

Post Event Report

Dermatology Stakeholders Event A Way Forward for the East Midlands 30 September 2015



Thank you

Thank you very much for attending the first East Midlands Dermatology Stakeholder event on 30 September at IGEM in Kegworth. In this pack you will find the following :

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We would be grateful to receive any feedback or thoughts following the session that are not captured here. If you have any further questions or comments about the event, please contact Sheila Darji (sheila.darji@nhs.net).

Dr Jonathan Corne
Head of School Health Education East Midlands (HEEM)

Sarah Hughes
East Midlands Clinical Senate Manager

Agenda

Dermatology stakeholder meeting

30 September 2015

Time	Item	Presenter
1.00pm	Arrival – lunch available	
13.30-13.40	Welcome and Introductions	Dr Jonathan Corne Head of School Health Education East Midlands (HEEM)
13.40-14.10	Setting the context Introduction of the independent review report	Vicky Bailey Chief Officer NHS Rushcliffe Clinical Commissioning Group
14.10-14.55	British Association of Dermatologists How have networks have been used effectively in other regions, or internationally, and how a network could work in the East Midlands to support service provision. What are the key success factors? How can BAD support the development of dermatology services over the next 10 years?	Tania von Hospenthal British Association of Dermatologists
14.55-15.10	Q&A Session	All
15.10-15.40	Group discussion One How can we utilise Clinical Networks to address service issues e.g. elective/non-elective, paediatrics etc?	Table work with facilitators
15.40-15.55	Refreshments	
15.55-16.20	Group discussion Two How can we utilise clinical networks to optimise research opportunities, teaching and training and recruitment and retention?	Table work with facilitators
16.20-16.40	Feedback from the groups and identification of actions	All
16.40-17.00	Summary, next steps and close	Dr Jonathan Corne Head of School Health Education East Midlands (HEEM)

Presentations

Presenter	Presentation
Vicky Bailey Chief Officer, NHS Rushcliffe Clinical Commissioning Group	Nottingham dermatology service
Tania von Hospenthal Head of Clinical Services The British Association of Dermatologists	Dermatology services
Dermatology Report June 2015	Final report: independent review of Nottingham dermatology services

Notes from workshop sessions

WORKSHOP 1: 'THE WHAT'

How can we utilise Clinical Networks to address service issues e.g. elective/non-elective, paediatrics etc?

- Derby & Mansfield have an in hours service and patients out of hours are seen the next day no on call service
- Medical on call team can't admit patients directly.
- 10-20 inpatients per week, demand is rising via Derby A+E.
- Job plans need to reflect on call activity
- Local teams need to have this activity in their job plans to enable timely response
- Pathways for patients – need a hot clinic the next day
- Most patients not admitted for skin issues
- Mid notts/SFHT need a service from 1/11
- Derby has 3 paediatric dermatologists – adult dermatologists that are trained in paed – not stand alone. View that paediatrics should be part of a wider job plan
- Could have standardisation across East Midlands Pathway
- Need time to see urgent GP referrals
- General increase in demand 2 week wait clinics increased from 2/3 to 8
- Acute Dermatology – hot clinics the next day
- Issues for inpatients with co-morbidities and when skin is not primary problem
- Nurses employed across NUH and Circle
- Toxic patients – rare but need a clear pathway
- Current services – unsustainable, waits, morale, experience
- Not many IP acute admissions – GPs need training as who to refer
- Need to look at who is available when some service have no or limited staff
- Clinicians could decide on a regional basis who might provide specialist services
- Recruit together? Shared posts?
- Make better use of technology
- Recruit/retain, facilitate
- What needs to be commissioned for the population?
- What is the demand?
- Some services don't have the same challenges – what is the incentive to support?
- Shared governance arrangement
- Training need more network solutions to fill current roles
- Tweak pathway to Leicester so that TC staff see patients first to ensure not inappropriate referral.
- Lost registrars, Why? Need to work out how to bring them back as part of the network.
- Iron out problems with data - Uncertainty over flows and ward numbers.
- Recruit and retain staff.
- Bespoke model to be implemented.
- Shared governance arrangement for tertiary work.
- Need for an East Midlands wide pathway.

WORKSHOP 2: 'THE HOW' Designing Your Community Health Plan

“How can we utilise clinical networks to optimise research opportunities, teaching and training and recruitment and retention?”

- Clinical Research Network:
 - National, generic
 - Recent merger of North & South
 - 1st region wide meeting for dermatology
- Need to look at alternative roles: Staff grades, increase Clinical Fellows
- some specific gaps: Patch testing, tertiary biologists and Psych Dermatology
- Training already planned across East Midlands
- Training for GP's essential
- Research – need to make use of research nurses knowledge
- Utilise resources effectively around training
- Centre for evidence based dermatology – need succession planning
- Links with cancer research network
- Utilise network wide research nurses
- All already meet as an East Midlands network – can we utilise that
- Training – cannot leave numbers unfilled
- Need to look innovatively at supervision
- Need to develop GPswSI
- CNS/ANH training programme – need to develop bespoke training?
- Queries about education budget for CCGS
- Joint venturing: joint jobs.
- Regional specialist workers.
- Utilise resource effectively around trauma.
- Tweak pathway to Leicester so TC staff see patients first to ensure no inappropriate referral.
- Succession planning for retirements.
- Joint CRN base UHL/Notts and need to do in associate with other academics.
- Cannot leave training numbers unfilled and not utilised.
- Can look at training numbers but would need to train in conjunction with other units.
- Bespoke training i.e. masters level: difficult to access for non-degree nurses.
- Nursing: A lot of follow ups. Huge difference to demand post diagnostic nurse delivered care.
- Model in Nottingham of how walk in dermatology + cross cover/training and have students coming through.
- GPs teaching GPs to use Dermatology scope- invite + pilot? Concern would be increased demand. Encourage to go on courses. Identify those interested and improve their practice and maintain skill base.
- Is the premise that need to decrease 2 week wait referrals correct?
 1. Not picking up skin cancers/melanomas: delay in cancers.
 2. Who is seeing referrals?
 3. Do people have experience?
 4. Targeted education- How to increase profile and link to cancer.

- 1st PCCs were 3 weeks- now increased to 6 due to service pressure
- Education budget for CCGs. How can this be utilised??
 1. Clinical network/PLTs
 2. GP skin legion toolkit—BAD
 3. Drs.net

Summary and Next Steps

We have captured the bullet points from the workshop sessions and made some proposal around next steps. There was a broad consensus that some issues could be progressed better as a network rather than through individual commissioners or providers.

The key issues and themes from the session are:

- Colleagues already 'network' for training but many felt this could be built on to look at broader issues – perhaps establish an operational delivery network for the East Midlands
- Job plans need to be reviewed to ensure they include a broad range of activities to make them attractive however, most felt that there was no need to have a networked service provision for core services or out of hours
- Commissioning and provider colleagues would like to understand a bit more about activity as they feel the information is not available to do any comparisons across the East Midlands
- Recruitment and retention is an issue across the East Midlands – what can we do to improve this?
- Training is an issue particularly for non-dermatology specialist clinicians e.g. GPs, paediatricians – how can we support the training of these colleagues
- We need to look across the East Midlands for paediatric dermatology to understand current and future demand and to share how this could be provided

We propose therefore that we hold another session in February 2016 to work together to develop shared solutions and how to agree what any future network may look like.

The areas for consideration at this session will be:

1. develop pathways and protocols across the network with a focus on paediatrics
2. Consider job plans, where appropriate, that increase joint working across the East Midlands
3. Review data and activity for the East Midlands
4. Review the training needs and plans for:
 - a. Medical trainees
 - b. Nursing roles
 - c. GP/primary care

The East Midlands Clinical Senate

The East Midlands Clinical Senate is one of 12 clinical senates across the country, established to be a source of independent, strategic, clinical advice to commissioners. Clinical leadership is at the heart of the new NHS commissioning system. Working with expert clinical leaders and patients, we provide advice across the healthcare system to improve patient outcomes and population health.

Structure

The East Midlands Clinical Senate comprises a Senate Council and an Assembly. The council is a small multi-professional steering group, including patient representatives, who coordinate the senate's activity and provide a strategic overview. The Clinical Senate Assembly is a diverse multi-professional forum providing the Council with ready access to a pool of experts from a broad range of health and care professions. The Assembly also includes patient representatives and encompasses the birth to death spectrum of NHS care. You can apply to become a member of the Assembly by [emailing us](#) to get an application form.

Work programmes

East Midlands Clinical Senate has undertaken a number of reviews to date ranging from an individual service review to whole system plans.

Members of the Clinical Senate have developed advisory reports about:

- [frail older people](#)
- [physical activity](#)
- [A call to action: East Midlands response to the Five Year Forward View](#)

The Clinical Senate is chaired by Mr Nigel Beasley. For more information visit www.emsenatescn.nhs.uk or email england.eastmidlandsclinicalsenate@nhs.net.

Health Education East Midlands

We are the vehicle for providers and professionals, working as part of NHS Health Education England (HEE) to improve the quality of education and training outcomes so that they meet the needs of service providers, patients and the public. Through HEE, health and public health providers will have strong input into the development of national strategies and priorities so education and training can adapt quickly to new ways of working and new models of service.

The Francis Report highlighted failure in the systems that were supposed to oversee and regulate our hospitals and it is important that the NHS takes these issues seriously and works together to make sure the necessary changes are implemented. HEE and LETBs, through their workforce planning, training and education commissioning and delivery roles, have a vital part to play in helping to get the culture right and ensure that the NHS values and the principles of the NHS constitution run through all that staff do.

Meeting the needs of patients in the East Midlands, through delivery of safe, high quality care is dependent on having the right workforce capacity and capability, in the right place, with the right education, skills and behaviours. Doing more of the same will not deliver our ambition for patients – both in terms of the services we offer, or the way we develop our workforce.

For more information visit www.em.hee.nhs.uk or email us at hee.eastmidlands@nhs.net

Delegates list

First Name	Surname	Job title	Organisation
Adam	Littler	Assistant General Manager	Sherwood Forest Hospitals NHS Foundation Trust
Andy	Addison	Operations Manager	Circle Nottingham NHS Treatment Centre
Carl	Ellis	Commercial Services Manager	Sherwood Forest Hospitals NHS Foundation Trust
Carol	Greenfield	Deputy General Manager, Cancer and Associated Spec	Nottingham University Hospitals NHS Trust
Clive	Tubb	CNS Dermatology	Nottingham University Hospitals NHS Trust
Gillian	Godsell	Nurse Consultant: skin cancer	Nottingham NHS Treatment Centre
Hassain	Shahidullah	Consultant Dermatologist	Derby Teaching Hospitals NHS FT
Helen	Tait	General Manager	Circle Nottingham NHS Treatment Centre
Holly	Bertalan	General Manager	University Hospitals Leicester
Ian	Bowns	Director	Public Health Priorities Ltd
Jackie	Swanwick	Deputy General Manager, Specialist Medicine	Derby Teaching Hospitals NHS FT
Jacky	Williams	Councillor	Nottinghamshire County Council
Jane	Edyvean	Models of Care Lead UHL	University Hospitals of Leicester NHS Trust
Jane	Kingswood	Community and Partnership	Healthwatch Nottinghamshire
Joanne	McWilliam	Clinical Nurse Specialist	Nottingham University Hospitals NHS Trust
Jon	Gulliver	POC Lead	NHSE
Jonathan	Corne	Head of School	Health Education East Midlands
Karen	Harman	Consultant Dermatologist and Dermatology Training	University Hospitals of Leicester NHS Trust
Kate	Hunter	Head of Contracting	Mansfield and Ashfield CCG
Kid Wan	Shum	Consultant Dermatologist	Derby Teaching Hospitals NHS FT
Kim	Varma	Consultant Dermatologist	Circle Health Care
Louise	Jeanes	Project Development Manager	Lincolnshire West CCG
Peter	Hartshorne	Project Officer	SCNs & Senates, NHS England
Rachel	Eddie	Deputy Director of Operations	Nottingham University Hospitals NHS Trust
Robert	Burd	Consultant Dermatologist and Head of Service	University Hospitals of Leicester NHS Trust
Roz	Lindridge	Associate Director	SCNS & Senate, NHS England
Sandeep	Varma	Consultant Dermatologist	Circle Nottingham NHS Treatment Centre
Sarah	Hughes	Clinical Senate Manager	SCNs & Senates, NHS England

Sheila	Darji	Clinical Senate PA	SCNs & Senates, NHS England
Tania	von Hospenthal	Head of Clinical Services and Development	British Association of Dermatologists
Tanya	Bleiker	Consultant Dermatologist	Derby Teaching Hospitals NHS FT
Theresa	Joseph	Consultant	Kings Mill
Tracy	Madge		Rushcliffe CCG
Vicky	Bailey	Chief Officer	Rushcliffe CCG