All Party Parliamentary Group on Skin
Parliamentary Meeting

Tuesday 16th October 2012
House of Commons, Committee Room 10

Speakers:

Sir Paul Beresford MP, Chair, APPG

Carrie Wingfield, President, BDNG (CW)
Janice Bianchi, BDNG (JB)

Parliamentary Members Present:

Jim Dobbin MP (Lab, Heywood and Middleton)
Baroness Knight of Collingtree, DBE

Minutes

The Chair welcomed everyone to the meeting and introduced the speakers.

1. **Introduction**

CW introduced herself and the work of the BDNG.

The National survey was commissioned by the BDNG and APPGS to scope dermatology nursing practice across the UK. The aim of the survey was to gain a better understanding of the wide range of extended practice nurses are now undertaking. Furthermore, the BDNG were aware of several concerns relating to the reconfiguration of local dermatology services. Previous studies into these changes had relied on anecdotal evidence. The results of the survey indicated that nurses play an essential role in the delivery of care, from the point of patient referral to discharge. Services were perceived to be coming under increasing pressure and local reconfigurations were identified as a potential threat to the quality of care patients received.

2. **Development of the Survey**

JB described the development of the survey before presenting the results.

The survey was developed by a project manager in close consultation with the BDNG and APPGS. Survey Monkey was chosen as the engine to distribute the survey.

Clinical nurse managers were identified as the key group to provide information on services within their area. The BDNG database of members was the main source of contacts, however in order to reach non-members, the BDNG regional representatives were also asked for contact details for clinical managers in their regions. The survey was sent to a total of 365 health care professionals whose job title indicated they were in senior clinical posts.

Data was collected over a 12 month period. The response rate was 115 (32%)

3. Survey results

The survey identified the key role nursing staff have in all aspects of delivering high quality dermatology services. Ensuring a positive patient's experience in terms of patient education, treatment, support and follow up care were seen as the most important roles which are undertaken by dermatology nurses. Results indicated nurses play an essential role from the point of patient referral through first and follow up patient consultations to discharge and links with local patient support groups.

In addition to the traditional role of dermatology nurses, the majority of departments indicated nurses were actively engaging with higher education institution advancing their skills by obtaining dermatology focused education, higher level nursing qualifications and non medical prescribing qualifications. These skills are essential in the specialist roles being undertaken by dermatology nurses such as nurse led consultations and autonomous nurse led clinics/services. The added value to the organisation as a whole in terms of their advisory educational role to other departments was also highlighted.

Despite the challenging and rewarding roles being undertaken and subsequent positive effect on the quality of care patients receive, many of the respondents felt their services were under threat with loss of in-patient beds, job freezes, downgrading of posts, loss of some nurse led clinics and reduction in funding for education. Treatment denied to patients on the basis of cost was also noted. The respondents highlighted this threat on services are likely to lead to increased waiting lists, poorer quality of service for patients and more hospital admissions.

4. Discussion

Mark Johnson (Administrative Secretary, APPGS) asked whether they had received any feedback in terms of how the Any Qualified Provider system was working. Shropshire and Dorset were mentioned as two areas where dermatology had been put out to tender. JB said that it was too early to say as the contracts were only offered in April and the new services were only just beginning to take shape. CW said that tendering of services was happening all across the country and it was very hard to keep up with what was happening. One recent example was Norfolk, which had put out to tender a service whereby nurses would be involved in caring for dermatology patients out in the community. They wanted to know the pitfalls, which the BDNG had identified as possible increases in the number of referrals to secondary care and delays in the patient pathway.

Christopher Bunker (President, BAD) said that he had been in contact with a service based in Nottingham and he had asked colleagues there what they thought the pitfalls were of a service run by Circle. One problem was the recruitment and retainment of nurse specialists. Many had left the service to progress their careers and were subsequently replaced by less well educated/qualified staff.

Peter Lapsley (Chair, APPG Advisory Group) said that he was slightly alarmed by the statistics on nurse links with patient groups, which he said should really be higher. The panel confirmed that

the figure was lower than they expected and they intended to highlight this in the report they were working on. Siri Lowe (Pemphigus Vulgaris Network) said that more needed to be done to raise awareness of patient support groups whose contact details were often hidden in the small print of posters and leaflets. Peter Lapsley pointed out the BAD's published list of patient support groups which was available online.

Peter Lapsley also commented on the issue of biologics, which according to the BDNG's survey were being denied to patients in some cases on the basis of cost. He said that actually when you add up the costs of a patient whose condition has worsened as a result of being denied the treatment, the total spend is often higher than that of the biologic, especially when a patient is hospitalised for long periods at a time.

The panel agreed that when it came to treatments, the long-term costs should be considered instead of the short-term costs, which where biologics were concerned, were often high.

The Chair asked what the BDNG intended to do with the survey results. CW said the BDNG would look to create a peer review for dermatology nurses; a set of standards to act as a best practice guide. This would be better informed in a couple of years once the new NHS had taken shape.

Elizabeth Allen (British Association of Skin Camouflage) asked if the BDNG could look into instances where patients had given up on the service as a result of waiting times being too long. The panel said that would be something worth looking at in future studies.

Stephen Kownacki (PCDS) enquired as to the breakdown of the grading system for nurses. JB said that band 5 (newly qualified nurse), band 6 and 7 (specialists) band 8 (consultants) were coming under pressure as budgets tightened – SK said that he was aware of some nurses that had been downgraded as a result of financial pressures (the higher the band, the more expensive it is to retain their services).

Building on the issue of financial pressures, the Chair said that he had been speaking to a number of individuals involved with the provision of healthcare and one of the key themes to emerge from these discussions was the willingness to think laterally; despite the pressures and despite the cuts, there was a desire to look beyond the immediate. He said that the BDNG's survey results could be used to advance this lateral thinking (e.g. earlier treatment reduces burden on secondary care).

He said that he was looking to secure an adjournment debate (which is subject to a ballot) to raise the profile of these issues in Parliament. Secondary care services were following a process than began in earnest twenty years ago, the challenge is to prevent the fossilisation of those services that work well.

The Chair thanked everyone for attending and closed the meeting.