

IS THE UK UP TO SCRATCH?

HOW THE UK CAN TOP THE EUROPEAN
RANKINGS FOR ATOPIC DERMATITIS CARE

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THIS REPORT WAS WRITTEN AND FUNDED BY SANOFI GENZYME
JOB BAG CODE: SAGB.SA.18.12.1903 DATE OF PREPARATION: FEBRUARY 2019



Executive summary

This short report brings together findings from the recent European Federation of Allergy and Airways Diseases Patients' Associations (EFA) report *Itching for Life: Quality of Life and costs for people with severe atopic eczema in Europe*¹ and other sources to compare the burden of disease on people living with atopic dermatitis (also known as atopic eczema) in the UK and Europe and present actionable recommendations for UK policymakers.

Itching for Life, a report funded by an educational grant from Sanofi Genzyme and Regeneron, analysed how outcomes for people with severe atopic dermatitis (AD) compare across nine European countries. Data was collected on the point of diagnosis, prescribed treatments, and the impact of AD on patients' emotional wellbeing, finances and work life.

The burden of AD is often poorly understood by the public and healthcare professionals alike. AD has the potential to blight peoples' lives, cause widespread discomfort and worsen mental health. Across Europe, this chronic disease places significant strain on patients' finances, work and private life.

For AD patients in the UK there are a number of areas where the UK's performance falls behind European comparators.

Three key findings can be derived from existing research:

1. The burden of AD in the UK is higher than 7 of the 8 comparator countries in the EFA report, despite NHS provision

The out-of-pocket costs of managing AD are significantly higher for UK patients than in most other European countries referenced in the report, despite the NHS being 'free at the point of use' – 20 percent of reported costs relate directly to services such as in-patient care and GP visits, which should normally be covered by the NHS;¹

2. Primary care training and commissioning policies require attention

The proportion of diagnoses for AD in the UK made in primary care is the second highest in Europe; despite this, there is limited training and varied levels of support in dermatology available to them;¹ and

3. The UK lags behind comparator countries on prescribing treatments for AD

The UK ranks below average for prescription rates, despite patients demonstrating a greater tendency to continue adhering to prescribed treatments than their European counterparts.

The UK's performance suggests much more work needs to be done, but that there are actions which can be taken to help the UK become the best in Europe for AD management.¹

UK policy recommendations

1. Provide better training and support for healthcare professionals in the treatment of AD, including its emotional effects;
2. Encourage the creation of local, multi-disciplinary teams, comprised of dermatologists, specialist nurses, and psychologists, to provide holistic support to patients suffering with AD;
3. Increase the number of specialists to reduce the time taken for patients to access the care they need and to support healthcare professionals in primary care; and
4. Reduce inequalities in the level of care provided to patients by ensuring consistency of care and reducing out-of-pocket costs for patients with AD.

The burden of AD is higher in the UK despite NHS provision

A. Emotional wellbeing

Across Europe, severe AD affects a significant number of people, with around half of severe AD patients reporting moderate to extreme effects.¹

This high level of impact of the disease tallies with previous UK surveys, with 80 percent of people with moderate to severe AD stating that their condition has a direct impact on their mood. A 2018 survey found that 55 percent of male and 60 percent of female patients respectively felt their self-confidence is "frequently" or "very frequently" impacted by their atopic dermatitis.²

In the UK, 10 percent of patients report very high emotional symptoms as a result of their severe AD – above average for Europe – and yet very few areas have access to services such as psychodermatology to help patients cope with these effects.¹

B. Expenditure

The UK places the highest financial burden on patients for their healthcare outside of Denmark, the most highly medicalised of all European countries included in the *Itching for Life* report.¹

The UK has the highest out-of-pocket costs per severe AD patient of any European country surveyed when it comes to costs associated with doctors, hospitals and in-patient treatment for severe AD – representing over 20 percent of all additional healthcare costs to UK patients, despite NHS provision.

This is compounded by extra spending on general prevention, including gloves and specialised bedding or cleaning products, which can add an extra 18 percent to a patient's monthly expenditure according to patients surveyed.¹

C. Work

54 percent of all severe AD patients in the UK lose at least one day of work or school every year as a consequence of their disease, with 8 percent losing ten or more days – comparable to France, Italy or Spain.¹ Another recent survey has demonstrated that the number could be even higher, with nearly a quarter of patients with severe AD reporting 6 days of work or study lost per year, rising to 16 days of work or study for 15 percent of patients, as a result of their condition.³

In addition to the impact on person's life, lost work days have a corresponding cost to the UK economy, with out of work benefits related to skin disease estimated to cost £61 million in 2013/14.⁴

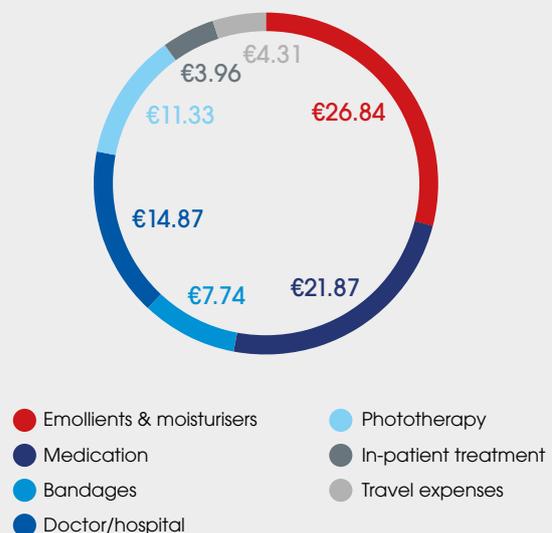
Figure 1: Number of UK hospitals with a psychodermatology service in 2013³



Figure 2: Percentage of NHS Trusts using standards or national guidelines for psychodermatological care³



Figure 3: Severe AD patients' monthly out of pocket expenses for healthcare (Total €90.92)¹



Primary care training and commissioning policies require attention

Most patients in Europe are diagnosed with severe AD either by a GP or a dermatologist. The UK has the second highest proportion of severe AD diagnoses by GPs and only 8 percent of first diagnoses come from paediatricians: the second lowest proportion in Europe.¹

While the UK is broadly in line with other European countries, the scale of primary care's role demonstrates the particular need for GPs to be properly trained and resourced in order to accurately diagnose and prescribe treatments for AD.

However, many primary care healthcare professionals in the UK receive limited training and support in dermatology. Many do not have the training to be able to provide an accurate and timely diagnosis and are thus poorly equipped to manage patients

with skin diseases, including severe AD.⁶

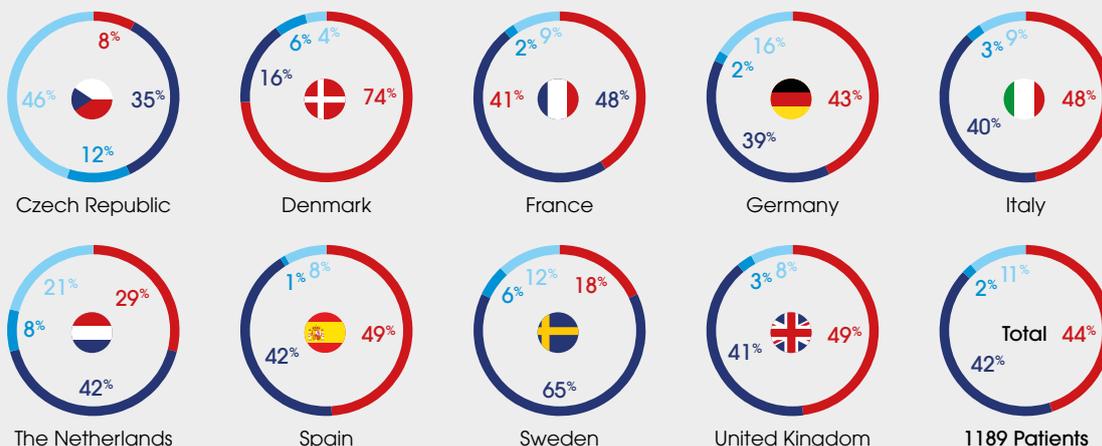
In addition, there are large variations in access to consultant dermatologists in the UK, who provide much-needed advice and support to GPs.⁶ Funding for diseases like AD continues to be under-prioritised despite recent expert advice from Professor Nicholas Steel, Clinical Professor in Public Health at Norwich Medical School, stating that skin diseases are the second highest cause of years lived with disability in the UK.⁷ His recommendations that local policymakers should be thinking more holistically about care in this area are being used by NHS England as it develops the NHS long term plan, but are yet to be implemented.⁸

The burden of AD on primary care

- Around 13 million GP consultations a year are related to the management of skin conditions⁵
- 15-20 percent of GPs' workloads are taken up by treatment of AD and other skin conditions¹⁰
- Estimated £486 million per year cost to the NHS in appointments alone^{5,12}
- About 90 percent of skin diseases are managed exclusively in primary care⁹
- Nearly 24 percent of the population consult their GP with a skin condition in any 12-month period¹⁰
- 30 percent of one-year-olds see their GP with AD¹¹

Table 1: Healthcare professionals diagnosing patients' severe AD¹

Values in % of patients getting first diagnosis from ● General Physician ● Dermatologist ● Allergologist ● Paediatrician



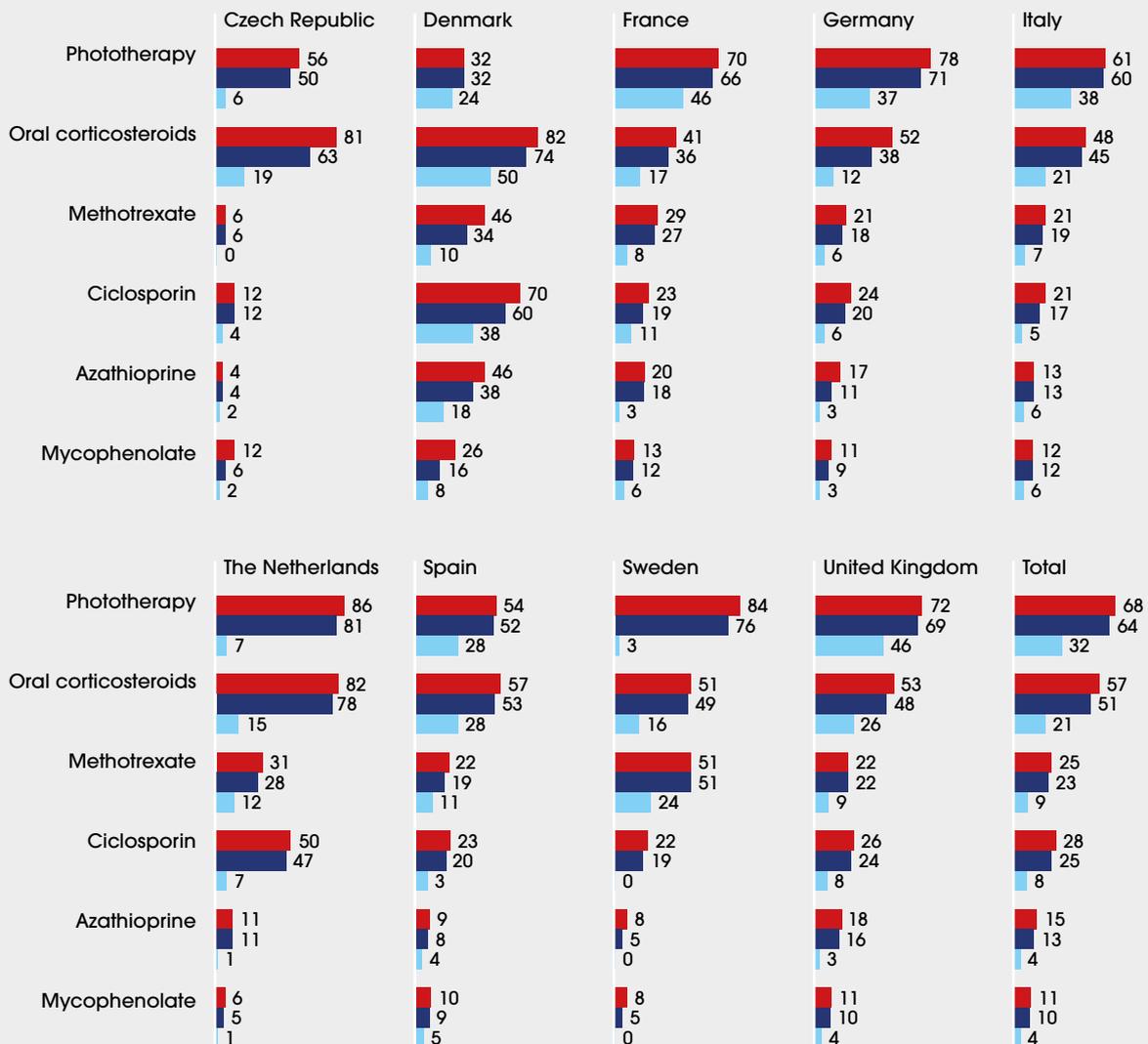
The UK lags behind comparator countries on prescribing treatments for AD

The UK prescribes to a lower percentage of the patient population in the management of AD compared to other countries in Europe. This is especially the case when compared to Denmark, which has the highest proportion of diagnoses at GP level.

That said, according to the EFA survey, UK patients tend to adhere to their treatments better than their European counterparts, particularly with phototherapy.¹

Table 2: Severe AD patients' prescribed, ever used and current treatment per country¹

Values in % of patients' declared use of treatment ● prescribed ● ever used ● currently using



Conclusion

Severe AD has a significant, sometimes devastating effect on people's lives. The emotional or psychological impact of the disease remains high regardless of the European country in question, while most healthcare professionals tend only to diagnose and treat the physical symptoms of the disease. The provision of psychological services to help severe AD patients is therefore essential but currently inadequate, with the vast majority of NHS Trusts neither providing psychodermatology services, nor using standards or guidance for psychodermatological care.

The proportion of diagnoses for severe AD in the UK made in primary care is the second highest in Europe and yet, despite this, there is limited training and varied levels of support in dermatology available. Patients also tend to be prescribed less medication, possibly as a result of the lack of training and support provided to GPs around treatment of skin conditions generally. Policymakers should take a three-pronged approach to address this need by:

- Providing better training and support for healthcare professionals in the treatment of severe AD, including its emotional effects;
- Encouraging the creation of local, multi-disciplinary teams, comprised of dermatologists, specialist nurses, and psychologists, to provide holistic support to patients suffering with severe AD; and
- Increasing the number of specialists to reduce the time taken for patients to access the care they need and to support healthcare professionals in primary care.

In addition to this, the out-of-pocket costs of managing severe AD are significantly higher for UK patients than in most other European countries, despite the NHS being 'free at the point of use' – 20 percent of reported costs relate directly to services such as in-patient care and GP visits, which should normally be covered by the NHS. Policymakers should therefore:

- Reduce inequalities in the level of care provided to patients by ensuring consistency of care and reducing out-of-pocket costs for patients with severe AD.



Severe AD is an under-prioritised disease and yet the implementation of these steps could provide significant benefits, not just for patients, but for the NHS as well. Effective management of this disease can transform lives and thereby contribute towards the long-term sustainability of the NHS by reducing co-morbidities and ensuring more efficient service delivery.

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