

**Counties Manukau
District Health Board**

**Dermatology
Health Services Plan**

February 2008

1.0 Current Services

CMDHB Dermatology services have undergone significant growth and development since 2005/06 when 70% of all first and follow up adult dermatology consultations, and 100% of phototherapy treatments for Counties Manukau residents were repatriated from ADHB.

In 2007 the regional CEOs endorsed the recommendation that CMDHB provide all secondary Dermatology outpatient services, with additional repatriation of residual minor procedures and secondary inpatient care to transfer to CMDHB. Tertiary services will continue to be provided by ADHB as the region tertiary provider for the foreseeable future.

The CMDHB Dermatology service provides the following services:

- Dermatology outpatient clinics (new referrals and follow ups, six clinics per week) are provided at the Manukau SuperClinic in Modules 5 & 9.
- Telephone consultation service for hospital medical staff and general practitioners from 0800-1700, Monday to Friday.
- UV phototherapy service based at Module 5 at Manukau Super clinic, Monday, Wednesday and Friday.
- In February 2008, secondary dermatology inpatients will be admitted to medical beds representing the development of the inpatient service.
- A limited inpatient consultation service by specialist dermatologists to Middlemore Hospital each Friday and for emergencies on other days.
- The current GP 24/7 on-call service provided by ADHB is being replaced with a local on-call service between the hours of 0800-1700 hours Monday to Friday.
- Tertiary services will continue to be provided by ADHB as the regional tertiary provider.

As CMDHB and WDHB further develop their local dermatology services it is likely that ADHB will downsize its service. ADHB is expected to continue as the tertiary centre for Dermatology in the northern region providing the treatment and management of difficult and rare dermatological conditions such as cutaneous lymphoma and severe blistering disorders.

Service	Location	Who & Workforce	Volume Information (2006/07)	Service Linkages
Outpatients	Manukau SuperClinic	SMO, RMO, Nurses & Clerical	New Patients - 785 Follow Up Patients – 1209 Volumes may exceed prediction e.g. 1,200 FSA in 2026 as because of increased local demand due to improved access.	Clinics are carried out at MSC and Receptionist, scheduling, call centre & support staff provided by MSC Laboratory services available at MSC Cultural Support Links with other medical specialities.
U V therapy	Manukau SuperClinic Three days a week Monday, Wednesday and Friday	SMO, Nurses, & Clerical	Approximately 2,000 treatments per annum.	Laboratory, pharmacy, MSC Module 5 nursing staff.
Inpatients	No inpatient service currently but from February 2008 secondary inpatients will be admitted to Medical beds.	SMO, RMO, Nurses, Social Worker, Pharmacist, Physio, OT & Clerical.	Approximately 300 bed days, 125 patient episodes per annum based on inpatient volumes at ADHB between 2002/03 and 2005/06.	Division of Medicine, other medical specialities, social work, OT, pharmacist, physio and laboratory services.

Paediatric Dermatology Service	Manukau Super Clinic	SMO, RMO and CNS	Adhoc paediatric service at present. Plan from 2008/09 to fund one paediatric clinic per week (combined paediatrician, dermatologist and RMO) with CNS support subject to funding.	Strong links with Paediatric service at CMDHB. Would benefit from social work input.
Inpatient Consult Service	Hospital Wide	SMO	SMO only available for one day a week (Friday) for inpatient consultation.	Hospital inpatient consultation service due to increase with further repatriation of service.

SWOT Analysis - Dermatology

<p>Strengths:</p> <ul style="list-style-type: none"> • Experienced staff • Flexibility • Patient Focused • Effective nursing support • Ambulatory focus • Good communication • Strong links with medical services provided at CMDHB • Newly repatriated service • Developing service with improved access for local population 	<p>Weaknesses:</p> <ul style="list-style-type: none"> • National workforce issues both Dermatologist and nursing staff • New service still in establishment phase • Availability of resources to support local development • Large population with poor economic resources • Space constraints • Link between plastic surgery and dermatology for care of skin cancer patients • RMO training
<p>Opportunities:</p> <ul style="list-style-type: none"> • Potential to develop CNS role linked to the community and evolving Clinical Nurse Practitioner roles in dermatology • Developing a purpose built unit at MSC as part of the Outpatient Development in medicine • Develop links between plastic surgery and dermatology • Dermatology research fellow and implementing a research programme in dermatology • Appointment of an additional SMOs with additional volume growth (repatriation and demographic) • Potential to contribute to the RMO training scheme • Opportunity to develop comprehensive paediatric service at CMDHB 	<p>Threats:</p> <ul style="list-style-type: none"> • Dermatology has historically been under resourced in NZ through public funding • Availability of emerging therapies in NZ • Facilities to meet growth • Workforce to meet demand • Funding to support demand above demographic growth due to increased access • Ageing population • High number of co-morbidities in patient population including diabetes, obesity and Cardio Vascular Disease. • Increasing incidence of skin cancer

2.0 Key Issues

Growth in demand

Dermatology is under-resourced nationwide, but particularly in the public sector (Amanda Oakley, 2006). Over the past decade the access criteria to the dermatology services has been progressively

tightened, meaning that for some, their condition worsens while they wait to be seen. The eventual treatment costs are potentially much higher (Cancer Society position statement 2004).

Demand for dermatology outpatient services at CMDHB has significantly outstripped supply and more capacity is required to enable the service to see patients within the recommended wait times on current national referral guidelines. CMDHB currently sees approximately 800 new patients per annum and this is projected to grow to 1,200 per annum over the next twenty years. This prediction was based on the number of patients treated in 2006/07 however, with further repatriation of the service, as planned for 2008/09 it is likely that there will continue to be an increase in demand (above population growth) for secondary and tertiary services as a result of improved local access. .

Facilities to meet demand

The current facilities are not a good fit for purpose with clinics split across two modules and lacking space for clinician offices. UV therapy facilities are inadequate and occupy a curtained-off section of a room shared with the echocardiology service.

With the development of an additional outpatient's module for the Division of Medicine, there will be a purpose built UV treatment area, with associated changing areas and office space for the UV therapy nurse. All the dermatology clinics will be run out of Module 5 and the Dermatology service will also have access to the procedure room within the module. The Dermatology service will be able to access minor operating theatre sessions at MSC to undertake minor surgical procedures.

There are currently no dermatology inpatient beds but secondary dermatology inpatients will be admitted under general medicine with specialist dermatology input from February 2008.

Patient Population

Rapid growth rates in the population of Counties Manukau and the high-need population, supports the need to develop dermatology services to meet this demand.

The rate of skin cancer in New Zealand is high with 11% of cancer registrations in 2001 being for melanoma. There are a number of national programmes aimed at reducing the number of patients developing skin cancer notably the 'slip, slop, slap' campaign.

Workforce

The existing workforce is small but will increase with the repatriation of inpatient volumes from ADHB and with demographic growth. Dermatology faces the same workforce issues as most of the specialities. There is an opportunity to expand the nursing workforce in this speciality with the introduction of a Clinical Nurse Specialist/Clinical Nurse Practitioner role.

Links with other services

While a large number of skin cancers within Counties Manukau are managed by primary care, specialist services are currently managed by the CMDHB Plastic and Reconstructive Surgery Service. Collaborative clinics (Dermatology/Plastic Surgery) would benefit the population and dermatologists would undertake some minor surgical procedures for appropriate patients. There is also an opportunity with Clinical Nurse Specialist input to integrate with primary care and look at innovative models of care to support the local population.

3.0 Trends and Future Directions

The growing trend in Dermatology internationally is the provision of day-stay treatment units for the management of severe common dermatoses (such as psoriasis and atopic dermatitis) to avoid hospitalisation.

A number of treatments that are not currently available at CMDHB, but are shown to be effective, should be undertaken. These include photodynamic therapy (PDT), laser treatment and use of

biological agents. These therapies may be able to be offered in conjunction with ADHB at ADHB tertiary facilities.

Formal in-house teaching for medical students, RMOs and General Practitioners with Counties Manukau will improve management of common skin disorders encountered in daily practice.

CMDHB proposes to develop a comprehensive secondary care dermatology service for adults and children. This will include an increase in the number of adult outpatient clinics, the establishment of a weekly paediatric clinic, and the development of an inpatient consult service. In addition there would be a daily UV therapy session. This would enable the Dermatology service to see approximately 4,000 new and follow up patients and 3,000 phototherapy patients per annum.

While the vast majority of Dermatology services are provided in primary care, or by specialist consultation, services will include a small number of local inpatient admissions annually. These inpatients will be admitted to Medicine on an 'Acute Arranged' basis, generally within 1-7 days of presentation to Specialist Dermatology.

CMDHB will support the registrar training scheme with a dermatology registrar rotating through the local service.

Modern dermatological practice encourages the employment of a nurse for triage and education. A Clinical Nurse Specialist in dermatology would provide outpatient support in the form of nurse-led follow up clinics. In Kidz First Home Care nurses will continue to work alongside the dermatology service providing home based community follow up.

Dermatology services will develop stronger links with the Plastic Surgery service at CMDHB including the development of skin lesion clinics for the surgical and non-surgical treatment of skin lesions.

4.0 Key Directions

- ✓ *Continued development of local secondary care Dermatology Services including the development of weekly paediatric dermatology clinic, daily UV therapy sessions, and significant improvements in patient access to services.*
- ✓ *Development of secondary care inpatient service at Middlemore Hospital.*
- ✓ *Supporting dermatology capacity and workforce development through a Dermatology Registrar role.*
- ✓ *Development of a Clinical Nurse Specialist role in dermatology for triage, education, nurse-led follow-up clinics and to support closer links with Kidz First Home Care nurses.*
- ✓ *Development of stronger links between Plastic Surgery and Dermatology to support improved secondary care management of skin lesions. This includes the development of skin lesion clinics and a minor procedure service.*