

Dermatology NHS Waiting Times

2023

→ Impact on Services

Executive Summary

Dermatology services play a crucial role in the early detection and treatment of skin conditions, including skin cancer. The National Health Service (NHS) in the United Kingdom has set a target for patients with suspected skin cancer to be seen within two weeks, known as the "2-Week Wait Time" target. The 2 week wait time target for suspected skin cancer patients has, however, had a knock-on adverse effect to patient wait times for other dermatological skin conditions.

The rapid access two-week wait skin cancer pathway takes priority in most specialist dermatology departments, having an inevitable impact on access for other patients. This has led to an inequity of access to care for people with inflammatory skin conditions such as eczema, psoriasis, and acne; with them waiting a long time to be seen, despite their condition having a significant impact on their quality of life.

This white paper examines the waiting times for dermatology services within the NHS, analysing data from NHS open data sources, and explores how these waiting times affect the broader dermatology service landscape.

Overview



The NHS Long Term Plan recognises that the current model of Dermatology outpatient delivery is outdated. To improve service delivery, the NHS Long Term Plan commits to increasing support to primary care so that where possible hospital referrals can be avoided, and patient care can be delivered closer to home. Referral optimisation is an essential component to support this aim.

To gain deeper insights into dermatology waiting times, and an understanding of which Trusts have the longest wait times, we have used open data from NHS sources and employed CSL's data processing capabilities to create structured, queryable databases.

Objectives

This white paper aims to:

1. Analyse waiting times for dermatology services in the NHS using data from open sources.
2. Explore the challenges exposed by trust segmentation, uncovering distinct characteristics within groups of trusts as well as looking at how to work effectively with open data.
3. Discuss the broader impact of delays in dermatology services.

NHS Open Data Waiting Time Analysis

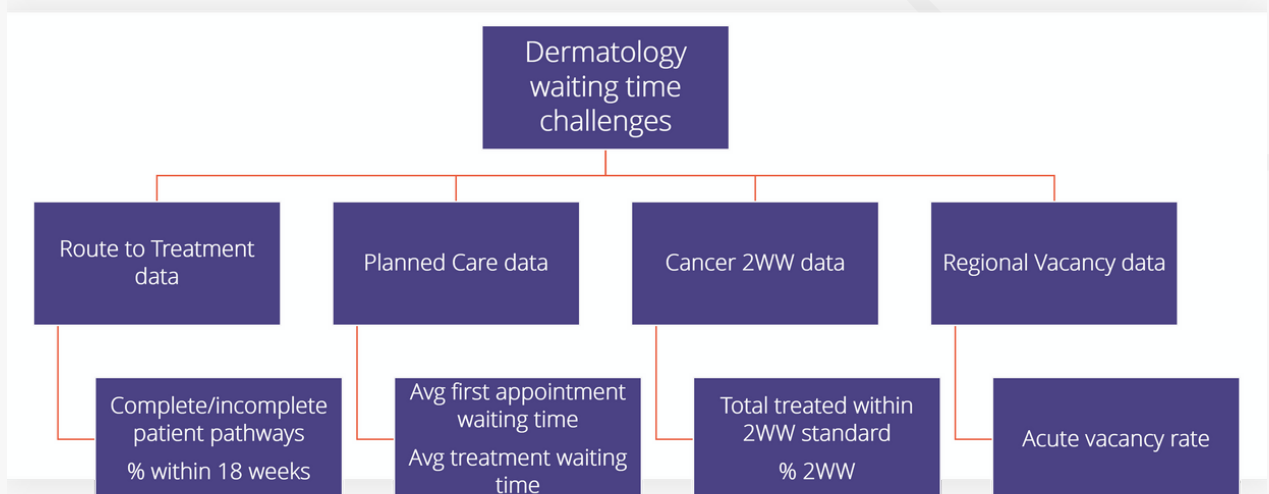


Leveraging NHS Open Data Sources

The NHS publishes a wealth of data online, providing valuable insights into the performance and challenges faced by healthcare services. These data are unstructured “open data” that can be turned into usable databases.

Combining data sources for deeper insights

By combining key performance indicators (KPIs) from various NHS data sources, we can gain a more comprehensive understanding of dermatology waiting times and challenges. This approach allows us to uncover trends, disparities, and areas that require intervention more effectively.



Data Analysis



Dermatology Waiting Times Data

The analysis of NHS open data sources, processed by CSL, has yielded several key findings:

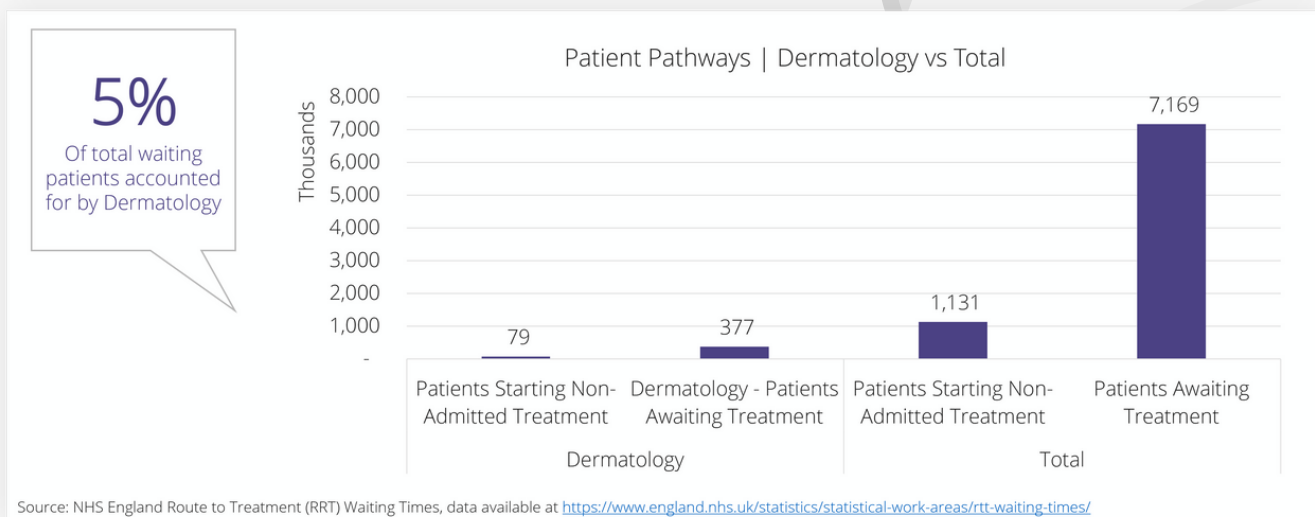
Analysis Summary

- 1. Patient Backlog:** Currently, 377,000 patients are awaiting dermatological treatment, constituting approximately 5% of all NHS patients awaiting care.
- 2. Protracted Wait Times:** Dermatology services consistently struggle with prolonged waiting times, with 9% of trusts having patients waiting for over a year for dermatological treatment.
- 3. Waiting List Growth:** The waiting list for dermatological treatment continues to expand, consistently outpacing other NHS services.
- 4. Bottleneck at First Appointments:** The primary bottleneck in dermatology services appears to be at the first appointment stage, with waiting times averaging 12% longer than the NHS average.

Data Analysis

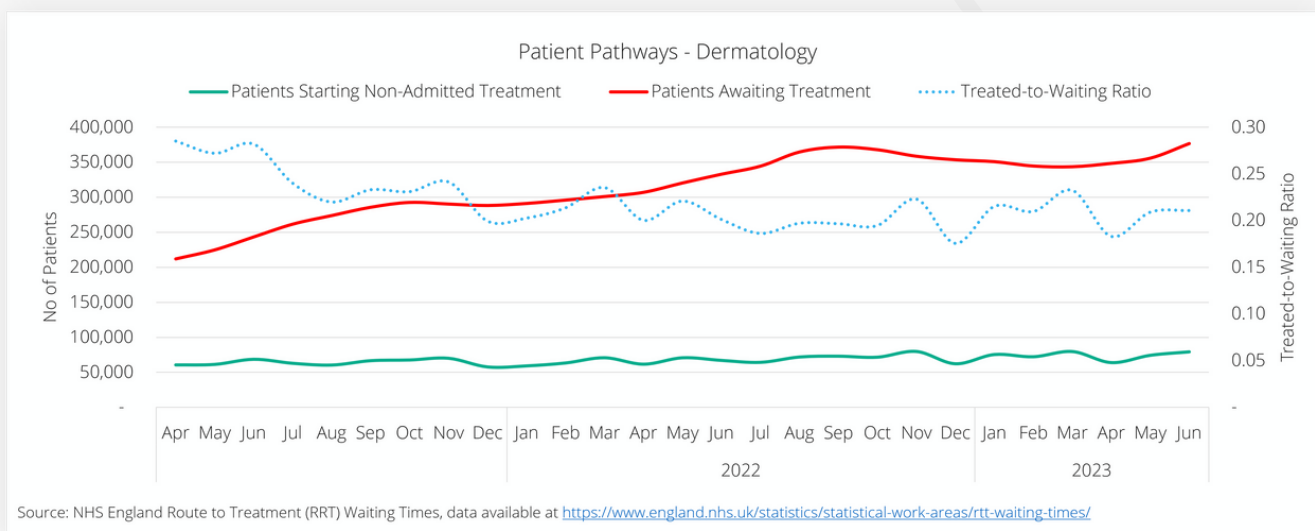
377,000 patients await dermatology treatment

Significant waiting times for dermatology, accounting for 5% of all waiting patients.



Waiting list continues to grow

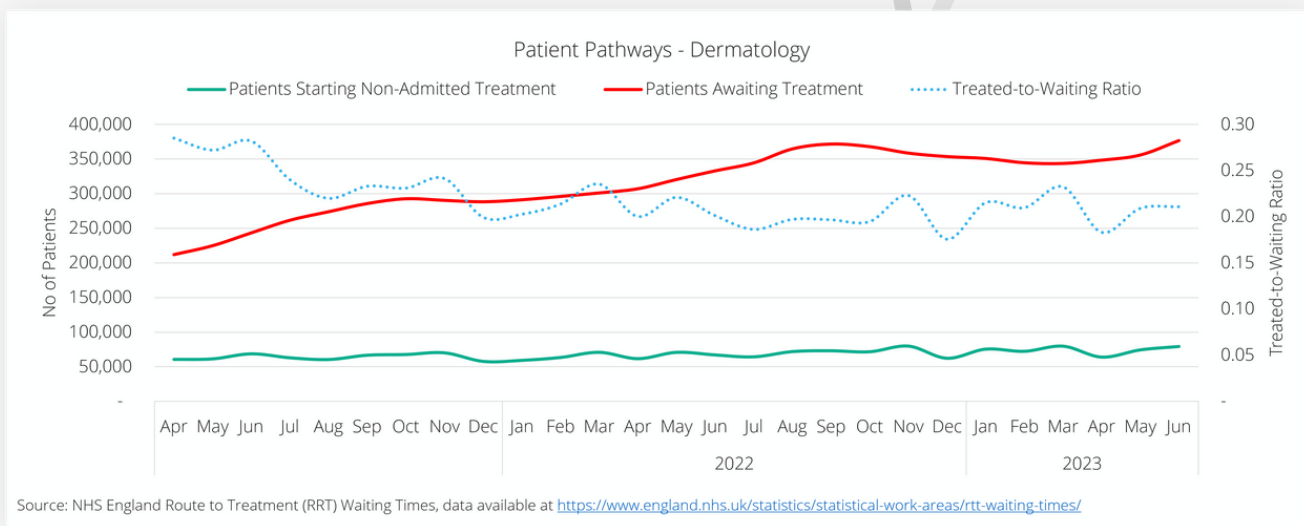
Growth of patients awaiting treatment is increasing at a faster rate than those starting their treatment.



Data Analysis

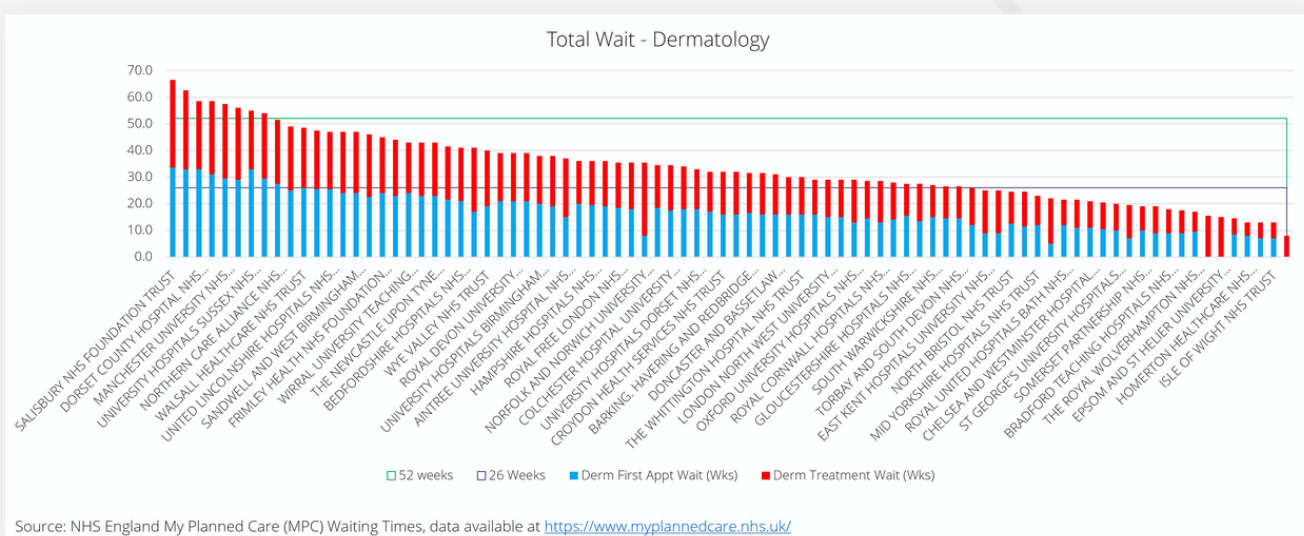
Consistent underperformance

Dermatology is consistently behind avg % of patients seen within 18 weeks – indicating a long-term issue for the delivery of dermatological treatment in the NHS.



Half a year wait for dermatology treatment

72% of trusts now have total average waits, from referral to treatment, taking over 26 weeks. 9% exceed a full year wait.



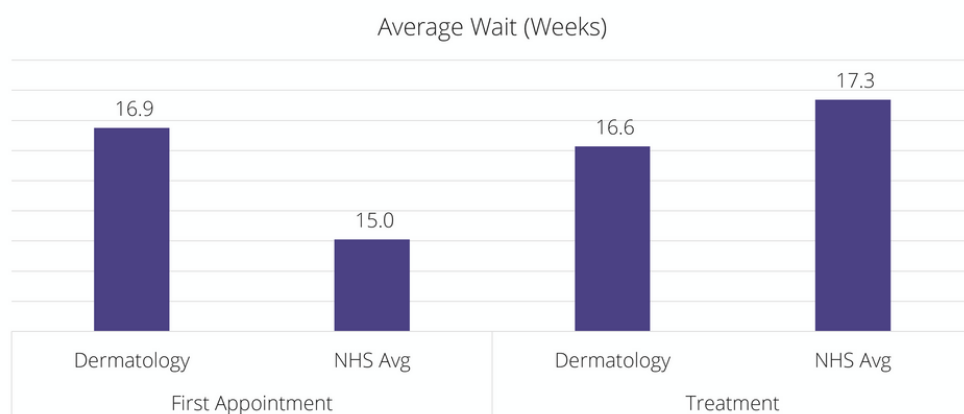
Data Analysis

Need to address first appointment delays

Dermatology bottleneck appears to be caused by delays at the first appointment stage, where waiting times are on average 15% greater than total NHS waiting times.

12%

Greater waiting times than NHS avg for first appointments



Source: NHS England My Planned Care (MPC) Waiting Times, data available at <https://www.myplannedcare.nhs.uk/>

First appointment issue wide-spread

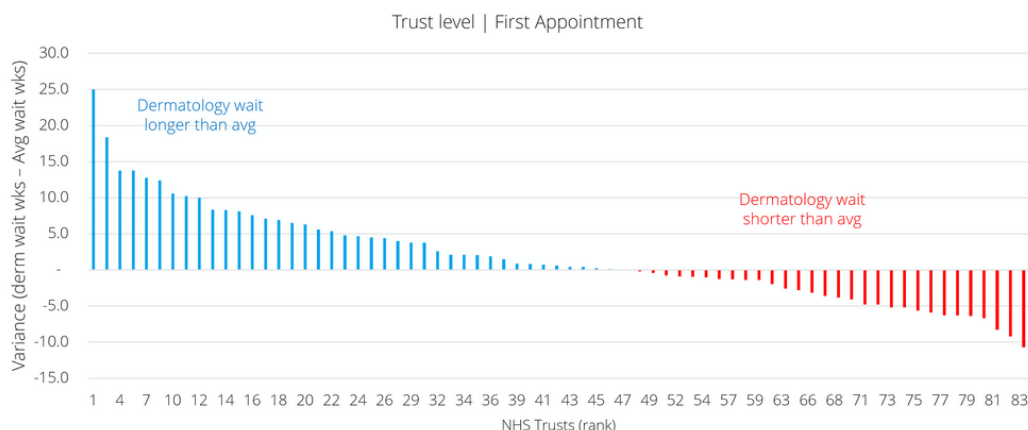
Many trusts have higher first appointment waiting times for dermatology, compared to avg. The greatest observed is 25 weeks.

61%

Of trusts have greater derm waiting times

25 weeks

Greatest variance of any trust between dermatology and avg



Source: NHS England My Planned Care (MPC) Waiting Times, data available at <https://www.myplannedcare.nhs.uk/>

Trust Segmentation

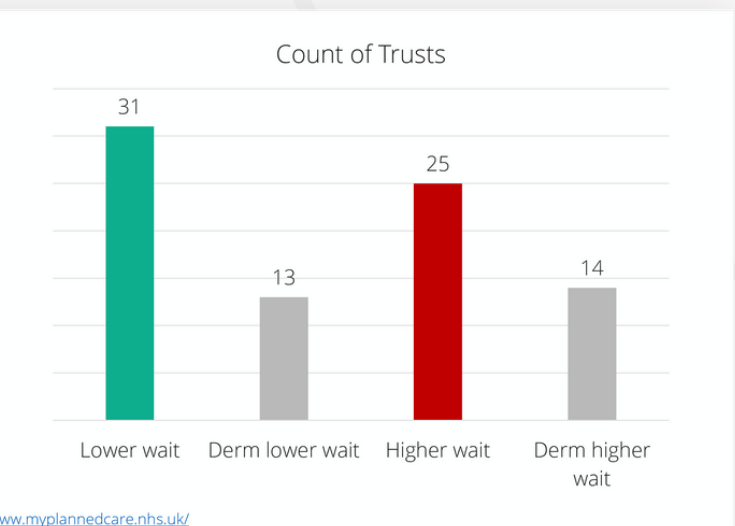


Further analysis of the data reveals distinct profiles among NHS trusts, which is crucial for understanding the unique challenges faced by different regions.

Trust segmentation, as shown in CSL's analysis, helps identify trusts with lower waiting times for dermatology, and those trusts facing higher waiting times. This segmentation assists pharmaceutical companies in tailoring engagement strategies for each trust and could be considered when working with the Dermatology depts in the NHS.

Trust segmentation uncovers distinct characteristics within groups of trusts, based on their performance across a 2 axis KPI grid as shown below. This allows pharma to consider the unique situation within each trust they might be working with.

	Dermatology Waiting Time (first appt + treatment)	
Total Avg Waiting Time (first appt + treatment)	Derm lower wait <ul style="list-style-type: none"> Lower dermatology waiting times Higher total average waiting times 	Higher wait <ul style="list-style-type: none"> Higher dermatology waiting times Higher total average waiting times
	Lower wait <ul style="list-style-type: none"> Lower dermatology waiting times Lower total average waiting times 	Derm higher wait <ul style="list-style-type: none"> Higher dermatology waiting times Lower total average waiting times

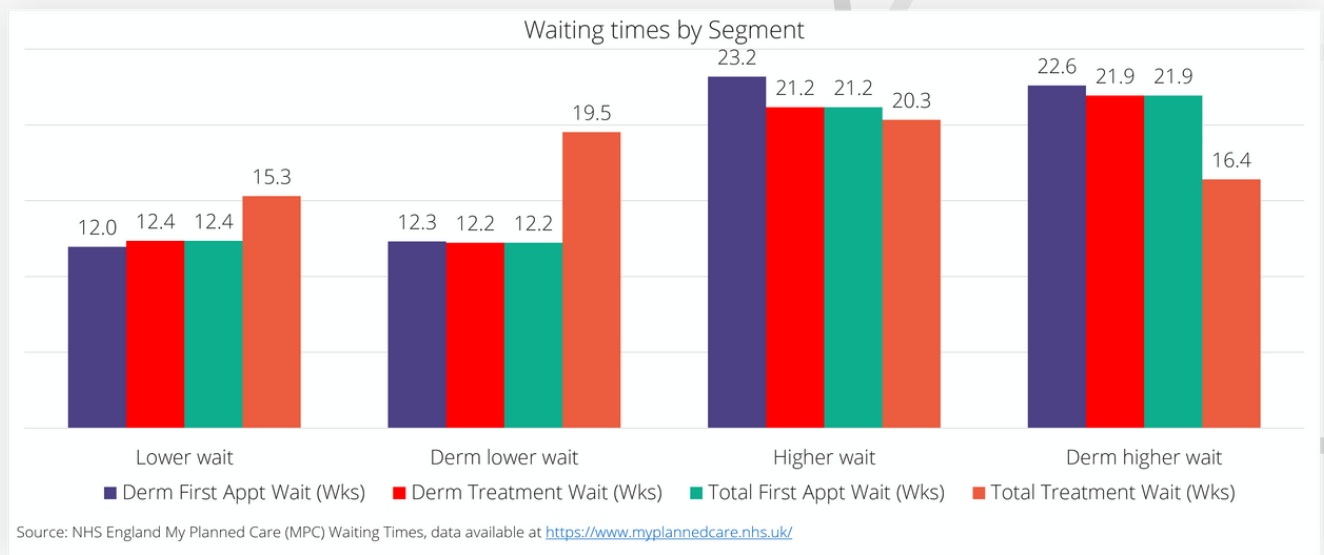


Source: NHS England My Planned Care (MPC) Waiting Times, data available at <https://www.myplannedcare.nhs.uk/>

Trust Segmentation

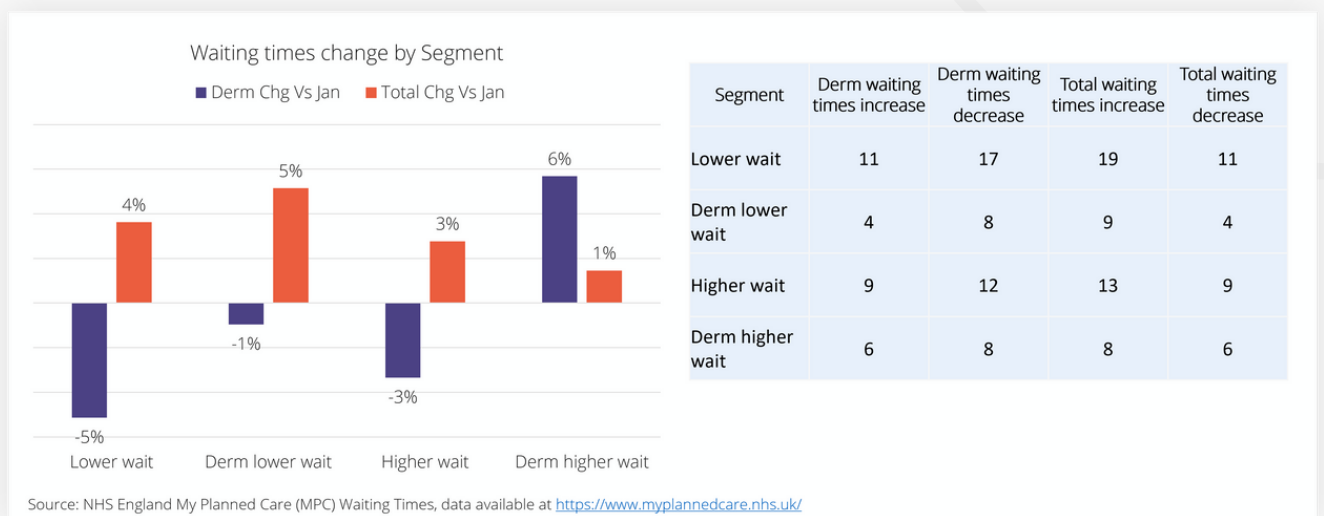
Segmentation based on waiting times

Trusts with higher waiting times across the board may find it more difficult to address poor Derm waiting times, but there may be an opportunity to support departments where dermatology is underperforming.



Long-term trends by segment

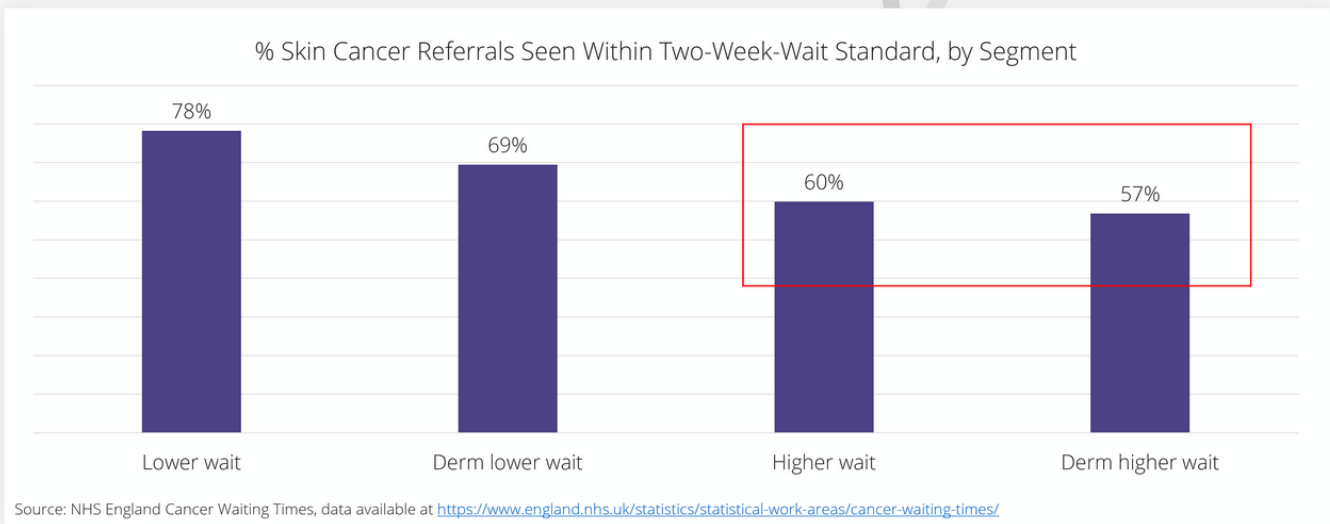
Some trusts in the higher waiting times and dermatology higher-wait segments experience continual increases in waiting times. This suggests the issues surrounding waiting times in these trusts are long-term and may worsen without effective intervention.



Trust Segmentation

Impact on cancer screening targets

Segments with longer Derm waiting times also see a smaller percentage of patients receiving cancer screening within the two-week-wait target, suggesting these trusts are facing challenges on several fronts.



Impact on engagement

Using open data for segmentation helps structure engagement models – depending on what you have to offer.

	Dermatology Waiting Time (first appt + treatment)		
New drug launch	Total Avg Waiting Time (first appt + treatment)	Derm over-performance <ul style="list-style-type: none"> Lower dermatology waiting times Higher total avg waiting times 	Poor performance <ul style="list-style-type: none"> Higher dermatology waiting times Higher total avg waiting times
		High performance <ul style="list-style-type: none"> Lower dermatology waiting times Lower total avg waiting times 	Derm under-performance <ul style="list-style-type: none"> Higher dermatology waiting times Lower total avg waiting times
			Broad support/services
			Department-specific support/services

Working Effectively with Open Data



Effectively using NHS open data sets involves several key steps:

1. **Data Management:** Data must be standardised, cleaned, and processed to create a neat, queryable dataset.
2. **Data Combination:** Combining different data sources can reveal performance drivers and provide deeper customer insights.
3. **Segmentation and Clustering:** Grouping data into actionable segments or profiles facilitates targeted engagement opportunities.

Further underlying factors leading to delays in dermatological treatment

Challenges Affecting 2-Week Wait Time for Skin Cancer Patients

Workforce Shortages

One of the primary challenges affecting the 2-Week Wait Time target for skin cancer patients is a shortage of dermatologists and specialist nurses. The demand for dermatology services exceeds the capacity of available healthcare professionals. This workforce shortage can lead to delays in patient assessments, including those with suspected skin cancer.

Increased Referrals

The awareness campaigns and public health initiatives to encourage skin cancer awareness have resulted in increased referrals to dermatology services. While this is positive in terms of early detection, it places additional strain on the system, making it challenging to meet the 2-Week Wait Time target for all patients.

Further underlying factors leading to delays in dermatological treatment

Resource Limitations

Limited resources, including diagnostic equipment and treatment facilities, can further hinder the ability of dermatology services to provide timely assessments and treatment. Adequate investment in resources is essential to address this issue effectively.

COVID-19 Impact

The COVID-19 pandemic has had a significant impact on healthcare services, including dermatology. Many appointments and procedures were delayed or cancelled during the pandemic, leading to a backlog of cases. This has made it even more challenging to meet the 2-Week Wait Time target.

Broader Impact on Dermatology Services

The challenges in meeting the 2-Week Wait Time target for skin cancer patients have a ripple effect on other aspects of dermatology services:

Delayed Non-Urgent Cases: Longer waiting times for routine dermatology appointments mean that patients with non-urgent skin conditions may experience delays in diagnosis and treatment.

Increased Workload: Healthcare professionals in dermatology services may experience increased workloads due to the backlog of cases and the need to prioritise urgent cases, potentially leading to burnout and decreased job satisfaction.

Resource Allocation: The strain on dermatology resources can impact the allocation of resources to other essential services, potentially affecting the overall quality of care provided by dermatology departments.

About CSL



"There is a wealth of data available online, using it effectively can **make all the difference** for pharma companies.

The issue is that it is difficult to collate, clean, and interpret; **this is where we come in.**"

Lee Ronan, Commercial Director, CSL

The wealth of NHS data available online provides invaluable insights for healthcare stakeholders, including pharmaceutical companies. However, collating, cleaning, and interpreting this data can be challenging.

CSL monitors, processes, cleans, and standardises unstructured "open data" into usable databases. These databases enable in-depth analysis and the extraction of valuable insights that can inform strategic decisions.

We play a vital role in processing and structuring this data to unlock its potential. By effectively employing NHS open data, stakeholders can make informed decisions, address challenges in dermatology services, and ultimately improve patient care.