
From: Tania von Hospenthal [mailto:tania@bad.org.uk]
Sent: 15 March 2010 16:23
To: Courtney, Steven
Cc: Jones Stephen (Wirral University Teaching Hospital NHS Foundation Trust)
Subject: FW: Health Scrutiny Board draft update from BAD

Dear Steven

Apologies for the delay in responding, I have managed to speak to Mark to provide you with an update of the proceedings so far from our perspective.

In terms of our update please see the following account:

To date the dermatology consultants at Leeds Hospital have been in discussions with trust management over the options for the relocation of the dermatology inpatient beds (Ward 43). It is more than likely this relocation will be to Chappel Allerton. There are a number of factors which need to be considered before such a move can take place such as alterations to the new proposed site so that the new accommodation is able to provide the same facilities and staffing structure which are currently provided on Ward 43.

This of course does create major capital issues for moving an entire department and the details and risk needs to be assessed appropriately and managed accordingly.

We understand that the dermatology patient panel is now up and running, having being accepted by the trust as an important part of meeting its PPI responsibilities. The BAD will continue to offer its support and provide advice to the Leeds patient panel as and when needed.

The recent draft by NHS Leeds for commissioning community dermatology service does raise a number of concerns with the model being proposed model, in particular:

- It does not appear to be based on management of skin disease types and need for specialist input within these proposed levels of care.
- Direct access to care for patients with long term, chronic and complex conditions could be hindered using the proposed care pathways.
- Skin conditions suitable for treatment in community clinics are limited to basic diagnosis and management by GP and GPwSi, complex cases require assessment and investigation by a consultant.
- There has been no local public and patient consultation using the recommended methods for engagement as part of the commissioning framework.
- There seems to be a lack of clinician input into what is being proposed.

Some of these concerns and others have been raised by our consultant members in Leeds Hospital and trust management with the PCT. They are all due to meet on the 19 March 2010 to discuss the problems identified and we hope that a conclusion for a revised service model can be agreed or accommodated through these discussions.

Kind Regards

Tania