NHS England

SCHEDULE 2 – THE SERVICES

A. Service Specifications

1. **Service name**	Specialised Dermatology Services (Adult and Children)
2. Service specification number	**A12 S/a – 240501S**
3. Date published	August 2024
4. Accountable Commissioner	NHS England

5.	**Population and/or geography to be served**
5.1	**Population Covered** Specialised dermatology services include services provided by Specialised Dermatology Centres for Adults and Children with rare or specified common conditions with complex needs (see appendix 1 for full list). The service includes outreach when delivered as part of a local provider informal network. Whilst the specification applies to provision of care in adults and children, in some circumstances it may be necessary to see children in a separate service due to configuration of services, or services delivered in children's hospitals. Both adult and children's services can be safely delivered on the same site by consultant dermatologists where the consultant(s) clinical specialised training includes children with appropriate safeguarding in place.
5.2	**Minimum population size** Specialised dermatology services are defined as dermatology services for adult and paediatric patients that require complex investigation, diagnosis or management of rare and severe diseases that are not suitable for or not responding to conventional treatment. These patients usually require multi-disciplinary input with access to specialised dermatology facilities. National Context: In 2019/20, approximately 3.3 million new and follow up patients (3.7% of all hospital outpatient activity) were seen as outpatient consultations by members of the dermatology clinical team. Of these, approximately 550,000 patients were referred to secondary care dermatologists for non-cancer related conditions. A proportion of these (approximately 10% or 55,000) will have required specialised dermatology services.
6.	**Service aims and outcomes**
6.1	**Service aim** The aim of the service is to reduce morbidity and mortality associated with skin disorders. This will be achieved by reducing the consequences of rare and complex skin disorders by providing clear and efficient service pathways, enabling patients timely access to appropriate expert, diagnosis and management, and eliminating health inequalities.

6.2 **Outcomes**

NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill-health or following injury
Domain 4	Ensuring people have a positive experience of care
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm

The service defined clinical outcomes and metrics are mapped against the NHS Outcomes framework above.

Service defined outcomes

Reference	Domain	Rationale	Indicator
DERM 1	3,4	Effective treatment	Patients have an improved QOL (e.g. DLQI/ cDLQI) assessment three months post treatment.

Clinical Outcome.

Patients have an improved QOL (e.g. DLQI/ cDLQI) assessment three months post treatment.

Metrics

The full definition of the quality outcomes and metrics together with their descriptions including the numerators, denominators and all relevant guidance will be accessible at NHS commissioning » Specialised services quality dashboards following the next scheduled quarterly refresh of the dashboard metadata document.

7. **Service description**

7.1 **Service model**

Specialised dermatology services include the diagnosis and treatment of rare diseases and the management of severe diseases not suitable for, or not responding to, conventional treatment.

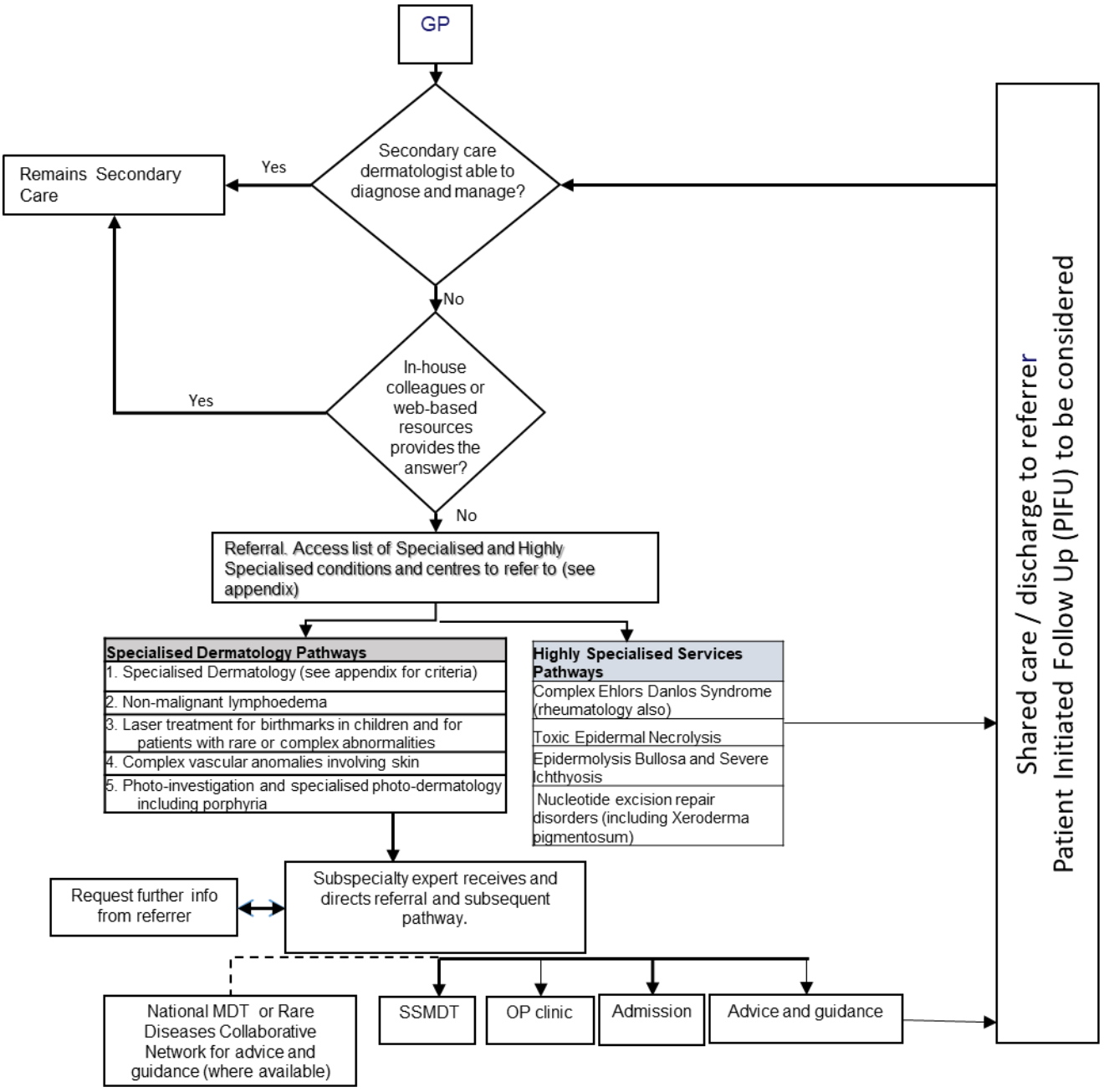
The range of specialised dermatology services have been classified into a national definition set of 23 conditions and along with estimated referral numbers, and are listed in appendix 1 to this specification. Guidance on referral criteria for each condition is listed in appendix 2 to this specification.

Details of specialised dermatology centres that have a specialised interest in the conditions outlined at appendix 1 can be found at Home Page - British Association of Dermatologists (bad.org.uk)

Of the 23 sub specialised areas, 19 conditions (Appendix 1) should be referred to a

	specialised dermatology centre (as per the prescribed list of specialised providers), for management of severe or complex disease not responding to conventional secondary care treatment (see Appendix 2). The remaining 4 sub specialised dermatology conditions will also require referral to a specialised dermatology service: • non-malignant complex lymphoedema • laser treatment for birthmarks in children and for patients with rare or complex abnormalities that meet the evidence-based criteria. • complex vascular anomalies involving the skin. • photo-investigation and specialised photo-dermatology including porphyria. Not all specialised dermatology services will deliver these 4 services and a formal referral pathway to specialised centres who provide the service will need to be in place. In some circumstances, there may be a requirement to refer out of area where these services are not provided locally as part of an existing specialised dermatology service. Details of specialised dermatology services with a specialised intertest in these areas can be found at Home Page - British Association of Dermatologists (bad.org.uk) The NHS England Manual of Specialised Services also mentions cancer care and Infection (including HIV) under specialised dermatology. These are not specifically covered in this specification. However, close links must be maintained with these areas reflecting the importance of clinical collaboration across specialties in managing patients with cancer or infections involving the skin. Specialised skin cancer services are covered by a separate specialised skin cancer service specification. The following conditions are provided by Highly Specialised Services (HSS), but specialised dermatology centres may be involved in shared care arrangements to enable care to be delivered closer to the patient's usual place of residence. • Toxic Epidermal Necrolysis (TEN) • Epidermolysis Bullosa (EB) including the severe forms of Ichthyosis in children. • Complex Ehlers Danlos (diagnostics only) • Nucleotide excision repair disorders (including Xeroderma Pigmentosum (XP))
7.2	**Pathway** Overall patient pathway (Diagram a) All specialised services that see children must comply with the guidance contained within the National Service Framework *Getting the right start: National Service Framework for Children Standard for Hospital Services (DOH 2003)* and any subsequent legislation associated with the care of children. Prescribing of some medicines for children will need to comply with the Medicines for Children clinical commissioning policy (NHS England, 2017) commissioning-medicines-children-specialised-services.pdf (england.nhs.uk) in the absence of specific NICE TA's or clinical commissioning policies that cover children and young people in particular. It may be the case that shared care arrangements can also be developed between specialised dermatology centres and secondary care centres to allow prescribing of some treatments closer to the child/young person's usual place of residence.

Diagram a:



Specialised Patient Pathway

See appendix 2 for suggested referral criteria for the specialised service.

Patients will only be referred to the specialised dermatology service (table 1) by secondary care consultants, usually dermatologists (adults and children), or for children, pediatricians with a specialised interest in dermatology. Whilst there are specific referral criteria (Appendix 2) the general overarching referral criterion is: diagnostic uncertainty or management difficulty remaining after consulting colleagues within the same Trust.

Where NICE Technology Appraisals (TA's) or specialised commissioning clinical policies do not state that specialised dermatology centre prescribing is required then drug therapy can be prescribed by the secondary care service as long as there is an appropriate team to provide the service and the drug complies with local prescribing formularies.

Transition considerations for Children and Young People

All healthcare services are required to deliver developmentally appropriate healthcare to patients and families. Children and young people with ongoing healthcare needs may present direct to adult services or may be required to transition into adult services from children's services.

Transition is defined as a 'purposeful and planned process of supporting young people to move from children to adult services. Poor planning of transition and transfer can result in a loss in continuity of treatment, patients being lost to follow up, patient disengagement, poor self-management, and inequitable health outcomes for young people. It is therefore crucial that adult and children's NHS services plan, organise and implement transition support and care (for example, holding joint annual review meetings with the child/young person, their family/carers, the children's and adult service). This should ensure that young people are equal partners in planning and decision making and that their preferences and wishes are central throughout transition and transfer. NICE guidelines recommend that planning for transition into adult services should start by age 13-14 years at the latest, or as developmentally appropriate and continue until the young person is embedded in adult services.

Shared Care Arrangements

In addition to the service described at 7.1, Specialised Dermatology multidisciplinary teams will ensure that care is delivered as near to the patient's usual place of residence as is practically possible, supporting shared care arrangements and providing advice and guidance to local clinical teams where necessary. In addition, specialised dermatology services will maintain relationships with local health and social care providers to help optimise any care for dermatology disease provided locally for the patient. This may include liaison with consultants, GPs, community nurses, social workers etc. Further advice on shared care protocols can be found at NHS England » Shared Care Protocols.

Discharge From the Specialised Service.

Patients may request to be transferred to another specialised Dermatology Service or another care provider of their choice.

Patients will be discharged back to the secondary care dermatologist or GP if one or more of the following pertains:

- A definitive diagnosis has been made and a care plan established that can be delivered in secondary or primary care. In these circumstances the service will liaise with local services to provide advice on management and transfer of clinical information.
- Competent adult patient chooses to disengage with the service.
- Repeated non-attendance at more than two consecutive clinic appointments, following evidence that appropriate efforts have been made to identify and resolve any barriers to attendance, and that there is evidence that the appointment was received by the patient.

Safeguarding Considerations

For repeated nonattendance by paediatric patients and vulnerable adults, providers will instigate the local safeguarding policy to ensure patients are receiving support and care as appropriate. Clinical teams will work with the patient's key workers to ascertain whether non- attendance is indicative of a safeguarding issue such as non-compliance by a parent/guardian. In the safeguarding context, patients will only be discharged when there is a clear indication that care is no longer required or is being given elsewhere and discussions have been completed with parents/ legal guardians and the patient's GP.

Before discharge, pathways for re-access will be communicated clearly to the patient and

	local care providers (see below). Re-referral pathway Rare and complex dermatological conditions are often chronic and may remit and relapse. For some conditions, complications arise at a later stage. Once a management plan has been established, relapses and late complications can often be dealt with in primary or secondary care. In cases where care can only be provided by the specialised centre if a flare, relapse or complication occurs then a clear re-access plan should be provided including the use of Patient Initiated Follow Up (PIFU). If re-referral to the Specialised Dermatology Service is required, it should normally follow the same route and meet the same criteria as the original referral.
7.3	**Non Commissioned Clinical support.** Formal local referral networks between secondary care and specialised services will be maintained including advice and guidance to local clinicians where required**.** A key component of specialised services is to provide education and training to local teams where required, especially within shared care arrangements for particular groups of patients. For certain complex/rare skin conditions national Dermatology non-commissioned MDTs may be available to provide advice and guidance and potential treatment options, supporting the care provided by the local Specialised Dermatology centre. Examples of this include: 1. The National Psychodermatology MDT Clinical Network: an advisory and supportive national multidisciplinary collaboration. Colleagues from across the UK (including all four devolved nations) meet as a National Psychodermatology MDT Network to discuss the diagnosis and management of individual cases, and to support colleagues with any administrative, academic, or clinical challenges. 2. Medical Dermatology Network Details of these services can be found at British Association of Dermatologists (BAD) Website (see references). The Rare Disease Collaborative Networks (RDCN) are an important part of the NHS architecture initiated by NHS England to improve care and support for patients with rare diseases (including some skin conditions). In particular RDCN's cover Segmental Overgrowth and Vascular Malformations and lymphoedema. Further information on these networks can be found at https://www.england.nhs.uk/commissioning/spec-services/highly-spec-services/rare-disease-collaborative-networks/. For rare and inherited conditions where guidance on genetic testing is required, resources can be found at Health Education England https://www.genomicseducation.hee.nhs.uk/genotes/ as well as within the https://www.england.nhs.uk/publication/national-genomic-test-directories/ which specifies criteria for genetic testing for skin conditions that can be tested within the NHS that is updated twice a year. Additional resources for education and training are available at the https://www.genomicseducation.hee.nhs.uk/education/.
7.4	**Essential Staff Groups** Membership of the Dermatology Specialised Service MDT will vary according to the particular condition and will be flexible depending on the needs of the individual patient. All MDT members will have experience in managing patients with dermatology conditions or complex diseases. There will be both adult and paediatric MDTs, with some members (including the dermatologist) common to both. Meetings of MDTs may be face-to-face or virtual, with the patient or with other team members.

	To provide advice and prescribe treatment for paediatric patients, consultant dermatologists must be on the GMC specialised register for Dermatology or via successful CESR attainment.
7.5	**Essential equipment and/or facilities** It is assumed that standard secondary care facilities and equipment is available either on site or part of a local dermatology informal network. The main diagnostic and monitoring methods include: • clinical examination by an expert experienced in the particular dermatological disease. • clinical photography for tele-dermatological consultation, monitoring and MDT discussion • access to specialised dermatopathology service Additional diagnostic and monitoring methods include: • genetic testing of blood and skin cells • radiological imaging for associated abnormalities in syndromes presenting dermatologically • Photodiagnostic tools • appropriate laser equipment • specialised patch testing Specialised teams will provide specific and general advice, including education, about the condition and any associated conditions. Patients will be sign-posted appropriately to other resources in particular patient support groups and social care resources. Most patients will be diagnosed and assessed in an outpatient setting and, where appropriate, as an inpatient (ward or day unit based), with carefully monitored shared care arrangements in place with referring clinicians. The inpatient setting may be the most appropriate for emergency assessment and initiation of treatment /infusions in some patients with severe inflammatory/Connective Tissue Disease/ immunobullous disorders. Equally inpatient assessment may be required prior to transfer to a Highly Specialised Service Dermatologists may use telemedicine (e.g. virtual clinics, Advice & Guidance) to review the history and examine clinical, histological or radiological images. This will be to aid diagnosis, discuss cases with peers and advise referring doctors on management.
7.6	**Interdependent Service Components – Links with other NHS services** For links with other commissioned NHS dermatology services please see https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-a/specialised-dermatology/. The reference contains further links to NHS England Clinical Commissioning Policies and Service Specifications for Dermatology related conditions. Specialised Dermatology has close links with Specialised Skin Cancer Services which are commissioned separately. Equally, Specialised Dermatology requires close links with Specialised Rheumatology services, and also Transplant services for the management of immunocompromised post-transplant patients. Clear pathways will be required between these services which may not necessarily be on the same site.

7.7	**Additional requirements** NHS England are aware that the British Association of Dermatologists (BAD) are developing a registry of dermatology interventions. This may include specific therapies only available in Specialised Dermatology centres (e.g. biologic therapy). NHS England may mandate specialised services to subscribe to this registry.
7.8	**Commissioned Providers** The list of commissioned providers for the services covered by this specification will be published in due course.
7.9	**Further References** **Clinical Guidelines** British Association of Dermatologists Home Page - British Association of Dermatologists (bad.org.uk) https://www.bad.org.uk/clinical-services/specialised-services/ British Society of Rheumatology & British Health Professionals in Rheumatology Guidance Psoriatic Arthritis. Guidelines | British Society for Rheumatology British Society for the Study of Vulval Disease clinical guidelines National Guideline on the Management of Vulval Conditions (bssvd.org) Clinical Guidelines - British Association of Dermatologists (bad.org.uk) GeNotes: Genomic notes for clinicians | GEP | Health Education England | NHS (hee.nhs.uk) Liposuction for chronic lymphoedema (IPG 251) Overview | Liposuction for chronic lymphoedema | Guidance | NICE NICE Clinical Guidelines Tools and resources | The guidelines manual | Guidance | NICE NICE Technology Appraisals and Guidance Search function. Published guidance, NICE advice and quality standards | Guidance | NICE Photodynamic therapy for non-melanoma skin tumours (including premalignant and primary non-metastatic skin lesions) (IPG155) Overview | Photodynamic therapy for non-melanoma skin tumours (including premalignant and primary non-metastatic skin lesions) | Guidance | NICE Commissioning Medicines for Children in Specialised Services (2017). commissioning-medicines-children-specialised-services.pdf (england.nhs.uk) Rare Disease Collaborative Networks NHS commissioning » Rare disease collaborative networks (england.nhs.uk) Royal College of Ophthalmologists & British Association of Dermatologists Guidance Hydroxychloroquine Hydroxychloroquine and Chloroquine Retinopathy: Recommendations on Monitoring | The Royal College of Ophthalmologists (rcophth.ac.uk) **Service Standards** Directory of Highly Specialised Services https://www.england.nhs.uk/commissioning/spec-services/highly-spec-services/rare-disease-collaborative-networks/(text Directory of services for additional advice and guidance on specialised dermatology services Specialised Services - British Association of Dermatologists (bad.org.uk)

	National Service Framework for Children, Young People and Maternity Services: National service framework: children, young people and maternity services - GOV.UK (www.gov.uk). National Service Framework for long term conditions Long-term Conditions NSF (publishing.service.gov.uk) National service framework for older people: modern standards and service models National_Service_Framework_for_Older_People.pdf (publishing.service.gov.uk) Service Standards - British Association of Dermatologists (bad.org.uk) NHS Shared Service Protocols. NHS England » Shared Care Protocols

Date published August 2024, amended December 2024

Appendix 1. National Definition and Incidence of Specialised Dermatology Conditions

National Definition of Sub Specialty Conditions (applies to adult and children / young people)	Incidence per 100,000 population	Referral Centre
Severe or complex psoriasis	40	Specialised Dermatology Centre
Severe or complex eczema	40	
Severe or complex connective tissue disease	1	
Severe or complex immunobullous disease	1	
Severe or complex autoinflammatory skin disease including urticaria spectrum and Mast cell related disorders and Vitiligo	6	
Life threatening cutaneous vasculitis	0.4	
Severe pyoderma gangrenosum	0.6	
Severe or complex Graft Versus Host Disease	0.3	
Difficult genital dermatology: male (excluding cancer)	2	
Difficult genital dermatology: female (excluding cancer)	1.0	
Hair disease that is difficult to diagnose or manage	10	
Nail disease that is difficult to diagnose or manage	1	
Rare or complex inherited skin disease including Ichthyosis	0.1	
Severe or Complex occupational dermatoses and contact dermatoses	6	
Psychodermatological disorder that is difficult to diagnose or manage	1	
Severe or complex Hidradenitis Suppurativa	2	
Stoma dermatoses that are difficult to diagnose or manage.	0.1	
Specialised dermatopathology	1.0	
Non-malignant lymphoedema	0.1	See BAD website for list of Dermatology Services Providing a Service.
Laser treatment for birthmarks in children and for patients with rare or complex abnormalities	1.0	
Photo-investigation and specialised photo-dermatology including porphyria	2.2	
Complex vascular anomalies involving skin	1.0	
Epidermolysis Bullosa and severe Ichthyosis	0.1	Highly Specialised Service
Toxic Epidermal Necrolysis		
Complex Ehlers Danlos (diagnostics only)	0.1	
DNA nucleotide excision repair disorders service (adults and children)	0.1	

Date published August 2024, amended December 2024

Appendix 2: Referral Criteria for Specialised Dermatology Referrals from Secondary Care

Subspecialty	Generic Referral criteria	Treatment management provided
All- including adult and paediatric - Joint Minimum standard	1. The condition is covered by The Manual of Prescribed Specialised Services. 2. The referral is from a secondary care consultant, usually a dermatologist. 3. There remains diagnostic uncertainty and/or management difficulty even after consulting colleagues within the same trust, recognising different referral thresholds in children due to regional variation in dermatology provision. 4. Patients with complex skin disease where: • Diagnosis is uncertain or significance of associated findings is uncertain. • It is refractory to, or developing complications on, conventional therapies. • Patient meets the criteria for prescribing therapy requiring prior approval via a separate commissioning policy and is not ICB commissioned (eg biologic). MDT input for diagnosis or management is required.	1. Expert assessment by specialised dermatologist (virtual or Face to Face) with appropriate (adult or paediatric) MDT input 2. Specialised investigations and interventions determined by subspecialty expert teams. 3. Provision of management plan 4. Liaison with secondary care dermatology. 5. Also, establishment/ maintenance of: • provider directory • patient register virtual discussion network.

Date published August 2024, amended December 2024

Subspecialty	Referral criteria- in addition to above generic referral criteria
Severe psoriasis	Patients with psoriasis where above generic criteria are met; and: 1. Which has not responded adequately to licensed oral therapies or NICE approved biological therapies (that are ICB commissioned). 2. Treatment difficulties due to previous multiple iatrogenic complications. 3. With multi-morbidities that complicate choice and / or use of second- or third-line therapy (for example, active infection, recent or current history of cancer, liver disease, renal disease, cardiovascular disease, psychological impact).
Severe eczema	Patients with eczema where above generic criteria are met; and: 1. Which has not responded adequately to licensed oral therapies or NICE approved biological therapies (that are ICB Commissioned). 2. Requiring referral to a specialised centre for specialised investigation (e.g. specialised patch/phototesting). 3. Management of eczema associated with rare genetically or immunologically determined disease. 4. Eczema requiring MDT input including dermatology, immunology, rheumatology, psycho dermatology, if not available locally. 5. Treatment difficulties due to previous multiple iatrogenic complications.
Connective Tissue Disease	Connective tissue disease involving the skin where above generic criteria are met; and: 1. Disease is severe or at high impact sites. 2. There is a risk of significant complications (e.g. scarring, joint contracture, facial or limb asymmetry).
Immuno-bullous disease	Patients with immunobullous disorders where above generic criteria are met.
Autoinflammatory skin disease including urticaria spectrum and Mast cell related disorders and Vitiligo	1. Urticaria unresponsive to conventional second-line agents. 2. Severe mastocytosis with skin lesions. 3. Vitiligo, which is severe, at high impact sites which meets the criteria for prescribing of therapy requiring prior approval via a separate commissioning policy. where above generic criteria are met.
Vasculitis	Cutaneous Vasculitis in patients where above generic criteria are met.
Pyoderma Gangrenosum	Patients with Pyoderma Gangrenosum where above generic criteria are met.
Hidradenitis Suppurativa (HS)	Patients with HS where above generic criteria are met and: 1. Which has not responded adequately to licensed oral therapies or NICE approved biological therapies (ICB Commissioned Biologics). 2. Treatment difficulties due to previous multiple iatrogenic complications. 3. With multi-morbidities that complicate choice and / or use of second- or third-line therapy (for example, active infection, recent or current history of cancer, liver disease, renal disease, cardiovascular disease, psychological impact). 4. Patients with severe disease which involves high impact sites. 5. Patients with serious psychosocial co-morbidities (e.g. patients who are significantly depressed, anxious, or considering suicide). where above generic criteria are met
Contact	1. Complex cutaneous allergy: where above generic criteria are met.

Date published August 2024, refreshed December 2024

dermatoses	2. where the referring centre has tested but suspects a missed allergen. 3. does not have relevant allergens available occupational skin disease. 4. where there is exposure to allergenic industrial chemicals systemic drug reactions potentially occurring through a type IV hypersensitivity mechanism.
Graft versus Host Disease (GvHD)	Patients with moderate to severe Graft Versus Host Disease (1C) where above generic criteria are met. Patient meets the criteria for ECP or therapy requiring prior approval via separate commissioning policy.
Male genital skin disease	Patients with severe male genital disease where above generic criteria are met and: 1. There is impaired sexual function and urological morbidity despite adequate treatment.
Female genital skin disease	Patients with severe female genital disease where above generic criteria are met, and 1. Impaired sexual function and urological morbidity despite adequate treatment.
Lymphoedema	Patients with Lymphoedema where above generic criteria are met, and 1. Non-malignant, non-infective lymphoedema due to genetic disorder 2. lymphatic malformation 3. other lymphatic disorder.
Hair disorder	Patients with hair disorders where above generic criteria are met, and 1. Patients meet the criteria for prescribing of immunotherapy (DNCB) if not available locally. 2. Associated with severe psychological morbidity.
Nail disorder	Patients with nail disorders where above generic criteria are met.
Rare Genetic Skin Disorders (RGSD)	Patients with: 1. a clinical diagnosis of RGSD, who might benefit from future research and developments and from being included on a national diagnostic register. 2. with a known or suspected RGSD requiring MDT input for diagnosis and management where above generic criteria are met
Photo-Dermatology	Patients with suspected photosensitive dermatoses (including porphyria) where above generic criteria are met. Specialised photo investigations are required
Vascular Anomalies	Complex or symptomatic vascular anomalies where above generic criteria are met.
Dermato-Pathology	Any skin histopathological case in which a consensus diagnosis cannot be reached by the histopathologists at the referring hospital
Stomal dermatoses	Intractable problems with skin around stoma where above generic criteria are met
Laser	Patients with skin conditions causing significant psychological or functional morbidity that are responsive to treatment with laser including: 1. port wine stain 2. other vascular and lymphatic malformations 3. other nevoid disorders e.g. 4. epidermal and melanocytic naevi. 5. multiple skin tumours e.g. neurofibromata, trichoepitheliomata and angiofibromata.

Date published August 2024, refreshed December 2024

	6. which is rare or complex and laser treatment is not available in local services including: 7. multiple skin tumours such as neurofibromata, trichoepitheliomata and angiofibromata. 8. some vascular/lymphatic malformations/ectasias 9. other disfiguring disorders e.g. rhinophyma, and difficult acne/keloid scars. 10. requiring general anaesthesia if not available locally 11. where above generic criteria are met. 12. in line with the local evidence-based intervention policy.
Psycho-dermatology	Patients with: 1. Primary psychiatric disease (e.g., dermatitis artefacta, delusional infestation, and body dysmorphic disorder) presenting to dermatologists. 2. Primary dermatological disease in whom there are serious psychosocial co-morbidities (e.g. Patients who are significantly depressed, anxious, or considering suicide). 3. where above generic criteria are met.
Ehlers Danlos Syndrome	Established Highly specialised service.
Epidermolysis Bullosa (EB) & Ichthyosis	Established Highly specialised service. In relation to Ichthyosis, the following should be referred to the EB service. • Q80.2 Lamellar ichthyosis and Collodion baby. • Q80.3 Congenital bullous ichthyosiform erythroderma (epidermolytic ichthyosis). • Q80.4 Harlequin fetus. • Q80.8 Other congenital ichthyosis + Q80.9 Congenital ichthyosis, unspecified. • Q80.8 and Q80.9 would include rare syndromic ichthyoses, such as Netherton syndrome, erythrokeratoderma variabilis, Chanarin-Dorfman syndrome, Conradi-Hunermann syndrome, Keratitis-Ichthyosis-Deafness (KID), Ichthyosis Follicularis with Atrichia and Papules (IFAP), Sjogren-Larsson syndrome.
Xeroderma Pigmentosum (XP)	This patient group is served by an established Highly specialised service for patients with DNA Nucleotide excision repair disorders.
Toxic epidermal necrolysis (TEN)	Highly specialised service (under tender).

Glossary of Abbreviations		
cDLQI	Children's Dermatology Life Quality Index	The aim of this questionnaire is to measure how much a child's skin problem has affected them over the preceding week.
CLASI	Cutaneous Lupus Erythematosus Disease Area and Severity Index	An assessment tool for measuring extent and severity of a patient's signs and symptoms when suffering from certain skin diseases.
DLQ1	The Dermatology life Quality Index (DLQI	A ten-question questionnaire used to measure the impact of skin disease on the quality of life of an affected person. It is designed for people aged 16 years and above.
DNCB	Dermatology Nurse Certified Board	An extension to the mandatory qualifications for a Nurse in the United Kingdom. These extensions refer particularly to Dermatology.
DOH/DH	Department of Health	In this context the author and publisher of a document.
EASI	Eczema Area and Severity Index	A validated tool for the measurement of severity of atopic dermatitis. It ranges from 0 (no disease) to 72 (maximal disease)
QOL	Quality of Life	Abbreviation for the assessment of the physical and mental health impact of any disease on a patient's quality of life.
ECP	Extracorporeal photopheresis (ECP)	A therapy developed to treat erythrodermic cutaneous T-cell lymphoma (CTCL) and other conditions. The technique involves treatment of blood with a photosensitizer and ultraviolet A irradiation before re-infusion of the blood cells.
GP	General Practitioner	
LoSCAT	Localized Scleroderma Cutaneous Assessment Tool (LoSCAT)	A tool to classify skin changes in some conditions by recording severity and clinically significant changes.
NHSE	National Health Service (England)	
NICE	The National Institute for Health and Care Excellence	Core purpose is to help practitioners and commissioners get the best care for patients while ensuring best value.
PASI	Psoriasis Area Severity Index Score	Used to record and express the severity of Psoriasis, especially when assessing response to treatments.
MDT	Multi-Disciplinary Team	Multi-professional clinical team based within a hospital that makes clinical decisions regarding the specialised care of patients. Sometime referred to as an SMDT (Specialised MDT)

Date published August 2024, refreshed December 2024

TA	Technology Assessment	Evidence-based recommendations completed by NICE for the health and social care sector. TA's are developed by independent committees, including professionals and lay members, and includes consultation with stakeholders.

Date published August 2024, refreshed December 2024

Change form for published Specifications and Products developed by Clinical Reference Group (CRGs)

Product name: Specialised dermatology services (adult and child)

Publication number: A 12 S/a - 240501S

CRG Lead: Dermatology CRG Lead / National Programme of Care Senior Manager

Description of changes required

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Date change made	Changes made by
British Association of Dermatologists Home Page - British Association of Dermatologists (bad.org.uk) British Society of Rheumatology & British Health Professionals in Rheumatology Guidance Psoriatic Arthritis. Guidelines | British Society for Rheumatology	British Association of Dermatologists Home Page - British Association of Dermatologists (bad.org.uk) https://www.bad.org.uk/clinical-services/specialised-services/ British Society of Rheumatology & British Health Professionals in Rheumatology Guidance Psoriatic Arthritis. Guidelines | British Society for Rheumatology	Section 7.9 – Further references	Update and clarification of link on BAD website to the specialised services	December 2024	IM PoC

4. Patients with complex skin disease where: • Diagnosis is uncertain or significance of associated findings is uncertain. • It is refractory to, or developing complications on, conventional therapies. • Patient meets the criteria for prescribing therapy requiring prior approval via a separate commissioning policy (eg biologic). • MDT input for diagnosis or management is required.	4. Patients with complex skin disease where: • Diagnosis is uncertain or significance of associated findings is uncertain. • It is refractory to, or developing complications on, conventional therapies. • Patient meets the criteria for prescribing therapy requiring prior approval via a separate commissioning policy and is not ICB commissioned (eg biologic). • MDT input for diagnosis or management is required.	Appendix 2 – All – including adult and paediatric – joint minimum standard	Clarity regarding place in the commissioning pathway, particularly in relation to ICB commissioned services	December 2024	IM PoC
Patients with psoriasis where above generic criteria are met; and: 4. Which has not responded adequately to licensed oral therapies or NICE approved	Patients with psoriasis where above generic criteria are met; and: 1. Which has not responded adequately to licensed oral	Appendix 2 – subspeciality Severe psoriasis	Clarity regarding place in the commissioning pathway, particularly in relation to	December 2024	IM PoC

biological therapies. 5. Treatment difficulties due to previous multiple iatrogenic complications. With multi-morbidities that complicate choice and / or use of second- or third-line therapy (for example, active infection, recent or current history of cancer, liver disease, renal disease, cardiovascular disease, psychological impact)	therapies or NICE approved biological therapies (that are ICB commissioned). 2. Treatment difficulties due to previous multiple iatrogenic complications. With multi-morbidities that complicate choice and / or use of second- or third-line therapy (for example, active infection, recent or current history of cancer, liver disease, renal disease, cardiovascular disease, psychological impact)		position in pathway for ICB commissioned biologics		
Patients with eczema where above generic criteria are met; and: 6. Which has not responded adequately to licensed oral therapies or NICE approved biological therapies. 7. Requiring referral to a specialised centre for specialised investigation (e.g. specialised patch/phototesting) 8. Management of eczema associated with rare genetically or immunologically determined	Patients with eczema where above generic criteria are met; and: 1. Which has not responded adequately to licensed oral therapies or NICE approved biological therapies (that are ICB Commissioned). 2. Requiring referral to a specialised centre for specialised investigation (e.g. specialised patch/phototesting) 3. Management of eczema associated with rare	Appendix 2 – subspeciality Severe eczema	Clarity regarding place in the commissioning pathway, particularly in relation to position in pathway for ICB commissioned biologics	December 2024	IM PoC

disease. 9. Eczema requiring MDT input including dermatology, immunology, rheumatology, psycho dermatology, if not available locally. Treatment difficulties due to previous multiple iatrogenic complications.	genetically or immunologically determined disease. 4. Eczema requiring MDT input including dermatology, immunology, rheumatology, psycho dermatology, if not available locally. Treatment difficulties due to previous multiple iatrogenic complications.				
Patients with HS where above generic criteria are met and: 6. Which has not responded adequately to licensed oral therapies or NICE approved biological therapies. 7. Treatment difficulties due to previous multiple iatrogenic complications. 8. With multi-morbidities that complicate choice and / or use of second- or third-line therapy (for example, active infection, recent or current history of cancer, liver disease, renal disease, cardiovascular disease, psychological impact)	Patients with HS where above generic criteria are met and: which has not responded adequately to licensed oral therapies or NICE approved biological therapies (ICB Commissioned Biologics). 1. Treatment difficulties due to previous multiple iatrogenic complications. 2. With multi-morbidities that complicate choice and / or use of second- or third-line therapy(for example, active infection, recent or	Appendix 2 – subspeciality Hidradenitis Suppurativa (HS)	Clarity regarding place in the commissioning pathway, particularly in relation to position in pathway for ICB commissioned biologics	December 2024	IM PoC

9. Patients with severe disease which involves high impact sites 10. Patients with serious psychosocial co-morbidities (e.g. patients who are significantly depressed, anxious, or considering suicide) where above generic criteria are met.	current history of cancer, liver disease, renal disease, cardiovascular disease, psychological impact) 3. Patients with severe disease which involves high impact sites 4. Patients with serious psychosocial co-morbidities (e.g. patients who are significantly depressed, anxious, or considering suicide). where above generic criteria are met				
where above generic criteria are met, and 4. Non-malignant, non-infective lymphoedema due to genetic disorder 5. lymphatic malformation other lymphatic disorder.	Patients with Lymphodema where above generic criteria are met, and 1. Non-malignant, non-infective lymphoedema due to genetic disorder 2. lymphatic malformation 3. other lymphatic disorder.	Appendix 2 – subspeciality Lymphodema	Missing text	December 2024	IM PoC