1
2 - 4 weeks		0.0%	0
5 - 7 weeks	<input type="checkbox"/>	12.5%	3
8 - 12 weeks	<input type="checkbox"/>	20.8%	5
13 - 18 weeks	<input checked="" type="checkbox"/>	41.7%	10
More than 18 weeks		0.0%	0
Don't know	<input type="checkbox"/>	20.8%	5
		Additional Comments	13
		answered question	24
		skipped question	5

SURVEY RESPONSES

11. Which of the following boxes best describes the overall trend in waiting times for patients you are seeing? (please tick one box per row)

	Current trend shows a downward pattern in waiting times	Current trend shows an upward pattern in waiting times	The figures remain largely static	None of the above	Don't know	Response Count
Psoriasis	45.8% (11)	12.5% (3)	25.0% (6)	0.0% (0)	16.7% (4)	24
Acne	29.2% (7)	12.5% (3)	41.7% (10)	0.0% (0)	16.7% (4)	24
Eczema	41.7% (10)	12.5% (3)	29.2% (7)	0.0% (0)	16.7% (4)	24
Infections & infestations	29.2% (7)	12.5% (3)	33.3% (8)	0.0% (0)	25.0% (6)	24
Lumps, bumps & lesions	58.3% (14)	8.3% (2)	16.7% (4)	0.0% (0)	16.7% (4)	24
Additional Comments						7
answered question						24
skipped question						5

12. What is the furthest distance that any of your patients travel for services? (Please tick one box)

	Response Percent	Response Count
Less than 10 miles	0.0%	0
10 - 50 miles 	45.5%	10
51 - 100 miles 	27.3%	6
Over 100 miles 	22.7%	5
Don't know 	4.5%	1
answered question		22
skipped question		7

SURVEY RESPONSES

13. In your experience, how often does consultant to consultant referral occur within dermatology? (Please tick one box)

		Response Percent	Response Count
Never	<input type="checkbox"/>	0.0%	0
Once a year	<input type="checkbox"/>	4.5%	1
Once every 6 months	<input type="checkbox"/>	4.5%	1
Once a month	<input type="checkbox"/>	13.6%	3
Other (please specify)	<input type="checkbox"/>	54.5%	12
Don't know	<input type="checkbox"/>	22.7%	5
Other (please specify)			15
answered question			22
skipped question			7

14. In your experience, how often does consultant to consultant referral take place across disciplines? (Please tick one box)




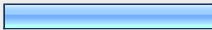

		Response Percent	Response Count
Never	<input type="checkbox"/>	0.0%	0
Once a year	<input type="checkbox"/>	0.0%	0
Once every 6 months	<input type="checkbox"/>	0.0%	0
Once a month	<input type="checkbox"/>	18.2%	4
Other (please specify)	<input type="checkbox"/>	63.6%	14
Don't know	<input type="checkbox"/>	18.2%	4
Other (please specify)			16
answered question			22
skipped question			7

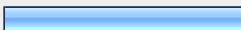
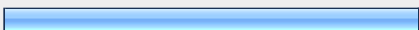
SURVEY RESPONSES

15. What proportion of cases do you refer to a specialist nurse clinic? (Please tick one box per row)						
	Less than 10%	11 - 25%	26 - 50%	More than 50%	Dont Know	Response Count
Psoriasis	22.7% (5)	9.1% (2)	31.8% (7)	13.6% (3)	22.7% (5)	22
Acne	27.3% (6)	22.7% (5)	22.7% (5)	4.5% (1)	22.7% (5)	22
Eczema	13.6% (3)	9.1% (2)	31.8% (7)	18.2% (4)	27.3% (6)	22
Infections & infestations	59.1% (13)	9.1% (2)	0.0% (0)	4.5% (1)	27.3% (6)	22
Lumps, bumps & lesions	45.5% (10)	13.6% (3)	4.5% (1)	9.1% (2)	27.3% (6)	22
Additional Comments						8
answered question						22
skipped question						7

16. How many consultants specialising in dermatological conditions are there in your Health Board?	
	Response Count
	22
answered question	22
skipped question	7

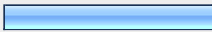
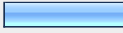
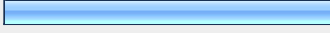
SURVEY RESPONSES

17. What is the ratio of dermatology specialist nurses to consultant dermatologists in your unit? (please tick one box)				
			Response Percent	Response Count
1:1			13.6%	3
1:2			18.2%	4
1:3			13.6%	3
2:1			0.0%	0
3:1			13.6%	3
Other (please specify)			31.8%	7
Don't know			9.1%	2
			Other (please specify)	10
			answered question	22
			skipped question	7


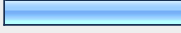

18. Do you know who your long term conditions clinical lead is? (Please tick one box)				
			Response Percent	Response Count
Yes			36.4%	8
No			63.6%	14
			Additional Comments	5
			answered question	22
			skipped question	7

SURVEY RESPONSES

19. Do you feel that the NHS' current policy of adopting a 'long term conditions' approach to the management of dermatology services is the best approach? (Please tick one box)

		Response Percent	Response Count
Yes		31.8%	7
No		18.2%	4
Don't know		50.0%	11
Additional Comments			8
answered question			22
skipped question			7

20. In your opinion do you think this long term conditions approach is successful? (Please tick one box)

		Response Percent	Response Count
Yes		13.6%	3
No		27.3%	6
Don't know		59.1%	13
Additional Comments			6
answered question			22
skipped question			7

21. How do you think this long term conditions approach could be improved?

		Response Count
		12
answered question		12
skipped question		17

SURVEY RESPONSES

22. Who is involved in determining treatment pathways for patients? (please tick all relevant boxes)			
		Response Percent	Response Count
Long term condition leads	<input type="checkbox"/>	13.6%	3
Consultants	<input checked="" type="checkbox"/>	95.5%	21
Management team	<input type="checkbox"/>	27.3%	6
GPs	<input type="checkbox"/>	45.5%	10
Nursing team	<input type="checkbox"/>	68.2%	15
Patients	<input type="checkbox"/>	50.0%	11
Other (please specify)	<input type="checkbox"/>	4.5%	1
None of the above		0.0%	0
Don't know	<input type="checkbox"/>	4.5%	1
	Other (please specify)		4
	answered question		22
	skipped question		7

23. How many visits does an average patient need to manage their condition effectively?			
	Doctors	Nurse specialists	Response Count
Fortnightly	0.0% (0)	100.0% (4)	4
Monthly	16.7% (1)	83.3% (5)	6
Quarterly	54.5% (6)	45.5% (5)	11
Half yearly	100.0% (2)	0.0% (0)	2
Annually	100.0% (2)	0.0% (0)	2
None	100.0% (1)	0.0% (0)	1
Don't know	71.4% (5)	85.7% (6)	7
	answered question		18
	skipped question		11

SURVEY RESPONSES

24. What support services are available to patients for self-managed care? (Please tick all relevant boxes)			
		Response Percent	Response Count
Patient groups	<input checked="" type="checkbox"/>	68.2%	15
Patient information	<input checked="" type="checkbox"/>	95.5%	21
Self-managed care plans	<input checked="" type="checkbox"/>	50.0%	11
Long term conditions tool kit	<input type="checkbox"/>	9.1%	2
Other (please specify)	<input type="checkbox"/>	22.7%	5
None		0.0%	0
Don't know	<input type="checkbox"/>	4.5%	1
		Other (please specify)	7
		answered question	22
		skipped question	7

25. How would you rate the provision, in terms of available appointments and distance patients have to travel, of outpatient services for dermatology patients in your NHS Board area? (Please tick one box)			
		Response Percent	Response Count
Excellent	<input type="checkbox"/>	9.1%	2
More than adequate	<input type="checkbox"/>	18.2%	4
Adequate	<input checked="" type="checkbox"/>	27.3%	6
Less than adequate	<input type="checkbox"/>	22.7%	5
Insufficient	<input type="checkbox"/>	18.2%	4
Other (please specify)		0.0%	0
Don't know	<input type="checkbox"/>	4.5%	1
		Other (please specify)	9
		answered question	22
		skipped question	7




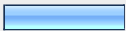
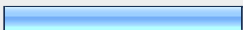

SURVEY RESPONSES

26. Which of the following are available to your patients (please tick all relevant boxes)			
		Response Percent	Response Count
Telemedicine	<input type="checkbox"/>	18.2%	4
Clinic in GP surgery	<input type="checkbox"/>	22.7%	5
Locally run clinic	<input type="checkbox"/>	45.5%	10
Consultant visit to community hospital	<input type="checkbox"/>	40.9%	9
Specialist outpatient clinic	<input checked="" type="checkbox"/>	86.4%	19
Other (please specify)	<input type="checkbox"/>	13.6%	3
None		0.0%	0
Don't know		0.0%	0
Other (please specify)			5
answered question			22
skipped question			7

27. Overall, how would you rate the provision of services for people with skin conditions in your NHS Board? (Please tick one box)			
		Response Percent	Response Count
Excellent	<input type="checkbox"/>	13.6%	3
More than adequate	<input type="checkbox"/>	18.2%	4
Adequate	<input checked="" type="checkbox"/>	31.8%	7
Less than adequate	<input type="checkbox"/>	18.2%	4
Insufficient	<input type="checkbox"/>	13.6%	3
Other	<input type="checkbox"/>	4.5%	1
Don't know		0.0%	0
Other (please specify)			7
answered question			22
skipped question			7

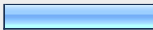

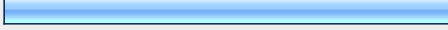
SURVEY RESPONSES

28. Please give an example of evidence to demonstrate your choice for the previous question (on funding provision)		
		Response Count
		15
<i>answered question</i>		15
<i>skipped question</i>		14

29. How would you rate the provision of in-patient beds available for patients with skin conditions in your NHS Board area? (Please tick one box)			
		Response Percent	Response Count
Excellent		4.5%	1
More than adequate		18.2%	4
Adequate		13.6%	3
Less than adequate		18.2%	4
Insufficient		36.4%	8
Other (please specify)		9.1%	2
Don't know		0.0%	0
Other (please specify)			10
<i>answered question</i>			22
<i>skipped question</i>			7

SURVEY RESPONSES

30. In your opinion do you have adequate numbers of:			
	Yes	No	Response Count
Nurse specialists	31.8% (7)	68.2% (15)	22
Consultants	40.9% (9)	59.1% (13)	22
		Additional Comments	5
		answered question	22
		skipped question	7

31. Are dermatological conditions part of your Health Board's long term conditions strategy?			
		Response Percent	Response Count
Yes		22.7%	5
No		9.1%	2
Don't know		68.2%	15
		Additional Comments	1
		answered question	22
		skipped question	7

SURVEY RESPONSES

32. Which of the following are important considerations when choosing treatment options for patients? (Please tick all relevant boxes)

		Response Percent	Response Count
Cost of medicines	<input checked="" type="checkbox"/>	77.3%	17
Latest advances	<input checked="" type="checkbox"/>	63.6%	14
Likely compliance & concordance	<input checked="" type="checkbox"/>	90.9%	20
Patient choice	<input checked="" type="checkbox"/>	81.8%	18
Availability of services	<input checked="" type="checkbox"/>	72.7%	16
Other (please specify)	<input type="checkbox"/>	4.5%	1
None	<input type="checkbox"/>	4.5%	1
Don't know		0.0%	0
	Other (please specify)		2
	answered question		22
	skipped question		7

33. Does the cost of treatment affect your clinical decision making? (Please tick one box)

		Response Percent	Response Count
Yes, always	<input type="checkbox"/>	4.5%	1
Yes, sometimes	<input checked="" type="checkbox"/>	50.0%	11
Yes, rarely	<input checked="" type="checkbox"/>	27.3%	6
No, never	<input checked="" type="checkbox"/>	13.6%	3
Other (please specify)		0.0%	0
Don't know	<input type="checkbox"/>	4.5%	1
	Other (please specify)		0
	answered question		22
	skipped question		7

SURVEY RESPONSES

34. Please rank the following disease areas on the basis of how your NHS Board identifies the funding priority of these conditions from 1 to 7, where 1 is the top priority and 7 bottom priority									
	1	2	3	4	5	6	7	Rating Average	Response Count
Cancer	55.0% (11)	40.0% (8)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	5.0% (1)	6.30	20
Cardiovascular disease	31.6% (6)	42.1% (8)	21.1% (4)	0.0% (0)	0.0% (0)	5.3% (1)	0.0% (0)	5.89	19
Skin conditions	0.0% (0)	0.0% (0)	0.0% (0)	10.5% (2)	10.5% (2)	26.3% (5)	52.6% (10)	1.79	19
Mental Health	0.0% (0)	5.9% (1)	5.9% (1)	41.2% (7)	17.6% (3)	29.4% (5)	0.0% (0)	3.41	17
Alcohol/Drug related conditions	0.0% (0)	0.0% (0)	12.5% (2)	18.8% (3)	37.5% (6)	18.8% (3)	12.5% (2)	3.00	16
Degenerative Neurological Diseases	0.0% (0)	6.3% (1)	25.0% (4)	25.0% (4)	18.8% (3)	18.8% (3)	6.3% (1)	3.63	16
Unscheduled care	17.6% (3)	11.8% (2)	35.3% (6)	5.9% (1)	11.8% (2)	0.0% (0)	17.6% (3)	4.47	17
Additional Comments									9
<i>answered question</i>									22
<i>skipped question</i>									7

35. Please use the space below to add any additional comments you would like to make		Response Count
		15
<i>answered question</i>		15
<i>skipped question</i>		14

FURTHER INFORMATION

FOR FURTHER DETAILS ON THE INFORMATION DISPLAYED IN THIS REPORT,
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