

Dr Peter Belfield
Acting Medical Director
St. James's University Hospital
Beckett Street,
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LS9 7TF



2 October 2009

Dear Dr Belfield

It has recently come to our attention that it is proposed to move the inpatients Dermatology Ward at Leeds General Infirmary in order to accommodate additional space for paediatric out-patients as per the article published in the Yorkshire Evening Post on the 2 October 2009.

While this in itself seems a reasonable course of action, there has been no discussion and reassurance from the Trust that the existing dermatology inpatient bed numbers will be retained and indeed the service itself relocated.

As I am sure the local consultants will inform you, although the current trend for dermatology is moving Care Closer to Home, this is only appropriate for those patients with mild to moderate skin disease. There still remain approximately 5% of patients with more severe skin disease who require the expert services of consultants in secondary care departments and access to inpatient services throughout their lifetime.

Typically a small proportion of patients with severe eczema and psoriasis, patients with other severe inflammatory dermatoses, patients with acute immunobullous disorders and all patients with toxic epidermal necrolysis etc will require inpatient care. The BAD suggest 2 beds per 100,000 population to meet this serious need. High quality dermatology inpatient care also requires the input of trained dermatology nurses and it has been found repeatedly around the country that the same level of care is not forthcoming when dermatology patients are admitted to general wards. It is, therefore, of concern to know that the Trust's number of dermatology nurses has already been reduced, with a resulting reduction of the number of day-care patients treated. The need for these inpatient and day-care services will not in any way be reduced by any alteration in the pattern of service provision that might result from any 'modernisation' agenda.

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In addition, as I am sure you will be aware, Leeds is held as a centre of excellence for dermatological surgery, lasers and connective tissue diseases. With regards to the latter, such patients can often be medically very unwell and, not infrequently, such patients require expert inpatient dermatological care. In addition, many are treated with the new biological therapies, one of which requires intravenous infusion and would therefore require the availability of inpatient or day case services.

I write, therefore, to clarify the facts presented to the BAD and to ensure local consultants are consulted in line with any proposed service changes. In the interest of high quality patient outcomes, the BAD also seeks your reassurance that no closure of the inpatient facility will ensue until suitable alternative facilities are in place.

Further to this we would also seek clarification on how your proposed plans highlighted in the Yorkshire Evening Post provide short and longer term financial savings to the public purse if vital services for patients are to be preserved.

I look forward to your early reply.

Yours sincerely



Stephen Jones
Clinical Vice-President
British Association of Dermatologists

cc:

Maggie Boyle, Chief Executive, St James University Hospital

Kevin Howells, Acting Chief Executive, Leeds PCT

Jill Copeland, Director of Partnerships and Development, Leeds PCT

Philomena Corrigan, Acting Director of Commissioning and Nurse Director, Leeds PCT

Dr Ian Cameron, Director of Public Health, NHS Leeds

Steven Courtney, Scrutiny Board (Health), Leeds City Council