Integrating Primary and Secondary Health Services Dermatology

A Model for integration and Collaboration

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modality Partnership

Community Dermatology Services

Acceptance Criteria

- Referrals accepted for all adult and child dermatological conditions requiring specialist opinion

Exclusion Criteria

- Suspected SCC or Malignant Melanoma
- High risk basal cell carcinoma
- Psoriasis or eczema patients who require DMARDs or systemic therapy
- Erythrodermic or systematically unwell patients requiring urgent assessment

Referral

- Referrals made using standard referral template via ERS or email
- Referrals should be sent to derm.lphc@nhs.net

Service Queries

Clinical queries: tracey.oshea@nhs.net
Admin queries: derm.lphc@nhs.net

Locations

- Laurie Pike Health Centre, Aston
- Enki Medical Practice, Handsworth
- Bellevue Medical Centre, Edgbaston
- Ann Jones Family Health Centre, Sparkbrook
- Smethwick Medical Practice, Smethwick
- Modality Medical SPA, Handsworth
- Handsworth Wood Medical Centre, Handsworth
- Coventry Road Medical Centre, Small Heath
- Swanswell Medical Centre, Acocks Green
- Poplars Surgery, Erdington

Service Model

Specialist Treatments Offered

- Roaccutane/acitretin
- Skin Prick Testing for allergy
- Camouflage
- Iontophoresis
- Intra-lesional steroid injections
- Cryotherpy
- DMARD monitoring
- Laser therapy
- Genital skin lesions and conditions

Service Benefits

- Service accessible to over 250 practices across Birmingham & Sandwell
- Large clinical team including GPSIs, nurses, nurse surgeons and consultant input
- Service delivered from 10 community-based locations, with evening appointments to accommodate patient needs
- Delivered at 80% of PbR tariff

Key Performance Indicators

Key performance indicator	How do we deliver?
Referral time to treatment: new consultations	Patients are seen within a maximum of 18 days
Onward referral rate	2% of patients are currently referred to secondary care
Triage and return of inappropriate referrals to referring GP	Referrals are triaged on the same day
New to review ratio	0.48%
Patient satisfaction	98% of patients would recommend the service to their friends and family
DNA rates	Current DNA rate is 11%

HSJ 2016 AWARDS FINALIST

The General Practice Awards 2016

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The Problem:

Hospital Dermatology Departments cannot cope with the increasing workload

The tariff based funding model does not allow for, or encourage, innovation

Hospitals are in fixed locations inaccessible to many and expensive to access

GPwER services are accused of 'cherry picking' and of being variable in quality

A high proportion of all Dermatology referrals are for conditions that can and should be managed in Primary Care : a failure of medical training

Current services do not use Technology to their advantage

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Achievable Solutions:

In the short term:

Share the load: Collaborative working between Hospital Dermatology and Community GPwER services

Use technology to ensure that each referral goes to the appropriate clinician

In the longer term:

Remove territorialism and financial competition between hospital and community

Develop accessible A&G services to allow patients to be kept in primary care

Up-skill Primary Care staff and Patients to manage Primary Care Dermatology conditions

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The Modality Model as a test case:

SWBH waiting list reduced from 30 weeks to 7 weeks.

Through direct booking of hospital patients into community clinics:
400-450 allocated clinic slots per month

Teledermatology Pilot about to begin to test use of this medium to aid triage
Similar triage in Solihull by GPS showed positive results.

Future services to develop: Light therapy, Patch Testing , Initiation of DMARDS

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Early Lessons Learned:

Triage, Get it right first time:

Good Triage is time-consuming in the short term but reduces duplication in the long term

Few CCG's currently have tariffs for triage

The service seeing the patients needs to be responsible for the booking and confirming of appts (to reduce DNA rate)

Direct booking from Community to secondary care requires open channels of communication

Try to build trust between Hospital and Community Services

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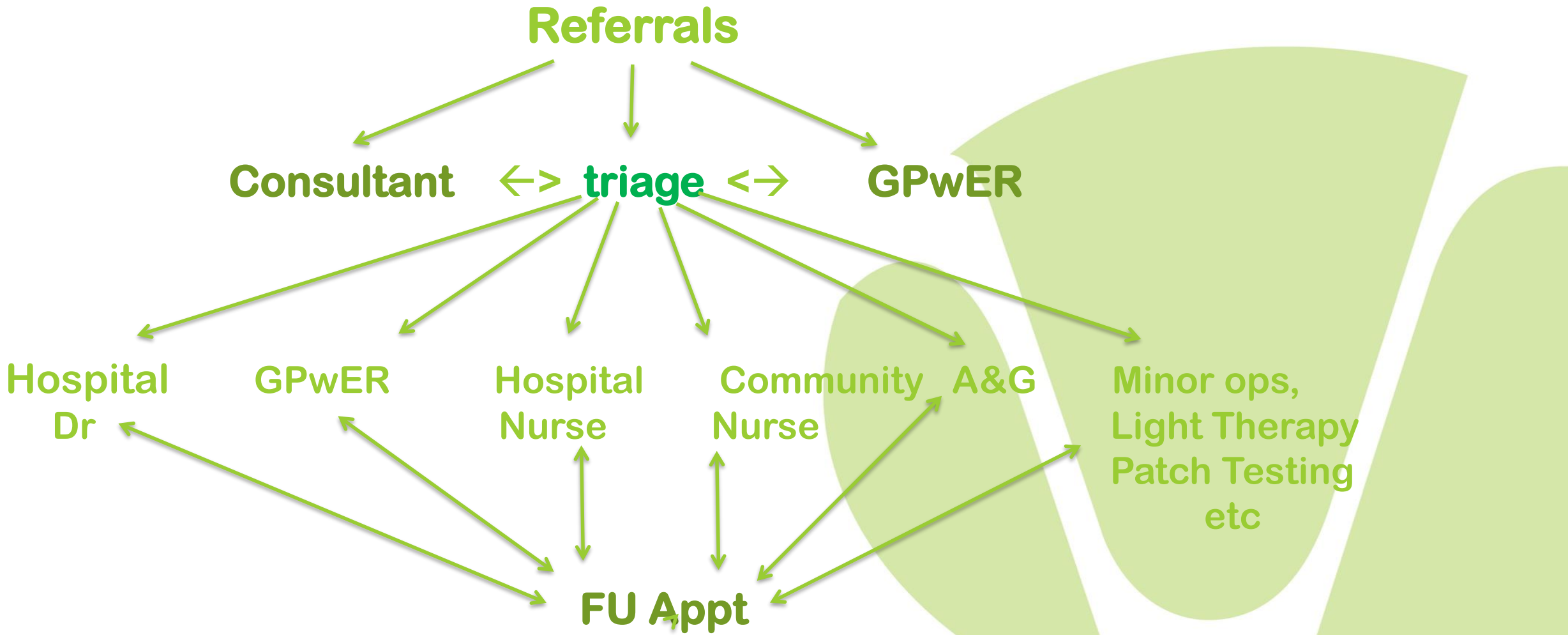
Service Model



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Structure & Workforce

Management Team: Commercial Director, Director of Community Services, Finance, HR, IT & Governance

Dermatology Clinical Lead	Rheumatology Clinical Lead	ENT Clinical Lead	Gynaecology Clinical Lead	Cardiology Clinical Lead	Circumcision Clinical Lead	Urology Clinical Lead	Respiratory Clinical Lead	Ophthalmology Clinical Lead
3 x Consultants 12 x GPwERs 2 x Specialist Nurses	2 x Consultants 2 x GPwERs 3 x Specialist Nurses 2 x Physiotherapists 1 x Psychologist	5 x Consultants 2 x GPwERs 1 x Specialist Nurse	1 x Consultant 8 x GPwERs 2 x Specialist Nurses	7 x Consultants 3 x GPwERs 5 x Echo Technicians	2 x GPwERs	2 x Consultants 2 x GPwERs	1 x Consultant 2 x Specialist Nurses	6 x Consultants 3 x Optometrists 1 x Technician

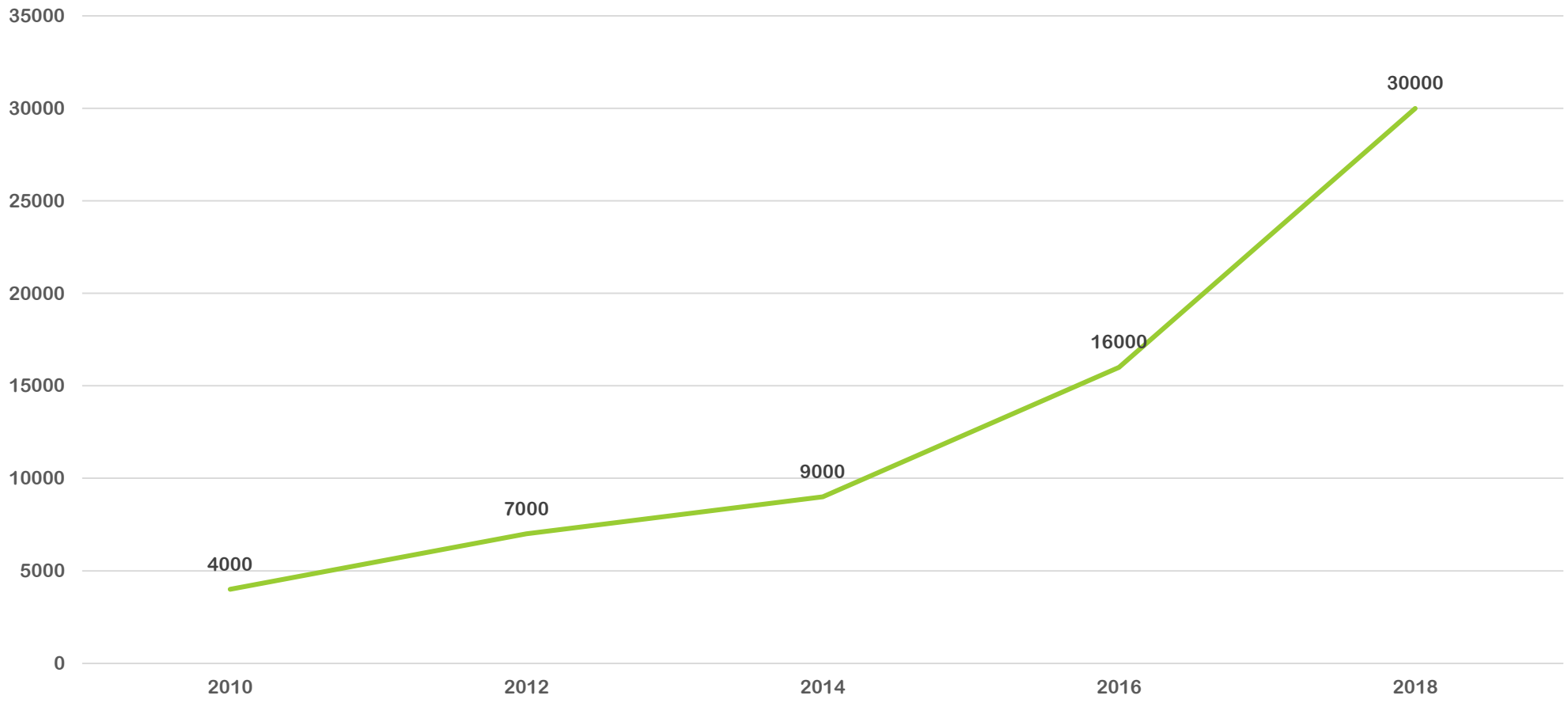
HCAs x 7

Administrators x 20

Patient Benefits

- **Earlier Diagnosis & Treatment:** Patients are seen within 4 weeks across our community services
- **Improved Long-term Health Outcomes:** Our one-stop delivery model ensures investigations and consultations are carried out simultaneously, thus reducing multiple patient trips while allowing clear collaborative management plans
- **Convenient Care:** Patients have choice of 15 community locations, including OOH clinic times with regular evening and weekend clinics and no parking charges
- **Integrated Care Pathways:** Patients consulted within community service requiring onward procedures get directly listed at local hospital, thus improving patient journey while reducing waiting times
- **Tailored Care:** All services have been developed to meet any specific population/cultural needs e.g. we deliver an all female gynaecology team in response to patient feedback

Activity Growth



Ensuring a Safe, High Quality Service

- Community Service Reviews undertaken by the CCG
- RCGP/BAD Accreditation and Revalidation Process
- Regular Practice Audits
- Closer working relationships between Hospital and Community
- Enable a smoother, more efficient and effective patient journey

Where do we go from here?

Aspiration	Challenge	Cure
Dermatology becomes primarily a community based discipline	Stimulate a mind shift in clinical practice	Good working relationships with consultants
Technology improves speed of diagnosis and reduces cost	Governance processes restrict innovation	Ongoing discussions at national level to mitigate and resolve
Technology used to provide more care remotely	Tariff structure perpetuates face to face only	Modify the tariff structure to allow innovation in dermatology services

Demographics | Quantitative overview | Care Management | Healthy Lives | EPC | General Community Services | Review text | UNIFY Summary

modality Partnership — General Community Services — iWantGreatCare

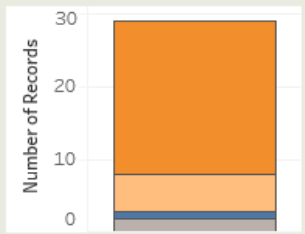
Centre: (Multiple values)

Service: Dermatology

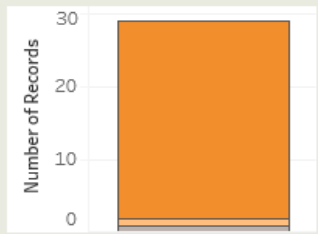
5* Score: 0 1 2 3 4 5

Date Review Completed: Last 3 months

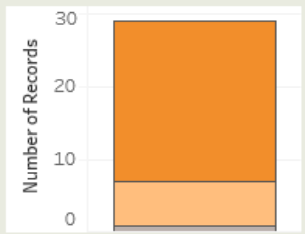
Recommend



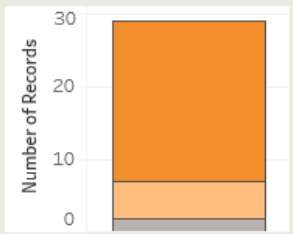
Dignity



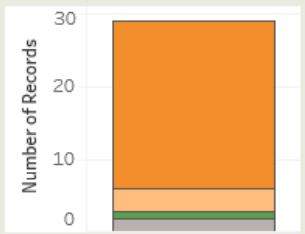
Involved



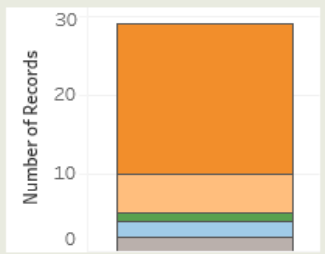
Informed



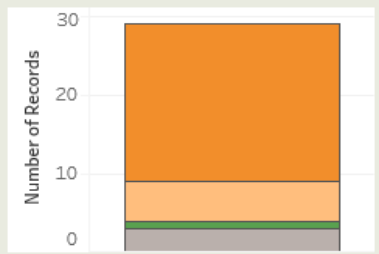
Compassion



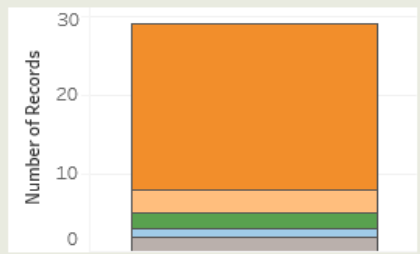
Travel to clinic



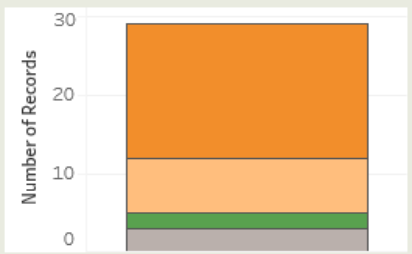
Experience of booking appt



Convenient location



Better than hospital



Agree	Better or worse?	How good?	Recommend	5* Score
Strongly Agree	Much better	Very good	Extremely Likely	5
Agree	Better	Good	Likely	4
Neither Agree Nor Disagr..	Neither better nor worse	Neither good nor bad	Neither Likely Not Unlikely	3
Disagree	Worse	Poor	Unlikely	2
Strongly Disagree	Much worse	Very poor	Extremely Unlikely	1
Not applicable	Not applicable	Not applicable	Not applicable	0

Service benefits: happy patients equals happy referrers

- Care Closer to Home
- Reduce Patient Stress
- Ease of Access for All
- Flexible Opening Hours
- Quick Response
- Rapid Turnaround (2-4 Weeks)
- Positive Patient Outcomes
- Clinical Teams Supported
- Clinical Quality
- High Quality Information Sharing
- Integration with GP Systems
- Cost Effective Prescribing

Regular Service Audits:

- Histology: missed cancer or other serious pathology
- Post op Infection rates
- Significant Event Analysis
- Complaints Analysis
- Prescribing standards and Consistency
- PSQ’s and Referrer satisfaction Surveys

Questions

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