NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Draft quality standard for psoriasis

1 Introduction

Psoriasis is an inflammatory skin disease which most commonly presents as red, scaly plaques. These may vary in extent from a few patches to generalised skin and associated joint involvement. The disease typically follows a relapsing and remitting course, and can result in significant functional, psychological and social morbidity.

The prevalence of psoriasis is estimated to be around 1.3-2.2% in the UK. Men and women are equally affected. Psoriasis can occur at any age, although is uncommon in children (0.71%) and the majority of cases occur before 35 years. Psoriasis is associated with joint disease in a significant proportion of patients (reported in one study at 13.8%).

Psoriasis has a significant impact on health and wellbeing with consequent effects on employment and income, underlining the need for prompt, effective treatment, and long-term disease control. Symptoms related to the skin, problems related to treatments, psoriatic arthritis, and the effect of living with a highly visible, stigmatising skin disease have an important bearing on wellbeing. Even people with less severe disease state that psoriasis has a major effect on their day to day life.

A variety of treatment options are available. For most people, psoriasis is managed in primary care, with specialist referral being needed at some point for up to 60% of people. Specialist tertiary care is required in the very small minority with especially complex, treatment-resistant or rare forms of psoriasis. People receiving systemic therapy need ongoing supervision in specialist settings, sometimes with shared care arrangements for drug monitoring in primary care. A recent UK audit in the adult population found wide variations in practice, particularly in relation to access to specialist treatments (including biological therapy), appropriate drug monitoring, specialist nurse support and psychological services.

This quality standard covers the assessment and management of psoriasis in children, young people and adults. For more information see the topic overview.

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. They draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement. The quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following frameworks:

- NHS Outcomes Framework 2013–14 (Department of Health, November 2012)
- The Adult Social Care Outcomes Framework 2013–14 (Department of Health, November 2012)

The table below shows the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving:

NHS outcomes framework 2013–14	
Domain 2: Enhancing quality of life for people with long-term conditions.	**Overarching indicator** 2 Health related quality of life for people with long term conditions** (ASCOF 1A) **Improvement areas** *Ensuring people feel supported to manage their condition* 2.1 Proportion of people feeling supported to manage their condition**
Domain 4: Ensuring that people have a positive	**Overarching indicators** 4a Patient experience of primary care 4ai GP services

experience of care.	4b Patient experience of hospital care **Improvement areas** *Improving people's experience of outpatient care* 4.1 Patient experience of outpatient services

** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF).

2 Draft quality standard for psoriasis

The draft quality standard for psoriasis states that services should be commissioned from and coordinated across all relevant agencies encompassing the psoriasis care pathway. A person-centered and integrated approach to provision of services is fundamental to the delivery of high-quality care to people with psoriasis.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should cross refer across the library of NICE quality standards when designing high-quality services.

Patients, service users and carers may use the quality standard to find out about the quality of care they should expect to receive; support asking questions about the care they receive; and to make a choice between providers of social care services.

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating people with psoriasis should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

No.	Draft quality statements
1	People with psoriasis have an assessment of disease severity.
2	People with psoriasis have an assessment of the impact of the disease on physical, psychological and social wellbeing.
3	People with psoriasis who have been assessed in a non-specialist setting are referred to a dermatology specialist if indicated.
4	Adults with severe psoriasis are offered a cardiovascular risk assessment at initial presentation and at least once every 5 years.
5	People with psoriasis are offered an annual assessment for psoriatic arthritis.

6	People with psoriasis receiving systemic therapy are monitored in accordance with national and local drug guidelines.

Other quality standards that should also be considered when choosing, commissioning or providing a high-quality psoriasis service are listed in section 7.

General questions for consultation:

Question 1	Can you suggest any appropriate healthcare outcomes for each individual quality statement?
Question 2	What important areas of care, if any, are not covered by the quality standard?
Question 3	What, in your opinion, are the most important quality statements and why?
Question 4	Are any of the proposed quality measures inappropriate and, if so, can you identify suitable alternatives?
Please refer to Quality standards in development for additional general points for consideration.	
Statement-specific questions for consultation:	
Question 5	For draft quality statements 1 and 2: Can we be more specific regarding the timing of this assessment to aid measurability?

Draft quality statement 1: Assessing disease severity

Draft quality statement	People with psoriasis have an assessment of disease severity.
Rationale	Assessing disease severity in people with psoriasis is the first step in treatment planning and provides a benchmark for treatment efficacy to be measured against. It is therefore important to ensure that people with psoriasis are assessed for disease severity in order to meet skin clearance goals and reduce the impact of the disease on wellbeing. Understanding the severity of the condition helps identify people who are at risk of comorbidities and those who need prompt referral to specialist services.
Draft quality measure	**Structure:** Evidence of local arrangements for people with psoriasis to have an assessment of disease severity. **Process:** Proportion of people with psoriasis who have an assessment of disease severity. Numerator – the number of people in the denominator who have an assessment of disease severity. Denominator – the number of people with psoriasis.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with psoriasis to have an assessment of disease severity. **Healthcare professionals** ensure that people with psoriasis have an assessment of disease severity. **Commissioners** ensure they commission services for people with psoriasis to have an assessment of disease severity. **People with psoriasis** have an assessment of disease severity.
Source clinical guideline references	NICE clinical guideline 153 recommendations 1.2.1.1 (key priority for implementation) and 1.2.1.2.
Data source	**Structure:** Local data collection. **Process:** Local data collection. Contained within NICE clinical guideline 153 audit support (non-specialist services), question 1.
Definitions	Disease severity should be assessed at first presentation, before referral for specialist advice, at each referral point in the treatment pathway and to evaluate the efficacy of interventions. The Physician's Global Assessment and Patient's Global Assessment tools can be used to assess disease severity.
Question for consultation	Can we be more specific regarding the timing of this assessment to aid measurability?

Draft quality statement 2: Quality of life

Draft quality statement	People with psoriasis have an assessment of the impact of the disease on physical, psychological and social wellbeing.
Rationale	Psoriasis can be a stigmatising disease and affects quality of life in a number of ways. The impact on wellbeing cannot be predicted from the severity of the disease. It is important to measure the impact of the condition on physical, psychological and social wellbeing to ensure that interventions are tailored appropriately and people with psoriasis have access to specialist support if necessary.
Draft quality measure	**Structure:** Evidence of local arrangements for people with psoriasis to have an assessment of the impact of the disease on physical, psychological and social wellbeing. **Process:** Proportion of people with psoriasis who have an assessment of the impact of the disease on physical, psychological and social wellbeing. Numerator – the number of people in the denominator who have an assessment of the impact of the disease on physical, psychological and social wellbeing. Denominator – the number of people with psoriasis.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with psoriasis to have an assessment of the impact of the disease on physical, psychological and social wellbeing. **Healthcare professionals** ensure that people with psoriasis have an assessment of the impact of the disease on physical, psychological and social wellbeing. **Commissioners** ensure they commission services for people with psoriasis to have an assessment of the impact of the disease on physical, psychological and social wellbeing. **People with psoriasis** have an assessment of how their physical, psychological and social wellbeing is affected by having psoriasis.
Source clinical guideline references	NICE clinical guideline 153 recommendations 1.2.1.1 (key priority for implementation), 1.2.1.2 and 1.2.1.7.
Data source	**Structure:** Local data collection. **Process:** Local data collection. Contained within NICE clinical guideline 153 audit support (non-specialist services), question 2.
Definitions	The impact of the disease on physical, psychological and social wellbeing should be assessed at first presentation, before referral for specialist advice, at each referral point in the treatment

	pathway and to evaluate the efficacy of interventions. The Dermatology Life Quality Index or Children's Dermatology Life Quality Index can be used to assess the impact of the disease on physical, psychological and social wellbeing.
Question for consultation	Can we be more specific regarding the timing of this assessment to aid measurability?

Draft quality statement 3: Referral to specialist services

Draft quality statement	People with psoriasis who have been assessed in a non-specialist setting are referred to a dermatology specialist if indicated.
Rationale	Referral and "re-referral" to specialist care when needed is important given that people with psoriasis may experience relapsing disease, and the fact that some treatments are only available in specialist care or suitable for intermittent use. Most people with psoriasis will need access to secondary care services at some point. Access to specialist advice and support can improve response to treatment and wellbeing.
Draft quality measure	**Structure:** Evidence of local arrangements for people with psoriasis who have been assessed in a non-specialist setting to be referred to a dermatology specialist if indicated. **Process:** Proportion of people with psoriasis who have been assessed in a non-specialist setting who are referred to a dermatology specialist if indicated. Numerator – the number of people in the denominator who are referred to a dermatology specialist. Denominator – the number of people with psoriasis who have been assessed in a non-specialist setting and have an indication for referral to a dermatology specialist. **Outcome:** Patient experience.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with psoriasis who have been assessed in a non-specialist setting to be referred to a dermatology specialist if indicated. **Healthcare professionals** ensure that people with psoriasis who have been assessed in a non-specialist setting are referred to a dermatology specialist if indicated. **Commissioners** ensure they commission services for people with psoriasis who have been assessed in a non-specialist setting to be referred to a dermatology specialist if indicated. **People with psoriasis** who have been assessed in a non-specialist setting (such as their GP surgery) are referred to a dermatology specialist if it is needed.
Source clinical guideline references	NICE clinical guideline 153 recommendation 1.2.1.10 (key priority for implementation) and 1.2.1.12.
Data source	**Structure:** Local data collection. **Process:** Local data collection. Contained within NICE clinical guideline 153 audit support (non-specialist services), questions 9

	– 14 and 17. **Outcome:** Local data collection.
Definitions	People with psoriasis are indicated for referral to a dermatology specialist if: • there is diagnostic uncertainty *or* • any type of psoriasis is severe or extensive, for example more than 10% of the body surface is affected *or* • any type of psoriasis cannot be controlled with topical therapy *or* • acute guttate psoriasis requires phototherapy *or* • nail disease has a major functional or cosmetic impact *or* • any type of psoriasis is having a major impact on a person's physical, psychological or social wellbeing. Children and young people with any type of psoriasis should be referred to a specialist at presentation. People with generalised pustular psoriasis or erythroderma should be referred immediately for same-day specialist assessment and treatment.

Draft quality statement 4: Assessing cardiovascular risk

Draft quality statement	Adults with severe psoriasis are offered a cardiovascular risk assessment at initial presentation and at least once every 5 years.
Rationale	Adults with severe psoriasis are at increased risk of cardiovascular disease. Assessing cardiovascular risk in this group allows appropriate intervention for modifiable risk factors such as smoking, alcohol use or high blood pressure to be offered.
Draft quality measure	**Structure:** Evidence of local arrangements for adults with severe psoriasis to receive a cardiovascular risk assessment at initial presentation and at least once every 5 years. **Process:** a) Proportion of adults with severe psoriasis who receive a cardiovascular risk assessment at initial presentation. Numerator – the number of people in the denominator who receive a cardiovascular risk assessment at initial presentation. Denominator – the number of adults initially presenting with severe psoriasis. b) Proportion of adults with severe psoriasis diagnosed more than 5 years ago whose most recent cardiovascular risk assessment was within 5 years of presentation or the previous assessment. Numerator – the number of people in the denominator whose most recent cardiovascular risk assessment was within 5 years of presentation or the previous cardiovascular risk assessment. Denominator – the number of adults with severe psoriasis diagnosed more than 5 years ago.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for adults with severe psoriasis to be offered a cardiovascular risk assessment at initial presentation and at least once every 5 years. **Healthcare professionals** ensure that adults with severe psoriasis are offered a cardiovascular risk assessment at initial presentation and at least once every 5 years. **Commissioners** ensure they commission services for adults with severe psoriasis to be offered a cardiovascular risk assessment at initial presentation and at least once every 5 years. **Adults with severe psoriasis** are offered a cardiovascular risk assessment at initial presentation and at least once every 5 years.
Source clinical guideline references	NICE clinical guideline 153 recommendation 1.2.3.1.

Data source	**Structure:** Local data collection. **Process:** a) Local data collection. Contained within NICE clinical guideline 153 audit support (non-specialist services), questions 24 and 25. b) Local data collection. Contained within NICE clinical guideline 153 audit support (non-specialist services), questions 24 and 27.
Definitions	Severe psoriasis can be defined as psoriasis which requires treatment with phototherapy or systemic agents or requires hospital admission. Several cardiovascular risk estimation tools are validated for use in adults but have age-specific exclusions, i.e. some younger and older people.

Draft quality statement 5: Psoriatic arthritis

Draft quality statement	People with psoriasis are offered an annual assessment for psoriatic arthritis.
Rationale	Psoriatic arthritis is a form of arthritis that is seen in people with psoriasis. This condition is often undiagnosed, leading to poorer long-term outcomes such as damage to joints and functional ability. Annual assessment for the condition could help to identify people with psoriatic arthritis earlier, so that treatment can be planned accordingly and before joint damage occurs.
Draft quality measure	**Structure:** Evidence of local arrangements for people with psoriasis to receive an annual assessment for psoriatic arthritis. **Process:** Proportion of people with psoriasis diagnosed more than 1 year ago whose most recent assessment for psoriatic arthritis was within 1 year of diagnosis or the previous assessment. Numerator – the number of people in the denominator whose most recent assessment for psoriatic arthritis was within 1 year of diagnosis or the previous assessment. Denominator – the number of people with psoriasis diagnosed more than 1 year ago.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with psoriasis to be offered an annual assessment for psoriatic arthritis. **Healthcare professionals** ensure that people with psoriasis are offered an annual assessment for psoriatic arthritis. **Commissioners** ensure they commission services for people with psoriasis to be offered an annual assessment for psoriatic arthritis. **People with psoriasis** are offered an annual assessment for psoriatic arthritis, a type of joint disease.
Source clinical guideline references	NICE clinical guideline 153 recommendations 1.2.2.1 and 1.2.2.2.
Data source	**Structure:** Local data collection. **Process:** Local data collection. Contained within NICE clinical guideline 153 audit support (non-specialist services), questions 19–20 and (specialist services), questions 11–12.
Definitions	The Psoriasis Epidemiological Screening Tool (PEST) can be used to assess for psoriatic arthritis, although it does not detect axial arthritis or inflammatory back pain and is not validated in children. However, children should still be assessed for psoriatic

	arthritis. As soon as psoriatic arthritis is suspected, the person should be referred to a rheumatologist for assessment and advice about planning their care.

Draft quality statement 6: Systemic therapy

Draft quality statement	People with psoriasis receiving systemic therapy are monitored in accordance with national and local drug guidelines.
Rationale	Systemic therapy for psoriasis poses a risk of adverse events, for which careful monitoring is required. It is essential that monitoring is in accordance with national drug guidelines in order to minimise this risk. Where shared care arrangements are in place, it is important that the roles and responsibilities of healthcare professionals involved in monitoring people with psoriasis receiving systemic therapy are clearly outlined in a formalised local agreement.
Draft quality measure	**Structure:** Evidence of local arrangements for people with psoriasis receiving systemic therapy to be monitored in accordance with national and local drug guidelines. **Outcome:** Rates of adverse events associated with systemic therapy.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with psoriasis receiving systemic therapy to be monitored in accordance with national and local drug guidelines. **Healthcare professionals** ensure that people with psoriasis receiving systemic therapy are monitored in accordance with national and local drug guidelines. **Commissioners** ensure they commission services for people with psoriasis receiving systemic therapy to be monitored in accordance with national and local drug guidelines. **People with psoriasis receiving drug treatment known as 'systemic therapy'** are monitored according to national and local drug guidelines.
Source clinical guideline references	NICE clinical guideline 153 recommendations 1.5.1.1 and 1.5.1.5.
Data source	**Structure:** Local data collection.
Definitions	Systemic therapy includes biological and non-biological therapies. Monitoring should be in accordance with national and local drug guidelines and policy., where shared care arrangements are formalised through the use of agreed protocols. Appropriate action should be taken in the event of laboratory abnomralities or adverse events. Responsibility for use of systemic therapy should be in specialist settings only. Certain aspects of supervision and monitoring may be delegated to other healthcare professionals and completed in

	non-specialist settings, in which case, such arrangements should be formalised. Relevant national guidelines include the following: • Psoriasis: the assessment and management of psoriasis. NICE clinical guideline 153 (2012) • Ustekinumab for the treatment of adults with moderate to severe psoriasis. NICE technology appraisal 180 (2009) • Adalimumab for the treatment of psoriasis. NICE technology appraisal 146 (2008) • Infliximab for the treatment of psoriasis. NICE technology appraisal 134 (2008) • Etanercept and efalizumab for the treatment of adults with psoriasis. NICE technology appraisal 103 (2006) • British Association of Dermatologists' guidelines on the efficacy and use of acitretin in dermatology (2010) • British Association of Dermatologists' guidelines for biologic interventions for psoriasis (2009) Patients should be fully informed of the risks and benefits of systemic therapies through detailed discussion, supported by the provision of written information.

3 Status of this quality standard

This is the draft quality standard released for consultation from 26 February to 26 March 2013. This document is not NICE's final quality standard on psoriasis. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 26 March 2013. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will then be available on the NICE website from August.

4 Using the quality standard

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, health and social care professionals, patients, service users and carers alongside the documents listed in section 8. However, while these regulatory standards describe basic principles and standards of care for psoriasis, the quality statements in this quality standard should be seen as markers of high-quality care.

The quality measures accompanying the quality statements aim to improve structures, processes and outcomes of care in areas identified as requiring quality improvement. They are not a new set of targets or mandatory indicators for performance management.

Expected levels of achievement for quality measures are not specified. As quality standards are intended to drive up the quality of care, achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice when taking account of safety, choice and professional judgement and so desired levels of achievement should be defined locally.

We have illustrated where national indicators currently exist and measure the quality statement. National indicators include those developed by the Health and Social Care Information Centre through their Indicators for Quality Improvement Programme. If national quality indicators do not exist, the quality measures should form the basis for audit criteria developed and used locally to improve the quality of care.

For further information, including guidance on using quality measures, please see What makes up a NICE quality standard.

5 Diversity, equality and language

During the development of this quality standard, equality issues have been considered. Equality assessments are available.

Good communication between health and social care services and people with psoriasis is essential. Treatment, care and support and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with psoriasis should have access to an interpreter or advocate if needed.

6 How this quality standard was developed

The evidence sources used to develop this quality standard are listed in section 8, along with relevant policy context. References for the definitions and data sources for the quality measures are also included. Further explanation of the methodology used can be found in the Quality Standards Programme interim process guide.

7 Related NICE quality standards

7.1 Published

Patient experience in adult NHS services. NICE quality standard (2012).

7.2 In development

Eczema in children. NICE quality standard. Publication expected September 2013.

8. Development sources

Evidence sources

The document below contains recommendations from NICE guidance that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

National Institute for Health and Clinical Excellence (2012) Psoriasis: the assessment and management of psoriasis. NICE clinical guideline 153.

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

British Association of Dermatologists and Royal College of Physicians (2008) UK audit of provision of care for psoriasis patients.

Definitions and data sources for the quality measures

References included in the definitions and data sources sections:

Adalimumab for the treatment of psoriasis. NICE technology appraisal 146 (2008)

Etanercept and efalizumab for the treatment of adults with psoriasis. NICE technology appraisal 103 (2006)

Guidelines for biologic interventions for psoriasis. British Association of Dermatologists (2009)

Guidelines on the efficacy and use of acitretin in dermatology. British Association of Dermatologists (2010)

Infliximab for the treatment of psoriasis. NICE technology appraisal 134 (2008)

NICE clinical guideline 153 audit support

Ustekinumab for the treatment of adults with moderate to severe psoriasis. NICE technology appraisal 180 (2009)