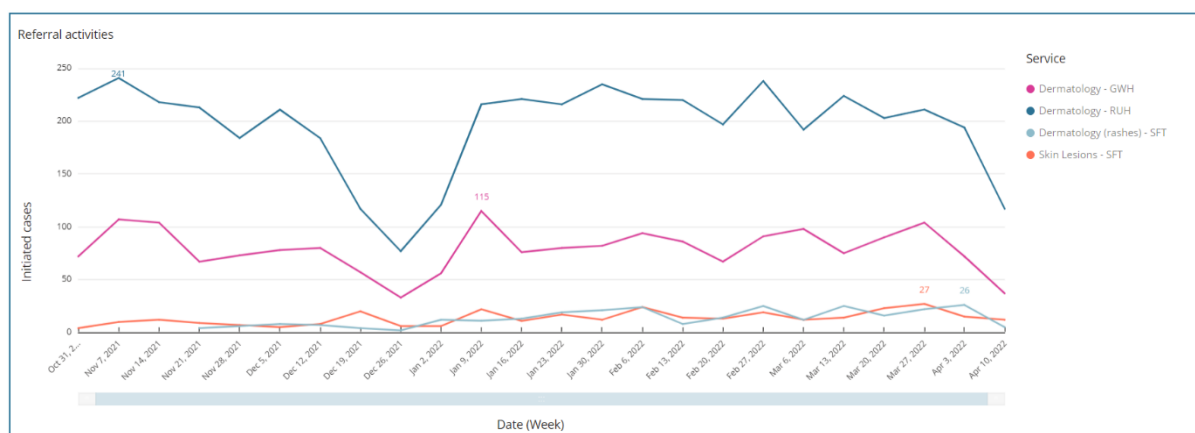


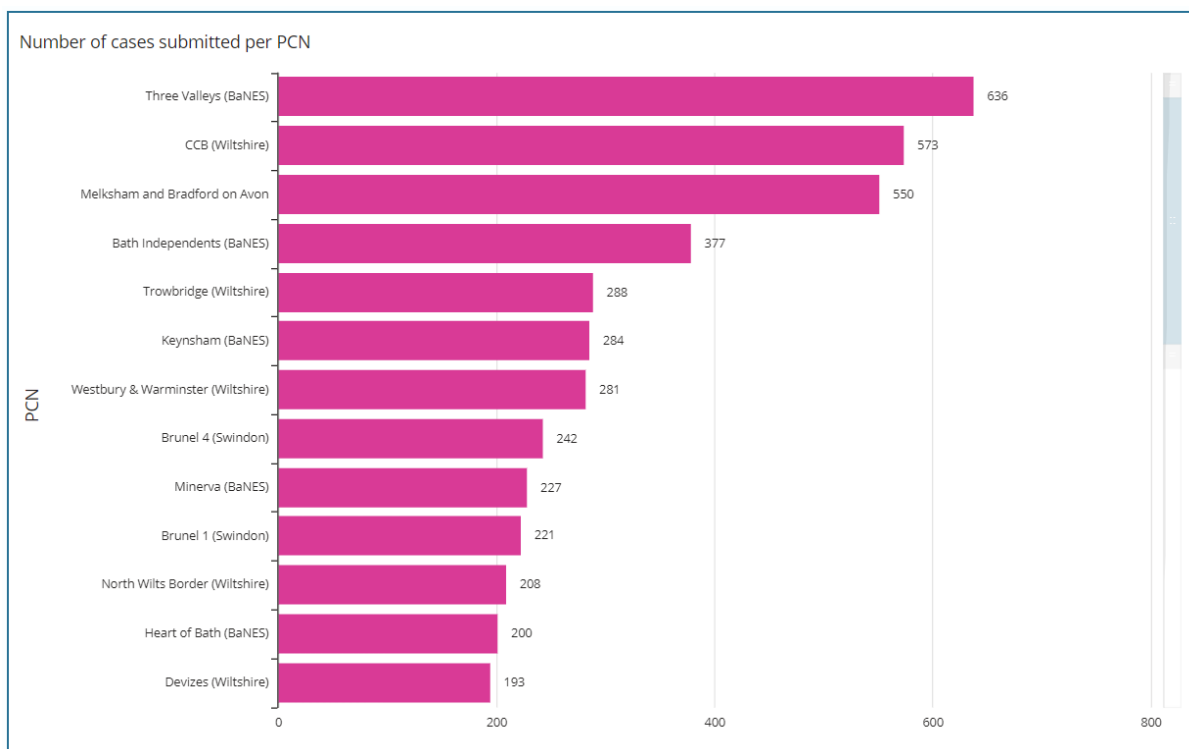
Teledermatology Update

1. **New national guidance:** [New guidance](#) for the two-week wait skin cancer pathway to support early diagnosis of skin cancer as part of the NHSCOV19 recovery plan has been issued, dated 4 April 2022:
 - a. Dermatology services receive more urgent referrals for suspected cancer than any other specialty. About half of the one million dermatology referrals per year are suspected skin cancer two-week wait referrals, and patients diagnosed with melanoma and squamous cell carcinoma make up about 6% of all two-week wait skin referrals. It is recognised that a significant proportion of patients referred have non-relevant skin lesions. Before the COVID-19 pandemic, the requirement was that all patients have face-to-face appointments in specialist dermatology departments. The ageing population is expected to put further pressure on the specialty, as skin cancer is much more common in the elderly and can be more difficult to treat in the presence of age-associated co-morbidities.”
 - b. The guidance makes the case (among other developments) for the need to: “Harness new technology, in particular teledermatology and digital referral platforms to reduce the need for unnecessary hospital attendances.”
 - c. And, “Ensure an advice and guidance skin lesion service is set up to provide general practice with an alternative decision-making resource.”
2. **Current teledermatology use across BSW:** Cinapsis teledermatology Advice & Guidance has been used over 5,500 times since 1 November 2021:
 - a. The table shows total number of teledermatology Advice & Guidance requests made, since Cinapsis began on 1 Nov 2021.
 - b. SFT total is split into rashes/lesions, with RUH currently continuing to provide A&G for lesions for SFT-facing practices.
 - c. RUH has asked that we remind colleagues to always consider using teledermatology before referring. In recent weeks they have seen a drop in teledermatology A&G requests and in parallel an increase in 2ww referrals, to a level they are not able to absorb without incurring delays for patients. Thank you for your continuing support.

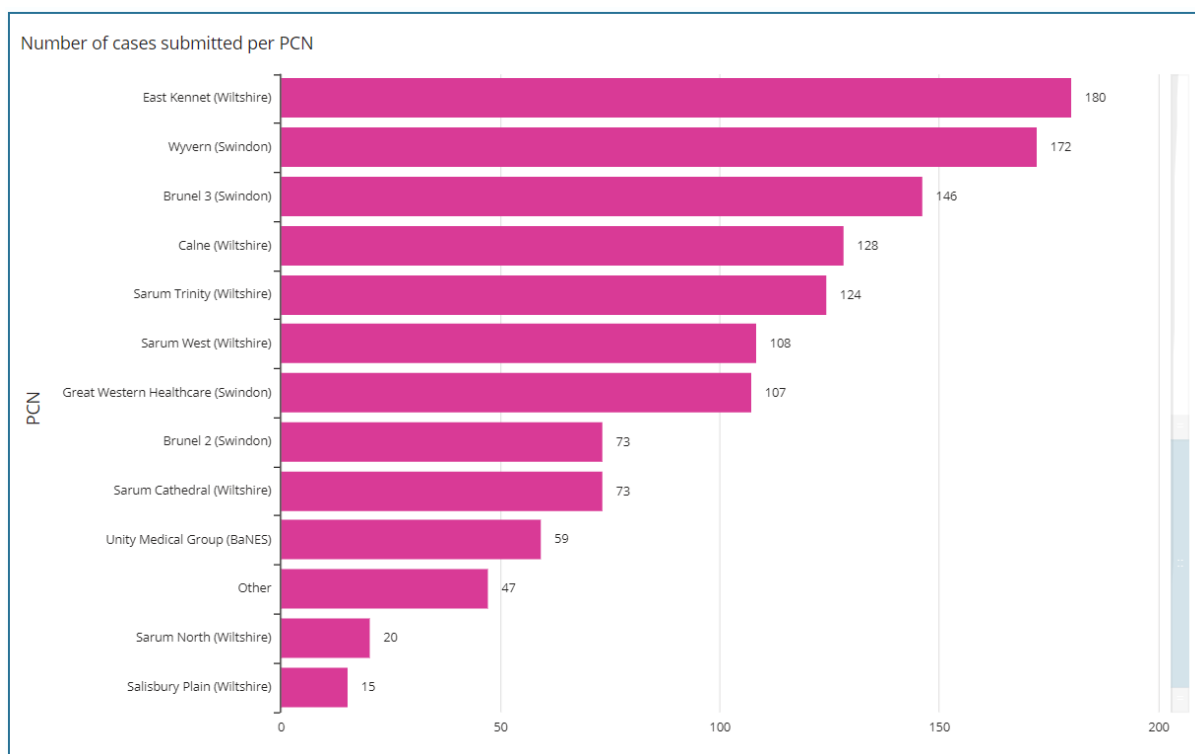


3. Breakdown by PCN:

- a. Number of cases per PCN – 190 or more since 1 Nov 21:



b. Number of cases per PCN – 190 or fewer since 1 Nov 21:



4. **Current outcomes.** Of all requests:

- 3% required further information/better or additional images
- 49.7% the referrer was provided with advice for management in primary care – no referral required
- 46.7% the referrer was requested to refer, as 2ww, or urgent, or routine (and directed as necessary to refer direct to other specialties)

- d. Of the 5,533:
 - e. **Lesions** – 4,004 requests:
 - i. 45% manage in primary care
 - ii. 35% 2ww referral required
 - iii. 9% urgent referral required
 - iv. 4% poor image quality (so 2ww refer)
 - v. 3% more information from requester required
 - vi. 3% routine referral required
 - f. **Rashes** – 1,529 requests:
 - i. 62% manage in primary care
 - ii. 20% urgent referral required
 - iii. 12% routine referral required
 - iv. 3.5% 2ww referral required
 - v. 1.5% more information from requester required
 - vi. <1% poor image quality
5. **Additional dermatoscope kits.** We are due to receive additional kits in May meaning we can distribute additional kits to all practices to increase your holdings to approx. 1 kit per 5,000 on your patient list size; also taking into account those practices with branch surgeries. We will be in touch with your practice teams to confirm exact details.
6. **Education sessions.** Additional Level 1 and Level 2 courses (half day, online) are being run this year. This includes use of dermatoscopes, taking and submitting images, and symptom recognition. “The best online training I have ever done” – BSW GP, 2020. Level 1 needs to be completed before attending level 2. See [attached for further information](#) and to book your place.
- a. Level 1 – 28 April, 2pm
 - b. Level 1 – 9 June, 9am
 - c. Level 2 – 19 May, 2pm
 - d. Level 2 – 23 June, 9am
7. **Warranty arrangements.** Details previously distributed to all practices are reattached below for information. Dermatoscope kits should be added to each practice asset register. All teledermatology equipment has been purchased from Schuco Ltd. (www.schuco.co.uk). Please contact Schuco Customer Experience Team on 01923 234600 if you need support and advice on repairs or equipment issues.

Warranty:

- a. DermLite devices purchased after 1 July 2018 include an extended 10-year warranty from the date of purchase. Products purchased prior to July 2018 carry a 5-year warranty. This warranty covers parts and labour and will be honoured based on the condition of proper use of the device and following the operating instructions. During the warranty period, defects in the device will be repaired free of charge if the malfunction is due to defective material or workmanship. DermLite IceCap® with any manufacturer defects will be replaced within 30 days of purchase.
- b. This warranty does not cover loss, damage due to wear and tear, negligent use, hard impacts, missing parts, water damage, 6v lithium batteries past 6 months, lithium rechargeable batteries beyond 1 year, scratched or chipped

lens, unauthorized repairs, improper cleaning, or damages incurred during shipping to our repair facility.

- c. Third-party products including cameras are exclusively covered by the third-party's (camera manufacturer's warranty).

Scope lifetime:

- d. It is hard to put a lifetime on the DermLite Dermatoscope - if treated and cared for we have seen devices that are 10+ years old. In fact we had a customer not too long ago come back to us with the first ever Dermatoscope we sold 15 years prior which has never been in for a repair and was still working correctly. The newer devices are built with even stronger materials than the older ones.

Typical issues. The following issues listed for user-generated accidental damage are the main ones to be aware of:

- e. Care should always be taken to protect the face of the dermlite against any impact affecting the metal retaining ring, as this will invariably transfer to the lens tube into which the ring is screwed and which is plastic.
- f. Broken lens tubes. The damaged lens tubes each require a replacement rear case for the device, as it is a moulded part to the case itself.
- g. Chipped small lens
- h. Missing retaining ring
- i. Others consist of water damage, damage from using too much oil.

Attached are the [Instructions for Use \(IFU\)](#) for reference.

- 8. **Automatic creation of a referral.** We are currently working hard with Cinapsis and CCG IT leads to get to the point where an A&G request, where referral is recommended, can be automatically turned into a referral without the GP needing to generate it. This is inevitably a lot more complicated than expected but we are working to address all the issues identified, so this can be introduced as soon as possible, and we will update you on progress. This is likely to be available for 2ww referrals first.
- 9. **Any Issues/Queries/Concerns.** lauraine.jones@nhs.net / andyjennings@nhs.net