Eczema and Psoriasis Service
Patient and Public Involvement Group:
\textbf{a focus on psoriasis}

PPI Meeting
30\textsuperscript{th} October 2018
St John’s Institute of Dermatology
9\textsuperscript{th} Floor, Tower Wing
Guy’s Hospital
Patient & Public Involvement at St John’s

Opportunities to get involved:

• Events at our main St John’s hub at Guy’s Hospital
• Feedback on:
  – Research proposals
  – Patient materials
• External PPI opportunities brought to the team

If you do not want to be included on our mailing list, please let us know
Meeting theme: psoriasis

Agenda:

Upcoming research
Daria Belokhvostova – the role of epidermal cells in psoriasis
Dr Wisam Alwan

Improvement to services
Dr Richard Woolf – improving the outpatient clinic spaces
Dr Amr Salam – improving written communication with patients

Q&A
Role of epidermal cells in psoriasis

Daria Belokhvostova
2nd year Wellcome Trust PhD student
Centre for Stem Cells and Regenerative Medicine
What are the most common drugs used to treat for psoriasis?

- Steroid creams
- Methotrexate
- Vitamin D creams
- Ciclosporin
- Acitretin
- Ustekinumab
- Adalimumab
- Etanercept
- Infliximab
- Epidermis is thicker
- More blood vessels in skin and inflammation
Human epidermis is composed of many different cells

Every cell has a unique identity

Research aim: what features make epidermal cells in psoriasis grow more? Can we target those features with drugs?
Progress so far

- We collected samples from 3 psoriasis patients: skin biopsy of psoriasis plaque and unaffected skin
- Large scale experiment to identify all features present in each cell
- Compare features of cells from plaque and non-involved skin: differences in those features can explain how the disease develops
New therapies for psoriasis – assessing effectiveness using clinically relevant experimental models

Wisam Alwan
MRC Clinical Research Training Fellow and Dermatology Registrar
Human skin is home to diverse bacterial species and varies in health and disease.

Lactobacillus is present in healthy, but not psoriasis or eczema skin.
Xenotransplant model of psoriasis

- Non-lesional
- Lactobacillus bacteria
- Inflammatory markers Immune cells

8 days → 11 months

21-28 days

7 days
Improving the outpatient space

Dr Richard Woolf
Consultant Dermatologist
Dr Amr Salam, Dermatology Specialist Registrar
Dr Rick Woolf, Dermatology Consultant

PATIENT ENGAGEMENT EVENING
OUTPATIENT CLINIC LETTER WRITING
Why are we reviewing how we write clinic letters?

1. Optimising communication with our patients
   - Good Medical Practice
     - ‘you must give patients the information they want and need to know in a way they can understand’
   - NHS Constitution
     - Staff should ‘involve patients…fully in decisions about prevention, diagnosis, and their individual care and treatment’

2. **Outpatient letters are the most written letters in the NHS**
   - >5million per month

3. **Randomised trial of patient vs GP directed letters found**
   - Improved communication style of doctors
   - GPs found letters easier to understand
   - GPs spent less time interpreting letters for patients
   - Patients found letters more informative, supportive, and useful
Please, write to me
Writing outpatient clinic letters to patients
Guidance

Doctors told to ditch Latin and use 'plain English'

Doctors are being told to adopt a new policy of writing letters that are easier for patients to understand.
Who reads our clinic letters...

1. Our patients
   - Understand your own care

2. GP
   - Continuity and action plan

3. Other clinic doctors
   - Continuity in clinic
   - Convey important medical information

4. (other healthcare professionals)
How would you prefer your letters written to be written?

1. Summary statement about your care

Guy’s and St Thomas’ NHS Foundation Trust

Severe Eczema and Psoriasis Service
St. John’s Institute of Dermatology
Guy’s Hospital
Great Maze Pond
London SE1 9RT

22 October 2018

Clinic Name: Severe Psoriasis & Eczema Service
Attending Consultant: SMITH
Reviewing Clinician: WOOLF
Clinical Nurse Specialist: HUSSAIN
Clinic Date: 18 October 2018

Dear [Name],

Re: Mr. [Name]
Address: [Address]
Date of Birth: [Date]
Hospital No.: [Hospital No.]
NHS No.: [NHS No.]

Summary for patient:
Following your consultation in the psoriasis clinic we plan to start you on a biologic medication for your psoriasis called adalimumab. Your blood tests and chest X-ray were normal. You will see one of our specialist nurses in the near future. We will review your response after 3 months of treatment.

Summary for GP:
We plan to start Mr. [Name] on adalimumab for his psoriasis.

Summary for Gastroenterologist:
Plan to start adalimumab as per pathway.

Diagnosis:
Chronic plaque psoriasis, onset 2006
Current treatment:
Topicals (Dovobet/Dovone)
Disease severity:
Severe, PASI 12.8, DLQI 16.3.

Please note that Live vaccines such as shingles are contraindicated in patients on immunosuppressant medicines

www.guysandstthomas.nhs.uk
Q&A
THANK YOU!

dermatologytrials@gstt.nhs.uk