Teledermatology

TeleDermatology is the ability to photograph skin lesions and send the images securely to a Consultant Dermatologist to diagnose whether further treatment is necessary or not.

This, in most cases, saves patients a journey to hospital to see a Consultant Dermatologist.

Statistics show that **24% of GP appointments are taken up by people concerned about skin lesions (including changes to moles and freckles)** and the ability of GPs to be able to manage these patients in a more efficient manner will free up appointment times and enable patients to be reassured more quickly that there is nothing to worry about.

**88% of referrals via the 2 week cancer pathway turn out to be non-malignant.**

**Accessing the Service:**

Referral forms for this service can be found by clicking [here](#). Alternatively please go to the NHS Contract Services section and search under NHS Shropshire CCG.

**Benefits of TeleDermatology**

- **Increased service supply by existing Consultant Dermatologists**
- **Flexibility of service delivery based on demand**
- **Community access to expert Consultant Dermatologists opinion for patients**
- **Reduction in the number of onward referrals.**
- **Reduction in unnecessary patient travel.**
- **Cost saving when compared to tariff.**
- **A source of visual education for GPs.**
Audit - through the use of the eDerm® platform a full audit trail can be obtained that will enable Commissioners to make more informed decisions in a future of better ?value-based? healthcare and commissioning intentions.

- Triage appropriate cases
- To allow patients to receive care closer to home until hospital care is clinically indicated.
- Ensure patients are on the right waiting lists first time.

The Proof - Case Studies

Hertfordshire Pilot

During 2010, THD conducted a pilot in Hertfordshire focusing directly on 2ww patients referred to the Trust Hospital, the following abstract was published in the British Journal of Dermatology:

West Hertfordshire Trust[1]

In conjunction with TeleHealth Diagnostics, a 6-month trial was undertaken, triaging patients for 2ww Trust appointments via TeleDermatology including the use of Tele-Dermoscopy. The pilot involved 7 primary care practices and one GP clinic based at the West Hertfordshire Hospital, collecting 110 digital referrals through the eDerm® software platform. The pilot concluded that 52% of the referrals via a 2ww pathway were inappropriate. All patients were also seen face-to-face in the Trust and there was 78% complete concordance between TeleDermatology and face-to-face consultations. In the cases where there was some discordance this would not have affected the onward management of those patients. Most importantly zero melanoma were missed through the TeleDermatology process. It concluded that TeleDermatology is a reliable pathway for triage and significant downgrading of 2ww patient referrals.

The diagnosis of patient conditions that were directly referred for a 2ww consultation revealed the following mix:

- **13% Suspected Malignant Melanoma**
  
  Of that figure 5% were subsequently confirmed by histology.

- **8% Suspected Squamous Cell Carcinoma**
  
  Of that figure 5% were subsequently confirmed by histology.

- **14% Suspected Basal Cell Carcinoma**
  
  Of that figure 13% were subsequently confirmed by histology.

15% of all the patients seen were classified as "no referral necessary"
Most important 0% Melanoma missed through TeleDermatology

Buckinghamshire pilot

Following on from the Hertfordshire pilot, throughout 2013 THD conducted a pilot in Buckinghamshire for Chiltern and Aylesbury Vale CCG’s under oversight from the CSU. This pilot utilised a hub and spoke methodology with GPs referring into 11 hub sites that ran weekly clinics. The hub site users were 10 local GP’s and 1 nurse. All hub site users were trained in medical photography and TeleDermatology/TeleDermoscopy protocols by THD. The 4 reporting Consultant Dermatologists were from Buckinghamshire Hospitals NHS Trust and this was their first experience in using TeleDermatology to triage patients on this scale. The Buckinghamshire pilot was a full TeleDermatology service offering (ie: lesions and inflammatory conditions).

There were 2167 patients seen during this pilot, with a case split of 1976 being lesion and 191 for general (inflammatory conditions) referrals. Of the 1976 patients referred for lesion triage the following outcome was achieved:

65% of patients were directed to either care in the community or required no onward referral.

Local GP and hub site user, Dr Edward Williams commented:

? Dermoscopy opens a new world of colours to aid in the diagnosis of skin lesions. Teledermoscopy increases patient access to this new world in a timely manner whilst still close to home. A win-win both clinically and in terms of convenience. More guidance in management, upskilling practitioners and improving patient care. This is a modern technology application in medicine ?

OUR CONSULTANT LEAD:

Jonathan Bowling is a Consultant Dermatologist. He has nearly 20 years’ experience in the field and was the skin cancer lead for Oxford and the past chair of the West Thames Valley specialist skin cancer MDT. His main interest is skin cancer diagnosis and treatment, and he has pioneered the use of dermoscopy in the UK for mole screening and for the early diagnosis of melanoma. Over 50% of British dermatologists have attended his courses in basic and advanced dermoscopy.

He has published and lectures extensively on skin cancer diagnosis, and is the author of the award winning textbook?Diagnostic Dermoscopy: The Illustrated Guide? published by Wiley-Blackwell. He has an active interest in telemedicine and, in addition to providing a telemedicine service in Oxford for the last 10 years, he co-authored the Teledermoscopy chapter in ?Teledermoscopy in Dermatology?, published by Springer in 2011.

He is passionate about improvement in diagnostic accuracy and the resultant economic gain that can be delivered within a skin service. Diagnosing melanoma: How do we assess how good we are? Clin Exp Dermatol 2014 39(2)129-134.