

## Improving Community Dermatology Services in Wolverhampton Engagement results

### Background

We are looking to continue to commission a community provider to deliver a high quality, comprehensive Community Dermatology Service in Wolverhampton. Between 14 January – 24 February 2019 we engaged with local people to get their views on our proposal and to find out what they think is most important when looking to improve services. Read the proposal [here](#)

### Methods of engagement with Wolverhampton public and partners

#### Online survey

We set up an online survey to ask people their thoughts on our proposal. The survey comprised of 13 questions and its complete results are shown in Appendix 1. The survey was open for a five week period from 14 January – 24 February 2019. 70 people completed the survey and results are shown below.

#### Focus groups

We held two focus groups to give people the opportunity to talk to us in more depth about the proposal.

We promoted the survey and focus groups to members of the public by emailing our Patient Partners and stakeholders, putting the information on our website and Twitter account and sending hard copies to those without an email address with a freepost envelope for return. Healthwatch Wolverhampton also shared the information through their social media channels. We informed GPs of the engagement activity through our regular newsletter.

### Survey results

#### Design of skin services in Wolverhampton

Q1. Are you responding to these plans as an individual or a representative of an organisation?

A. 97% of people were responding as an individual, 3% of people were representing an organisation.

Q2. Do you support our proposal?

A. Out of the 70 respondents, 63 of them either strongly agree with the proposal or agree with the proposal.

Q3. How important are the following when booking an appointment?

A. **Very important**

Not having to wait very long until appointment date – 86% of people said it is very important for them not to wait long until their appointment date and 12% said it is somewhat important.

**Somewhat important**

Having an appointment that fits around commitments (evening/weekend appointments) – 35% of people said it is very important for them to have an

appointment which fits around their commitment, 32% of people said it is somewhat important and 20% of people said it is slightly important.

Q4. How important are the following regarding location and access of services?

A. **Very important**

Access to the majority of treatments in the community – 94% of respondents said it is either very important or somewhat important

**Somewhat important**

Ability to park at or close to the clinic – 91% of respondents said it is either very important or somewhat important.

**Least important**

Accessible by public transport – 83% said it is either very important or somewhat important

Q5. How important are the following aspects of the service?

A. **Very important**

Good communication between my GP and service provider – 95% said is very important.

Being given information so that I am clear about my condition and treatment – 86% said it is very important.

Being able to discuss my diagnosis and treatment further with my consultant and other staff after my appointment – 81% said it is very important.

**Somewhat important**

Ability to input into the decisions about the care that I receive – 75% said it is very important and 22% said it is somewhat important.

A single point of access for dermatology services – 67% said it is very important and 22% said it is somewhat important.

Having a named individual to coordinate all of my dermatology care – 61% said it is very important and 30% said it is somewhat important.

**Least important**

Consistency in the clinical staff providing my treatment – 59% said it is very important and 37% said it is somewhat important.

Being seen on time in the clinic – 46% said it is very important and 43% said it is somewhat important.

Q6. How important are the following in relation to monitoring and feedback?

A. **Very important**

Mechanisms for the CCG to assess the quality of care provided and to monitor patient outcomes – 78% of people said it is very important.

**Somewhat important**

Having a process through which I can provide comments on the care that I have received – 52% of people said it is very important and 38% of people said it is somewhat important.

**Least important**

A service which provides a user group for patients to share their experiences – 29% of people said it is very important, 43% of people said it is somewhat important, 19% of people said it is not important and 20% of people said they have no opinion.

**Q7. Any other comments?**

- A. Key themes of comments:
- Good communication required between GPs and patients, and between community and hospital provider
  - Provide accurate waiting times (from referral to appointment and from biopsy to result)
  - Waiting times are too long - condition clears up by time appointment comes
  - Improve atmosphere of dermatology services
  - GP training required
  - Confusion about proposal – whether it is an expansion of current services or new provider

See the full list of comments in Appendix 1.

**Q8. What is your gender?**

- A. 21 (33%) respondents were male  
 43 (67%) respondents were female

**Q9. What is your age?**

- A. 4 (6%) respondents were 18-24  
 4 (6%) respondents were 25-44  
 20 (31%) respondents were 45-64  
 36 (56%) respondents were 65+

**Q10. What is your ethnic group?**

- A. 48 (75%) respondents were White British  
 7 (11%) respondents were Indian/Asian  
 4 (6%) respondents were Black British  
 1 (2%) respondents were Mixed-race  
 4 (6%) respondents selected 'other'

**Q11. Are you a parent of an under 18 year old or a carer?**

- A. 7 (35%) respondents are a parent of an under 18 year old  
 13 (65%) respondents are carers

**Q12. Are your day to day activities limited because of a health problem or disability which has lasted or is expected to last at least 12 months?**

- A. 22 (36%) respondents are limited day to day because of a problem or disability.  
 8 (13%) respondents are not limited due to a problem or disability.

**Q13. Where were the respondents from?**

The first part of the survey respondent's postcode:

WV1	1
WV2	2
WV3	11
WV4	6
WV5	2
WV6	10
WV8	2

WV9	3
WV10	14
WV11	8
WV12	1
WV14	2
Other	1

We had a good spread of survey respondents from Wolverhampton. The top three postcodes represented are WV3, WV6 and WV10.

## Focus group results

The purpose of the focus groups was to discuss the potential elements of the new service we are going to commission and to find out what is most important to the people of Wolverhampton. We will use this information to inform our proposal for the new service we commission.

### Engagement activity

We asked people to rank which aspects are most important to them, by completing a ranking exercise of the following four components:

- Waiting times
- Care closer to home
- Range of services
- Named clinician to manage care

Waiting times were ranked most important with 23 votes

Range of services received 15 votes

Named clinician received 8 votes

Care closer to home was ranked least important with 2 votes.

### Comments, concerns and suggestions

We discussed the four components mentioned above in more detail, along with three additional approaches to enhance dermatology services (self – care/ self – management, tele dermatology and shared decision making) and gave participants the opportunity to comment on them.

#### Waiting times

- One participant fed back that the 18 week waiting time from referral to appointment is horrendous and that elderly people may lose sleep worrying about their condition while having to wait for their appointment.

#### Range of services

- Participants liked the idea of having a wider range of services available to them in the community and thought it may have a positive impact on waiting times, as people will be seen for a range of things and appointments will be spread out across the service.

#### Having a named clinician to manage care

- There was mixed opinion about having a named clinician to manage care. Some participants felt it is important to see one person as they will have knowledge of the patient's condition and it is useful to have someone to get in contact with who knows the patient's situation. Others suggested that having one clinician may increase the risk of conditions not being picked up that may have been noticed by another clinician, and were concerned what happens during periods of holidays and sickness.

#### Self – Care/ Self – Management

- The consensus was mostly positive about patients managing their condition. Some attendees felt this will reduce waiting times for people that really need appointments
- Concerns were raised over people who are unable to self manage their condition
- Participants felt that this will work if you provide people with a summary/ structured written plan to follow, or the patient has progress check-ups with a nurse, either in person or over the phone, to monitor condition.

#### Shared decision making

- General consensus was that this is a good thing; doesn't fit everyone but will fit the majority.
- Concerns were raised over people that cannot make decisions and will want someone to make it for them



“[It’s] my body  
I want to make  
the decision  
[about my  
care]”

- Participants felt that this will work if you publish information about services so people know what is available to them.

#### Tele dermatology

- There were some initial reservations as most people had not heard of tele dermatology. Once this had been explained, participants felt that initially assessing patient's conditions in this way may reduce waiting times for face to face appointments that are necessary
- Attendees felt the CCG may get some reservations to this (especially from elderly patients) as people may expect to see a medical professional at their appointment
- They suggested to communicate well so people understand what tele dermatology is and know what to expect at their appointment.

#### Other

Concerns were raised about patients who may not be able to afford travel costs to appointments.

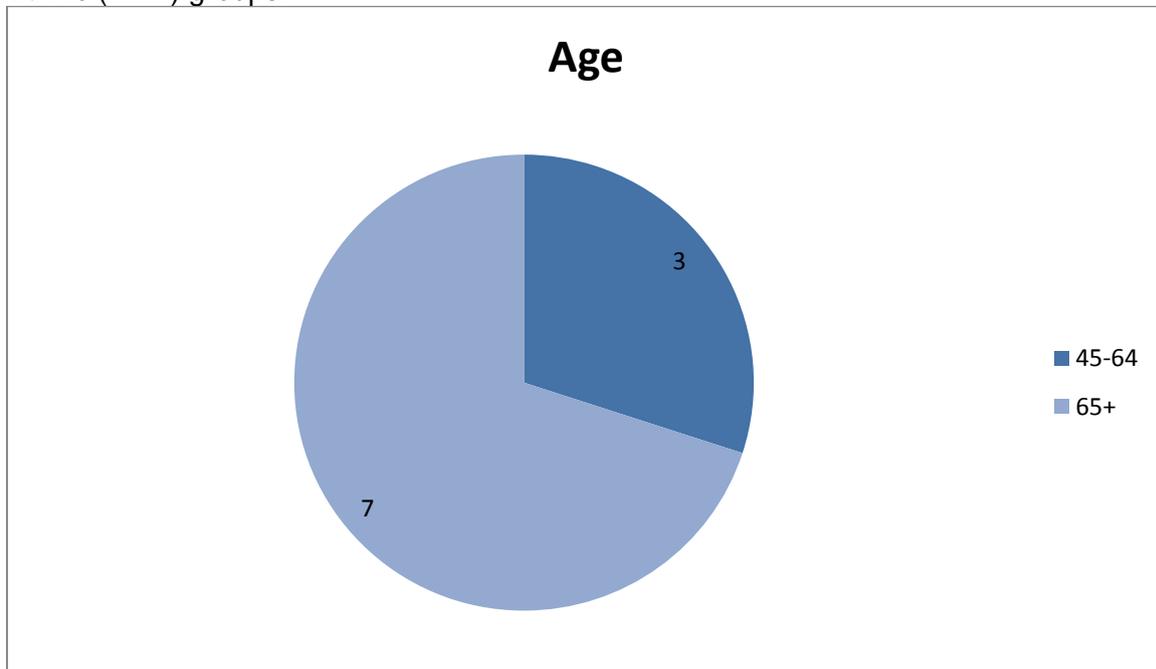
Attendees felt providing training for GPs on community dermatology services will make a big difference to ensure patients are given the right information about referral processes and their condition.

For actual quotes and additional comments please see Appendix 1.

**Attendee Profile**

At the first focus group we had two attendees, one male and one female who were White British.

At the second focus group we had eight attendees, three males and five females. There was a good representation of ethnicities – three White British and five from Black and Minority Ethnic (BME) groups.



**Conclusion**

The results from the survey and feedback from the focus groups show that people are in support of the proposal.

The survey results show that people place the most importance on improved waiting times, being able to access the majority of treatments in the community and good communication between their GP and service provider.

The results from the focus group support this view, with attendees ranking waiting times and range of services with the most votes.

Comments from the survey and focus groups suggest that people also feel strongly about providing education for GPs and how information is communicated to patients.

The focus groups and survey give us a fair representation of the Wolverhampton population for BME groups; 50% of attendees at our focus groups were from BME groups which is higher than the census (27% BME population).<sup>1</sup>

Attendees at both focus groups fell into the top two age categories. It is predominantly older people that attend our focus groups but we had a greater representation of ages through the survey.

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<sup>1</sup> Source: Census 2011

Appendix 1 – focus group quotes

“Training of GPs would [make] a big improvement [to dermatology services]”

“Communication is two way – it is important for clinicians to listen to patients and vice versa”

“[It’s] my body I want to make the decision [about my care]”