

# Leeds Dermatology Patient Panel



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**25/07/2013**

**Dear Councillor J Illingworth**

**Here is our response to the letter from the Trust ( Dr Y Oade)**

**1. The dermatology patients thank the scrutiny board for their previous help in ensuring that the dermatology care at Chapel Allerton Hospital is to such a high standard.**

**2. The patient panel considers that the proposals are a change in service provision and should have been put to public consultation before implementation - especially considering that the Trust was aware of the issues when acute medicine moved to St James's, about 3 years ago.**

**3. We sympathise with the Trust's difficulties in staffing the treatment of patients with acute medical illnesses:-**

- The Trust is insisting that each trainee dermatologist will for 2 weeks of the year be caring, out of hours, for patients with acute medical problems
- Some trainees have not done this sort of medicine for 3-6 years.
- We know that these trainees wish to help the situation, but it must not be to the detriment of dermatology patients.
- We would consider that the proposals to provide an acute medical service and the delivery of a comprehensive stroke service are not safe for such patients.
- To the patients it is a bit like asking a breast surgeon to do some general abdominal surgery.
- The Trust argues that the trainees have an appropriate postgraduate qualification for them to do the proposed work. In many walks of life qualifications, long since obtained, do not necessarily reflect current capabilities. We doubt if such doctors would be truly competent.
- Furthermore, the on-call medical duties which they have been asked to do will only be for approximately one week every 6 months. To us this does not seem like much hands-on experience and not particularly safe.
- Also to be competent they would need to keep up their knowledge of these medical topics at the expense of their dermatology knowledge.
- For the proposals to be 100% safe, the trainees will have to spend much more time than the 2 days training which the Trust plans to put into place.

- We consider that some form of competency assessment should be in place.
- Acutely ill medical patients should ideally be seen by a Doctor whose primary day job is a regular care of such patients.

**4. The dermatology panel has a responsibility to defend the rights of, and look after the interests of dermatology patients. The Trust's suggestions will result in the following problems for dermatology patient's care and safety.**

- It is unrealistic of the Trust to expect dermatology trainees to be 100% highly trained in dermatology and acute general medicine.
- We wish our dermatology doctors to be of the highest calibre so that they can look after the many and wide ranging skin problems from which dermatology patients suffer, very often for many years.
- We strongly believe that the Trust management does not fully understand the medical and surgical problems of dermatology patients, probably due to the fact that they have had very little hands-on experience of dermatology.
- There will be an estimated loss of 5,000 dermatology patient visits per year, a 10% loss of capacity.
- There will be a significant loss of clinically-based research, which will affect our care and safety.
- The Trust does not consider this to be the case, which would suggest that they are not aware that there is currently very little research possible (because of clinical commitments and training demands on the trainees) at CAH. The new proposals will unquestionably have a detrimental effect on research.
- The Trust indicates that these proposals will become nationwide
- We would ask, when?
- These proposals, currently only apply to Leeds and thereby Leeds will not attract the best dermatology trainees and future consultant dermatologists.

**5. The Trust also proposes that for 50% of the year dermatology patients will have no out of hour's easy access to an on-call dermatologist.**

- The demand for such out of hours service (which is currently available), is small but when required can be extremely beneficial to patients and even life saving.
- The Trust argues that their suggestions would provide an even better consultant driven, out of hours service for patients, However to no longer have a middle grade doctor available and expected to come in at any time of the day or night to assess a dermatology patient with skill and knowledge can only mean that the service is being down-graded. Consultants performing on call duties from home are not an equivalent.
- We as patients find the current system virtually perfect and that the suggestions would definitely reduce our health and safety.

**6. We believe that the Trust's proposals for dermatology patients are contrary to the NHS constitution in that:-**

- They are not aspiring to the highest standards of excellence.
- They are not putting our patients at the heart of everything it does.

- They have not consulted dermatology patients.
- Their decisions are not transparent and clear to patients.  
For dermatology patients they are not striving to get the basics of quality care, safety and effectiveness and patient experience, right every time
- They are not tailoring to the needs and preferences of our patients.
- Dermatology patients are being discriminated against.
- They are not providing a comprehensive service, available to all, with a duty to each and every individual.
- They are not promoting equality through the service it provides.
- They are not paying particular attention to groups where improvements in health are not keeping pace with the rest of the population (dermatology research lags behind most other specialities).

**7. The panel has also randomly given a questionnaire to 60 dermatology patients and virtually all agree unanimously with our current concerns**

**8. The Trust's proposals will have a similar impact on other medical disciplines such as rheumatology, rehabilitation medicine, sexual health etc. Unfortunately these specialities have no patient panel. From our limited discussions with patients from these other medical disciplines, we know that their views are very similar to our own.**

In conclusion Mr Chairman and scrutiny board members.

- We cannot understand why the Trust has not worked to the NHS Constitution (March 26, 2013)
- We do hope that you can get our patient concerns voiced to the appropriate authorities ( medical staff and management) such that the proposals can be appropriately discussed at the same time with patients, medical and management and not prematurely put in place inappropriately for patients.
- We believe that some compromise has to occur to get it right for dermatology (and other specialities) patients and the acute medical & stroke patients
- Thank you for your time

V.Boughton, B.Cunliffe, K. Ward. P Sunderland, R Dobson, S.Verdi, P Verdi, A Boughton, S Chambers and M Wright