

Salford HS Final Project Report

OUTCOMES ACHIEVED AND
SUCCESSSES:

The focus of this joint working project between Sanofi and Salford Royal NHS Foundation Trust was to understand and improve the patient journey and experience within the specialist Hidradenitis Suppurative (HS) service. (Salford Royal Hospital is now part of the Northern Care Alliance [NCA])

The project aimed to:

- Define the Optimum Pathway for HS reflecting end to end improvements (as required) and with a focus on addressing areas of unwarranted variation.
- Review and enhance the referral criteria for patients coming into the service to ensure that more suitable patients are seen by the clinical team.
- In identified patients, ensure that appropriate biologic treatment is started in a more-timely manner through a system wide, standardised operating model.

The project objectives were to:

- Ensure equity of pathway access, provision, and experience for patients with suspected severe HS through reductions in unwarranted variations in care.
- Enable clinically safe and effective risk stratified using better referral criteria and processes which allows for more suitable patients to be seen in the specialist HS clinic.
- Better understand options related to the onward delivery model of care related to the shared care pathway which optimise clinical outcomes, regional resource utilisation and contracting opportunities.
- Explore the development and roll out an effective Patient Initiated Follow Up (PIFU) model of care within the HS service.

A detailed analysis of referrals, activity (new & follow-Up against planned) waiting times and waiting list, population health analysis by place, capacity and demand and biologic-treated patient numbers was undertaken at the outset of the project and again at 12 and 18 months into the project and shared with the clinical leads and operational manager.

The analysis helped to inform the implementation of several changes to the service over the last 2 years to support the clinic to better manage patient demand and reduce waiting time for patients.

This has included:

- Increase in clinic capacity from August 2022 with additional clinics provided by Dr Yiu which provided capacity for an additional 3 New Appointments and 4 Follow-Up appointments per month.
- Moved HS clinic day from a Monday to a Tuesday from September 2024. Prior to this the service was missing at least 4 clinic days due to Bank Holidays which significantly impacted on the services ability to cope with demand.
- In addition, HS patients have been seen in general dermatology outpatient clinics and some additional waiting list clinics to help with reducing the number of long waiters.

A **population health analysis** was undertaken in August 2022, to review where referrals were coming from to the Salford HS service and compared this with expected levels of referrals to produce a rate of uptake of HS service per 1,000 population for patients with severe HS. This identified that the uptake of HS service was significantly lower within ICBs outside of Greater Manchester including Cheshire & Merseyside ICB. The service had planned to deliver education to referring Trusts outside of Greater Manchester to support the referral of appropriate patients to the specialist service, but this has been put on hold due to the service struggling to manage existing demand.

Patient surveys were conducted as part of the project to obtain patient feedback on their experience of the service:

- A **Patient Survey** was conducted in February 2023. The key findings from the survey were:
 - All Patients in the service feel that staff are courteous and treat them with dignity during their consultation/examination and all the staff show them empathy.
 - Most patients feel they can ask questions while in clinic and they feel they are in good hands.
 - 20/20 are aware of any associated adverse events of treatments offered.
 - Patients feel they can talk about their worries although 20% didn't agree, important to check patients are asked about their concerns, who might be the right person to follow up concerns and be mindful some people don't like to share feelings with the opposite sex.
 - Despite the pressures in the services the patients felt they had the time they needed in the consultation.
 - There was a mixed response to how easy it is to get in touch with someone during a flare; this could be an area for improvements to be made.
 - 11 patients would be in favour of accessing an appointment when they needed it rather than routine. The 5 that answered unsure may not have understood what was being asked in the question. This is an area of consideration especially as this is aligned to the government targets of reducing Outpatient appts by 25% and having 5% on a PIFU pathway.

- A second **Patient Survey** was conducted in August/September 2024. 55/448 patients that completed the full Biologic service survey had HS. The key findings from the survey are:
 - Majority of patients were under 50.
 - 51% were on treatment for over 24 months.
 - 52% have seen some improvement in their QOL, this correlates to how satisfied they are with their current treatment.
 - 73% were happy with their current treatment.
 - 42% would contact the Biologic nursing team in the first instance if they had a query.
 - 62% live in the Greater Manchester area.
 - 26% find it difficult to get to the hospital for appointments.
 - 60% would prefer to get treatment closer to home.
 - 65% would prefer FU phone calls rather than going to the hospital for a face-to-face appointment.
 - Problems with wound care were identified by a number of patients.

In addition, a **Staff Survey** was conducted in February 2023. The key findings from the survey were:

- Average score of 4/10 when asked "how well you think the Biologic service for HS patients currently runs."

- Some of the reasons for the 4/10 scoring was, Clinic capacity in both nursing and consultant clinic, Clinic runs on Mondays, and we lose lots of activity due to the bank holidays. We don't get copies of clinic, letters or blood results, which makes prescribing unsafe and can lead to prescription delays when we must chase the referring centres for copies of documentation and results.
- When asked about what improvements could be made, some examples were, increase access to biologic service – more staff, Room space, Clinics on different days, Extra specialist nurse manpower for dedicated one stop screening and Shared care protocols.
- The impact of this on patients were thought to include Impact on condition when unable to prescribe as no capacity to see patients and causes a treatment break – then risk of not being able to recapture control, Causes impact on mental health and Poor patient experience.
- When asked to share any other details that hasn't been captured in the survey questions, 2 comments that also linked to the patient survey were;
 - “An increase in wound care service template would greatly help HS patients as the only patients currently benefitting are HS patients that are under the care of HS consultants but not HS Patients that are under the care of general derm consultants “.
 - “I spoke with several general derm consultants, and they all have patients they would refer for advice and assessment if there was a template.”

- From insights gained from the patient and staff survey and discussions with Consultants and nursing staff about the current pathway, wound care was identified as an area for improvement. The service has implemented a **Wound Care Nurse role** within the HS Clinic to provide advice and guidance to HS patients on wound care. This service was implemented following the patient survey which highlighted wound care as an issue for patients in terms of access to wound care and dressings and access to advice on wound care. This provides capacity to see 6 follow-up patients per month. This has helped to free-up Consultant capacity to focus on other patients, has enabled patients to access specialist advice on wound care and reduced delay for patients in receiving follow-up care.
- Biologics Nurses have ceased attendance at HS clinics but now see patients for screening and counselling as part of the Biologic Nurse clinics. This has freed up **Biologic Nurse capacity** and HS patients are not being disadvantaged by being seen in the HS clinic as waiting time for biologic initiation has not been affected. As part of the broader Salford Biologic Nurse project changes are being implemented to enable Nurses to focus on the prescribing of advanced therapies and not having to undertake administrative tasks associated with the prescription process e.g. chasing blood tests, checking appointments.
- There was a further increase in **clinic capacity** from September 2024 providing an additional 3 New Appointments and 4 Follow-Up appointments per month. The capacity for new outpatient appointments from September 2024 is now sufficient to enable the HS service to manage the current demands on the service. This takes account of the current numbers on the waiting list plus additional referrals per month and capacity to see new patients over this period.
- The **Patient Helpline** information has been updated to better signpost patients to accessing the appropriate contacts to deal with their specific query. This has

improved the ability of dermatology patients to get quicker responses to their queries and advice which has freed up Biologic Nurse time by not dealing with queries which can be dealt by other staff.

TIMESCALES:

The collaborative working project commenced in April 2022.

The project was completed in December 2024. However, a report pulling together the review of the pathway and changes implemented along with recommendations for further improvement was produced in March 2025 and shared with the Clinical Leads.

SERVICE IMPACT OF THE PROJECT:

The outcomes of the collaborative working project are as follows:

- Increase in Consultant Clinic capacity enabling additional patient appointments per year.
- Although the average waiting time for new patients to be seen in the HS clinic has increased this is due to the growth in long waiters since Covid and difficulty in sustaining clinic capacity over the intervening period. However, focusing on long waiters when taking patients off the new patient waiting list has helped the service to reduce the proportion of patients who have been waiting over 52 weeks. In August 2024 this was at 39% which is a reduction from 44.4% in August 2022.
- Development of Wound Care Nurse service has led to improvements in patient care and experience.
- The handling of patient queries has improved due to improvements made to the central biologic nurses helpline.

The report produced in March 2025 included the following **recommendations to continue to improve patient experience** and ensure that the clinic can cope with patient demands on an on-going basis:

1. Ensure that the HS clinic provides 35 new OutPatient Attendances per month in line with the clinic capacity to reduce the growing patient waiting list for new appointments.
2. Continue to prioritise those waiting the longest to be seen as new outpatients particularly those waiting over 65 weeks and 52 weeks to reduce long waiters and to reduce the overall average waiting time for patients to be seen. This needs to include filtering in of patients from the Closed Pathways to reduce overall waiting times for patients referred to the HS clinic.
3. Develop and implement a referral proforma to improve the provision of information within referrals to support the triage and prioritisation of referrals.
4. Review location of referrals coming to the HS clinic and review opportunities to:
 - a. Re-direct referrals to other specialist units.
 - b. Work with referring hospitals to repatriate patients for them to take on the on-going review and prescribing for follow-up patients. There should be the opportunity to take this forward with the delegation of specialised commissioning to the ICB.

- c. Implement MDT to review referrals from out of area and develop shared care arrangements with referring hospitals.
5. Explore opportunities as part of Biologic Nurse service to support the follow-up of patients via technology including DrDoctor patient engagement platform to collect monitoring information from patients e.g. PROMs, Quality of Life measures.
6. Ensure continuation of the Wound Care Specialist Nurse role in the HS clinic and explore opportunities to further expand wound care input into the clinic. This was highlighted by the patient survey as key element to improve patient experience, care and outcomes. There is the opportunity to further develop a Nurse Led Wound Care Pathway for patients who are having problems with wound care and thereby avoiding the need for the patient to wait for a Consultant OutPatient follow-up appointment.
7. Potential to direct HS Patients who have requested advice on wound care via the Patient Helpline to be directed to the HS Wound Care Nurse.
8. Plan for the expected increased growth in eligible patients on biologic treatment due to new advanced therapies becoming available. This will increase demand on the service due to new referrals and switching of patients to new treatments. There is a need to review the capacity for biologic nurses to support on-going review and follow-up of HS patients on biologics. This needs to be picked up as part of the separate review of capacity and demand for biologic nurse at Salford.
9. Data analysis has identified that there is a waiting list for follow-up. Further work should be undertaken to explore how PIFU could reduce the demand for follow-ups on the service and provide patients with the opportunity via PIFU to re-enter the service when required. The patient survey found that the majority of patients (58%) agreed or strongly agreed that they would rather access the service when needed rather than a pre-scheduled appointment.

The HS Service are implementing the following **Action Plan** based on the recommendations above.

Action	Progress as of March 2025
Ensure that the HS clinic provides 35 new OutPatient Attendances per month in line with the clinic capacity to reduce the growing patient waiting list for new appointments.	On-going
Continue to prioritise those waiting the longest to be seen as new outpatients particularly those waiting over 65 weeks and 52 weeks to reduce long waiters and to reduce the overall average waiting time for patients to be seen. This needs to include filtering in of patients from the Closed Pathways to reduce overall waiting times for patients referred to the HS clinic.	On-going
Develop and implement a referral proforma to improve the provision of information within referrals to support the triage and prioritisation of referrals.	Referral Proforma developed – awaiting NHS England approval
Review location of referrals coming to the HS clinic and review opportunities to: <ul style="list-style-type: none"> • Re-direct referrals to other specialist units. • Work with referring hospitals to repatriate patients for them to take on the on-going review and prescribing for follow-up patients. There should be the opportunity to take this forward with the delegation of specialised commissioning to the ICB. 	In Progress

	<ul style="list-style-type: none"> Implement MDT to review referrals from out of area and develop shared care arrangements with referring hospitals. 	
	<p>Explore opportunities as part of Biologic Nurse service to support the follow-up of patients via technology including DrDoctor patient engagement platform to collect monitoring information from patients e.g. PROMs, Quality of Life measures.</p>	<p>Implemented but currently on hold due to resources</p>
	<p>Ensure continuation of the Wound Care Specialist Nurse role in the HS clinic and explore opportunities to further expand wound care input into the clinic. This was highlighted by the patient survey as key element to improve patient experience, care and outcomes. There is the opportunity to further develop a Nurse Led Wound Care Pathway for patients who are having problems with wound care and thereby avoiding the need for the patient to wait for a Consultant OutPatient follow-up appointment.</p>	<p>Implemented</p>
	<p>Potential to direct HS Patients who have requested advice on wound care via the Patient Helpline to be directed to the HS Wound Care Nurse.</p>	<p>Implemented</p>
	<p>Plan for the expected increased growth in patients on biologic treatment due to new advanced therapies becoming available. This will increase demand on the service due to new referrals and switching of patients to new treatments. There is a need to review the capacity for biologic nurses to support on-going review and follow-up of HS patients on biologics. This needs to be picked up as part of the separate review of capacity and demand for biologic nurse at Salford.</p>	<p>Continue to review this as part of overall Salford biologic nurse project</p>
	<p>Data analysis has identified that there is a waiting list for follow-up. Further work should be undertaken to explore how PIFU could reduce the demand for follow-ups on the service and provide patients with the opportunity via PIFU to re-enter the service when required. The patient survey found that the majority of patients (58%) agreed or strongly agreed that they would rather access the service when needed rather than a pre-scheduled appointment.</p>	<p>Not started yet</p>
<p>RESOURCES REQUIRED AND SOURCES:</p>	<p>The resources utilised in the project over the 2 years were slightly higher than planned. The total cost of the project over the 2 years was £10,272 versus £8,632 originally.</p> <p>This was split into NHS and Sanofi contribution as follows:</p> <ul style="list-style-type: none"> NHS contribution = £4,637 which were Indirect Costs Sanofi contribution = £5,635 Indirect Costs (compared to planned figure of £3,955) 	
<p>EVALUATION AND AUDIT: WHAT RESULTS DID THE PROJECT ACHIEVED</p>	<p>The project has delivered the following benefits:</p> <p>Service Capacity & Efficiency:</p> <ul style="list-style-type: none"> Successfully increased clinic capacity through additional clinics (Aug 2022 & Sept 2024). Optimised clinic scheduling by moving from Monday to Tuesday to avoid Bank Holiday disruptions. Reduced proportion of long waiters (over 52 weeks) from 44.4% to 39%. 	

Patient Care Improvements:

- Successfully implemented Wound Care Nurse role, providing:
 - Specialist wound care advice and guidance.
 - Capacity for 6 follow-up patients per month.
 - Freed up Consultant capacity.
 - Reduced delays in follow-up care.

Service Optimisation:

- Improved query handling through updated Patient Helpline.
- Successfully reorganised Biologics Nurses service:
 - Moved from HS clinics to dedicated Biologic Nurse clinics.
 - Maintained biologic initiation waiting times.
 - Freed up Biologic Nurse capacity.