

SEL Dermatology Pathways: Key Performance Indicators (KPIs) to assign specific monitoring use with immunomodulator therapy for the treatment of dermatological conditions (moderate to severe psoriasis, atopic dermatitis and alopecia)

Definitions:

Adequate response (Psoriasis) - achievement of PASI 75 or PASI 50 (or other standard disease severity assessment tool) with 5-point reduction in DLQI within the outlined timeline for each drug

Adequate response (Atopic Dermatitis) - at least a 50% reduction in the Eczema Area and Severity Index score (EASI>50) and at least a 4-point reduction in the Dermatology Life Quality Index (DLQI) at 16 weeks from when treatment started, as outlined by the NICE technology appraisal.

Adequate response (Alopecia) - a SALT score of 20 or less by week 36*.

**For patients in whom treatment was undertaken with a baseline SALT score of 21-49 (with additional functional and/or psychological factors), continuation should depend on improvement of parameters discussed prior to treatment initiation¹.*

Snapshot audit – Audit completed using one quarters specific data.

Additional notes:

Trusts with Epic EPMA systems will have some initial limitations of data extraction and flows. In future, there should be optimisation with Epic data reporting to facilitate the audits

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South East London Integrated Medicines Optimisation Committee (SEL IMOC). A partnership between NHS organisations in South East London Integrated Care System: NHS South East London (covering the boroughs of Bexley/Bromley/Greenwich/ Lambeth/Lewisham and Southwark) and GSTFT/KCH /SLaM/ Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust

Measures for moderate to severe psoriasis:

KPI	Intervention	Target/Standard	Measure and Frequency	Data Source	Who Measures	Frequency of reporting (in any financial year)
1a.	Patient initiated on immunomodulator therapy using standard disease severity assessment tool (e.g. for plaque psoriasis, PASI (psoriasis area and severity index))	100% of biologic naïve patients (excluding high impact sites/pustular psoriasis patients) should meet NICE severity criteria at baseline	<p>% of patients receiving targeted immunomodulatory medicines as per eligibility* criteria</p> <p><i>(In the event of less than 100% adherence, exceptions will be reviewed and cohort in SEL v non-SEL reported)</i></p> <p>*Reasons for deviations in initiation/use of treatment outside of eligibility criteria according to pathway to be outlined.</p>	Trust database	Trusts	Audit due end of first half of the financial year. <i>(snapshot audit)</i>
1b.	Patients continued on immunomodulator therapies using standard disease severity assessment tools	>90% of all patients continuing on therapy (excluding dose escalations/high impact sites/pustular psoriasis) should achieve and/or maintain an adequate response (as per NICE criteria)	<ul style="list-style-type: none"> (x) The number of psoriasis patients on targeted immunomodulatory medicines who have achieved adequate response (y) The numbers of psoriasis patients on targeted immunomodulatory medicines who have continued treatment (beyond the first review date). <p>$[x/y] \times 100 =$ percentage of patients under the care of the service on treatment who have continued on treatment.</p>	Trust database	Trusts	Audit due end of first half of the financial year. <i>(snapshot audit)</i>
1c.	Best value medicines – audit of cost-effective choices for biologic naïve patients in moderate to severe psoriasis.	95% of new initiations follow the local SEL pathway choices and use of a best value first line targeted immunomodulatory medicine (including first line	<ul style="list-style-type: none"> (x) The number of new starter patients initiated on a first line targeted immunomodulatory medication for moderate to severe psoriasis as outlined per pathway. 	Trust database	Trusts	Audit due end of first half of the financial year. <i>(snapshot audit)</i>

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		use of biosimilar medicines) unless contraindicated*	<ul style="list-style-type: none"> (y) The total number of new starter patients initiated on a targeted immunomodulatory medication for moderate to severe psoriasis. <p>$[x/y] \times 100$ = the percentage of new starter patients initiated on a first line targeted immunomodulatory medication for moderate to severe psoriasis.</p> <p>*Contraindications to first line options should be clearly documented and accounted for in exclusions.</p>			
2.	<p>Audit of locally commissioned elements of pathway:</p> <p>i) Audit of patients receiving dose escalations in line with the pathway</p> <p>ii) Audit of patients receiving treatment for pustular psoriasis (Generalised Pustular Psoriasis or other)</p> <p>iii) Audit of patients receiving treatment for high impact sites that don't meet NICE criteria</p>	100% of patients meet the agreed criteria for use of treatment as outlined in the pathway	<p>For each locally commissioned element of the pathway (i-iii), audit to demonstrate:</p> <ol style="list-style-type: none"> Number of patients initiated in line with the pathway* Compliance with pathway (100%) Number of patients who have achieved adequate response as outlined in the pathway Clinical outcomes/benefits for patients Number of patients stopped (and broad themes on reasons) % of patients counselled on risks versus benefits of using off label/escalated dose <p>*Reasons for deviations in initiation/use of treatment outside of eligibility criteria according to pathway to be outlined.</p>	Trust database	Trusts	Audit due end of second half of the financial year.

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Measures for moderate to severe atopic dermatitis:

KPI	Intervention	Target/Standard	Measure and Frequency	Data Source	Who Measures	Frequency of reporting (in any financial year)
1a.	Patients initiated on immunomodulator therapies (biologics and JAK inhibitors) using standard disease assessment tools e.g. EASI (eczema area and severity index tool)	100% of patients initiated on therapy should meet NICE criteria at baseline as outlined in the pathway	<p>a) % of patients receiving biologics as per eligibility* criteria</p> <p>b) % of patients receiving JAK inhibitors as per eligibility* criteria</p> <p><i>(In the event of less than 100% adherence, exceptions will be reviewed and cohort in SEL v non-SEL reported)</i></p> <p>*Reasons for deviations in initiation/use of treatment outside of eligibility criteria according to pathway to be outlined.</p>	Trust database	Trusts	Audit due end of first half of the financial year. <i>(snapshot audit)</i>
1b.	Patients continued on immunomodulator therapy (biologics and JAK inhibitors) using standard disease severity assessment tools	>90% of all patients continuing immunomodulator therapy should achieve and/or maintain an adequate response (as per NICE criteria)	<ul style="list-style-type: none"> (x) The number of atopic dermatitis patients on immunomodulator therapy who have achieved adequate response (y) The numbers of atopic dermatitis patients on immunomodulator therapy who have continued treatment (beyond the first review date). <p>[x/y] x 100 = percentage of patients under the care of the service on treatment who have continued on treatment.</p>	Trust database	Trusts	Audit due end of first half of the financial year <i>(snapshot audit)</i>

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Measures for severe alopecia:

KPI	Intervention	Target/Standard	Measure and Frequency	Data Source	Who Measures	Frequency of reporting (in any financial year)
1.	Audit the first 12 months of specialist care for all new patients with alopecia	100% of all new patients meet the agreed criteria for use of treatment as outlined in the pathway	<p>Audit to demonstrate at year 1:</p> <ul style="list-style-type: none"> a) Number of patients initiated in line with the pathway* b) Compliance with pathway (100%) c) Number of patients who have achieved adequate response as outlined in the pathway d) Clinical outcomes/benefits for patients at week 36-48 e) Number of patients stopped (and broad themes on reasons) <p>*Reasons for deviations in initiation/use of treatment outside of eligibility criteria according to pathway to be outlined</p>	Trust database	Trusts	Audit due end of second half of the financial year (<i>snapshot audit</i>)

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Measures for all dermatology pathways:

KPI	Intervention	Target/Standard	Measure and Frequency	Data Source	Who Measures	Frequency of reporting (in any financial year)
1.	Measure impact of the pathways on overall service commissioning costs to ensure value for money	High-Cost drug use of immunomodulator therapies in SEL	Breakdown of high-cost drug use and cost by indication at regular intervals by Trust, for SEL ICB	Acute activity (Finance reporting)	SEL ICB (Business Intelligence) + Trust High-cost drug reporting	Review of data at dermatology pathway meetings

Approved by:

SEL Dermatology pathway group: August 2025

SEL Integrated Medicines Optimisation Committee: August 2025

Review date: August 2026 (or sooner if indicated)

References:

1. Ritlecitinib for alopecia areata. Professional guidance supplementary to NICE TA958 Version 1, July 2024. Accessed online: <https://cdn.bad.org.uk/uploads/2024/07/01005430/Ritlecitinib-for-alopecia-areata-supplementary-guidance-26.06.24.pdf>

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