



Leeds Dermatology Patient Panel

July 8th 2013

Dear Councillor J Illingworth,

Firstly many thanks to the Scrutiny Board for the help they have given to Dermatology patients in the past 4 years to ensure that the structure and service provided to Dermatology patients in Leeds is of the highest quality.

Secondly thank you for reading this communication and for advising if the Scrutiny board can once again help on the issues highlighted below about which the patients knew nothing until July 1st 2013.

The problems stem from a shortage of doctors in acute medicine. We sympathize with the Trust's difficulty of staffing the treatment of patients with acute medical illnesses. However we have an overriding need to support dermatology patients so that they do not suffer as a consequence of the proposed changes which would mean:-

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

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 by a dermatologist. As patients we know that the dermatology knowledge of non dermatologists is very poor.

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.

Unfortunately these proposals affect other specialities, including rheumatology, rehabilitation, sexual health medicine etc. These groups have no patient panel to represent them. From our limited discussions with some of these patients their concern mirrors those of the dermatology patients. Thus we would wish also to support what must be their similar concerns.

We would very much respect your opinion on these concerns which we believe represent a very significant change in the provision of dermatological and other services and should go to a public consultation before implementation.

We are working closely with Healthwatch and at our patient panel meeting on July 5th it was agreed unanimously that that we should write to the Trust.

Since these proposals are to be implemented in September 2013 we wondered if these issues could be discussed urgently at you next Scrutiny meeting? Obviously we would be very happy to discuss in detail our concerns with you at any time.

Thank you

Victor Boughton Chairman
Bill Cunliffe Secretary

Ken Ward, Anne Boughton, Marie Wright, Philip Sunderland, Roy Dobson, Jill Betts, Stephen Chambers, Surinder and Paul Verdi (committee members LDPP)