

This report summarises the discussions and actions agreed at the meeting that took place on Wednesday 21st March 2018. The cost of administrative support for this meeting was provided by Sanofi Genzyme, who had no editorial control over the actions.



Sharing Best Practice in the Management of Atopic Dermatitis in Scotland

Overview

On Wednesday 21st March 2018 a meeting took place in Edinburgh entitled ‘*Sharing Best Practice in the Management of Atopic Dermatitis in Scotland*’. The meeting, which was chaired by Dr Claire Leitch and organised and funded by Sanofi Genzyme, brought together consultant dermatologists, clinical nurse specialists, patient representatives and NHS decision makers from across Scotland. They discussed how dermatology services in Scotland could be improved to optimise outcomes for people living with Atopic Dermatitis (AD), as well as how local examples of good practice could be highlighted, shared and adopted in other areas. A summary of the discussions that took place are included below and a full list of the participants in this meeting is available in Appendix 1.

Agreed actions

It was agreed that the following actions should be taken forward by the group in order to drive improved management and treatment of AD in Scotland:

- 1. All those involved in the treatment, management and delivery of services for people with AD should work both collectively and individually to:**
 - Improve awareness and implementation of the Scottish Intercollegiate Guideline Network (SIGN) 125 on the management of atopic eczema in primary care amongst patients and healthcare professionals;
 - Engage with SIGN and other interested groups and individuals to ensure guideline 125 does not expire; and
 - Develop a consensus on the updates that will be required to SIGN 125 in order to reflect changes in the treatment and management of AD.
- 2. More training on AD and dermatology should be available for primary care practitioners, including further use of online modules and briefings. Primary care practitioners should also be supported to use new and existing training tools.**
- 3. Facilitate dialogue across Scotland to spread and encourage the uptake of innovative AD services, harnessing examples of best practice to support the wider delivery of optimal AD management. This will relieve pressure on services and support primary care practitioners.**
- 4. Drive greater public awareness of AD through the improved use of existing resources and the development and dissemination of further engaging materials and tools to support and empower patients.**
- 5. Work with policymakers at NHS Scotland and in the Scottish Government to highlight the importance of patient choice in the optimal treatment and management of AD.**

This report summarises the discussions and actions agreed at the meeting that took place on Wednesday 21st March 2018. The cost of administrative support for this meeting was provided by Sanofi Genzyme, who had no editorial control over the actions.

Overview of the discussion

Attendees discussed the following issues during the course of the meeting:

The impact of AD on patients, their families and carers

- The meeting began with a presentation from Magali Redding, Founder and Chief Executive of Eczema Outreach Support, who shared findings from a recent survey of patients undertaken into the burden of AD in Scotland. The survey found that:
 - There is limited support for the emotional and psychological impact of the disease.
 - There is a lack of understanding in primary care of the impact of the disease on patients.
 - There is variation in the experience of care between those who are treated by a GP with a specialist interest in skin conditions, to those who are treated by a GP without any specific expertise. This impacts on the likelihood and speed at which some patients were able to be referred, where appropriate, for specialist care.
 - Access to specialist nurses in the community tends to lead to improved patient experience.
 - To improve medicines adherence, patients must receive clear information and support to help them to understand the different treatment options, their application and the importance of adhering to treatment plans.
 - There is variation in the support and quality of treatment that patients receive across Scotland.

Staffing, training and addressing the skills gap in treating AD in Scotland

- There is a lack of GPs with a special interest in skin conditions across Scotland. This skills gap is leading to instances of incorrect referrals. In some cases, this can be the failure to refer on for specialist care those patients with severe AD, whilst in other cases patients with mild-to-moderate AD are being referred unnecessarily.
- Primary care professionals, including trainee GPs, should be encouraged and incentivised to attend training sessions and take online modules on AD and dermatology in order to improve the management of AD in the future. It was highlighted that at present, given the lack of financial incentives to undertake such courses and the time pressures they face, many in primary care do not undertake the training that is currently available.
- There is a lack of dermatologists and specialist nurses in Scotland, which is an issue highlighted in a 2014 British Association of Dermatologists (BAD) and King's Fund report on how dermatology services can meet current and future patient needs. This lack of expertise in secondary care is preventing effective communication between primary, community and secondary care settings.
- Despite the various severity scoring tools available for use in AD, there is not one that is used uniformly across the board in Scotland. Whilst the Eczema Area and Severity Index (EASI) scoring tool is sometimes used, attendees agreed that it is time consuming and outcomes vary.
- Lifestyle factors that impact the severity of the condition also need to be taken into account when assessing a patient's eligibility for referral. Some patients often do not realise how severe their condition is and are not aware of the support and treatment that is available to them.

This report summarises the discussions and actions agreed at the meeting that took place on Wednesday 21st March 2018. The cost of administrative support for this meeting was provided by Sanofi Genzyme, who had no editorial control over the actions.

Empowering patients to better manage their condition

- It is often difficult for healthcare professionals to know whether a patient is adhering to their treatment plan correctly, such as the application of creams on a regular basis. Empowering patients to better understand their condition can help to address this.
- Patients should be supported to understand the different treatment options available to them and be given the confidence to try them (particularly with emollients) to identify which work best for their condition.
- All Health Boards in Scotland have budgetary pressures, which present challenges to delivering effective treatment and management of AD. Educating patients and promoting self-management can help reduce pressures across the healthcare system.
- A one size fits all approach to patient information is not sufficient. Guidance on self-management can and should be given across a variety of platforms including as videos, pamphlets, and social media.

Service design and innovative models of care

- Given the low number of GPs with a special interest in skin conditions, the role of nurses is increasingly important in supporting patients with AD in the community.
- There is currently an Allergy UK-funded trial, in association with the University of Edinburgh, being undertaken whereby specialist dermatology nurses are placed in the community to act as a mediator between primary and secondary care. The trial has:
 - supported GPs without the specialist expertise to manage, treat and refer when necessary;
 - ensured patients are receiving optimal treatment in the community in order to reduce the flow of patients into secondary care; and
 - led to financial savings as nurses in the community reduce the need for more expensive consultant time.
- Attendees agreed that the study, including its outputs, should be taken to the Chief Scientist Office and the Chief Executives of the 14 Health Boards to highlight the potential financial savings that can be realised when AD services are delivered in this way. The trial and its findings should also be shared with MSPs in Holyrood.
- Health visitors can help to support patients with AD in the community. Magali discussed the training for health visitors undertaken by Eczema Outreach Support, as well as highlighting the appetite amongst this group for further support.
- Due to the determining factors that allergies can have on eczema, a more joined up approach between disciplines could benefit patients with AD. Whilst joint allergy and dermatology clinics can be challenging to set-up, in part due to a lack of resources, finding ways to improve communication between dermatologists and allergists could be highly beneficial.

Removing barriers to accessing medicines and ensuring patient choice

- There was concern expressed about the implementation of a single national formulary that could potentially lead to restrictions on the number of medicines available to patients with AD in Scotland.
- Attendees agreed that patient choice is essential in the treatment and management of AD, particularly as many patients prefer to use various treatments, including different emollients on different parts of their body.

Date of prep: May 2018

Job bag: SAGB.SA.17.09.1181e

This report summarises the discussions and actions agreed at the meeting that took place on Wednesday 21st March 2018. The cost of administrative support for this meeting was provided by Sanofi Genzyme, who had no editorial control over the actions.

- The introduction of a single national formulary would contradict the Scottish Government's approach to encouraging the use of stratified medicines and attendees agreed that patients should be able to receive the most appropriate treatment options for their condition.

Clinical guidelines on atopic dermatitis

- The Scottish Intercollegiate Guidelines Network (SIGN) guideline 125 on the management of atopic dermatitis in primary care is very useful for clinicians, particularly those in primary care. However, there remains an issue with awareness, knowledge and implementation of the guideline.
- The guideline is also empowering for patients who read it, particularly in helping them to understand the decisions around the treatment and management of their condition, as well as the right to ask for a referral. There was agreement that there was a need for improved education and awareness of the SIGN guidelines amongst AD patients
- There may be gaps in the content of the current guideline, particularly on the links between AD and allergy. It was agreed that a consensus should be developed on what, if any, updates are required to the guideline, in order to reflect recent and anticipated changes in the treatment and management of AD.
- Having been developed in 2011, concern was expressed that the guideline could soon expire. It was agreed that every effort should be made to ensure that this does not occur.
- It was also discussed whether there would be interest in the Centre for Young Person's Allergies Network ([CYANS](#)) developing specific recommendations on the treatment and management of eczema, as they have done for other conditions such as anaphylaxis and food allergy.

Appendix 1

Attendees:

- **Dr Claire Leitch**, Consultant Dermatologist, Royal Infirmary of Edinburgh (Chair)
- **Magali Redding**, Chief Executive Officer, Eczema Outreach Support (Speaker)
- **Grahame Cumming**, Strategic Lead for Innovation, NHS Lothian
- **Dr Allan Matthews**, Dermatology Registrar (Physician), NHS Fife
- **Margaret Kelman**, Research Nurse, Allergy UK
- **Sharon Southern**, Performance Manager, Dermatology, NHS Research Scotland
- **Dr Richard Weller**, Consultant Dermatologist, Royal Infirmary of Edinburgh and Senior Lecturer in Dermatology
- **Prof Jurgen Schwarze**, Chair of Child Life and Health, MRC Centre for Inflammation Research, University of Edinburgh
- **Susan Harley**, Allergy Nurse, NHS Fife

Others present at the meeting

- **Harry Thurston-Smith**, UK Public Affairs Lead for Immunology, Sanofi Genzyme
- **Greg Sutherland**, Account Director, Four Public Affairs