

NHS Dorset Clinical Commissioning Group

Desensitising Light Therapy in the Management of Severe Polymorphic Light Eruption

Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

DESENSITISING LIGHT THERAPY IN THE MANAGEMENT OF SEVERE POLYMORPHIC LIGHT ERUPTION CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 Polymorphic light eruption [PMLE] is a fairly common skin rash triggered by exposure to sunlight or artificial ultraviolet (UV) light. An itchy or burning rash appears within hours, or up to two to three days after exposure to sunlight. It lasts for up to two weeks, healing without scarring.
- 1.2 The rash usually appears on the parts of the skin exposed to sunlight – typically the head and neck, chest and arms (the face isn't always affected). PMLE is thought to affect about 10-15% of the UK population. (*NHS Choices, 2015*)
- 1.3 This protocol is applied in accordance with the Policy for Individual Patient Treatments.

2. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

- 3.1 Prior approval is not required in the following circumstances:
 - The diagnosis of Polymorphic Light Eruption (PMLE) has been confirmed by a consultant dermatologist;
 - The patients PMLE is judged 'severe' i.e. the patient has recurrent, extensive, itchy rash for most of the UK summer;
 - Symptoms from PMLE rash are causing severe functional impairment*
 - *significant functional impairment is defined as:
 - Symptoms preventing the patient fulfilling routine work or educational responsibilities;
 - Symptoms preventing the patient carrying out routine domestic or carer activities.
 - Symptoms remain severe despite comprehensive use of prevention, first and second line treatments:
 - The patient is using protective clothing and broad spectrum sun protection Factor 30+ semi-opaque sunscreen frequently to all uncovered skin;
 - The patient has been advised and tried gradually increasing exposure to sunlight without relief;

- The patient has tried drug therapies for PMLE (topical steroids, or short course systemic steroids for bad attacks if occurring once or twice per year).
- A consultant dermatologist assessment considers light therapy likely to significantly improve the patients' quality of life and functional impairments due to PMLE.

4. EXCLUSIONS

4.1 There are no exclusions.

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and
- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition

5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
 Vespasian House
 Barrack Road
 Dorchester
 DT1 1TG
 Telephone no: 01305 368936
 Email: individual.requests@dorsetccg.nhs.uk

6. LIFESTYLE ADVICE

6.1 Photosensitivity, including PMLE, is usually managed conservatively by reducing exposure to sunlight and where this brings insufficient improvement, by use of topical or systemic therapies. Patients should be advised to follow the "Top Sun Safety Tips" as advised by the British Association of Dermatologists (BAD) to manage their condition:

- Spend time in the shade between 11am and 3pm when it's sunny;

- Step out of the sun before your skin has a chance to redden or burn;
- When choosing a sunscreen look for a high protection SPF (SPF 30 or more) to protect against UVB, and the UVA circle logo and/or 4 or 5 UVA stars to protect against UVA;
- Apply plenty of sunscreen 15 to 30 minutes before going out in the sun, and reapply every two hours and straight after swimming and towel-drying;
- Sunscreens should not be used as an alternative to clothing and shade, rather they offer additional protection. No sunscreen will provide 100% protection.

7. CONSULTATION

- 7.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed within the local NHS including input from commissioners, clinicians and other relevant stakeholders.
- 7.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

8. RECOMMENDATION AND APPROVAL PROCESS

- 8.1 This access protocol has been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCG's Governing Body.

9. COMMUNICATION/DISSEMINATION

- 9.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

10. IMPLEMENTATION

- 10.1 There has been significant discussion with stakeholders in respect of the introduction and implementation of this new access protocol. It is therefore considered that there is no requirement for a formal implantation plan.

11. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 11.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

GLOSSARY

N/A

FREQUENTLY ASKED QUESTIONS

N/A

| A DOCUMENT DETAILS | |
|-----------------------------|--|
| Procedural Document Number | 150 |
| Author (Name and Job Title) | Abigail James, Individual Patient Treatment Co-ordinator |
| Recommending group | Individual Patient Treatment Panel |
| Date of recommendation | December 2016 |
| Date of approval by CCC | 1 June 2017 |
| Version | 1.0 |
| Review frequency | Three Years |
| Review date | June 2020 |

| B CONSULTATION PROCESS | | | |
|------------------------|-------------|--|---|
| Version No | Review Date | Author and Job Title | Level of Consultation |
| 1.0 | April 2017 | Michael Cross, Senior Commissioner IPT | Circulated for comment through the Medical Directors of the three Dorset acute NHS Foundation Trusts. Reviewed previously by IPT Panel including GP, Hospital Consultant, Public Health, and Patient and Public representation. |

| C VERSION CONTROL | | | | | |
|------------------------|------------|-------------|--------------------------|---------------|--------------------|
| Date of recommendation | Version No | Review date | Nature of change | Approval date | Approval Committee |
| Dec 2016 | 1.0 | Dec 2016 | Introduction of document | June 2017 | CCC |

| D ASSOCIATED DOCUMENTS | |
|---|--|
| <ul style="list-style-type: none"> Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group | |

| E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES | | |
|---|---|----------|
| Evidence | Hyperlink (if available) | Date |
| NHS Choices, Polymorphic light eruption | http://www.nhs.uk/conditions/polymorphic-light-eruption/Pages/Introduction | May 2013 |
| British Association of Dermatology – Polymorphic Light Eruption – Patient Information Leaflet | http://www.bad.org.uk/shared/get-file.ashx?id=117&itemtype=document | |

| G DISTRIBUTION LIST | | | |
|-----------------------|----------------------|-------------------------|-----------------------|
| Internal CCG Intranet | CCG Internet Website | Communications Bulletin | External stakeholders |
| ✓ | ✓ | ✓ | ✓ |