

Teledermatology

Skin cancer is the most common form of cancer in the UK - the incidence increased by 26.1% 2013 - 2019. Since the 1990s melanoma incidence rates have more than doubled in the UK, making it now the fifth most common cancer.

This has inevitably increased workload in primary care and put significant strain on secondary care dermatology services.

Locally there has been a sustained and increasing rise in suspected cancer dermatology referrals. Currently a significant number of these patients are waiting over 62 days for diagnosis or treatment.

As a consequence, noncancer dermatology referrals are also waiting significantly longer as the fast track clinics have priority.

This all leads to distress for patients and has an impact on primary care workload with patients reconsulting.

In many parts of the country, Teledermatology has made an enormous difference to dermatology waiting times. In Wessex Teledermatology has been working really well on the <u>Isle of Wight</u> for some time with dramatic reductions in waiting times with GPs, patients and secondary care being very happy with the service.

In Portsmouth and South Eastern Hampshire area Teledermatology has played a vital role in the recovery and sustainability of Dermatology in Portsmouth. With the move to Specialist advice and the use of Teledermatology (with or without dermatoscope) for routine conditions they have seen a number of improvements.

In light of this, the cancer alliance is keen to support both primary and secondary care to rollout Teledermatology across Hampshire and Dorset. This is also supported nationally in the PCN DES. The alliance is very aware of the overwhelming workload in primary care and is very keen to work with practices/individual GPs to facilitate Teledermatology pilots whilst minimising impact on primary care workload.

Authors: Dr Jane McLeod, Dr Christine Glew, Dr Jennifer Rattray, Dr Richard Roope, Dr Virginia Quiney, Dr David Isaac, Dr Nicola Robinson and Dr Zaid Hirmiz. April 2023



Benefits for GPs

- Being confident that your patient will be diagnosed rapidly.
- That there are less likely to be queries from distressed patients chasing fast track appointments.
- There should begin to be reductions in routine dermatology waiting times, leading to a reduction in patients reconsulting in primary care
- Providing GPs with an education resource/ 2 way conversation
- Patients are given appointments in the right clinic and right time
- Reducing the risk of missing cancer

Benefits for patients

- Rapid diagnosis.
- For some patients, a hospital appointment may be avoided which is important as many patients are elderly.
- Providing safe and effective guidance via the right route, avoiding delays with diagnoses and treatments
- Assigning appointments to the correct clinic at triage and often straight to surgery when appropriate, streamlining the patient's iourney
- Significantly reducing waiting times
- Facilitating early cancer detection
- Being informed directly about the care pathway they are on, their diagnosis and treatment plan in a clear, compassionate and timely way

Benefits for secondary care

Ability to diagnose and treat more patients more rapidly

In Portsmouth to build on the success and streamline the pathway for 2WW patients shortly there will be a move of 2WW referrals to a virtual triage model through the Specialist Advice model with all communication with the patient being handled by the Trust once accepted which will result in faster and more effective triage.

Next steps

Please do consider taking part in the pilot. We have a range of clinicians who can talk to you and support you with practical issues/concerns and how to get started. Please contact

england.wessexcanceralliance@nhs.net

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Additional resources

- British Association of Dermatologists Teledermatology
- Primary Care Dermatology Society Dermoscopy (and photography) an overview
- Training package for using dermatoscopes and adaptors:
 - 1) A video guide with Dr Zaid Hirmiz and manufacturer Schuco
 - 2) How to complete an advice and guidance request
 - 3) How to upload images to eRS
 - 4) Dermatology photo guide
 - 5) Suggested minimum dataset for advice and guidance requests