

1082
RESPONSE

PETITION

PE1682/J

Petitioner submission of 29 August 2019

THE SCOTTISH GOVERNMENT OR N.H.S. HAS NOT MADE ANY COMMENT ON THE H.S. TRUST EXPLANATION THAT

THERE ARE APPROXIMATELY 30 H.S. CLINICS WITHIN ENGLAND, WHICH ARE REFERED AS TERTIARY TREATMENT CENTRES, WHICH ARE AUTHORISED TO BY N.H.S, ENGLAND, TO ~~ADMINISTER~~ ADMINISTER, THE ONLY LICENCED MEDICATION FOR H.S, MOST OF WHICH BEIN IN THE MIDLANDS AND SOUTHERN ENGLAND MOST OF THESE CLINICS TAKE ON A MULTI-DISCIPLINARY APPROACH TO A PATIENTS TREATMENT PLAN, INVOLVING DISCUSSIONS FROM, CLINICIANS FROM, DIFFERANT DEPARTMENTS AND SPECIALITIES, AND IN MY OPINION THAT LEADS TO BETTER OVERALL CARE FOR H.C.S. SUFFERERS IN SCOTLAND

(2)

IT WOULD BE HELPFUL TO KNOW WHAT SERVICES/TREATMENTS/HIS SPECIALISMS THEY CAN OFFER, THAT IS CURRENTLY NOT BEIN OFFERED IN SCOTLAND AND REQUEST THE SCOTTISH GOVERNMENT/N.H.S, SCOTLAND REVIEW THIS TO CONSIDER TAKING ACTION

THE SCOTTISH GOVERNMENT HAS PLACED THE ONUS ON POTENTIALLY DEVELOPING SPECIALIST PROVISION ONTO N.H.S. PRACTITIONERS THEMSELVES TO BE PROACTIVE TO SUGGEST SPECIALIST PROVISION, THE SCOTTISH GOVERNMENT SHOULD CONSIDER CONSULTING WITH CLINICIANS AND NHS BOARDS, BASED ON MY PETITION CLINICIANS CAN BE SO BUSY DOING THE DAY JOB, THAT FINDING THE SPACE TO REVIEW AND SUGGEST, A SERVICE REDESIGN WOULD BE CHALLENGING, IT WOULD ALSO REQUIRE A BUY IN FROM NHS MANAGERS FROM HEALTH BOARDS

(3)

THE SCOTTISH GOVERNMENT COULD HELP START
THOSE DISCUSSIONS, RATHER THAN LEAVING
IT TO CLINICIANS AT THE CLINICS

I AM ALSO NOT CONVINCED BY THE PREVALENCE
OF H.S, AS BEING TOO PREVALENT TO QUALIFY
FOR SPECIALIST PROVISION - example NOT RARE
ENOUGH, NOT EVERYONE WITH H.S,
WILL HAVE AN EXTREME EXPERIENCE OR
REPEATED DEBILITATING FLARE-UPS, THOSE
THAT DO WOULD SURELY BENEFIT FROM A
SPECIALIST REFERRAL (PREFERABLY HERE IN SCOTLAND)
THIS POINT SHOULD BE PUT BACK TO
THE SCOTTISH GOVERNMENT

(4)

I ALSO NOTE SCOTTISH GOVERNMENT'S
MORERM OUTPATIENT PROGRAMME

A SERIES OF DESIGN WORKSHOPS HAVE RECENTLY
BEEN CONDUCTED WITH REPRESENTATIVES FROM
HEALTH CARE PROFESSIONALS, THIRD SECTOR
ORGANISATIONS AND PEOPLE WITH LIVED EXPERIENCE
FROM ACROSS SCOTLAND, TO CONSIDER WAYS
TO SUSTAINABLY IMPROVE DERMATOLOGY PATIENT
PATHWAYS, WAITING TIMES AND OUTCOMES
A REPORT WILL BE PUBLISHED SOON
THAT INCLUDES RECOMMENDATIONS IN FOUR
AREA'S INCLUDING INFLAMMATORY SKIN DISEASES
THE RECOMMENDATIONS WILL BE TAKEN FORWARD
WITH NATIONAL SUPPORT BY DERMATOLOGY SERVICES

(DID THIS INVOLVE CONSULTING WITH HS SUFFERERS
IS IT WEAKENED AS A REPORT IF IT DID NOT
IS THERE AN OPPORTUNITY FOR THE GROUP
UP AND SPECIFICALLY LOOK AT HS)

(5)

WITH ABVIE AND HS TRUST BOTH SEEING A BENEFIT TO SIGN GUIDANCE, CAN THE SCOTTISH GOVERNMENT OR NHS, NOT INSTIGATE THE PROCESS AS OPPOSED TO A REACTIVE APPROACH BASED ON WAITING FOR OTHERS TO APPLY AND MAKE THE CASE BASED ON SET GUIDELINES

I HAVE DISCUSSED THIS WITH BOB DORIS MSP AND THIS REFLECTS OUR ~~THOUGHTS~~ THOUGHTS

I HAVE NOT MADE ANY RECOMMENDATIONS AS TO WHAT THE COMMITTEE MAY DO NEXT AS THATS REALLY FOR THE MSPs ON IT TO DELIBERATE ON