



## **National Steering Group for Specialist Children's Services**

### **Dermatology**

### **Executive Summary**

It is essential that all children in Scotland should have access to specialised Paediatric Dermatology services. Regional tertiary referral centres are sited in Glasgow, Edinburgh, Aberdeen and Dundee. Glasgow and West of Scotland are served by 2.2 (WTE) consultants at the Royal Hospital for Sick Children, Glasgow (RHSCG); Edinburgh and the Borders by 0.4 WTE; Aberdeen by 0.4 WTE; and Dundee and Fife by 0.8 WTE consultant.

## **Scope**

A wide range of skin problems need specialised paediatric dermatology including: severe atopic eczema (AE) and other inflammatory skin conditions, complex vascular and other naevi, neonates (special care & ITU), genital disease, rare genetic disorders such as epidermolysis bullosa (EB - blistering disorders) and children with multisystem diseases such as the connective tissue diseases.

## **Changing incidence of atopy**

There has been a striking increase in all atopic conditions since the late 1950's. Atopic eczema now affects up to 20% of children in the UK. Food allergies (FA), which often co-exist and may trigger AE, are of national concern, as highlighted by the House of Lords report (2007) as they now affect about 5 - 7% of children in the UK.

Severe eczema seriously disrupts a child's life, impairs normal growth and development, significantly affects education and requires aggressive treatment. Young children with atopic eczema and food allergy require specialised investigation and management with access to paediatric dieticians and a diagnostic allergy service.

## **Networked Services**

The management of some conditions could be significantly improved by networked services.

Atopic eczema - the development of a network of dermatology liaison nurses would allow delivery of a high class equitable service for all children with AE in the community, bridging primary and secondary care.

Similarly a network could be developed for food allergic infants with eczema within secondary care. A comprehensive service could be delivered locally if linked to a centre such as RHSCG which has a long established service, integrated with paediatric dieticians and specialised nurses (skin prick test and food challenges). An overall increase in paediatric dieticians and an allergy service will be needed in Scotland.

## **Multidisciplinary clinics (MDC)**

Complex vascular and large congenital pigmented naevi should be managed in a multi-disciplinary clinic, currently provided in Glasgow and Dundee. Interventional (available in Glasgow) and other specialised radiology services are also necessary. MDC clinics for children with EB are run in Edinburgh, Glasgow, Dundee and Aberdeen.

## **Integrated services**

Some conditions need specialised care such as those infants with blistering diseases and severe ichthyoses (in neonatal intensive care units in Edinburgh and Glasgow). Paediatric Dermatology interacts with most other paediatric specialities and significant skin problems can be seen in children attending Haematology and Oncology, Ophthalmology, Nephrology and Cardiology.

Children with skin problems can have major psychological problems requiring input from clinical psychologists. This service is severely understaffed throughout Scotland.

In both Glasgow and Aberdeen, children are seen in a Children's Hospital with all the additional facilities this provides (paediatrically trained staff, child friendly spaces, play leaders etc). In Edinburgh paediatric dermatology is predominantly sited within the adult department and an expansion of the service at the Children's Hospital would seem desirable. The British Society for Paediatric Dermatology and the British Association of Dermatologists, acknowledge the need for a small number of centres throughout the UK providing whole-time specialist Paediatric Dermatology services which allows for the development of expertise and tertiary referral services.

Paediatric dermatology is a developing speciality. Increasingly children are seen in child friendly clinics in both Teaching and District General Hospitals by consultants who have had appropriate training and have sub-specialised in this field. This trend should be encouraged and will require some increase in manpower.

## Recommendations

	Action	By when
<b>Training</b>		
1.	The creation of a Paediatric Dermatology Fellowship for sub-speciality training should be considered. This will allow people who want to specialise further to achieve this.	
2.	NES to consider how to support/provide Specialist/ General Training in Paediatric Dermatology at the levels of Specialist, Paediatrician and GP.	
3.	Specialist Dermatology nurses working with children should undertake training in relation to the specific needs of the child and family.	
<b>Networks</b>		
4.	A national food allergy network should be established to ensure standard setting and training for staff to enable children to benefit from a national cohesive and evidence based approach.	
5.	A national network of Liaison Nurses should be established to provide a service for the community bridging primary and secondary care.	
<b>Staffing</b>		
6.	Regions to establish the shortfall of existing dietetic services for children with food allergies and address these.	
7.	Regions to review access to Psychology for children with severe skin problems.	
8.	Health Boards to review the Fife Nursing model for management of children with Atopic Eczema.	
9.	NHS GGC and Lothian to review Dermatology services locally to establish the effect of a raise in admission age to 16 years on workforce.	
<b>Facilities</b>		
10.	Health Boards to ensure the medical illustration department within hospitals providing a significant paediatric dermatology service is child friendly	
<b>Specialised services for vascular anomalies</b>		
11.	Consideration be given to a national service for interventional radiology.	