

How long will this pilot clinic run for?

This clinic has secured funding to run for 18 months

What will happen at the end of the pilot study?

If it proves to be a valuable and cost-effective model, we will seek further commissioning support from Salford CCG.

At the end of the pilot period, all patients taking part will have been referred appropriately to hospital dermatology, or back to their GP with a care plan.

What will happen to the results of this research study?

General Practices that take part will be sent a summary of our findings at the end of this pilot study and invited to attend a presentation of findings at an appropriate local venue. The results may also be published in professional journals, presented at conferences and disseminated to local and national patient groups. The results of the study will also contribute to the thesis of Dr Claire Reid, who is also developing this clinic as part of a postgraduate research degree.

MANCHESTER
1824

The University of Manchester



The clinic will take place up to twice-weekly
(dependent on demand) at:

The Willows Centre for Healthcare, Lord's Avenue,
Salford, M5 5JR

I have further questions:

CONTACT US



0161 206 0891



PRAC@srft.nhs.uk

PSORIASIS RAPID ACCESS CLINIC

Healthcare Practitioner
Information Leaflet

This leaflet contains details of a research study that is being
carried out by The University of Manchester

The University of Manchester
Oxford Road
Manchester
M13 9PL
United Kingdom

www.manchester.ac.uk

Royal Charter Number: RC000797

Salford Royal 
NHS Foundation Trust



This study is funded and
supported by Health
Innovation Manchester

The Development of a Rapid Access Clinic for Psoriasis
IRAS ID: 242032
Version 1.3 12/03/2019

The concept of a rapid access clinic is a novel approach to psoriasis management. This will enable recently diagnosed patients to have access to specialist holistic care in a community setting. This clinic will run as a pilot in Salford and provide participants with a complete assessment of their psoriasis, education about the disease and how to manage it. This management paradigm aims to shift care from 'reactive' to 'proactive' with a focus on behaviour modification, while helping to empower patients to better self-manage.

Please take time to read the following information carefully. If there is anything that is not clear or if you would like more information, please contact us using the details provided below.

Background

Psoriasis can occur at any age but 80% of cases first occur in adults under 40 years old. Approximately 7,000 - 8,000 people in Salford have psoriasis. It is a chronic relapsing disease which is associated with increased risk of several physical and psychological comorbidities including psoriatic arthritis and depression. In some patients there is increased risk of cardiovascular disease however, this may be an indirect effect of unhealthy lifestyle behaviours which are more common in people with psoriasis. An added layer of complexity is that these behavioural factors (alcohol excess, smoking, obesity, low physical activity) are known to exacerbate psoriasis as well as increase the risk of comorbidities.

Within the current pathway, over 90% of patients first present to their GP when symptoms of psoriasis develop. This stage in the disease course, shortly after the onset of psoriasis symptoms, is believed to be a key time for intervention for several reasons. Firstly, it is thought that patients are more likely to be receptive to psoriasis management advice from professionals (a 'teachable moment') and it may be an opportunity to prevent unhealthy lifestyle behaviours taking hold by helping patients to better understand the link between these behaviours and psoriasis exacerbation. In addition, there is some evidence that effective early intervention could modify the course of psoriatic disease. Genomic and molecular aspects of disease have not yet been studied in sufficient detail in this early-onset cohort.

Psoriasis has become increasingly recognised as a complex multisystem disease as opposed to just a skin rash. There are an abundance of guidelines for psoriasis in both primary and secondary care which incorporate a holistic approach to managing psoriatic disease including several publications by The National Institute for Health and Care Excellence (NICE), Primary Care Dermatology Society (PCDS) and the British Association of Dermatologists (BAD). However, the current structure, resource constraint, approach to chronic disease management and fragmented nature of NHS care means that it is often managed primarily as an isolated skin rash. Undertreatment is common, due to practitioner and patient factors.

Although this rapid access clinic is being piloted for the early management of psoriasis it is envisaged that the findings derived from the study could be applicable to other long-term conditions. Such conditions also have comorbidities and cumulative life damage with socio-economic consequences for Greater Manchester.

What is the primary objective of the psoriasis rapid access clinic?

The primary objective of this clinic is to enable patients with psoriasis to have rapid access to specialist and holistic care for their psoriatic disease

What are the research questions? The research questions include:

1. Is it clinically and financially feasible to deliver an early intervention service for patients with psoriasis as a model of care for early intervention in chronic inflammatory disease?
2. What are the genomic and phenotypical factors which may predict the course of disease, and response to treatment in this psoriasis cohort?

Who can I refer to the psoriasis rapid access clinic?

Inclusion criteria -You can refer patients who meet the following 3 criteria:

- Age 16 years or over
- Newly diagnosed with psoriasis or diagnosed within the past 2 years
- Registered with a Salford GP

Exclusion criteria – Any one of the following means the patient is not eligible to attend

- Psychiatric or other disorder that may impact on the ability to give informed consent
- Ever had systemic therapy for psoriasis i.e. biologics (injections), tablets or phototherapy

What if I believe my patient meets all of the above criteria – but when they are reviewed at P-RAC it is realised that they have had psoriasis for longer than two years?

Ideally we would like to review patients as soon as possible after they have developed psoriasis in order for the interventions to be valid, but we recognise that this early onset cohort of patients may be difficult to identify. In addition, early intervention in psoriasis has not yet been clearly defined.

Although we are interested in early psoriasis, there are no current guidelines as to what constitutes 'early' intervention. For these reasons, we have suggested within two years of diagnosis, however, it is possible that onset may have been longer when the patient is questioned and examined in clinic. These patients will still fit our eligibility criteria.

How can patients be referred to this clinic?

1. Electronic referral proforma
2. General Practice database searching will be carried out to help identify patients
3. Referral from secondary care services, such as GPs with Extended Roles , at Salford Royal Foundation Trust

What will happen at the psoriasis rapid access clinic?

Please see the diagram below.

Prior to being seen in clinic, each patient will receive an information leaflet explaining what is involved. Following confirmation of informed consent, a Dermatology Consultant will assess the patient and develop a treatment plan for their psoriasis. Patients will be screened for co-morbidities associated with psoriasis. Support from a health psychologist is available for all patients at this clinic. Patients will be educated about their psoriasis with particular emphasis on promoting relevant healthy lifestyle choices. The aim is to empower patients to better self-manage their psoriasis, including optimising use of prescribed topical treatments. A personalised care plan will be developed to achieve these goals.

We will check bloods as part of our cardiovascular disease (CVD) screen including HbA1c, cholesterol levels, renal function. With patient consent, we will report screening results back to you. We will calculate their 10-year cardiovascular disease risk using QRISK score.

In addition, we will seek consent to take samples of blood for research purposes from each patient. These will be processed to enable us to analyse genomic, proteomic and cellular data, which we hope will provide insight into predictors of disease progression and treatment response.

Blood sampling is optional so patients can choose to attend this clinic and not give a sample if they so wish.

Patients will be reviewed at first presentation in clinic, and then 4 and 24 weeks later for further consultation, assessment and data collection.

