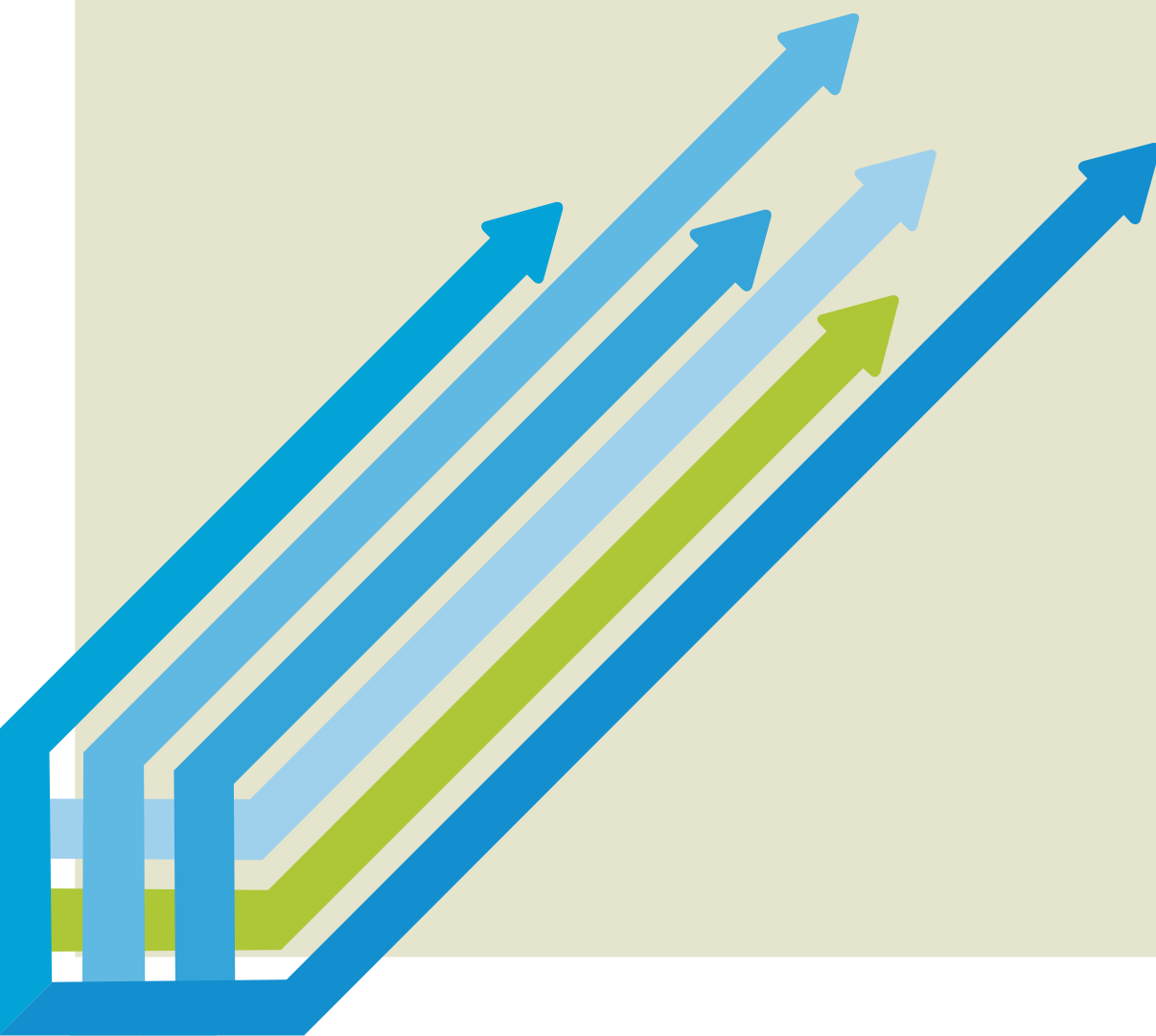


**APPENDIX B:  
Dermatology service procurement –  
Pre-engagement  
September 2014**



## 1 Document control sheet

| Document history |         |           |  |
|------------------|---------|-----------|--|
| Version          | Date    | Author    | Comments   |
| 0.1              | 31.7.14 | F.Gaylor  |  |
| 0.2              | 4.8.14  | F. Gaylor | Comments from Katie Blissett                                   |
| 0.3              | 9.9.14  | F. Gaylor | Comments from Swale, West Kent and <b>Medway Commissioners</b> |

| Approvals Records |      |          |          |
|-------------------|------|----------|----------|
| Version           | Date | Approver | Comments |
|                   |      |          |          |



## Dermatology services procurement North and West Kent Clinical Commissioning Groups July 2014 Patient engagement snapshot

Clinical Commissioning Groups in Medway, Swale, West Kent and Dartford Gravesham and Swanley wanted to find out patients experience of using local dermatology services.

The key driver for dermatology service redesign is to avoid disparate local service provision, improve patient experience and outcomes, provide a local, more accessible and cost effective service for patients meeting local need, in line with internal commissioning priorities, national policy direction and models of service delivery. The end goal for this project is for an integrated secondary, community, primary care Dermatology pathway through re- procurement, which makes best use of available expertise.

### About the current service

Medway NHS Foundation Trust provides the majority of dermatology services for Medway, DGS, Swale and West Kent CCGs through consultant led secondary care services at Medway Hospital. Medway Community Healthcare provide community based nurse led services with consultant overview only for Medway CCG with various community models providing services across DGS, Swale and West Kent, including tele-dermatology, GPwSI clinics and consultant led community clinics.

### About the questionnaire

In partnership with Kent and Medway Commissioning Support Unit a patient questionnaire was developed to help commissioner's to understand patients' experiences and any improvements that could be made to the service (information about those who participated – including demographics can be found at Appendix 1).

Patients were asked to comment about a number of factors around their experience including:

- Before entering the Dermatology service (i.e. referral process into the service)
- Accessibility of appointments (timings, locations and date)
- Areas for improvement and future preferences
- Patient pathway through primary, community and secondary services

For clarity, the survey was not aimed at assessing the quality and experience of individual providers or clinics.

Clinic staff across a number of providers handed surveys out over 1,700 questionnaires to their patients between 9 June and 25 July 2014. All patient health networks and voluntary

and community groups across Medway, Swale, West Kent and Dartford Gravesham and Swanley were also given the opportunity to participate via an online survey. West Kent also discussed this with their PPG Chair's group as part of the project.

To complement the survey method, eighteen face-to-face sessions with patients were undertaken by KMCS and CCG staff on the following dates:

| <b>Date</b>           | <b>Clinic</b>                            | <b>Provider</b>             |
|-----------------------|--|-----------------------------|
| 2 <sup>nd</sup> July  | Parkwood (Medway)                        | Medway Community Healthcare |
| 8 <sup>th</sup> July  | Sittingbourne Memorial (Swale)           | DMC                         |
| 10 <sup>th</sup> July | Medway Hospital                          | Medway Foundation Trust     |
| 11 <sup>th</sup> July | Rochester Healthy Living Centre (Medway) | Medway Community Healthcare |
| 11 <sup>th</sup> July | Maidstone Hospital (West Kent)           | Medway Foundation Trust     |
| 14 <sup>th</sup> July | Lordswood Healthy Living Centre (Medway) | Medway Community Healthcare |
| 14 <sup>th</sup> July | Edenbridge (West Kent)                   | Medway Foundation Trust     |
| 15 <sup>th</sup> July | Lordswood Healthy Living Centre (Medway) | Medway Community Healthcare |
| 15 <sup>th</sup> July | Lordswood Healthy Living Centre (Medway) | Medway Community Healthcare |
| 15 <sup>th</sup> July | Lamberhurst GP Surgery (West Kent)       | Specialist GP               |
| 17 <sup>th</sup> July | Medway Hospital (Medway)                 | Medway Foundation Trust     |
| 21 <sup>st</sup> July | Borough Green (West Kent)                | Medway Foundation Trust     |
| 22 <sup>nd</sup> July | Sheppey Community Hospital (Swale)       | DMC                         |
| 22 <sup>nd</sup> July | Sittingbourne Memorial Hospital (Swale)  | DMC                         |

|                       |                                    |                         |
|-----------------------|------------------------------------|-------------------------|
| 22 <sup>nd</sup> July | Lamberhurst GP Surgery (West Kent) | Specialist GP           |
| 23 <sup>rd</sup> July | Darent Valley Hospital (West Kent) | Medway Foundation Trust |
| 25 <sup>th</sup> July | Sevenoaks hospital (West Kent)     | Medway Foundation Trust |
| 25 <sup>th</sup> July | Maidstone Hospital (West Kent)     | Medway Foundation Trust |

It is estimated that approximately half of all responses collected were through face-to-face work.

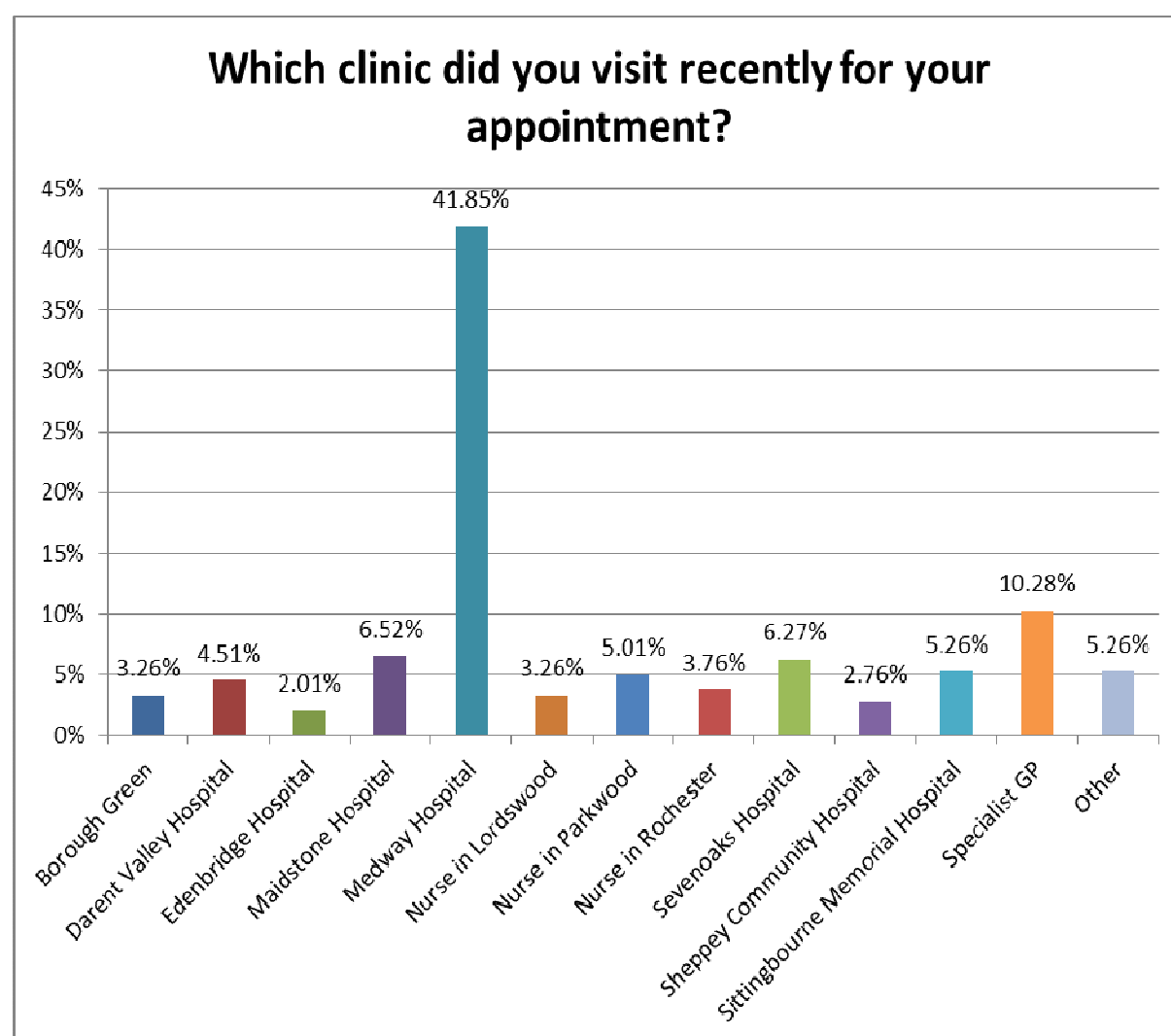


## Survey analysis

In total, 411 responses were received between the 9<sup>th</sup> of June and the 25<sup>th</sup> of July 2014. Of those who responded, the majority were from Medway Hospital (which is proportionate to activity data provided by commissioners), which is the only acute site, offering Dermatology services across North and West Kent.

Patients also reported (under the “Other” category) that they were being seen at Orpington, Guys Hospital and some other private providers.

**Graph 1: Which clinic did you visit recently for your appointment? (See Appendix 2 for Table 1)**



By looking into postcode data provided, the below table (Table 2) provides details on which CCG area patients are responding from:

**Table 2: Which Clinical Commissioning Group are respondents from**

| CCG area  | Responses | %     |
|-----------|-----------|-------|
| DGS       | 56        | 13.63 |
| Medway    | 138       | 33.58 |
| Swale     | 54        | 13.14 |
| West Kent | 152       | 36.98 |

The remaining 3% of responses were incomplete and did not detail postcode information. When looking at outpatient activity data, over a year, in Dermatology, it is fair to say that (during the six week time period) the numbers collected were a representative sample (approximately 10% of the population of dermatology service users). It is also representative in terms of numbers of patients interviewed per CCG area.

Comparing CCG area with treatment location enables us to see how many patients are receiving treatment in another CCG area:

**Table 3: Which patients have been seen out of their CCG area (determined by patient's postcode) for treatment**

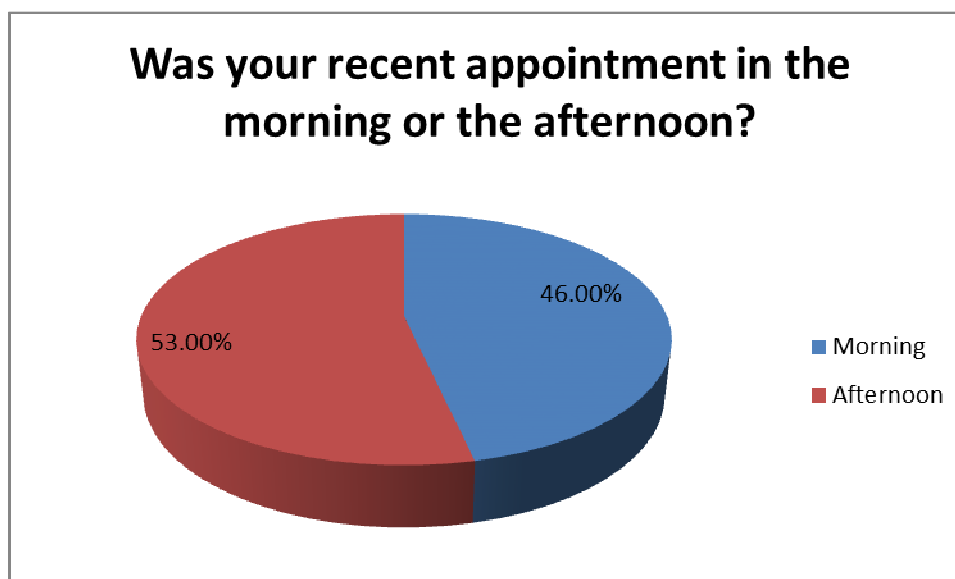
|           | Borough Green | Darent Valley | Maidstone Hospital | Medway Hospital | Medway Community Healthcare | Sheppey Community Hospital | Sittingbourne Memorial Hospital | GP specialist | Other |
|-----------|---------------|---------------|--------------------|-----------------|-----------------------------|----------------------------|---------------------------------|---------------|-------|
| DGS       |               |               |                    | 38              |                             |                            |                                 |               |       |
| Medway    | 1             | 1             | 4                  |                 |                             | 1                          | 2                               | 3             |       |
| Swale     |               |               |                    | 17              | 1                           |                            |                                 |               |       |
| West Kent |               |               |                    | 36              |                             |                            | 3                               |               | 5     |

Of those that responded, 27% were treated, for either a first or follow up appointment, out of their CCG area, the majority of which were seen at Medway Hospital (Table 3).

Anecdotal evidence from face-to-face sessions indicated that patients, who are being seen out of their CCG area, do not realise clinics are available closer to them. It appeared that some satellite clinics provided by Medway Foundation Trust are follow up clinics rather than active treatment centres, with some patients actively commenting that they had to travel to Medway Hospital for active treatment, for example UV showers, and were now being followed up at other clinics.

The percentage of patients attending either a morning or an afternoon appointment was roughly the same, 46% in the morning and 53% in the afternoon, as shown below (Graph 2):

**Graph 2: Was your recent appointment in the morning or afternoon? (393 patients)**



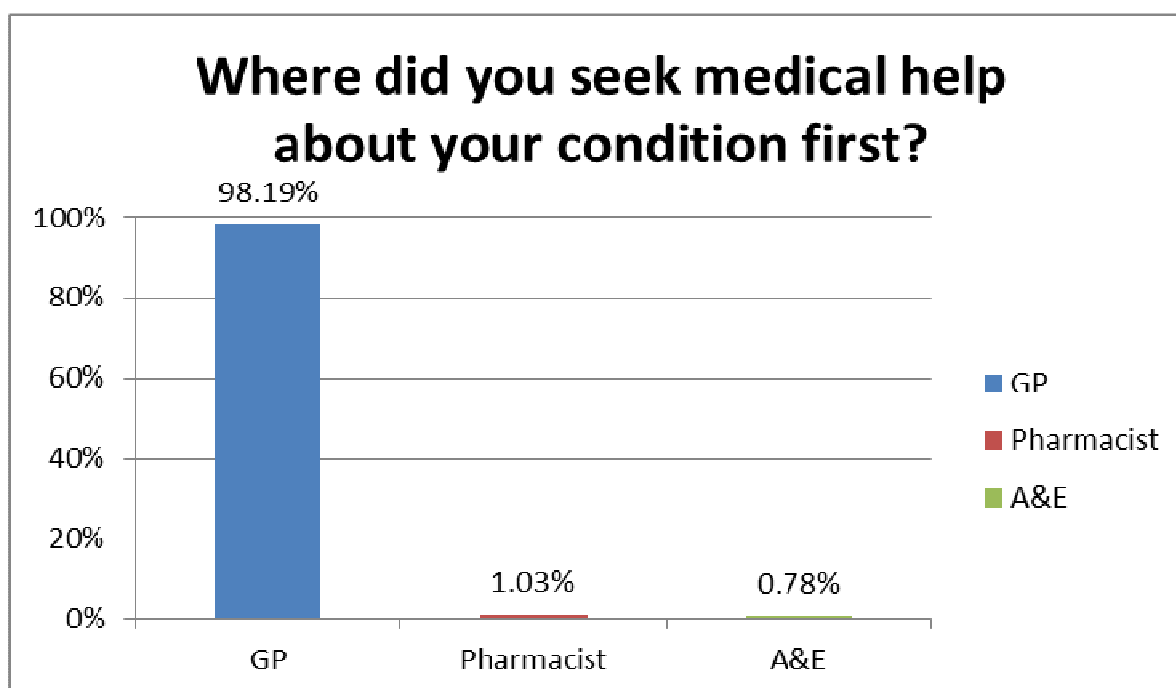
As part of the survey, patients were asked to explain the skin, hair or nail condition they were being treated for. The top conditions included; warts, moles, verruca's, skin cancer, psoriasis and acne.

When patients first noticed their problems, overwhelmingly 98% visited their GP for help (Graph 3).





**Graph 3: Where did you seek medical help first ? (387 patients)**



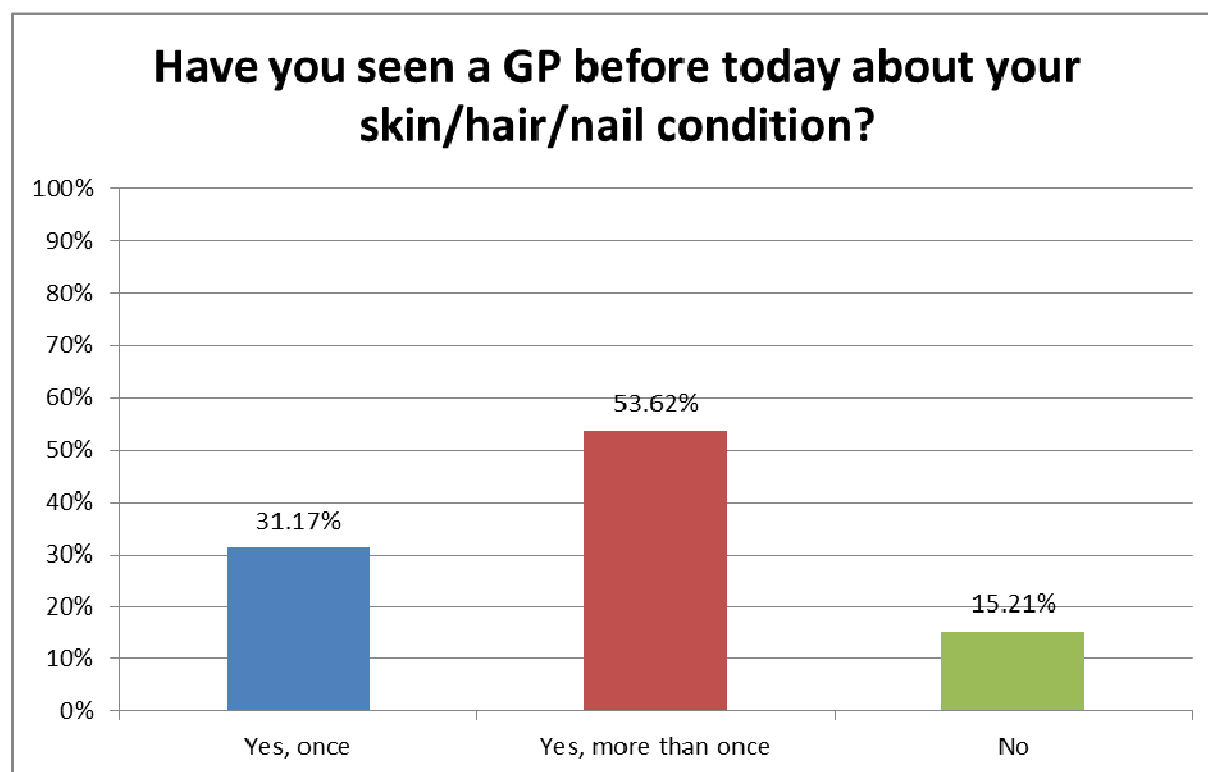
Other healthcare professionals such as health visitors, podiatrists and gynaecologists were also listed as the first point of contact for dermatology patients.

Over 50% of patients who went to see a GP about their skin, hair or nail condition visited them more than once before being referred to the dermatology department. Over 30% were seen only once by a GP before being referred to dermatology (Graph 4).

During face-to-face discussions, many patients explained they felt they had to push for a referral, or had been given alternative treatments in primary care before being referred on. At follow up appointments 67% of patients were receiving active treatment, with the remaining 33% being reviewed and monitored.



**Graph 4: Have you been to see a GP, before today, about your skin/ nail/ hair condition? (401 patients)**



At the point of referral, half of patients felt completely happy with the explanation the GP gave about why they were being referred to dermatology and what would happen next. During face-to-face sessions, patients commented that they sometimes had to ask many questions to understand what was happening with 15% of patients feeling they did not get a good explanation of the referral process and next steps.

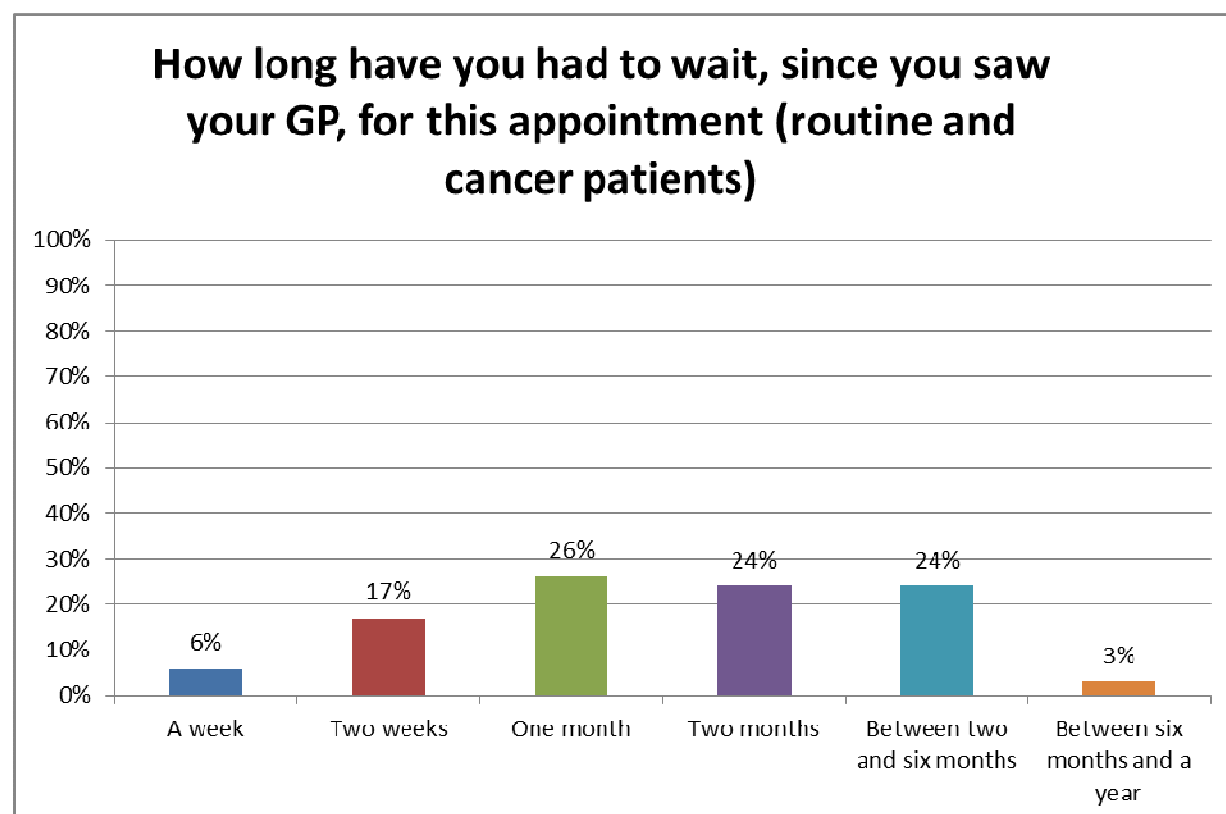
Of those that responded, most (80%) had not used tele-dermatology services across North and West Kent.

Over 50% of patients had previously had an appointment in dermatology, with 47% being seen, for their first appointment, more than one year ago, indicating that a large portion of patients are long term. A small number of patients, during face-to-face sessions explained that they had been receiving some form of dermatology services for more than ten years. A quarter of patients were first seen less than three months ago.

In terms of waiting times, from the time of referral to first appointment, 48% of patients waited two to six months and 26% waited one month for an appointment (Graph 5 and Table 4). It is important to note that, after the dissemination of questionnaire, it became apparent that providers have a target of seeing patients within 3-4 months of receiving a referral. Therefore the answer category “between *two and six months*” is a wide time range and so cannot be indicative of whether their targets are met or not.

Forty eight patients recorded skin cancer (including carcinoma, melanoma or suspicious moles) as their reason for being seen. Of those who were being seen for skin cancer, 33% were attending for their first appointment, 67% were follow ups. Of those first time attenders for skin cancer (16 respondents) 43% were seen within two weeks (Graph 5, Table 4 – Appendix 2).

**Graph 5: How long have you had to wait, since you saw your GP, for this appointment? (353 patients)**



**Table 5: Skin Cancer waiting times from referral to first appointment**

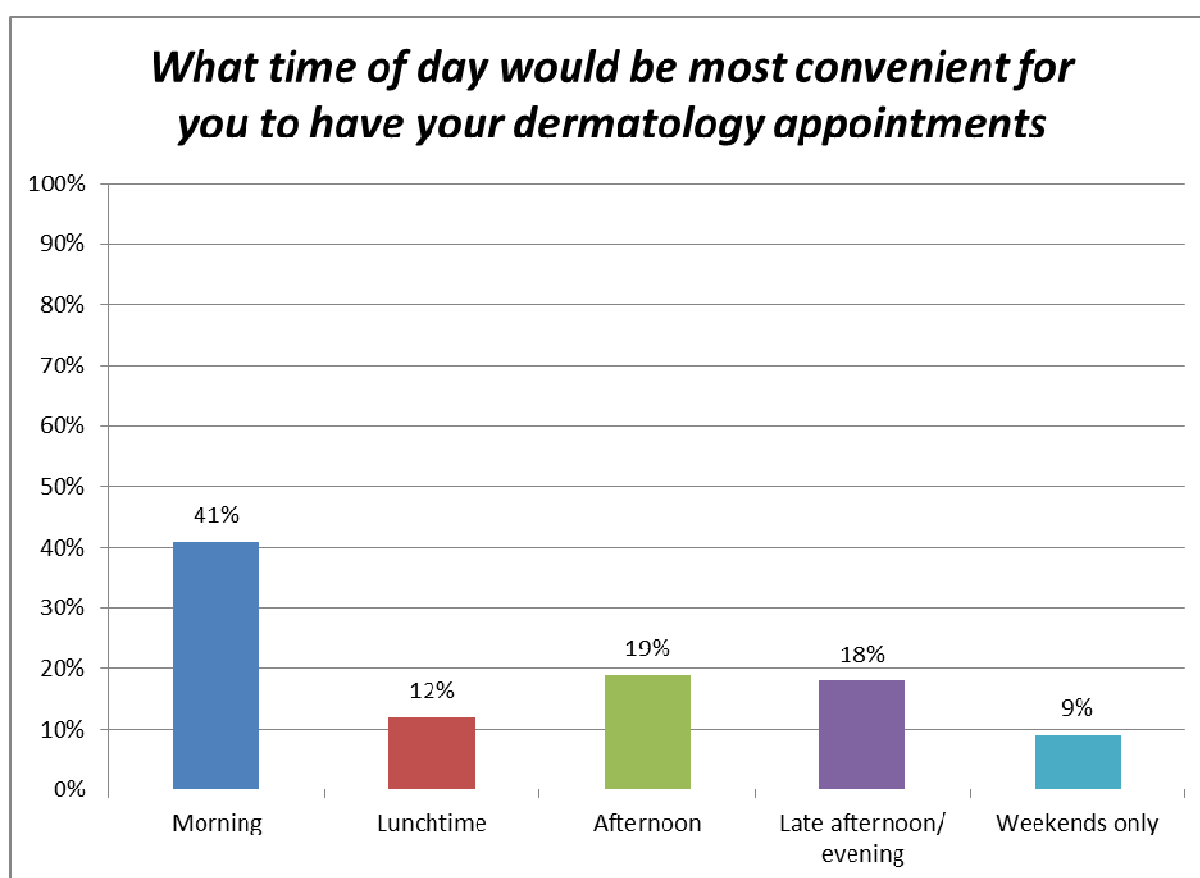
| Timeframe                     | Responses | %     |
|-------------------------------|-----------|-------|
| A week                        | 1         | 6.25  |
| Two weeks                     | 6         | 37.5  |
| One month                     | 4         | 25    |
| Two months                    | 5         | 31.25 |
| Between two and six months    | 0         | 0     |
| Between six months and a year | 0         | 0     |

## Accessibility of appointments

Patients were mostly unable to choose the date, time and location of their appointments, (73%) with 40% not minding that they had no choice. Anecdotally, patients commented that they had had to take annual leave, or felt their condition was urgent enough that they made arrangements to take the appointment that was given to them. However, 89% of patients said the time and day of today's appointment was convenient to them, even if they weren't able to choose it.

When asked what time of day would be most convenient for dermatology appointments, most patients indicated that they would prefer morning appointments (Graph 6, Table 6 – Appendix 2). Late afternoon, evening and weekend appointments were attractive to 27% of patients.

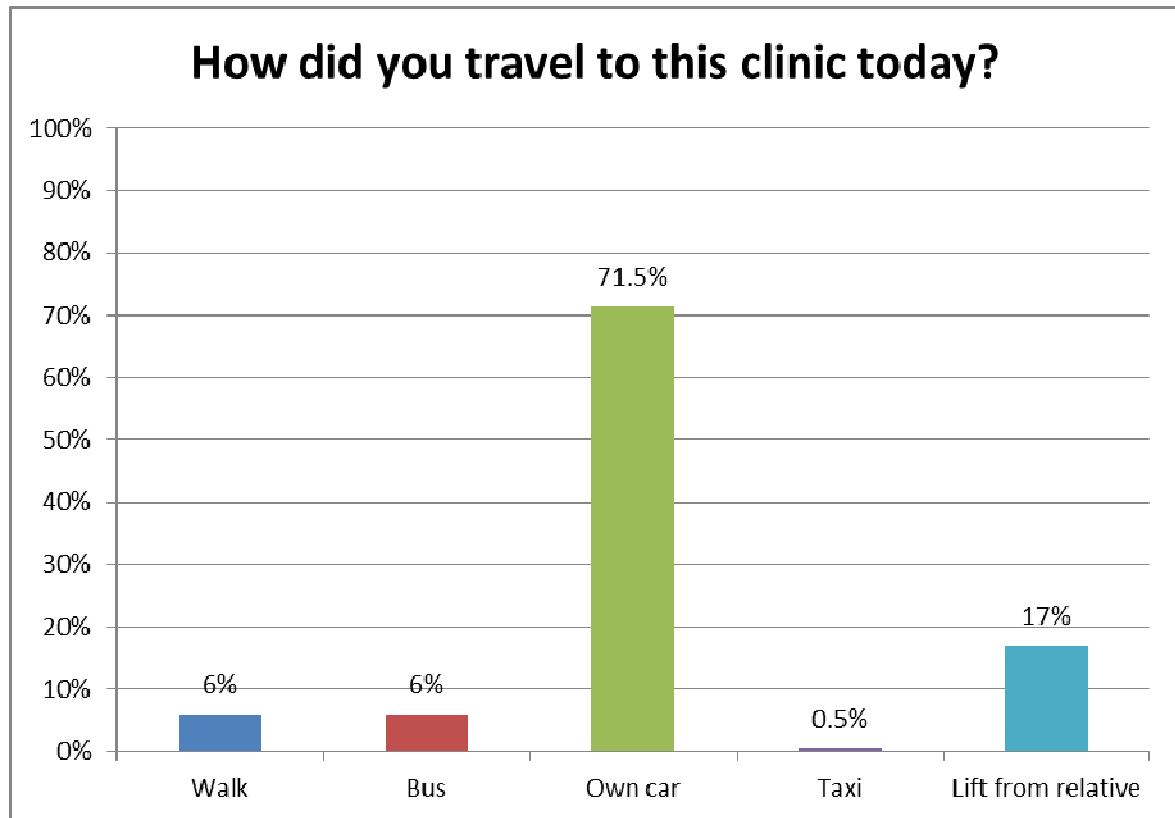
**Graph 6: What time of day would be most convenient for you to have your dermatology appointments (546 responses)**



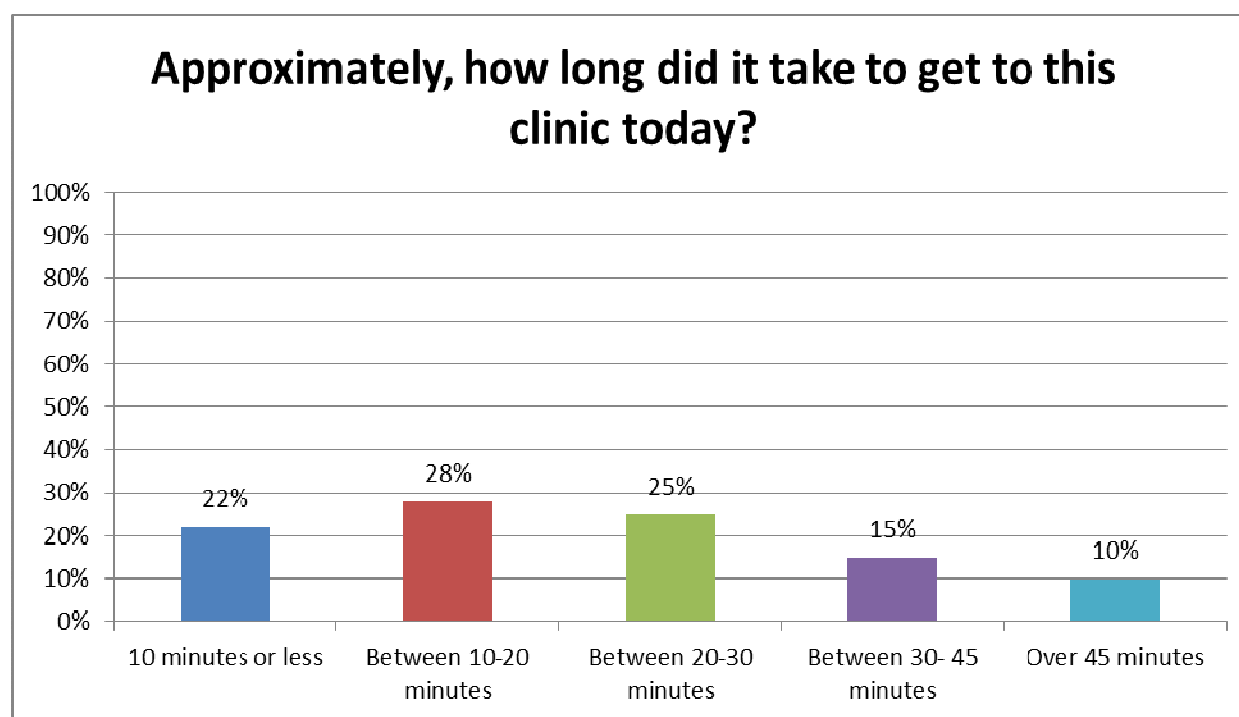
The preferred mode of travel to get to an appointment was by car with 88% of patients saying that it was easy for them to get to their appointment (Graph 7, Table 7-Appendix 2). However, a number of patients said they found parking a problem in some locations (primarily Medway Hospital and Maidstone Hospital).

To get to an appointment, 77% of patients were travelling up to 30 minutes with 9% travelling over 45 minutes (Graph 8, Table 8- Appendix 2), which is largely attributed to patients travelling outside their CCG area for treatment.

**Graph 7: How did you travel to this clinic today? (380 patients)**



**Graph 8: Approximately, how long did it take to get to this clinic today? (389 patients)**



When asked what patients felt is an acceptable length of time to get to travel to get to a dermatology appointment, over 70% responded up to thirty minutes (Table 9).

**Table 9: What, do you feel, is an acceptable length of time to get to a dermatology appointment?**

| Time spent travelling to appointment | Responses | %     |
|--------------------------------------|-----------|-------|
| 5 minutes                            | 3         | 1.1   |
| 10 minutes                           | 11        | 4     |
| 15 minutes                           | 28        | 10.3  |
| 20 minutes                           | 54        | 19.9  |
| 25 minutes                           | 5         | 1.8   |
| 30 minutes                           | 109       | 40.07 |
| 40 minutes                           | 8         | 2.9   |
| 45 minutes                           | 17        | 6.2   |

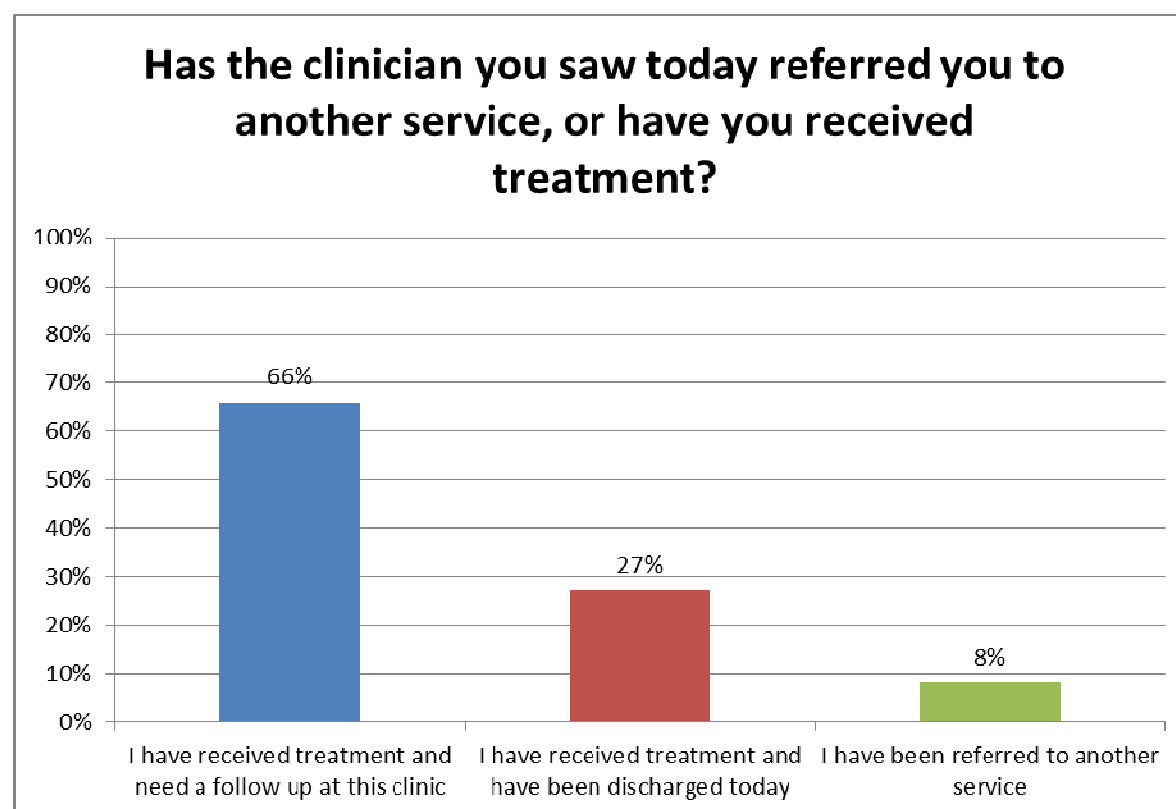
|             |    |       |
|-------------|----|-------|
| 60 minutes  | 31 | 11.39 |
| 90 minutes  | 1  | 0.37  |
| 120 minutes | 4  | 1.5   |
| 180 minutes | 1  | 0.37  |

### The patient's recent appointment

The majority of patients surveyed were seen by a consultant or registrar (55%) with 23% being seen by a nurse.

Following their appointment, 66% of patients had treatment and needed to be followed up in another clinic (Graph 9). A number of patients spoken to in the face-to-face sessions told us they had received a prescription and some had open-ended appointments so if treatments didn't work, or flare-ups occurred, patients could return to the service by making a telephone call.

**Graph 9: Has the clinician you saw today referred you to another service, or have you received treatment? (294 patients)**



When asked if patients were confident about what happened during their appointment, and what the next steps were, 86% replied that they were with less than 2% saying they weren't.

### Satisfaction and experience of the current service

Patient satisfaction of the service, overall, is very high, with more than 97% of patients who responded saying they were either very satisfied, or satisfied.

Given the opportunity to choose what type of building they would prefer to be seen in, marginally more people would prefer to be seen in a local GP practice than either a community clinic or hospital (Table 11). Patients, who commented they did not mind, explained that as long as the service was local, and the staff well trained, they did not mind where they were seen.

**Table 11: Preferred treatment location**

| Preferred treatment location | Responses | %  |
|------------------------------|-----------|----|
| Local GP practice            | 117       | 33 |
| Community clinic             | 98        | 28 |
| Hospital                     | 98        | 28 |
| Don't mind                   | 40        | 11 |

When asked about their current experiences of the service, patients raised a number of points:

- On the whole it was felt staff are informative, knowledgeable, polite and helpful.
- Seeing a different clinician each time for follow-ups was considered unhelpful, with consistency of care being the preference
- Although many patients commented that appointments were usually on time, many felt appointment times needed to be longer as they felt rushed and clinics sometimes ran up to an hour and a half late.
- Problems with the appointments system meant some patients were unable to book follow up appointments within the time period the clinician had stated because they were too full up.
- Being able to choose the appointment date and time would have also improved some patient's experiences.
- Active treatment, for example UV showers, seems to only be available at some main sites, with satellite clinics being more for follow ups, which was a frustration for patients.



- Some patients explained they had been receiving treatment in one location and had been later moved to another, which was inconvenient
- Being able to be seen closer to home at their local clinics was considered important
- Patients commented that they were having long waits from the time of referral to treatment
- Patients told us GPs were , in some cases, hesitant to refer patients to dermatology
- Patients felt the referral process could be explained better to them by GPs
- There were some parking problems when attending dermatology appointments.

When asked what could be improved about their experience, patients said:

- Reduce waiting time, from referral to treatment as well as the time waiting for an appointment when in clinic
- Have treatment in more locations rather than just follow ups
- Make sure patients can choose their appointments, with wider use of choose and book
- Improve parking , and reduce car parking fees
- Implement a better appointment system
- Have more locations for treatment so that patients have to travel less
- Information needs to be given to patients when attending appointments, this will give patients more confidence in the GP and whether the referral should be made or not.
- If future services move away from the hospital, it is important to make sure they will be of the same standard and contain the same range of services in a community setting
- The one-stop service when attending hospital might be confusing for patients, especially those that are older or frailer as departments are not, at the moment, close together. Any delays would cause anxiety for following clinics
- A one-stop service would be good if this meant that on attending a clinic appointment, all tests, scans and other interventions were carried out on that appointment, rather than having to re-attend to have these carried out
- Making sure there is enough staff is important as well as ensuring any new clinics or sites has properly trained staff who have the specialist skills to deal with dermatology conditions

## Future service

To better understand patient's priorities, they were asked to rank, in order of importance the following areas of the service:

- having a short waiting time from referral to treatment,
- a local service
- timings of clinics
- a one-stop service.

Patients told us that a short waiting time, and a local service would be the most important factors in any future service, with a one-stop approach being least important. Of a total of 361 patients, with 1266 responses in total, 164 responses rated short waiting time as most important, 113 responses rated a local service as most important, 100 responses rated timings of clinics as most important and 80 responses rated a one-stop approach as most important.

### Next steps

Commissioners are to consider the findings of this report when developing and shaping the service specification in preparation for the procurement process.

From this patient engagement exercise, a number of patients across all CCG areas have expressed an interest in supporting the evaluation of bids. The KMCS engagement team will make contact with these patients shortly.

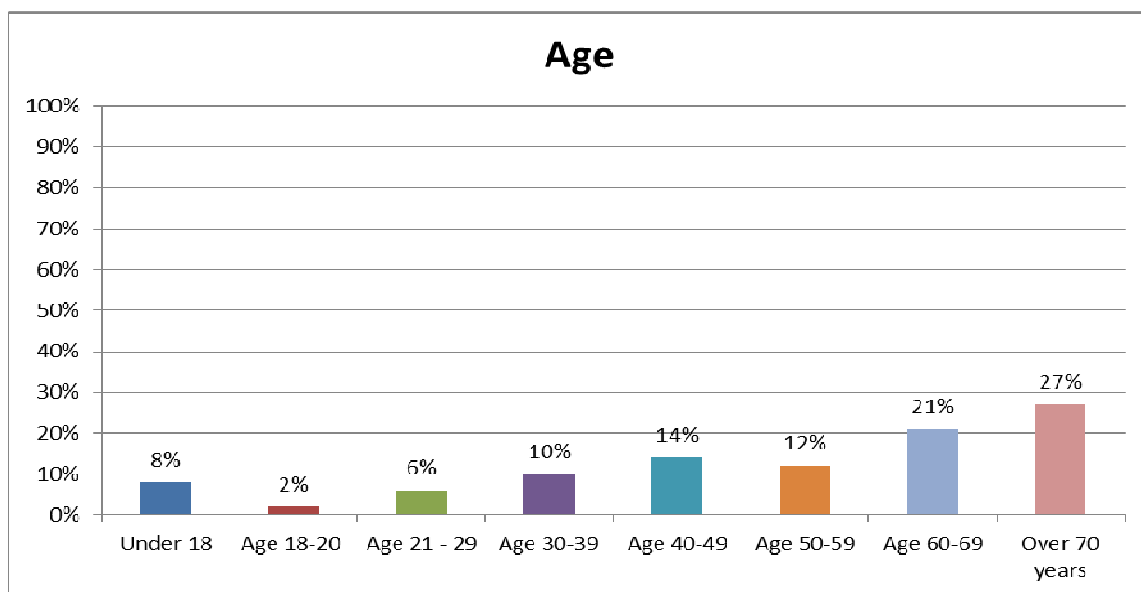


# Appendix 1

## About the patients who participated

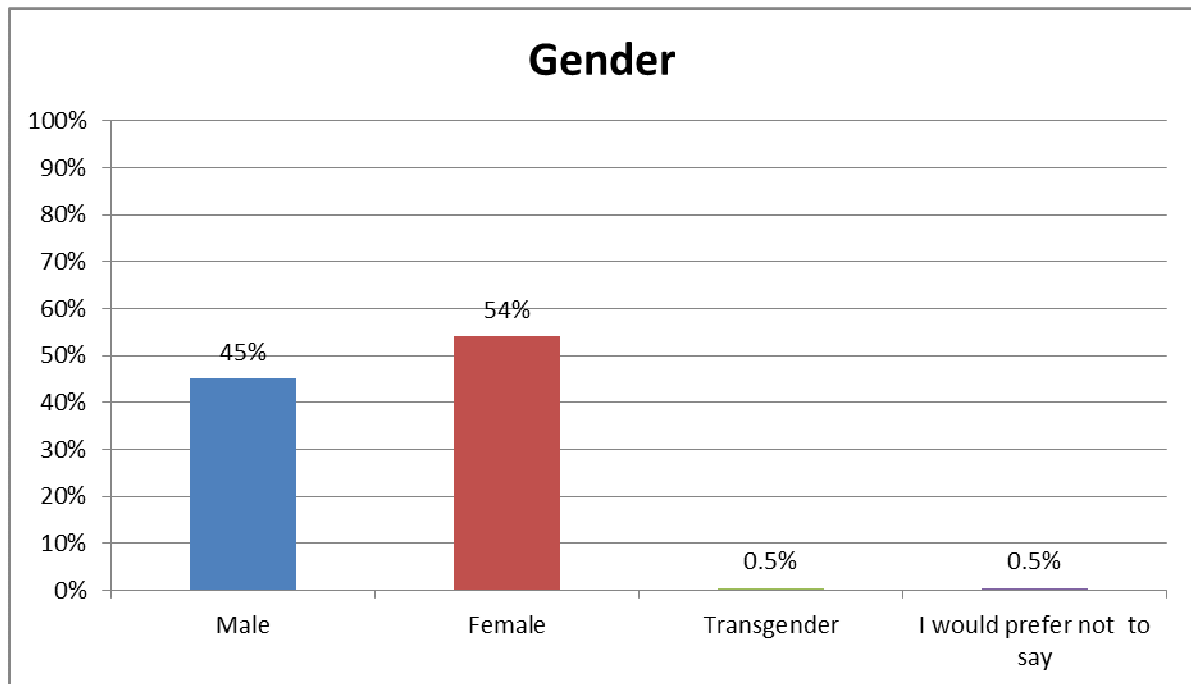
A breakdown of demographics for respondents can be found below. This information shows a good spread in terms of age and gender were achieved, however we cannot state categorically that this is representative of each individual CCG area.

### Age



| Age group       | Responses | %  |
|-----------------|-----------|----|
| Under 18        | 31        | 8  |
| Age 18-20 years | 9         | 2  |
| Age 21-29 years | 24        | 6  |
| Age 30-39 years | 38        | 10 |
| Age 40-49 years | 55        | 14 |
| Age 50-59 years | 48        | 12 |
| Age 60-69 years | 80        | 21 |
| Over 70 years   | 103       | 27 |

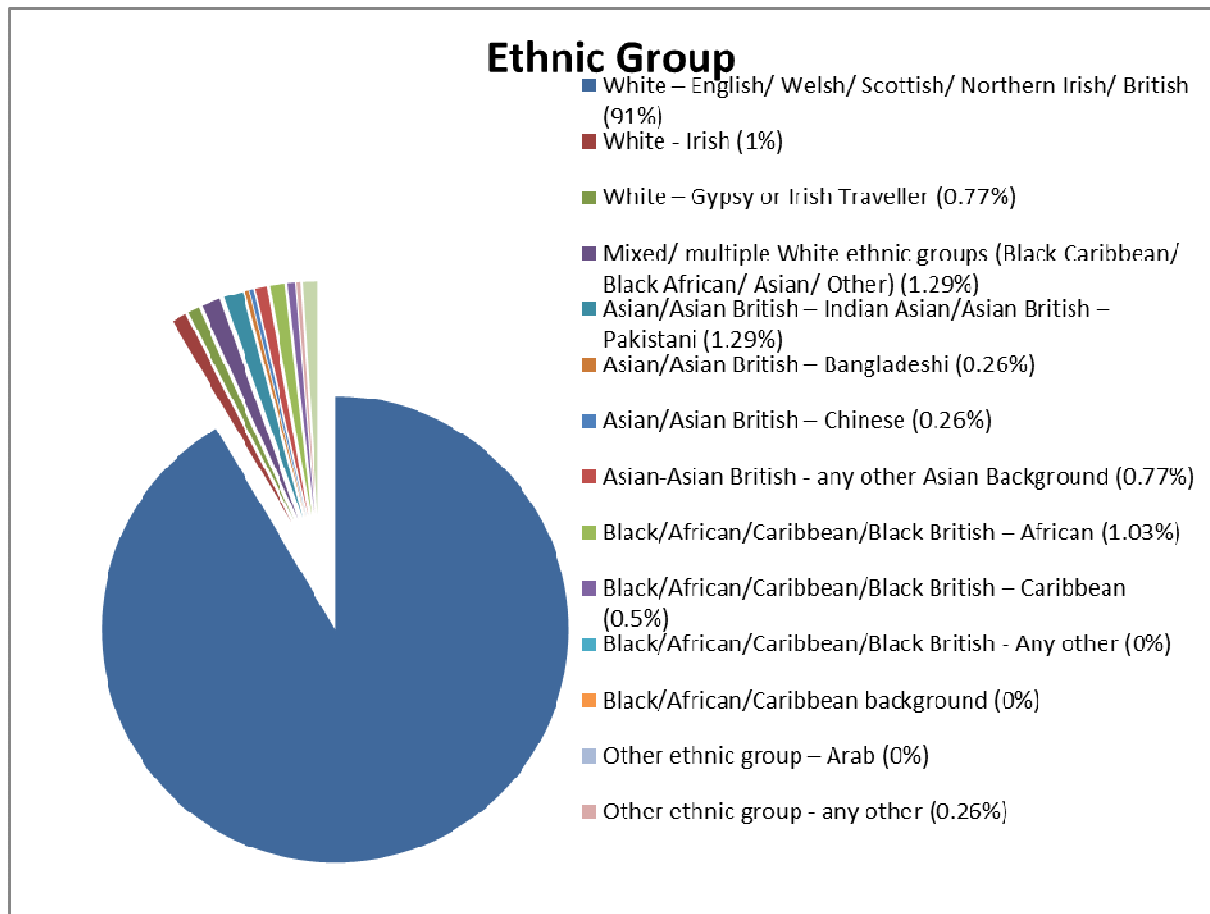
## Gender



| Gender                    | Responses | %   |
|---------------------------|-----------|-----|
| Male                      | 175       | 45  |
| Female                    | 208       | 54  |
| Transgender               | 2         | 0.5 |
| I would prefer not to say | 2         | 0.5 |



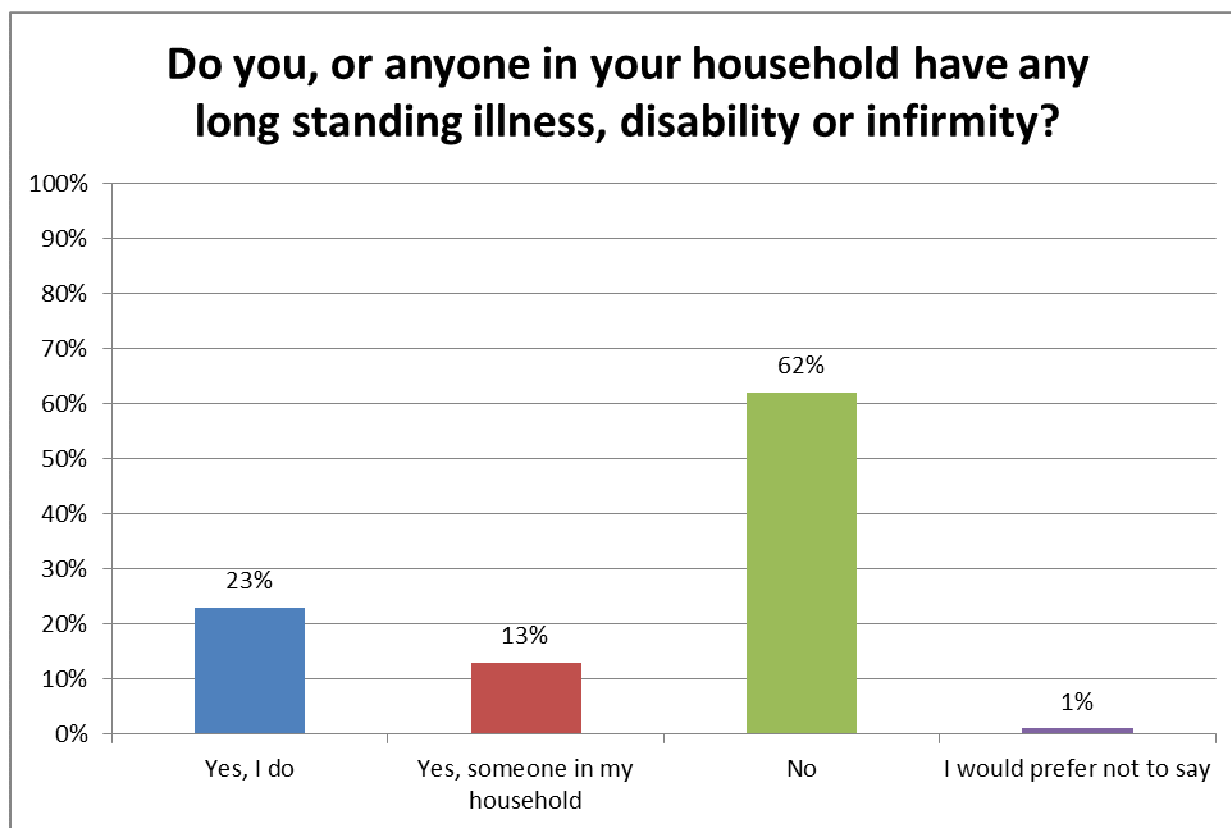
## Ethnicity



| <b>Ethnic Group</b>  | <b>Response</b> | <b>%</b> |
|--|-----------------|----------|
| White – English/ Welsh/<br>Scottish/ Northern Irish/<br>British                          | 355             | 91       |
| White - Irish  | 4               | 1        |
| White – Gypsy or Irish<br>Traveller  | 3               | 0.77     |
| Mixed/ multiple White ethnic<br>groups (Black Caribbean/<br>Black African/ Asian/ Other) | 5               | 1.29     |
| Asian/Asian British – Indian<br>Asian/Asian British – Pakistani                          | 5               | 1.29     |
| Asian/Asian British –<br>Bangladeshi   | 1               | 0.26     |
| Asian/Asian British – Chinese  | 1               | 0.26     |
| Asian-Asian British - any other<br>Asian Background                                      | 3               | 0.77     |
| Black/African/Caribbean/Black<br>British – African                                       | 4               | 1.03     |
| Black/African/Caribbean/Black<br>British – Caribbean                                     | 2               | 0.5      |
| Black/African/Caribbean/Black<br>British - Any other                                     | 0               | 0        |
| Black/African/Caribbean<br>background  | 0               | 0        |
| Other ethnic group – Arab  | 0               | 0        |
| Other ethnic group - any other   | 1               | 0.26     |
| Other (please specify)   | 4               | 1.03     |



## Disability



|                              | Responses | %  |
|------------------------------|-----------|----|
| Yes, I do                    | 90        | 23 |
| Yes, someone in my household | 52        | 13 |
| No                           | 242       | 62 |
| I would prefer not to say    | 5         | 1  |



# Appendix 2

**Table 1: Which clinic did you visit recently for your appointment?**

| Clinic                          | Responses | %     |
|---------------------------------|-----------|-------|
| Borough Green                   | 13        | 3.26  |
| Darent Valley Hospital          | 18        | 4.51  |
| Edenbridge Hospital             | 8         | 2.01  |
| Maidstone Hospital              | 26        | 6.52  |
| Medway Hospital                 | 167       | 41.85 |
| Nurse in Lordswood              | 13        | 3.26  |
| Nurse in Parkwood               | 20        | 5.01  |
| Nurse in Rochester              | 15        | 3.76  |
| Sevenoaks Hospital              | 25        | 6.27  |
| Sheppey Community Hospital      | 11        | 2.76  |
| Sittingbourne Memorial Hospital | 21        | 5.26  |
| Specialist GP                   | 41        | 10.28 |
| Other                           | 21        | 5.26  |

**Table 4: How long have you had to wait, since you saw your GP, for this appointment?**

| Waiting time | Responses | %  |
|--------------|-----------|----|
| A week       | 20        | 6  |
| Two weeks    | 55        | 17 |





|                               |    |    |
|-------------------------------|----|----|
| One month                     | 84 | 26 |
| Two months                    | 75 | 24 |
| Between two and six months    | 75 | 24 |
| Between six months and a year | 10 | 3  |

**Table 6: What time of day would be most convenient for you to have your dermatology appointments?**

| Time of day             | Responses | %  |
|-------------------------|-----------|----|
| Morning                 | 225       | 41 |
| Lunchtime               | 66        | 12 |
| Afternoon               | 106       | 19 |
| Late afternoon/ evening | 99        | 18 |
| Weekends only           | 50        | 9  |

**Table 7: How did you travel to this clinic today?**

| Mode of transport  | Responses | %    |
|--------------------|-----------|------|
| Walk               | 21        | 6    |
| Bus                | 22        | 6    |
| Own car            | 271       | 71.5 |
| Taxi               | 2         | 0.5  |
| Lift from relative | 64        | 17   |



**Table 8: Approximately, how long did it take to get to this clinic today?**

| <b>Time spent travelling</b> | <b>Responses</b> | <b>%</b> |
|------------------------------|------------------|----------|
| 10 minutes or less           | 86               | 22       |
| Between 10-20 minutes        | 108              | 28       |
| Between 20-30 minutes        | 99               | 25       |
| Between 30-45 minutes        | 57               | 15       |
| Over 45 minutes              | 39               | 10       |

