

13 November 2009

Dear Councillor Dobson

Thank you for your letters of 8 and 29 October regarding the Dermatology service at Leeds Teaching Hospitals Trust. I am sorry this reply has taken some time to prepare but as I am sure you will understand I am keen that it reflects the most up to date position and there is ongoing discussion about this issue.

You may wish to know that the Trust is replying separately to the Skin Care Campaign and the British Association of Dermatologists whose Clinical Vice President has also contacted us on the same subject.

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

It is clear that there is widespread 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.

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 reprovide 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. For that reason it is not possible to give you a detailed set of proposals as we are working with the clinical team to develop them. However, as background, it might be helpful for me to explain why we are considering changes to the service.

Catchment area

The Dermatology department based at Leeds General Infirmary provides a secondary referral service for the Leeds area and a tertiary referral centre for the Yorkshire region. Nine consultants provide general dermatology services and tertiary referral services for subspecialties including connective tissue disease, cutaneous oncology, photobiology, contact allergy, dermatological surgery, laser therapy and paediatric dermatology.

Dermatology is principally an out-patient specialty and the department has comprehensive day treatment facilities including 3 theatres. The present inpatient 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.

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. This move is one of the key factors in our proposed change.

Although we originally planned to locate the children's outpatients department into ward 43 this was not the reason for the move and because of the delay we are trying to identify another location so that work to centralise children's inpatient services can move ahead.

In relation to Dermatology, medical cover out of hours will potentially be more difficult following changes in the Elderly Medicine department.

We believe it is important to meet the responsibility we have to achieve the greatest benefit to all patients. By making the best use of clinical resources and expertise, especially by bringing together smaller wards into larger shared ward areas, we aim to use public money effectively and efficiently. In this case it means providing dedicated beds in a larger ward. It is our aim that new accommodation will be at least as good as the existing accommodation, although it may not replicate facilities exactly as they exist. I would like to emphasise 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. It is 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 confirm that the both the day case and outpatient services will continue and we anticipate developing them in the future. In fact, for the 5 months April to August 2009 day case activity has increased by 22% over the same period last year.

Consultation

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 but we would aim to make any changes without undue delay. Of course, if the resulting proposal involves a move to a different hospital we will regard this as a significant variation in service and consult more widely, including with the Scrutiny Board as well as other stakeholders.

Up to this point we have not proposed moving off the LGI site and for that reason I do not believe we have failed to meet our statutory obligations to consult, although discussions might have been managed more effectively. We considered it important to ask clinical staff to get involved in identifying options for a new location specifically to ensure that the quality of patient care is not reduced. Unfortunately before having had the chance work through this process 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.

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.

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 (Miss)
Chief Executive