**Rolling out teledermatology in primary care, for suspect skin cancer patients**

Dermatology is a high volume specialty characterised by:

* a high level of referrals - GPs have stated approx.15% patient load
* many of which are suspected 2ww
* often for conditions that could be managed in primary care
* a continuing paucity of consultants (and other clinical staff) nationally; trusts unable to fill vacancies
* increasing demand
* often long (up to or over 52ww) delays for routine patients.

Dermatology has been identified by BSW STP and trust medical directors as one of the highest priority specialties needing action to ensure a sustainable service can continue to be delivered across primary and secondary care for our population.

As one of a number of measures to help support the sustainability of dermatology services across BSW, improve the provision of care for suspect skin cancer patients, and following a successful pilot with RUH, BSW CCG has invested in dermatoscope kits (each kit consisting of 1x Dermlite DL200Hybrid, 1x universal adaptor and 1x small area contact plate) that will be issued to all GP Practices across BSW CCG free of charge.

These kits are for use in conjunction with the Consultant Connect app’s PhotoSAF function, for GPs to submit images and request advice and guidance prior to making any 2ww skin referral.

The RUH pilot has shown that over 50% of the suspect skin cancer advice and guidance requests sent through, that included usable dermatoscopic images, resulted in no referral of any sort being required.  The results being:

* appropriate care closer to home for these patients
* very rapid confirmation of “no cancer” for these patients (most A&G requests including dermatoscopic images, send to RUH, are being responded to within 2 hours)
* avoidance of unnecessary hospital attendances
* appropriate prioritisation of those needing routine or urgent/2ww hospital care
* improved ability for GPs to manage their patients.

(NB –RUH is currently accepting A&G requests with images attached, for all appropriate dermatology conditions, not just 2ww).

As a result, we are keen to encourage every practice across BSW to adopt and use the telederm advice and guidance pathway, as soon as the trusts are able to accept and support the pathway.

RUH is able to expand immediately; SFT is about to launch with one PCN before then expanding; arrangements with GWH are still  being confirmed but expected to be roughly in line with dates shown below.

The roll-out will be sequential as follows:

1. All RUH-facing practices that are not already part of the pilot     Aug/Sep
2. SFT-facing pilot PCN (South Sarum PCN)                                            Aug/Sep
3. GWH-facing pilot PCN (PCN TBC – volunteer PCN welcomed)       Sep TBC
4. Incrementally to remaining SFT-facing practices                             not expected to start before Oct/Nov
5. Incrementally to remaining GWH-facing practices                          not expected to start before Nov/Dec

In line with best evidence and guidance, allocation of dermatology kits has been based on practice population size and will be delivered to each PCN to distribute to their practices. The allocation amounts to one dermatoscope kit per c6,000-7,-000 patients, on average. Practices are encouraged to consider how best to ensure the kit is available for GPs when required, e.g. maybe booking dermatology patients to all see particular GPs, within the practice, or PCN.

The roll-out will be accompanied by a comprehensive information pack detailing how to use the equipment, submit the images, record results into the patient record, contact details for technical support, etc. We will also be making available free online Zoom-type half-day education sessions (see course details below; dates to follow) run by an expert GPwER in Dermatology, who among other experience and qualifications, helped write and helps deliver both the Cardiff Diploma course and the Primary Care Dermatology Society courses.

On the face of it, adopting the advice and guidance pathway prior to any 2ww referral may seem like more work for the GP/practice than creating a 2ww referral. And on a case by case basis, it does involve some extra steps. However, with 50% or more of A&G outcomes not requiring a referral, there is at least a partially compensating saving of valuable GP time, plus it also results in better care and much better patient experience. As a result, teledermatology and the use of dermatoscopes in primary care, is now widely in use across the country. Further evidence of impact can be provided as required.

Details of the new arrangement have been shared with GP leads across BSW Localities and Wessex LMC. Of note our local acute trusts are keen to mandate the sending in of (ideally dermatoscopic) images for advice and guidance prior to referral. We do not believe mandating is currently appropriate, although it is a sign of how concerned the trusts are, about the sustainability of local services.

If any practice does not wish to be issued with any dermatoscopes kits, please advise the CCG as soon as possible so we can reallocate the kit to other practices.  Point of contact for this and any queries is [lauraine.jones@nhs.net](mailto:lauraine.jones@nhs.net)

Free Education Session: **Training Outline: Online dermoscopy for beginners part 1**

This half day online session is delivered via Zoom, and presented by Dr Chin Whybrew. Chin is a GP in Cheltenham with a passion for primary care dermatology, and dermoscopy in particular. She has been teaching dermoscopy since 2012, for the Cardiff dermoscopy course, Primary Care Dermatology Society and independently for practices and CCGs across the UK. This is an interactive course with plenty of opportunity to practice assessing lesions.

* How dermoscopy works and practical tips, including how to get good dermoscopy photos and troubleshooting tips
* A practical demonstration of the dermatoscopes and attachments. This includes how to turn it on, focus it, charge it, clean it etc.
* Interpretation of dermoscopic structures in benign lesions (seb K, angiomas, warts, dermatofibromas, sebaceous hyperplasia, comedones), BCCs and melanomas (and how this always needs to be taken in clinical context)
* How to put it all together into a simple algorithm
* Other uses of dermoscopy in primary care