

PARTNERSHIPS COMMITTEE**10 MARCH 2022**

REPORT TITLE:	WIRRAL DERMATOLOGY CLINICAL MODEL OF CARE PROPOSAL
REPORT OF:	SIMON BANKS, CHIEF OFFICER, NHS WIRRAL CLINICAL COMMISSIONING GROUP AND WIRRAL HEALTH AND CARE COMMISSIONING

REPORT SUMMARY

This report briefs members on the proposal to re-purpose the in-patient dermatology beds as part of the new dermatology clinical model that has been developed for Wirral.

In November 2019 the Chairs and Chief Executive Officers of the Wirral health care system sought a refresh of the Healthy Wirral programme. Dermatology was agreed as the first specialty in a series of reviews to be undertaken under the Healthy Wirral Planned Care programme.

NHS Wirral CCG (CCG) spent circa £8m on Dermatology in 2019/20. The associated activity was primarily delivered by Wirral University Teaching Hospital NHS Foundation Trust (WUTH) but also a significant proportion by a private provider based in Wirral and other NHS Trusts in and outside the North West region. GP referrals have not increased in 2019/20 but notably the waiting time for a first outpatient appointment and the number of follow-up outpatient appointments have increased.

Nationally the delivery of dermatology services faces a number of challenges, which are reflected locally. These include increased wait times, a shortage of consultant dermatologists and variation in the ability to diagnose and manage in primary care.

This report provides an overview of the work undertaken to date and seeks endorsement for the proposed next steps for communication and consultation with key stakeholders, patients, carers and clinicians to develop a detailed proposal for the re-purposed service offer, which will then be consulted upon.

RECOMMENDATION/S

The Partnerships Committee is recommended to note the report and endorse the proposed next steps for communication and consultation with key stakeholders, patients, carers and clinicians on the proposals for the re-purposing of the dermatology in-patient beds in Wirral

SUPPORTING INFORMATION**1.0 REASON/S FOR RECOMMENDATION/S**

- 1.1 Nationally the delivery of dermatology services faces a number of challenges, which are reflected locally. These include increased wait times, a shortage of consultant dermatologists and variation in the ability to diagnose and manage in primary care.
- 1.2 The case for change draws its evidence and rationale from a range of documents and reviews as listed in Appendix 1 to this report, but it will evolve over time in conjunction with nationally agreed guidelines.
- 1.3 WUTH has a small Dermatology inpatient ward at Clatterbridge made up of 8 beds which forms part of the Dermatology service provision. The use of the beds is based upon the need for multiple applications of treatment each day over several days.
- 1.4 The in-patient ward operates 5 x days (Mon – Fri) and 4 x nights (Mon – Thurs) and accommodates patients where there is benefit in the ongoing application of treatment over a prolonged period of time. When compared to other wards in the hospital the usage of beds is low.
- 1.5 WUTH is one of the few remaining general hospital trusts with a dermatology in-patients ward in the Country, with the exception of other Trusts who provide highly specialist dermatology services. This proposal sets out re-purposing the inpatients beds which follows the direction change in how dermatology services are delivered nationally.
- 1.6 Where clinically required, dermatology patients will be treated and admitted overnight into a general medical bed on the main hospital site. Patients with requiring highly specialist dermatology treatment will be seen by a tertiary provider.
- 1.7 Due to the escalated position of the system due to the pandemic response the hospital in-patient beds are not currently being used to bed patients overnight. This was also the case earlier in the pandemic.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The proposed Dermatology Clinical Model of Care is made up of six component parts that have been evaluated and assured collectively through all the governance assurance groups. Therefore two options are proposed to be considered, Option 1, do nothing and Option 2, implement all components collectively. Table 1 provides details of potential options considered.

Table 1

OPTIONS	BENEFITS	CHALLENGES
<p>1. Do nothing, Maintain the current service offer</p>	<p>No positive impact</p>	<ul style="list-style-type: none"> • Increasing demand in service demand is not met, waiting times do not improve or deteriorate • Patients continue to be referred to secondary care unnecessarily • Poor patient journey
<p>2. New Dermatology Clinical model of Care. <u>Key elements:</u></p> <ul style="list-style-type: none"> • Recommended by Healthy Wirral partners • Self-Management • Improved education and training (Community pharmacy, Primary care) • Establishment of Enhanced Dermatology Service • Re-purposing of the small dermatology inpatient ward at Clatterbridge made up of 8 beds. 	<ul style="list-style-type: none"> • Holistic wrap around care delivered by a cohesive dermatology service • Children are supported to have a healthy start in life – good skin management advice • People are supported to have a good quality of life – chronic long term condition management • Interventions happen earlier to prevent health problems – population health approach • People are supported to be as independent as possible, and when they need care can access timely responsive and high-quality care and support, and have informed choice and control over services • People feel safe and respected and are kept safe and free from avoidable harm (i.e. sunbeds) • People and their families can access jargon free information and are engaged in the setting of their outcomes and the management of their care, from organisations that talk to each other • People are supported by skilled staff, delivering seamless, person centred care • People access acute care only when they need to • Clarity of pathways that facilitate timely step up or step down care as clinically required 	<ul style="list-style-type: none"> • Costs of establishment to be met by anticipated savings from implementation • Part of the savings are predicated on reduction of activity to a private provider • Primary Care Network (PCN) commissioning structure required to be in place to enable collective commissioning of EDS service

2.2 The following is a proposed timeline for the communication and consultation for the re-purposed service offer:

- **22nd February 2022** – CCG Statutory Business case approval (proposes endorsement of new Dermatology Clinical model of Care that has been recommended by the Healthy Wirral system partners and approval to start development of detailed public consultation proposal);
- **February 2022 (TBC)** – WUTH Statutory Business case approval (proposes endorsement of new Dermatology Clinical model of Care that has been recommended by the Healthy Wirral system partners and approval to start development of detailed public consultation proposal);
- **10th March 2022** – Report to Partnership Committee;
- **28th March - 6th May 2022** – PURDAH period;
- **March – May 2022** – Development of detailed consultation proposal;
- **May 2022** – Organisational approval (CCG & WUTH) to start public consultation;
- **May / August 2022** – Engagement period/consultation, length of consultation will be determined and advised by communication department;
- **August 2022**– Organisational review (CCG (or successor body subject to legislation) and WUTH) and feedback of engagement period/consultation output; and
- **Autumn 2022** – Possible proposed service change implemented

3.0 BACKGROUND INFORMATION

3.1 Engagement

3.1.1 Stakeholder engagement undertaken has been significant and has underpinned the development the clinical model of care. The engagement has been undertaken in a number of different forms:

- Total of 31 individuals interviewed using standardised interview framework
- 2 clinical workshops including patient representatives to develop case for change and Clinical model of care

3.1.2 In addition early genuine patient engagement taken place with three Wirral groups which has provided valuable insight and helped shape the patient engagement approach for the next phase of work:

- Wirral Change, a Black and Racial Minorities Outreach Service;
- Wirral Society Of The Blind; and
- Healthwatch Wirral

3.2 Key Issues / Messaging

3.2.1 Nationally the delivery of dermatology services faces a number of challenges, which are reflected locally. These include increased wait times, a shortage of consultant dermatologists and variation in the ability to diagnose and manage in primary care. In particular the challenges can be summarised as follows:

- Circa 13 million GP consultations for skin conditions a year;
- 716,8302 new referrals a year;
- 15% increase in dermatology referrals 13/14-17/18 attributed to:
 - ageing population
 - rising expectations of skin appearance
 - increase in the numbers of people living with leg ulcers, skin cancer and other long-term dermatology conditions (NHSE dermatology elective care handbook, 2019);
- 40,000 GPs managing this workload often with limited or no dermatology experience in Primary Care;
- Only 6504 consultants to advise and provide the more specialist care needed.

3.2.2 Dermatology service delivery in Wirral has been subject to several previous reviews (2017 & 2019) and other change initiatives which have not resulted in consistent alteration in outcomes for patients.

3.2.3 Multiple primary care dermatology pilot models have been running across some of the Wirral Primary Care Networks (PCNs) between November 2019 and September 2020. There have been inconsistencies in service provision and data collection, compounded by disruption from COVID-19. Therefore the interpretation of these pilots and the true effect of the pilot has not materialised.

3.2.4 The case for change draws its evidence and rationale from a range of documents and reviews which are contained in the full service review (Appendix 1)

3.3 **Future Model**

3.3.1 The future model for delivery of the treatments currently provided from the inpatient beds will be agreed once approval has been given and engagement can be undertaken with key stakeholders. The aim will be to replicate the treatment offer without the requirement for an overnight stay.

3.3.2 For the overarching dermatology model, Wirral system partners have come together and collectively agreed the best clinical model of care for our patients. This has been based on local and national best practice and in line with current guidance

3.3.3 A set of principles have been agreed for delivering the future Model of Care which align with the Healthy Wirral healthcare principles and NHS England five tests.

3.3.4 Further to this the proposed model of care meets the options appraisal criteria which is set out under the headings below which has been agreed by the Healthy Wirral system Partners:

- Clinical Model and Benefits for Patients;
- Adherence to Requirements;
- Affordability;
- Deliverability; and
- Acceptability to Key Stakeholder Groups

3.3.5 As part of the new proposed model of care, the opportunity to repurpose the inpatient beds will adhere to the same principles and will be subject to this option appraisal.

4.0 FINANCIAL IMPLICATIONS

4.1 The potential financial impact for the total service re-design results in a cost saving for the system of £85k and also delivers approximately an additional 2,000 outpatient attendances and reduces the waiting list for Dermatology.

5.0 LEGAL IMPLICATIONS

5.1 The CCG will ensure adherence to the contract procedure rules and procurement legislation as part of any soft market testing or procurement activity.

5.2 The Council has a statutory duty to assess and meet identified need under the care act for both informal carers and the people they care for.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The consultation and engagement process with key stakeholders, patients, carers and clinicians will inform any future commissioning requirements

7.0 RELEVANT RISKS

7.1 The management of any risk has been undertaken through the Equality Impact assessment , Quality Impact Assessment and Data Protection Impact assessment . (These are attached as appendices).

8.0 ENGAGEMENT/CONSULTATION

8.1 Our aim is to undertake a full consultation with key stakeholders, patients, carers and clinicians in Spring/Summer 2022, as outlined in the timeline provided in section 2.

9.0 EQUALITY IMPLICATIONS

9.1 The NHS has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity. As part of the above options and proposed redesign process we have undertaken the following:

- Equality Impact Assessment (EIA)
- Quality impact Assessment (QIA)

9.2 No major issues have been identified through these assessments. These assessments will be undertaken again to assess the impact of the detailed proposal for the re-purposed service offer, once developed

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Commissioners will aim to minimise environmental impact through its commissioning process. There are no environmental or climate implications associated with this report.
- 10.2 Travel for people who use the services will be kept under review and minimised where possible to reduce environmental impact.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 There are no community wealth implications arising from this report.

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APPENDICES

Appendix 1 – Healthy Wirral Dermatology Service review

BACKGROUND PAPERS

Healthy Wirral Planned Care Programme

SUBJECT HISTORY (last 3 years)

Council Meeting	Date