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Any Qualified Provider (AQP) – Patients' experiences of Dermatology services

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Section 1 - Introduction

1.0 Introduction

1.1 Involve North East

Involve North East (formerly Community Action on Health) is an independent charity based in Newcastle, working across the North East. We are experts in innovative and practical involvement, working with patients, communities and harder to reach groups to gain the insight needed to design the best, most responsive and cost-effective health and social care services.

1.2 Context

1.2.1 Extending patient choice

In July 2010 the Government White Paper, 'Equity and excellence: Liberating the NHS' outlined proposals to reform the NHS in England. At the heart of these proposals was giving patients more control over their own healthcare through an 'information revolution' and greater choice. Patients would be able to choose which organisation provides their healthcare, which consultant-led team treats them, what actual treatment they receive and which GP practice they register with.

From April 2012 patients are able to choose a named consultant-led team. In addition, GPs will be able to set larger practice boundaries and in some pilot areas patients who move house will be able to stay with their current practice while commuters will be able to register with a practice near their work.

1.2.2 Any Qualified Provider (AQP)

Since 2010 the Government has been committed to increasing the choice and personalisation of NHS services:

"Whenever people need healthcare they should be able to choose from any organisation in England that offers a service that is clinically appropriate for them, meets the quality standards expected from providers of NHS-funded services, and can deliver services within NHS prices."

Equity and Excellence: Liberating the NHS, July 2010.

Choice for patients can be about the way care is provided, the ability to control budgets and the opportunity to self-manage conditions. The Government is specifically committed to extending patient choice by offering the option of AQP for appropriate services.

When patients are referred by their GP they will be able to choose from NHS, independent and voluntary sector organisations to provide their care, where available, enabling them to choose a provider that best meets their needs.

Opening healthcare provision up to AQP is intended to improve the quality of services, reduce gaps in services and improve patients' access to services.

1.2.3 AQP services in NHS North of Tyne

In addition to the eight Community and Mental Health services identified by the Department of Health and a range of stakeholders as potentially appropriate for priority implementation of AQP, PCT clusters and Clinical Commissioning Groups are able to choose other services according to local priorities.

Working together, NHS North of Tyne and the Clinical Commissioning Groups based in Newcastle upon Tyne, North Tyneside and Northumberland are considering extending AQP to the following four services:

- Adult hearing services in the community
- Direct access diagnostic tests
- Anti-coagulation services
- Dermatology

1.2.4 Dermatology services

Dermatology is the area of medicine that deals with the skin and its various conditions. This also extends to the hair, sweat glands and any other related parts of the body. It is a broad field which includes skin conditions caused by auto immune diseases, various skin cancers and cosmetic procedures.

Skin conditions are a common problem and nationally, around 15% of the population consults their GP each year about a skin complaint.

The most common skin problems include eczema, psoriasis, acne and dermatitis.

The Department of Health (DH) identifies Dermatology as a key clinical area for improvement. The Action on Dermatology Good Practice Guide emphasises the need for interaction between secondary care and general practice, and recommends that a more comprehensive range of Dermatology services are offered in the community.

Currently, GPs generally refer patients to a Dermatologist who will discuss and agree an appropriate treatment plan.

In Newcastle, patients receive Dermatology services from Newcastle Hospitals NHS Foundation Trust. These services are currently available at the Royal Victoria Hospital (RVI).

1.3 The project

NHS North of Tyne has asked Involve North East to gather and analyse people's experiences, perceptions and preferences of Dermatology services. This information will be used to develop guidance for commissioners if AQP is approved for Dermatology services in the future.

1.3.1 Aim

This project aims to consult current Dermatology patients and other health service users, exploring experiences and perceptions of, and preferences for, Dermatology services.

1.3.2 Objectives

The key objectives of the project are to:

- Explore patients' experiences of Dermatology services
- Identify patients' expectations of, and their preferences and priorities for, Dermatology services in the future
- Explore patients' information needs to help them make informed choices should the AQP approach be adopted in relation to Dermatology services.

Section 2 - Methodology

2.0 Methodology

We employed two methodological processes to gather views and meet the objectives of this project.

2.1 Focus group and individual interviews

The project had a tight timescale of ten days from briefing to report delivery deadline. In order to reach the largest number of people within this period, we arranged one focus group, and also carried out a series of individual interviews.

The focus group helped us to gather in-depth information and salient anecdotes, and to draw out additional information where appropriate. It also allowed participants to share and discuss their input, reflecting where appropriate on common and divergent experiences and opinions.

However, while we considered a focus group approach to be appropriate for this project, it is very difficult to convene groups at short notice; three people were able to attend. We therefore conducted a number of individual interviews, both in person and by telephone. These enabled us to address the same issues as the focus group, putting the same questions to a wider group of participants. The interviews also helped us to gather information from as large a cohort as possible within the timescale, in order to identify patterns and apportion appropriate weight to the information we gathered. Twenty-three people provided information in this way.

2.2 Participants

We spoke to previous and current users of Dermatology services as well as to a group of people who have never used them.

2.2.1 Focus group participants

Two of our focus group participants were current users of Newcastle's Dermatology services at the RVI. The third had experienced the Service in the East Midlands, as the parent of a child (now an adult) with psoriasis. She had not used the Service since moving to the North East.

2.2.2 Interviewees

Of the 23 people whom we interviewed, 10 people had accessed Dermatology services and 13 had not.

Profiles for the participants are set out in Appendix 1.

Section 3 - Findings

3.0 Findings

This section documents the findings of our research into users' and non-users' experience, expectations and perceptions of Dermatology services in Newcastle.

3.1 Awareness (non-users)

Given that 14 of our participants had not used a Dermatology service in this region, we wanted to assess non-user awareness of its existence and purpose.

3.1.1 Awareness of the Service

Eight people (57%) knew there was a Dermatology service in the city, and in three cases this was because they had friends, partners or relatives who had used it.

Five people (36%) did not know the Service existed, although one of these said he 'imagined' it must.

One focus group member said she had not come across the Service so had not known for sure whether it existed, but she had accessed the Nottingham service on her son's behalf and assumed Newcastle would have something similar.

3.1.2 Understanding the meaning of Dermatology

All 14 non-users demonstrated an understanding of the nature of Dermatology services, mentioning skin conditions in general and conditions like psoriasis, eczema, birth marks and skin cancers in particular.

3.1.3 Consulting a GP about a skin complaint

Only three people said they would be very unlikely to consult their GP about a skin complaint. One, who completed an interview, did not give a reason for his reluctance; but a telephone interviewee said she did not believe GPs 'know enough about skin problems', and did not feel it would be worth seeing a GP about it.

A third person said he had had 'skin things' all his life and had never been to a doctor about them, so was unlikely to start now.

Of the 11 respondents who said they would consult their GP, one said she would go straight away while most people said they would self-treat at first and then go to a doctor if the problem persisted or got worse.

3.2 Referral

We asked Dermatology service users to tell us about their experience of the referral process and their feelings about it.

3.2.1 Experience of timescales

The time between GP referral and actual appointment varied widely – from 'less than 24 hours' to seven months. Some people, however, were seen very quickly:

> "Approximately three hours. The GP rang up and described the symptoms, and they (Dermatology) said she [respondent's grandmother] could go straight in to see the consultant."

> "Less than 24 hours. I was referred at 4:15 pm and seen at 8:45 the next morning."

> "Speed of service from referral was great. I went to my GP on Monday, was called on Tuesday and seen on Thursday."

Most people had waited for a month or slightly less, which in most cases was felt to be satisfactory. However, one mother of a young child said she felt this was

> ". . . a bit too long when something's wrong with a baby's skin."

A focus group member, whose condition was eventually diagnosed as psoriasis, had waited seven months for an appointment:

> "My GP told me there was a waiting list."

She said she felt the stress caused by her seven month wait had made her condition worse. However, she said she would have had no objection in principle to waiting,

> ". . . as long as you could get it speeded up if it [the condition] got worse."

Another focus group member, who was eventually diagnosed with a benign form of skin cancer, had waited for six to eight weeks. However, this participant was extremely happy with the treatment she now receives, and spoke warmly throughout the discussion in support of the city Dermatology services.

3.2.2 Preferred timescales

We also asked users and non-users to tell us about their preferences and expectations of the referral process.

Preferred waiting times varied from 'a few days' to 'six to eight weeks', with half of all participants expressing a preference for two weeks at most.

Most service users (except the baby's mother and the psoriasis patient) were satisfied with their own experience of referral timescales.

Five people said the length of the referral period should be dictated by the seriousness or impact of the symptoms:

> "It depends on how serious, and if people are in pain or can't go about their daily lives."

> "Six to eight weeks, depending on the urgency. In my case it was skin cancer, so if you could see somebody straight away, or within a month or six weeks, that would be better."

3.2.3 Accessing the Service

We asked all participants whether they felt it should be possible to access Dermatology services other than via their GP.

People who had used the Service were less interested in alternative referral methods than non-users – only three service users (25%) said yes, as opposed to eight non-users (57%). Five users and five non-users said they preferred GP referral:

> "Otherwise, how do you ensure that only people who need to attend, go?"

However, three participants with experience of Dermatology services said that, once patients had been initially referred by their GP and were 'in the system', it would be useful to be able to refer themselves in the event of flare-ups or other irregularities.

One service user felt this could be an effective way to reduce queuing and cumbersome reception processes at the RVI:

> "I don't have regular treatments, so each time I have a problem you get a GP's letter, then you have to stand in a horrendous queue while they find your notes. You spend more time with the receptionist than having treatment. If you could self-refer once you're already in the system, you could get treated faster for flare-ups or emergencies, instead of having to go to the GP and start again for each flare-up."

3.3 Experience

We asked current and former users of Dermatology services to tell us about their treatment, and to give us their views of the Service as a whole as well as their feelings about their own experience.

3.3.1 Overall

On the whole, participants reported high levels of satisfaction with the Service and most had very strong and positive relationships with Dermatology service staff:

> "Excellent. You just build up so much trust in them. They tell you straight away what it is, and what they would do. I never mind going back because I trust them. That's why I couldn't go to another provider."

> "Excellent, especially the speed of getting the appointment. I wrote to the RVI to compliment them."

> Fast and efficient, well organised and not a long wait. The staff were great."

However, two people were less impressed:

> "Not satisfactory – they seemed to think it was a joke."

> "Mixed. Some friendly welcoming staff, others who were patronising and uninterested."

One participant, who has used the Service for some time and has always valued it, suggested that current pressures on the NHS might have begun to affect the Service:

> "I've learned so much more about my psoriasis and the conditions that go with it than I did from my GP. But they seem to be getting a bit more rushed now – they don't seem to have so much time for you."

Asked about the most positive aspect of Dermatology services, most people identified the staff they encountered:

> "Fab consultant who treated me as he would someone with a more severe condition – he took my discomfort and pain seriously."

> "They understand you and how you're feeling. And it does work – it makes your life better."

> "They understand. And they speak to you as a person. They'll sit and explain everything."

Only one person who had used Dermatology services in Newcastle said he would not recommend the Service to other people on grounds of quality. Another person said:

> "I wouldn't recommend it as it's not a café or a hotel. But I would sing its praises."

Everyone else said they would have no hesitation in recommending the Service.

3.3.2 Gaps and improvements

Asked where they felt there were gaps or shortcomings in Newcastle's Dermatology services, most people were at pains to point out that their experience had been predominantly positive. Only one person was entirely negative:

> "The best bit? Leaving the room."

However, most respondents either suggested improvements or identified weaknesses that they felt could be addressed.

One person, who had attended in her capacity as relative, felt that a recurrence was treated less seriously than the original complaint:

> "The consultant discharged my gran and said to call if it returned. Well, it did return but they couldn't get her an appointment for five weeks."

Some people mentioned the imbalance between the time taken to reach the RVI and the time the treatment itself took; there was a feeling that it might be better to offer phototherapy in other locations:

> "I know it's a lot of equipment but a mobile unit would mean you didn't have to travel for ages for a five-minute treatment."

Another participant suggested splitting the Service between severe and less serious cases, to make it possible to allocate resources more effectively according to need:

> "Maybe a department within the Service concentrating on less severe but still serious cases?"

One person had witnessed an elderly patient losing his place in the queue because of hearing and mobility difficulties:

> "He was called in but didn't hear his name so they called someone else. He noticed eventually but had mobility issues so by the time he got to the desk the person calling him had disappeared."

Two focus group members agreed that better communication between the Dermatology service and GPs would benefit patients and improve efficiency within the Service:

> "They [GPs] don't know what is available. I think the RVI could tell the surgery more, and share their information so GPs have more understanding. It's too easy for GPs just to write out another prescription for steroids and that's not always what you need."

> "Better communication between GPs and derma might cut waiting times – if GPs had a better understanding and RVI made sure they passed on information, it might be more effective."

One person, who had spent two weeks as an in-patient, said she felt communication between staff could be better, although she did not go into detail.

One focus group member referred back to the lack of 'automatic follow-up' she had mentioned earlier:

> "You should be able to ring up and go once you're in the system, rather than have to start all over again each time you have a problem."

3.3.3 Priorities

We asked the 14 participants who had not used the Service what they thought would be the most important considerations if they were referred in future to a specialist service like Dermatology.

Speed, location and quality of service were most frequently mentioned:

> "How quickly I was seen, where it was and how good they were."

> "Speed of resolution."

> "Somewhere local – if it was bad I'd want to be seen straight away."

In terms of location, six non-users specifically mentioned the RVI and said they would be happy with it. One other person said:

> "Freeman or RVI, based on where I live."

Three people said they would like the Service to be local, which one respondent defined as 'within a five mile radius.'

However, two people said they were 'not bothered' about location and one person said:

> "It doesn't matter where it's based as long as it's good quality care."

Among respondents who concentrated mainly on quality, communication was regarded as a key factor:

> "Understanding, good communication skills, getting lots of information about treatments being offered, choice of treatments and all the info associated with that."

> "Consistency of care, being able to have an open and honest discussion, good advice on treatments."

> "Getting an appointment, not having to wait in a waiting room for hours, and being able to discuss medication and treatment."

One focus group participant who had not used Dermatology services in Newcastle (but had listened to her fellow group members describe their experience) said that confidentiality and privacy would be essential to her, as 'skin is very personal':

> "I would hate to have to walk through reception in my gown on the way to treatment."

A fellow group member, who is a longstanding and generally very satisfied service user, agreed that this can be a problem, especially as the gowns provided do not always fasten properly:

> "I know they're nurses and they're used to bodies, but I don't like exposing my body when I'm juggling the goggles and the gown."

3.4 Choice of provider

Given that Dermatology is one of the services being considered by NHS North of Tyne and local Clinical Commissioning Groups for the introduction of AQP, it was important to discover what service users and non-users felt about the possibility of choice in future service planning.

3.4.1 Experience of choice

We began by asking the service users whether they had been given any choice about how or where they would receive their treatment. One interviewee said:

> "I was given a choice of treatment types but not locations."

Another said:

> "I expect I would have been able to pick a suitable date or time but the date and time they initially offered me (over the phone the day after seeing my GP) was fine so I didn't get to test that theory."

However, while nobody else appeared to have been given a choice, this was not generally seen to be an issue:

> "No, but that was the nature of the situation. It was extreme and needed immediate treatment."

> "No, but that's not a problem."

One interviewee pointed out that the Service is “only available at the RVI anyway.”

3.4.2 Importance of choice

We then asked all our respondents whether they felt it was important to be given a choice of how and where they would receive treatment.

Opinions were divided on this, although non-users were more likely to attach importance to choice. Three non-users said it was important to choose, with a further three saying it was ‘very important’ (43% total amongst non-users). Seven service-users felt that choice was not important whereas four would like to have been offered choice.

However, choice of location and convenience were seen as more important than type of treatment, which users and non-users alike were happy to entrust to ‘the experts’:

> “‘Where’ needs to be easy to access. ‘How’ doesn’t matter, as long as you get treatment.”

> “It would be important as sometimes you can’t get to hospital, so a service close to home would be good.”

> “I didn’t feel the need to choose in this instance, but someone who has a long term condition and lives far away requiring many appointments may want this choice.”

> “I’d like to think they were five minutes from my door but that’s unrealistic! The RVI is fine, just a 15-minute drive.”

3.4.3 Choice of provider

We did not specifically ask whether people would like to choose their provider, but three respondents spontaneously raised the question of private providers:

> “I just trust the RVI, I’m not sure you would get the same service if you went to another provider or another place. I would be very wary of a private provider, even if it was free to me. The RVI staff take your fears away because they are so good and considerate, the way they work things out and make it better for you. That kind of thing is important and I don’t think you’d get it from a private provider.”

> “As long as it was an NHS provider – I’m very much against private providers.”

> Patients need the security of feeling they are getting the best quality care…other providers will never be as good as the NHS, but they should maintain the same ethics.”

3.5 Summary

Dermatology as an area of medicine appears to be reasonably well understood, with most non-users of the Service demonstrating a good grasp of what the Service covers. There are high levels of appreciation among most service users, with particular appreciation of the expertise and friendliness of staff. When asked to identify potential improvements, service users tended to focus more on location than on the quality of the Service or choice of provider.

When asked whether they felt it was important to be given a choice of how and where they would receive treatment, just under half of non-users felt choice was important whereas only four service-users (25%) would prefer to be offered choice.

When asked what the most important considerations would be if they were referred to a Dermatology service in the future, non-users mentioned speed of referral, the quality of the service and its location as important factors. Regarding the quality of the service, communication was a key aspect; patients wanted to be able to speak openly and freely to staff and requested good quality written information about their care. In terms of location people would prefer the RVI although several people simply wanted a ‘local’ service.

Appendices

Appendix 1 – Participant profile

Gender

All participants

	Number	Percentage (%)
Female	19	73.1
Male	7	26.9
Total	**26**	**100.0**

Dermatology service users

	Number	Percentage (%)
Female	10	83.3
Male	2	16.6
Total	**12**	**100.0**

Non users

	Number	Percentage (%)
Female	9	64.3
Male	5	35.7
Total	**14**	**100.0**

Age

All participants

	Number	Percentage (%)
18-25	4	15.4
26-35	11	42.3
36-45	2	7.7
46-55	1	3.8
56-65	5	19.2
66-75	2	7.7
76+	1	3.8
Total	**26**	**100.0**

Service users

	Number	Percentage (%)
18-25	1	8.3
26-35	6	50.0
36-45	0	0.0
46-55	0	0.0
56-65	2	16.6
66-75	2	16.6
76+	1	8.3
Total	**12**	**100.0**

Non users

	Number	Percentage (%)
18-25	3	21.4
26-35	5	35.7
36-45	2	14.3
46-55	1	7.2
56-65	3	21.4
66-75	0	0.0
76+	0	0.0
Total	**14**	**100.0**

Ethnicity

All participants

	Number	Percentage (%)
White British	24	92.3
White Irish	0	0.0
Any other White background	1	3.8
Mixed White and Black Caribbean	0	0.0
Mixed White and Black African	0	0.0
Mixed White and Asian	0	0.0
Any other Mixed background	0	0.0
Asian or Asian British - Indian	0	0.0
Asian or Asian British - Pakistani	0	0.0
Asian or Asian British - Bangladeshi	0	0.0
Any other Asian background	0	0.0
Black or Black British – Caribbean	0	0.0
Black or Black British - African	1	3.8
Any other Black background	0	0.0
Chinese	0	0.0
Any other ethnic group	0	0.0
Total	**26**	**100.0**

Service users

	Number	Percentage (%)
White British	10	83.3
Any other White	1	8.3
Black or Black British - African	1	8.3
Total	**12**	**100.0**

Non users

	Number	Percentage (%)
White British	14	100.0
Total	**14**	**100.0**

Location

All participants

	Number	Percentage (%)
Blyth	1	3.8
Byker	2	7.6
Denton Burn	1	3.8
Elswick	1	3.8
Fenham	1	3.8
Gosforth	2	7.6
Jesmond	1	3.8
Kingston Park	1	3.8
Ponteland	1	3.8
Walker	12	46.2
Walkergate	1	3.8
Westerhope	1	3.8
Wylam	1	3.8
Total	**26**	**100.0**

Service users

	Number	Percentage (%)
Blyth	1	8.3
Denton Burn	1	8.3
Gosforth	1	8.3
Jesmond	1	8.3
Ponteland	1	8.3
Walker	5	41.7
Walkergate	1	8.3
Wylam	1	8.3
Total	**12**	**100.0**

Non-users

	Number	Percentage (%)
Byker	2	14.3
Elswick	1	7.2
Fenham	1	7.2
Gosforth	1	7.2
Kingston Park	1	7.2
Walker	7	50.0
Westerhope	1	7.2
Total	**14**	**100.0**