Agenda Item No: **6** 



# **Health Scrutiny Panel**

6 February 2014

### Report title

### **Community Dermatology Engagement Plan**

Cabinet member with lead

responsibility

Councillor Sandra Samuels

Health and Well Being

Wards affected All

Accountable director Sarah Norman, Community

Originating service NHS Wolverhampton City Clinical Commissioning Group

Accountable person Sharon Sidhu Commissioning Solutions & Development

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Report to be/has been

considered by

None

### Recommendation(s) for action or decision:

The Panel is recommended to:

- Support the community dermatology engagement exercise being undertaken by Wolverhampton Clinical Commissioning Group in relation to the procurement of the community dermatology service.
- 2. To comment on the proposed public engagement exercise.

### This report is PUBLIC [NOT PROTECTIVELY MARKED]

### 1.0 Purpose

1.1 The purpose of this report is to brief the h the Health and Scrutiny Panel on Wolverhampton CCGs community dermatology service engagement plan and get their views on the planned engagement plan.

### 2.0 Background

- 2.1 Wolverhampton City PCT previously commissioned a Community Dermatology Service in order to meet the increasing demand and prevalence of common skin disease in Wolverhampton. The service was also commissioned in response to the need to deliver Care Closer to Home. Dermatology is also identified by the Department of Health as being suitable for community provision (Shifting Care Closer to Home, 2007).
- 2.2 In August 2011 the Community Dermatology Service was suspended by the PCT due to issues relating to Care Quality Commission registration. Devoid of a community dermatology service, the PCT opened discussions with The Royal Wolverhampton NHS Trust to ensure the immediate clinical demand could be met
- 2.3 Although The Royal Wolverhampton NHS Trust has been providing an interim service since 2011, recent advice from the procurement team advised that the service would have to be formally procured. The CCG Governing Body approved the decision to procure a community dermatology service on the 12 November 2013. The Royal Wolverhampton Hospital Trust will continue to provide an interim service until the new community dermatology service commences on the 1 April 2015. The details of the proposed patient and public engagement plan are outlined under Section 3.

#### 3.0 Discussion.

3.1 As part of any procurement process the CCG has a duty to engage with patients and the public on any proposed service changes and ensure that any feedback is considered in the development of the service specification.

The community dermatology engagement plan is detailed below:

<b>Engagement Activities</b>	Location	Dates
Dermatology Focus Group	Science Park	5 February 2014
Sessions (comprising of		2 Sessions with 12 people in
members from patient		each session (10.00am -
engagement network		12pm) and (5.30pm to
database)		7.30pm)
Engagement with existing	Royal Wolverhampton	February 2014 (Dates TBC-
service users of Dermatology	Hospital Trust	anticipated length of
Service at The Royal	(Dermatology	engagement is a fortnight)
Wolverhampton Hospital Trust	Outpatients)	

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Pop Up Shop Sessions	Mander Centre	28 February and 1 March
		2014

Patients and the public will also be able to make comments online via the CCG website <a href="https://www.wolverhamptonccg.nhs.uk">www.wolverhamptonccg.nhs.uk</a> or in writing.

### 4.0 Financial implications

4.1 The key drivers for the development of a community dermatology service are to provide a local, accessible and cost effective service for patients.

### 5.0 Legal implications

5.1 Wolverhampton CCG is responsible for engaging with patients and the public regarding proposed changes to existing services.

### 6.0 Equalities implications

6.1 The Community Dermatology Service Specification will adhere to equalities legislation and an Equality Impact Assessment will be undertaken on the new proposed service.

### 7.0 Environmental implications

7.1 Not applicable.

#### 8.0 Human resources implications

8.1 Not Applicable.

### 9.0 Schedule of background papers

9.1 Briefing Paper – 19.12.13 Health Scrutiny Panel Meeting