Supplementary information for 31st July 2013 Scrutiny Board (Health and Well-being and Adult Social Care)

Pages 1-4: Agenda item 9 – Copy of letter dated 19 July 2013 from Dr Yvette Oade, Chief Medical Officer, Leeds Teaching Hospitals NHS Trust to Leeds Dermatology Patients Panel in relation to concerns raised around the impact to the dermatology care for patients as a result of proposed changes to the senior trainee doctor rotas.

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Leeds Dermatology Patient Panel

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Dear Mr Boughton and Professor Cunliffe

Re: Concerns Raised by the Leeds Dermatology Patients Panel

Thank you for writing to the Trust (Dr Mark Wright) expressing your concerns around the impact to the dermatology care for patients as a result of proposed changes to the senior trainee doctor rotas.

I hope that this letter gives you and your members a fuller picture of the proposals and hopefully reassurance to dermatology patients present and future about the continuation of the high quality and complete service they will receive.

I can fully understand on the information you appear to have been given how your concerns would have arisen. I would, therefore, like to set out the reasoning behind the proposed changes, the benefits this will bring and finally deal specifically with the issues you have raised in your letter.

For the 3 years, following the move of adult medical care to St James we have had very limited on-site 'physician cover' at the Leeds General Infirmary site, out of normal working ours (8-6, 5 days per week). One significant impact is that we have been unable to fully develop our stroke service as we would wish. It also means that patients that become unwell in the LGI beds sometimes have to wait until the following day before receiving advice about their management from a 'physician'. In some situations this advice is more relevant than the support that can be offered by the surgical doctors that are "resident". Sometimes this delay can lead to delays for patients and prolong their length of stay.

In addition our most junior doctors have indicated that they feel very vulnerable and unsupported out-of-hours, being asked to provide advice beyond their level of experience. This is a situation that you will probably be aware of from all the recent reports of failings in the NHS.

Therefore for reasons of patient safety and support to our most junior staff we have to develop a solution for both of our acute inpatient sites.

We currently have 17 middle grade physician doctors on call every night. Only 4 of these doctors are "resident" in our hospitals out-of-hours. We have devised a plan that will increase the number of "resident" physician doctors for both St James and the LGI. Specifically for the LGI site this means that the LGI will have a more experienced physician on site every night and at weekends, which will provide more experienced staff to assist for surgical patients with medical problems and provide that essential support to junior trainees. Importantly it will allow us to deliver the comprehensive Stroke service to the people of Leeds that we have been striving for. This will bring us into alignment with the majority of other major cities across England.

In order to achieve this we will be asking appropriately qualified doctors from the 'non-resident' specialty rotas to undertake this resident physician role. As the workload on the LGI site for medical type problems is naturally far less than the major site for Adult medical problems at St James we have concluded that the subspecialties from LGI and Chappell Allerton would be best placed to undertake this role. These people all have an appropriate Post-graduate qualification in Adult Medicine that proves they have demonstrated they have the knowledge for undertaking this role.

The Deanery who oversee all training of Junior doctors recognises the impact on individuals and that they may require support to refresh their skills. The Trust and the Deanery will provide this training to maintain personal confidence and safety of care to patients.

Impact for specialties including Dermatology

For most specialties, we aim to keep separate rotas running until 9.30pm. We are aware that there is often a need for on-site specialist opinion in this part of the day. We are working on a rota to provide this evening cover for the majority of the week in dermatology.

After 9.30 at night the clinical advice for any acute dermatology problems will be provided by the on-call consultant dermatologist. They are our experts in the management of skin problems. Indeed, given that they have more experience and seniority, it is likely that they will offer even better advice than the trainee doctors. It could be argued that this represents an enhancement to the "out-of-hours" dermatology service from a patient's perspective.

Specific concerns raised by you and your members

For clarity if I provide responses to each grouping of concerns raised in your letter this will allow ease of reference.

1. *Trainee dermatologists caring (out of hours) for patients with acute medical problems. The following day the trainee dermatologist will not be allowed to do a*

skin clinic. Trainee dermatologists therefore will have less time to "do" dermatology.

2. *For 50% of the year non dermatologists caring (out of hours) for dermatology patients and vice-versa*

I hope that the description of the consultant level cover out of hours demonstrates that maintenance of specialist cover for patients will remain if not be enhanced by this change.

Dermatology training is based on achieving competencies against which all trainees are assessed. The Deanery, who assure that training is meeting the standards, are satisfied that the small loss of loss of time in daytime training from contributing to this rota will not have a deleterious effect on achieving the competencies necessary to be eligible for a consultant post. As stated earlier this will be monitored closely.

This change is being debated across all major teaching hospitals and by the Royal Colleges. There is the acceptance that all medical specialty trainees of the future will be expected to undertake a degree of general medical on-call work throughout their training career.

As patients we strongly are of the opinion that:-

1. *Acutely ill medical patients should be seen by a doctor whose primary day job is the regular care of acutely medically unwell patients*
2. *At all times a "hospital based dermatology" inpatient and outpatient should always be seen be a dermatologist. As patients we know that the dermatology knowledge of non dermatologists is very poor.*

The provision of more senior cover to the LGI site by the dermatology trainees is to be able to assess patients and manage the common medical conditions of patients in surgical wards and out stroke units. There will be comprehensive consultant and other physician support to deliver improved care.

The increased role of consultants providing advice and support to all part of the hospital will enhance access to dermatology advice.

The consequences of the proposals for dermatology patients are immense and include:-

1. *The inevitable reduction in properly trained high quality dermatologists.*
2. *Since the proposals are, as far as we know, only happening in Leeds then the cream of the national dermatology trainees (appointments are made nationally) will not wish to come to Leeds. We are already aware that 40% of the current Leeds trainees are considering relocating from Leeds.*
3. *Most local trainees end up as consultants in this region. Thus Leeds' and Yorkshire region will have less than ideally trained consultants*
4. *Trainees will inevitably be unable to do any research as they will spend less time doing dermatology. This could herald the total loss of clinically based research in Leeds. As Leeds' patients we deserve access to new treatments sooner rather*

than later. If there is no mainstream dermatology research then we will lose this important possibility.

5. *The inevitable reduction of dermatology clinics which will result in the estimated loss of 5,000 patient visits per year which represents a 10% loss of capacity.*

The training of the specialists is changing and moving more to competency based training. The requirement for undertaking general medicine work is also inevitable across England. I and the Deanery would be disappointed if trainees chose to train elsewhere as the impact on each trainee of this change is very small and should not significantly affect the high quality training experience in Leeds. The rota proposal would indicate that this would be 14 days away from dermatology training per year.

I do not anticipate any impact on the ability of the department to undertake clinical research to provide the best therapies to our patients. The time away from research of any trainee by this proposal is short and should not prevent any trainee completing their programme.

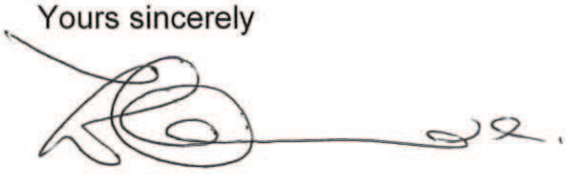
It is the view of the Deanery and the Trust that that by continuing to undertake a role in managing sick patients trainees will maintain the important skills of assessing and evaluating patients with complex problems, a very useful skill for the many and increasing number of patients with dermatological conditions who have other medical problems.

The dermatology service will make sure that access to the service as a result of the loss of trainees delivering service to patients will be appropriately re-provided to meet the needs of the patients. The service has already undertaken work to develop new ways of delivering more effective dermatology care for the future.

I can understand the concerns of the dermatology patients but we are confident that once in place there will not be a significant deterioration in the quality of the dermatology service. Indeed, having greater consultant input to the out of hours service should be of benefit to those people that need urgent dermatology advice at out of hours. I hope you will understand that the actions we are taking are designed to improve the standard of care that we offer to our sickest patients in Leeds and Yorkshire.

If you require any further information then please do not hesitate to contact me.

Yours sincerely



DR YVETTE OADE
CHIEF MEDICAL OFFICER

CC: Councillor Illingworth
Scrutiny Board