

# Quality Dermatology Services

Medical Clinics Ltd  
Sussex Community Dermatology Service  
Worthing Skin Clinic Ltd

January 2016

<b>Policy Acceptance</b>	
<b>Applies to:</b>	All staff, patients, & carers
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<b>Responsible Person</b>	Amy Clark (Practice Manager)
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## Quality in Service Delivery

As a dermatology service we strive to deliver standards of quality that are recommended by the NHS, British Association of Dermatologists, General Medical Council, and other respective bodies.

### Standard 1: Principles of Dermatology Care

As an organisation we strive to achieve the following:

- Full and fair patient access to the full range of high-quality dermatology services at all levels of care
- Service models that incorporate all stake-holders in service design and responsive to patient needs
- Consistent care that meets independent quality standards, such as those developed by NICE and the British Association of Dermatologist
- People with skin conditions should have their care managed at a level appropriate to the severity and complexity of their condition
- Services that provide access to a range of supportive services including holistic support including access to psychological support, camouflage services and occupational therapy

### Standard 2: Patient and public involvement

Services are designed around needs assessment and according to individual and population-based access to services

- NHS services are developed through patient representatives and public engagement on service design and pathways
- Private services are designed around experience of the provision of services to patients for many years and are appropriate to need, affordable and evidence-based
- Stakeholders are actively engaged in feedback, regular communication, and performance monitoring where considered appropriate
- Best practice is incorporated to all service provision and treatment delivery

All NHS commissioned services have been designed by patient representatives, clinicians and commissioning groups working together to deliver community services. Sussex Community Dermatology Service is a leading commissioned organisation in this area in the UK. The same approach to services regardless is adopted across the whole organisation so that private and NHS patients can expect the same high-standards of care across services we provide. Company management, administration and clinical care is provided seamlessly to patients across all services placing the patient at the heart of services.

Provided services are based on the experience of Consultants and Specialist Nurses working together to deliver care that is safe and appropriate.

### **Standard 3: Appropriately trained staff**

All staff are recruited specifically with patient care needs in mind and a relevant to delivery care across the service

- Staff are all recruited and have DRB checks and pre-employment checks that include references from previous employers
- Staff all have clearly defined roles, responsibilities and competencies based around their job roles and that are relevant to services being offered
- Staff all receive induction training and ongoing training to support their roles and match patient needs
- The competency of staff is assessed and regularly updated
- Postgraduate education needs are assessed and support provided to all grades of staff within the team

The organisation has developed a dedicated training online portal for staff members and has been instrumental in designing local educational programmes as follows:

- Quarterly postgraduate programme for all service staff including administration, clinical and management teams – all staff engage with each other to facilitate best practice
- Local GP educational programmes for medical education in dermatology across Sussex and Surrey (SEEDS – South East Education for Dermatology Services). The organisation was instrumental in setting up this successful programme across the South and it is well-attended by over 200 GP's each year
- Local specialist nurse education through SEEDS for nurses. This programme engages secondary care acute trusts as well so that teams share learning experiences
- External specialist nurse skill training in phototherapy, photodynamic therapy, aesthetics and laser therapy
- External postgraduate meetings attended by medical staff at local teaching hospitals, national professional meetings, and international conferences
- Management training courses to upskill newly appointed managers

The postgraduate programme and external meetings are all published on the main NHS website portal used for staff training purposes. This is a live timetable of meetings and is kept regularly updated <http://www.sussexcds.co.uk/education/gpws/i/index.html>

All staff have annual appraisal including administrators, nursing and clinical staff. The organisation has nominated appraisers who have received training from the Department of Health and General Medical Council (GMC). The organisation is an approved and accredited organisation as a Designated Body with the GMC. Medical staff employment, policies and procedures, and training have all been inspected by the GMC in December 2015. This included face-to-face interviews with the Responsible Officer, Lead Appraiser, Appraisers, Medical Staff, Human Resource Manager and administrators. A patient representative, member of NHS England, and local Consultant were all involved in this process and were impressed by the focus of services on patient care.

## **Standard 4: Clinical Assessment and Management**

- Patients should be seen by the right person in the right place with suitable facilities; those with special or particular needs, such as children, should be seen by appropriate staff in facilities that meet their specific needs.
- Patients should be fully informed about their diagnosis and management and be involved in decisions about their care.
- Patients should have access as needed to all treatments approved by national agencies, eg NICE, and treatment should be carried out in a safe, competent and timely manner according to national and local standards.
- Those with long-term conditions should be offered appropriate ongoing care and access and re-access to services as needed.

As a dermatology service, we provide services across all care settings including GP surgeries, community hospitals, private clinics and acute hospitals. All premises are CQC registered and have been assessed both by the clinical staff within the organisation and independently. All age-groups are catered for in dermatology service provision including children with eczema through to elderly patients with skin cancer.

The new building at Worthing has a dedicated children's waiting area, washable toys, and child-friendly posters and information. All staff are child and adult safeguarding trained with accountability to individual safeguarding leads that include dedicated paediatric nurse support with a registered nurse (Sophie Lockyer-child safeguarding lead), adult safeguarding Leads, Prevent Lead, Dementia Lead and Female Genital Mutilation Lead. All primary care sites are already registered for children's services as primary care GP practices. Several of the Consultant Dermatologists (Dr Russell Emerson, Dr Nic Nicolaou, Dr Sandeep-Cliff) have sub-specialist interests in paediatric dermatology that includes membership of the British Society for Paediatric Dermatology. Over the years, services have supported local National Eczema Society events and health education promotions for sun-care and skin-care. Dr Shergill is also on the national committee for the British Skin Foundation that is a key contributor to skin-based research in the UK.

## **Standard 5: Models of Care and Links to Other Services**

Within clinical services provided by the organisation we have clear pathways of care amongst services and clear pathways with other local services. As a larger dermatology provider we have formed strong links with neighbouring local NHS trusts, local private hospitals, and other providers of care.

These links are utilised across private and NHS services to transform care so that it is accessible to the local population and based on medical need rather than convenience. By having links with other providers, patients benefit from improved choice and care can be delivered by sub-specialist teams as deemed necessary for more complex diseases and diagnoses.

Services follow recommended NICE guidelines, local and national antibiotic prescribing guidelines, local safeguarding policies and procedures, and national recommendations by

key dermatological organisational groups including the British Association of Dermatologists.

All agreement on pathways of care with local NHS trusts, supporting departments, community hospitals and primary care premises are achieved through NHS standard contracts or equivalent legal contracting mechanisms. Private services benefit from such linkage and particularly with respect to cancer care as local patients regardless of whether they are NHS or private, are discussed at MDT meetings, ensuring equitable services for all regardless of the need to pay. Patients may be transferred from one sector to another based on need and not on affordability.

Clinicians play a key role in supervising medical triage of referral letters and ensuring patients see appropriate clinical service staff. Administration teams and clinicians work together to achieve these objectives. Patient choice is offered should patients require transfer to another NHS or private provider or specialist team.

#### **Standard 6: Diagnostic investigations**

All supporting pathology diagnostic services are facilitated through sub-contracting legal arrangements with local NHS trusts. Histopathology specimens are reported on by suitably qualified histopathologists with an interest in skin dermatopathology regardless of whether they are private or NHS cases.

Specimens are collected, stored and transported according to national guidelines and recommendations with clear labelling and governance measures in place. All results are either directly linked into patient record systems or scanned on to patient notes with tracking from procedures through to results receipt. Urgent results are acted on within 24-48 hours and fast-tracked by administrators to clinicians. This is facilitated by the same electronic patient record that allows instant communication across the services and tasks to be shared amongst team members. Clinicians can access care records remotely behind dedicated protected firewalls to protect patient confidentiality.

#### **Standard 7: Clinical governance**

- Clinical governance is embedded into everyday practice with weekly reporting built into company management minutes and quarterly reporting
- Services are supported and resourced by management teams to implement change if this is required to improve patient safety
- NHS services are monitored through reporting each month and data submission reports
- The service produces regular audit on key measurements and against national standards of practice
- Services are supported by strong clinical leadership for clinical governance

### **Standard 8: Information Governance**

- The organisation is fully registered for Data Protection with a Caldicott Guardian appointed
- All staff are trained in clinical governance
- The organisations are registered with 'NHS Connecting for Health' and meets compliance checks on an annual basis
- Records are accessed and stored confidentially
- Records are protected by password protected systems behind secure firewalls
- No confidential patient identifiable data is transmitted externally unless required to do so in the course of medical practice or as a legal requirement
- The organisation has many Information Governance Policies in place

### **Standard 9: Stakeholder Quality Reporting**

- The organisation receives regular feedback from external contracting organisations
- The organisation supports feedback through online reporting such as NHS choices
- The organisation captures patient feedback through patient satisfaction surveys, online media feeds, plaudits and complaints reporting
- The NHS part of organisations is subject to monthly quality reporting, CQUINN reporting, and quarterly performance assessments with 5 Clinical Commissioning Groups
- The organisation meets with acute trust providers and receives regular feedback from local services
- The organisation is subject to external review, including assessments by the General Medical Council for appraisal and revalidation.