

## Final Project Report

**A collaborative working agreement between Sanofi and Healthcare Central London to review the community dermatology service and to recommend and implement changes to improve the patient pathway and experience for patients.**

### 1.0 Background and Project Aims & Objectives

Healthcare Central London (HCL) is a federation of 32 General Practices in Westminster covering 4 Primary Care Networks caring for more than 275,000 registered patients. HCL provide community and primary care services to local residents. HCL provides a community dermatology service (CDS) for the constituent GP practices providing a referral management service and single point of access for dermatology. The service has been in operation since 2017. The service receives referrals from HCPs in general practice and provides an advice and guidance service along with diagnosis and treatment plans for referring HCPs to follow. The service reviews referrals and assesses which patients require input from the specialist dermatology outpatient service at the local hospitals. The service is delivered by GPs with Extended Role (GPwERs) in dermatology (formerly known as GPs with Specialist Interest (GPSI's).

Healthcare Central London were interested in carrying out a review of the current community dermatology service to understand the current challenges and gaps within the service, to undertake an evaluation of the outcomes of the service and to consider how the service could be improved including potential to strengthen links with the hospital dermatology service to explore the development of improved pathways for specific dermatological conditions within the area. The overall **aim** of Healthcare Central London working in partnership with Sanofi was to review the community dermatology service and to recommend and implement changes to improve the patient pathway and experience for patients.

The **objectives** of the project were to:

1. Review the current community dermatology service
  - Process map the current patient journey within the Community Dermatology Service to review the current pathway, identify challenges, gaps, waste/unnecessary steps and any areas of variation.
  - Undertake an evaluation of the outcomes of the Community Dermatology Service including comparison with other PCNs of referral rates to secondary care, follow-up activity and first to follow-up ratio and review the cost effectiveness of the service.
  - Review current processes for referral into the community dermatology service and utilisation and effectiveness of the current referral form.
  - Map out where the referrals from primary care are coming from and what are the major conditions and explore what are the opportunities to reduce avoidable referrals.
  - Undertake a review of the capacity and demand within the service and consider options to improve delivery and efficiency through changing processes and the patient journey.
  - Incorporate patient views already collected into the service review and consider how patient feedback mechanisms could be improved to support on-going service evaluation.
2. Undertake a review of the workforce within the community dermatology service and consider options to make the best use of the existing workforce and/or expansion of the workforce.
3. Identify training needs for HCPs and priorities for upskilling in primary care to improve the diagnosis and management of dermatological conditions in primary care.
4. Explore with the Dermatology Service at Imperial College Hospital what are the opportunities to implement and develop integrated referral and treatment and follow-up pathways including development of shared care across the community dermatology service and hospital dermatology service.

5. Produce an options appraisal based on the above findings with recommendations and action plan for service changes to deliver improvements in the Community Dermatology Service.
6. Support the co-ordination of implementation of the priority changes agreed as part of the agreed Action Plan and develop an evaluation framework to support HCL in evaluating the impact of the agreed changes to the service.

## **2.0 Project Outcomes**

A summary of the key outcomes from the project are shown below:

### **2.1 Service and Pathway Review**

Review of the current service specification was completed. Data analysis for the period April to July 2024 of the performance of the community dermatology service against the key performance indicators showed improvements against the majority of performance indicators:

- Percentage of available appointments booked was **100%**
- Percentage of patients triaged within 2 weeks of referral being accepted had increased over the period:  
April – **95.51%**  
May – **99.45%**  
June – **95.90%**  
July – **98.74%**
- Percentage of patients seen within 4 weeks of being triaged for an appointment had improved over the period:  
April – **82.02%**  
May – **95.83%**  
June – **98.73%**  
July – **100%**
- The number of patients that were not seen within threshold due to appointment availability reduced from **16** in April to **0** in July.
- The number of patients that were not seen within the threshold due to patient Choice/No answer was **69** in April and down to **12** in July.
- Percentage of treatment plans sent to patients GP within 5 days of appointment was **100%**
- Percentage of DNAs for new and follow up appointments reduced over the period:  
April - **6.01%**  
May – **6.49%**  
June – **6.64%**  
July – **3.31%**
- The patient journey mapped to identify gaps and issues and potential solutions to improve the pathway. The pathway was mapped from GP referral into the community dermatology service through to appointment and follow-up and review appointments. The pathway was reviewed with the Clinical Lead for the service and Service Manager to explore any areas for improvement in the pathway.
- Analysis of referrals by GP practices to the HCL Community Dermatology Service. This identified variation in utilisation of the community dermatology service. This information was shared with GP practices alongside information about what conditions should be referred to the service.
- Review of capacity and demand for the service. Although there had been some shortages in the past in GP clinical sessions for the Community Dermatology Service, this had now been addressed and the service had sufficient clinical slots to cope with the demand for the service and to meet the target waiting time.

### **2.2 Outcomes Review**

A recording system was implemented during the project to record the outcome of the patient review by the Community Dermatology Service based on the condition diagnosed by the Clinical Reviewer within the Community Dermatology Service. This enabled the service to review outcomes by condition on an ongoing basis.

### 2.3 Training Needs Analysis

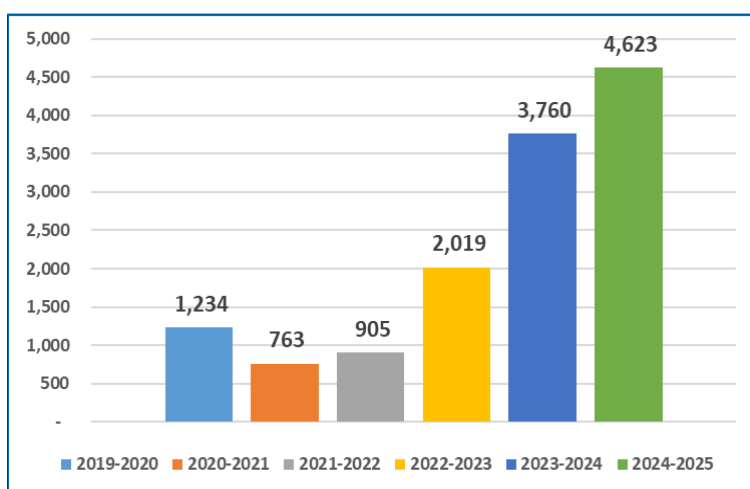
An audit was undertaken of the outcomes of referrals by condition where patients were discharged with a treatment plan to identify conditions with high discharge rates which were potential areas of avoidable referrals where treatment guidelines and/or education for primary care staff was required. The Community Dermatology Service already had in place a training programme for primary care clinicians in place which addressed the main conditions where training needs were identified.

### 2.4 Impact on Dermatology OutPatient Activity

A review was undertaken of OutPatient Activity for GP practices utilising the HCL Community Dermatology Service and the level of OutPatient activity was compared with the rest of the North West London ICB.

### 2.5 Community Dermatology Service Activity

Activity data showed that the number of patients seen by the HCL Community Dermatology Service has increased each year since 2019-20:



#### Lower Hospital Dermatology Outpatient Activity:

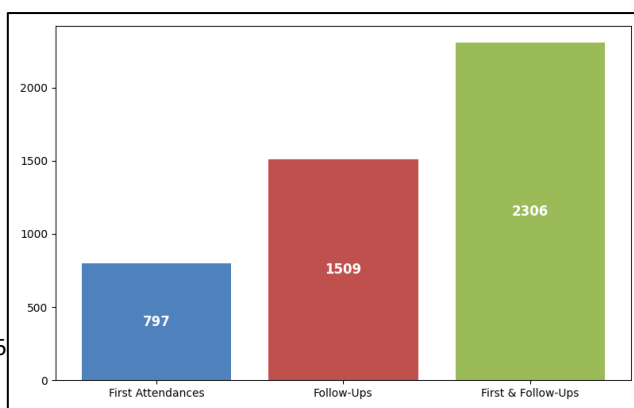
HCL consistently shows lower dermatology hospital outpatient activity compared to the broader Northwest London ICB.

- HCL's dermatology outpatient activity is 32% below the Northwest London ICB average (38% lower for first attendances, 29% lower for follow-ups).
- The rate of Dermatology outpatient activity in 2023-24 for Healthcare Central London was 32.4 per 1,000 population compared to North West London ICB of 46.0 per 1,000 population.
- In 2023-24, Dermatology Outpatient activity in HCL was 32% below the overall average for North West London ICB. If HCL's outpatient activity was at the same level as the ICB this would result in an additional OutPatient tariff cost of £366,200.

This suggests more efficient management of dermatology conditions and lower hospital referrals for practices using the Community Dermatology Service compared to other GP practices within the ICB.

#### Significant Reduction in Dermatology Outpatient Attendances

All four PCNs within HCL have shown decreased dermatology outpatient attendances between 2019-20 and 2023-24 (see graph below). This equates to a cost savings in OutPatient Dermatology Activity of approximately £228,000



## 2.6 Service Development Opportunities

The pathway review identified the following potential opportunities for development of the services provided by the community dermatology service which have the potential to further reduce referrals to secondary care:

- CDS to further develop services which target clinical conditions which are frequently referred onto secondary care for treatment.
- Provision of patch testing for contact dermatitis (requires secondary care input)
- Opportunity for the CDS to support treatment monitoring, for example, Roaccutane requires monthly follow-up in secondary care for 6 months
- Expansion of diagnostic services, for example, by offering biopsy testing for skin lesions which currently have to be referred onto secondary care.

HCL Community Dermatology Service considered that it was difficult to implement these changes in the current environment due to limited engagement with the Hospital and ICB.

## 2.7 Service Changes Implemented

The Community Dermatology Service implemented virtual follow-up appointments which was successful in increasing capacity within the service and was preferred by patients.

## 3.0 Project Timescales

The project commenced in March 2024 with the first Project Steering Group taking place in April 2024.

The project was finished in January 2026 following the development of a graphic of key data for the community dermatology service.

## 4.0 Project Funding

The resources utilised in the project were in line with the original plan at the start of the project.

The total cost of the project was £11,565. This was split into NHS and Sanofi contribution as follows:

- NHS contribution = indirect costs £7,785
- Sanofi contribution = indirect costs £3,780

## 5.0 Benefits from the project

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

### Patients:

✔ Increased capacity has helped to reduce waiting time for new patients to receive an appropriate diagnosis and treatment.

✔ Improvement in patient experience through reduced waiting times and improved efficiency of the community dermatology service.

### NHS:

✔ Review of service performance against key performance indicators helped to identify areas to improve.

✔ Mapping of the pathway helped to identify areas for improvement e.g. DNAs.

✔ Recording of outcomes by condition enabled the service to implement a system to support the ongoing review of outcomes from referrals received.

✔ Improvements achieved in service delivery and efficiency including:

- Percentage of available appointments booked
- Increase in % of patients triaged within 2 weeks of referral being accepted
- Increase in % of patients seen within 4 weeks of being triaged for an appointment
- Reduction in the number of patients not seen within the threshold due to either appointment availability or patient choice
- Reduction in % of DNAs for new and follow up appointments reduced
- Increase in % of treatment plans sent to patients GP within 5 days of appointment.

✔ Review of training needs for HCPs in primary care.

**Sanofi:**

✔ Improved understanding of the pressure points and priorities associated with a community dermatology service.

✔ Improved corporate reputation within Healthcare Central London Ltd.

## **6. Customer Feedback**

The following feedback was received from Health Care Central London Ltd on the outcomes of the collaborative working project and their experience of working with Sanofi as follows:

*“Overall, our experience of working with Sanofi was extremely positive. The team were very easy to work with throughout the project, were clear about the agreed scope and remit, and worked well within it. Communication was excellent – we were kept appropriately updated at key stages, and requests for information were proportionate and well-timed.*

*The final output was a clear and concise report that was well presented and easy to follow. Importantly, it has been genuinely helpful in supporting our evaluation of the Community Dermatology Service and in reflecting on how the service is performing against its original objectives.*

*We would be very open to working in a similar way again in future”.*

**Dr Rishi Chopra, Chair, Healthcare Central London Ltd**