

# A clear path to success

The dermatology service at Laurie Pike Health Centre offers next day urgent appointments, routine appointments within a week and has DNA rates of around three per cent. This success is in part due to efficient management and a slick paperless administration system. SUZANNAH WRIGHT finds out more



As any British sports person will tell you, success can bring unwanted pressure as well as welcome acclaim. While you might not face media scrutiny, or the weight of a nation's expectations, thanks to successful pathways, you might encounter the other pressures associated with doing something well. Create a service which answers local needs, is easy to access and satisfies patient requirements, and you could find yourself with rising referrals, and a spiralling work load.

The secret, of course, is to build a service with the flexibility to cope with this rise in demand. At the

Laurie Pike Health Centre, Birmingham, the team has created a successful dermatology service which maintains a high level of access and satisfaction despite rising referral rates.

Dr Naresh Rati is the lead clinician on the team, and the success must be partly attributed to his reputation and championing. But, as he points out, clinical expertise is only part of the story. "I can be as good a GPwSI as I like, I can be the best dermatologist in the world, but if I haven't got the systems behind me to run a really slick service it won't be successful."

## BACKGROUND

The Laurie Pike dermatology service is based over two sites and provides cryotherapy, minor surgery and laser surgery as well as specialist diagnosis and treatment. It was set up in May 2007 as a PBC initiative. Initially, the service was only available for neighbouring GPs but demand soon grew from the rest of the PCT. "We were able to offer a much faster service than the local hospital and at below tariff," says Dr Rati. "Within six months we had expanded to take referrals from the whole of the PCT as well as the two/three neighbouring PCTs. Now, two years on, I think we see more community dermatology patients than the local hospital does."

From April 2008 to March 2009 the service saw just over 2400 patients, but referral rates continue to rise and current figures suggest the number for the 09/10 year will be higher than this. The clinic is seeing on average between 200-250 patients, with about 150 of these being new referrals.

The service is provided by two GPWSIs, two GPs who are training for GPWSI accreditation, a specialist nurse, and a consultant dermatology provides mentorship. This team is supported by just one administrator, with another trained to offer support in case of sickness or leave. "Our referrals have gone up week on week, month on month and we can still offer a service of an urgent waiting appointment for the next day. Routine within one week," says Dr Rati. "The hospital DNA rates are around 20 per cent and our DNA rates are less than three per cent, which is phenomenal. We also do patient satisfaction surveys every month and in the two years we've never had a single complaint and the satisfaction surveys have been sky high."

## SMOOTH OPERATIONS

This success side thanks not only to efficiency of the administrative support, says Dr Rati, but to the practice manager in place when the service was established. "We had a brilliant manager who set up our database and telephone systems. She came from a commercial background so she brought that commercial knowledge rather than an NHS background."

The manager introduced, for example, a telephone booking system and follow up procedure which has kept DNAs low. The dermatology has a dedicated phone line so that patients can access the clinic even when surgery lines are busy. If a patient hasn't confirmed their appointment two or three days before they are rung to confirm the booking. Patients can also contact the clinic via fax and email, and appointments are offered from 9am through to 7.30pm.

"That sort of modelling we see from the industry but we don't necessarily see in the NHS. That is something that has had a remarkable effect, certainly on our DNA rates and our satisfaction rates," says Dr Rati. The practice manager also worked with Dr Rati to build a bespoke database and administration system using Microsoft Excel, which has enabled the clinic to run completely paper free.

"There are no letters; no dictation. When the patient is with us we type it all up on to the system which generates the discharge or clinic letter automatically and that gets emailed or posted back to the GP," says Dr Rati. "The letters all have electronic signatures. Much of the service, I would say is systems led as opposed to relying on people. And once you set the systems up it's easy to keep that service going. People go off sick or they move and so on, so we don't want a system that relies on too much manual staff."

It's a message that is especially pertinent as the country gears up for high absence levels in flu season, and all the more impressive since the system was built in-house.

Clinic administrator Rahima Khanam adds that this paperless system makes it very easy to keep track of patients and their appointments. "We have a folder system set up where patients are filtered and placed in the appropriate folder – for example patients who need appointments, minor ops and follow up appointments. This helps to identify very quickly which appointments need to be booked and in what clinic."

The clinic also has a streamlined pathway which ensures patients are seen quickly by the right person. "We operate a triage service so all the referrals are filtered into the appropriate clinic," says Dr Rati. "We cut down the number of visits that patients are seen and they're filtered into the right clinician at the right times. This makes sure that patients aren't being bounced from one person to another."

While the service has been successful in reducing waiting times and streamlining care, it is harder, says Dr Rati, to demonstrate reductions in referral rates. "If you look at it at a macro level all referrals across all specialities have gone up year on year and dermatology has not been an exception. The problem is GPs think 'actually, I can deal with this rash'. Previously the patient would need to wait eight to 10 weeks to see a consultant in the hospital but they can now see us within a week. So the thresholds for referrals into community service has dropped slightly. There has been an unmet demand, as it were. I think that's modelled through now and over the next six months we will start to see the impact in terms of reducing overall into secondary care." ■