GP Satisfaction Audit 2017/18

Sussex Community Dermatology Service

Horsham and Mid Sussex CCG
Crawley CCG
Coastal West Sussex CCG

Anna Baldwin
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1.0 Introduction

Sussex Community Dermatology Service (SCDS) are currently commissioned via AQP contracts to provide community dermatology services for West Sussex: Horsham and Mid Sussex CCG (HAMS), Crawley CCG (CRW) and Coastal and West Sussex CCG (CWS).

Between April 2017 and Mar 2018 – SCDS received 18,766 routine and urgent dermatology referrals from West Sussex GPs (see Fig 1 below):

Fig. 1

CCG	No. of Referrals In
HAMS	5604
CRW	1757
CWS	11405
Total	**18,766**

In Feb 2018, SCDS presented General Practitioners (GPs) within the HAMS, CRW & CWS CCG boundaries, with the opportunity to complete a 6 question satisfaction survey on www.surveymonkey.com. SCDS created a quick 6 question survey and emailed the following web-link (https://www.surveymonkey.co.uk/r/SCDSGPSurvey) to 282 GPs across 93 GP Surgeries. SCDS have access to the Global Address book on the NHS.net portal and this was utilised to contact the GPs who have referred to SCDS in the past year. This survey was not mandatory and GPs were not required to fill out the survey if they did not wish to. The purpose of the GP satisfaction audit was to gather data to indicate whether GPs were happy to refer to SCDS and whether GPs were satisfied with the clinical feedback provided by SCDS clinicians. The survey also aims to provide a platform to suggest improvements to SCDS services going forwards into 2018/19 and offer an opportunity to GPs to have a voice in how community dermatology services are run in West Sussex.

When analysing the survey results, it has been assumed that every response relates to SCDS activity only, however a consideration would need to be made when assessing comments from Horsham and Crawley GPs, due to another AQP provider working in the same area. GPs can sometimes find it difficult to differentiate between providers and we have seen this happen when inquires are made about patients that aren't under our care but have seen a community dermatologist in the same area.

1.1 The Questions

The majority of the questions were multiple-choice (1-5) and some questions allowed the GP to write free-text comments to expand their answers. Question 6 required the GPs to type free-text answers suggesting improvements to SCDS clinics and service. The questions were as follows:

1. Which GP surgery do you belong to?

2. Are you satisfied or dissatisfied with the service you receive from Sussex Community Dermatology Service?
3. Overall, were you satisfied or dissatisfied with the discharge of each patient and the quality and timeliness of the discharge information supplied?
4. Following a patient's discharge from SCDS, is the advice offered to GPs clear and concise?
5. Have you had further contact with patients regarding any issues following their treatment?
6. How do you feel our service could be improved? [Please state]: < free text >

2.0 Key Points

- **A total of 112 (40%) individual GPs responded from 59 (63%) GP surgeries across Sussex.**
- **A total of 9 out of 112 were locum GPs working across multiple GP Practices.**
- **96% of GPs were either very satisfied or satisfied with the SCDS Service provided in their area.**
- **95% of GPs were either very satisfied or satisfied with the discharge of each patient and the quality and timeliness of the discharge information supplied.**

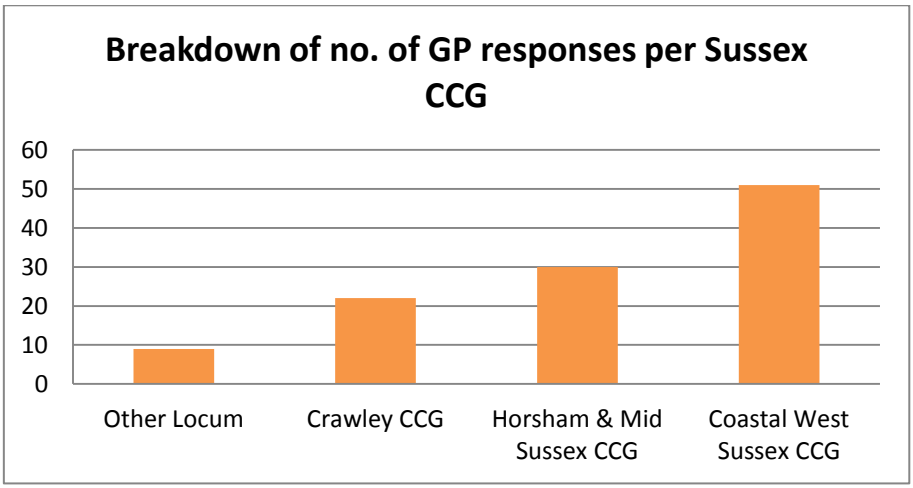
3.0 GP Satisfaction Survey Results

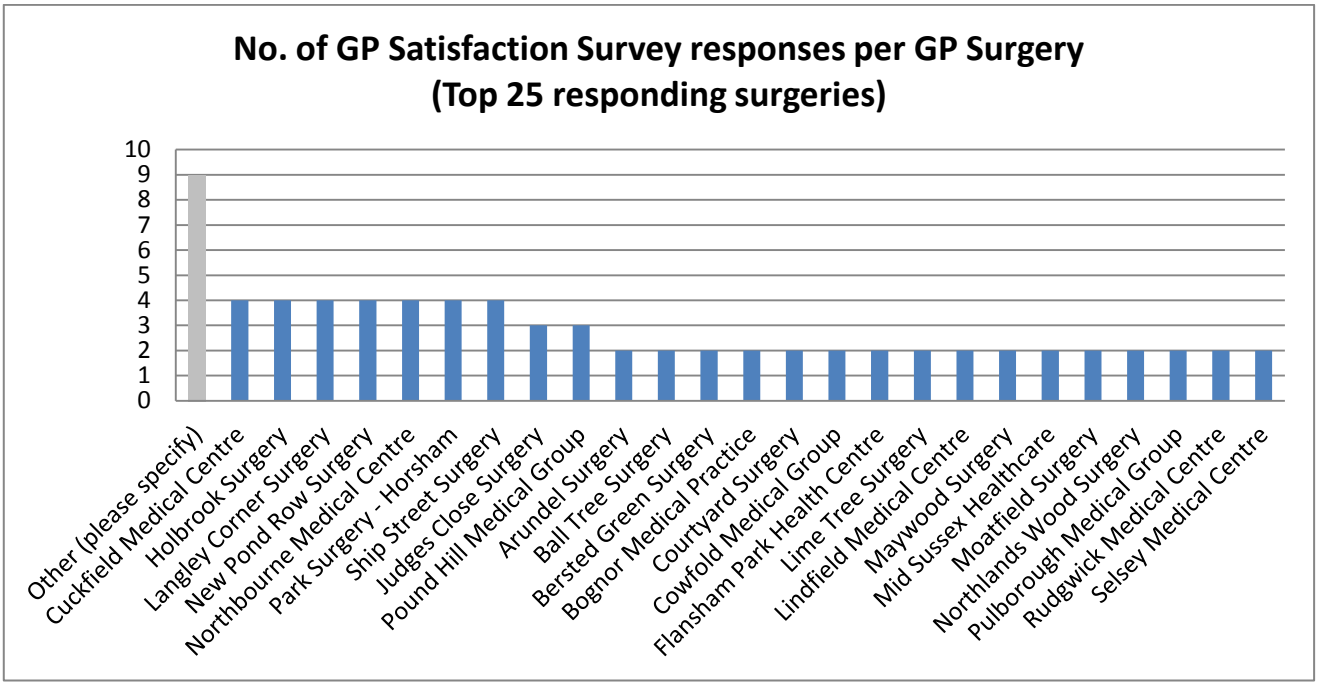
3.1 - Question 1: Which GP surgery do you belong to?

When analysing the GP survey results, it is important for SCDS to know which surgery and area the GP is from, as SCDS work for numerous CCG contracts and are required to audit data in line with individual KPI quality requirements.

8% of surveys were filled in by locum GPs who were working across numerous GPs, however 103 surveys were sent with the name of an individual GP Surgery. This has allowed SCDS to differentiate between each CCG contract activity and ensure that SCDS have had enough responses to represent each area of Sussex .

Fig. 2

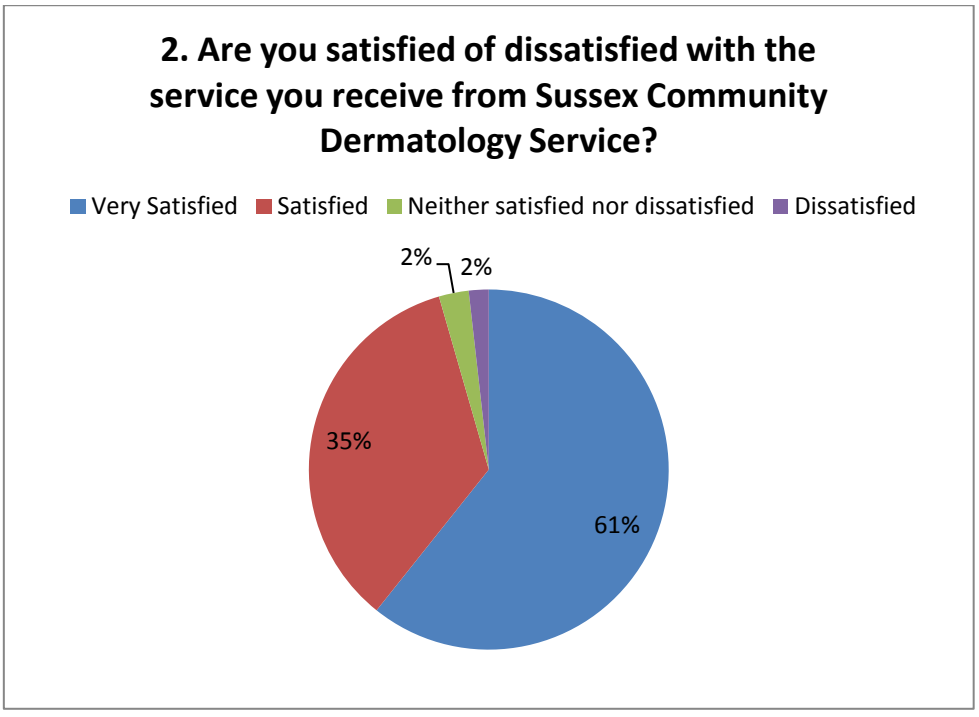




3.2 - Question 2: Are you satisfied or dissatisfied with the service you receive from Sussex Community Dermatology Service?

As highlighted in Fig 3, 96% of GP responses were either very satisfied or satisfied with the service that SCDS is providing to patients in their area, with only 2% being neither satisfied nor dissatisfied and 2% being dissatisfied with the service.

Fig. 3



Q2 Comments:

We asked the GPs - "If dissatisfied please comment below..." and 2 GPs commented:

Comment 1) "Referred a patient with facial lesion & told that because I did not think it malignant, she wouldn't be seen" – Coastal West Sussex GP

SCDS work under guidelines agreed by the CCG which request that benign lesions are rejected back to the GP on the grounds that the NHS will not fund treatment of these lesions. SCDS have clear rejection guidance commissioned by the CCGs and guidelines are available on the SCDS[1] and the CCG websites[2].

Comment 2) "The consultant advice is good but this is not always the case with non consultant grade advice" – Horsham and Mid Sussex GP

SCDS run Consultant-led GPwSPI clinics and provide training to our newer doctors via our postgraduate lectures 4 times a year. In the past 8 years, SCDS have trained up 4 GPwSPI trainees and these doctors again work under close supervision with a Consultant. SCDS also closely audit the content and quality of our clinical correspondence for all doctors back to primary care, ensuring that the diagnosis and treatment plan are clearly marked. If the diagnosis is unclear during the patient's first consultation or needs further investigation/treatment, a follow-up will be offered to the patient where the above will be clarified in subsequent correspondence to the GP. Over 70% of patients are seen in clinics that have a consultant accessible on-site or via messaging online.

Interestingly, in addition, the comment box was filled in where GPs were satisfied with the service and 3 GPs commented with suggestions around prescribing and consultation:

Comment 3) "Occasional suggestion to prescribe unusual items" – Crawley GP

Comment 4) "Why don't you prescribe the initial treatment for patients?" – Coastal West Sussex GP

SCDS is commissioned to prescribe for acute skin problems and will aim to ensure the patient is able to gain access to treatment which will cover them for a minimum of 7 days. If SCDS doctors do recommend treatments in care plans it is usually because they have a chronic condition that requires no urgent treatment, a condition that could have easily been managed in primary care without referral, and to educate some GP's about a management plan for some conditions. The standard of referrals amongst primary care physicians is variable and in many cases no treatments have been tried before referral or a step-wise treatment plan has not been followed that would be considered basic primary care or Level 1 dermatology care. Common examples include lack of use of cryotherapy in primary care, lack of use of topicals for sun-damage (Efudix), and lack of use of moderate/potent steroids for eczema/psoriasis. These are often targeted in educational meetings by Consultants for local education. In the past, GP's used to

[1] http://www.laserandskinclinics.co.uk/nhs/referral-guidelines/referral-guidelines-sussex/
[2] https://www.coastalwestsussexccg.nhs.uk/domains/coastal-west-sussex-ccg.org.uk/local/media/documents/misc/Version_3a_Low_Priority_Procedures_Policy___Penultimate___July__2017.pdf

receive a fee for cryotherapy treatment but these fees were removed several years ago creating more frequent referrals to dermatology.

Prescribing is also constrained by local tariffs paid for services. As a commissioned service SCDS do not receive a full secondary care PBR tariff or follow-up fees. Prices paid for services under the commissioned contract have barely increased since contracts were signed many years ago whilst secondary care tariff fees have increased considerably. Our costs have increased by 2% per annum including drug costs. We produce significant savings for the CCG each year and services are provided to a tight budget. Treatment is always prescribed when considered necessary for acute problems but clinicians will recommend treatment options for more chronic problems that can be managed by the primary care GP. SCDS will also discharge patients with a care plan when considered appropriate. The other option is a traditional secondary care service costing 25% more, with waits of 16-18 weeks, and three times the volume of follow-ups. A balance has to be struck with this and SCDS has consistently kept to the same prescribing policies for over 9-years that are cost effective. A factor that has also changed is that GPs now have larger list sizes, less time to look after chronic skin disease, and there are more locums referring patients without necessarily trying a full range of treatments prior to referral. The pressures in primary care have changed and increased substantially in the past few years but little has changed with our prescribing policies and procedures across multiple contracts.

Advice given on how to manage acute and chronic skin conditions in a patient care plan helps to educate the primary care workforce and upskill GPs. SCDS Consultants constantly evaluate gaps in knowledge and include these in GP educational sessions. There used to be a time when GPs all read letters in detail but now they are scanned by administration teams and have important diagnosis or treatments highlighted for action. Such changes in practice and the healthcare economy all influence how GPs perceive services.

On the occasions where the GP is unfamiliar with the drug the dermatologist is suggesting, the GP normally writes back and requests that a) SCDS continue prescribing this i.e. systemics or b) offer an equivalent drug that is suitable for the patient. Under these circumstances SCDS will prescribe the drug when considered clinically appropriate.

Comment 5) "Please clarify if full skin check is done as part of assessment. Thanks" – Horsham and Mid Sussex GP

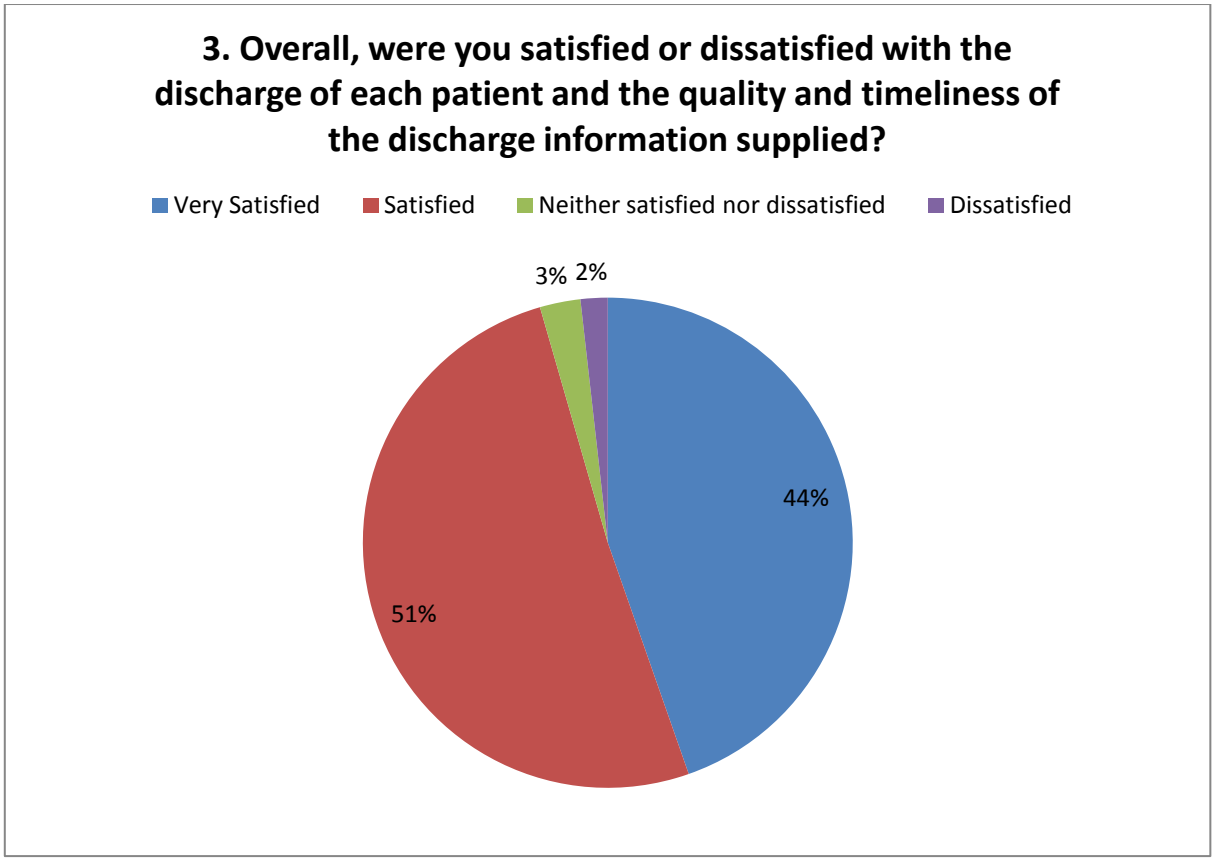
For patients with suspected skin cancer or extensive inflammatory conditions – a full skin check is performed. Clarification on this should be written in the correspondence back to the GP following the appointment. ACTION: All SCDS doctors will be reminded to clearly state when a full skin check is performed on clinical correspondence back to the GP.

3.3 – Question 3: Overall, were you satisfied or dissatisfied with the discharge of each patient and the quality and timeliness of the discharge information supplied?

As highlighted in Fig 4, 95% of GP responses were very satisfied or satisfied with the decision to discharge

and accompanying information provided by each SCDS doctor. Only 3% of GPs were neither satisfied nor dissatisfied with the discharge process and 2% reported dissatisfied.

Fig. 4



Q3 Comments:

We asked the GPs "If dissatisfied please comment below..." and 1 GP commented:

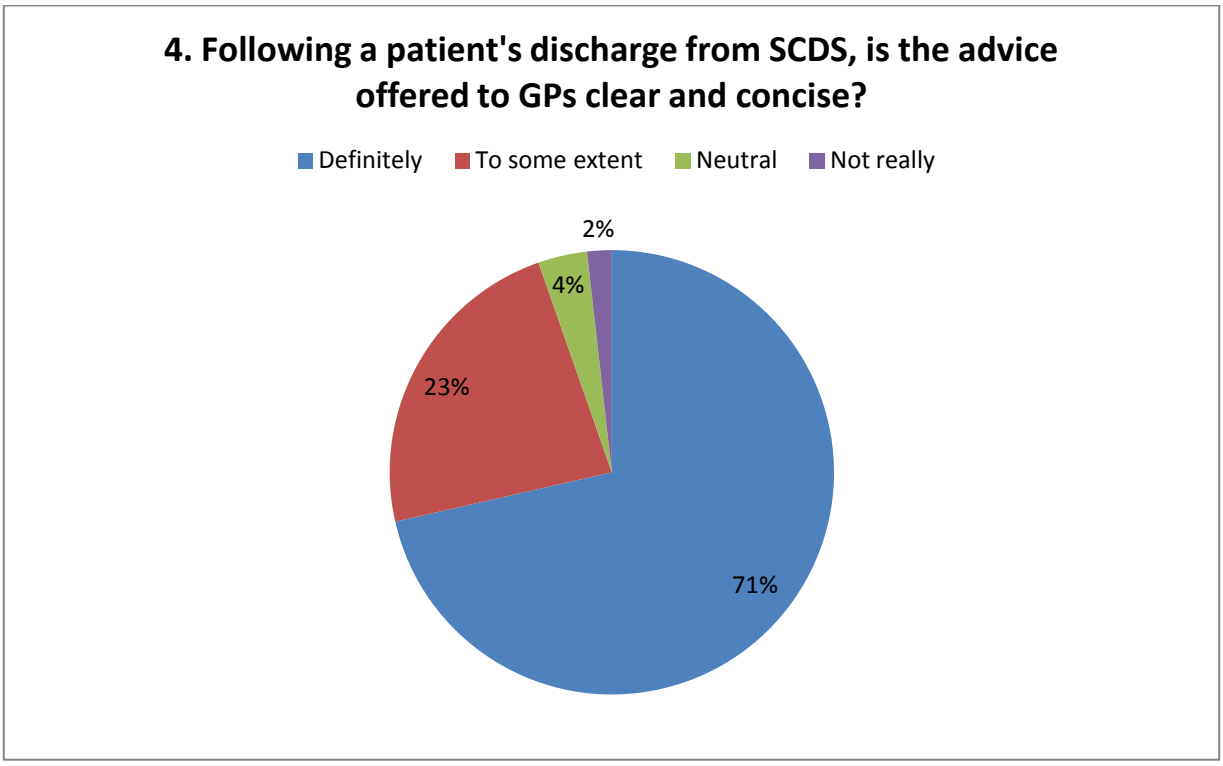
Comment 6) "Usually we get a timely report/letter back, not always" – Horsham and Mid Sussex GP

Every time a patient attends clinic, a letter is dictated to the GP outlining the patient's care pathway. This will be typed up by our secretaries via Lexacom (digital dictation software used across every SCDS clinic location). If the letter is urgent or requires action by the GP same day, the dictation will be marked as an "immediate" or "urgent", which the secretaries will action and send on the same day of clinic. Secretaries check through each clinic list to check that there is a dictated letter sent back to the GP. SCDS also utilises NHS.net to send patient communication to GPs, avoiding post which can delay clinic letters being received. The SCDS secretarial team will always message the SCDS clinician if a letter has been missed from clinic, ensuring that every patient's care pathway is relayed back to the GP. SCDS also copy the letter to the patient which includes the patient's care plan providing transparency and emphasising the importance of shared care between patient and doctor.

3.4 – Question 4: Following a patient's discharge from SCDS, is the advice offered to GPs clear and concise?

As highlighted in Fig 5, 71% of GPs felt that the advice SCDS offered was definitely clear and concise. 27% of GPs were neutral (answered "to some extent" and "neutral") in their opinion about the advice SCDS offered to GPs, and 2% of GPs felt that the advice needed to be improved.

Fig. 5



Q4 Comments:

We asked the GPs "If you think this could be improved, please comment below..." and 7 GPs commented mainly around the prescribing of medication. 4 Horsham and Crawley GPs requested that SCDS are clearer when specifying the timeframe of treatments:

Comment 7) "The letters don't outline time specific instructions for medications – e.g. continue forever or for a week" – Horsham and Mid Sussex GP

Comment 8) "Clearer directions about use of steroid creams and for how long please" – Crawley GP

Comment 9) "Please state how long to use creams for and how many times a day for patients to use them" – Crawley GP

Comment 10) "Occasional examples of perhaps over-brief details but not common and generally very good" – Crawley GP

In response to Comments 7-10, SCDS train each clinician to dictate letters using a minimum data set per letter sent to the GP and this is listed in Fig. 6 below. We have dedicated subject titles in the SCDS clinic letter templates that the doctors use. All patient letters communicate a disease diagnosis, treatment, care plan and follow-up arrangements. There are specific title headings for each category e.g. "Treatment: <Enter Medication>". Once typed, this letter lay out acts as a quick summary for the GP to make reference to when the letter is received and the core diagnostic information is needed at a glance. These subject headings are used to highlight the name of the drug, dosage and length of intended treatment/medication. Where the SCDS doctor wishes the GP to issue repeat prescriptions; full and clear instructions should be given. ACTION: All SCDS doctors across all sites will be reminded to clearly state the type and length of treatment needed and which care provider is required to continue treatment provision.

Fig. 6

SCDS Clinic Letter Dataset:

1) **Diagnosis – diagnosis and diagnosis site**
2) **Treatment – dosage, length of treatment (if topical), frequency of use**
3) **Follow-up – always state whether due a follow-up or discharged**
4) **Detailed Summary of the consultation including:**
   - What condition was seen on examination (including site of condition)
   - Mention of any relevant past medical history
   - Concerns from the patient which could be helpful for the GP
   - Explanation of treatment offered and if topical – including detail about dose/length/frequency of medication and obvious risks if systemic i.e. Isotretinoin, Methotrexate, Ciclosporin etc.

2 Coastal West Sussex GPs requested that SCDS are clearer when specifying who should be prescribing the drugs for more chronic conditions:

Comment 11) "It would be helpful to be clearer on what prescriptions have been supplied by the dermatology team and what we are expected to provided as ongoing prescriptions" – Coastal West Sussex GP

Comment 12) "Care to be clear as to what has been done / prescribed and what GPs may need to do... I.e. no letters saying "he would benefit from" etc as that does not make it clear who is supposed to be acting" – Coastal West Sussex GP

SCDS doctors should always state if they have issued the drug and what the expectations are on the GP to ensure it's clear to the patient who is continuing the prescriptions if these are needed. ACTION: All SCDS doctors across all sites will be reminded to clearly state which provider, SCDS or GP, are to continue the

patient's treatment. If this is the GP, SCDS clinicians should be direct and clear when requesting this transfer of care, rather than using 'woolly' phrases which could be confusing. This will be feedback into clinical meetings.

1 Coastal West Sussex GP wrote a general comment regarding the issue of prescriptions in SCDS:

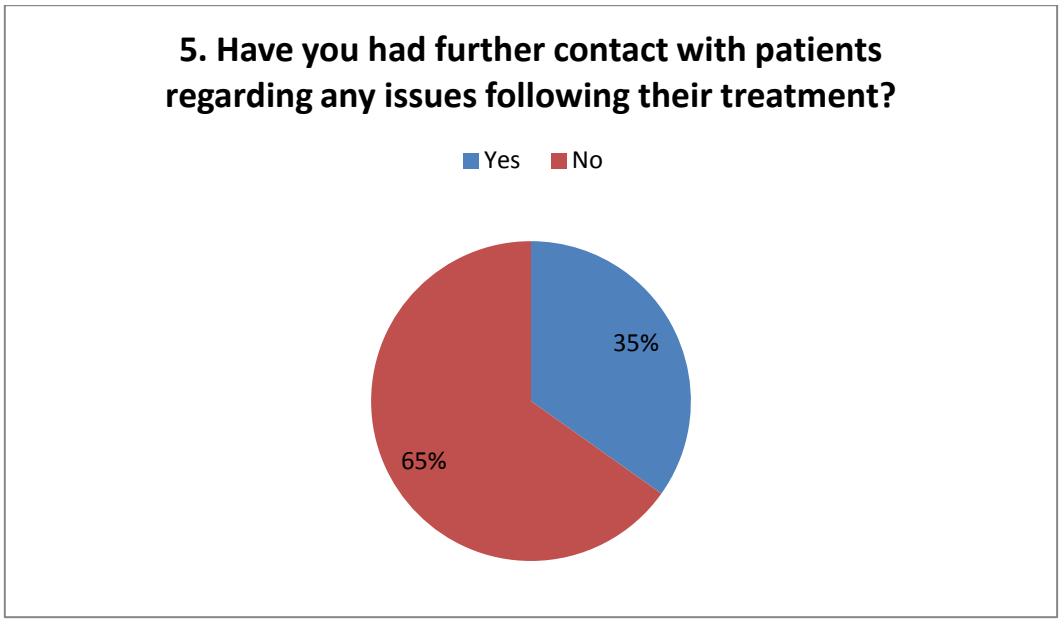
Comment 13) "Shame script can't be given, patients often turn up to practice next day wanting script sorted" – Coastal West Sussex GP

As per the response to *Comment 4*, our doctors may make drug recommendations in letters for patients with chronic skin conditions, particularly if the GP could have initiated these drugs in primary care or if they are unrelated to the presenting problem during the appointment. Where medication is required on acute grounds, the SCDS clinician should issue a 7 day script which will cover them until the GP can issue a script for the patient in primary care. If the patient is due to receive a script from the GP for continuing treatment, SCDS should advise the patient not to attend the GP surgery until they have received a copy of their clinic letter which will indicate that the GP would have the received the instruction as well. All clinicians have been trained to do this but it can be reinforced in clinical governance meetings. ACTION: All SCDS doctors across all sites will be reminded to advise patients to allow for 48 hours prior to visiting the GP surgery for a repeat/new prescription.

3.5 – Question 5: Have you had further contact with patients regarding any issues following their treatment?

As highlighted in Fig 7, 65% of responding GPs hadn't had any issues with SCDS patients following treatment with SCDS. 35% of GPs had received further contact with patients regarding any issues following their SCDS treatment.

Fig. 7



Q5 Comments:

We asked the GPs "If yes, please specify below..." and 12 GPs replied.

2 GPs again commented on the issue of prescriptions:

Comment 14) "Only that they may come in requesting medications etc before a letter has been received" – Horsham and Mid Sussex GP

Please see explanation to *Comment 13* on previous page.

Comment 15) "Occasionally to ask for further scripts for e.g. Haelan tape etc Some borderline substances that meds mgt don't always allow us to prescribe etc" – Horsham and Mid Sussex GP

SCDS adhere to all local CCG formulary restrictions and understand that there are some medications that GPs are unable to prescribe in primary care. SCDS also work from a tailored drugs formulary via TPP SystmOne (Electronic Patient Record system) which updates the clinicians regularly as to which drugs are outside of the primary care remit. If a GP is unhappy to continue prescribing a medication suggested by a dermatologist, the GPs usually contact the service and are either a) suggested an equivalent drug or b) the patient's care is continued within SCDS until treatment is completed.

Comment 16) "Pseudomonas wound infection" – Coastal West Sussex GP

Comment 17) "wound infections" – Coastal West Sussex GP

All patients are advised that they may contact us following surgery if they have any patients. Our wound infection rates are audited and have consistently been less than 1% despite over 4000 procedures per annum. The clinical and nursing team are always happy to see patients if they have any problems. Following surgical treatment, high risk patients (i.e. patients receiving complex surgery, large excisions or ulcerated lesions etc.) are offered prophylactic antibiotics. SCDS always offer patients urgent follow-ups if concerned about a wound. We provide them with contact with a dedicate helpline. Some patients prefer to visit their GP surgery which may account for these responses quoted above.

Comment 18) "further relapses" – Coastal West Sussex GP

Comment 19) "Recurrent issues - request referral back e.g. after a year or so" – Coastal West Sussex GP

Comment 20) "Patients find it difficult to accept not a cure in some conditions"- Horsham and Mid Sussex GP

Comment 21) "May need review appointment with own GP for ongoing treatment" – Coastal West Sussex GP

Comment 22) "Routine follow-up" – Coastal West Sussex GP

Comment 23) "Can't recall off hand, but inevitably further problems or questions get raised sometimes"- Crawley GP

Comment 24) "Failed treatment with no access to follow-up requiring re-referral (not very often and I appreciate the sheer volume of throughput means this will happen)" – Horsham and Mid Sussex GP

Comment 25) "return or struggling with symptoms, but all I had to do is tell then to use the patient helpline number which is found on their letter. Very useful" – Horsham and Mid Sussex GP

Comments 18-24 illustrate that GPs play an important role when working with dermatology services to support the holistic and overall care provided to the patient. At all times, clinicians try to reduce the burden of workload on primary care and support patients so that they can help self-manage their conditions. By their nature, many conditions such as eczema and psoriasis will need ongoing care by their GP and repeat prescriptions. Access for patients can be a problem with respect to this in primary care with patients waiting 2-weeks or more for routine appointments at some surgeries. SCDS doe not provide a service that manages such patients. With respect to patients who need another appointment, we have a responsive service and will always book an appointment if they have been seen previously within 3-months of discharge. Administrators have full access to patient data and can action this immediately, booking patients into clinics without any further GP referral. The number of patients returning to the service under these circumstances is very low.

See Fig. 8 below which is an extract of the SCDS Patient Access Policy:

Fig. 8

> If after discharge a patient feels they wish to be seen again, if within three months of the referral the patient can contact SCDS directly and the administration team will liaise with the clinician to see if another appointment is clinically appropriate, or whether verbal advice can be offered to the patient and/or GP.

3.6 – Question 6: How do you feel our service could be improved? [Please state] : < free text >

As highlighted in detail in Fig 9 overleaf, SCDS received only free text responses to this question and received 53 comments and suggestions.

44% of answers to Question 6 were positive and GPs were very happy about the SCDS service provision (see comments highlighted in green). 56% of comments were considered suggestions to **improve** SCDS service provision (see comments highlighted in yellow), majority of which have been addressed earlier in the audit and referenced below.

Fig. 9

Comment No.	GP Comments	GP CCG	SCDS Response
26	*I cannot think of any improvements. It is an excellent service*	CWS	
27	*As far as I am aware both clinicians and patients are appreciative of a prompt and effective service. Please keep up the good*	CWS	

	work!		
28	*To include children would be v useful.*	CWS	NOT ACCURATE. SCDS do accept paediatric community dermatology referrals and 8% patients seen are children. SCDS have a paediatric trained consultant and nurses. GP needs to read the guidelines that are freely available.
29	*Have an agreed formulary with GP colleagues so that you don't suggest items that we feel unable to prescribe.*	CRW	As discussed in response to *Comment 15,* SCDS adhere to all local CCG formulary restrictions and understand that there are some medications that GPs are unable to prescribe in primary care. Communication between medicines management at CCG's and SCDS could be improved.
30	*You could arrange to issue the first prescription from your service. Tell patients that your letters will take a week to get to the GP and allow an additional 48 hours for routine prescriptions. If your consultants have seen a patient privately, they do not need to write to the GP to ask for an NHS referral - they should book them in directly.*	HAMS	**Re: Prescription Issue**, please refer to *Comment 4* and *Comment 13*. **Re: Private Referrals**, SCDS are now able to accept direct private referrals from private consultants (only for treatments that fall under NHS criteria) under DH Code of Conduct for Private Practice (Jan 2004).
31	*Would you be happy for GP's to sit in your clinics?*	HAMS	SCDS welcome any GPs to sit in on community clinics. ACTION: SCDS to ensure that GPs are aware that clinic observations are welcome – contact: tamara.coyne@nhs.net.
32	*I am at times a little unclear about you won't accept i.e. what should go direct to the hospital. Ideally a single point of entry which is then triaged by you would be better*	HAMS	SCDS's inclusion criteria list across all CCG is available on SCDS and CCG websites (explained in response to *Comment 1*. They are distributed in newsletters. SCDS work with 3 CCGs across Sussex and each CCG has a different entry point for referrals via an RMS set up (Referral Management Service). CWSCCG RMS services are live and HAMS/CRW CCGs are going live shortly. This will be easier for HAMS/CRW GPs as will be referring to a single point of entry as this GP has suggested. Services within the hospital at CWS at deteriorated significantly putting pressure on commissioned SCDS services.
33	*Overall it gives a good service. I have no particular suggestions on improvements*	CRW	
34	*it works very well and provides an excellent service*	HAMS	
35	*Can't really think of anything - on a couple of occasions I have requested patients to be seen within days rather than weeks and this has always been accommodated*	HAMS	
36	*I think it's great currently. Educational events are always welcome...*	CWS	SCDS offer GP training via the SEEDS training dates. Our last CWS educational meeting had 63 GP"s attend! ACTION: SCDS to ensure that GPs have access to the GP SEEDS Agenda (South East Education - Dermatology) – SCDS to share with CCG for distribution.
37	*You should do the initial prescription as it's not always easy for patients to arrange script and we have to telephone patient to say we have done one or check whether script has been provided. Also is skews the cost of the service as hospital does prescribe.*	CWS	**Re: Prescription Issue**, please refer to *Comment 4* and *Comment 13*. The hospital receives a full PBR tariff and full follow-up tariff.

38	*More use of information leaflets for patients - very helpful*	HAMS	SCDS provide all patients with patient information leaflets (PILs) following a new diagnosis – this allows the patient to understand more about their condition. These patient information leaflets are available on a website[3] link.
39	*Personally as an ex GPSI with 25 years experience I find it frustrating when I send in a complex/puzzling case only to have it seen by another local GP who does not add much to the party. I feel that someone of my experience with a problem should have a consultant or more experienced dermatology doctor (e.g. Dr Das) review the case I send. Apart from that it is very helpful service that I appreciate. Thanks!*	HAMS	The majority of SCDS GPwSPI Dermatology doctors, Clinical Practitioners and GPwSPI Trainee clinics are consultant-led. Very rarely do SCDS run solo non-consultant clinics. This allows for a second expert opinion and reduces the number of follow-ups needed for the patient. The SCDS triage team are very aware that sending a GP's case to inexperienced GPwSPI would not be beneficial to the patient or referring GP. If a GP specifically request the advice of a Consultant, SCDS will always try to ensure this is available at the patient's appointment.
40	*I am happy with what you are offering*	HAMS	
41	*no comments for improvement at present*	HAMS	
42	*Publishing waiting times , always nice to be able to confidently tell patients how long they can expect before their appointment*	HAMS	All patients are seen within 6 weeks from referral to first appointment. The SCDS average waiting time is 3-4 weeks. All SCDS indicative waiting times are published on ERS per SCDS clinic location.
43	*I think the service is brilliant. Particularly very helpful to be able to call for advice and waiting times are short. An emphasis in the clinic letter on a possible second line treatment the GP could offer next would be really useful too.*	CRW	
44	*maybe less post back ... just write on system one and send letter if prescribing or another action needed*	CWS	SCDS have reduced the amount of post back to primary care by using nhs.net email via SystmOne for all clinical correspondence to GPs.
45	*A call in advice line for quick queries*	CWS	SCDS have a call in advice line dedicated to GPs – 01903 703272. ACTION: SCDS to update GP of contact details to ensure primary care providers have direct access to advice when needed.
46	*Some patients that are discharged but offered to contact you if ongoing problems aren't aware of this, even if it's in your letters. So they come back to us for follow-up instead and we have to re-direct them, losing an appt. could you see 2 week rules as well?*	HAMS	**Re: Discharging patient issue,** please refer to response to *Comments 18-24*. **Re: 2WWs**, SCDS aren't commissioned to see 2WW referrals at the moment and these still remain a secondary care service.
47	*Overall a good service. On infrequent occasions I have been asked to do inappropriate tasks such as refer a patient to the PIN panel for a treatment I knew nothing about.*	CWS	If a referral is sent to SCDS and falls outside of our commissioned inclusion criteria, SCDS are required to reject these referrals. If the GP feels that the patient is entitled to NHS treatment *still*, the patient should be referred to the IFR panel at the CCG from primary care. If SCDS sees a patient and an SCDS doctor feels that the treatment is not appropriate for NHS funding i.e. laser therapy for severe acne scarring, SCDS will refer direct for prior approval and will not ask the GP to do this – reducing the pressure on primary care.
48	*Keep up the good work, many thanks*	HAMS	
49	*Please share your clinical records with us on*	HAMS	SCDS share records with GPs who use SystmOne

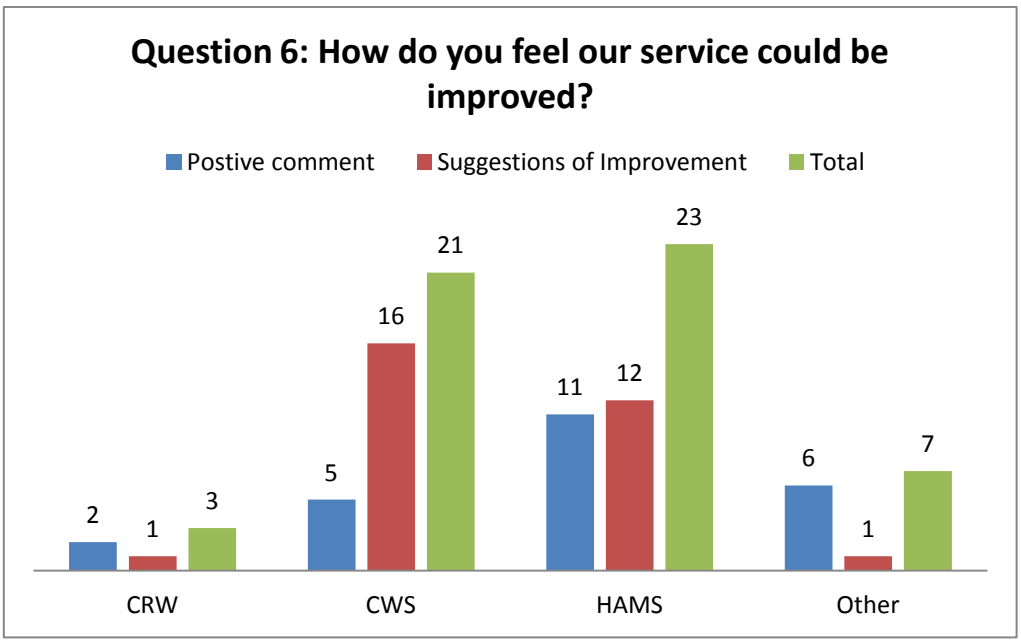
[3] http://www.laserandskinclinics.co.uk/nhs/patient-information-nhs/

	TPP SystmOne, thanks		where possible however the patient needs to consent to data sharing prior to this sharing feature being turned on.
50	*being able to accept/refer 2 week rule, I understand Kent comm. derm does/has this remit*	HAMS	SCDS aren't commissioned to see 2WW referrals at the moment and these still remain a secondary care service.
51	*No obvious deficiencies in this excellent service.*	CWS	
52	*Make sure instructions given how long treatments to be used for, especially steroid creams.*	HAMS	Please refer to response to *Comments 18-24*.
53	*More educational events - although I note that SEEDs has been resurrected*	CWS	SCDS offer GP training via the SEEDS training dates (action point included above).
54	*Pictures within communications would be useful, as patients often return reporting changes since they've been seen*	CWS	SCDS currently utilise the photograph attachments function on SystmOne where photos can be assigned to patient record electronically during and post clinic. ACTION: SCDS to look at ways of integrating clinical photography where relevant, into clinical correspondence back to the GP.
55	*It could not be improved, it is an excellent efficient service*	HAMS	
56	*Keep up the good work!*	Other	
57	*Continue doing what you're doing.*	Other	
58	*It is excellent not much room for improvement*	Other	
59	*Not at all. Well done.*	Other	
60	*Very good service and good feedback from patients already*	Other	
61	*More of the cases reviewed by consultants/senior dermatologist.*	Other	SCDS are continuously recruiting Consultant Dermatologists, despite the shortage nationally and this will in turn increase the cases reviewed by Consultants. We now have 12 Consultant Dermatologists and a higher ratio of consultants to GPwSPI's than any previous years. The majority of SCDS clinics are Consultant-led and a Consultant's advice is available to majority of patients where needed.
62	*It is super!*	Other	
63	*excellent service I never refer to alternative providers as very satisfied*	HAMS	
64	*I have no suggestions for improvement , it seems to work very well*	HAMS	
65	*It would be nice if you could provide your own prescriptions - at least to start with. In addition there is a tendency for patients to be seen once with chronic skin conditions and discharged instead of leaving open access resulting in repeat referrals*	HAMS	**Re: Prescription Issue**, please refer to *Comment 4).* **Re: Discharging patient issue,** please refer to response to *Comments 18-24.*
66	*Continue the good work*	HAMS	
67	*If patients were given more advise on duration of treatment.*	CWS	Please refer to response to *Comments 7-10*.
68	*To be honest been very happy with it so far.*	CWS	
69	*You have become a heavy user of our liquid Nitrogen.*	CWS	SCDS have investigated this issue and this comment was written by a GP based at a location SCDS work from weekly. The reason for the heavy use of LN was

			due to a fault with the dewer and it was leaking.
70	*An excellent service - more of the same please*	CWS	
71	*Add a pigmented lesion service*	CWS	SCDS run combined clinics seeing a whole range of dermatoses each clinic. The reason for this is to not limit the clinicians to a certain dermatological case mix which increases capacity and avoid increased waiting times. All pigmented lesions are triaged to clinics with a consultant present to ensure accurate and efficient diagnosis of the lesion can be made. This reduces the risk for the patient.
72	*possible access to email advice, certain referrals are a little bit iffy and can be frustrating when I'm not 100% sure it's worth referring patient is pushy referral made and then they are told nothing else can be done.*	CWS	SCDS have an email address which is monitored daily and is accessible for GPs to use for advice and guidance (gpreferral.sussexcds@nhs.net). SCDS also accept Advice and Guidance correspondence via ERS.
73	*I am satisfied with it as it is*	HAMS	
74	*Taking ownership of care and not dumping back on primary care.*	HAMS	SCDS try to continuously attempt to reduce the pressures on primary care and are happy to discuss processes and procedures that will limit administration and patient queries to GPs and practice staff. SCDS discharge appropriate patients who are able to be treated for their dermatoses in primary care, which in turn reduces waiting times for dermatology patients across Sussex and allows more capacity for patients with more complex and severe dermatoses to be treated quickly and effectively by a dermatologist.
75	*Excellent service, with good diagnosis and feedback. With clear and concise letters and patients seen rapidly!!!*	HAMS	
76	*On the whole, this is a very good service for our patients. A huge benefit was the prescribing of medication using SystmOne by the dermatology clinician and thereby avoiding creating additional work at the GP practice. However, in recent months, this has slipped a little with one or two clinicians asking us to do the acute prescribing -steroid creams, psoriasis meds*	CWS	Please refer to response to *Comment 4*.
77	*Be able to prescribe medications. Be able to follow up patients for a longer time period*	CWS	**Re: Prescription Issue**, please refer to *Comment 4).* **Re: Discharging patient issue,** please refer to response to *Comments 18-24.*
78	*Would be helpful to have a list sent around of the derm problems you are happy to deal with - or maybe those that you don't accept. I'm still vague on who does skin patch testing!*	CWS	SCDS do patch testing within our commissioned services. See the response to *Comment 1* for the link to the SCDS GP Referral Guidelines.
79	*Waiting times could always be improved as by the time we refer patients they have usually already waited quite some time but we do understand pressures on the service and generally find it invaluable.*	CWS	SCDS see patients quickly and average waiting time is around 3-4 weeks for a routine referral to be seen for a patient's first appointment! This is a fast turnaround by comparison to the local Acute Trust Dermatology Units which are on average at 16-18 weeks.

In addition – it's interesting to see that Horsham and Mid Sussex GPs were the most complimentary GPs about the service and Coastal West Sussex wrote proportionally more suggestions on how to improve the service. See Fig. 10 below, which breaks Q.6 into CCG categories:

Fig. 10



4.0 Conclusion and Action Plan

The overall conclusion from this GP Satisfaction Audit is that a high percentage of GPs in West Sussex are **satisfied** with the community dermatology services that SCDS provide to patients. Considering SCDS have received in excess of 18,000 referrals across the 3 CCGs within the last contract year (see Fig. 1), the small number of GP complaints is extremely encouraging to report.

Across the entire audit, SCDS received 79 written compliments and suggestions direct from GPs on how we could improve services. This is a large uptake considering the time pressures on GPs in primary care. The main issues that need to be addressed were related to prescribing, GP access to advice and guidance, GP access to educational events i.e. SEEDS, Patient access to dermatology information leaflets and GP/Provider data sharing.

To tackle some of these issues, SCDS have collated a list of ACTIONS which will be completed between April 2018 and March 2019, no doubt helping improve dermatology services in the area for GPs.

- **All SCDS doctors will be reminded to clearly state when a full skin check is performed on clinical correspondence back to the GP.**
- **All SCDS doctors across all sites will be reminded to clearly state the type and length of treatment needed and which care provider is required to continue treatment provision.**

- **All SCDS doctors across all sites will be reminded to clearly state which provider, SCDS or GP, are to continue the patient's treatment. If this is the GP, SCDS clinicians should be direct and clear when requesting this transfer of care, rather than using 'woolly' phrases which could be confusing.**
- **All SCDS doctors across all sites will be reminded to remind patients to allow for 48 hours prior to visiting the GP surgery for a repeat/new prescription.**
- **SCDS to ensure that GPs are aware that clinic observations are welcome – contact: tamara.coyne@nhs.net.**
- **SCDS to ensure that GPs have access to the GP SEEDS Agenda (South East Education - Dermatology) – SCDS to share with CCG for distribution.**
- **SCDS to update GP of contact details to ensure primary care providers have direct access to advice when needed.**
- **SCDS to look at ways of integrating clinical photography where relevant, into clinical correspondence back to the GP.**

As a result of this GP Survey, processes within SCDS will be changed and improved, which in turn will improve dermatology services across West Sussex for GPs, and most importantly for their patients.

Audit report written by: Anna Baldwin, Regional Service Manager, SCDS
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