

Final Project Report

A Collaborative Working Agreement between Sanofi and the Dermatology Department within Great Ormond Street Hospital for Children NHS Foundation Trust to review and improve the patient journey and experience for patients receiving biologic treatment.

1. Background

Great Ormond Street Hospital (GOSH) for Children NHS Foundation Trust delivers dermatology services to patients across North London and is also a major regional and national tertiary specialist centre for Dermatology for children across London and Southern areas of England and nationally for children under 2.

As a specialist centre for children and young people, GOSH was struggling with increased demand from referrals of children requiring specialist dermatological review and treatment including patients requiring assessment and treatment with biologics. The increase in demand was putting pressure on outpatient clinic capacity and waiting times which was impacting on delays for new patients in being considered for biologic treatment.

The Biologics service at GOSH, provides specialist care for children and adolescents with a wide variety of dermatology conditions such as Atopic Dermatitis, Psoriasis, Hidradenitis Suppurativa and Chronic Spontaneous Urticaria.

A service review uncovered that there was a lack of administrative support which had led to an increase in clinical time spent on administrative tasks. It became apparent that the service had no central point of contact, there was a lack of understanding of the patient pathway and internal processes for prescription management and queries – this led to patients experiencing breaks in treatment on a regular basis.

The review identified the need to stabilise the service and build resilience by increasing administrative support – creating clinical capacity and improving the experience for patients and staff.

Sanofi funded a Biologics Administrator Band 3 to – 3 days per week (22.5 Hours equating to 0.6 Whole Time Equivalent (WTE) for 1 year.

2. Project Outcomes

1) Database Creation and Management

- The Biologics Administrator developed a biologics database for patients to ensure a high quality and accurate database in Dermatology. This has improved the tracking and monitoring of patients on biologics and improved co-ordination of initiation and on-going management of the service and pathway for patients on biologics.
- This centralised database has streamlined processes including handling of repeat prescription requests, monitoring of patients on biologics, the transition to homecare and ultimately transition to adult services.
- The database has also generated valuable insights into service performance including waiting times for biologic initiation from decision to prescribe. This has in turn helped to identify challenges in the pathway.

(2) Mapped the Pathway for Service Provision

The pathway was mapped from referral to the specialist dermatology service at GOSH through to biologic initiation and on-going follow-up and changes were made which enabled:

- Creation of a job plan for the Biologics Administrator based on administrative steps within the pathway currently being conducted by clinical staff.
- Identified and addressed inefficiencies during the transfer to adult services and prescription processes leading to patients experiencing gaps in treatment.
- Highlighted the need for a centralised point of contact for prescription tracking from Dermatology to Pharmacy and connection to patient appointments & queries throughout the pathway.

(3) Created a Centralised Point of Contact.

- A new process for handling patient queries on biologics was developed with the biologics administrator serving as a central point of contact for patients to answer queries received through MyGOSH App.
- The Biologics Administrator dealt with the queries and concerns and an improvement in response times to patient queries was seen and within 24 hours. This was reported on in a patient survey along with improving patient experience within the service.
- The patient survey conducted in 2024 had the highest average rating of 8.6 compared to the previous years of 7. (Survey across 3 categories: - waiting times, information about treatment and ability to contact the department).

(4) Reallocated Administrative Workload

An analysis and reallocation of administrative tasks that could be undertaken by the Biologics Administrator helped to reduce the administration burden on clinical staff by supporting:

- Blueteq form completion
- Homecare paperwork processing
- Dealing with repeat prescription requests from Homecare Companies and patients
- Handling patient queries
- Co-ordination of patient appointments.

(5) Identified and Improved transition to Adult Services

Children turning 18 transfer to adult services. The project identified an issue with delays in transition from GOSH to adult services. The group identified the interpretation of EASI scores which had been reduced as a result of treatment meant that when they were referred to adult services, they didn't meet the Blueteq criteria leading to a break in treatment in several cases.

- The project developed a template referral letter to be used by all staff to send to the adult services
- The referral letter incorporates baseline EASI scores to support Adult services in recording this BlueTeq completion correctly and on-going monitoring.
- In addition, it was agreed that the Biologics Administrator would identify children as they were turning 17 years old and ensure the Doctor was aware so that the template referral letter was sent to adult services in a timely manner and to avoid delays in transition and acceptance by Adult services.
- The Administrator would also follow-up with the adult services to ensure that they had received the referral letter and that an appointment date had been arranged by the adult service to see the patient before or immediately after they turned 18.
- It is understood that delays to transition to adult services is a common problem for paediatric units. GOSH has agreed that the template referral letter can be shared by Sanofi with paediatric units who are experiencing similar problems.

(6) Identification of Service gaps and issues to be addressed to improve the pathway.

Whilst mapping the pathway and analysing capacity and demand, the following gaps and issues and opportunities for improvement were identified:

- Some patients were seen by the Dermatology Nurse at the same time as their Outpatient Clinic appointment as the nurse was also available in the clinic at that time. This enables the children and parents/carers to receive education on biologic treatment and to then be booked for initiation. Other patients had to be booked for a separate telephone consultation or face to face appointment with a Nurse to receive the education. This delayed the time for patients to be able to commence biologic treatment.
- An analysis of capacity and demand for biologic initiation identified that there was a lack of dedicated Dermatology Nurse capacity for biologics to see patients in clinic to educate the children and parents/carers on biologic treatment. This informed the development of an internal business case within GOSH for a specialist nurse clinic

for patients on biologics to support the follow-up and on-going management of patients. This business case is ongoing and under discussion along with the lack of clinic room space.

- Children being initiated on a biologic at GOSH were initiated on the first 2 treatments within the hospital. This was undertaken within the Ambulatory Ward. However, the number of initiation slots was limited to 4 slots per week. This therefore limited the capacity for biologic initiation within the service due to capacity issues within the Treatment Unit/Ambulatory Ward. It was therefore not possible to increase the number of slots for dermatology and biologic initiations.
- An analysis of waiting time for initiation was undertaken retrospectively across the individual steps in the process to provide baseline data and 2 subsequent audits were undertaken to monitor waiting times.
- The final audit for the 6.5-month period from September 2024 to March 2025 showed the following:
 - The average number of patients initiated on biologics per month had increased slightly from 4.0 to 6 per month.
 - The average waiting time to biologic initiation was 85 days with the longest wait being from Nurse Education to Initiation of 57 days and an average wait of 28 days from decision to prescribe to Nurse Education.
 - The overall waiting times have worsened from the baseline period particularly in respect of the waiting time from Nurse Education to First Injection which had improved in the 2nd audit period but decreased in the 3rd audit period. This is mainly due to on-going limitation on the number of Initiation Slots within the Treatment Unit which is outside the control of the Dermatology Department.

Options to reduce this additional nurse time to enable patient initiation within Dermatology Department were and are still being considered along with identifying appropriate patients to initiate straight onto Homecare.

3. Timescales

- Project commenced in September 2023 with the first Project Steering Group held in November 2023.
- The Biologics Administrator started in post in February 2024.
- The last Project Steering Group meeting was held in February 2025. The project was finished in June 2025 following completion of final analysis of waiting times for biologic initiation.

4. Service impact of the project

The impact of Sanofi supporting the Biologics Administrator post has been widespread throughout the pathway.

- The data gathered as part of the evaluation of the impact of the Biologics Administrator role was utilised by the Operational Manager to build a successful business case to continue the post through NHS funding at the end of the 12 months. The 0.6 FTE was increased to 1 WTE. This has enabled the service to sustain the benefits of the post.
- Improved transition to adult services and breaks in treatment for patients
- Constraints on nurse time and slots for patient initiation within the treatment unit/ambulatory ward has meant that the Hospital have not yet been able to reduce the waiting times for biologic initiation but there is an ongoing review and business case in scope.

5. Benefits from the project:

The project has delivered the following benefits for patients, the NHS and Sanofi:

Patients:

- ✓ Improve patient experience of the biologics service through improved service co-ordination.
- ✓ Streamlined and improved processes to enable patients to receive repeat prescriptions in a timely manner and avoiding breaks in treatment.
- ✓ This streamlined and improved processes have enabled patients to receive repeat prescriptions in a timely manner and avoiding breaks in treatment.
- ✓ Improved handling of patient queries by the dermatology service providing a quicker response to patients.
- ✓ Improvement in response times to patient queries via the MyGOSH App.

NHS:

- ✓ Identification of the gaps and issues within the biologics service and identification of proposed changes to improve the service.
- ✓ Review of capacity and demand for the biologics service to inform the development of an internal business case within GOSH for a specialist nurse clinic for patients on biologics to support the follow-up and on-going management of patients.
- ✓ Supporting the optimum management of patients on immunosuppressants and biologics by organising and co-ordinating the Systemics and Biologics Service.
- ✓ Establishment and management of a biologics and immunosuppressant prescription database to ensure a high quality and accurate database in dermatology.

Sanofi:

- ✓ Greater clarity of the pressure points and priorities for a national specialist dermatology centre for children and young people enabling us to tailor our offerings in the future.
- ✓ Greater clarity of the gaps and problems around homecare organisation and co-ordination affecting the issue of repeat prescriptions for patients on biologics which is a common problem across Hospital Trusts thereby enabling us to explore how best to support other Hospital Trusts to address these issues.
- ✓ Improved corporate reputation within GOSH by supporting them to improve the quality of care for patients.
- ✓ As Sanofi produce medicines within the Atopic Dermatitis disease area if overall patient care is optimised there may be an increase in the usage of these products in line with national and local guidelines.

6. Project Resource Utilisation:

The resources utilised in the project were in line with the original plan outset. The total cost of the project was: £45,062

This was split into NHS and Sanofi contribution as follows:

- NHS contribution = indirect costs £20,646
- Sanofi contribution = direct costs £20,740 costs to fund the Biologics Administrator for 12 months (Band 3 - 22.5 hours [0.6 WTE] and £3,676 of indirect costs for project management of the project)

TOV

2023 £140 (4 hours x £35)
2024 £3200 (80 hours x £40)
2025 £336 (8x£40)

7. Customer Feedback

Dr Gabriela Petrof, Consultant Dermatologist and Clinical Lead for project:

Thank you for everything that Sanofi did to support our service, identifying the issue with transition to adult services. The business case support now means that we have a substantive ongoing post.