QEUH Dermatology Service Redesign: Patient Engagement Report

Dec 2019

1. Introduction & Summary Findings

This report summarises how NHS Greater Glasgow and Clyde (NHSGGC) have engaged with patients about the redesign and implementation of a new model of care by the Dermatology Service at the Queen Elizabeth University Hospital (QEUH). The new model sees a redesigned pathway with a reduction in the number of inpatient beds from 12 to 6 being supported by an enhanced outpatient service as a result of new treatment options

Following a successful trial and proportionate engagement we have found no demonstrable negative impact on experience or outcomes for patients accessing the redesigned dermatology pathway. Therefore, from the patient experience perspective, there is no apparent detriment to formally implementing the new model by reducing the number of inpatient beds and committing the resource made available via this to an enhanced outpatient model.

2. Background

Since April 2017 NHSGGC has incrementally introduced and trialled a redesigned model of care for Dermatology Services at the QEUH. This new model focuses on modernising the pathway to minimise dermatology inpatient episodes by providing intensive treatments and drug regimens in an outpatient treatment setting. This has resulted in a reduced need for inpatient admissions and there is clear evidence of a reduction in bed use as the ambulatory care model has developed.

The new outpatient model has been funded from non-recurring resource and to be embedded as business as usual and further enhanced will require a transfer of the resource associated with the current inpatient bed model to the reduced number to sustain it.

From the outset the service engaged directly with the patients and carers potentially most affected by any change to the pathway. This was via frontline and senior nursing staff having one-to-one discussions with people as they attended services. This less formal approach was initially adopted as a review of patients currently using the service found that only 5 routinely received planned inpatient care.

However, misinterpretation, external communication and negative press about the proposed redesign led to some concerns amongst patients and the creation of an online petition. The concerns and negative feedback centred on a perceived complete loss of inpatient services and although this model has been adopted elsewhere in the UK, patient feedback early in the redesign process resulted in the decision to retain an inpatient service in NHSGGC.

Consequently, an Involvement and Communication Plan was developed (Appendix 1) to formally communicate with and involve patients in the process and implementation of the new model to:

1) Inform them about the pathway redesign and the rationale underpinning it

2) Hear their feedback on the new model of care to:
    a. Assess the potential impact of any redesign, both positive and negative, perceived or experienced
    b. Gather other insight on the patient and carer experience
3) Use the feedback from those potentially most affected to influence the implementation of a new model of care to meet their needs

Full details of the approach and actives undertaken can be found in the plan and in summary we:

- Undertook an equality impact assessment
- Informed patients and carers by;
    - Writing to a number of them and inviting participation in a focus group
    - Displaying a flyer in inpatient and outpatient areas inviting people to provide feedback
- Engaged with patients by;
    - One-to-one conversations in person or via telephone
    - Providing facilitated focus groups

In addition and parallel to this the service communicated with the staff potentially affected by the pathway redesign. Informal staff engagement was undertaken with full Staff Side support. This sought to engage with individual staff members to start exploring likely future options and reassure positive approach to achieving this.

We have also shared the report and findings with the Health Improvement Scotland Community Engagement Team (Scottish Health Council) local Service Change Advisor and sought their views on our engagement activity.

3. Findings & Outcome

The equality impact assessment found no detriment to patients accessing inpatient treatment and care and an enhanced level of services for those accessing outpatient treatment and care.

For the focus groups we specifically targeted patients by looking at the frequency of admission over the previous two years and potentially most affected by the redesign. We identified 11 patients and contacted each by letter to invite them to participate or to contact the Lead Nurse for a 1-to-1 discussion. In total we spoke to 9 of these patients including 6, plus a family member that participated in the focus groups.

During the engagement period there was a total of 10 inpatient episodes and each person was provided with an information flyer. On request the Lead Nurse had discussion with 3 patients. Also during this time there was 3215 attendances across 8 outpatient clinics including 417 at the QEUH. Information about the redesign was displayed readily available in waiting and treatment areas prompting people to provide feedback. No patients provide feedback at clinic or requested a call-back from the Lead Nurse.

During the engagement we heard from a total of 10 patients, all of whom had been and inpatient either for planned care (from a cohort of 5) or unplanned care and 1 family member. A breakdown of the key themes and feedback is captured in appendix 1 section 6.

In summary and in relation to the redesigned pathway there was still some concern expressed about not being able to access either planned or unplanned inpatient care when needed. However, over a two year period the service was able to demonstrate that no patients had experienced any treatment delays and no patients expressed that their treatment and care had been negatively impacted as a result of the reduced bed model.

4. Outstanding Actions

Seek approval via NHSGGC Corporate Management Team to formally implement new model. Communicate with patients as outlined in the involvement and communication plan and make this report available online in the public domain.

Appendix 1

Involvement and Communication Plan for Dermatology Service Redesign at Queen Elizabeth University Hospital

Version Date: November 2019

Lead: Con Gillespie, Lead Nurse Dermatology

1. Purpose

This Plan sets out the proposed approach to involving and communicating with people about NHS Greater Glasgow and Clyde's (NHSGGC) redesign of the dermatology services provided at the Queen Elizabeth University Hospital (QEUH).

2. Background

From April 2017 NHSGGC have incrementally introduced and trialled a redesigned model of care for Dermatology Services at the QEUH. This new model focuses on modernising the pathway to minimise dermatology inpatient episodes by providing intensive treatments and drug regimens in an outpatient treatment setting. This has resulted in a reduced need for inpatient admissions and there is clear evidence of a reduction in bed use as the ambulatory care model has developed.

However, NHSGGC recognises that there is still a need for intensive inpatient treatment for a small number of patients with severe skin disease. There are currently 5 patients who routinely undergo repeated planned in-patient care.

In addition, patients who are reviewed at outpatient treatment appointments whose skin requires more intensive treatment are admitted to Ward 2A, QEUH, on an urgent / emergency basis. The final cohort of dermatology inpatients are those with a combination of other non-dermatological acute medical problems and acute skin disease. These patients are admitted either to Ward 2A or an appropriate acute ward.

During the time period when bed reduction from 12 to 6 dedicated inpatient dermatology beds has been trialled it has been established, by monitoring the use of in-patient beds together with efforts to enhance the outpatient service, that the availability of 6 inpatient beds efficiently meets the demand for inpatient care. This has been evident over a prolonged 2 year period.

Offering a redesigned pathway that provides an adequate level of inpatient treatment and care with a properly resourced outpatient model will provide an enhanced person centred service that is able to offer improvement and meet the needs of all dermatology patients as it essentially provides greater choice and accessibility within their local area.

An enhanced outpatient service will help provide intensive treatments for patients that previously would require hospital admission. The retention of an appropriate number of

inpatient beds provides the option for inpatient treatment and care for those who are not able or well enough to utilise outpatient care.

As the outpatient model is further developed - by using the resource made available from the redesigned pathway and a reduced number of inpatient beds - the service will aim to not only increase the level of outpatient treatment options, but also the flexibility by which it is delivered e.g. extended opening hours and weekend access.

Implementing the redesigned model has no detrimental change to the patient pathway. Dermatology patients will continue to have full and prompt access to inpatient care with minimal delay for any acute or urgent treatment.

The enhanced outpatient model provides access to treatments for patients who either do not require or desire inpatient care, the proposed increase in capacity this will facilitate improves accessibility and flexibility. This model replaces the previous ‘routine’ admission pathway which meant that patients had to wait up to 12 weeks before being admitted. An enhanced outpatient service allows for prompt commencement of treatment while retaining the option for admission if outpatient treatment is not working.

A full equality impact assessment was carried out in early 2019 to ensure that patients are not being disadvantaged by the redesigned service model. This has helped provide reassurance that the redesign service model will help improve accessibility to dermatology care.

The service has also recognised the changing needs of dermatology patients whilst planning the redesign. In particular it has sought to continually engage with patients who frequently use and rely on the service to help assess the optimal service model to meet all patient needs. This has happened via one-to-one conversations between clinical staff and the patients that had the potential to be most affected by the redesigned model.

The concerns heard during these discussions centred on anxiety about lack of access to specialised dermatology inpatient beds as a result of the redesign, particularly if a zero bed model was favoured. Feedback demonstrated how important it is for some patients to continue to have access to specialised inpatient dermatology care. While a zero bed model was considered, which has commonly been implemented across the rest of the UK, what we heard from patients influenced our planning, decisions and shaped the redesign and agreed service model by continuing to provide 6 inpatient beds.

3. Purpose of Engagement

Following the success of an initial trial of a new way of providing both inpatient and outpatient treatment and care the Dermatology Service would like to fully implement a redesigned model of treatment and care. The redesigned model will reduce the current number of inpatient beds from 12 to 6 and enhance outpatient care services.

The new outpatient model has been funded from non-recurring resource and to be embedded as business as usual and further enhanced will require a transfer of the resource associated with the current inpatient bed model to the reduced number to sustain it.

This will optimise the use of resource to meet demand and deliver the new model of care and improve outcomes and patient experience.

The Dermatology Service has been and will continue to undertake proportionate and meaningful engagement with patients and carers potentially most affected and their representatives to:

I. Inform them about the redesign and the rationale underpinning it
II. Hear their feedback on the new model of care to:
    a. Assess the potential impact of any redesign, both positive and negative, perceived or experienced
    b. Gather other insight on the patient and carer experience
III. Use the feedback from those potentially most affected to influence the implementation of a new model of care to meet their needs

4. Stakeholders and Engagement

We have identified a range of stakeholders that we aim to engage and communicate with using the methods outlined in the following table.

Stakeholders	Methods of Communication and Engagement
Patients and Carers using the service	• Information materials to be made readily available to raise awareness of the new model, provide information and explain how to provide feedback on it • One to one discussions with patients most affected to better understand the patient experience and seek their views on the new model was identified as the best model to assess how to redesign the pathway and implement any changes to the service • The service is planning a focus group session with a selection of 10 patients who frequently access in-patient beds. This will be a combination of 5 patients who experience planned care and 5 patients who have been recently admitted on an unplanned (emergency) basis. Two Focus Group sessions will take place on 11th and 18th September 2019 to allow discussion and views to be sought form these key stakeholders. • Patients admitted as unplanned over a month long period (commencing on 27th August 2019) will be provided with a summary of the proposed changes and the opportunity to speak with senior dermatology staff to find out more or address concerns.
Staff delivering the service	• Staff meetings have taken place during the development of the redesign with regular informal contact with individuals to update on progress. • Staff meeting was last held on 31st July 2019 which included one to one informal discussions with nursing staff. • Staff have been sent an updated letter in August 2019 which includes invitation to informally discuss future options based on redesign process e.g. remain in-patient ward, practice as

	part of out-patient service
NHSGGC	• Papers and progress reports as required to Corporate and Senior Management structures, Committees, Board and associated groups.

5. Patient Involvement and Communication Activity Plan

The table below will be used to forward plan any engagement activity and outputs and to retrospectively capture feedback and outcomes about the redesign of dermatology services.

Activity	Actions / Outputs	Timescale	Completed
1. Trial of new model of care	Trial a new model of care and gather intelligence from patients and carers using the service via one-to-one discussion in clinical and in-patient settings to determine the impact on patients in terms of outcomes and experience	Apr 2017 to Aug 2019	Aug 2019
2. Undertake Equality Impact Assessment	• Determine impact of redesign on patients and carers in terms and equality and human rights by undertaking an Equality Impact Assessment	May 2019	May 2019
3. Develop content to inform people about the new model of care	• Agree format and content • Develop information for staff, patients and carers • Communication sheet outlining redesign to be made available on website	Aug 2019	September 2019
4. Widely communicate with people and hear feedback about new model of care	• Key patient stakeholders will be engaged via Focus Groups to be held in mid September 2019. Key information flyer will be displayed in clinical spaces and waiting areas in all 9 dermatology sites across NHSGG&C.	August / September 2019	September 2019
5. Analyse feedback to inform the final implementation of a new model of care	• Review with recommendations to be generated from engagement work outlined • Final recommendations for dermatology service delivery model at the Queen Elizabeth University Hospital will be developed at completion of above engagement.	September 2019	September 2019
6. Report findings of engagement	• Progress through necessary internal governance for action and approval	November 2019	November 2019

	will be completed • Final report and final recommendations for Board approval		
7. Communicate outcome	• Write to patients potentially most affected with outcome and how their views have been taken on board • Have information displayed in clinical spaces and waiting areas • Host engagement report online • Consider wider communication via NHS GGC Corporate Communications	December 2019	December 2019

6. Feedback Heard

The Dermatology Service have now completed formal patient engagement to progress and implement the redesigned pathway.

Via the engagement activities detailed above we heard feedback from 10 patients and 1 family member/carer. A number of themes emerged about the redesign and these are summarised below together with response and actions:

- We heard and noted some concerns about formal bed reduction
    - We reassured patients that beds are not being withdrawn and that the service has functioned well with no detriment to care with 6 in-patient beds for over the 18 month it had been trialled

- We heard concerns about a potential increased length of wait to access inpatient beds
    - We reassured patients that, due to the enhanced outpatient model the service no longer has any significant waiting list and mainly admit patients' within 48 hours

- We heard general concerns about overall model
    - We explained that the redesign aims to be able to meet all patient's needs and that the majority of these are met via outpatient services. However, we reassured those patients who regularly used inpatient services that the model and access to beds will not change with the redesign. We also explained that that the service would like to utilise the resource made available from the reduced bed model to further develop a more flexible enhanced out-patient service

- From patients who regularly receive planned technical care on day attendance basis, we heard some anxiety about the transition of care from Day Medical Unit to Treatment Centre. This discussion was largely around how the service would achieve this.

    - We provided commitment to working in partnership with this patient group including offering flexible treatment plans and ensuring specific care plan is known and acted on by the Dermatology Team in the Treatment Centre
    - We agreed that before transition happened we would arrange for a meeting to help outline and identify care plan for individuals who require regular day care with the Lead Nurse being identified as the point of contact to support people to navigate this

- We heard some concerns about the new outpatient department Treatment Centre (Infusion Suite) and its suitability (since smaller than the open plan layout in Day Medical unit which they have become used to).
    - We agreed to work together at ensuring that it was comfortable, well ventilated and met the needs of individual patients.

We also heard some feedback about wider patient experience:

- We heard some concerns about mix of specialties and staffing on the ward (co-located with Older People's Care and Frailty Unit) and the impact on staff,
    - We advised patients that work would be undertaken to help develop the ward team on formal merging via Organisational Development Team. We also informed patients that staff would not lose their jobs and there was a well-established and formal process via Human Resources to provide support including alternative options.

We also agreed that patients who participated in the process would receive written correspondence summarising discussions and an outline of actions to take forward to address their concerns.