

# Teledermatology Update

## Carolyn Charman

NHS England National e-Referrals Secondary Care Clinical Lead, British Teledermatology Subcommittee Chair  
Consultant Dermatologist, Royal Devon and Exeter Hospital

Teledermatology is continuing to expand across the UK. Since last summer there have been significant changes in national digital healthcare delivery, including;

- the development of NHSX (a new joint organisation involving government, NHS and Industry) to drive NHS digital transformation.
- publication of a new digital vision to redesign clinical pathways in Chapter 5 of the NHS Long term Plan.
- roll-out of the NHS e-Referral system across the whole of England, following the Paper Switch Off programme in October 2018.

This article provides an overview of the relevance of these changes to busy dermatologists 'at the coal face', and discusses how teledermatology is becoming an increasingly accessible option for dermatologists to deliver rapid and flexible patient care. This article will focus on NHS teledermatology platforms for new elective patients. In future updates we will focus on expanding digital care for follow-up patients, and discuss commercial platforms and skin cancer triage in more depth.

## The British Teledermatology Subcommittee

In order to keep pace with the explosion of digital teledermatology technology, a new and expanding teledermatology subcommittee has been established at the BAD. The subcommittee includes consultants, primary care and patient representatives and trainees from across the UK. Its role is to work with the Clinical Services Unit to develop safe and effective teledermatology models of care and inform the BAD membership of new developments in Teledermatology. We aim to provide members with access to a central support team for any issues relating to digital dermatological care.

The teledermatology team are also working closely with national organisations such as NHS England, NHSX and NHS Digital, the Care Quality Commission and the Elective Care Transformation teams on various operational work streams. Teledermatology service standards are presently being developed with our stakeholders to

inform on the wider use of this resource in services. As part of this process the committee would appreciate feedback from members on their use of teledermatology in their service. A short 10 minute survey will be made available in due course.

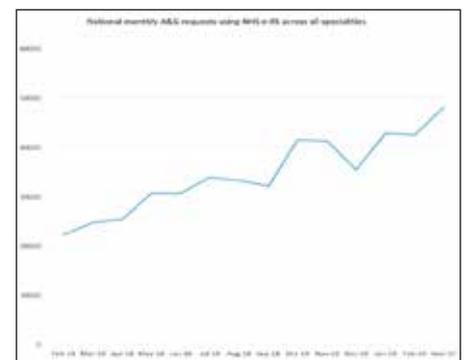
## How does teledermatology fit into current NHS referral pathways?

To fully understand the potential role of teledermatology in your Trust, it is important to understand current referral pathways. The NHS e-Referral Service (e-RS) is the national digital platform for referral and triage of patients across England, and is now required to be used contractually by every GP practice and Trust in England for elective referrals.<sup>1</sup> As from 1 October 2018, the NHS Standard Contract states that GPs are required to refer all patients to consultant-led first outpatient services using e-RS, and providers need not accept, and will no longer be paid for activity resulting from, elective referrals made by other means (eg paper, telephone, e-mail).

E-RS has three main pathways, two of which can readily be employed for teledermatology, and are already being used successfully in a number of departments around the country, including York, Gloucester, Exeter and London (box 1).

The Commissioning for Quality and Innovation (CQUIN) scheme for 2017/19

has incentivised providers to provide A&G services. There has been a significant rise in use of e-RS A&G for both teledermatology and across other specialities.



## How do Referral Management Centres fit into teledermatology service models?

In some areas of the country Referral

### Box 1. The NHS e-Referral service provides three electronic pathways for GPs to interface with providers

#### 1. Advice & Guidance (A&G)

An advice only service which allows a GP to request A&G from a Consultant before or instead of making a referral, usually with a 48 hour turn-around. Teledermatology images can be attached to the advice request. If the specialist recommends referral then the decision and responsibility to refer remains with the GP. National data suggests that ~ two thirds of teledermatology referrals using A&G do not require face-to-face review.

#### 2. Referral Assessment Service (RAS)

A referral triage service where referral information is assessed by the provider before an appointment is booked. Teledermatology images can be attached to the advice request to allow effective triage or advice only. RAS pathways are most suitable when specialist providers determine that referral pathways are complex; they require more administrative time and resources than directly bookable services, and reduce patient choice.

#### 3. Directly Bookable Service

A referral service for face-to-face appointments, where the patient selects an appointment and books before the specialist reviews the clinical referral information. Directly bookable services are the most economical way of referring a patient into an out-patient appointment using e-RS.



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Management Centres (RMCs) are commissioned to provide an additional level of patient triage. Teledermatology using e-RS A&G bypasses RMCs, providing direct communication between GPs and Consultants.

In areas with RMCs, some teledermatology services have been commissioned which require Consultants to provide teledermatology advice on referrals *before* the patient has chosen a provider Trust (pre-choice triage or rapid expert review), hence requiring RMC involvement. The BMA has recently questioned the long term role of RMCs following the expansion of e-RS A&G availability across England.<sup>2</sup> The role of RMCs varies across the country, and local commissioning decisions will balance the costs against benefits to clinicians and patients.

### Teledermatology tariffs and job-planning

A benchmark *non-mandatory* tariff for Consultant-led A&G has been published for 2019/2020 as a guide for local negotiation for all specialities. Where Teledermatology A&G services involve the review of several images, tariffs of £40-£50 or more may be negotiated depending on the average time taken for reporting (usually 8-10 minutes), compared to a face-to-face consultation. A tariff scale based on turn-around time has the advantage of encouraging A&G to remain a rapid response pathway for GPs to use. Where A&G is used more flexibly to replace some routine clinical activity, commissioning negotiations should consider a higher tariff with longer turn-around times to allow dermatologists to safely balance face-to-face and virtual clinical activity. Consideration must be given to the value of maintaining a 48-hour response time in an expanding teledermatology service with a fixed Consultant workforce if it compromises capacity for face-to-face clinics; commissioning discussions around the relationship between teledermatology requests, clinic activity and waiting times should be an important part of any contracting process.

Recommended teledermatology case numbers for job-planning are approximately 25 cases in a 4-hour session (8-10 minutes per case).<sup>3</sup> If teledermatology is used to triage patients directly for surgery or into

### Benchmark prices for advice and guidance services

Description	2 or less working days	3-7 working days	8 or more working days
Advice and guidance tariff (£)	£30.00	£20.00	£10.00

specialist clinics, patients must be informed of all available treatment options, and time must be allocated for clinical administration e.g. completion of surgical booking forms and consent.

### Commercial teledermatology providers

An increasing number of commercial teledermatology systems are being promoted to Trusts and CCGs across the UK. The costs of these systems need to be weighed against any additional advantages over NHS e-RS. We will discuss the benefits, challenges and lessons learned from users of these commercial systems in a future newsletter. Please continue to feedback your experiences of commercial teledermatology providers; only e-RS teledermatology data will be collected centrally through NHSE.

### Teledermatology for skin lesion triage

Teledermatology can be used for upgrading or downgrading of skin lesion referrals or triage of patients to skin surgery in the hospital or community; a teledermatology RAS lesion pathway may be used in this context to supplement existing referral pathways. Teledermatology services for suspected skin cancer require rapid review of images (24-48 hours). Teledermatology is most appropriate for use outside of the 2 week wait pathway, reserving 2 week wait appointments for face-to-face clinic reviews of patients with high suspicion of malignancy.

Patients with pigmented lesions should be referred via teledermatology as an alternative to a face-to-face consultation only if:

- there are facilities to include with the referral a dermoscopic image taken by a person trained in the use of a dermatoscope and
- the reporting clinician is trained in the interpretation of macroscopic and dermoscopic pigmented lesion images.

Teledermatology of individual skin lesions should be used as an alternative to face-to-face consultation only in cases where the referring clinician feels the patient does

not require a total skin examination by a skin specialist.<sup>4</sup>

### Thinking of setting up a teledermatology service?

1. Contact your Trust e-RS lead. Is e-RS already being promoted for A&G across other medical specialities in your Trust? Consider A&G for general teledermatology, including rashes. Consider an e-RS RAS pathway if you are planning a teledermatology service to triage skin lesions.
2. Are commercial advice and guidance systems being used locally and do they have benefits over e-RS?
3. Contact the British Teledermatology Subcommittee for up-to-date advice on mobile devices, apps for image transfer, dermoscopic attachments, consent forms and general commissioning advice and support.

### Contacts

#### British Teledermatology Subcommittee

Enquiries - Andrew Widelski  
(andy@bad.org.uk)

Chair - Dr Carolyn Charman  
(Carolyn.charman@nhs.net)

Commissioning Lead – Tania Von Hostenpenthal (tania@bad.org.uk)

### Future meetings

Teledermatology and Digital Dermatology Symposium, July 3rd. BAD Annual Meeting, Liverpool

Teledermatology Skills and Practice Oct 31st- Nov 1st. Willan House, London

### References

1. NHS E-Referral Service (digital.nhs.uk/services/nhs-e-referral-service)
2. BMA. NHS e-Referral Service: a guide for secondary care doctors. December 2018. (www.bma.org.uk/collective-voice/policy-and-research/nhs-structure-and-delivery/nhs-structures-and-integration/nhs-ereferral-service-a-guide-for-secondary-care-doctors)
3. A Guide To Job Planning For Dermatologists. July 2018 (www.bad.org.uk/healthcare-professionals/clinical-services/employment-guidance-for-dermatologists)
4. Quality Standards for Teledermatology. (www.bad.org.uk/healthcare-professionals/specialist-groups/british-teledermatology-society)

