

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

15 JULY 2010

DERMATOLOGY COMMUNITY OUTPATIENTS SERVICE PROPOSAL

Report from: Rose Collinson, Director of Children and Adults

Author: Rosie Gunstone, Overview and Scrutiny Co-ordinator

Summary

Members are asked to consider a report received setting out proposed changes to the dermatology community outpatients service in Medway.

1. Budget and Policy Framework

- 1.1 Under Chapter 4 – Rules, paragraph 22.2 (c) terms of reference for Health and Adult Social Care Overview and Scrutiny Committee has powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

2. Background

- 2.1. Each local NHS body has a duty to consult the relevant Overview and Scrutiny Committees (OSCs) set up by Medway Council on any proposal it may have under consideration for any substantial development of the health service in or affecting Medway or on any proposal to make any substantial variation in the provision of such services. This is additional to any discussions that NHS bodies will have with the Council, as distinct from the OSCs about service developments, especially where they link to services provided or commissioned by the Council. The duty to consult relevant OSC Committees is also additional to the duty placed upon NHS bodies to consult and involve patients and the public. Appendix A sets out the briefing in relation to this matter.
- 2.2. Appendix B sets out the completed questionnaire relating to a substantial service variation or development in relation to dermatology community outpatients service.

3. Financial and legal implications

- 3.1 There are no financial, legal or risk implications specifically arising from this report.

4. Recommendations

4.1 Members are asked to comment on the attached report.

Lead officer contact

Rosie Gunstone, Overview and Scrutiny Co-ordinator

Ext 2715

Rosie.gunstone@medway.gov.uk

Background papers - none



MEDWAY PRIMARY CARE TRUST

**BRIEFING PAPER - DERMATOLOGY COMMUNITY OUTPATIENTS SERVICE
PROPOSAL**

1. Background

- 1.1. NHS Medway currently commissions Dermatology Outpatient services from two main providers: Acute Consultant led secondary care service at Medway NHS Foundation Trust (MFT) and a small community based Specialist Nurse led service at Medway Community Healthcare (MCH).
- 1.2. National data and documents suggest that up to 50% of dermatology outpatients activity can appropriately be undertaken in a community setting, thus supporting the Care Closer to Home agenda, enabling local access for patients.
- 1.3. In addition to this, the incidence of skin cancers is rising and the provision of a community dermatology outpatient service will allow secondary care to focus on these and the complex dermatology cases.
- 1.4. The proposed clinical service model was developed in conjunction with both MFT, MCH, patients and the public.

2. Proposed Service

- 2.1. A competition versus co-operation analysis informed the commissioning process
- 2.2. As a result, the business case proposes that for the life of the current MCH dermatology community service contract (to March 2012), the service specification be developed to provide the following service:
 - Multi-disciplinary service model, consisting of weekly consultant clinics, 2 GP with Special Interest (GPwSI) clinics per week and a full time specialist nurse.
 - This service model will provide capacity for approximately one third of the total Medway activity – approx 1800 new appts and 3000 follow ups.

- Community based local tariff pricing (at approximately 70% of acute tariff) rather than the current community block contract, thus providing value for money.
- The success of the service can be fully evaluated at the end of the contract and if required be fully tendered at this point.

- 2.3. The conditions that the proposed service would treat are:
- Eczema, Acne, Psoriasis, Urticaria, Rosacea, Fungal Infections, Benign Skin Lesions, Non- malignant minor operations.
- The service would be required to adhere to the Low Priority Procedures criteria (Kent & Medway List of Low Priority Procedures and Other Procedures with Restrictions or Thresholds – March 2010).
- 2.4. The multi-disciplinary clinical service model supports the development of the service in terms of conditions that can be seen in the community once the service has been established.
- 2.5. The new service will be required to provide clinics in all three localities in Medway, using facilities such as the Healthy Living Centres, Health Centres and the Community Hospital. This will ensure that patients have local access to services.

3. Patient and Public Involvement

- 3.1. Patients and public have been involved throughout the process. Twenty-four patients/public attended the Workshop day on 13th October 2009, where the future requirements of the service were scoped. Two of those who attended the workshop expressed an interest in further work and one of them was a member of the Clinical Steering group that developed and agreed the clinical service model for the enhanced service.
- 3.2. It is intended that patients and the public will also be part of the contract variation process and discussions with both MFT and MCH when agreeing the new contracts and service specification.

4. Current Timescales

The service will aim to start Sept/Nov 2010.

5. Project Risks

- 5.1. The main identified project risks include:
- Provision of GPwSIs - there are currently 4 GPs in Medway who hold the dermatology diploma and are therefore eligible to obtain GPwSI accreditation. Achieving accreditation requires working with and being assessed by a Consultant dermatologist for an unspecified number of outpatient sessions. Medway Consultant dermatologist Dr Shall has

agreed in principle to the training of GPwSIs. This will however, take a number of months and will delay the full capacity of the new service by an estimated 4-6 months. There is an additional initial cost associated with the training of GPwSIs that has been reflected in the business case. MCH could appoint external GPwSIs but this would not make use of and develop local expertise. This could impact on the credibility of the service with local primary care professionals.

- Provision of estates capacity – MCH will need to provide clinics in all three localities in Medway – all of the NHS Medway clinical facilities currently have spare capacity, MCH will need to organise suitable clinic configurations.

Dawn Hollis
Practice Based Commissioning Manager
Chatham Locality
June 2010

MEDWAY COUNCIL

Gun Wharf
 Dock Road
 Chatham ME4 4TR

Health Overview and Scrutiny**Health Service development or variation -
assessment form****COMMUNITY DERMATOLOGY OUTPATIENTS SERVICE**

In order that the relevant Health Overview and Scrutiny Committee can assess whether it agrees that a proposed service change or development is “substantial” please provide the following details.

A brief outline of the proposal with reasons for the change and timescales

It is proposed to develop a more comprehensive community dermatology outpatients service that can treat a wider range of conditions (top 9 dermatology conditions) than the current community service, transferring an identified level of activity from secondary care to a community care setting. It is intended that this service will provide patients with localised access to dermatology services across each locality and contribute to reduced waiting times.

Timescales:

- Service implemented November 10

Extent of consultation

- Have patients and the public been involved in planning and developing the proposal?
- List the groups and stakeholders that have been consulted
- Has there been engagement with the Medway LINK?
- What has been the outcome of the consultation?
- Weight given to patient, public and stakeholder views

A dermatology stakeholders day was held in October 09, which brought together patients and public (40% of attendees) and health professionals and managers into an open forum. The event identified issues around access, quality of care, sustainable quality workforce, access to patient information and education and use of technology.

The outcomes and recommendations of the stakeholder event were considered by the clinical steering group and have been included in the

service specification for the proposed service.

In addition, there was PPE membership on the clinical steering group, which met monthly and validated a clinical service model, the conditions list and will verify the individual condition pathways for publication onto Map of Medicine.

Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

This service will provide approximately 2000 new outpatient appointments per year, plus follow up appointments. The proposed service will transfer activity from secondary care to a community setting without withdrawing a service from any patients. There is also a requirement for the proposed service to provide an effective level of patient education, as required through the stakeholder event, to support patients to self manage chronic dermatology conditions wherever possible, in order to improve quality of life.

Changes in access will include shorter waiting times and localised clinics, resulting generally in shorter travel distances, easier access/parking. In addition, the service will provide telephone access for known patients with chronic conditions, as identified through the stakeholder event.

Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

It is well documented that historically dermatology activity is under reported, due to coding and data capture issues. In addition, the rate of diagnosis of skin cancers is increasing, throughout the population but particularly in the middle-aged to elderly population. This population group is increasing in Medway. Therefore, by transferring activity to a community service, this service will allow secondary care to focus more on complex cases.

This will reduce levels of dermatology outpatient activity through secondary care, whilst maintaining effective communication with the range of healthcare professionals, as the proposed service will be required to establish effective links with both secondary care and primary care, so that the patient's journey does not feel fragmented.

Can you estimate the impact this will have on specific groups?

- (a) What will be the impact on children?
- (b) What will be the impact on people with disabilities?
- (c) What will be the impact on older people?
- (d) Has an equalities impact assessment been carried out of this proposal?

An equalities impact assessment has been carried out for the proposed service and identified no particular problems. EIA monitoring will be undertaken via contract monitoring and performance.

An increased number of children with eczema will be able to be seen in a community setting and with some patient/carer education, some families will be better equipped to self-manage conditions.

All estates used to provide the proposed service will be required to be DDA compliant. The current service offers domiciliary visits to the housebound. This will be required to continue.

Choice and commissioning

- (a) Will the change generate a significant increase or decrease in demand for a service arising from patient choice, payment by results and practice based commissioning?
- (b) Have plans been made for “financial cushioning” if additional capacity is not taken up?
- (c) Is the proposal consistent with World Class Commissioning and reflected in NHS Medway commissioning plans?

The change should generate a small but significant decrease in demand and activity, due to patient and primary care staff education to enable patients to self-manage their conditions where possible and for primary care staff to manage conditions better in the primary care setting in the first instance.

Additional capacity will not be created. It is intended that capacity in secondary care will be reduced.

This proposal is reflected in NHS Medway’s commissioning plans and the Annual Operation Plan and is consistent with the following WCC principles:

- plurality of provision whilst securing sustainability of local services
- clinical and provider innovation and configuration

Clinical evidence

- (a) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (b) Will any groups be less well off?
- (c) Will the proposal contribute to achievement of national and local priorities/targets?

The proposed service model has been developed with clinical input, in line with national best practice and this is reflected in the service specification. No patient groups will be less well off.

The proposal will contribute to national and local targets/priorities of care

closer to home, a reduction in first to follow up rates and a service that is in line with best practice.

Joint Working

- (a) How will the proposed change contribute to joint working and improved pathways of care?

The proposed service will be required to integrate effectively with both secondary and primary care, providing education to primary care staff and ensuring that onward referrals to secondary care when necessary appear seamless for the patient.

This will be monitored through the contract monitoring and performance process.

Health inequalities

- (a) Has this proposal been created with the intention of addressing health inequalities and health improvement goals in this area?
 (b) What health inequalities will this proposal address?
 (c) What modelling or needs assessment has been done to support this?
 (d) How does this proposal reflect priorities in the JSNA?

This proposal will address health inequalities of those patients who have a chronic dermatology condition by improving self-management by patients and by improving primary care knowledge and skills.

Although dermatology conditions per se are not referenced in the JSNA, this proposal supports the needs of people with long term dermatology conditions, which may not have the morbidity of some long term conditions, still adversely impact on psychological well-being, social functioning and every day activities and can include significant occupational implications.

Public health have undertaken a local needs assessment to identify the likely prevalence of the dermatology conditions that the proposed service will cover, which has identified a need for localised service for these more chronic conditions.

Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
 (b) Please comment on transport implications in the context of sustainability and access

The proposed service will make use of existing community buildings eg healthy living centres, community clinics/community hospitals.
 Transport – parking is likely to be easier for patients in community settings.
 Public transport links are established to current community clinics/healthy

living centres/community hospitals.

Do you believe the outlined proposal is a substantial variation or development?

No

Is there any other information you feel the Committee should consider in making its decision?

No

