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**Search details**

New ways of delivering dermatology and/or community based dermatology

**Resources searched**

NICE Evidence; TRIP Database; Cochrane Library; CINAHL; MEDLINE; Google Scholar

**Database search terms:** (dermatology* OR "skin disease*" OR "skin disorder*" OR "skin problem"*), (community OR "primary care" OR GP* OR “general pract*”), (development* OR future OR new OR novel OR trend* OR chang*), integrate*, (service* OR deliver* OR care)

**Evidence / Google Scholar search string(s):**

dermatology (community OR "primary care" OR GP OR “general practice”)
dermatology (developments OR future OR new OR novel OR trends OR change OR changes OR changing)
dermatology ("integrated deliver" OR "integrated care" OR “integrated service”)

**Guidelines and Policy**

**British Association of Dermatologists**

Lessons for the NHS: commissioning a dermatology service, 2013

Quality standards for dermatology: providing the right care for people with skin conditions, 2013
Quality standards for teledermatology, 2011

Recommendations for a community dermatology service specification, 2011

Models of Integrated Service Delivery in Dermatology, 2007

Centre of Evidence Based Dermatology, University of Nottingham
Skin conditions in the UK: a healthcare needs assessment, 2009

Kings Fund
How can dermatology services meet current and future patient needs whilst ensuring that quality of care is not compromised and that access is equitable across the UK? – Key findings, 2015

How can dermatology services meet current and future patient needs whilst ensuring that quality of care is not compromised and that access is equitable across the UK? – Source report, 2015

Sunderland dermatology and minor surgery service case study, 2014

SIGN
Diagnosis and management of psoriasis and psoriatic arthritis in adults, 2010

NHS Trusts

Harrogate and District NHS Foundation Trust
A guide to dermatology in primary care, (undated)

Royal United Hospital Bath NHS Trust
A guide to dermatology in primary care, (undated)

Evidence Reviews

National Co-ordinating Centre for NHS Service Delivery and Organisation R&D (NCCSDO)
Evaluation of a Primary Care Dermatology Service: final report, 2006

Published Research – Databases

Pediatric dermatology: past, present, and future.

Author(s) Prindaville, Brea, Antaya, Richard J, Siegfried, Elaine C
Citation: Pediatric dermatology, Jan 2015, vol. 32, no. 1, p. 1-12 (2015 Jan-Feb)
Publication Date: January 2015
Abstract: Up to 30% percent of pediatric primary care visits include a skin-related problem, and referrals are hampered by appointment wait times among the longest of any pediatric subspecialty. Despite the clear demand for pediatric dermatologists, there has been a long-standing shortage of providers, leaving dermatology as one of the most underserved pediatric subspecialties. Another consequence of the workforce shortage is the limited opportunity for pediatric dermatology training for residents and postgraduate general pediatricians and dermatologists. This review includes the evolution of the subspecialty from
conception through the present, along with obstacles to workforce expansion and potential solutions to improve access to care for children with skin diseases. © 2014 Wiley Periodicals, Inc.

**Source:** Medline

**Treatment and referral patterns for psoriasis in United Kingdom primary care: a retrospective cohort study.**

**Author(s)** Khalid, Javaria Mona, Globe, Gary, Fox, Kathleen M, Chau, Dina, Maguire, Andrew, Chiou, Chio-Fang

**Citation:** BMC dermatology, Jan 2013, vol. 13, p. 9. (2013)

**Publication Date:** January 2013

**Abstract:** In the UK, referrals to specialists are initiated by general practitioners (GPs). Study objectives were to estimate the incidence of diagnosed psoriasis in the UK and identify factors associated with GP referrals to dermatologists. Newly diagnosed patients with psoriasis were identified in The Health Improvement Network (THIN) database between 01 July 2007-31 Oct 2009. Incidence of diagnosed psoriasis was calculated using the number of new psoriasis patients in 2008 and the mid-year total patient count for THIN in 2008. A nested case-control design and conditional logistic regression were used to identify factors associated with referral. Incidence rate of diagnosed adult psoriasis in 2008 was 28/10,000 person-years. Referral rate to dermatologists was 18.1 (17.3-18.9) per 100 person-years. In the referred cohort (N=1,950), 61% were referred within 30 days of diagnosis and their median time to referral was 0 days from diagnosis. For those referred after 30 days (39%, median time to referral: 5.6 months), an increase in the number of GP visits prior to referral increased the likelihood of referral (OR=1.87 95% CI:1.73-2.01). A prescription of topical agents such as vitamin D3 analogues 30 days before referral increased the likelihood of being referred (OR=4.67 95% CI: 2.78-7.84), as did corticosteroids (OR=2.45 95% CI: 1.45-4.07) and tar products (OR=1.95 95% CI: 1.02-3.75). Estimates of the incidence of diagnosed adult psoriasis, referral rates to dermatologists, and characteristics of referred patients may assist in understanding the burden on the UK healthcare system and managing this population in primary and secondary care.

**Source:** Medline

Available in fulltext from BMC Dermatology at EBSCOhost

**Skin conditions are the commonest new reason people present to general practitioners in England and Wales.**

**Author(s)** Schofield, J K, Fleming, D, Grindlay, D, Williams, H

**Citation:** The British journal of dermatology, Nov 2011, vol. 165, no. 5, p. 1044-1050 (November 2011)

**Publication Date:** November 2011

**Abstract:** Knowledge of the prevalence and incidence of skin conditions is a prerequisite for designing clinical services and providing appropriate training for primary health care professionals. In the U.K. the general practitioner and practice nurse are the first point of medical contact for persons with skin conditions. We aimed to obtain contemporary data in age-, gender- and diagnosis-specific detail on persons presenting to primary care with skin problems. Comparisons were made with similar data for other major disease groups and with similar data from other recent years. We used surveillance data collected in the Weekly Returns Service (WRS) of the Royal College of General Practitioners during 2006 and trend data for subsequent years. The WRS sentinel practices monitor all consultations by clinical diagnosis in a representative population of 950,000 in England and Wales. For conditions included in chapter XII of the International Classification of Diseases Ninth Revision (ICD9), 15% of the population consulted; a further 9% presented with skin problems classified elsewhere in the ICD9, making a total of 24%. There was no evidence of increasing or decreasing trend since 2006. Skin infections were the commonest diagnostic group, while 20% of children...

**Author(s)** Hill, G M, Sowden, J M, Lister, R K, Logan, R A, Finlay, A Y

**Citation:** The British journal of dermatology, Jan 2010, vol. 162, no. 1, p. 152-158 (January 2010)

**Publication Date:** January 2010

**Abstract:** Background In 2006 a U.K. government White Paper recommended making NHS care in England more accessible by shifting services from secondary care into community settings. There is a shortage of contemporary activity data for U.K. dermatology units to allow benchmarking for service development. This study will not only provide useful comparative data for the future in Wales, but will also serve to highlight the impact of changes made in England. Objective To provide an overview of 1 week's dermatology outpatient activity for the whole of Wales.

Methods All dermatology units in Wales collected data for 1 week in early 2007. The case mix, appropriateness of referral, requirement for surgery or second-line therapies and follow-up requirements were all determined. Results A total of 2142 patients were seen. Of new patients, 21% had skin cancer. Seventeen per cent of skin cancers had no diagnosis suggested by the general practitioner (GP) and 10% of basal cell carcinomas, 33% of squamous cell carcinomas and 17% of malignant melanomas were inappropriately diagnosed. In all, 26% of new patients had benign lesions, and this group caused the greatest diagnostic difficulty for GPs. Seventy-one per cent of these patients were diagnosed, reassured and discharged at their first visit without the need for biopsy or surgery. Thirty-seven per cent of new patients required surgery, of which 21% required complex intervention. Twenty-six per cent of follow-up patients were receiving second-line therapies. The new to follow-up ratio varied considerably according to diagnosis, the mean ratio being 1 : 0.21 for benign lesions through to 1 : 5.53 for psoriasis. This highlights the inappropriate nature of a 'one fits all' ratio. The majority of follow-up patients in secondary care required this level of input for monitoring of cancer, complex second-line therapies or surgery. Conclusions This study provides evidence to support logical planning of dermatological services and to assess the impact of proposed changes on different healthcare systems in the U.K.

Source: Medline
Available in fulltext from British Journal of Dermatology at EBSCOhost

The changing face of dermatological practice: 25 years' experience.

**Author(s)** Benton, E C, Kerr, O A, Fisher, A, Fraser, S J, McCormack, S K A, Tidman, M J

**Citation:** The British journal of dermatology, Aug 2008, vol. 159, no. 2, p. 413-418 (August 2008)

**Publication Date:** August 2008

**Abstract:** In order to plan appropriate delivery of dermatology services we need periodically to assess the type of work we undertake and to examine changing trends in the numbers and type of referrals and the workload these referrals generate. To quantify outpatient workload in hospital-based and private practice; to assess reasons for referral to secondary care and to examine the changes over 25 years in the diagnostic spectrum of conditions referred. During November 2005, all outpatient dermatological consultations in the south-east of Scotland were recorded. Demographic data, source of and reason for referral, diagnoses, investigations performed, treatment administered and disposal were recorded, and comparisons made with four previous studies. During the 1-month study, attendances were recorded for 2118 new and 2796 review patients (new/review 1 : 1.3, female/male 1.3 : 1, age range 0-106 years). Eighty-nine per cent of new referrals came from primary care and 11% from secondary care. Fifty-seven per cent of referrals were for diagnosis and 38% for management advice. Benign
tumours accounted for 33.4%, malignant tumours 11.6%, eczema 16% and psoriasis 7.4% of new cases. For return patients, 20% had skin cancer, 16.5% eczema, 13.4% psoriasis and 9% acne. The referral rate has risen over 25 years from 12.6 per 1000 population in 1980 to 21 per 1000 in 2005, with secondary care referrals increasing from 61 in November 1980 to 230 in November 2005. Attendances for benign and malignant skin tumours have increased sixfold since 1980. Patients with eczema and psoriasis account for one third of clinic visits. New referrals have risen by 67%, with those from other hospital specialties almost quadrupling since 1980 to 11% of the total in 2005. These results confirm the demand from both primary and secondary care for a specialist dermatology service.

Source: Medline
Available in fulltext from British Journal of Dermatology at EBSCOhost

Hand search of the British Journal of Dermatology
May 2015
Smartphone applications for melanoma detection by community, patient and generalist clinician users: a review

April 2015
A pilot trial of mobile, patient-performed teledermoscopy

June 2014
The current and future role of general practitioners in skin cancer care: an assessment of 268 general practitioners

June 2013
Psychodermatology services guidance: the report of the British Association of Dermatologists’ Psychodermatology Working Party

November 2011
Teledermatology applied following patient selection by general practitioners in daily practice improves efficiency and quality of care at lower cost

June 2011
Severe lower limb cellulitis is best diagnosed by dermatologists and managed with shared care between primary and secondary care

Other

Health Services Journal
March 2011
Simulation Lab: What if GPs developed a special interest in dermatology?