

Ref: FOI 034

21st July 2020

Dear Requestor

Request made under the Freedom of Information Act 2000

On 7th July 2020 you sent a request, made under the Freedom of Information Act, relating to psoriasis services. I now provide this information as an attachment.

I trust that this is the information you require and that your request has been fully discharged.

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Please note that, under the Re-use of Public Sector Information Regulations, if you wish to publish or otherwise use this information besides for your own means, you will need to seek our permission to do so.

If you are unhappy with this response, you are entitled to request an internal review of our decision, handled where possible by a member of staff not directly involved in the initial decision. If you wish to request such a review, please write direct to the Data Protection Officer, NHS Dorset, Ground Floor, West Wing, Vespasian House, Barrack Road, Dorchester DT1 1TG. We aim to deal with requests for internal review within three weeks of receipt, although where the issues involved are very complicated this period may be extended up to a total of six weeks.

If you have queries about this response, please do not hesitate to contact me quoting the above reference number.

Yours sincerely

Signature Removed

Paddy Baker
Data Protection Officer
NHS Dorset Clinical Commissioning Group

Reference: FOI 034

Q1:

Has a shared care agreement/arrangement been established between the CCG, secondary care and local primary care services (e.g. general practitioners) for the treatment of Psoriasis and Psoriatic Arthritis? **Psoriasis: Y/N Psoriatic Arthritis: Y/N**

Response:

Psoriasis: Yes

Psoriatic Arthritis: Yes

Q2:

If you answered 'Yes' to Q1, what are the names and/or roles of the signatories of the shared care agreement?

Response:

Dorset Medicines Advisory Group.

Q3:

If you answered 'Yes' to Q1, which of the following medicines can be prescribed within the shared care agreement?

Psoriasis			Psoriatic Arthritis		
Apremilast	Methotrexate	Dimethyl Fumarate	Apremilast	Methotrexate	Tofacitinib
no	yes	no	no	yes	no

Q4:

How many consultant-led **community-based** Dermatology or Rheumatology services has your CCG commissioned that treat Psoriasis or Psoriatic Arthritis?

Response:

Dermatology services for psoriasis – zero. Our community-based dermatology services are not consultant led, however, the GPwERs leading the service have robust consultant supervision arrangements in place with secondary care consultants.

Rheumatology – zero.

Q5:

Who/where are these services commissioned from?

Response:

Dermatology – Not Applicable.

Rheumatology – Not Applicable.

Q6:

Which of the following treatments can be prescribed by these services?

Response:

Not Applicable.

Treatment	Y/N
Methotrexate	
Ciclosporin	
PUVA	
Apremilast (PDE4i)	
Dimethyl Fumarate (Psoriasis)	
Tofacitinib (Psoriatic Arthritis)	
Biologics* (*See annex 1 for list of biologic therapies)	

Q7:

How many GPwERs has your CCG commissioned for Dermatology, and Rheumatology?

Please provide the geographical locations of these commissioned services.

	How many GPwERs has your CCG commissioned?	Please provide the geographic locations of these commissioned services
Dermatology	No GPwERs are commissioned directly to provide a service, however, the community dermatology service is run by a team of GPwERs.	Not Applicable.
Rheumatology	Not Applicable.	

Q8:

Are digital services commissioned by the CCG for the management of Dermatology and Rheumatology?

If so, please specify the digital services provided? This may include teledermatology services (various levels) and/or virtual clinics.

	Dermatology	Rheumatology
Are digital services commissioned by the CCG within Dermatology and Rheumatology in your area? (Y, N, N/A)	Yes	N/A.
Please specify the type and level of digital services provided?	Consultant Connect – PhotoSAF Attend Anywhere HCI Health & Care Videos	N/A.

Annex 1

adalimumab (Amgevita [®] , Humira [®] , Hyrimoz [®] or Imraldi [®])
brodalumab (Siliq [®])
certolizumab (Cimzia [®])
etanercept (Benepali [®])
golimumab (Simponi [®])
guselkumab (Tremfya [®])
infliximab (Remicade [®])
ixekizumab (Taltz [®])
risankizumab (Skyrizi [®])
secukinumab (Cosentyx [®])
tildrakizumab (Ilumya [®])
ustekinumab (Stelara [®])