



## Psoriasis

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**NICE quality standard 40**

[guidance.nice.org.uk/qs40](http://guidance.nice.org.uk/qs40)

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## Introduction

This quality standard covers the assessment and management of psoriasis in children, young people and adults. For more information see the [psoriasis overview](#).

### ***Why this quality standard is needed***

Psoriasis is an inflammatory skin disease, which most commonly presents as red, scaly plaques. These may vary in extent from a few patches to generalised skin and associated joint involvement. The disease typically follows a relapsing and remitting course, and can result in significant functional, psychological and social morbidity.

The prevalence of psoriasis is estimated to be around 1.3–2.2% in the UK. Men and women are equally affected. Psoriasis can occur at any age, although is uncommon in children (0.71%) and the majority of cases occur before 35 years. Psoriasis is associated with joint disease in a significant proportion of patients (reported in 1 study at 13.8%).

Psoriasis has a significant impact on health and wellbeing with consequent effects on employment and income, underlining the need for prompt, effective treatment, and long-term disease control. Symptoms related to the skin, problems related to treatments, psoriatic arthritis, and the effect of living with a highly visible, stigmatising skin disease have an important bearing on wellbeing. Even people with less severe disease state that psoriasis has a major effect on their day-to-day life.

A variety of treatment options are available, ranging from topical therapies to phototherapy and systemic therapy (non-biological and biological). For most people, psoriasis is managed in primary care, with specialist referral being needed at some point for up to 60% of people. Specialist tertiary care is needed in the very small minority of people with especially complex, treatment-resistant or rare forms of psoriasis. People receiving systemic therapy need ongoing supervision in specialist settings, sometimes with shared care arrangements for drug monitoring in primary care.

A recent UK audit in the adult population found wide variations in practice, particularly in relation to access to specialist treatments (including biological therapy), appropriate drug monitoring, specialist nurse support and psychological services.

## ***How this quality standard supports delivery of outcome frameworks***

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2013/14](#) (Department of Health, November 2012)

Table 1 shows the outcomes, overarching indicators and improvement areas from the framework that the quality standard could contribute to achieving.

**Table 1 NHS Outcomes Framework 2013/14**

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	<p><b><i>Overarching indicator</i></b></p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p><b><i>Improvement areas</i></b></p> <p><b>Ensuring people feel supported to manage their condition</b></p> <p>2.1 Proportion of people feeling supported to manage their condition**</p> <p><b>Reducing time spent in hospital by people with long-term conditions</b></p> <p>2.3i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)</p>

4 Ensuring that people have a positive experience of care	<p><b>Overarching indicators</b></p> <p>4a Patient experience of primary care</p> <p>4ai GP services</p> <p><b>Improvement areas</b></p> <p><b>Improving people's experience of outpatient care</b></p> <p>4.1 Patient experience of outpatient services</p>
<p><b>Alignment across the health and social care system</b></p> <p>** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)</p>	

## ***Coordinated services***

The quality standard for psoriasis specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole psoriasis care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people with psoriasis.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality psoriasis service are listed in [Related quality standards](#).

## ***Training and competencies***

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare practitioners involved in assessing, caring for and treating people with psoriasis should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

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## List of quality statements

Statement 1. People with psoriasis are offered an assessment of disease severity at diagnosis and when response to treatment is assessed.

Statement 2. People with psoriasis are offered an assessment of the impact of the disease on physical, psychological and social wellbeing at diagnosis and when response to treatment is assessed.

Statement 3. People with psoriasis are referred for assessment by a dermatology specialist if indicated.

Statement 4. Adults with severe psoriasis are offered a cardiovascular risk assessment at diagnosis and at least once every 5 years.

Statement 5. People with psoriasis having treatment are offered an annual assessment for psoriatic arthritis.

Statement 6. People with psoriasis receiving systemic therapy are monitored in accordance with locally agreed protocols.



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## Quality statement 1: Assessing disease severity

### *Quality statement*

People with psoriasis are offered an assessment of disease severity at diagnosis and when response to treatment is assessed.

### *Rationale*

Assessing disease severity in people with psoriasis at diagnosis is important because it is the first step in treatment planning. It provides a benchmark for treatment efficacy to be measured against at all subsequent assessments, which are essential to monitor response to treatment. A holistic assessment needs to take place at diagnosis and when assessing response to treatment that includes reference to the severity and impact of the disease, to enable treatment to be optimised.

### *Quality measures*

#### **Structure**

Evidence of local arrangements for people with psoriasis to receive an assessment of disease severity at diagnosis and when response to treatment is assessed.

**Data source:** Local data collection.

#### **Process**

a) Proportion of people with psoriasis who receive an assessment of disease severity at diagnosis.

Numerator – the number of people in the denominator who receive an assessment of disease severity at diagnosis.

Denominator – the number of people with psoriasis.

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**Data source:** Local data collection. Contained in NICE clinical guideline 153 [audit support for non-specialist services](#).

b) Proportion of people with psoriasis who receive an assessment of disease severity when response to treatment is assessed.

Numerator – the number of people in the denominator who receive an assessment of disease severity when response to treatment is assessed.

Denominator – the number of people with psoriasis receiving treatment.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, healthcare practitioners, and commissioners***

**Service providers** ensure that systems are in place for people with psoriasis to be offered an assessment of disease severity at diagnosis and when response to treatment is assessed.

**Healthcare practitioners** ensure that people with psoriasis are offered an assessment of disease severity at diagnosis and when response to treatment is assessed.

**Commissioners** ensure that they commission services for people with psoriasis to be offered an assessment of disease severity at diagnosis and when response to treatment is assessed.

### ***What the quality statement means for patients, service users and carers***

**People with psoriasis** are offered an assessment of how severe their psoriasis is when they are diagnosed and when the response to the treatment is assessed.

### ***Source guidance***

- Psoriasis (NICE clinical guideline 153), [recommendations 1.2.1.1](#) (key priority for implementation) and [1.2.1.2](#).

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## ***Definitions of terms used in this quality statement***

**Assessment** The severity of the disease should be assessed at first presentation and to evaluate the efficacy of interventions. It should also be assessed before referral for specialist advice and at each referral point in the treatment pathway.

The assessment includes recording the body surface area affected, any involvement of nails, high-impact and difficult-to-treat sites (for example, the face, scalp, palms, soles, flexures and genitals) and any systemic upset such as fever and malaise, which are common in unstable forms of psoriasis, such as erythroderma or generalised pustular psoriasis.

The Physician's Global Assessment and Patient's Global Assessment tools can be used to support assessment of disease severity. In specialist settings, the Psoriasis Area and Severity Index and Nail Psoriasis Severity Index can also be used.

**Response to treatment** Response to treatment should be evaluated by an assessment of disease severity at a time appropriate to the treatment. NICE guidance recommends the following timeframes:

- Within 4 weeks of starting a new topical treatment in adults (within 2 weeks for a very potent corticosteroid in scalp psoriasis and corticosteroids for people with psoriasis of the face, flexures or genitals).
- Within 2 weeks of starting a new topical treatment in children.
- Within 3 months of starting phototherapy or systemic non-biological therapy.

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## Quality statement 2: Assessing impact of disease

### *Quality statement*

People with psoriasis are offered an assessment of the impact of the disease on physical, psychological and social wellbeing at diagnosis and when response to treatment is assessed.

### *Rationale*

Assessing the impact of the disease on people with psoriasis at diagnosis helps identify those who may need specialist support. Psoriasis can be a stigmatising disease affecting quality of life, and its impact on wellbeing cannot be predicted from the severity of the disease. A holistic assessment needs to take place at diagnosis and when assessing response to treatment that includes reference to the impact and severity of the disease, to enable interventions to be tailored appropriately.

### *Quality measures*

#### **Structure**

Evidence of local arrangements for people with psoriasis to have an assessment of the impact of the disease on physical, psychological and social wellbeing at diagnosis and when response to treatment is assessed.

**Data source:** Local data collection.

#### **Process**

a) Proportion of people with psoriasis who receive an assessment of the impact of the disease on physical, psychological and social wellbeing at diagnosis.

Numerator – the number of people in the denominator who receive an assessment of the impact of the disease on physical, psychological and social wellbeing at diagnosis.

Denominator – the number of people with psoriasis.

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**Data source:** Local data collection. Contained in NICE clinical guideline 153 [audit support for non-specialist services](#) and [audit support for specialist services](#).

b) Proportion of people with psoriasis who receive an assessment of the impact of the disease on physical, psychological and social wellbeing when response to treatment is assessed.

Numerator – the number of people in the denominator who receive an assessment of the impact of the disease on physical, psychological and social wellbeing when response to treatment is assessed.

Denominator – the number of people with psoriasis receiving treatment.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, healthcare practitioners, and commissioners***

**Service providers** ensure that systems are in place for people with psoriasis to be offered an assessment of the impact of the disease on physical, psychological and social wellbeing at diagnosis and when response to treatment is assessed.

**Healthcare practitioners** ensure that people with psoriasis are offered an assessment of the impact of the disease on physical, psychological and social wellbeing at diagnosis and when response to treatment is assessed.

**Commissioners** ensure that they commission services for people with psoriasis to be offered an assessment of the impact of the disease on physical, psychological and social wellbeing at diagnosis and when response to treatment is assessed.

### ***What the quality statement means for patients, service users and carers***

**People with psoriasis** are offered an assessment of how their physical, psychological and social wellbeing is affected by having psoriasis when they are diagnosed and when their response to the treatment is assessed.

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## Source guidance

- Psoriasis (NICE clinical guideline 153), [recommendations 1.2.1.1](#) (key priority for implementation), [1.2.1.2](#) and [1.2.1.7](#).

## Definitions of terms used in this quality statement

**Assessment** The impact of the disease on physical, psychological and social wellbeing should be assessed at first presentation and to evaluate the efficacy of interventions. It should also be assessed before referral for specialist advice and at each referral point in the treatment pathway.

Assessing the impact of psoriasis on physical, psychological and social wellbeing includes asking:

- what aspects of their daily living are affected by the person's psoriasis
- how the person is coping with their skin condition and any treatments they are using
- if they need further advice or support
- if their psoriasis has an impact on their mood
- if their psoriasis causes them distress (be aware that the patient may have levels of distress and not be clinically depressed)
- if their condition has any impact on their family or carers.

When assessing disease impact, people with psoriasis should be assessed for depression. Children and young people should be asked age-appropriate questions.

The Dermatology Life Quality Index or Children's Dermatology Life Quality Index can be used to support assessment of the impact of the disease on physical, psychological and social wellbeing.

**Response to treatment** Response to treatment should be evaluated by an assessment of disease severity at a time appropriate to the treatment. NICE guidance recommends the following timeframes:

- Within 4 weeks of starting a new topical treatment in adults (within 2 weeks for a very potent corticosteroid in scalp psoriasis and corticosteroids for people with psoriasis of the face, flexures or genitals).
- Within 2 weeks of starting a new topical treatment in children.
- Within 3 months of starting phototherapy or systemic non-biological therapy.

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## Quality statement 3: Referring to specialist services

### *Quality statement*

People with psoriasis are referred for assessment by a dermatology specialist if indicated.

### *Rationale*

Referral for assessment by a specialist when needed is important given that people with psoriasis may experience relapsing disease, and the fact that some treatments are only available in specialist care or suitable for intermittent use. Most people with psoriasis will need access to secondary care services at some point. Access to specialist advice and support can improve response to treatment and wellbeing.

### *Quality measures*

#### **Structure**

Evidence of local arrangements for people with psoriasis to be referred for assessment by a dermatology specialist if indicated.

**Data source:** Local data collection.

#### **Process**

Proportion of people with psoriasis who are referred for assessment by a dermatology specialist if indicated.

Numerator – the number of people in the denominator who are referred for assessment by a dermatology specialist.

Denominator – the number of people with psoriasis who have an indication for referral for assessment by a dermatology specialist.

**Data source:** Local data collection. Contained in NICE clinical guideline 153 [audit support for non-specialist services](#).



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## Outcome

Patient experience.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, healthcare practitioners, and commissioners***

**Service providers** ensure that systems are in place for people with psoriasis to be referred for assessment by a dermatology specialist if indicated.

**Healthcare practitioners** ensure that people with psoriasis are referred for assessment by a dermatology specialist if indicated.

**Commissioners** ensure that they commission services for people with psoriasis to be referred for assessment by a dermatology specialist if indicated.

### ***What the quality statement means for patients, service users and carers***

**People with psoriasis** are referred to a dermatology specialist for assessment if it is needed.

## ***Source guidance***

- Psoriasis (NICE clinical guideline 153), [recommendations 1.2.1.10](#) (key priority for implementation), and [1.2.1.12](#).

## ***Definitions of terms used in this quality statement***

### **Indications for referral**

- People with generalised pustular psoriasis or erythroderma should be referred immediately for same-day specialist assessment and treatment.

- 
- Children and young people with any type of psoriasis should be referred to a specialist at presentation.
  - People with psoriasis are indicated for referral for assessment by a dermatology specialist if:
    - there is diagnostic uncertainty or
    - any type of psoriasis is severe or extensive, for example, more than 10% of the body surface is affected or
    - any type of psoriasis cannot be controlled with topical therapy or
    - acute guttate psoriasis needs phototherapy or
    - nail disease has a major functional or cosmetic impact or
    - any type of psoriasis is having a major impact on a person's physical, psychological or social wellbeing.
  - Any person whose skin condition cannot be managed by their GP will need to be referred for an assessment by a specialist. This could be a: consultant dermatologist, specialist registrar, staff and associate specialist doctor, trust grade doctor, clinical assistant, hospital practitioner, dermatology specialist nurse or accredited or trained GP with a special interest, in a hospital-based dermatology service or a community health facility suitable for specialist care.

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## Quality statement 4: Assessing cardiovascular risk

### *Quality statement*

Adults with severe psoriasis are offered a cardiovascular risk assessment at diagnosis and at least once every 5 years.

### *Rationale*

Adults with severe psoriasis are at increased risk of cardiovascular disease. Assessing cardiovascular risk in this group allows appropriate intervention for modifiable risk factors such as smoking, alcohol use or high blood pressure to be offered.

### *Quality measures*

#### **Structure**

Evidence of local arrangements for adults with severe psoriasis to receive a cardiovascular risk assessment at diagnosis and at least once every 5 years.

**Data source:** Local data collection.

#### **Process**

a) Proportion of adults with severe psoriasis who receive a cardiovascular risk assessment at diagnosis.

Numerator – the number of people in the denominator who receive a cardiovascular risk assessment at diagnosis.

Denominator – the number of adults diagnosed with severe psoriasis.

**Data source:** Local data collection. Contained in NICE clinical guideline 153 [audit support for non-specialist services](#).

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b) Proportion of adults with severe psoriasis diagnosed more than 5 years ago whose most recent cardiovascular risk assessment was within 5 years of diagnosis or the previous assessment.

Numerator – the number of people in the denominator whose most recent cardiovascular risk assessment was within 5 years of diagnosis or the previous cardiovascular risk assessment.

Denominator – the number of adults with severe psoriasis diagnosed more than 5 years ago.

**Data source:** Local data collection. Contained in NICE clinical guideline 153 [audit support for non-specialist services](#).

### ***What the quality statement means for service providers, healthcare practitioners, and commissioners***

**Service providers** ensure that systems are in place for adults with severe psoriasis to be offered a cardiovascular risk assessment at diagnosis and at least once every 5 years.

**Healthcare practitioners** ensure that adults with severe psoriasis are offered a cardiovascular risk assessment at diagnosis and at least once every 5 years.

**Commissioners** ensure that they commission services for adults with severe psoriasis to be offered a cardiovascular risk assessment at diagnosis and at least once every 5 years.

### ***What the quality statement means for patients, service users and carers***

**Adults with severe psoriasis** are offered an assessment of their risk of having heart problems when they are diagnosed and at least once every 5 years.

### ***Source guidance***

- Psoriasis (NICE clinical guideline 153), [recommendation 1.2.3.1](#).

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## ***Definitions of terms used in this quality statement***

**Severe psoriasis** can be defined as psoriasis that needs, or is likely to need, treatment with phototherapy or systemic agents, or needs hospital admission.

**Cardiovascular risk assessment** Some validated cardiovascular risk estimation tools for use with adults exclude younger and older people.

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## Quality statement 5: Assessing for psoriatic arthritis

### *Quality statement*

People with psoriasis having treatment are offered an annual assessment for psoriatic arthritis.

### *Rationale*

Psoriatic arthritis is a form of arthritis that is seen in people with psoriasis. This condition is often undiagnosed, leading to poorer long-term outcomes such as damage to joints and functional ability. Annual assessment for the condition (which may form part of a holistic review of response to treatment and disease severity and impact) could help to identify people with psoriatic arthritis earlier, so that treatment can be planned accordingly and before joint damage occurs.

### *Quality measures*

#### **Structure**

Evidence of local arrangements for people with psoriasis having treatment to receive an annual assessment for psoriatic arthritis.

**Data source:** Local data collection.

#### **Process**

Proportion of people with psoriasis having treatment who receive an annual assessment for psoriatic arthritis.

Numerator – the number of people in the denominator who receive an annual assessment for psoriatic arthritis.

Denominator – the number of people with psoriasis having treatment.

**Data source:** Local data collection. Contained in NICE clinical guideline 153 [audit support for non-specialist services](#) and [audit support for specialist services](#).

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## ***What the quality statement means for service providers, healthcare practitioners, and commissioners***

**Service providers** ensure that systems are in place for people with psoriasis having treatment to be offered an annual assessment for psoriatic arthritis.

**Healthcare practitioners** ensure that people with psoriasis having treatment are offered an annual assessment for psoriatic arthritis.

**Commissioners** ensure that they commission services for people with psoriasis having treatment to be offered an annual assessment for psoriatic arthritis.

## ***What the quality statement means for patients, service users and carers***

**People with psoriasis having treatment** are offered an annual assessment for psoriatic arthritis (a type of joint disease).

## ***Source guidance***

- Psoriasis (NICE clinical guideline 153), [recommendations 1.2.2.1 and 1.2.2.2](#).

## ***Definitions of terms used in this quality statement***

**People with psoriasis having treatments** such as active topical therapy (for example, corticosteroids), phototherapy or systemic therapy, should be offered an annual assessment for psoriatic arthritis.

The Psoriasis Epidemiological Screening Tool (PEST) can be used to help assess for psoriatic arthritis, although it does not detect axial arthritis or inflammatory back pain and is not validated in children. However, children should still be clinically assessed for psoriatic arthritis.

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## Quality statement 6: Monitoring systemic therapy

### *Quality statement*

People with psoriasis receiving systemic therapy are monitored in accordance with locally agreed protocols.

### *Rationale*

Systemic therapy for psoriasis poses a risk of adverse events, for which careful monitoring is needed. It is essential that monitoring is in accordance with national drug guidelines to minimise this risk. Where shared care arrangements are in place, it is important that the roles and responsibilities of healthcare professionals involved in monitoring people with psoriasis receiving systemic therapy are clearly outlined in a formalised local agreement.

### *Quality measures*

#### **Structure**

Evidence of local arrangements for people with psoriasis receiving systemic therapy to be monitored in accordance with locally agreed protocols.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, healthcare practitioners, and commissioners***

**Service providers** ensure that systems are in place for people with psoriasis receiving systemic therapy to be monitored in accordance with locally agreed protocols.

**Healthcare practitioners** ensure that people with psoriasis receiving systemic therapy are monitored in accordance with locally agreed protocols.

**Commissioners** ensure that they commission services for people with psoriasis receiving systemic therapy to be monitored in accordance with locally agreed protocols.



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## ***What the quality statement means for patients, service users and carers***

People with psoriasis receiving drug treatment known as 'systemic therapy' are monitored according to a locally agreed procedure.

### ***Source guidance***

- Psoriasis (NICE clinical guideline 153), [recommendations 1.5.1.1 and 1.5.1.5](#).

## ***Definitions of terms used in this quality statement***

**Systemic therapy** includes biological and non-biological therapies.

Responsibility for use of systemic therapy should be in specialist consultant-led settings only. Certain aspects of supervision and monitoring may be delegated to other healthcare professionals and completed in non-specialist settings. In such cases, the arrangements should be formalised.

**Monitoring** should be in accordance with locally agreed protocols that incorporate national accredited drug guidelines and policy.

Relevant national accredited drug guidelines include the following:

- [Psoriasis: the assessment and management of psoriasis](#). NICE clinical guideline 153 (2012).
- [Ustekinumab for the treatment of adults with moderate to severe psoriasis](#). NICE technology appraisal guidance 180 (2009).
- [Adalimumab for the treatment of psoriasis](#). NICE technology appraisal guidance 146 (2008).
- [Infliximab for the treatment of psoriasis](#). NICE technology appraisal guidance 134 (2008).
- [Etanercept and efalizumab for the treatment of adults with psoriasis](#). NICE technology appraisal guidance 103 (2006).

- British Association of Dermatologists' guidelines on the efficacy and use of acitretin in dermatology (2010).
- British Association of Dermatologists' guidelines for biologic interventions for psoriasis (2009).

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## Using the quality standard

### *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

### *Levels of achievement*

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

### *Using other national guidance and policy documents*

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, health and social care practitioners, patients, service users and carers alongside the documents listed in [Development sources](#).

## ***Information for commissioners***

NICE has produced [support for commissioning](#) that considers the commissioning implications and potential resource impact of this quality standard. This is available on the NICE website.

## ***Information for the public***

NICE has produced [information for the public](#) about this quality standard. Patients, service users and carers can use it to find out about the quality of care they should expect to receive; as a basis for asking questions about their care, and to help make choices between providers of social care services.

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## Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between health and social care practitioners and people with psoriasis is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with psoriasis should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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## Development sources

Further explanation of the methodology used can be found in the quality standards [Process guide](#) on the NICE website.

## Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Psoriasis: the assessment and management of psoriasis](#). NICE clinical guideline 153 (2012).

## Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- British Association of Dermatologists and Royal College of Physicians (2008) [UK audit of provision of care for psoriasis patients](#).

## Definitions and data sources for the quality measures

- [Psoriasis](#). NICE audit support (2012).
- [Ustekinumab for the treatment of adults with moderate to severe psoriasis](#). NICE technology appraisal guidance 180 (2009).
- [Adalimumab for the treatment of psoriasis](#). NICE technology appraisal guidance 146 (2008).
- [Etanercept and efalizumab for the treatment of adults with psoriasis](#). NICE technology appraisal guidance 103 (2006).
- [Guidelines for biologic interventions for psoriasis](#). British Association of Dermatologists (2009).
- [Guidelines on the efficacy and use of acitretin in dermatology](#). British Association of Dermatologists (2010).

- [Infliximab for the treatment of psoriasis](#). NICE technology appraisal guidance 134 (2008).

## Related NICE quality standards

### *Published*

- [Patient experience in adult NHS services](#). NICE quality standard 15 (2012).

### *In development*

- [Eczema in children](#). NICE quality standard. Publication expected September 2013.



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## Quality Standards Advisory Committee and NICE project team

### *Quality Standards Advisory Committee*

This quality standard has been developed by Quality Standards Advisory Committee 3. For further information about the standing members of this committee see the [NICE website](#). The following specialist members joined the committee to develop this quality standard:

**Mr David Chandler**

Psoriasis and Psoriatic Arthritis Alliance

**Ms Karina Jackson**

Nurse Consultant, Guy's and St. Thomas's NHS Foundation Trust

**Dr Ghazanfar Khan**

General Practitioner, Leeds

**Dr Ruth Murphy**

Consultant Adult and Paediatric Dermatologist, Nottingham University Teaching Hospitals

**Dr Catherine Smith**

Consultant/Senior Lecturer, Guy's and St. Thomas's NHS Foundation Trust

### *NICE project team*

**Nick Baillie**

Associate Director

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## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the [NICE pathway for psoriasis](#).

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