

# HEALTH OVERVIEW AND SCRUTINY COMMITTEE 15 MARCH 2024

# ACUTE DERMATOLOGY SERVICES PROVISION

#### **Summary**

- The Health Overview and Scrutiny Committee (HOSC) has requested an overview of Acute Dermatology services, and this will include recruitment challenges and the actions put in place by Worcestershire Acute Hospitals NHS Trust (the Trust) to maintain services and restore the long-term stability of provision.
- 2. The Managing Director and Chief Operating Officer from Worcestershire Acute Hospitals NHS Trust have been invited to the meeting to respond to any questions the HOSC may have.

### **Background**

- 3. The phrase 'acute dermatology services' covers those dermatology (skin related) services provided by Worcestershire Acute Hospitals NHS Trust (The Trust) at Kidderminster and Worcestershire Royal Hospitals.
- 4. These services are provided on both an inpatient and outpatient basis according to the patient's clinical condition and cover two main types of condition: Skin cancers and severe inflammatory skin conditions (for example severe cases of psoriasis).
- 5. During 2022/23 the Trust's dermatology service saw more than 13,000 appointments (a mixture of new and follow-up) for patients with severe inflammatory skin disease and skin cancer.
- 6. A range of treatments are provided for these conditions through consultant-led or nurse-led services, and these are discussed in more detail below.

## **Challenges to Provision**

- 7. A series of resignations and retirements by the Trust's substantive dermatology consultants over a period of several years, and the Trust's difficulty in recruiting permanent replacements for those consultants, has had a serious adverse impact on dermatology services.
- 8. This has led to challenges in maintaining services and longer waiting times for some patients.
- 9. These issues are being closely monitored and reported through the Trust's quality and safety monitoring processes.

- 10. The Trust has put in place a number of short-term mitigations to keep services running wherever possible, through partnership working with neighbouring trusts, the use of private sector insourcing providers and appointing its own locum consultant dermatologists.
- 11. Options to restore the longer-term stability of services which would ensure that provision remains in Worcestershire are also being actively explored, and the Trust Board's current preferred option is for the running of the service to be taken on by the Herefordshire Wye Valley Trust (WVT) as the lead provider. WVT is a member of the Foundation Group and is therefore a partner Trust. A foundation group solution offers opportunities for recruitment and retention, resilience and expertise and can be used to support other fragile services.
- 12. These discussions continue and at the time of writing the report, WVT were actively recruiting to consultant dermatologist posts to support the 'lead-provider' model of delivery for dermatology, with the service based and managed at WVT providing 'outreach' on-site clinical provision within Worcestershire through Worcestershire Acute Hospitals Trust.
- 13. A verbal update on progress towards this arrangement will be provided by Trust representatives at the meeting.

## **Current Interim Arrangements and Monitoring**

- 14. The Trust has a number of interim arrangements in place, in order to provide a more stable service moving forward, and these have been formalised during February.
- 15. A contract is in place with a private sector insourcing provider, Health Harmonie, to provide services on-site at Kidderminster and Worcestershire Royal Hospitals. A number of other services are also provided by Health Harmonie for the Trust and are included in the list below.
  - a. **Service: MOHS (micrographic surgery for skin cancer) –** specialised surgical treatment for certain types of skin cancer.
  - b. Service: MOPs (minor operations for skin cancer)
  - c. **Service:** Biologic/Systemic services. (This refers to specific drug treatment for a range of severe inflammatory skin conditions, including psoriasis and eczema. The drugs involved can only be prescribed by specifically qualified consultant dermatologists.)
  - d. **Service**: **Phototherapy** (treatment using ultra-violet light for inflammatory skin conditions) patients are currently being reviewed in the Biologic clinics (see above) and referred to other centres for treatment while plans are worked up to provide a local service led by the Trust's Clinical Nurse Specialists.
  - e. **Service: Non-urgent/non-cancer referrals**Triaged as part of the community contract with Health Harmonie, who then refereither to a community service or to an acute service.
  - f. **Service: Skin cancer affecting the head and neck**. Service is continuing to be provided by the existing OMFS (Oral Maxillo Facial Service) with additional support for Health Harmonie.

16. Other services (not provided by Health Harmonie) include: **Emergency escalation for inpatients -** Provided through a telemedicine service by University Hospitals Birmingham (UHB).

#### **Review of Ways of Working**

- 17. In order to manage all dermatology waiting lists as effectively and safely as possible, waiting list validation is undertaken by the Trust's Nurse Consultant with medical oversight provided by locum Consultant Dermatologist.
- 18. Follow-up and results clinics are now provided by locum Consultant Dermatologist with Clinical Nurse Specialist support.
- 19. Waiting times are improving for new and follow up appointments. MOPs are taking longer than the Trust would want but waiting times are improving and continuous improvement is expected to be seen, moving forward.
- 20. The Trust is reviewing options for digital/remote and Al-supported working to further improve access to services and reduce waiting times.
- 21. Additional administrative resource is also being made available to support waiting list management, validation and typing of clinical letters.
- 22. Service provision and progress will continue to be closely monitored by the Trust's senior leadership team and any issues escalated appropriately.

# Legal, Financial, and HR Implications

- 23. The challenge of managing a service in the face of a severe shortage of senior clinicians has undoubtedly placed a significant strain on remaining members of the Trust's dermatology team.
- 24. Additional wellbeing support has been offered to the nursing and administrative teams in recognition of the additional work they have taken on.

#### **Purpose of the Meeting**

- 25. The HOSC is asked to:
  - Consider the challenges facing the provision of acute dermatology service in Worcestershire, the immediate actions being taken by the Trust and the longer term plan for the future of those services.
  - determine whether any further information or scrutiny on a particular topic is required.

#### **Contact Points**

#### Specific Contact Points for this report

Richard Haynes, Director of Communications and Engagement, Worcestershire Acute Hospitals NHS Trust, Email: <a href="mailto:richard.haynes9@nhs.net">richard.haynes9@nhs.net</a>

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965 Email: <a href="mailto:scrutiny@worcestershire.gov.uk">scrutiny@worcestershire.gov.uk</a>

# **Background Papers**

In the opinion of the proper officer (in this case the Assistant Director Legal and Governance) there are no background papers relating to the subject matter of this report.

All agendas and minutes are available on the Council's website here.