## PE1682/L

Scottish Government submission of 6 February 2020

Thank you for your letter of 17 December 2019 on behalf of the Public Petitions Committee regarding consideration of further questions in relation to Petition PE1682 - Calling on the Scottish Government to establish a specialist clinic for people with hidradenitis suppurativa in Scotland.

It may help if I respond to the petitioner's concerns in the order he has raised them in his latest submission.

 The petitioner refers to treatment centres provided by NHS England and the multidisciplinary approach they have taken in relation to treatment for Hidradenitis Suppurativa (HS). He asks what services, treatments or specialisms are currently being provided in Scotland, and what could be provided.

The majority of the services in Scotland that provide treatment for this condition are provided by dermatology and plastic surgery with other areas involved as required e.g. general surgery. Service configuration will be different in different areas, according to local need and local circumstances. A multidisciplinary approach is supported in Scotland, using the expertise of doctors in appropriate specialities, nurses and other clinicians. The policy in Scotland is that services should be personcentred, and be delivered as locally as possible.

2. The petitioner asks that the Scottish Government consider consulting with clinicians' and Boards about developing specialist services and should initiate discussions about this.

The Modernising Patient Pathways Programme is working with the Scottish Dermatological Society to revise, update and expand the NHS Scotland Dermatology Pathways. We currently have a number of conditions that we are considering for inclusion in the Pathways, including HS. It is anticipated that the updated pathways will be completed by June 2020.

The pathways are designed to provide GPs and other clinical professionals with information about the diagnosis, management and referral of common dermatological conditions. We are also keen to include links to other sources of relevant information. This could include patient information leaflets or information about patient support groups.

3. The petitioner has put the point to the Scottish Government that he is not convinced that HS is too prevalent to qualify for specialist provisions and that the Scottish Government should consider that those who experience repeated debilitating flare ups would benefit from a specialist referral.

As stated previously, NHS National Services Scotland guidance states that specialist services are established for conditions requiring diagnosis and/or treatment that are rare and/or unpredictable and have low incidence (usually no more than 500 patients in a one year period).

Currently, all territorial boards in Scotland provide services to treat hidradenitis suppurativa, which is delivered by a range of clinicians including dermatologists with input from regional plastic surgery services.

Further information about networks can be found online via <a href="https://www.nss.nhs.scot/specialist-healthcare/specialist-services/setting-up-a-specialist-service/">https://www.nss.nhs.scot/specialist-healthcare/specialist-services/setting-up-a-specialist-service/specialist-services/setting-up-a-specialist-service/how-to-submit-an-application/</a>

I would like to reiterate that anyone can propose a national/specialist service. For example, proposals may be submitted by clinicians, supported by their NHS Board; by NHS Boards, Regional Planning Groups, or other national groups.

HS National Services Scotland has confirmed that they have not been contacted by any clinicians seeking national designation of a service for this condition.

4. The petitioner makes reference to the modern outpatients programme and asks if this involved consulting with HS sufferers

It may be helpful to explain that while a wide range of representation from clinicians and patient representatives attended the Scottish Access Collaborative (SAC) dermatology workshops, with over 2000 different dermatological conditions it was not possible to include people with experience of all conditions.

The Scottish Government's Modernising Patient Pathways Programme (which incorporates the former Modern Outpatient Programme) maintains the NHS Scotland Dermatology Pathways website. The website currently has pathways for a number of conditions that were developed in partnership with a wide range of both primary and secondary-care clinicians from across Scotland.

Further to our responses of 17 June and 31 July 2019, that outlined how these pathways offer diagnosis and management advice as well as guidance on appropriate points for referral to secondary care, we can confirm Hidradenitis Suppurativa has been short-listed as a potential pathway to develop and if selected it is expected to be published by June 2020. This is part of the next tranche of this work, which is being led by a short-life clinical working group with the support of the Scottish Dermatological Society.

5. The modern outpatient programme includes recommendations in four areas including inflammatory skin diseases. The recommendations will be taken forward with national support by dermatology services with Abbvie and HS Trust both seeing a benefit to SIGN guidance. The petitioner is asking of the Scottish Government or NHS can instigate the process as opposed to reactive approach based on waiting for others to apply.

Our response of 17 June 2019 sets out that anyone in Scotland can suggest a topic for a SIGN guideline. This includes health and social care staff, voluntary organisations, charities and members of the public.

SIGN can provide a guide to the best treatments available for a particular condition and guideline development therefore tends to focus on topics where there is no published advice by recognised sources.

In the case of this condition, the British Association of Dermatologists (BAD) has published a guideline on its management that is accredited by the National Institute of Care and Excellence (NICE), which is recognised in Scotland. Dr Collier in NHS Forth valley is a co-author of the BAD guideline.

http://www.bad.org.uk/shared/get-file.ashx?id=88&itemtype=document

All Scottish health boards have the ability to prescribe a range of appropriate treatments, including the prescription of licensed treatments, in line with the BAD guidance.