

Agenda Item: 12.0

**Governing Body**  
*held in public*

**REPORT**

<b>Subject</b>	Bedfordshire Community Dermatology Update
<b>Date Presented</b>	Thursday 7th September 2017
<b>Author</b>	Tara Dear, Head of Planned Care Commissioning
<b>Lead Director</b>	Donna Derby, Director of Commissioning & Performance
<b>Presented by</b>	Dr Lindsay McIntyre – Clinical Director

**Executive Summary**

The purpose of this paper is to provide an update on plans for the Bedfordshire Community Dermatology Service following contract termination notice from Optum with effect from 31<sup>st</sup> July 2017.

Bedfordshire CCG were asked by Bedford Hospital NHS Trust to deliver the Bedfordshire Community Dermatology Service for a pilot period of 18 months, starting 1<sup>st</sup> August 2017.

Since April 2017, key stakeholders have been working collaboratively to transfer both new and existing patients to Bedford Hospital for ongoing care arrangements.

Bedfordshire CCG will continue to work with both Optum and Bedford Hospital Trust (BHT) to ensure the transition completes safely and effectively by the end of August 2017.

During the term of the Bedford Hospital contract, the CCG will continue to monitor and review the service during the 2 transition periods and will work collaboratively with Bedford Hospital to identify opportunities to further improve the model and patient experience.

**Recommendation**

Governing Body are asked to note the contents of the report.

<b>Links to Board Assurance Framework / Corporate Risk Register</b>	Corporate Risk Register – Dermatology risk relating to the transfer of patients between two providers.
<b>Details of additional risks associated with this paper (may include NHS England Assurance Framework / NHS Constitution)</b>	None specified.
<b>Financial Implications / impact</b>	None specified.
<b>Legal Implications / impact</b>	None specified.
<b>Partnership work / public engagement implications / impact</b>	None specified.
<b>Committees / groups where this has been discussed before</b>	Executive Committee have been sighted on the transfer process and risk management throughout the last several months.
<b>Other options available and their pros and cons</b>	None specified.
<b>Background papers</b>	Not applicable.

# Bedfordshire Community Dermatology Update – August 2017

## 1. Introduction and Background

The purpose of this paper is to provide an update on the Bedfordshire Community Dermatology Service following transfer from Optum to Bedford Hospital NHS Trust with effect from 1<sup>st</sup> August 2017.

Optum were awarded the prime vendor Bedfordshire Integrated Dermatology Service (BIDS) on 1<sup>st</sup> August 2014 on a three year contract with an option to extend by two years.

The service model was based on a central referral hub for all routine and urgent referrals, community based outpatient consultations, minor procedures and teledermatology. Referrals for suspected cancer (2 week wait) would be sent directly to the local acute providers.

Whilst Optum was appointed as the lead contracted provider for BIDS, the community service delivery was provided by the sub-contractor, Concordia Community Outpatients Ltd.

Optum served six months' notice to Bedfordshire Clinical Commissioning Group (BCCG) in February 2017 to terminate the contract with effect from 31<sup>st</sup> July 2017.

## 2. New Provider Arrangements

Further to Executive Committee agreement, both Bedford Hospital Trust (BHT) and Luton & Dunstable Hospitals Trust (L&D) were formally contacted on 28<sup>th</sup> March 2017 seeking commitment to work with BCCG to deliver the BIDS service for a pilot period of 18 months.

The letter to both Trusts acknowledged the detail that needed to be confirmed during service transfer, including:

- Development of the service model and specification
- Financial envelope and contracting model
- Transfer arrangements and timescales
- Transfer of Undertakings Protection of Employment (TUPE) implications and list of employees from Optum

BHT responded on 3<sup>rd</sup> April 2017 confirming their interest in exploring the model with the CCG subject to the agreement of the clinical model, finance and contractual agreements. There was no response from the Luton and Dunstable Hospital.

## 3. Service Transfer Arrangements

Bedfordshire CCG has been working in partnership with Optum (outgoing provider) and Bedford Hospital NHS Trust (incoming provider) to ensure a safe and effective transfer of service during the handover period.

Whilst BCCG intends to commission an integrated community model, initial focus has been on ensuring patients are seen in a timely manner and that medical records are effectively transferred in line with the Data Protection Act.

All patients, where medical records had been created and electronically stored by BIDS, were contacted by letter providing an opportunity to opt out of their records being transferred to BHT. Patients have also been sent a letter advising that their care will transfer to Bedford Hospital and that they will be in contact with appointment arrangements.

The following patient groups have now been transferred to BHT and appointments are being scheduled:

- Patients awaiting a first outpatient appointment, referred prior to 19<sup>th</sup> June 2017
- Patients awaiting a first outpatient appointment, referred between 19<sup>th</sup> June 2017 to 31<sup>st</sup> July 2017
- Patients being managed with Roacutane and receiving regular follow-ups

A validation exercise is being completed for the following patient groups with the expectation that all records will have transferred by 31<sup>st</sup> August 2017:

- Patients awaiting minor procedure
- Patients awaiting other treatment
- Patients requiring ongoing follow-up appointments

## **4. Service Model**

The service model development is being progressed in two phases:

- Phase One: Transition period
- Phase Two: New model of care

### **4.1. Phase One: Transition period**

The aim of Phase One is to ensure that the service model allows a level of flexibility during service transfer to enable the best use of clinical time and capacity, therefore the volume of patients seen in a community setting has been relaxed.

GP referrals are currently directed to the Bedford Hospital Clinical Assessment Service on the NHS e-referral service and will be clinically triaged with the following outcomes

- Referral requires prior approval in line with the Procedure of Limited Clinical Value (POLCV) Policy
- Referral upgraded to a 2 week wait pathway
- Referral requires minor procedure – patient will be treated by their choice of acute provider
- Referral requires first outpatient appointment and is suitable to be seen in the community – patient will be offered a community appointment or may be seen in a teledermatology clinic
- Referral requires first outpatient appointment and is not suitable to be seen in the community – patient will be treated by their choice of acute provider

### **4.2. Phase Two: New model of care**

The aim of Phase Two is to develop a new model of care with an emphasis on the management of the increasing demand for Dermatology. Nationally there is a shortage of Dermatology clinicians and the rate of growth across the system is becoming unsustainable.

The proposed model, which will be developed and implemented over the forthcoming months, is based on the existing Bedfordshire Integrated Dermatology Service (BIDS) model with an increased focus on demand management and learning from other CCG areas. The key components of the model are described below:

- Consultant-led triage of all routine/urgent referrals, redirecting referrals to the most appropriate location and supporting primary care with management plans and advice & guidance
- Proportion of referrals directed to Teledermatology (approximately 30%) for community-based specialist photographs, followed by 48 hour consultant review.

- Community Dermatology provided in five locations (one per locality), including sessions by GPSIs, specialist nurses and Consultant Dermatologist
- Community Minor Surgery where clinically appropriate and supported by estates facilities
- Direct Listing to acute treatment or surgical list following Teledermatology and Community OP consultation
- Virtual follow-ups by telephone where appropriate
- Development of clinical pathways for key presenting complaints – single skin lesions, acne, psoriasis, eczema, hair loss and actinic keratosis
- Educational sessions on key topics held at Heat / Protected Learning Zone (PLZ) with further accredited course for advanced dermatology

## 5. Communications

During the service transfer, communications messages have been issued to the following stakeholders informing them of the service transfer and contact details for enquiries:

- Primary Care and BCCG Localities – several communication messages and verbal updates during the service transition
- Patient Groups – Bedford Borough Healthwatch, Central Bedfordshire Healthwatch and Dermatology Patient Participation Group
- Acute Providers – Luton & Dunstable, Milton Keynes, East & North Hertfordshire, Cambridge and Buckinghamshire
- Public Health
- Community healthcare professionals - Community Health Visitors and District Nurses
- South Central & West Commissioning Support Unit (SCWCSU)

BCCG has received a number of enquiries from GP Practices clarifying the process and also informing us of issues – these have been dealt with swiftly by Optum, BHT and the CCG.

## 6. Next Steps

Bedfordshire CCG will continue to work with both Optum and Bedford Hospital NHS Trust to ensure the transition completes both safely and effectively.

During the term of the Bedford Hospital NHS Trust contract, the CCG will continue to monitor and review the service during the transition periods and will work collaboratively with Bedford Hospital NHS Trust to identify opportunities to further improve the model and patient experience.