**Teledermatology Update June 2022**

**All BSW Practices (GPs and any other staff involved in managing teledermatology) are asked to please note:**

* Thanks to your hard work, teledermatology advice and guidance is being increasingly widely used across BSW, in line with the latest national guidance (teledermatology first, for suspicious lesions).
* Additional dermatoscope kits are currently being distributed to practices to make it easier for you to access one when you need one.
* A further round of training courses at level 1 and 2 are taking place this month (part 1 – 9 June, 9a.m.; Part 2 – 23 June, 9a.m.).
* Supporting guides, short recorded video demonstrations, and a link to the Cinapsis “how to” website, are due to be re-circulated in the near future.
* It is gratifying to have seen the way that, thanks to your willing adoption of this new capability, teledermatology advice and guidance is being increasingly widely used across BSW even ahead of the latest guidance recently published (although there is still some way to go in some areas).
* All this means more of our patients are only referred when they need to be; are not referred when they do not need to be; more of our skin cancer and routine dermatology patients are able to be treated within required timeframes; and a more sustainable pan-system dermatology service is able to be provided, for all.

To help ensure this continues to be the case, we have also received and are sharing the following feedback from acute trust colleagues aimed at ensuring both the teledermatology A&G process and referral process is used correctly and appropriately for both lesions and rashes, as follows:

**Use of Cinapsis Telederm Advice & Guidance for Dermatology – Pan-BSW**

1. An increasing number of 2ww skin referrals are being sent from Primary Care without the patient having been physically seen in primary care.

**ACTION**:  Please can primary care colleagues physically examine the patient before referring 2ww.  Ideally, **for suspicious lesions**, please always use Cinapsis telederm A&G before referring 2ww – including images taken with dermatoscope.

1. Many 2ww skin referrals continue to be sent to secondary care without having sought telederm A&G first.

**ACTION**: for **suspicious lesions** please always use Cinapsis telederm A&G including images taken with dermatoscope before referring 2ww.

1. Whilst the vast majority of requests for A&G are appropriate, there has been a small but increasing number of very low threshold A&G requests that , in the consultant's opinion, could have been managed directly in primary care without the need for A&G.

**ACTION**:  When making an A&G request please consider if this is something that you really need advice on, rather than just offering to patients as an "option".  Of course, always seek A&G if unsure.

1. When the advice back from the acute trust dermatology consultant is to refer to another department/ service it is still useful for the originating GP to always get that feedback, to inform future cases that they may need to manage.  There appear to be cases where this information is not being fed back within practices to the originating GP eg if a practice nurse or administrator is receiving the A&G responses.

**ACTION**: please can Practices ensure all telederm A&G responses do reach the original referring GP.

**Use of Incorrect Advice & Guidance Route for Dermatology – Practices facing RUH Only**

1. The RUH dermatology team has noticed an increase in A&G requests (and/or supplementary A&G request information) being sent from Practices to RUH Dermatology via the RUH Dermatology secretaries’ email address.  Most of these requests appear to come not from GPs but from other HCPs or Practice admin staff.

1. This is not an agreed pathway for Dermatology A&G, and RUH replies with a standard response asking originators to redirect all queries via Cinapsis A&G.  Even providing this standard response, wastes admin and clinical time.
2. Can this practice please be stopped, the correct route for all dermatology A&G related requests is Cinapsis.

**Submitting Additional Information after an A&G Request has been made**

1. If an A&G request has been submitted and supplementary information then needs to be submitted, and the case has not yet been assigned to / opened by a Consultant, please do the following:
	1. Into Cinapsis
	2. Click on ‘awaiting responses’ box
	3. Locate case – see if unassigned - if yes then proceed (if assigned then cannot proceed and will have to await consultant response and send as a new case)
	4. Click on item
	5. Click to ‘go back into drafts’
	6. Add additional information
	7. Resubmit

Please can this be shared with all relevant primary care colleagues.

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