





Health and Care Service Review Programme Board

Highlight Report

Dermatology

March 2025

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| **Objectives Phase 3** | | **RAG Rating** | **Justification for RAG Status** |
| * Support delivery of transformational change in GM derm with focus on reducing demand, reducing unwarranted clinical variation, improving experience of all. * Implement a new Model of Care (MoC).   + Procure and implement Single Point of Access (SPoA) software;   + Test the new MoC through the mobilisation of additionally funded community activity in 2024-25; and   + Procure and implement new Community Dermatology Services for 2025-26 and beyond. * Outline future GM service/provider model. | |  | * Full SPoA implementation is likely to extend into Quarter 1 of 2025-26. * Ability to test the new community model due to limited provider capacity * Intended Community Dermatology Service commencement date has been revised to 8th August 2025. |
| **Dashboard snapshot** | | **Comments** | |
|  | Governance: Relevant delivery groups and sub-groups are established.  Activity & Finance: Work continues with NHS Provider Trusts to understand current and future model of care costs, including workforce model.  MoC Implementation: Group continues to meet weekly to oversee the three key main aims of implementing additional capacity in 2024-25, implementation of the SPoA and procurement of community dermatology services.  Education: Three primary care education sessions planned in 2024-25 with final one due 01/03/2025.  High-Cost Drugs: NHS Provider Trusts have developed business cases to identify and embed the required resources to allow implementation of the proposal. | | |
| **Recent progress made** | | | |

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| MoC Implementation:   * SPOA: * First locality (Bury) went live 04/02/2025. Approximately 60 Bury users have registered user accounts to date. Small number of referrals raised so far though all raised have been completed by GPs. In the absence of being able to mandate usage of the SPoA, currently looking at other ways to encourage and increase usage. * Had split other localities across two additional phases with Phase 2 aimed at going live in Feb 2025 and Phase 3 in March 2025. Progress addressing some issues means some slippage in the timescale though aiming to have all localities live by the end of April 2025. Current draft timeline shows seven localities live by 31st March 2025. * Generic and suspected cancer pathway questions have been included in the initial go-live and condition specific pathway questions are in development (starting with Acne, Psoriasis, Eczema and Actinic Keratosis). * Work has commenced to look at reporting of Key Performance Indicator (KPI) data. * Additional Community Activity: * Interim ICB governance completed to enable referrals to transfer between Wrightington, Wigan and Leigh NHS FT (WWL) and About Health. About Health had capacity from around mid-February 2025 to support the WWL cohort and WWL is finalising the data sharing agreement, prior to transferring any referrals. * Decision Making Record form to procure this additional capacity under Direct Award C of the Provider Selection Regime (PSR) has been completed and is with the procurement team for review. Once approved, a Contract Variation will be enacted. * Draft KPI have been shared with WWL to ensure that relevant data can be captured and reported to support evaluation. * Procurement of Community Dermatology Service: * Invitation to Tender (ITT) launched on 7th January 2025 and closed on 28th February 2025. * Evaluation of bids is scheduled to take place between 10th and 25th March 2025 and a schedule of moderation meetings has been set between 31st March 2025 and 22nd April 2025. Current timeline shows service commencement from 8th August 2025. * Letters have been sent to existing community providers (About Health, HCRG, DMC Dermatology, WWL and NCA) to confirm the extension of bridging arrangements to 30th September 2025 and to request commitment to continue to deliver community dermatology services up to that point to support a safe transition. To date, About Health, HCRG and NCA have confirmed a commitment to continue to deliver the service until that time.   Teledermatology/Artificial Intelligence (AI):   * Bolton went live with Skin Analytics AI on 6th January 2025 and Wigan are due to go live by the end of February 2025. Some good learning has come from the Medical Illustrators at Bolton and this will be shared with others. Oldham implementation remains paused currently whilst resilience issues are worked through. * Final National Institute for Health and Care Excellence (NICE) guidance relating to the use of autonomous AI pathways (no human second read) is now expected around the end of March 2025, having previously been expected in February. Funding secured via Skin Analytics to continue with second reads for Phase 2 implementation sites whilst NICE guidance is awaited.   High-Cost drugs:   * The proposal has completed NHSGM governance process, this work now sits with Trusts to develop their internal business cases. The Bolton FT business case has been approved by the trust and is now being implemented. The Manchester University NHS FT (MFT) business case is progressing through internal trust governance.   Education:   * December and February Skin Lesion Recognition education sessions for primary care colleagues have taken place with positive feedback once again received. The final session in March 2025 is fully booked.   Activity & Finance:   * Development of the workforce model has progressed with input from provider operations and finance colleagues. Trust costs for 2024-25 are current being produced.   GM Dermatology Strategy:   * A draft strategy outline has been developed and will be socialised in due course. |
| **Activities planned in upcoming weeks** |
| Model of Care Implementation:   * SPoA implementation to continue across GM localities alongside development of KPIs to be able to monitor * and evaluate the impact. * Additional community capacity at About Health to be mobilised by WWL and progression of the PSR form to enable a Contract Variation to be produced. * Evaluation and moderation of bids under the Community Dermatology Service procurement. * Progress ICB governance to enable bridging arrangements to be put in place for incumbent community dermatology service providers.   Education:   * Final primary care education session of 2024-25 to take place. * Liaise with the GM Cancer Alliance regarding potential funding for sessions in 2025-26.   GM Dermatology Strategy:   * Draft strategy to be socialised through relevant forums across GM. This will lead to the development of business cases to support the Single / Lead Provider development.   Teledermatology / AI:   * WWL to go live with Skin Analytics AI. With the exception of Oldham Locality, all GM Localities will have AI teledermatology provision in place. |
| **Interdependencies** |
| * Primary Care: SPOA implementation will require a different way of working by GP practice staff. * Elective system board: Elective outpatient transformation, including potential gateway, will impact on dermatology transformation. * Diagnostics system board: Pressures on histopathology provision due to high volume of Suspected Cancer Referrals (SCR). * GM Cancer Alliance: GMCA taking a lead on teledermatology implementation for SCR. Have also financially supported the provision of skin lesion recognition education sessions for primary care clinicians. * NHS Provider trusts: Existing providers with a variety of sustainability, workforce and performance challenges. Interdependency specifically with NCA around the outcome of Lead / Single Provider Model discussions. * IS Providers: Currently providing community services in five localities. These services will not be recommissioned for 2025-26 as the new GM specification is introduced via procurement route. |
| **Identified issues and / or risks (log to be updated)** |
| The current risk register has 13 live risks with 6 of those risks with a current score of 15 or above  It should be noted that HCRG have confirmed their plans to exit the market at the end of bridging arrangements (30/09/2025). This provider delivers the community dermatology and suspected cancer activity for the Oldham Locality. It is expected that the Community Dermatology tender will mitigate the risk for the community dermatology patient cohort, however a solution needs to be identified for patients referred via a suspected cancer pathway. NCA have confirmed that they cannot support referrals from this Locality at the current time due to the ongoing pressures on their service, but this may be possible at a future date and will be explored as part of the Single/Lead Provider development. Discussion and options are being explored, alongside GM Cancer Alliance for the short term provision. A further update will be provided to Board members once this is completed. |