

Public Document Pack

Additional Information for 24th November 2009 Scrutiny Board (Health)

Agenda Item 8 – Provision of Dermatology Services

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Written submission detailing public comments gathered / received by
Mr. Victor Boughton and presented to the Scrutiny Board (Health) – 24
November 2009

No 1

I have been a patient since 1979 and hate to think what state I would be in without ward 43 and the staff. I have been on different wards and had to ask to have treatments applied and its always what do I have to do and how do I do it or even worse busy just now will get back to you soon and that doesnt always happen. I was on the ward yesterday and heard and if this is true it is beyond belief that peadiatrics moved onto gastric ward and that wasnt good enough so now they want ward 43 and knock all the single rooms through and after all that they will ONLY BE THERE FOR 14 MONTHS before they move into a purpose built unit. What will it be like if we have to be admitted onto an ordinary medical ward with other patients staring or having to be undressed with nothing but a curtain between beds maybe up to an hour while treatments are applied or the comments when trails of skin are left in bathrooms toilets etc a lot of skin complaints are made worse by stress well thanks a lot managers

No 2

I have been a patient on this ward many times over the years and I dont know how I would have coped without it. It is devastating to know that people like me will not be able to get the medical help and support that this ward offers. What is happening to the NHS. I need this ward like thousands of other people from all over the country.

No 3

My other half has been using the dermatology ward (ward 43) at the LGI since he was aged 9 he is now 50. The powers that be at Leeds Teaching Hospitals don't see the devastating effects of dermatological diseases both physical and mental. The support and care given by the specialised team on ward 43 is second to none. Without this ward patients will be farmed out to other, busy, wards where they will feel vulnerable and not recieve the specialist care the require and deserve. Has anyone contacted the cheif executive yet???

No 4

I used to work at the LGI on general medical and surgical wards approx 4 years ago before moving to New Zealand.I know the impact that ward 43 has on dermatology and rheumatology patients, and the expert care that the ward provides for these patients.The patients CANNOT receive the attention, time and the care that they need on a busy medical/surgical ward, however much the staff endeavour to treat them. This is such a specialist area, that surely it must come under 'negligence' by the LGI powers that be, in exposing these patients to MRSA,ESBL etc on general wards.Keep ward 43 open, for goodness sake, for the safety and expert care that these patients deserve.

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No 5

I am devastated at the thought of this closure, i have been an in-patient of ward 43 every year since 1980 & if it weren't for the care/treatment i've received over the years i literally wouldn't be here. The utter despair that is felt prior to admission is horrific but there is Ward 43 where you can see a light at the end of that dark tunnel & i really do not know what i will do if this closure happens

No 6

This ward has been a skin ward for a long long time. It has shared itself with a lot of other specialities, including Rheumatology and GU medicine. It would be a crying shame if it were to close, there is nowhere within the county which has such a specialised unit as this is. The nurses are highly specialised, to deal with skin conditions, which are distressing enough. Can the Trust promise that the patient who are admitted onto this ward will be treated in single rooms - I think not. Some dermatology problems are extremely distressing and I do not think the Trust appreciates this.

No 7

Hi there thanks for signing up to the group.

I have been coming here roughly around 4 years now, the later 2 being the most often especially now as I have treatment every 4-6 weeks now in the ward for 3-7 days at a time.

I couldn't think if a better ward to be on, the staff are fantastic, you have privacy in your own room, as a patient who comes alot it is more like coming to an extended family which makes hospital visits so much nicer.

No 8

i just want to wish everyone involved in this all my best wishes and really hope the ward does not close, i know from my son with diabetes that you get used to and need to see the same docs, nurses etc it does get to feel like a family, wishing you a...ll the very best and hope its good news, keep pushing and trying everything you can.

No 9

This is ridiculous!!! I worked on Ward 43 as a health Care Assitant for about 18months and it was one of the nicest wards ever, all staff members got on very well and the standard of care delivered was excellent (even if I do say so myself). There were always positive feedback coming from patients and family members who stopped on the ward. I actually cant believe they are trying to close it down! What will happen to the dermatology and rheumatology patients if it closes down?? What are people doing to stop this happening? Is there anything that people can actually do?

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No 10

If ward 43 ceases to be, there are not sufficient single rooms within a single ward in the LGI to cater for the dermatology patients (unless of course they are thinking of the private ward) - so you are all going to be scattered - putting strain on your doctors who will be running around like lunatics trying to see you all.

The second and probably most major point is that the dermatology nurses will probably not be going with you if the ward is closed down. Nurses get very little training in skin conditions (I know, after leaving the LGI, I trained to be an adult nurse, we got approximately 1 weeks training on the skin system). As both Anne and yourself know, dermatology patients need not only the nursing care, but also psychological care in being able to cope with their skin condition. If you are moved onto different medical wards, nurses are usually extremely busy caring for a lot of different medical conditions . Dermatology care can come a very definite second as being " not as important" as for example heart and kidney problems. You might want to make the point that you might be given "second class care" because dermatology nursing is a specialised kind of nursing.

Thirdly, what do the consultants say about the ward closure ?, I know and have seen what Prof Cunliffe, Prof Rowell and Dr. Cotterell have said, but I have not heard anything from the latest batch of consultants. Are they on your side or are they not bothered about the ward closure.

No 11

When I had to be admitted to a different ward needed to have the daily treatments done which had been done at home by my husband for me.

Because of a different condition I have I cannot get in/out of the bath without help also need to have help bathing and drying but because of my skin condition I need a bath every day with emolients to prevent my skin drying out but there was not the staff or the time for that to happen so over a week I only had two baths that would never happen on ward 43 the staff always found time for my baths.

I also have to have creams etc applied I need my scalp treating twice a day and once again there just wasnt the staff or the time they didnt know how to apply the treatment so I had to explain how why and when so it didnt get done. As you can imagine by the time I went home I was so upset and stressed my psoriasis had a flare up, now if ward 43 closes the thought of being treated somewhere else fills me with dread how would you feel having to ask to be put in the bath and helped with washing and drying and putting creams etc on different parts of the body by which I mean intimate areas at least ward 43 has single rooms not just a curtain, it feels embarassing and degrading to have to ask for these things to be done then what about the risk of infection if I have open sores. The list goes on please think again before you go ahead with the closure.

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No 12

I am one of the faceless, but not voiceless, patients of Ward 43 & I am totally devastated at the thought of this closure.

My first admittance to Ward 43 was in 1980 (I was 14), I was admitted with Pustular Psoriasis affecting the whole of my body, from the top of my head to the soles of my feet, with barely a dot of "normal" skin to be seen. Without the care I received I would not be here today.

I have been admitted every single year since 1980; between one & four times a year & this month marks my 29th anniversary.

When I have been at the point of total & utter despair & feel like life cannot carry on I have had Ward 43 where I know I'll be treated with dignity & respect & life will become bearable once more. I cannot contemplate the Ward closing, for what this will mean to me personally & others like me will be utterly disastrous.

Skin. The biggest organ on the human body yet deemed so unimportant that a ward specialising in treating it is closing.

No 13

You may have read recently in the Yorkshire Evening Post about the proposed plans to close Ward 43 at the LGI. I am contactng you in the hope you may be able to help. The ward is small with only 14 beds. Patients all have individual rooms so as to safeguard against infection and also to provide privacy and dignity for patients who have visible skin problems and have to have numerous bandages and dressings applied. The staff are a very professional team having all being specifically trained in Dermatology and do a truly wonderful job. Many in patients require their dressings to be changed several times a day and for such patients to be 'farmed out' onto general wards is absolutely disgusting. Through no fault of the general nursing on these wards they do not have the time or the experience to tackle these extra duties and so consequently leave these vulnerable people open to the many SUPERBUGS which are so readily available within our hospitals today. Also to take into account is the humiliation many Dermatology patients would face in the instances where they have to be bandaged from neck to toe. They would I believe be made to feel like Lepers with the quite understandable human reaction of other patients and visitors giving the 'looks and stares' thus causing more stress for our Dermatology patient. On the now very very busy and always full Ward 43 patients are made to feel at ease and in some cases "at home" because of their sometime lengthy stay they have their own space and are cared for by the very understanding nurses, doctors and consultants. More recently my Auntie had to spend quite a long spell on Ward 43 after having to be transferred from another hospital and I cannot stress enough that if she had not gone to Ward 43 when she did then without a shadow of a doubt she would have lost one of her legs! This was not the fault of staff on the previous ward but the fact that they were not educated or trained in the specialist field of Dermatology and so once on Ward 43 under the appropriate team she was diagnosed and treated and thankfully came out of hospital with two legs. Along with many other people/patients my family and I will be forever in debt to this team of truly dedicated and professional staff of Ward 43. There are various petitions (deadline date 21/10/09) to try and help stop the closure of Ward 43 but I would very much appreciate it if we could count on your input and support on this very important matter.

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No 14

my daughter is a rheumatology patient of prof emery she suffers from lupus.in the last few years she had been very ill,had a long stint on and off intensive care.she has frequent admissions to LGI usually gets admitted as a lodger until a bed is available on ward 43 .i dread to think what will happen if ward 43 were to close.as the staff on other wards dont understand lupus.the worry of this has caused nichola and myself a lot of stress.ward 43 has been brilliant and we would be very relieved if it continues.good luck.

No 15

my mum works on ward 43, this has affected her a lot, and Im ashamed to even hear about this situation. hope eveything goes well, because this is purely out of order, I mean what are they going to make? offices? oh great there are serious injuries happening, and we're removing a ward that cares for that stuff, for what? small desk job items, and people in suits?!

No 16

I have suffered with psoriasis for 60 years – as a child, teenager, young woman, middle-aged and now a pensioner. I have received treatment many times on Ward 43.

I echo the words of Nicki Ellis (YEP, October 12). Ward 43 is my safety net and life line when times get unbearable and you lose the battle with home treatment.

Believe me, this problem makes you desperate and very unhappy.

To prevent in-patient treatment, I have, over the years tried other treatments prescribed by Dr Mark Goodfield – oral medication, injection form, also light treatment. When these are no longer suitable I have had the comfort of knowing Ward 43 was there for me, with all the understanding specialised staff.

They provide comfort and compassion to what this chronic complaint feels like, both emotionally and visibly.

While having treatment on Ward 43 you can relax and look forward to discharge and feeling normal for a while, until the next time treatment is needed.

Treatment on another ward would be unsuitable for both staff and patients. We need our precious Ward 43.

May I take this opportunity to thank all staff on Ward 43 for special care and understanding I have received over many years. Will someone please listen to us?

Written submission detailing public comments gathered / received by Mr. Victor Boughton and presented to the Scrutiny Board (Health) – 24 November 2009

No 17

Regarding the closure of Ward 43 at LGI, I also have been a patient since the late 70s.

I visit outpatients every three months, I am also a patient on the ward at least twice a year.

What I would like your readers to know is the whole staff, consultants, doctors and nurses are very clever and dedicated. Also many patients come from all over the country, not just Leeds.

Why don't we have a skin department? We have an ear department, an eye department, a throat department.

Regarding the children's ward. Don't get me wrong, children I love but in my opinion Ward 43 is not suitable for children. The rooms would have to be modernised and decorated. Children would feel isolated by themselves alone in a room. Surely children need to be accompanied not left on their own.

How about looking at wards to close like those for alcoholics and drug addicts who are not even bothered about cutting down on expenses. They get their treatment no matter what, so please readers, please support Ward 43.

No 18

I've only just seen this and was too late to sign the petition unfortunately. Having worked on ward 43 a few years ago, I can attest to the fact that the care given on there was very specialist and it would be disastrous to just dump these patients on the medical wards!

No 19

After being quite stable for a long time since hearing about the proposed closure of ward 43 my psoriasis is definitely starting to flare up. As there is nothing else worrying me at the present time and I know that stress and worry cause my skin to flare up it is the only thing I can think of.

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No 20

Having suffered from Acute Eczema from a very young age and having tried various treatments, I find that over the years a short stay as an In-patient with Intensive treatment has helped me to maintain my condition in a manageable state.

I am disgusted and very angry that this decision has been made without any prior consultation with Staff & Patients.

I have found that over the years the staff on Ward 43 have been very kind, considerate, Caring & understanding which has helped me amongst many others to feel relaxed within the hospital environment whilst undergoing intensive treatment.

The stays as an In-Patient can be lengthy and being away from your family & friends can lead to an anxious & stressful time which then hinders your recovery. All the doctor's and staff on Ward 43 helps to relieve these feelings of isolation & anxiety in a very patient, friendly & happy manner.

I know that the field on dermatology is not in the forefront of people's mind in this day and age. Also the fact the various conditions are not seen as life threatening but this a misconception as it has a more widespread impact on a person's welfare and mental health as well as a severe impact on their families.

No 21

You have our continuous support to fight against the closure of WARD 43 at the LGI, as patient / carer we need help and support from the medical and nursing staff in our time of needs at location with dedicated area and nursing staff.

No 22

I fully support keeping a specialist ward with trained staff after using the services at the L.G.I over the years on numerous occasions for treating psoriasis.

it is better to be in an environment where you know people aren't going to be shocked or will stare at you because everyone with skin complaints goes to the same area for treatment or to stay if need to be admitted. I have never had anything but helpful staff who go out of there way to make you feel comfortable. This is a difficult thing to do when you feel isolated and depressed because of your condition.

I really hope the move is reconsidered and doesn't happen, as it will obviously be to the detriment of the patients, who will suffer even more as a consequence.

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**Written submission from Professor Bill Cunliffe to the Scrutiny Board (Health) – 24
November 2009**

Miss Maggie Boyle
Chief Executive Officer
The Leeds Teaching Hospitals NHS Trust,
Trust Headquarters
Beckett Street
Leeds
LS 9 7TF

20th October 2009

Dear Madam.

As a former consultant (and now a patient in the dermatology department) at the LG I, I read with much disappointment the likely closure of the inpatient dermatology unit. I have had experience of treating skin patients who were nursed in a non-dedicated medical ward. Such a situation is not ideal for skin patients, and so many years ago with the support of the then management team and medical staff, we moved to the current ward on E floor which has many single rooms

The move proved to be highly successful in providing dermatological patients with excellent nursing care and dignity. As I am sure you are aware, many patients with skin disease are stigmatised and many of the public have a belief that many skin disease patients are infectious, which to some extent is true. Consequently, patients with skin disease feel much less comfortable in a more open ward situation

A significant number of patients with skin disease carry a significant number of pathogenic bacteria which can spread to other patients. If I was a patient undergoing some surgical or other interventional procedure I would in no way wish to be nursed on the same ward as a skin patient who might be harbouring pathogenic bacteria such as Staphylococcus Aureus, which in some instances could be MRSA

In the Yorkshire Evening Post of October 12th there was a quotation from the management “ the hospital managers insist any changes would not put patients at risk” ; this statement I find difficult to accept but I appreciate that the statement could have been misrepresented by the press.

Your Trust should be very proud of the quality of care given to dermatology inpatients who receive excellent, high quality nursing and medical care, in an environment which provides patients with an empathetic ward environment. I ask the question why destroy something that is working well and is in the best interests of skin patients?

I am also led to believe that some nurses are likely to lose their current job and given this uncertainty it could be that by default some of the excellent skin nurses might apply for other jobs, the eventual result being a shortage of appropriately trained dermatological nurses

I also have the experience of managing patients at two sites - St James and Leeds General Infirmary. This was not good for the patients and would prove to be a problem if dermatology inpatients were managed on a different site other than the Leeds General Infirmary - why?:-

Written submission from Professor Bill Cunliffe to the Scrutiny Board (Health) – 24 November 2009

1. As with many other specialities dermatology is no exception, in that there are specialist types of dermatological problems which are best looked after by one particular dermatology consultant

2. Thus, for the patients optimal benefit a particular consultant ought to look after a particular patient,

3. Thus in certain circumstances if a patient needs to be seen twice a day by a particular consultant then that consultant would be likely to have to reduce their clinic even at the last minute. At the very extreme there is a rare condition called toxic epidermal necrolysis which in adults has a 50% mortality; in such patients I visited the patients three or four times a day

4. In dermatology a specialist registrar is involved in ward care, and having the patients offsite would make it less satisfactory for the patients

5. Most importantly, there would be logistic problems for the in patients. A significant number of inpatients require phototherapy, patch tests, photopatch test and surgical procedures. Maybe I am wrong, but these facilities which are readily available in the outpatient dermatology unit would not present in an offsite inpatient unit; therefore the inpatients will have to travel from the other hospital to Leeds General Infirmary.

6. This travelling would reduce the time available for optimal patient treatment and will be likely to extend their inpatient stay. As I am sure you are aware some patients with skin disease can be in hospital for well over two or three weeks, and adding extra inpatient time would not be in the patient's interest

I also believe that the trust has a legal responsibility** to discuss such issues with the Local Authority Scrutiny Committee, patients, doctors and nurses before a decision is made and executed

In summary, the specific questions for which I would like possible an answer are;-

1. Is there a guarantee that the nursing care will in no way now and in the future be down regulated?
2. That the inpatient facilities for patients, such as appropriate bathing facilities and treatment areas will not be jeopardised?
3. That inpatients would not have to traverse the city for essential inpatient procedures. Please note I expect that having such facilities in place, but offsite from the LGI would be quite expensive
4. That patients will not lose their dignity and can receive empathetic treatment from specially trained nursing staff?
5. 100% care will be taken to prevent the spread of infection from skin patients to patients with non-skin disease?
6. That Dermatological patients will never be admitted anywhere near patients who are to receive surgical procedures?. If this were to happen, then sooner or later, a surgical patient would pick up an infection with for example, Staphylococcus Aureus
7. That you are in discussion with the Local Authority Scrutiny Committee, and medical and nursing staff and patient representatives

As you appreciate I am writing this in the best interests of patients so that the current high standard of inpatient dermatology care is maintained. Over the past few years, since retiring, I have been a patient of the dermatology department. May I say how pleased I am to see that considerable investment has been put into the outpatient department to which there has been a considerable and appropriate increase in available space. These changes have definitely improved the overall ambience for the patients

**Written submission from Professor Bill Cunliffe to the Scrutiny Board (Health) – 24
November 2009**

If I have made any error in any of the statements I do apologise; I am now a patient of the department and not a member of staff

Please could you confirm receipt of this letter and the approximate time I would expect to receive a reply. I appreciate that there are certain questions I have raised for which it will take some time to answer, but preliminary answers to the questions would be much appreciated

I realise that you are a very busy person, but from the patient's perspective these issues are crucial to their happiness and the maintenance of the excellent care they have received from the Trust, whilst on their current inpatient ward

Thank you.

Yours sincerely

W. J. Cunliffe

** The duty to consult with patients falls under section 242 of the NHS Act 2006, which places a duty on both primary and secondary care trusts to involve the public in service planning and in the development of any changes. This duty is supported by the guidance “Real involvement: working with people to improve healthcare”, published in October 2008,

**Written submission from Professor Bill Cunliffe to the Scrutiny Board
(Health) – 24 November 2009**

Date: 30th October 2009

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Dear Professor Cunliffe

Thank you for your letter to me of 20th October 2009 regarding the Dermatology service at Leeds Teaching Hospitals Trust.

I would like to preface my detailed response by stating that the Dermatology service is held in high regard and the service that Dermatology staff provide to patients is greatly valued.

It is clear that there is a lot of concern about the future of the service. Much confusion and anxiety seems to have been caused by media coverage which does not necessarily give a full or completely informed account of the Trust's plans. This letter provides the most accurate information that is currently available.

The present Dermatology ward (Ward 43) at Leeds General Infirmary is a 14-bed ward with a notional allocation of 10 Dermatology beds and 4 acute Rheumatology beds. As part of a wider programme of changes across the two main hospital sites in Leeds, plans are being developed to change the use of the current Dermatology ward at Leeds General Infirmary and to re-provide the patient beds in a suitable alternative location in the Trust.

I must emphasise that we fully intend to maintain the inpatient Dermatology service with dedicated beds and specialist staff, however the precise location of these beds is yet to be agreed.

As background, it might be helpful for me to explain why we are considering changes to the service.

Reasons for change

Clinicians in the Rheumatology service have expressed a wish to relocate the 4 acute inpatient beds to St James's University Hospital so that they can be located with Acute Medicine. The main Rheumatology inpatient service will remain at Chapel Allerton hospital.

Additionally, medical cover out of hours will potentially be more difficult following changes in the Elderly Medicine department.

Written submission from Professor Bill Cunliffe to the Scrutiny Board (Health) – 24 November 2009

At the same time the Trust is seeking to make best use of its clinical resources and expertise, so that we use public money most effectively and efficiently, by bringing together smaller wards into larger shared ward areas. In this case it means a number of dedicated beds in a larger ward. It is **not** our intention to treat patients who currently use the service in unidentified beds around the Trust.

Specialist staff

The inpatient service will continue with specialist Dermatology staff caring for patients in their new location. This will be achieved by nursing staff who currently work on Ward 43 relocating to the designated ward for Dermatology inpatients. The consultants and support staff who currently care for Dermatology patients will also continue to do so in the new location.

Patient safety

We are discussing with consultants, nursing staff and the rest of the specialist team, requirements of the inpatient service to ensure the reprovided beds are suitable for safe and effective care

In addition, we are taking expert advice on infection control issues from our microbiology service and from the specialist nursing team. Although the accommodation on the current ward is provided in single rooms for all patients, this is not a clinical requirement for all Dermatology patients. Nursing some patients in bays or open ward areas is a safe and appropriate way of providing care. Many other Trusts do exactly this without putting either Dermatology or other patients at any additional risk.

Efficiency

The Trust is seeking to accommodate the service in up to 10 beds within a 22 or 24-bed ward to make best use of nursing resources. It is also clear that we need to consider changes in the way the service is provided to bring it in line with services offered by other Trusts who provide a specialist service.

We know that our average length of stay is longer than that for similar Trusts, and we feel there are further opportunities to improve the service offered to Dermatology patients, for example by potentially increasing the number of patients treated on a day case basis.

I would like to confirm that the both the day case and outpatient services will continue and we anticipated developing them in the future. In fact, for the 5 months April to August 09 the day case activity has increased by 22% over the same period last year.

Consultation

We considered it important to ask clinical staff to get involved in the process for identifying options for a new location. Unfortunately before having had the chance to do this properly, we were faced with speculative claims that we would no longer provide inpatient Dermatology care at LTHT and also requests to provide information that we do not, as yet, have available.

**Written submission from Professor Bill Cunliffe to the Scrutiny Board
(Health) – 24 November 2009**

I would like to reassure you that the quality of the service and the experience of patients are absolutely central to our thinking. At the moment we are working with clinicians to identify a suitable new location with access to appropriate beds and facilities. We have asked clinicians to let us know about their priorities and, based on their experience of providing care, about the aspects that are important for patients using this service. We know that dedicated beds and nursing expertise are important. We also know that access to the right kind of facilities to maintain a safe service that protects the privacy and dignity of patients is crucial.

It is our intention to engage with Dermatology patients about proposals for new accommodation as soon as we have identified appropriate options based on criteria specified by the clinical team. We expect this to be during November. No changes will be made until we have talked to staff and patients about them.

Please be assured that the requirement for quality patient care in an appropriate environment is essential to any decisions made about the future of Dermatology services in our hospitals.

I trust that this response addresses your concerns, however please do not hesitate to contact me if you require further information at this time.

Yours Sincerely

Maggie Boyle
Chief Executive

COMMENTS TO BE PRESENTED TO SCRUTINY BOARD (HEALTH)

After speaking to more than 60 dermatology patients with respect to Ward 43 closing and relocation the following issues and concerns came to light.

- Many patients have had bad nursing experiences when lodged on other wards after admission as acute and their condition has deteriorated before being transferred to Ward 43. Are concerned how the level of nursing care can be maintained when sharing a ward and being the smaller discipline.
- They would feel more comfortable being treated together in an empathetic ward environment. The psychological trauma of finding themselves in an open ward environment will not help their recovery, and inevitably lead to longer inpatient stay.
- Concerns about contracting infections on open wards when they have a compromised immune system due to their skin conditions and medication and treatment.
- With skin conditions most patients suffer from stress, anxiety and depression which can make their condition worse so the correct level of privacy and nursing care is essential.
- If the ward becomes part of a larger ward then the larger discipline will control the dermatology nursing which would result in a reduced level of patient care.
- As some treatments have to be carried out by standing naked to be treated head to foot and intimate parts behind only curtains would be embarrassing and upsetting should the curtains waft open.
- Concerns about the availability of baths or shower to remove old topical treatments daily on the relocated ward as other wards do not have as many baths as ward 43 which has 3 baths and 1 shower.
- Do the managers making these decisions to relocate understand what is involved in the treatment of skin conditions and the length of time needed for some of the treatment to be carried out. They should go onto the ward and see for themselves.
- Some said that they know that their skin condition has an unpleasant odour and were conscious of it particularly when next to other patients on an open ward which made them feel embarrassed, upset and angry as it was not their fault.

- Other patients can be ignorant of skin conditions and feel that they can catch the disease as it may be contagious or infectious and would prefer not to be next to a skin patient.
- If the ward is on another site and treatment is required at the out patients department at the LGI as light treatment, patch testing etc. This would put more stress on the patient having to be transported between sites.
- Until today it appears that minimal consultation with patients, staff or consultants has taken place. Patients would like to be reassured that formal consultation between. 1) Patients and the staff that treat them. 2) The management will take place.