

# **APPENDIX 2B**

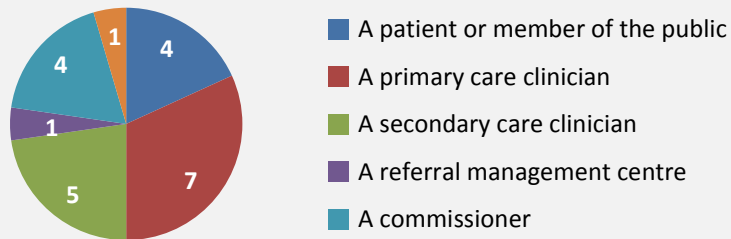
**Analysis of testing and feedback  
phase for London Choosing  
Wisely draft policy for:**

**Procedures and interventions  
for benign skin lesions**

# Results – sense check and feedback phase

- The draft London policy was circulated to the following stakeholders with a request to share the online feedback form (open from 14 – 24 May) with their own networks and interested parties:
  - Members of the London Choosing Wisely Programme Board (including London’s STP PoLCE leads) and STP clinical leads
  - Task and Finish Group members and contributors who had developed the draft policy
  - Steering Group patient representatives, London’s Healthwatch networks and patient-facing organisations
  - Relevant royal colleges and professional associations (including the BMA’s London executive)

- Whilst 22 respondents opened the survey, only 16 fully completed it, so a fairly small sample size. However, feedback was received from:



- All STP patches in London responded, with highest response rates from NWL, SWL and SEL.
- Taking an average of all the statements where 1 is strongly disagree and 5 is strongly disagree, the average rating for the benign skin lesions policy was 3.4 out of 5.
- Key comments were discussed with the Chair of the Task and Finish Group, and refinements were made to the language and presentation of the policy to ensure:
  - Clinical criteria are clear and consistent.
  - Language used ensures the policy is applicable across London irrespective of varying compliance processes.
  - Codes are suggested for use.
  - Further information is provided on managing BCCs and liposarcomas.
  - Further clarification is provided on diagnostic certainty and uncertainty.

# Summary – sense check and feedback phase

- As part of the development of each draft policy a testing and feedback phase has been introduced to ensure that the draft policy is easy to follow and use, and ensure that patients will receive the most effective clinically appropriate treatment available to them.
- Stakeholders (listed below) were invited to comment on the draft policy via an online feedback form. Specifically, the online feedback form was aimed to receive comments on how easy the draft policy was to follow and on the clarity of the language used.
- The link to the online feedback form was sent to the following audience groups with a request to share the online feedback form with their own networks and interested parties (for example, key CCG colleagues, primary and secondary care colleagues, local patient groups, professional associations, and referral management centres):
  - London's STP clinical leads
  - Members of the London Choosing Wisely Programme Board (which includes London's STP PoLCE leads)
  - London Choosing Wisely Task and Finish Group members or contributors who had developed the draft policy
  - London Choosing Wisely Steering Group patient representatives
  - London's Healthwatch networks and patient-facing organisations
  - Relevant royal colleges and professional associations (including the BMA's London executive)

# Summary - questions

The following is an extract of the London Choosing Wisely sense check and feedback phase online form questions for benign skin lesions:

## ***Section 1: About you***

1. In what capacity are you responding to this survey?

- A patient or member of the public
- A primary care clinician
- A secondary care clinician
- CCG referral management
- Other (please state)

- South East London
- South West London

2. Which part of London do you work (clinician) or live (public/patient):

- East London
- North London
- North West London

3. Please provide your e-mail address so that we can keep you informed about the development of London Choosing Wisely policies:

# Summary - questions

## Section 2: Feedback questions on the draft policy

Please rate the following [Qs 4 – 9] on a scale of 1 to 5 where 1 is the lowest and 5 is the highest:

- 1) Strongly disagree
- 2) Somewhat disagree
- 3) Neither agree nor disagree
- 4) Somewhat agree
- 5) Strongly agree
- 6) Unable to rate (N/A)

*Note: through the online feedback form there is an options comment box for all questions asking for the reason for that rating.*

4. The draft policy is clear and unambiguous.
5. The draft policy is easy to follow and supports dialogue between the patient and clinician about decisions including treatment or referral.
6. It is clear which conditions this draft policy applies to.
7. The draft policy is clear on when treatments or referral should be offered to patients.
8. The draft policy reflects the commissioning codes you are currently using.
9. The draft policy can be easily implemented as part of your local compliance process.
10. [Comment box]. Please use the following comment box to add any additional observations you may have about the policy – for example, you may wish to comment on how easy it is to follow or the clarity of the language used.

# Summary – overall response

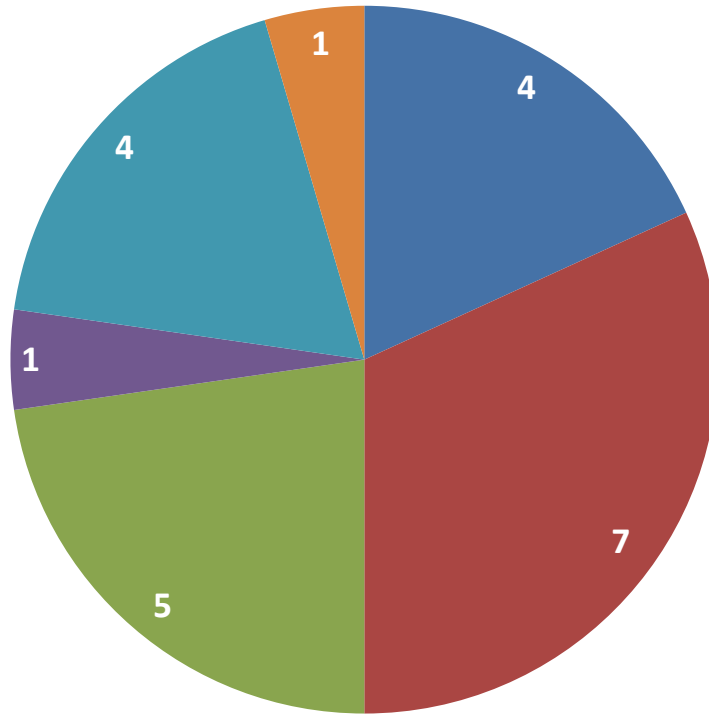
| Procedure  | Testing phase opened | Testing phase closed      | Number of responses      |
|--|----------------------|---------------------------|--------------------------|
| Procedures and interventions for benign skin lesions | 14 May 2018          | 9am Thursday, 24 May 2018 | 23 (1 via e-mail direct) |

Task and Finish Group members should note:

- This online feedback reflects a small sample size.
- Of the 22 online respondents only 16 completed the online feedback form, i.e. seven individuals exited the survey without submitting any response to questions 4-10.
- The average rating for questions 4 – 9 was greater than 3.4 out of 5 for each question.
- The BMA’s London regional executive chair has criticised the length of time offered for response to the draft policy; they could not support wider circulation stating that “it does not fit with [their] usual region wide communication plans”.

# Analysis – question 1

*Question 1: In what capacity are you responding to this survey?*



- A patient or member of the public
- A primary care clinician
- A secondary care clinician
- A referral management centre
- A commissioner
- Other (please specify)

**Total number of responses:**

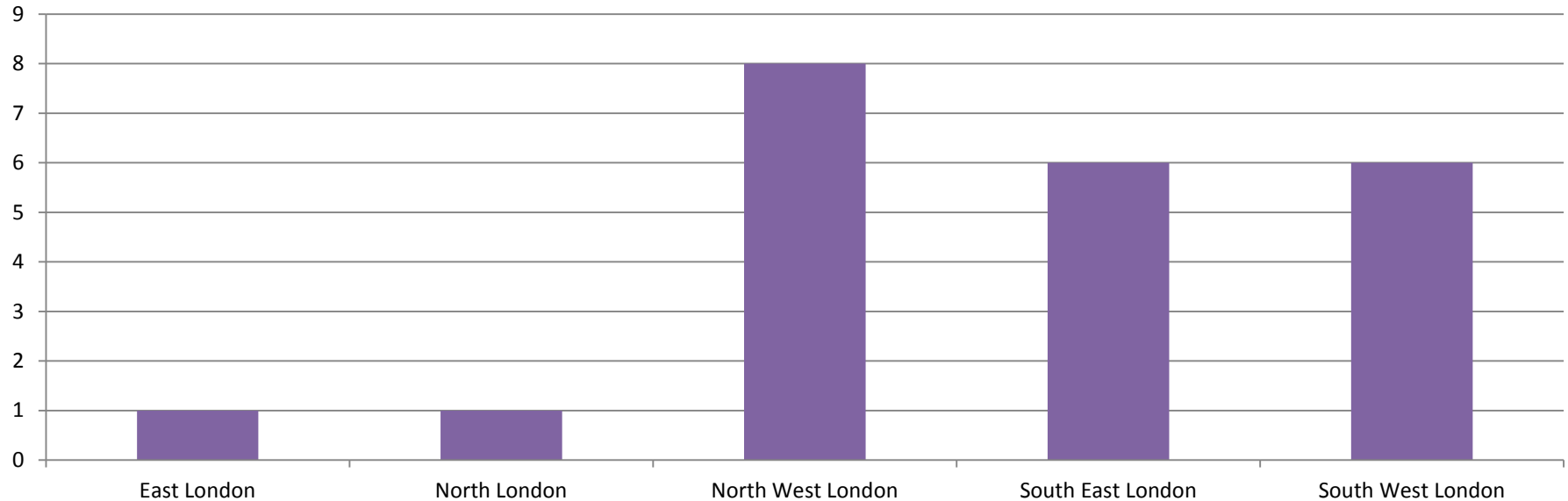
22

**'Other' categories:**

Secondary care management

## Analysis – question 2

**Question 2: Which part of London do you work (clinician) or live (public/patient):**



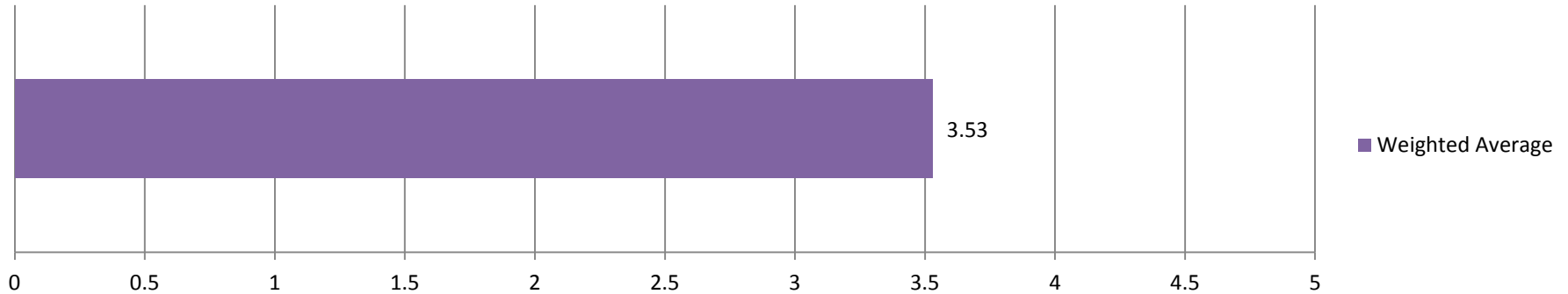
**Total number of responses:**

22



# Analysis – question 4

**Question 4: The draft policy is clear and unambiguous.**



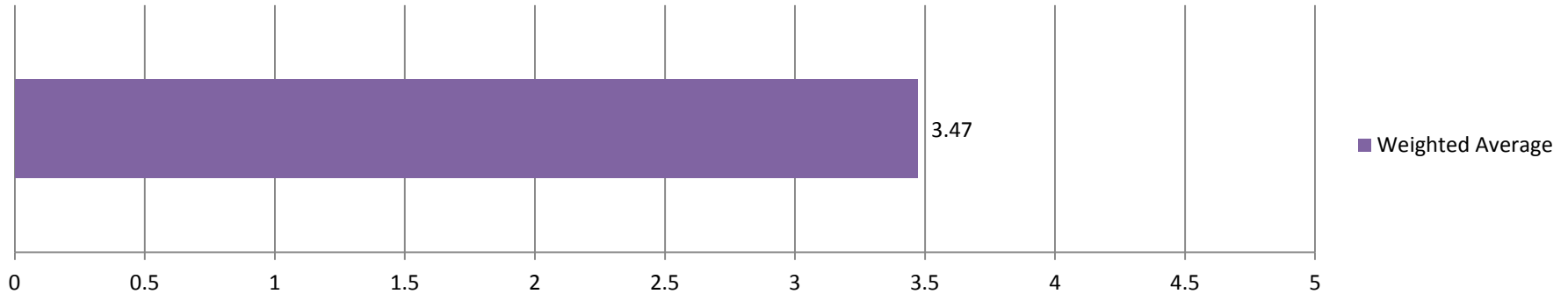
Total responses to question: 15

## Themes and comments by audience group:

| PPI   | Primary care clinicians  | Secondary care clinicians  | Commissioners   | RMC   |
|---|--------------------------|--|---|---|
| <ul style="list-style-type: none"><li>The document is too long for patients – supporting literature would be helpful.</li><li>The one page criteria for commissioning was felt to be clear and the tables for each condition are helpful for patient understanding.</li></ul> | The policy is extensive. | The policy is generally well written and clear, however there were specific queries noted, namely around allowed criteria, choices for traumatised or infected, including keloids. | The policy is generally clear, however there was a specific query noted on the definition of ‘significantly or on a regular basis’. | Further clarity is needed on the selection criteria (p2) and OPCS codes that aren't used for treatment of skin lesions, but overall skin conditions should be excluded. |

# Analysis – question 5

**Question 5: The draft policy is easy to follow and supports dialogue between the patient and clinician about decisions including treatment or referral.**



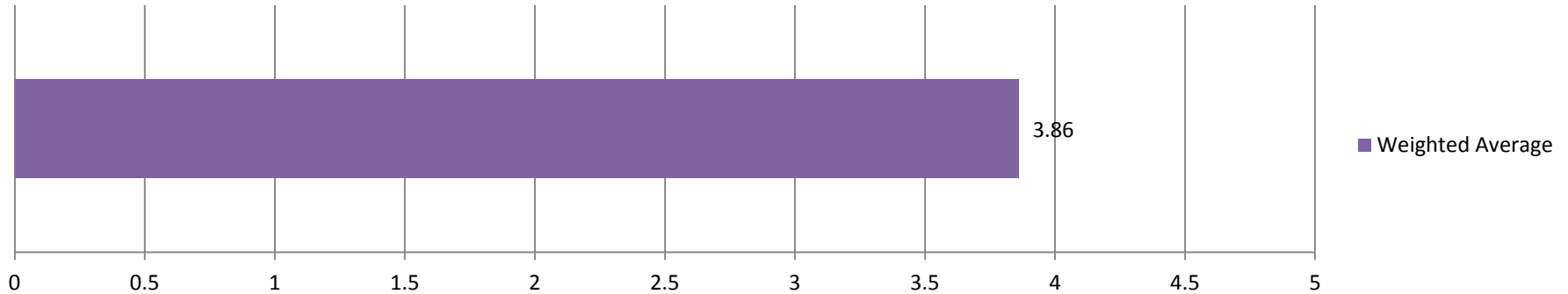
Total responses to question: 15

## Themes and comments by audience group:

| PPI   | Primary care clinicians                            | Secondary care clinicians   | Commissioners | RMC |
|---|--|---|---------------|-----|
| The document is difficult for patients to understand due to the use of jargon, complex language and requires high level knowledge of the subject. Additionally, it was suggested that the policy should explain the content of NICE guidelines, rather than pointing to them. | This audience group felt it was easy to understand | This audience group felt the policy is generally well written and clear, however there were specific queries noted, namely around allowed criteria, choices for traumatised or infected, including keloids. |               |     |

# Analysis – question 6

**Question 6: It is clear which conditions this draft policy applies to.**



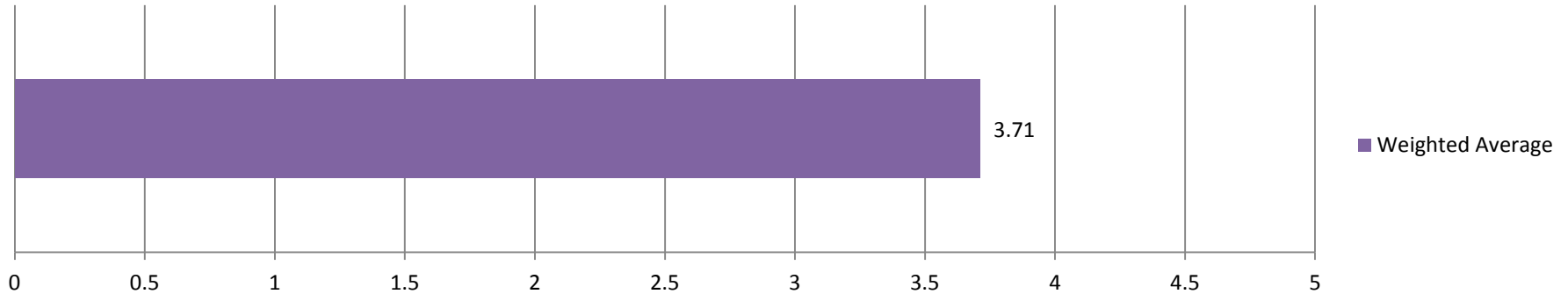
Total responses to question: 16

## Themes and comments by audience group:

| PPI  | Primary care clinicians                                   | Secondary care clinicians   | Commissioners | RMC |
|--|---|---|---------------|-----|
| Some medical terms that are less commonly known [(e.g. Xanthelasma)] need to be explained further. | This audience group felt all conditions are well defined. | It was felt that the list of lesions is not comprehensive by some respondents from this audience group. |               |     |

# Analysis – question 7

**Question 7: The draft policy is clear on when treatments or referral should be offered to patients.**



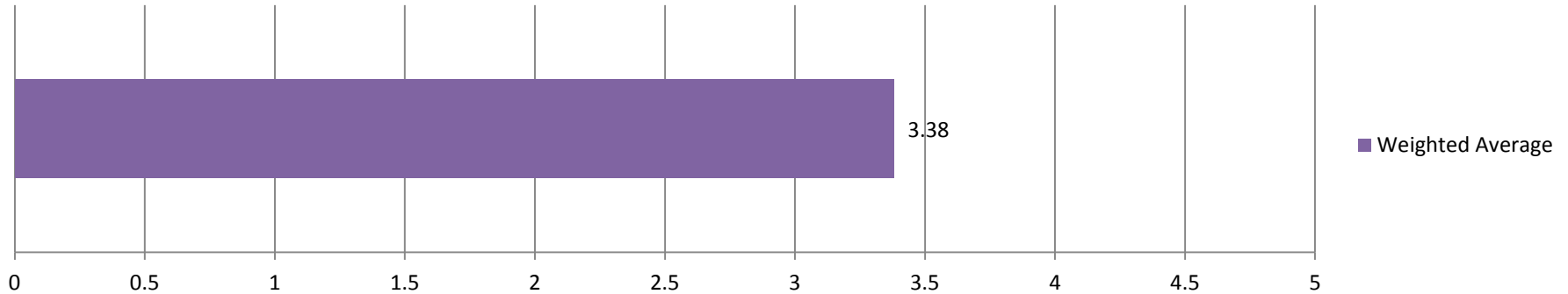
Total responses to question: 16

## Themes and comments by audience group:

| PPI   | Primary care clinicians | Secondary care clinicians   | Commissioners | RMC  |
|---|-------------------------|---|---------------|--|
| Further explanation of the evidence, treatment options and eligibility for treatment, as well as language simplification would support patient understanding. |                         | The policy is clear due to the listing of each benign lesion and rationale for treatment. |               | Some definitions, e.g. "Diagnostic Confidence", are quite vague. |

# Analysis – question 8

**Question 8: The draft policy reflects the commissioning codes you are currently using.**



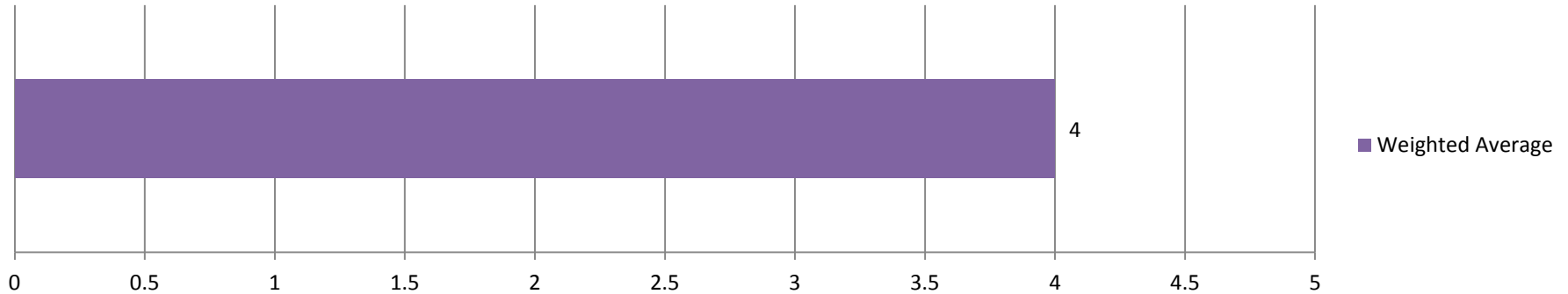
Total responses to question: 14

## Themes and comments by audience group:

| PPI | Primary care clinicians                           | Secondary care clinicians                         | Commissioners | RMC  |
|-----|---|---|---------------|--|
|     | There was a lack of familiar commissioning codes. | There was a lack of familiar commissioning codes. |               | The OPCS code list is more extensive, however current local policies cover more areas. |

# Analysis – question 9

**Question 9: The draft policy can be easily implemented as part of your local compliance process.**



Total responses to question: 14

## Themes and comments by audience group:

| PPI | Primary care clinicians                       | Secondary care clinicians                        | Commissioners   | RMC  |
|-----|---|--|---|--|
|     | There may be difficulties with some patients. | Forms for benign lesions are already being used. | Some commissioners already have a slightly different policy in place. | Some codes that are already assigned to other conditions would need to be removed. |

# Analysis – question 10

***Question 10: [Comment box]. Please use the following comment box to add any additional observations you may have about the policy – for example, you may wish to comment on how easy it is to follow or the clarity of the language used.***

| PPI  | Primary care clinicians  | Secondary care clinicians   | Commissioners | RMC  |
|--|--|---|---------------|--|
| One respondent felt that whilst the document seems well researched, the level of evidence that exists for these conditions is very low in general. | The document is easy, clear and negates the need for additional funding on reasonable grounds. Specifications and wider engagement with clinicians, patients, pharmacy will be required. | One respondent felt that there is some variation in the draft policy with certain phrases, for example "any lesion suspicious of malignancy should be managed via the two week wait policy" which will be dependent upon the site (hospital). |               | The "hierarchy of evidence" and "levels of recommendations" are not the same |

# Analysis – additional specific comments

*Below are additional clinical observations on the draft policy:*

|  |   |
|--|---|
| <b>Re. page 7 warts:</b>                 | Warts on the feet can be very painful and I would recommend making it clear/ ensuring that such patients are referred for treatment or are treated in primary care.   |
| <b>Re. page 8:</b>                       | <ul style="list-style-type: none"><li>• True cysts have a capsule and do not spontaneously disappear. It would be dishonest and or misguiding of clinicians to suggest this to the patient.</li><li>• I think any patient with extensive lesions should be referred to rule out a systemic cause or a syndrome or mycosis fungoides (which is lymphoma of the skin). Very important that such patients are not missed</li></ul> |
| <b>Re. page 9 lipomas/ liposarcomas:</b> | Any lesion suspected of being a liposarcoma needs to be referred to a specialised sarcoma unit. This should be made clear in this document  |
| <b>Re. Page 30.</b>                      | For molloscum they have quoted the guidelines from the British Ass of Sexual Health and HIV 2014. The way I read the draft policy is they have extrapolated for general use. However the sexual guidelines state, “It primarily focuses on infection that affects the genital area and has a sexual mode of transmission.”  |
| <b>Appendix</b>                          | In the appendix, I don’t think you can quote information leaflets or information from the websites from the BAD, patient.co.uk, primary care dermatology society as your primary sources of evidence per se.  |