Psoriasis:
Multidimensional value proposition

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Wilmington Healthcare

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Introduction

Psoriasis

Psoriasis is an immune-mediated inflammatory disease that affects the skin.[1] It occurs when the immune system sends faulty signals that cause the skin cells to grow too quickly. Symptoms are characterised by thick red scaling skin that can cause itching.

Plaque psoriasis (PsO) is the most common of several different types of psoriasis. Many people have only one type, although some may be affected by two different types at the same time, and one type may change into another.[2]

Mild psoriasis (80% of patients) affects <3% of the body.[3] People have a few patches, but these typically may not be visually obvious or noticeable.[1]

Moderate psoriasis (15% of patients[1]) is more widespread, affecting 3–10% of the body.[3]

Severe psoriasis (5% of patients[1]) affects >10% of the body.[3]

One in four patients have psoriatic arthritis (PsA), an inflammatory condition that affects the joints.[1]

1.1 million

people in the UK have psoriasis[4]

9 in 10 patients have **plaque psoriasis[5]**

1 in 4 patients develop **psoriatic arthritis[1]**

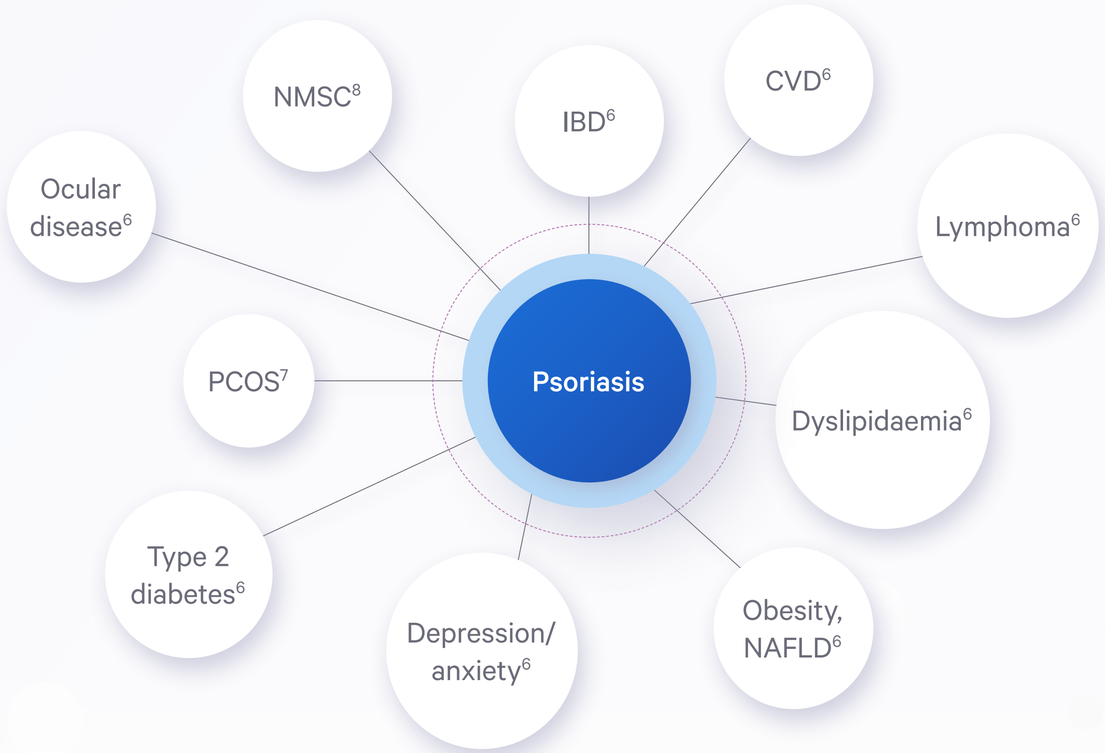
About 1 in 2 patients have **nail psoriasis[1]**

PsA, psoriatic arthritis; PsO, plaque psoriasis.

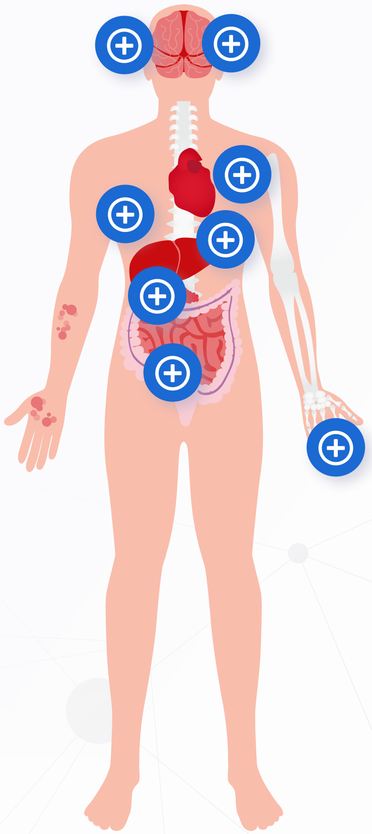
Psoriasis: comorbidities and complications

Psoriasis is associated with several comorbidities ranging from cardiovascular comorbidity and mental disorders to other immune-mediated inflammatory diseases.[6] However, most of these comorbidities are often overlooked or diagnosed late and consequently undertreated.[6]

Psoriasis is associated with an increased risk of comorbidities[6]



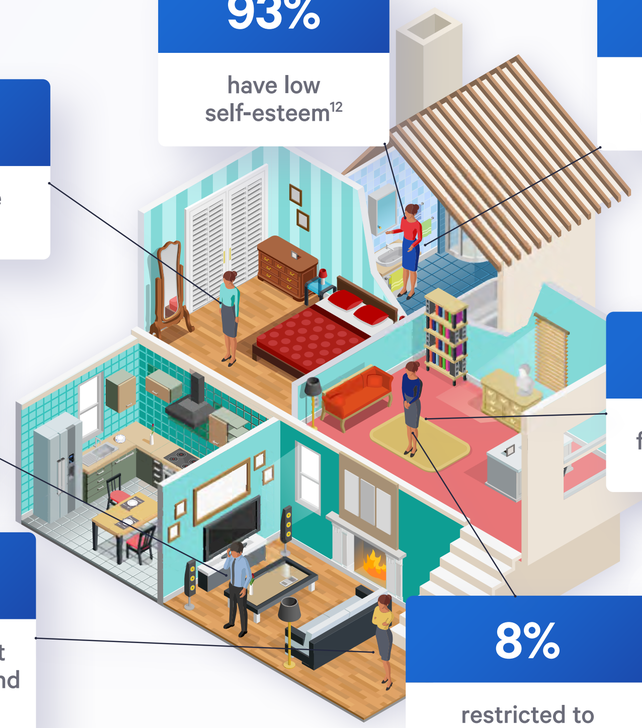
Clinician's considerations for comorbidities of psoriasis[6]



CVD, cardiovascular disease; IBD, inflammatory bowel disease; NAFLD, non-alcoholic fatty liver disease; NMSC, non-melanoma skin cancer; PCOS, polycystic ovary syndrome; PsA, psoriatic arthritis; PsO, plaque psoriasis.

Psoriasis: quality of life

Although psoriasis can be a minor irritation for some people, for others it can considerably impact quality of life, employment, productivity and income.[9, 10] These harms can result from the impact of the symptoms of psoriasis, treatment-related issues, the potential emergence of psoriatic arthritis, as well as the social stigma or embarrassment of living with a highly visible skin disease.[11]



93% have low self-esteem[12]

75% feel unattractive[13]

83% have trouble sleeping[12]

31% have financial distress[13]

54% feel depressed[13]

87% reported an impact on their social life and leisure activities[12]

8% restricted to working from home[13]

1 in 3 report discrimination in the workplace as a result of their psoriasis[10]

69% reported an impact on their work or education[12]

14.1 sick days on average for people with moderate/severe psoriasis (up to 26 days for severe)[10]

43% feel that psoriasis has limited their income and/or future earnings[10]

Psoriasis: socioeconomic impact

Socioeconomic impacts of psoriasis are significant. An improved care pathway would support benefits to the wider economy, as well as relieve patients who are frustrated by the lack of progress in the care of their disease.

4 million

Total working days lost per year in the UK[10]

£50 million

Boost to the UK economy from a 10% reduction in sickness absence for people with psoriasis[10]

£61 million

Out of work benefits for people with a skin disease in 2013/14[10]

£26 billion

Estimated cost to employers of sickness absence and reduced work productivity as a result of mental health issues, which are particularly prevalent in people with psoriasis[10]

£1.07 billion

Total estimated cost of absenteeism and presenteeism from people with psoriasis[10]

Current care pathway

GPs are the first person most patients see about their skin problems, yet many receive little formal dermatology training and some medical schools have removed this specialty from their curriculum.[14] Consequently, dermatology has a comparatively high number of referrals to specialist care, particularly for diagnosis, and there is significant variation in access to psoriasis services across England.[15]

Furthermore, many people spend years cycling through ineffective treatments before being prescribed the most appropriate treatment.[16] These issues have been exacerbated by the COVID-19 pandemic, which resulted in reduced workforce, lengthy waiting lists and large backlogs.[15]

A previous report by Wilmington Healthcare highlighted long-term intrinsic concerns.[15]

- Insufficient staffing of the dermatology workforce in the long term
- Lack of sufficient skilled expertise within the workforce
- Health inequalities and variation in access to services
- Need for specialist care to be initiated or managed in primary care

The current care pathway, with the pressures it faces, is clearly not equipped to provide the best possible care for patients with psoriasis and there is an urgent need for change.

NHS England has set out key principles of referral optimisation to enable local systems to embed personalised care for patients, strengthen primary care management, and streamline collaboration between generalists and specialists.[17] These are key to ensuring that patients with skin conditions are provided care that is individualised to their needs by the right person in the right place the first time.

The COVID-19 pandemic forced the NHS to accelerate innovations and resulted in new models of care that have revolutionised ways of working, such as telemedicine.

The shift towards integrated care systems also provides opportunities to develop new collaborative ways of working through partnerships, and to implement disease interventions across the system rather than just at a local level.[15]

COVID-19, coronavirus disease 2019; GP, general practitioner

About this multidimensional value proposition document

This multidimensional value proposition for the management of psoriasis has been developed based on active case studies and real-life interventions successfully implemented in the NHS. An expert group of stakeholders, involved throughout the patient journey, were consulted to discuss the challenges in the current pathway and identify potential solutions. This document summarises the outcomes of these discussions, outlining the challenges and their consequences before proposing interventions, with real-life examples that have been successfully implemented within the NHS.

A value proposition has an element that describes how it is intended to create value for the customer. This document considers the customer as the patient, clinician, service and system and therefore considers the needs of all these stakeholders in the system. The document aims to:

- understand the key challenges in management of psoriasis within the NHS, their causes and contributing factors
- identify the consequences and impact of these challenges
- suggest possible interventions and innovations
- provide practical examples of where innovation has been successfully implemented within the NHS.

This document is divided into sections, describing four key challenges within the psoriasis care pathway and proposed interventions based around four themes. These suggested interventions are supported by real-world cases studies, which are included in an appendix and can be accessed from relevant intervention screens.

Navigate using the menu bar across the top of each page. Icons provide access to additional content.

Real-world case study

Link to more detailed information on case study

Link to published document

Challenges

Key Challenges
Key improvement activities

Key Challenges

Click each challenge below to read about associated problems and consequences.

1. Reprioritising psoriasis at a system level
2. Optimising diagnosis and management of psoriasis in primary care
3. Optimising access to specialists in secondary care
4. Removing barriers to appropriate treatment access

Problems

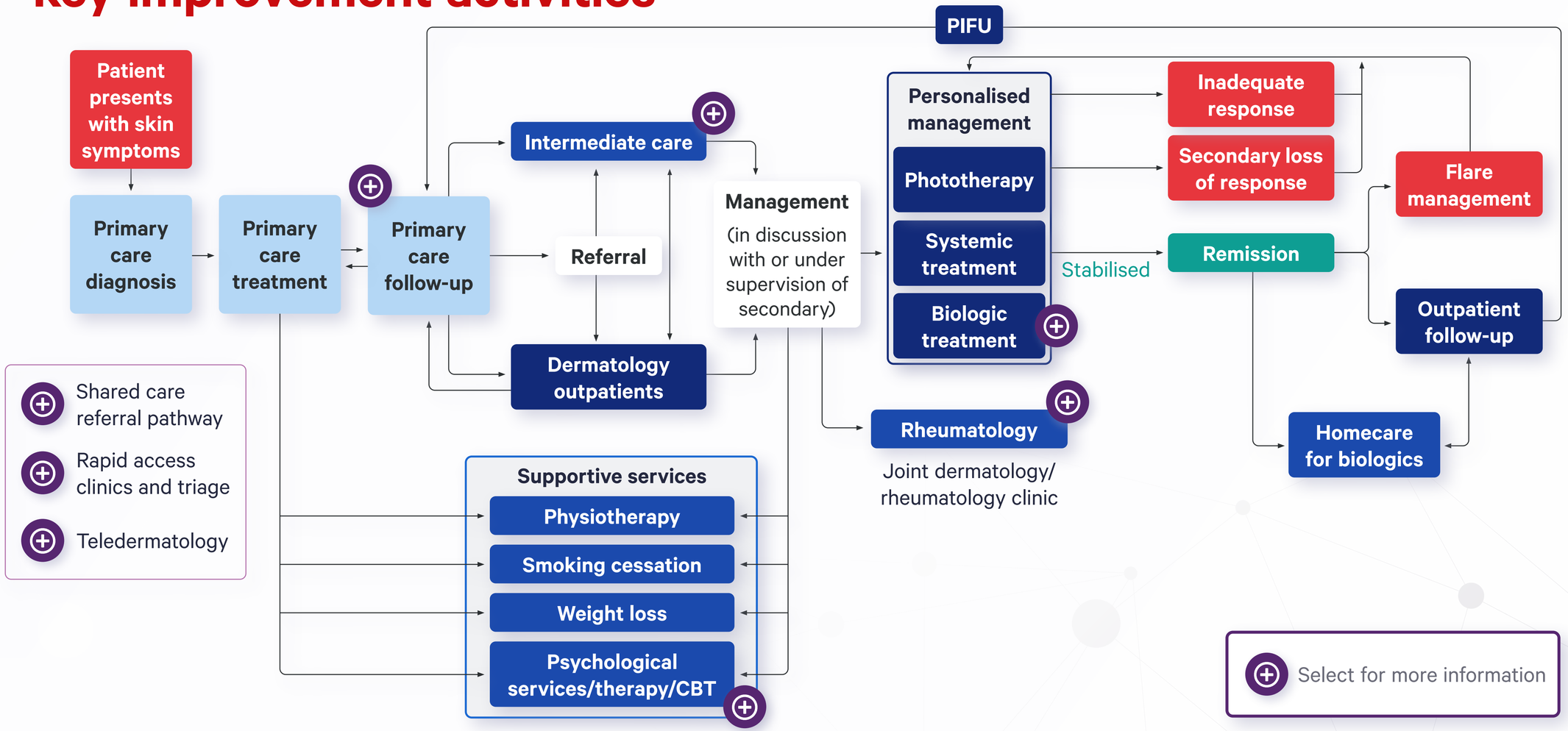
Consequences

GP, general practitioner. DMARD, disease-modifying anti-rheumatic drug; NICE, National Institute for Health and Care Excellence.

Key Challenges

Key improvement activities

Integrated care pathway for psoriasis: key improvement activities



Abbreviations

Interventions

Interventions
Optimise psoriasis knowledge in primary care
Optimise use of teledermatology
Hub-and-spoke care models
Treatments and supportive services

Key interventions

Select an intervention for more information

1. Optimise psoriasis knowledge in primary care
2. Optimise use of teledermatology
3. Develop integrated hub-and-spoke care models
4. Increase access to treatments and supportive services

Interventions
Optimise psoriasis knowledge in primary care
Optimise use of teledermatology
Hub-and-spoke care models
Treatments and supportive services

Optimise psoriasis knowledge in primary care

Interventions

- Include BAD-aligned dermatology training for undergraduate GPs and allied HCPs[18]
- Offer accredited dermatology CPD for qualified GPs and allied HCPs
- Encourage shared learning and knowledge between HCPs, including GPs, consultants, nurses and pharmacists[19]
- Raise awareness of the PASI and highlight DLQI as an alternative if PASI is not feasible in the clinic
- Raise awareness of PEST, a screening tool for PsA (excluding axial PsA)[20]

Impact

- Primary care clinicians and allied HCPs build knowledge in dermatology and become more confident dealing with psoriasis
- Improved communication between primary care clinicians, allied HCPs and specialists builds trust, encourages support between HCPs and improves patient management across care settings
- Reduction in unnecessary, inappropriate referrals to secondary care
- Quality of referrals and prescribing improves
- Specialists see fewer patients too early in the pathway
- Specialists have more time for patients who need their expertise
- Patients access the care they need earlier and have better support managing their condition

Case studies

Interventions
Optimise psoriasis knowledge in primary care
Optimise use of teledermatology
Hub-and-spoke care models
Treatments and supportive services

Optimise use of teledermatology

Interventions

- Develop teledermatology services
- Support services keen to progress with digital innovation
- Offer patients the eRS advice and guidance service[14]
- Include time spent providing advice, guidance and teletriage and teletriage in job plans for dermatologists[14]
- Offer remote PASI assessments, which are comparable with in-person assessments[21, 22]

Impact

- Teledermatology appointments:
  - provide useful time-efficient alternatives to in-person clinic visits
  - free capacity for more in-person appointments
- Teledermatology advice from specialists:
  - reduces early and inappropriate referrals to secondary care
  - allows patients with less complex needs to be diagnosed and managed in primary care
  - frees capacity in secondary care for management of patients with more complex needs

NHS England teledermatology roadmap[44]

Case studies

Interventions
Optimise psoriasis knowledge in primary care
Optimise use of teledermatology
Hub-and-spoke care models
Treatments and supportive services

Develop integrated hub-and-spoke care models

Interventions

- Develop intermediate/community care clinics with GPwERs and dermatology CSNs
- Develop rapid access services for clinicians to seek advice about diagnosis, treatment, ongoing management and test results
- Develop a pathway in which other allied HCPs, including nurse practitioners, physician associates and pharmacists, support GPs in diagnosing and managing psoriasis

Impact

- GPs enabled to direct patients to specialist care in the community rather than secondary care
- Patients receive earlier diagnosis, first-line and potentially second-line management in the community
- GPs enabled to manage straightforward cases in primary care through rapid specialist input until specialist referral is needed
- Allied HCPs enabled to diagnose and manage patients with psoriasis and other dermatological conditions
- Joint dermatology/rheumatology clinics reduce costs and appointments
- PsA is diagnosed and managed earlier, reducing the complications and costs of debilitating joint disease[23]

Case studies

Interventions
Optimise psoriasis knowledge in primary care
Optimise use of teledermatology
Hub-and-spoke care models
Treatments and supportive services

Increase access to treatments and supportive services

Interventions

- Offer secondary care support and advice service to primary care
- Increase prescribing and monitoring of treatments by allied HCPs
- Develop shared care protocols to support prescribing and monitoring of DMARDs and biologics in primary care
- Develop intermediate/community care dermatology services
- Increase capacity for phototherapy
- Increase clinic capacity to prescribe and administer biologics
- Increase education on PsA and comorbidities within dermatology
- Facilitate referral to rheumatology for patients with PsA[23]
- Develop combined dermatology/rheumatology clinics for PsA[23]
- Increase access to supportive services, e.g. psychodermatology

Impact

- Patients will receive the right treatment at the right time and in the right setting
- Using allied HCPs will reduce pressure on GPs
- Primary care will manage more patients with less complex disease in the community, reducing pressure on secondary care
- More patients will have access to phototherapy, reducing their need to move onto DMARDs and biologics
- Patients with complexities will have earlier and increased access to DMARDs and biologics
- Secondary care will be able to focus on more complex cases
- Comorbidities and complications will be diagnosed and treated earlier, mitigating their impact on the patient, NHS and economy

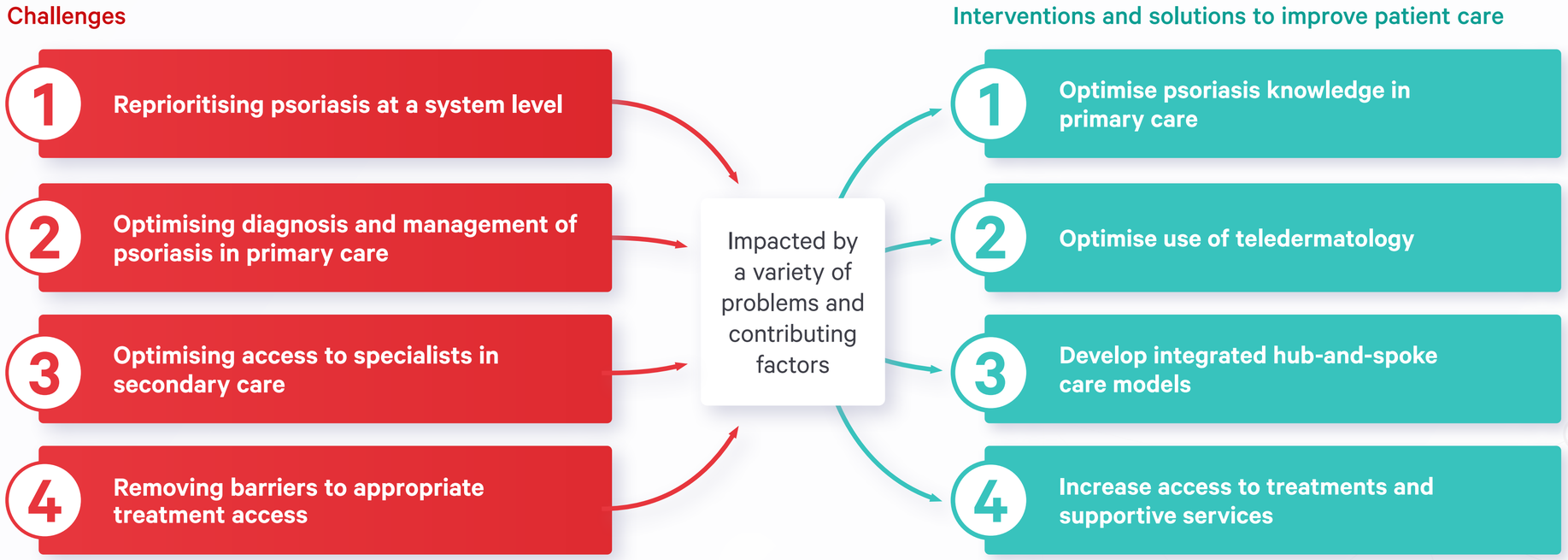
Case studies

Summary

Summary

Summary

We have identified four key challenges as part of this value proposition as well as related interventions and solutions to improve patient care. Each challenge may benefit from several interventions, and each intervention may offer solutions to several challenges. The best intervention or combination to improve patient care and experience will depend on the core challenges facing an individual stakeholder.



The case studies included demonstrate that the NHS is willing to adapt, develop and innovate for the benefit of patients, clinicians and the healthcare system as a whole.

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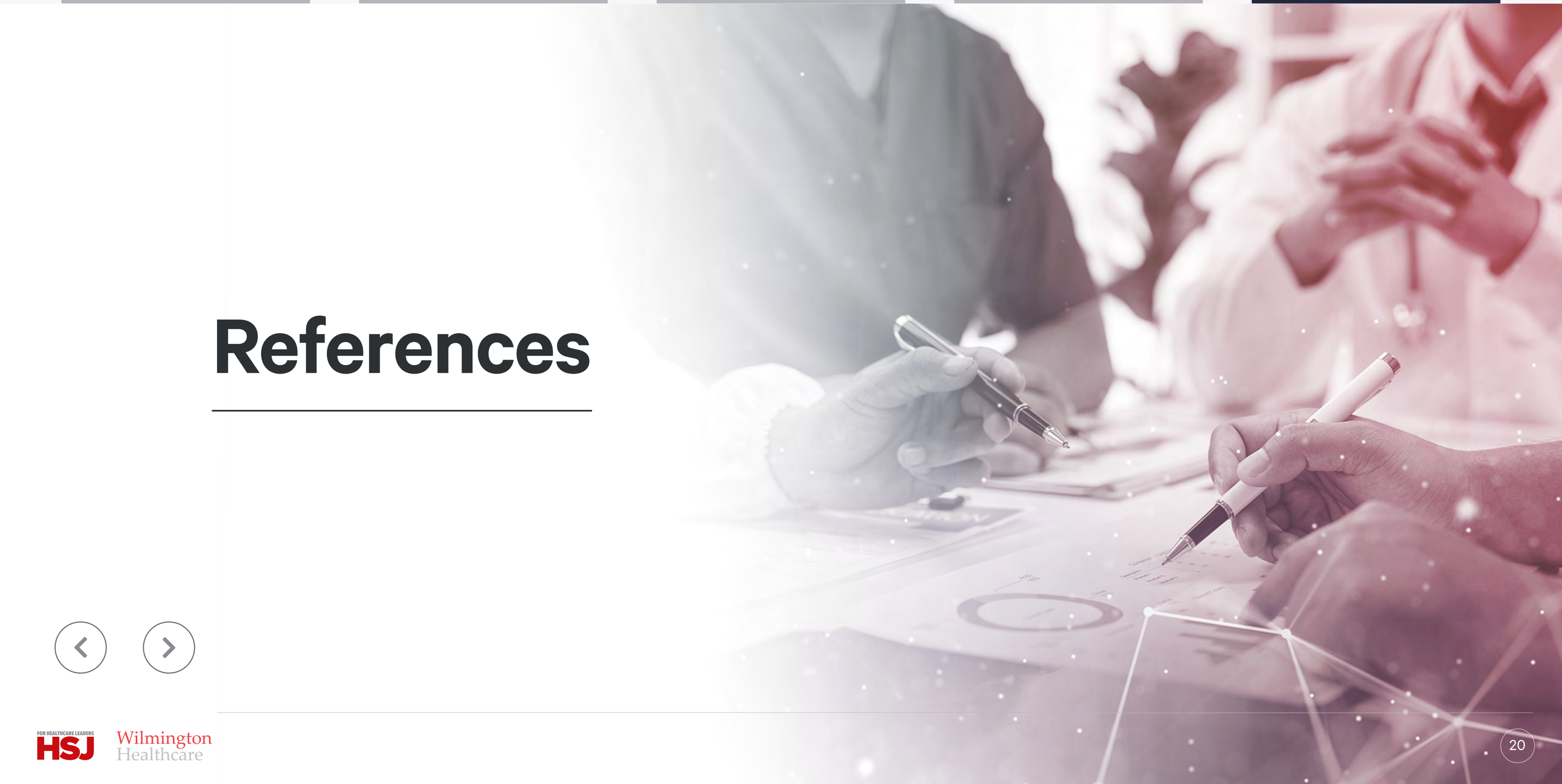

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