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 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 fell 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.