

# Consultation/Engagement planning

1. Project Title: **Re-procurement of community dermatology services**

2. Project Lead: **Chris Bridle**

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## 3. A description of the project

### a. Describe the consultation (what are we changing and why?)

Dermatology is the branch of medicine concerned with the skin and its disease.

Approximately 1600 people in Leeds use community dermatology services at any one time.

The contracts for Leeds community dermatology services are ending during 2013. The contracts are currently held by Assura, Leodis and St Lane. Over the next few months we will be accrediting services interested in providing community dermatology services in Leeds. NHS LWCCG will then offer contracts to suitable providers.

We want patients to share their experience of using community and acute dermatology services so that we can develop contracts which meet patients needs.

### b. What is the level of service change?

Service change level two – **Minor change** (Need for modernisation of service)

More formalised structures in place to ensure that patients/ service users/ carers and patient groups views on the issue and potential solutions are sought.

### c. Outline the key objectives

- Maintaining service continuity
- Maintaining a high quality of service delivery
- Ensuring service meets the needs of patients
- Reducing cost and providing value for money

### d. Outline expected outcomes

- 100 dermatology patients to respond to the consultation giving a 10% margin of error (95% level of confidence).
- A representative section of the population respond
- Evidence that participant feedback influenced the decision making
- Patients were satisfied with the consultation process
- Increase in people joining the LWCCG PPI Network
- CCG satisfied with the consultation exercise

### e. To what extent will patient involvement affect the outcome?

The consultation will give insight into the experience of community and hospital dermatology patients. The feedback given by patients may be used to amend the service contracts and shape future consultation events.

OSC may be involved

**f. How does the project contribute to LWCCG organisational priorities?**

- Enhancing the quality of life for people with long term conditions
- Ensuring that people have a positive experience of care
- Treating people in a safe environment, avoiding harm
- Helping people recover from ill health or injury

**4. Pre-consultation information**

**a. Have we done something similar before?**

Patient involvement in previous dermatology procurement was limited.

**b. How can we avoid duplicating work?**

N/A

**c. What learning can we use from previous events?**

Evaluation from previous patient events at LWCCG suggest the following groups have been underrepresented:

- men
- a number of black and minority ethnic communities
- young people
- people between the ages of 17 and 55
- the gay community
- people from postcodes in our area who did not attend the event

**5. What timescales are you working to?**

(include planning implementation, evaluation and feedback)

A consultation plan will be developed by Fri 15<sup>th</sup> Feb

Consultation period will run between March and April 2013

Report will be completed by end of April

Patients will receive feedback by mid April

**6. Engaging with our stakeholders**

(consider using a stakeholder mapping tool)

**a. Who is the change going to effect and how?**

- Skin disease affects people of all ages
- It is the most prevalent disease in under 16s (1 in 5 babies have eczema)
- It is the second most common disease in adults
- Each year 24% of the population present to their GP with a skin problem.

It is expected that the re-procurement of dermatology services will have a low impact on patients as the existing service is simply being extended and the same service will be provided regardless of provider. There may be changes in venues and there is an opportunity to incorporate patient feedback into the new contract.

**b. What methods will we use to recruit?**

- Focus group with the Dermatology user group
- Patient survey
  - Distributed to community dermatology clinics across the city
  - Added to the LWCCG website
  - Distributed to GP practices
  - Distributed to Leeds LINK
  - Distributed to the national Eczema Society - Bradford and district group
  - Links to survey to be tweeted

**c. What will we do to engage previously under represented groups?**

Involvement facilitator will attend community dermatology clinics to complete surveys with patients. Different clinic locations will be used and these will be carried out at different times of the day/week. This approach will ensure a random sample.

**d. What methods will we use to engage? how will this change for different groups?**

Patient surveys and a focus group will be used to engage. The patient survey will be distributed using clinics, GP practices and will be promoted using twitter and the web.

**e. What local knowledge can support recruitment and engagement?**

The work will be supported and promoted by community clinics and the Dermatology user group.

**7. What resources do you need?****a. Who is on your project team?**

Commissioning Lead	– Diane Saunders and Steve Leville
Comms lead	- Carolyn Walker
PPI Lead	- Chris Bridle
Project Support	- Shazia Nazia

**b. What other staffing do you need?**

n/a

**c. What other resources do you need (equipment, venues etc)?**

PPI toolkit for focus group  
Venue for focus group

**8. What are your consultation/engagement questions?****a. How will you pilot the questions to ensure they are suitable?**

To be agreed by project team

**b. How will you demonstrate that you have consulted with a representative sample?**

We will include equality monitoring in the survey and this will be evaluated in the report

**c. How will you ensure anonymity with your results**

Patients are not required to give their name

Names given will be for the purpose of PPI network development and feedback

**d. How will participants evaluate the event?**

Focus group participants will be invited to fill in an evaluation form

**9. Results**

**a. Who will collate the results?**

Shazia will collate the results

**b. Who will analyse the results?**

Chris will analyse the result

**c. Who will write the report?**

Chris will write the report

**d. How will you use the feedback – what will you do differently?**

The feedback will provide general patient insight to the NHS Leeds West CCG patient Insight group. The feedback will also be used to develop the contract

**10. Feedback and evaluation**

**a. How and when will you feedback to your participants?**

Following the consultation a report will be written and distributed to patients who gave feedback. Participants will receive a briefing outlining outcomes once the contracts have been written.

**b. What will you feedback?**

The report will outline the consultation planning, process, findings and recommendations. The briefing will detail outcomes from the consultation and explain how patient feedback has been used in the procurement exercise.

**c. How will you use the evaluation to improve future events?**

Patient insight from the event will be fed into the NHS LWCCG Patient Insight Group. Findings from the event will be used to develop future patient engagement initiatives.

**d. Will there be ongoing feedback or a follow-up event?**

Patient involved in the project will receive a report and a follow-up briefing to outline changes made as a result of the consultation.