



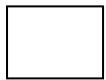
Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 26 April 2010

Subject: Dermatology Services in Leeds

Electoral Wards Affected:



Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Purpose of this Report

- 1.1 The purpose of the report is to present the Scrutiny Board (Health) with an updated position regarding the proposed development of dermatology services within Leeds.
- 1.2 It highlights some concerns identified by the Leeds Dermatology Patients Panel and the Skin Care Campaign. Leeds Teaching Hospitals NHS Trust (LTHT) have been invited to address such concerns and provide an update to the Scrutiny Board (Health).

2.0 Background

November 2009

- 2.1 At its meeting on 24 November 2009, the previous Scrutiny Board (Health) received and considered a range of information associated with proposed changes to dermatology services, particularly in terms of in-patient provision on ward 43 at Leeds General Infirmary (LGI).
- 2.2 At that meeting, the Board was made aware of some public concern around proposed changes to the dermatology service and the need to maintain a dedicated in-patient service for those patients suffering acute episodes that required hospital admission. Members also heard that patients and the British Association of Dermatologists (BAD) had significant concerns around the consultation process – highlighting that staff and patients needed to be engaged and consulted before any decision to change services currently provided on ward 43.
- 2.3 At the same meeting in November 2009, members of the Scrutiny Board (Health) were advised by LTHT that consideration was being given to re-providing dermatology

services elsewhere within the Trust and an options appraisal was being undertaken. Members were assured by LTHT that there had always been an intention to engage and consult with staff and patients, and that further work around engaging and involving key stakeholders would be undertaken in an open and transparent manner.

- 2.4 Following consideration of the issues presented and discussed at the meeting, the Scrutiny Board raised a number of concerns and communicated these by way of a letter to the Trust's Chief Executive. This included the lack of effective patient involvement and engagement in developing the proposals.

March 2010

- 2.5 The concerns raised in November 2009 and the associated response from LTHT were reported to the previous Scrutiny Board in March 2010. At that meeting, LTHT's Directorate Manager (Speciality Medicine) advised the Scrutiny Board that:

- LTHT intended to continue to provide dedicated Dermatology inpatient beds;
- The continued need for dedicated inpatient beds and the need for skilled nursing staff was recognised and there was no proposal to change the level of service or support provided;
- LTHT was seeking to re-provide the inpatient beds to another ward location within the Trust;
- There had been on-going discussions with patients, consultants and the nursing team about the proposed re-provision of dermatology beds from Ward 43 LGI to another ward location within LTHT;
- A lead Matron had been dedicated to the project and, in close liaison with patients, consultants and the nursing team, a draft options paper had been produced for further comments by key stakeholders before completion.

- 2.6 In addition, at the same meeting in March 2010, the Leeds Dermatology Patient Panel (LDPP) representative advised the previous Scrutiny Board that:

- As the panel was newly formed and still evolving, its main aim was to contribute to the planned re-provision of Ward 43 dermatology services and to ensure a focus on maintaining current levels of high quality patient;
- The panel had established links with a number of representative groups within LTHT and were continuing to receive support from a range of national dermatology groups and organisation, such as The Skin Care Campaign and The British Association of Dermatologist;
- The panel also included a committee member of the Leeds Local Involvement Network (LINKs);
- The panel had been very active with input into the completion of the option appraisal work, including compiling a comparison list between Ward 43 at LGI and a proposed Ward 2 at Chapel Allerton Hospital (CAH);
- During the last three months, LTHT had been very helpful, open and transparent at the panel's meetings.
- The next stage would be around the more formal consultation processes.

- 2.7 At that meeting the Chair stated that the main aim of the Scrutiny Board had been to help ensure the retention of high quality, dedicated medical and nursing care for the benefit of patients; and to facilitate an on-going dialogue between patients and the Trust in this regard. Noting the Scrutiny Board's pivotal role, the Chair went on to state how pleasing it was to hear how patients were being actively involved in the planned re-provision of dermatology services.

Post March 2010

- 2.8 Since the Scrutiny Board meeting in March 2010, proposals were brought forward by the Trust to relocate Dermatology inpatient services to Chapel Allerton Hospital. The Trust undertook a consultation exercise, in part through the Leeds Dermatology Patient Panel (LDPP) and the LDPP has continued to have some involvement in the planning and preparation works for the proposed move.
- 2.9 In early September 2010, having been informed of the proposed timescales for the move of inpatient services, members of the LDPP raised concerns with LTHT. Such concerns were reported and discussed at the Scrutiny Board (Health) meeting in October 2010. In November 2010, Members of the Scrutiny Board (Health) attended a tour of the in-patient facilities at Chapel Allerton Hospital.
- 2.10 In March 2011, the Chair of the Scrutiny Board met with representatives from the LDPP, who raised a number of ongoing concerns in relation to the proposed move of the Dermatology Outpatients Service to Chapel Allerton Hospital, which included:
- Capacity of the proposed hospital site;
 - Proposed location and associated proximity of the various elements that make up the outpatients service;
 - Availability of information and involvement of all members of the LDPP; and,
 - Unrealistic timescales.
- 2.11 These matters were identified at the Board's meeting in March 2011 and were subsequently communicated with LTHT and a brief report requested. In addition, a request was made to ensure that no plans were finalised until the Scrutiny Board (Health) and explored this matter further.

3.0 Dermatology Services in Leeds

- 3.1 LDPP have subsequently provided an outline of some areas of progress (Appendix 1) and the main issues / concerns that remain in relation to both in-patient and out-patient services (Appendix 2). Representatives from LDPP have been invited to attend the Scrutiny Board meeting to outline these concerns in more detail and address any questions the Board may have, as appropriate.
- 3.2 Furthermore, additional concerns identified by the Skin Care Campaign have recently been brought to the attention of the Chair. These concerns, outlined in the letter attached at Appendix 3, have been forwarded to LTHT for comment. As outlined in the attached letter, the Skin Care Campaign will not be represented at the meeting.
- 3.3 Representatives from Leeds Teaching Hospitals NHS Trust (LTHT) have been invited to attend the meeting to present a brief report addressing the concerns raised by LDPP and the Skin Care Campaign. A copy of this report will be provided as soon as practicable.

4.0 Recommendation

- 4.1 Members of Scrutiny Board are asked to consider the information presented and:
- 4.1.1 Identify and determine any specific action the Board may wish to take;
- 4.1.2 Identify any matters that require further scrutiny and/or any recommendations the Board may wish to make.

5.0 Background Papers

- Provision of Dermatology Services – Scrutiny Board (Health), 24 November 2009
- Provision of Dermatology Services – Scrutiny Board (Health), 16 March 2010
- Provision of Dermatology Services – Scrutiny Board (Health), 26 October 2010