

**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?:-

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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

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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,

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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.

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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.

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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