



## **Patient perceptions of specialist services: a case study from Psychodermatology services in the NHS in England**

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### **Background:**

Psychodermatology clinics are highly specialised and multidisciplinary clinics that manage diseases on the interface between dermatology and psychiatry. Patients with psychodermatological conditions seek repeated referrals to different dermatology services and to other specialties (1). They are frequently resistant to referrals to psychiatry, and difficult to engage (2). Unfortunately resource constraints have resulted in a decrease in the existing provision of psychodermatology services, despite their recognized and increasing need (3), and cost-effectiveness (4). There is no existing literature that explores psychodermatology services from the patient perspective, and little qualitative research in dermatology services. Where generalism is being championed, not enough has been done from the patient perspective to explore the different dimensions of specialism that are of value to patients, and what implications these have on service delivery and organisation.

### **Aims:**

To explore patient perceptions of specialist services, using psychodermatology services in the NHS in England as a case study.

### **Methods:**

The study adopted a qualitative methodology, using in-depth interviews with 20 patients attending a psychodermatology service, recruited using a purposive sampling strategy. Favourable ethical approval was granted from the NHS National Research Ethics Committee. The stages of design, data collection and analysis took place concurrently in order to ensure that the process of conceptualization was grounded in the raw data. Elements of a grounded theory approach were used to undertake a thematic analysis.

### **Results:**

Key themes that emerged were the nature of suffering, the absence of social support, the patients' understanding of their conditions, the service, and the nature of the specialist clinic. Patients reported a lack of support and understanding from friends, family, and previous doctors. They reported delayed referral and a lack of knowledge from their GPs and general dermatologists. Patients felt that the specialist psychodermatology clinic encompassed

2nd September 2015

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knowledge, legitimisation, and trust. From the patient perspective, specialist knowledge versus generalist knowledge was delineated by the treatment options that they were given. They repeated that their GP “just gave me cream”, but that they were finally offered effective and varied options at the psychodermatology clinic. Patients felt that their problems were legitimised in that they were finally “understood” and taken seriously by the specialist doctor, where they had previously been “dismissed”. Both patients’ adherence to treatment and its placebo component were enhanced by the trust that they placed in the psychodermatology specialist.

### **Conclusion:**

In conditions such as psychodermatology where the physician must attend to the complex interplay between mind and body, the nature of specialisation enabled patients to engage with medical care, resulting in successful treatment where other settings had failed. The nature of psychodermatology conditions prevents patients from self-caring in the way that policy expects them to. For a subset of patients, specialist clinics may offer more effective treatment for the individual patients and more effective care provision for the NHS. This study highlighted the need for a contextually sensitive approach to the organisation of medical services, which acknowledges patients’ experiences and views in the settings in which they receive their care. Without this approach, some effective specialist services may be put at risk.

### **References:**

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