



**Northern Care Alliance**  
NHS Foundation Trust

### Salford AD Workforce Project – Final Report

**A Collaborative working agreement between Sanofi and Salford Royal NHS Foundation Trust to understand and improve the patient journey and experience within the Dermatology Biologics service in Salford Royal NHS Foundation Trust.**

<b>BACKGROUND TO THE COLLABORATIVE WORKING PROJECT</b>	<p>Salford Care Organisation (formerly known as Salford Royal NHS Foundation Trust is now part of Northern Care Alliance NHS Foundation Trust (NCA NHS FT) that delivers dermatology secondary care services to patients across Salford, Bury and Stockport and is also a major tertiary centre for Dermatology across Greater Manchester. Salford Dermatology Department deliver specialised dermatology services across the Northwest area.</p> <p>When this project commenced in November 2023, due to the pressure to deliver specialised services and the COVID-19 pandemic there was a substantial impact on some aspects of dermatology provision being delivered at Salford Care Organisation. In addition, the priority to deliver care to cancer patients had meant that the non-cancer patient appointments were converted to 2 week wait (2WW) appointments and therefore non-cancer patients are now facing longer wait times to be seen and being able to access appropriate treatment and/or follow up. This increased ‘time to be seen’ is starting to impact on locally agreed and National KPI measures. The pressure on dermatology outpatient waiting times had impacted on delays in new patients being considered for biologic treatment as well as delays for patients currently on immunosuppression and biologic treatment receiving follow-up. The backlog had also been impacted due to patients having not had face to face hospital-based reviews during Covid-19 (high risk shielded cohort). Those on systemics risk worsening skin disease, infection, blood disorders, malignancy and vital organ dysfunction that may require hospital admission. In addition, those on biologics risk infection including TB, malignancy including lymphoma, demyelination (MS-like complications), other drug specific condition.</p> <p>The Biologics service at Salford Care Organisation is a busy, complex service providing specialist care for patients with a wide variety of dermatology conditions such as Psoriasis, Atopic Dermatitis, Urticaria, Hidradenitis Suppurativa and a Day case Biologics service with a growing range of treatments being available. The local Dermatology departments from hospitals around Greater Manchester must refer patients into Salford Care Organisation requiring treatment and on-going monitoring with Biologics.</p>
<b>PROJECT AIMS &amp; OBJECTIVES</b>	<p>The purpose of this collaborative working project was to carry out a review of the current service provision and intra-trust referral pathway to understand the current challenges and ‘pinch points’ within the biologic service with a particular focus on the clinical resource delivering the service to ensure the most appropriate role is being utilised at the most appropriate time. The plan was to develop recommendations for the Dermatology Department to consider establishing and implementing changes to the biologics service provision and pathway that will be fit for purpose both now and in the future.</p> <p>The aim and objectives of this collaborative working project were:</p> <p><b>Aim:</b></p> <p>To understand and improve the patient journey and experience within the Dermatology Biologics service in Salford Royal NHS Foundation Trust.</p> <p><b>Objectives:</b></p> <p>The objectives of the project were to understand the following elements:</p> <ul style="list-style-type: none"><li>• The current patient journey within the Biologics service</li></ul>

- Process Mapping to highlight how the current pathway flows, identify 'pinch points', expose areas of duplication, waste, unhelpful variation, and unnecessary steps.
- Map out where the referrals are coming from
- Waiting times for the patients in different parts of the service
- Undertake a capacity and demand analysis of the service
- Analyse the current tasks and the staff resource allocation within the Biologics Service
- Understand the current time taken for each task
- Review the implementation of PIFU and Shared Care within the service
- Undertake a population health analysis of the uptake of Biologics to identify areas of variation and health inequalities.
- Review homecare arrangements in addition to the management of activities associated with both monitoring and reminder services.

**OUTCOMES ACHIEVED AND SUCCESSES:**

A summary of the progress made against the project objectives is outlined below:

Objective	Progress
<ul style="list-style-type: none"> <li>• Understand the current patient journey within the Biologics service</li> <li>• Process Mapping to highlight how the current pathway flows, identify 'pinch points', expose areas of duplication, waste, unhelpful variation, and unnecessary steps.</li> </ul>	<ul style="list-style-type: none"> <li>• Biologics Pathway for AD and Psoriasis has been mapped with input from Nurses, Doctors, Service Management, Pharmacy and administration</li> <li>• Biologics Pathway also mapped for Urticaria, Hair</li> <li>• Biologics pathway for HS mapped as part of separate collaborative project</li> <li>• Detailed map of the prescription pathway also completed</li> <li>• Gaps and issues identified across these pathways and have been presented to clinical leads and service manager for their review</li> </ul>
<ul style="list-style-type: none"> <li>• Map out where the referrals are coming from</li> </ul>	<ul style="list-style-type: none"> <li>• Referrals mapped for AD, psoriasis, Urticaria and Hair and HS</li> <li>• This has identified the number of referrals from outside of Greater Manchester ICB and led to discussions as to how referral criteria could be improved and proposals for repatriation of patients back to referring hospitals.</li> </ul>
<ul style="list-style-type: none"> <li>• Waiting times for the patients in different parts of the service</li> </ul>	<ul style="list-style-type: none"> <li>• Detailed analysis of waiting times was undertaken including analysis of historical waiting times for patients who have been seen in outpatients as well as analysis of those currently on the waiting list.</li> <li>• An analysis of Did Not Attends for Biologics Nurse Clinics was also undertaken.</li> <li>• A detailed report was presented to the clinical leads for each disease area and the service manager. This led to discussion of proposals to reduce the waiting times.</li> </ul>
<ul style="list-style-type: none"> <li>• Undertake a capacity and demand analysis of the service</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity and demand analysis were undertaken for the Biologic Nurses service incorporating:               <ul style="list-style-type: none"> <li>○ Biologic Nurse capacity</li> <li>○ Comparison of attendances with nurse clinic capacity</li> <li>○ Nurse capacity for reviews and repeat prescriptions</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Capacity for Helpline queries</li> <li>• The capacity and demand analysis for Consultant Outpatient clinics including HS and Urticaria was also completed.</li> </ul>	
<ul style="list-style-type: none"> <li>• Analyse the current tasks and the staff resource allocation within the Biologics Service</li> <li>• Understand the current time taken for each task</li> </ul>	<p>Analysis was undertaken of the following tasks:</p> <ul style="list-style-type: none"> <li>• Review of tasks completed by Nurses and Biologics Co-ordinator was completed.</li> <li>• Time taken to complete repeat prescriptions by Nurses.</li> <li>• Process for completion of 6-week reviews and scheduling of the 16-week NICE review appointment</li> </ul>	<ul style="list-style-type: none"> <li>• Review the implementation of PIFU and Shared Care within the service</li> </ul>
<ul style="list-style-type: none"> <li>• Undertake a population health analysis of the uptake of Biologics to identify areas of variation and health inequalities</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of PIFU was considered as part of the discussions with clinical leads and service manager for each disease area. It is difficult to implement PIFU for patients on biologics due to the need for annual review to meet the requirements of BlueTeq and NICE treatment continuation requirements.</li> <li>• Shared care with referring hospitals was reviewed by the clinical leads in each disease area to support the repatriation of patients back to referring hospitals and to reduce the on-going demand on the service within Northern Care Alliance.</li> <li>• A review of referral criteria for the Hair Service was also undertaken and referral guidelines updated to ensure that treatment options were optimised by DGHs prior to referral for specialist input at NCA.</li> <li>• An analysis was undertaken of localities referring into the individual specialty areas was undertaken to identify referral routes and consider if there are areas of low referral.</li> <li>• An analysis of biologics patients by referring Trust and Place showed that 58.6% of patients are from within NCA, 25.8% from Manchester and Trafford, 8.2% from Bolton, 4.6% from Tameside and 2.7% from Wigan. With the proposed development of the Dermatology Biologics Services by Manchester University NHS Foundation Trust and Bolton NHS Foundation Trust this has the potential to reduce the expected growth in the number of biologics patients attending NCA. However, these services will only manage new referrals and not current patients thereby only having a limited impact on the demands for the Biologic Nurse service at NCA.</li> <li>• The analysis of uptake of biologics by place was completed showing that: <ul style="list-style-type: none"> <li>○ Approximately 20% of AD and Psoriasis patients were outside of Greater Manchester ICB. Of these, 8.7% were from Cheshire &amp; Merseyside ICB, 5.3% were from Lancashire &amp; Cumbria ICB</li> </ul> </li> </ul>	

		<p>and 5.2% were from Other ICBs and for 0.4% the ICB was not known.</p> <ul style="list-style-type: none"> <li>○ 40% of patients with Urticaria on biologic treatment at Salford were from outside of Greater Manchester ICB.</li> <li>● Shared care with referring hospitals was reviewed by the clinical leads in each disease area to support the repatriation of patients back to referring hospitals and to reduce the on-going demand on the biologics service within Northern Care Alliance.</li> </ul>
	<ul style="list-style-type: none"> <li>● Review homecare arrangements in addition to the management of activities associated with both monitoring and reminder services.</li> </ul>	<p>The homecare pathway was reviewed as part of the overall review of the prescription pathway. During the project the Biologics Administrator implemented improved recording of homecare delivery and treatment initiation to enable accurate scheduling of 6 week review and 16-week safety check appointments thereby reducing need to rebook appointments and wasted Consultant appointments.</p>
<p><b>TIMESCALES:</b></p>	<p>The project commenced in November 2023.</p> <p>The project was completed in July 2025. The delay in completion was mainly due to absence from work of the Consultant Nurse Lead and Lead Manager Dermatology during 2024 which delayed presentation of the recommendations from the review of the service to the Dermatology Management Team.</p>	
<p><b>SERVICE IMPACT OF THE PROJECT:</b></p>	<p>Throughout the collaborative working project, a number of changes have been implemented or piloted to improve the functioning of the Biologics Service which are outlined below:</p> <p><u>Changes Implemented:</u></p> <ul style="list-style-type: none"> <li>● Improved recording of homecare delivery and treatment initiation to enable accurate scheduling of 6-week review and 16-week safety check appointments thereby reducing need to rebook appointments and wasted Consultant appointments (due to review appointments being booked on a standard timeframe at initial outpatient appointment and not the specific date when patient started treatment).</li> <li>● Review of screening tests meant that patients got faster access to treatment and freed up nursing time.</li> <li>● Updated Biologics Database to capture and report waiting times for biologic initiation.</li> </ul>	

- Added initial and review severity scores onto Biologics database to aid with completion of Blueteq and prescriptions.
- Reviewed nurse helpline queries which identified the key categories of queries and who they could be best dealt by rather than all queries being handled by Nurses. Patients have been provided with information on who to contact for each type of query and telephone helpline message changed. This has reduced the number of queries which Nurses have to deal with thereby freeing up nurse time.
- Biologics Administrator task review.
- Implementation of new clinic code for Biologic Nurses to ensure full capture of activities.
- The biologics database is now held on a shared drive so that when the administrator is on leave access to prescribing information is available to the Team.

Changes Piloted:

- Tracking of when patients receive medication enabling the service to plan and arrange subsequent appointments for 6-week review and 16-week review – thereby reducing need to rearrange appointments.
- Piloted a 6-week safety check using DrDoctor Platform to enable patients to complete a questionnaire and identify those patients who need to have a face to face or telephone review appointment which:
  - Reduced the number unnecessary nurse appointments (from 15 patients first contacted only 2 required telephone follow-up when usually all these patients had either a F2F or telephone appointment).
  - Supported the correct signposting of patients to the Nurse/Doctor based on results of the patient's questionnaire.
  - Enabled the correct scheduling of the NICE review appointment ensuring that Consultant Follow-Up time was properly utilised.
- In addition, DrDoctor was used in the Urticaria Service for the initial NICE reviews reducing the need for F2F appointments.

Some of the changes piloted have not been fully implemented due to the Nurse Consultant not being in post to lead and oversee the implementation. In addition, the Biologics Team are under considerable pressure which has impacted on their ability to implement changes including those changes piloted which have been shown to deliver good outcomes, for example; use of DrDoctor for 6 weekly reviews.

A paper has been produced for the Dermatology Management Team of the Northern Care Alliance (NCA) to summarise the key findings from the review of the biologics service at NCA undertaken as part of the collaborative working project between Sanofi and Northern Care Alliance. The report includes recommendations for consideration by the Management Team of the Dermatology Department to address the key issues and gaps identified as part of the review.

The recommendations are:

**1. Biologic Capacity:**

- a. There is a need to increase Biologic Nurse levels back to the funded establishment of 6.35 WTE. This is a minimum requirement for the biologics service to cope with current demand. In April 2025, the biologics service is currently down 1.85 WTE Nurses (70.9% of funded establishment).

- b. There is a need to build in capacity to give resilience to the service to enable them to cope with extended availability of biologics along with switching patients. The nursing establishment will need to be increased by a minimum of 0.30 WTE per year to cope with continued growth in patients on biologics.
- c. Additional nurse capacity is a pre-requisite to enable the Biologics Nurse service to take on the review and follow-up of patients in Urticaria and Alopecia which would help to free up Consultant and Doctor capacity.
- d. Explore opportunity to develop the role of the Dermatology Pharmacist to support capacity.
- e. Review opportunities to provide patients with paper based or electronic information on Biologics to educate the patient therefore enabling a reduction in appointment time for individual new and switch patients.

**2. Staff Support & Wellbeing**

- a. Consider 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. Improved communication between Dermatology Management and regular meetings to discuss team concerns.

**3. Team Leadership**

- a. Recruit a Lead post to replace the Nurse Consultant post. In the interim ensure that arrangements in place to:
  - i. Develop and update of treatment protocols and SOP with the Nurse Consultant not being in post
  - ii. Provide training for nursing staff.
- b. Consider separation of Nurse Consultant and Team Lead roles.

**4. Administrative Support**

- a. Recruit additional 1.0 WTE administrative staff to free up Biologic Nurses from administrative tasks. This will support the service to better cope with current demand. This will provide a 0.51 WTE administrative staff per 1,000 biologic patients which is similar to the current level within the Neurology Department (0.55 WTE per 1,000 biologic patients) but would still be half of the level within Rheumatology and Gastroenterology Departments of over 1.0 WTE administrative staff per 1,000 biologic patients.
- b. Within Neurology and Gastroenterology administrative staff are Band 4 whilst in Dermatology they are Band 3. A review of the banding for the Dermatology Biologics Administrator should be undertaken to address this variation in grading.

**5. Increased adoption of Technology**

- a. The Biologic Nurse Team should be supported to continue the adoption and use of DrDoctor to enable patients to complete a questionnaire and identify those patients who need to have a face to face or telephone review appointment which has been shown to reduce the number of nurse appointments required for 6-week reviews.
- b. The Team should explore further where DrDoctor could be used to support patient engagement and review.
- c. The Biologic Nurse Team should adopt the consistent use of Clinician Portal for Homecare Companies and implement e-sign for prescriptions (where available) in order to reduce workload around registration and repeat prescriptions for biologic patients and to speed up the patient pathway for initiation and repeat prescription. The Team should prioritise adoption across the home care companies covering the highest volume of biologic patients in the first instance.

**6. Managing Demand and improve access to biologic treatment**

- a. Both Bolton and Manchester Hospital are planning to commence biologic treatment for patients requiring advanced therapies in 2025. Is there a potential to actively review waiting lists for new OutPatient appointments to identify patients from Bolton and Manchester and transfer them so that they can commence treatment in these hospitals and not be added to the demand for the Biologic Nurses at NCA.
- b. Although Bolton and Manchester Hospitals will commence biologics for new patients in 2025 this does not currently include existing patients who will remain at Salford. This equates to 677 patients (25.8% of biologic patients in August 2024) from Manchester and Trafford, and 215 patients (8.2% of biologic patients) from Bolton. If Biologic Nurse capacity at NCA is not expanded, further work should also be undertaken to explore the transfer of existing biologic patients back to Manchester and Bolton for on-going management.

#### **7. Patient Helpline**

- a. The Patient Helpline queries are currently listened to by the Health Care Assistants (and/or Nurses) and handwritten into a book. Nurses then review the book to see if they can deal with specific queries but there is a chance that queries are delayed in being answered and potentially missed. The Trust could explore the use of AI to capture the patient query and then forward this onto the relevant staff member to deal with and difficult to track that queries have been dealt with. This could support easier and quicker response to patient queries.

#### **8. Urticaria and Hair**

- a. There is the opportunity to shift some of the Consultant follow-up activity to Biologic Nurses for Alopecia and Urticaria, but this would require additional Nurse capacity to be able to take this on.
- b. Both the Alopecia and Urticaria service should explore opportunities to repatriate biologic patients to referring hospitals and further work is required to review use of biologics across referring centres and to facilitate shared care for initiation and continuing on-going biologic treatment.

The review recommendations were presented to the Dermatology Management Team in NCA on Friday 26<sup>th</sup> September 2025.

The following actions were agreed by the Management Team

1. Sanofi to present the final report to the Dermatology clinical teams at a directorate meeting.
2. Need to use the report to support the development of a business case to increase nursing capacity back to original funded establishment taking into account the annual increase in demand. Also include increasing administration staff within the business case to reduce administration burden on staff and free up nurse resource.
3. Explore potential to produce an Abstract for a Dermatology Conference to share learning from a high-volume biologics centre.
4. The Dermatology service at NCA need to review and consider how the development of biologic service within Bolton and Manchester & Trafford will impact on future demand (currently limited to new patients only). To explore the volume of new referrals from Bolton and Manchester and Trafford.
5. The Dermatology service at NCA to share information on uptake of biologics across Greater Manchester which shows an inequality in access to biologics across Greater Manchester in particularly in Haywood, Middleton and Rochdale.
6. Sanofi to share the information on time taken to complete Blueteq. The Clinical Director highlighted that this was taking up a lot of valuable clinical and administration

	<p>staff time when it is not reviewed by the ICB and the reduction in ICB staffing means that the level of scrutiny of Blueteq will reduce. Clinical Director to make a case to NCA and the ICB for removal of Blueteq.</p> <p>7. The Clinical Director identified the potential to use Dr Doctor to send to patients with Psoriasis a questionnaire to complete prior to their review appointments.</p> <p>NCA confirmed in the meeting that the following changes to the service have been made since the project was finished:</p> <ul style="list-style-type: none"> <li>• Recruitment of Dermatology Pharmacist.</li> <li>• The service has stopped doing 6-week reviews</li> <li>• Review appointments moved to 12 months for stable patients on high-cost drugs</li> <li>• Use of HealthNet portal for homecare registrations and processing repeat prescriptions by Dermatology Pharmacist.</li> </ul>
<p><b>RESOURCES REQUIRED AND SOURCES:</b></p>	<p>The total cost of the project was: <b>£9,012</b>. This was split into NHS and Sanofi contribution as follows:</p> <ul style="list-style-type: none"> <li>• NHS contribution = £4,637 indirect costs</li> <li>• Sanofi contribution = £4,375 indirect costs.</li> </ul>
<p><b>STAKEHOLDER OPINION AND SUPPORT AND PATIENT VIEWS IF APPLICABLE:</b></p>	<p><b><u>Feedback from Debra Berry, Lead Manager, Dermatology:</u></b></p> <p>I would like to acknowledge all the hard work that Julie and Martin have input into the biologics service review. Due to immense pressures within the Dermatology service the service team do not have the time to work on improvement projects and without Julie and Martin we would never have achieved such an in-depth report such as this.</p> <p>For a business case we need to demonstrate measurable information, and this will help build a business case in order to maintain a sustainable and safe service for our patients who are on biologics. Part of this work has been utilising technology and working differently so that the nurses can spend their time more effectively in the management of patients. Adopting patient-centred care models that involve patients in their treatment decisions and bringing patients back to clinic only when needed will streamline the service and decrease unnecessary appointments and travel, as we know follow up aftercare improves overall patient health outcomes.</p>
<p><b>EVALUATION AND AUDIT: WHAT RESULTS DID THE PROJECT ACHIEVED</b></p>	<p>During the project a number of changes were implemented and piloted which has delivered the following benefits for patients:</p> <p><b>Patients:</b></p> <ul style="list-style-type: none"> <li>• Reduce the time for new patients to access face to face appointments</li> <li>• Reduction in time for patients to access biologics where this treatment is recommended</li> <li>• Reduction in delay for patients for follow-up and review of their treatment thereby having a potential to reduce complications for patients associated with their treatment</li> <li>• Improved equity of access to treatment options as well as a clearer pathway of care</li> </ul>

- Improvement in patient experience through improvements in the patient helpline ensuring that patient queries are dealt with by the appropriate staff and patients receive a quicker response.

The project has delivered the following benefits to the Dermatology Management Team at NCA and the NHS:

**NHS:**

- Better understanding of the gaps and issues within the Biologics Service and production of a report with recommendations to improve the service.
- Completion of a workforce review to identify and deliver improvements in service efficiency.
- Implementation and piloting of changes to better utilise clinical staff through increasing the tasks undertaken by administrative tasks along with use of technologies to reduce the tasks undertaken by clinical staff.
- Reduction in waiting times and waiting lists due to net reduction in follow-up appointments.
- Lessons learned from this project can be shared with other Dermatology Services within Greater Manchester to support improved delivery of services.

The project has delivered the following benefits for Sanofi:

**Sanofi:**

- Improved understanding of the pressure points and priorities associated with a complex specialised dermatology service. Lessons learned from this project can be shared with other Dermatology Services to support improved delivery of services.
- Opportunity to implement and pilot service changes to improve the pathway and efficiency of the biologics service across a broad range of disease areas including AD, Psoriasis, Urticaria and Hair.
- Improved corporate reputation within Salford Care Organisation.
- The total number of patients on biologic treatments including Sanofi treatment for atopic dermatitis at Salford Care Organisation has grown during the timeframe of the project.