

Final Project Report

A Collaborative Working Project between Liverpool University Hospitals Foundation Trust (LUHFT) & Sanofi to support implementation of a High-Cost Drugs Co-Ordinator into the Dermatology Service

1. Background

Liverpool University Hospitals NHS Foundation Trust (LUHFT) is a major regional Dermatology tertiary centre for patients across the large geographic area of Merseyside and wider North-West. LUHFT's high-cost drugs (HCD) service has expanded significantly since 2018.

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 High-Cost Drugs Coordinator (Band 4) for 1 year.

2. Aims and Objectives

(1) Aim of the Project

- To develop an effective multi-disciplinary process that offers patients improved access to the high-cost drugs service within the Dermatology Department at LUHFT.

(2) Objectives

- To improve patient pathways, increase responsiveness and provide a dedicated centralised point of contact for patients by introducing a High-Cost Drugs Coordinator (Band 4) to the service.
- To drive sustainable change within the department by delivering improvements in service provision and optimising patient pathways.

3. Project Outcomes

(1) Established a HCD Prescription Database

- The HCD Coordinator developed a database for patients and prescriptions which provided consistency and tracking capabilities of every prescription at every stage of the pathway
- The implementation of this database management system significantly enhanced service quality by streamlining clinic coordination, ensuring prompt management of the treatment initiation process, and improving the standard of patient care
- Improved waiting times for initiation of high-cost drugs

(2) Mapped the Pathway for Service Provision

The pathway was mapped from referral into the Dermatology service through to repeat prescribing and changes were made which enabled:

- Creation of a job plan for the HCD Coordinator based on administrative steps within the pathway currently being conducted by clinical staff.
- Improvement of the time to initiation across the pathway.
- Identified and addressed inefficiencies during the repeat 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

- LUHFT set up a direct phone line & dedicated email address for the HCD Coordinator to be a single point of contact for internal queries. The HCD Coordinator now directs queries where appropriate and in a timely fashion.
- After an analysis of nursing queries, the HCD Coordinator can categorise and is able to deal with 80% of queries; this means the nurses have greater clinical capacity.
- This system has led to faster resolution of issues and an improvement of staff and patient satisfaction of the service, thereby reducing the number of complaints from patients and relatives, which was a major issue for the Trust
- More efficient workflows have been created by eliminating the need for different members of the MDT to chase multiple departments.

(4) Reallocated Administrative Workload

- Making sure that there was earlier input from specialist Dermatology Pharmacists in the pathway saved Homecare Administrators time further down the pathway.
- The implementation of the HCD coordinator has reduced administrative workload for 7 out of 10 staff working within the high-cost drugs service.
 - Staff saved on average 2.5 hours a week through the reduction of administrative duties (as reported by the staff survey).

(5) Improved Clinical Capacity & Service Delivery

The reduction of administrative burden on the clinical staff has freed up significant clinical time to focus on patient care. Staff stated the clinical duties they will now have more capacity to do, including:

- Greater time for direct clinical work.
- Prevention of underfilling of clinic lists due to the administrative backlog that follows.
- Ensuring lack of delay in availability of initial and repeat prescriptions.
- An increased number of slots for telephone appointments with senior nursing staff.
- An increased ability to address the backlog with the aim of reducing patient waiting times.
- A reduction in delays to triaging referrals.
- A reduction of overtime and unpaid working hours.
- Improvement of staff morale.

(6) Reduced Inefficiencies through the job plan of the HCD Coordinator

Creation of the job plan for the HCD co-ordinator has supported delivery of the following efficiencies:

- Tracking of when patients receive medication & linking to governance reviews, depending on the monitoring requirements of each HCD.
- Minimises issues ensuring anomalies are catered for and patients can be seen and get their prescriptions within acceptable timeframes.
- There is now a process in which staff can pass queries and admin tasks to the HCD coordinator knowing that they will be dealt with accordingly. This means that these tasks are better managed and are likely to get resolved, unlike previously where staff were dealing with them on an ad-hoc basis, reducing the service's capacity to respond effectively to each other and their patients.

3. Timescales

- The project commenced in April 2024
- The HCD Co-ordinator was recruited in August 2024
- The project was completed in September 2025 in line with original timeframe.

4. Service impact of the project

The impact of Sanofi supporting the HCD Coordinator post has been widespread throughout the pathway.

- The HCD coordinator has established structured processes for managing queries and administrative tasks, freeing up significant clinician time valued at £50,864 exceeding the coordinator's cost of £36,053 per annum, representing a net cost saving. This data is based on cohort of 3 consultants, 1 SpR, 3 specialist nurses & 2 pharmacists, a fraction of the number of HCPs across the overall service.
- Collection of baseline data and timelines for various processes, implementing changes and measuring improvements has led to compelling evidence proving the value of the HCD Coordinator role. This allowed an evidence-based business case to be submitted to the Trust after 6 months and the funding for continuation of the role approved, despite an ICB freeze on all non-clinical vacancies.
- The HCD coordinator has enabled more structured communication between the dermatology service, patients, and biologics suppliers, improving workflow management; this has created a more professional service pathway for all involved. Medical secretaries report better ability to manage essential tasks like typing clinics, reducing backlogs, and handling prescriptions for non-high-cost drugs, improving administrative efficiency.

Figure 1. Key Service Impacts of the project

Freed up clinician time valued at £50,864 exceeding the coordinator's cost of £36,053 per annum

Generating a net cost saving for the Trust



Unlocked Trust continued funding for the High-Cost Drugs Coordinator through a Business Case

Despite an ICB freeze on all non-clinical vacancies

- By taking on homecare patients' administrative tasks, the HCD coordinator frees up clinicians, nurses and medical secretaries to focus on essential clinical activities such as timely flare-up reviews and face-to-face consultations. This improved workflow has elevated service delivery standards through enhanced communication between dermatology services, patients, and biologics suppliers, while preventing service deterioration. Additionally, the role demonstrates sound financial management by ensuring administrative work is handled by lower-banded staff rather than higher-paid clinicians, making the service more cost-effective.
- Clinical staff now dedicate more time to direct patient care, including timely review of flare-ups, face-to-face consultations, and addressing urgent clinical queries meaning they can deliver enhanced clinical care. The HCD

coordinator has also removed the burden of staff and patient queries related to homecare patients away from the clinicians allowing staff to focus on their primary responsibilities.

5. Benefits from the project:

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

Patients:

- ✓ Faster resolution of any issues for dermatology patients on high-cost medicines due to having a clear point of contact/ direct route in.
- ✓ Ensuring that initial and repeat prescriptions are available when required without delay.
- ✓ Help address the backlog & reduce patient wait times for initiation of High-Cost Drugs.

NHS

- ✓ Improved working within the High-Cost Drugs service through the set up and management of a High-Cost drugs prescription database to ensure a high quality and accurate database in Dermatology.
- ✓ Supporting the optimum management of patients on High-Cost Drugs by organising and co-ordinating clinics and co-ordinating processes to commence patients on High-Cost Drugs in a timely manner and to support them to continue treatment.
- ✓ The coordinator and administrator roles have alleviated pressures on the clinical team and freed up clinical time ensuring queries are dealt with appropriately.
- ✓ There is a single point of contact for all queries, directing where appropriate, thereby reducing the number of complaints from patients and relatives.

Sanofi

- ✓ Increased capacity and higher throughput within the dermatology department has increased the number of qualifying patients who can access high-cost drugs including Sanofi medicines in line with the national and local guidance.
- ✓ Improved corporate reputation by supporting the NHS provider to improve the quality of care for patients.

6. Recommendations for further development of the High-Cost Drugs Service

Through the delivery of the project, several potential further developments have been identified and recommended to the Dermatology Department, they are as follows:

1. Leverage clinicians' time more effectively:

- a. Explore opportunities to continue developing and expanding the role of the Dermatology Pharmacist to increase capacity and streamline processes at the Broadgreen site.
- b. Review potential to include doctors in triaging system to provide faster feedback and clarity on referrals and criteria to ensure appropriate and efficient throughput.

2. Implement efficiencies in processes within Dermatology Department to increase the volume of patients in the system:

- a. Assess out of area referrals and set criteria for more appropriate referrals.
- b. Have referrals opened for the Aintree & Southport services which can help to ease pressure on the Broadgreen service which currently house 90% of the Dermatology HCD patients for the Trust.
- c. Actively review waiting lists for new outpatient appointments to identify patients that could use Aintree, Southport & Intermediary services; these patients could access services closer to home and this would reduce demand for the Biologic Nurses at Broadgreen.
- d. The team could learn from other specialities within LUHFT also using High-Cost Drugs and 'uncouple' appointments & prescriptions; this would reduce the pressure on the system for an appointment to be seen before new prescriptions are issued and reduce risk of patients having gaps in treatment. Pharmacy input could support this potential new way of working.
- e. HCPs prescribing HCDs could be educated on initiation protocols to reduce the referral step to the Nurse Consultant for initiation of new patients. There is an inconsistency in the new patient pathway, and this can create delays in initiation for some patients.

3. Improve staff support & working relationships:

- a. There should be consideration as to how the staff within the Biologics Service are helped to cope with the current demands and how the wellbeing of staff can be supported.
- b. It would be beneficial to continue building the relationship between the HCD Coordinator and the Dermatology MDT to increase working relationships and ensure continuation of improved workflows.

4. Value of the centralised point of Contact:

- a. Advertise to patients the contact details for the HCD Administration Team. There is a dedicated direct line phone number and e-mail address to consolidate the route for patient communication into the service
- b. Patient evaluation forms should continue to be sent to the HCD Coordinator, streamlining the process and ensuring consistency of review and reliable management of issues.

5. Building resilience & proactivity within the Administrative Support Team

- a. The HCD Coordinator could adopt consistent use of the Clinician Portals for the Homecare Companies. This would reduce time taken and reduce workload for homecare registration & repeat prescriptions.
- b. Develop materials to support patient education on Homecare processes to minimise issues around contacting/delivery, particularly new patients.
- c. Continue to build resilience with the HCD Administration Team. Currently there is no cover for the non-working days and annual leave.
- d. As the confidence with the HCD Coordinator within the LUHFT Dermatology service continues to build, could there be an opportunity for sharing best practice across other internal Teams and external Trusts.

6. Increase the Adoption of Technology

- a. Continue the trial for the HCD service that is used for the skin cancer patient management. The HCD Coordinator can track the progress of every patient in terms of ensuring they have a prescription and appointment within target timeframes thus reducing the risk of patients being 'lost' or having breaks in treatment
- b. There is an opportunity to review monitoring requirements for individual HCDs and assign and standardise appointments more appropriately.
- c. The team can be supported to increase the usage of systems like DrDoctor to reduce the need for face-to-face appointments, enhance patient engagement through automated reminders for blood tests, appointments and Homecare company calls, thereby minimising the risk of critical delays in the prescription pathway if any of these steps are missed.
- d. Combat the once-a-day lunchtime bus taking prescriptions from Broadgreen site to Aintree site for processing by continuing to e-mail the PM prescriptions to the Homecare Team e-mail address.
- e. Dermatology Team to explore the implementation of e-sign for prescriptions (where available) to speed up the patient pathway for initiation and repeat prescription. The Dermatology Team is a good position to pilot for e-sign.

7. Project Resource Utilisation

The total cost of the project was: **£68,992** which was in-line with original plans.

This was split into NHS and Sanofi contribution as follows:

- NHS Indirect Contribution = £31,673
- Sanofi Direct Contribution = £34,117
- Sanofi Indirect Contribution = £3,202

7. Customer Feedback

Dr Vincent Yip, Consultant Dermatologist

"Through seamless collaboration between the NHS and Sanofi, we have delivered meaningful and sustained improvements in advanced dermatology care for our patients and clinical teams."

Jodi Williams, Head of Operations, Medical Services, Broadgreen Hospital

"The success of this project is testament to stakeholder contributions, each stakeholder communicated effectively with one another to achieve the shared goal. This approach not only substantiated the post but enhanced the quality of care and support for many patients and service users. I would highly recommend working with Sanofi."