

DERMATOLOGY SERVICES

INTRODUCTION

The purpose of this paper is to describe the current service arrangements for delivery of dermatology services in Lanarkshire. The opportunity is also taken to highlight the discussions which have taken place during the past months including a workshop involving staff, patients and key stakeholders on future clinical and service models for dermatology and the conclusions to date that have emerged from those discussions. This is set within the context of 'A Picture of Health'.

EXISTING SERVICES

The dermatology service in Lanarkshire is a concentrated service that uses a hub and spoke model of service delivery. Inpatient provision (12 beds) and some specialist services are based at Monklands Hospital with day treatment units, phototherapy services, general outpatient services and biopsy services provided at each of the three acute hospital sites in Lanarkshire. Outpatient clinics are also provided at Cumbernauld Health Centre and Stonehouse Hospital. The service is delivered by a single medical and nursing team with site-specific secretarial and administrative support.

Referrals to the dermatology service have increased from 10,000 in 2003/04 to 11,800 in 2005/06 with outpatient waiting times at around twenty-six weeks. The NHS Board requires to reduce this further with a maximum wait of eighteen weeks by December 2007. Urgent GP referrals for cancer add a further dimension with the requirement to deliver a maximum wait of 62 days from urgent GP referral to first treatment with immediate effect. Identification of current capacity and the nature and extent of any additional capacity represents work in progress and will be informed by the preferred further clinical and service model of care.

DIALOGUE TO DATE

There is consensus that the preferred future clinical model for dermatology should evolve from discussion between colleagues in primary and secondary care with input also from users and carers and the wider community. The NHS Board has adopted this approach with events held during 2006 to 'map' the current patient pathway with the opportunity taken also to highlight constraint to service delivery as a consequence of that pathway. Further discussion followed to identify the preferred patient pathway that would ensure patients were seen timeously by the appropriate clinician at the appropriate time in the appropriate location. In this, regard was taken to the recommendations set out in Delivering for Health and Modernising Nursing Careers as well as experience gained through recent participation in the CCI Outpatient initiative that saw establishment, on a pilot basis, of nurse led services including biopsy sessions, psoriasis clinics and nurse led return clinics. GP led acne clinics also formed part of the pilot. Experience and evaluation of those pilots has informed service redesign and discussion on the way forward.

FUTURE PATIENT PATHWAY

It is essential that General Practitioners continue to support patients at home and in community settings and have the knowledge and appropriate skills/competencies to achieve that. It is also essential that where more specialist support is required there is awareness of the appropriate referral criteria and to whom that should be channelled. Robust referral criteria are required to achieve that

encouragement to electronic referral. Discussions on this will be informed by establishment in calendar year 2006 of a Referral Management Service (RMS).

The development of extended roles for nurses is considered an essential part of the future model of care for dermatology as the focus moves from a model of health care that is doctor dependent to one that is team based. Discussions are ongoing on how that might best be achieved.

The clinical model anticipates continuation of inpatient accommodation although the extent of that is subject to further discussion and will be influenced by the effectiveness of other measures that enables the patient to be treated by appropriate clinicians in other settings. Following a workshop in September involving clinical and support staff, patients and key stakeholders, it was considered and agreed that the most appropriate location for inpatient beds in the future service model should be on the planned care hospital site (Monklands Hospital). It is intended that once formal approval is received to this outcome, detailed planning will take place to develop the new model involving all appropriate stakeholders

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