

Psoriasis

Quality standard

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This standard is based on CG153.

This standard should be read in conjunction with QS15, QS44 and QS170.

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 treatment are monitored in accordance with locally agreed protocols.

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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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: Data can be collected from information recorded locally by provider organisations, for example from service specifications.

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.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

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.

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: assessment and management. NICE guideline CG153 (2012, updated 2017), recommendations 1.2.1.1 and 1.2.1.2

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 static 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. [[NICE's guideline on psoriasis](#), recommendations 1.2.1.2 to 1.2.1.4 and 1.2.1.6]

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 conventional systemic treatments.

[[NICE's guideline on psoriasis](#), recommendations 1.3.1.6, 1.3.3.5, 1.3.4.1, 1.4.1.2, 1.5.2.7 and

1.5.2.9]

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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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: Data can be collected from information recorded locally by healthcare provider organisations, for example from service specifications.

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.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

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.

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.

Source guidance

Psoriasis: assessment and management. NICE guideline CG153 (2012, updated 2017), recommendations 1.2.1.1, 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 their 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. [[NICE's guideline on psoriasis](#), recommendations 1.2.1.1, 1.2.1.2, 1.2.1.7 and 1.2.1.8]

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 conventional systemic treatments.

[[NICE's guideline on psoriasis](#), recommendations 1.3.1.6, 1.3.3.5, 1.3.4.1, 1.4.1.2, 1.5.2.7 and 1.5.2.9]

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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

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

Data source: Data can be collected from information recorded locally by provider organisations, for example from service specifications.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

Patient experience.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

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.

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

Source guidance

Psoriasis: assessment and management. NICE guideline CG153 (2012, updated 2017), recommendations 1.2.1.10 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 treatment 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.

[[NICE's guideline on psoriasis](#), recommendations 1.2.1.10 to 1.2.1.12 and [full guideline glossary](#)]

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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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: Data can be collected from information recorded locally by provider organisations, for example from service specifications.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

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.

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: assessment and management. NICE guideline CG153 (2012, updated 2017), recommendation 1.2.3.1

Definitions of terms used in this quality statement

Severe psoriasis

Psoriasis that needs, or is likely to need, treatment with phototherapy or systemic treatments, or needs hospital admission. [NICE's guideline on psoriasis, recommendation 1.2.3.1]

Cardiovascular risk assessment

Some validated cardiovascular risk estimation tools for use with adults exclude younger and older adults. [NICE's guidelines on psoriasis, recommendation 1.2.3.1, and cardiovascular disease: risk assessment and reduction, including lipid modification]

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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

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

Data source: Data can be collected from information recorded locally by provider organisations, for example from service specifications.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

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.

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

Source guidance

Psoriasis: assessment and management. NICE guideline CG153 (2012, updated 2017), recommendations 1.2.2.1 and 1.2.2.2

Definitions of terms used in this quality statement

People with psoriasis having treatments

People with psoriasis having treatments such as active topical treatment (for example, corticosteroids), phototherapy or systemic treatment 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. [[NICE's guideline on psoriasis](#), recommendations 1.2.2.1 and 1.2.2.2]

Quality statement 6: Monitoring systemic treatment

Quality statement

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

Rationale

Systemic treatment for psoriasis poses a risk of adverse events, for which careful monitoring is needed. It is essential that monitoring is in accordance with national medicine 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 treatment are clearly outlined in a formalised local agreement.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

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

Data source: Data can be collected from information recorded locally by provider organisations, for example from service protocols.

What the quality statement means for different audiences

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

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

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

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

Source guidance

Psoriasis: assessment and management. NICE guideline CG153 (2012, updated 2017), recommendations 1.5.1.1 and 1.5.1.5

Definitions of terms used in this quality statement

Systemic treatment

Systemic treatment includes targeted immunomodulatory treatments and conventional systemic treatments.

Responsibility for use of systemic treatment 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. [[NICE's guideline on psoriasis](#), recommendation 1.5.1.1 and terms used in this guideline]

Monitoring

Monitoring should be in accordance with locally agreed protocols that incorporate national

medicine guidelines and policy.

Relevant national drug guidelines include:

- British Association of Dermatologists. Guidelines for biologic therapy for psoriasis: a rapid update (2020, updated 2023)
- Psoriasis: assessment and management (2012, updated 2017) NICE guideline CG153
- British Association of Dermatologists. Guidelines on the efficacy and use of acitretin in dermatology (2010)

Update information

Minor changes since publication

December 2025: Links, definitions and source guidance sections have been updated throughout following minor changes to the NICE guideline on psoriasis.

March 2025: Terminology for treatment has been updated throughout to reflect the updated NICE guideline on psoriasis.

April 2018: Definitions for statement 6 on monitoring systemic therapy have been amended to reflect the updated NICE guidance on psoriasis.

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.

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, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details about our standing committees. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

For all quality statements where information is given, it is important that people are provided with information that they can easily read and understand themselves, or with support, so they can communicate effectively with health care services. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter if needed. People should also have access to an advocate, if needed, as set out in [NICE's guideline on advocacy services for adults with health and social care needs](#).

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](#) or the equivalent standards for the devolved nations.

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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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [British Association of Dermatologists \(BAD\)](#)

- [Psoriasis and Psoriatic Arthritis Alliance](#)
- [Psoriasis Association](#)
- [Royal College of Physicians \(RCP\)](#)
- [Royal College of Nursing \(RCN\)](#)