NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response

1 Clinical question

How should care be provided for the clinical areas identified for patients with confirmed COVID-19, suspected COVID-19 or without COVID-19?

2 What the guideline will cover

2.1 Who is the focus?

Patients (adults, children and young people) with dermatological conditions treated with drugs affecting the immune response.

2.2 Activities, services or aspects of care

Key areas that will be covered

For each of the clinical areas where guidance is developed, we may look at areas including, but not limited to:

1 General measures to reduce exposure (of staff and patients) to infection.
2 Triage and prioritising treatments.
3 Areas of the patient pathway (home to hospital, for example) for which management will be different due to the COVID-19 pandemic.
4 Deployment of other non-specialist trained staff to deliver services if workforce capacity is reduced.

For the guidelines covering critical care only, the areas may specifically include:

5 Decision making for critical care.

See appendix A for details of the key themes and questions.

Key areas that will not be covered

1 Clinical management of COVID-19 infection because this is already covered in guidance produced by NHS England and NHS Improvement.
2 Service delivery.
3 Specific guidance on the training requirements for staff to deliver care if workforce capacity is reduced.

2.3 Principles of identifying where guidance is required and developing this guidance

1 Assess the standard patient pathway and identify areas of deviation due to the COVID-19 pandemic.
2 Curate any existing guidance on the specific clinical area that deviates from the standard care pathway and collate it in an accessible format.
3 Search for evidence to inform practice if there is no guidance, or there is uncertainty, on the clinical area that deviates from the standard care pathway.
4 Identify what people need to stop doing, start doing and do more of as a result of the COVID-19 pandemic that is different from standard clinical practice.

Appendix A Proposed key themes and key questions for the guideline

Dermatological conditions treated with drugs affecting the immune response (wave 4)

Population	• Adults, children and young people with dermatological conditions treated with drugs affecting the immune response

Key themes to include	• Communication with patients, as a group and individually, including the use of patient involvement groups • Mitigating and reducing the risk of infection for patients by minimising or avoiding attendances at hospital (specifically preventing attendances at A&E, and arranging face-to-face admission-avoidance assessments), including supporting primary care, dermatological departmental advice lines and community blood monitoring • Mitigating and reducing the risk of infection to staff and patients who do attend hospital and other face-to-face consultations • Establishing clinical priorities for patient treatment, taking into account both patient priorities and other demands on the dermatological service, such as skin cancer referrals • Ensuring staff and service resilience, including service changes to cope with lower availability of staffing and clinical expertise. What deviations from standard care may be necessary? • Supporting primary care • Advising on self-care for patients • Managing acute illness, flares and treatment of chronic condition • Creating capacity to treat high-priority patients by reducing or stopping routine activity • Safe delivery and collection of prescriptions • Advice on patient and staff wellbeing
Themes to exclude	• Who to shield • Specific treatment regimens for disease management • Staff training and requirements

Key questions	• What needs to be considered when managing and prioritising dermatology patients who are on immunosuppressive therapy alongside other dermatological conditions? • What treatment modifications (such as stopping treatment, reducing doses, switching to topical treatment) can be employed to reduce infection risk without leading to an excessive flare of disease? • Is it safe and effective to use topical treatments (including but not limited to corticosteroids) for a flare of disease as an alternative to first-line immunosuppressive therapies? • Is it safe to use oral and/or IV glucocorticoids for a flare of disease? • What treatment(s) should be discontinued if a patient is known or suspected to have COVID-19? • Is it safe to increase the time interval between blood tests? Particularly if 3 monthly blood tests have been stable for a couple of years? • If immunosuppressive treatment is stopped because of active COVID-19 infection, when can it be restarted? • Have manufacturers of equipment used in dermatological consultations (for example dermatoscopes) provided any guidance on additional cleaning requirements? • Are patients at an increased risk, or may immunosuppression have some potential benefit? • What guidance from other bodies should be highlighted, for example, from the British Association of Dermatologists and NHS England?