

Founding Document: South-East of England Phototherapy Managed Clinical Network

This document was agreed by the members attending the October 2010 South-east of England Phototherapy Network meeting, and the Steering Group meeting of February 2011 as a basis for the new managed Clinical Network. They will undergo a process of continual evolution and review led by the Steering Group. The Standards were updated in May 2012, December 2012, March 2013, November 2014, February 2015 & January 2016, April 2016, May 2017 and February 2019.

Introduction

Over the last three years, the South-East of England Phototherapy Network has become established as a forum and mechanism for improving the support for and training of Phototherapy Specialist Practitioners throughout the Region. So far 45 Phototherapy Units have joined the Network, with 264 Specialist Phototherapists becoming members, and an average of 60 members attending the regular Clinical Update sessions held once every 4 months.

The long term aim has always been to evolve into a full Managed Clinical Network, which we have achieved – to be able to more fully support phototherapists in their work and encourage ever improving Clinical Standards of Care for patients treated in the Region. Such a Managed Clinical Network has existed in Scotland ('Photonet') for 12 years and has been welcomed by Phototherapists in that region and has been demonstrated to have led to an improvement in standards of care.

What is a Managed Clinical Network?

A Managed Clinical Network consists of a group of Clinical Practitioners who agree to aim to achieve a specific set of minimum Clinical Standards for all their patients. The role of the network is:

1) To facilitate the development of an agreed set of minimum Clinical Standards which all members aim to achieve for their patients, and to have a structure which enables members to have a stake and a say in the choice and definition of these Standards. The Standards will be subject to continual review and renewal as the Managed Clinical Network develops.

- 2) To establish audit mechanisms by which Units can find out how well they are achieving the goals set out in the agreed Clinical Standards and have advice available as to how performance might be improved in areas where the Standards have not been met.
- 3) The network will continue to develop its training, educational and support functions as part of the Managed Clinical Network

Proposed Network Structure

Day to day running of the Network: by a Working Group consisting of a Dermatologist, a Nurse and the Network Coordinator (Nurse Nichola Mair). This will include liaising with units, website issues, organising Update and other training and Education meetings, organising Audit, coordinating Stakeholder Group meetings.

Overall Strategy and process for setting Clinical Standards: A stakeholders Group, consisting of the Working Group plus 12 elected representatives will meet once a year.

Appointment process for the elected Stakeholder Group members: There will be elections to choose the 12 elected representatives on the Stakeholders Group. All network members will be able to vote, and each candidate will stand to represent a different geographical region within the network. Each candidate will require to be proposed for election by a member of the Network. The elected stakeholders will serve a 3 year term and will be ineligible to return to the Group for a further 2 year period unless there are no other candidates to fill a Regional representative Post. Each representative is responsible for their own Unit's participation in the Network including Audit activities, and communication with other colleagues in their region about the Network's activities.

Stakeholder Group Meeting Standardised Agenda

- Membership of the Stakeholder Group
- Review of Clinical Standards
- Review of Audit and other processes
- Review of Educational and Training activities
- Review of any other Network activities.
- Future plans
- Any other Business
- Date of the next meeting.

Clinical Standards for the Managed Clinical Network

The term 'Phototherapist' used below is defined as any Health Professional who directly delivers Phototherapy to patients.

Each unit has an up to date list of individuals who play a role in phototherapy.

All phototherapists are involved in some form of clinical governance activity at least twice per year, in a governance meeting which covers the topics of : Clinical Incidents, health and safety, Audit, Guidelines, review of the Unit's results from the South-East England Phototherapy Network Audit.

A) Staff Education and Training

- A phototherapist must be a Physiotherapist registered with the HcPC or a registered Nurse.
 All phototherapy staff must undertake a period of supervised practice with a qualified phototherapist and be signed off as 'Competent'. During this period, clinical notes of patients treated by the trainee should be countersigned by a 'competent' phototherapist.
- It is recognized that, prior to the Introduction of these Standards, some Phototherapists working long term do not possess this level of Nursing or Physiotherapy qualification. For this group the following applies: if a phototherapist is not either a Chartered Physiotherapist or a Registered Nurse, they must demonstrate that 1) they have been working as a Phototherapist in the UK in a recognized phototherapy Unit for a minimum of 5 years prior to 1st January 2015 2) they can show that they have been signed off by a recognized Phototherapist* in all relevant competencies (*a Chartered Physiotherapist or a Registered Nurse who has undertaken a period of supervised practice with a qualified phototherapist and been signed off as 'Competent').
- All phototherapists to have attended at least one phototherapy course in the past.
- All members need to have completed a period of supervised practice up to 3 months full time
 or extended proportionately if part time, supervised by a fully trained phototherapist.
- All phototherapists must have passed their formal Clinical Competencies in all relevant Clinical Skills following the period of supervised practice.
- All phototherapists should attend at least one phototherapy update/educational session per year, as provided by this Network or elsewhere.

B) Calibration and Maintenance of Equipment: All phototherapy equipment must be regularly inspected and maintained so as to provide safe and effective treatment.

- Regular, at least annual, mechanical and electrical safety inspection of equipment, must be carried out by a suitably qualified person, typically a medical physicist or company engineer.
- Annual formal calibration of the equipment must be carried out by either a medical physicist, company engineer, or a properly trained member of staff with that person providing irradiance figures to the phototherapist, using a meter calibrated to a traceable national standard eg UKAS...
- Annual inspections of each piece of equipment should include a risk assessment or a review
 of any existing risk assessment. Risk assessments should include consideration of
 occupational ultraviolet exposure to staff.
- Irradiance measurements on phototherapy equipment must be made and recorded regularly
 using a handheld UV meter by the phototherapist team. The measurement interval must be
 adequate to ensure changes in irradiance of more than 20% do not go unmonitored. This
 interval will be quarterly for all equipment.
- Handheld meters used for UV irradiance measurements in the Unit should be calibrated annually.

C) Patient Pathway.

- All referrals for phototherapy must be from a Consultant Dermatologist or other clinician under the direct supervision in that clinic of a Consultant Dermatologist.
- The Dermatologist must include the following in the patient referral to Phototherapy: Details
 about absence or presence of any contraindications or risk factors to Phototherapy; details of
 which type of Phototherapy is being requested and which disease is being treated and details
 of previous phototherapy.
- There must be a record of informed patient consent when the Dermatologist has seen the
 patient, either formal written consent or a record of the process in the patient's notes that the
 patient has verbally given informed consent.
- Every patient to be given a patient information leaflet with regard to the treatment they are receiving.
- A patient information leaflet available for every phototherapy treatment provided in the Unit.

- A formal nursing assessment pre-phototherapy must be recorded in the nursing or medical notes which should include the following information: - cumulative doses of phototherapy, blood results, allergies and current medication.
- 90% of patients to start treatment within 6 weeks of referral to phototherapy. 90% of patients referred urgently to phototherapy to be treated within 3 weeks.
- All clinical details of every appointment and every course of treatment to be recorded in a standardized agreed manner in a patient record which is easily accessible.
- All departments to use written evidence-based treatment guidelines for all forms of phototherapy that are given by the Unit, including discharge guidelines.
- Every unit to have a named Phototherapy Lead Consultant.
- All patients with a cumulative total of 200 whole body PUVA or 300 whole body UVB treatments to have annual dermatological review to assess for signs of actinic damage and actinic damage related lesions. NB These are not lifetime limits, but check points for practitioners to be aware of. Treatment beyond this should be the clinical decision of the Consultant Dermatologist.
- Timetabling of Phototherapy appointments to allow sufficient time in appointments for the delivery of safe and effective treatment: minimum 20 minutes for first appointment and minimum 15 minutes for all subsequent appointments.

D) Minimum Phototoxic Dose

Do MPDs or PUVA test dose for PUVA, MPDs will be compulsory when an MPD tester becomes available.

Do MEDs for UVB phototherapy or show evidence of working towards doing MEDs.

SE England Phototherapy Managed Clinical Network Revised standards, version 11 May 2017