“Waiting well” for Patients: Addressing Barriers to Timely Atopic Dermatitis Care in the UK National Health Service

Poster P3887

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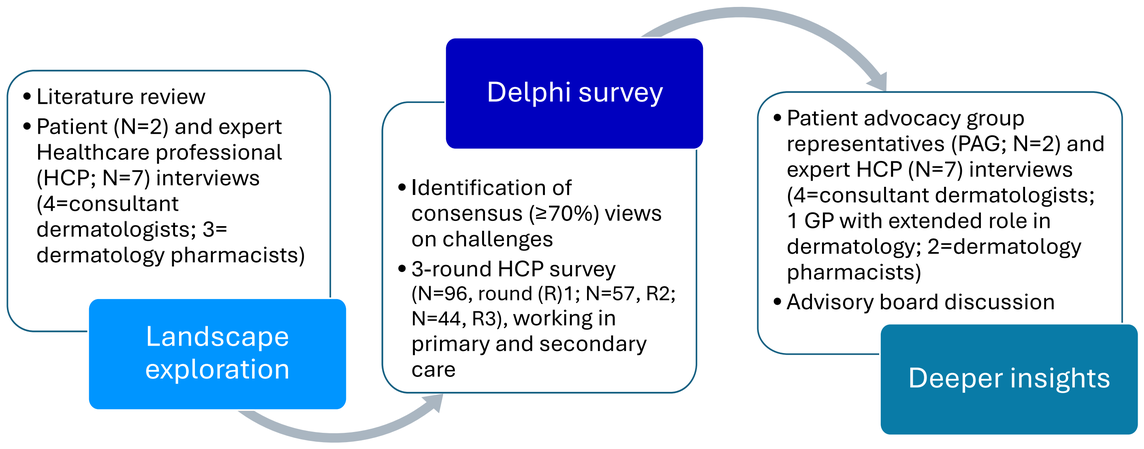
Background

Atopic dermatitis (AD) is a chronic inflammatory skin condition with **significant patient impact, from physical manifestations to the mental health patient burden**. Prolonged waiting times from primary care to specialist dermatology referral leave many patients underserved, leading to frustration, poorly controlled disease, increasing psychosocial burden and inadequate management.

This study evaluated the current awareness of AD management strategies in the UK National Health Service (NHS) amongst key stakeholders and **aimed to provide recommendations to improve support for AD patients.**

Methods

Data were acquired from 3 sources to form the mixed-methods Delphi study:



Thematic analysis was applied to qualitative data, while survey responses were analysed for consensus, where consensus was defined as ≥70%.

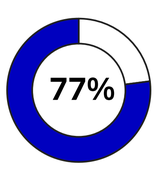
Results

Key findings from the interviews, Delphi survey, and advisory board meeting include:

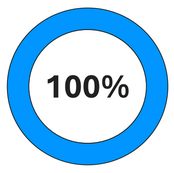
- Critical gaps exist in AD care
- Long wait times leave patients struggling
- Current management is suboptimal in places
- AD care is inconsistent

It was affecting every aspect of my life

There are critical gaps in primary care AD management, despite primary care physician knowledge



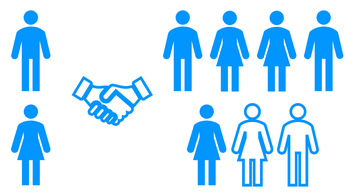
Delphi respondents (n=74, R1)



Patients (n=2) and HCP (n=7)

Agreed that primary care physicians **know the signs and symptoms of AD**

2/2 Patients 5/7 HCPs

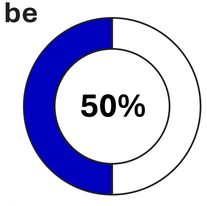


Agreed that **more could be done** to support AD patients in primary care

Patients reported feeling like a “burden” to their doctor **for seeking help**

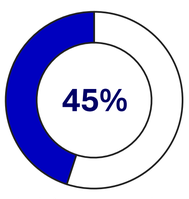
Delphi respondents did not reach consensus on whether:

- Management of AD in primary care was **as effective as it could be**



Delphi respondents (N=22, R3)

- **Quality information was provided** by primary care doctors to patients



Delphi respondents (N=20, R3)

It feels like such a minor thing when you go to the doctor for eczema… it feels like such a minor complaint compared to some of the other things people go to the doctor about…they could be helping someone else

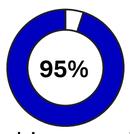
Practical tools could help optimise AD management in primary care

Delphi respondents reported that:

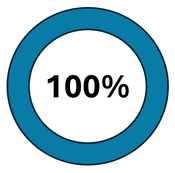
- ✓ **Quick guides** would be beneficial for primary care management

Delphi respondents (n=86, R1)

- ✓ More **comprehensive clinical guidelines** would be beneficial for primary care management



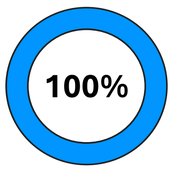
Delphi respondents (n=91, R1)



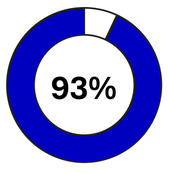
PAGs (n=2) HCP (n=7)

Agreed that **meeting minimum standards in primary care**, e.g., through completion of specific checklists, **could support better management of AD patients**

At both primary and secondary care, long waiting times are a barrier to positive AD patient outcomes



Patients (n=2) HCP (n=7)



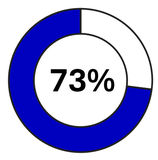
Delphi respondents (n=89, R1)

Agreed that long waiting times were reported to negatively impact patients

Eczema, people sort of dismiss it […] has such a huge impact on people's quality of life, on their ability to work, to function, to contribute to the economy

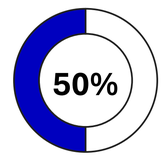
Only **27%** (n=12; R3) of Delphi respondents agreed that there was **timely access to specialist care**

Although well understood, management of AD in secondary care could also be improved



Delphi respondents (n=42, R2)

Agreed that there was a high level of understanding of management strategies for AD



Delphi respondents (n=22, R3)

Reported that there was a high level of understanding of all AD management strategies among HCPs

They absolutely don't realise, you know, the explosion in very targeted therapies that we've had over the last 10 years, and also how unwell people can be with skin disease

There was no consensus on secondary care physician knowledge surrounding all AD medications and their appropriate use (59% agreement)

Conclusions

- Interviews with patients and expert HCPs together with Delphi survey findings demonstrated that **while primary care doctors are generally knowledgeable about AD, critical gaps were identified in AD care in the UK, particularly in referral pathways (for specialist advice) and primary care management**
- The wait from referral from primary to secondary care can be purgatory for patients, and HCPs agreed on the **urgent need for practical tools to optimise management** before patients reach specialist care
- Implementing checklists and quick guides (e.g. from the British Association of Dermatologists and Primary Care Dermatology Society) could **improve consistency of care and ensure minimum standards of AD management are met** across the UK
- This would improve confidence among less experienced HCPs when managing AD patients and help address the identified barriers, which are **vital for enhancing patient outcomes and reducing delays** in AD patient care in the UK

Funding and acknowledgements

This research was sponsored by Pfizer. Project management, medical writing, data visualisation and statistical support was provided by Cogora (https://www.cogora.com) and was funded by Pfizer Ltd UK.

The team is grateful for the insights and discussion with Megan Mowbray (Queen Margaret Hospital, UK), Sophia Conner (NHS Greater Glasgow and Clyde, UK), Arlene McGuire (Guy’s & St Thomas’ NHS Foundation Trust, UK), Manjit Kaur (Heart of England NHS Trust, UK) and Sue Schilling (Alopecia UK). In addition, the input of Anita Takwale (Gloucestershire Hospitals NHS Foundation Trust, UK), Helen Isherwood (Manchester University NHS Foundation Trust, UK) and Susan Holmes (Queen Elizabeth University Hospital, UK) is much appreciated.

Pfizer Medical Affairs