

Ipswich Hospital Dermatology

Screening Clinics

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23rd March 2017



The Ipswich Hospital 
NHS Trust

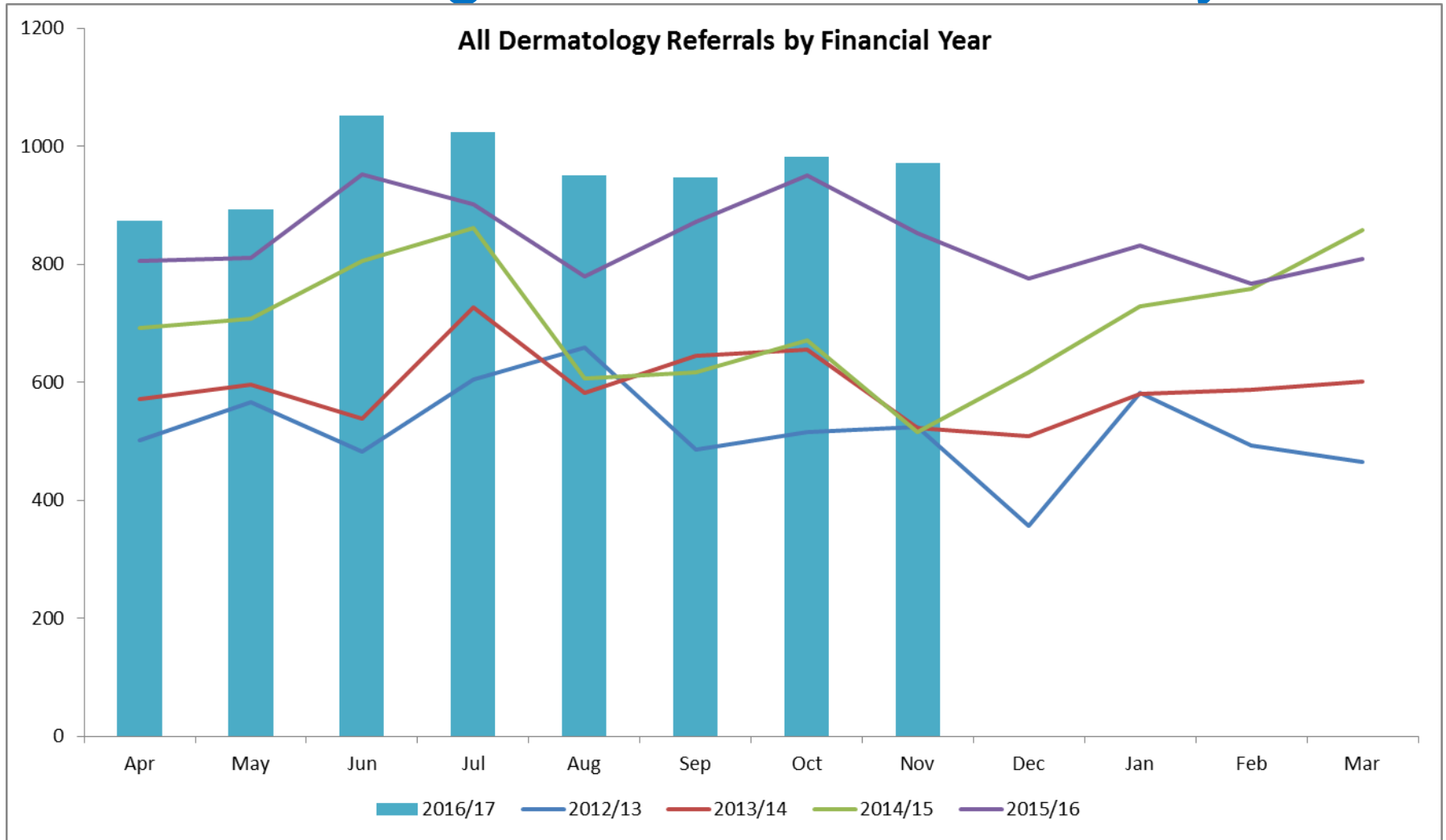
Our Passion, Your Care.

Introduction

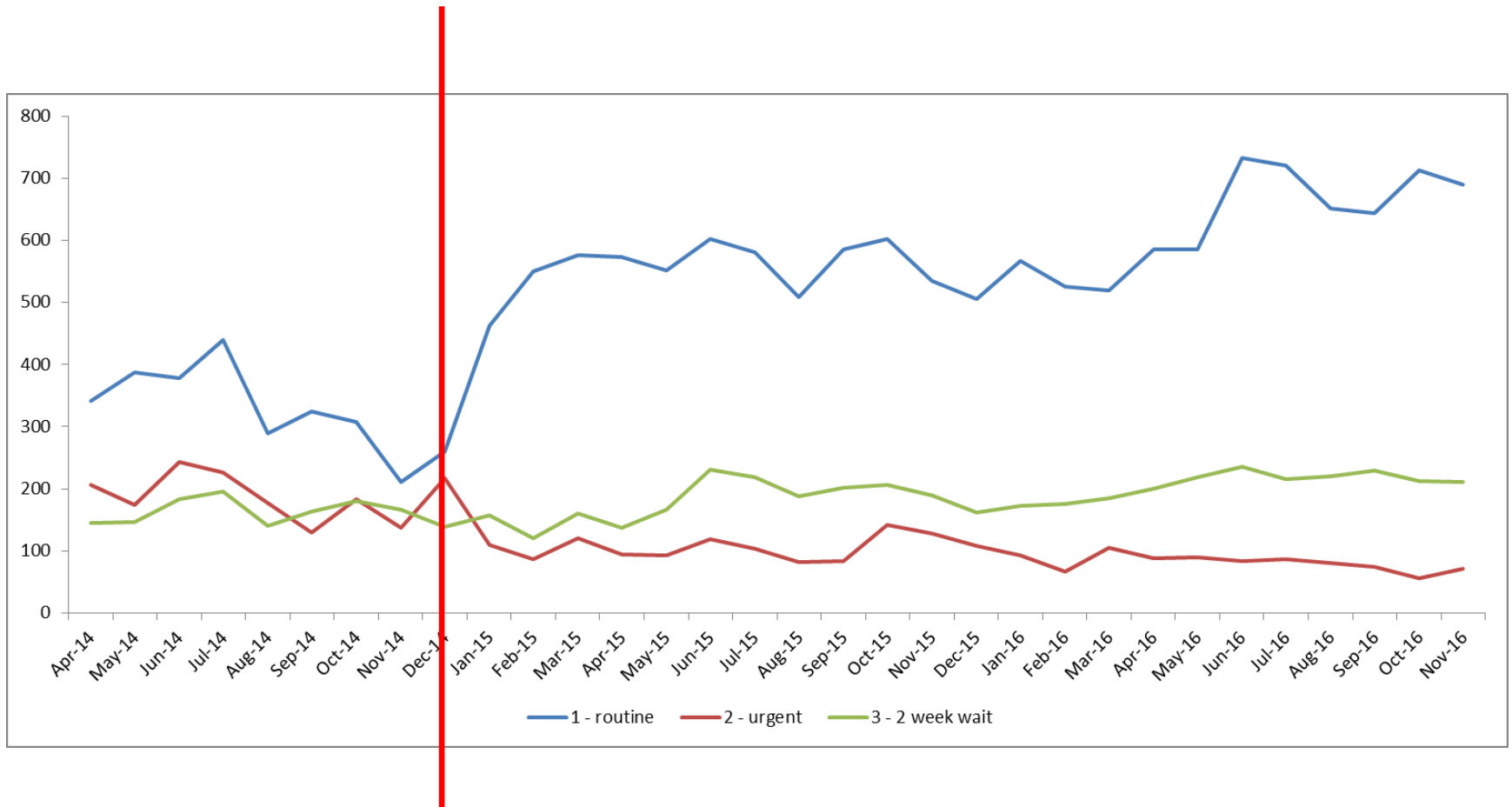
- Where we started
- Where we are now
- How we got here
- Where to next for dermatology
- How about everyone else?



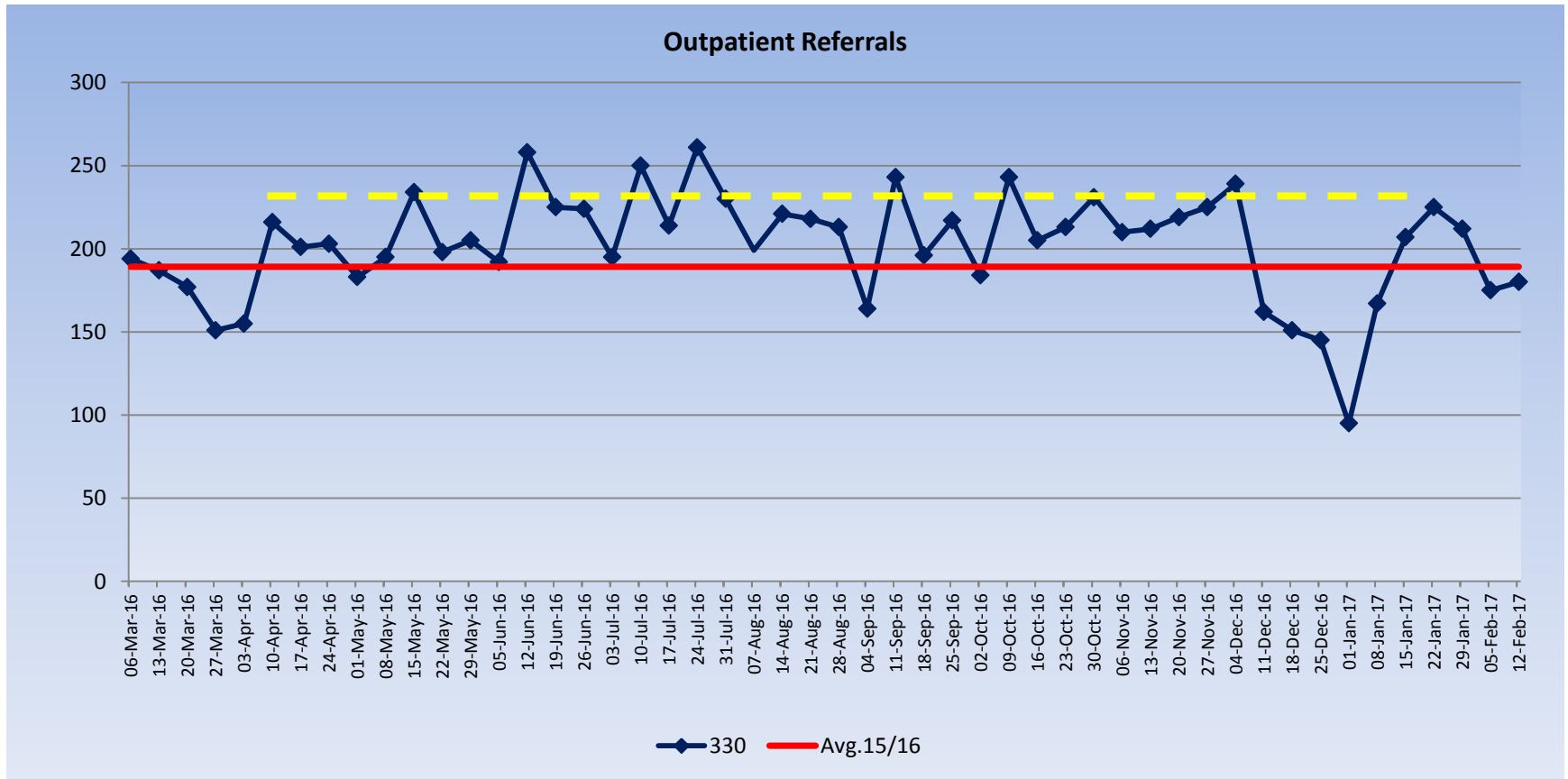
Starting Point – a brief history



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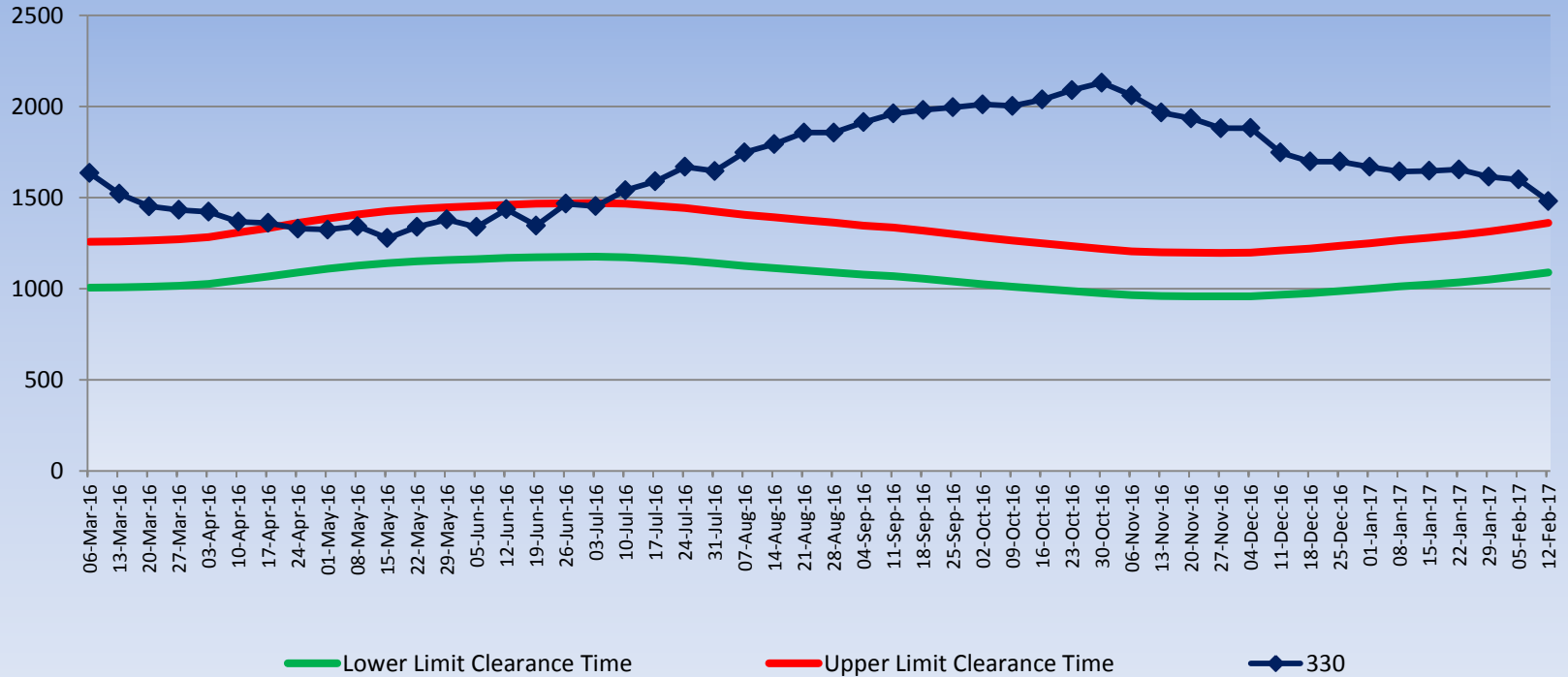


Current Referrals

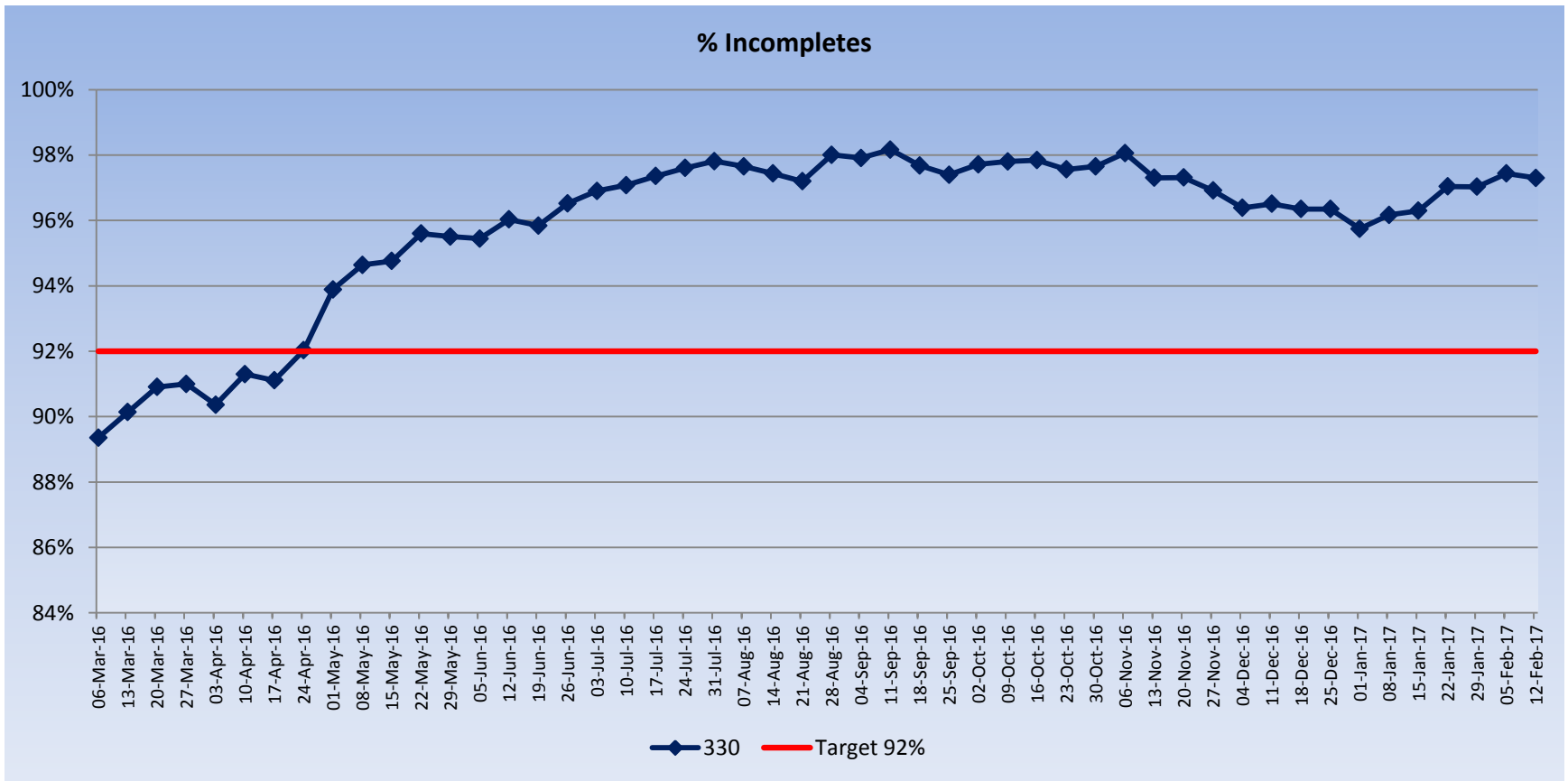


Waiting List

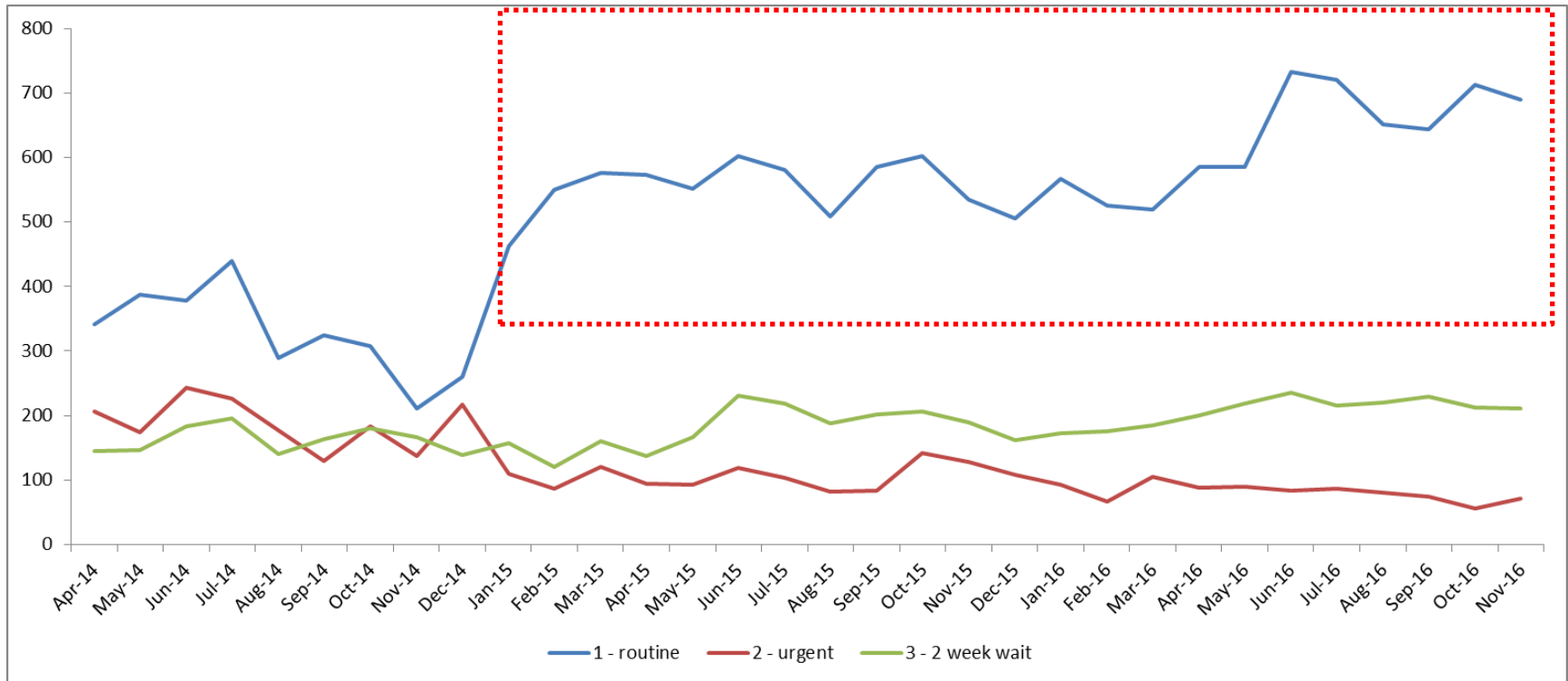
Combined waiting list size



18 Week Performance

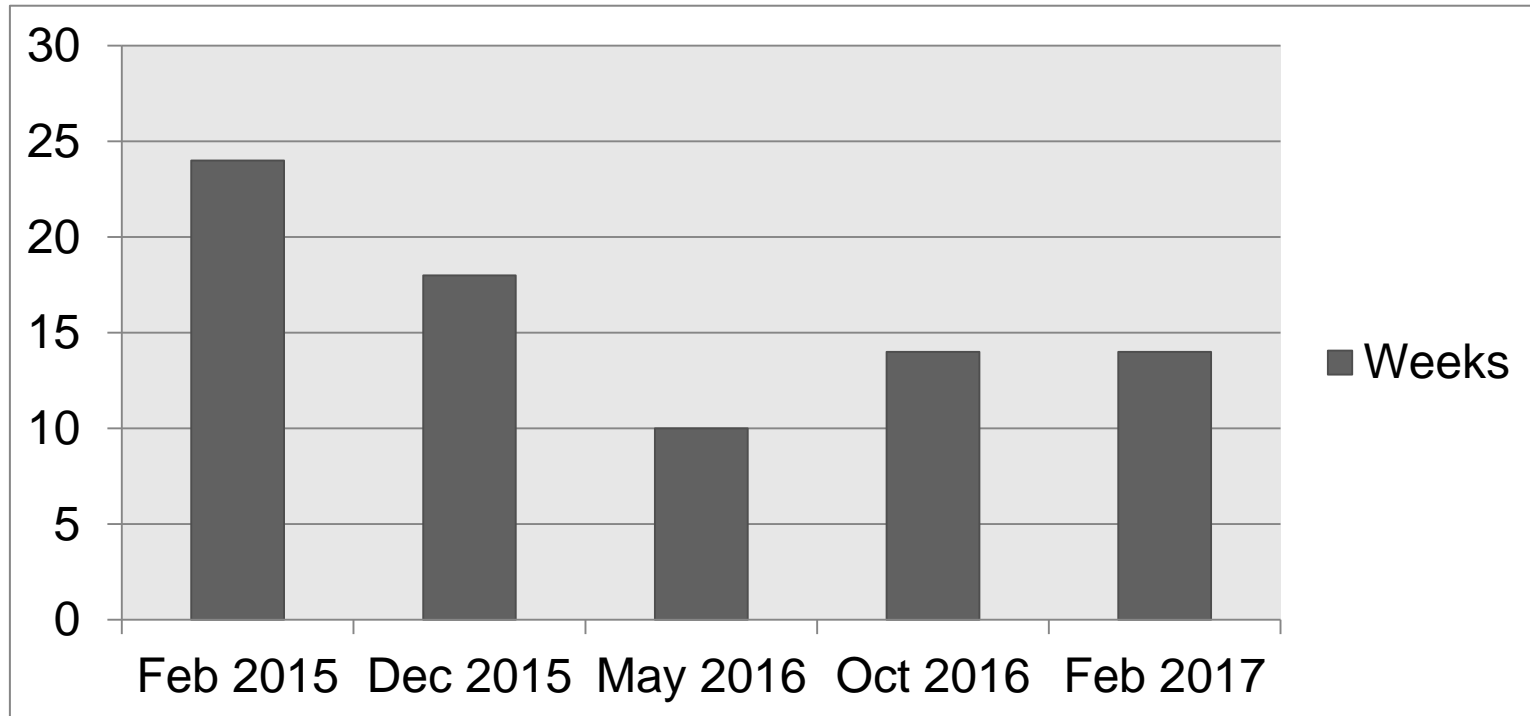


Demand Issue



Key Metric

Average time to first outpatient appointment

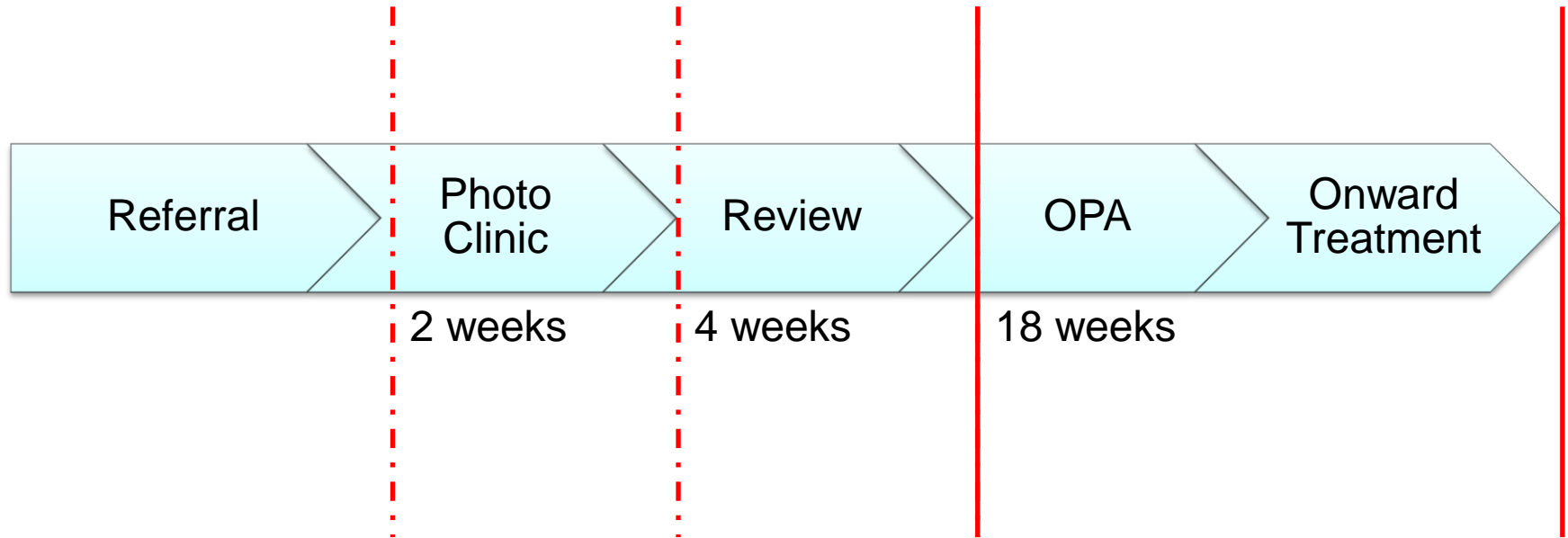


Teledermatology

- Photos in the community
- Reviewed remotely by clinician
- Treatment plan or onward referral
- Makes sense in principle
- **80% of patients still required face-to-face 1st OPA**



Patient Pathway – Telederm



Another Option?

- HSJ article – South Wales model
- High volume ‘screening clinics’
- Same patient cohort as telederm
- Discussion at Joint Steering Board
- Adapted the model
- Pilot set up



What needs to happen in clinic?

Call for the patient

Greet the patient

Take a history

Make a diagnosis

Formulate a treatment plan

Give the patient relevant information

Complete an outcome form

Dictate a letter

Verify the letter



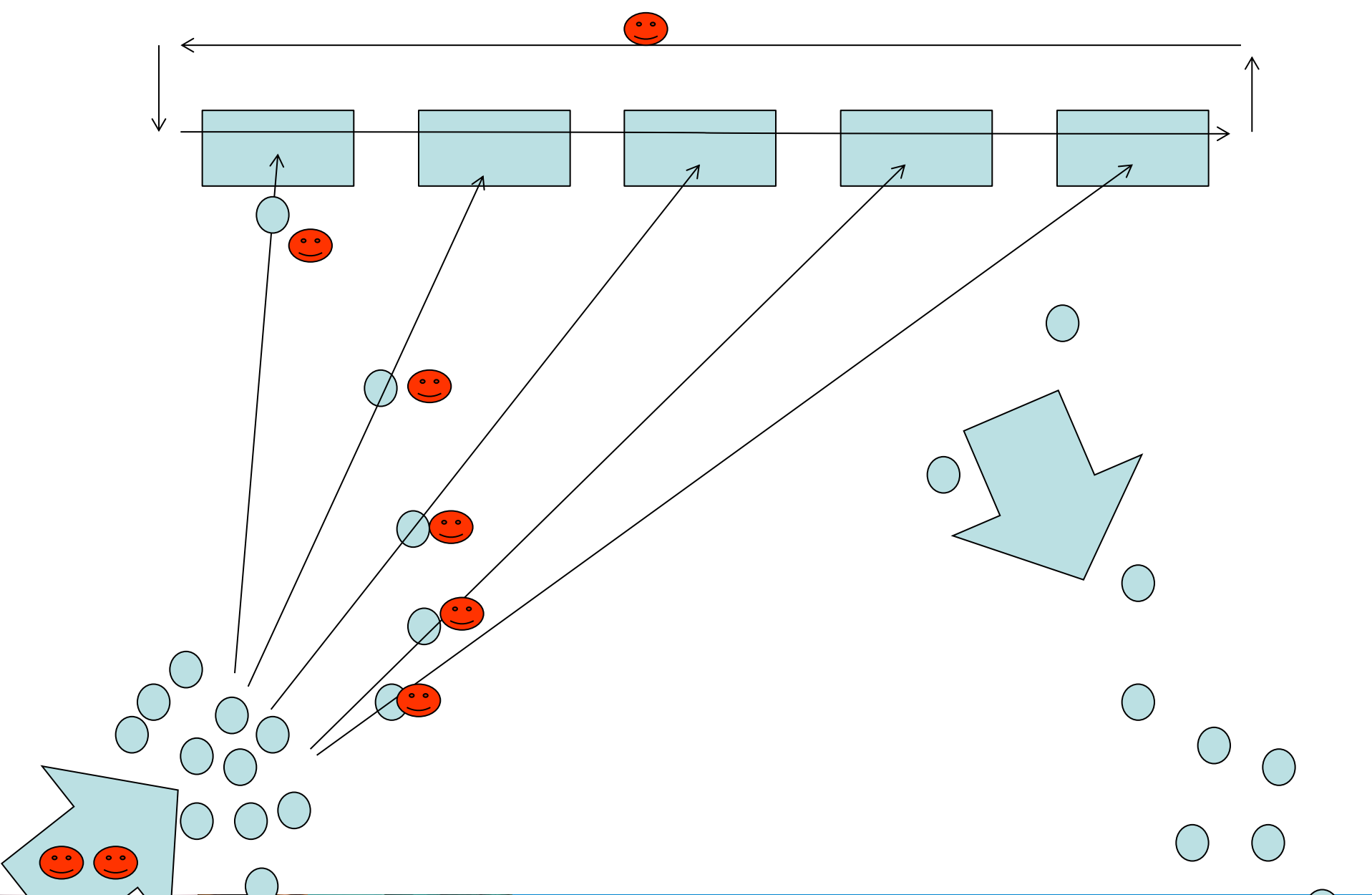
What requires the consultant?

Greet the
patient

Make a
diagnosis

Formulate a
treatment plan





December Pilot – Clinic Statistics

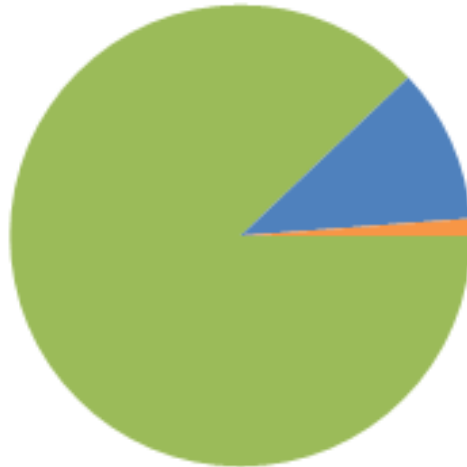
- 2 sessions
- 130 attended
- 4 DNAs
- 77 discharges
- 8 referrals to Plastics
- 44 for biopsy/PDT/further treatment
- 1 awaiting results
- 6 2ww upgrades



December Pilot – Patient Feedback

1. How likely are you to recommend our service to friends and family if they needed similar care or treatment?

Non Scoring, 83 responses



Distribution of results

87.95% Extremely likely

10.84% Likely

0% Neither likely or unlikely

0% Unlikely

1.2% Extremely unlikely

0% Don't know



December Pilot – Patient Feedback

“Concerns answered, skin checked, information given, quick and efficient review”

“It is all run/organised very smoothly, and the nurses and Doctors were friendly and informative. I realise this is a new initiative and I think it is fantastic not to have to wait so long for an initial consultation. Thank you for a very helpful friendly consultation.”



December Pilot – Patient Feedback

“Maybe, and I realise there are time constraints, it would have been nice to have a little longer with the consultant.”

“Efficient and friendly. Good explanation of diagnosis.”

“Short waiting time, and excellent time with consultant.”



February Pilot – Clinic Statistics

- 2 sessions
- 151 attended
- 3 DNAs
- 92 discharges
- 2 referrals to Plastics
- 50 for biopsy/PDT/further treatment



February Pilot – Patient Feedback

1. How likely are you to recommend our service to friends and family if they needed similar care or treatment?

Non Scoring, 77 responses



Distribution of results

94.81% Extremely likely

5.19% Likely

0% Neither likely or unlikely

0% Unlikely

0% Extremely unlikely

0% Don't know



February Pilot – Patient Feedback

“Excellent attention and explanations.”

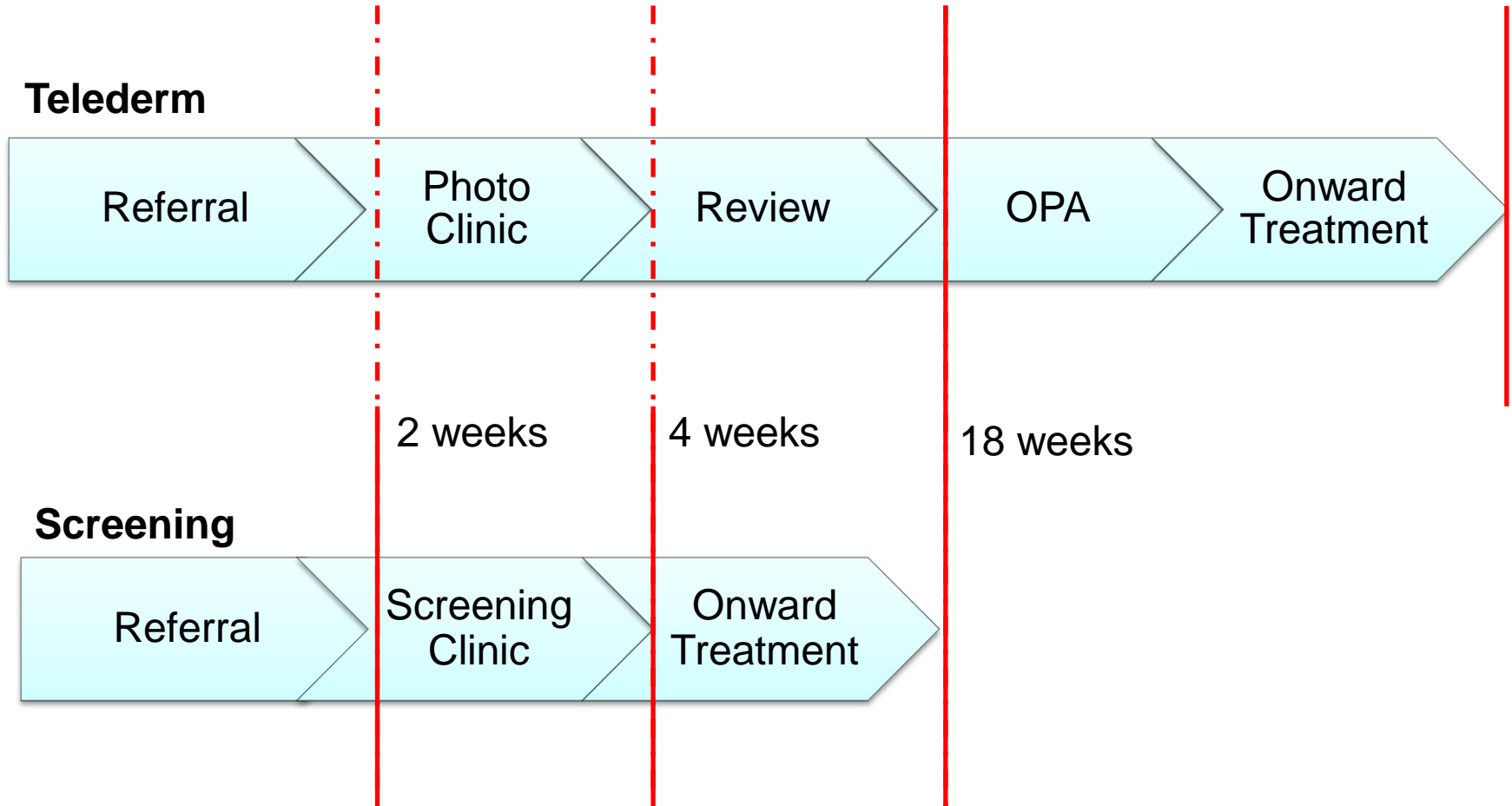
“Took time to explain - not feeling rushed!”

“Very speedy response to initial Doctors referral. just two weeks. Dealt with by Cryotherapy in a couple of minutes, very impressive.”

“Efficiency - speedy response - good supporting written information leaflet available.”



Patient Pathway – Screening Clinics



February Pilot – Clinic Statistics

REFERRAL TO TREATMENT - HEADLINES

Week ending	08-Jan-17	15-Jan-17	22-Jan-17	29-Jan-17	05-Feb-17	12-Feb-17
NonAdmitted						
Within 18wks	97	99	115	142	107	226
Outside 18wks	9	13	17	4	7	8
Total	106	112	132	146	114	234



Key Components of Success

- Staff engaged
- Patients well informed
- Control of environment
- Appropriate staffing levels



Additional Benefits

- Staff feedback also overwhelmingly positive
- Improvements made through debriefs throughout the process (eg GP letters, clinic packs)
- Released resource in admin team



Dermatology – where to next?

- Business as usual starts 1st April – 4 sessions/month
- Review of referral form and guidance to create single point of access
- Cessation of Teledermm (key success)
- Further education for GPs
- Tailoring of other clinical activity to maximise liberated capacity



...and how about everyone else?

- Not a 'one size fits all' solution
- A set of principles that could be used in other areas – get the consultant to do what only the consultant can do
- Already exploring options within Specialist Surgery CDG and wider in Division 2
- Logic dictates there must be similar applications across other divisions



Summary

- Where we started
- Where we are now
- How we got here
- Where to next for dermatology
- How about everyone else?



The difference to patients



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Questions



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