

Dermatology Update for Kent Health and Overview Scrutiny Committee

24th June 2019

Following the recent update report submitted to the HOSC a number of additional questions were requested by the members. This report provides further detail on the queries raised.

1. DMC Healthcare – A brief introduction of the NK Dermatology service provider

DMC Healthcare is a privately owned healthcare provider delivering primary care, community based secondary care clinical services and remote radiology reporting services from a range of settings across the UK. DMC is contracted by a number of CCGs and has been working with the NHS for over 30 years.

The company is led by the DMC Group Medical Director, Dr Ravi Gupta and Managing Director Anil Gupta. DMC Healthcare employs a range of clinical staff enabling them to offer a multi-disciplinary approach to service delivery.

Further details are available at: <https://www.dmchealthcare.co.uk/>

2. The reason for re-organisation

Medway NHS Foundation Trust served notice on their dermatology service in September 2018 with an end date of 31st March 2019. To prevent a gap in service provision Medway CCG proceeded to procurement to identify a new provider who would be able to offer a service similar to that previously provided by Medway FT. The CCG were aware that Medway FT were experiencing difficulties delivering this service and despite working collaboratively to resolve these issues this was negatively impacting on patients who were experiencing significant waits to access local dermatology services.

As West Kent CCG had recently successfully reorganised their dermatology service, North Kent and Medway CCGs recognised an opportunity to address the issues in the system and improve the way in which dermatology services were provided in the future by adopting the same model of care. The North Kent service model is therefore based on the approach implemented by West Kent CCG in 2017 which has received positive feedback from services users and referrers and been successfully offering community based services to their local population.

The CCGs undertook engagement activities to obtain feedback from service users to identify what was important to them for the future service and incorporated this and the feedback we already had into the new service specification.

Revisions to the service model were also made to align the new service to local and national objectives to improve access to and increase care closer to home.

3. Cost of Re-Organisation and Procurement

The CCGs commission procurement support from Arden and Gem and the way in which the contract arrangements have been agreed it is not possible to calculate the individual costs of

procurement. However there was not an option for the CCGs to avoid procurement as this would have been a patient safety risk as it would have resulted in there being no local dermatology service which was not a viable option.

4. Impact on patients and mitigation

DMC Healthcare and Medway NHS Foundation Trust worked collaboratively during the mobilisation and exit phase to ensure that the impact of the service transition was as smooth as possible for service users. However with any major service change there will be issues which arise which we have sought to address these as soon as they became apparent. Around 7,000 patients were transferred to the new provider and while the CCG has received around 20 calls and emails from patients we have only received three formal complaints from patients.

The backlog of patients waiting for treatment has been reduced by over 1,000 since the new service mobilised on 1st April and this continues to progress well. Addressing the backlog remains a high priority for commissioners and DMC who continue to run higher volumes of clinics to appoint patients as soon as possible. The proportion of patients being seen within 2 weeks of urgent referral has risen significantly since the service transferred.

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