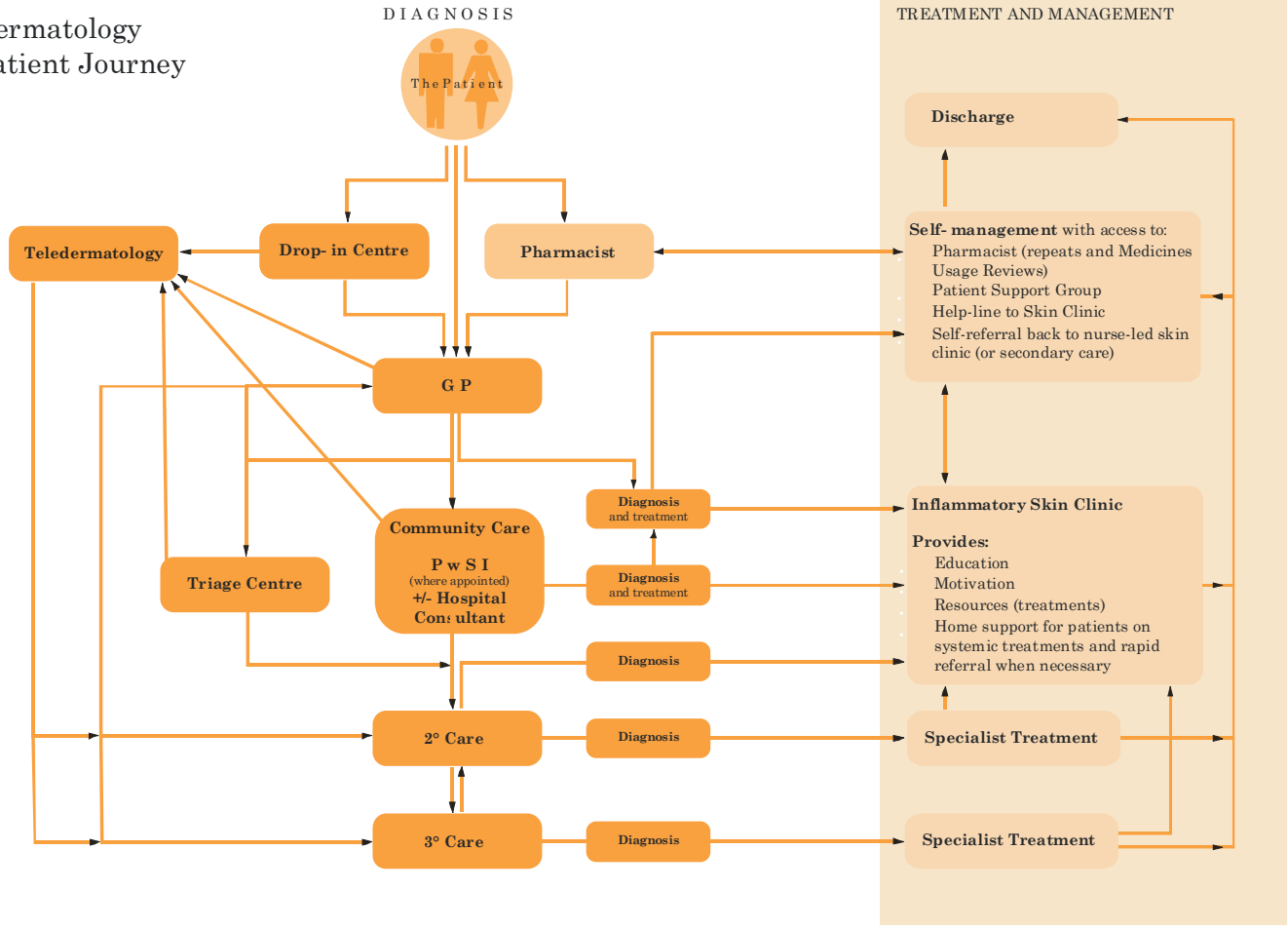
Dermatology Patient Journey



GP – 24 % of workload is skin related. Quality very variable, limited formal training in Dermatology. Some very good enhanced primary care from experienced individuals.[1]

Intermediate Care:
GPwSI – well designed and integrated services are effective but expensive.[2] 30% are not appropriately integrated. 50% have inadequate training and are not appropriately accredited [1]
Community based nurse specialist:

I) working in an integrated system with secondary care: good evidence for the effective role in protocol driven care in limited diagnostic categories[3]
II) Limited evidence of independent role as an alternative to GPwSI[3]

Triage: Good evidence of value, best done by a consultant.[4]

Teledermatology: increasing evidence of a valuable role in triage in skin cancer, and as a means of triage and follow up in geographically isolated areas when used within a local clinical network. Unproven potential role in more comprehensive triage. No evidence that teledermatology, independent of local services, is safe or cost effective.[5]

Community Services; embrace a range of options, including CATS, community based hospital services and privately run services. No data indicate that any service is higher quality than conventional hospital based dermatology. All, even those serviced by hospital dermatology, are more expensive.[6,7,]

Skin cancer screening and treatment: whilst community skin cancer services exist, and may be effective, few meet national regulations and there are no data indicating cost effectiveness in comparison with conventional services.[8]

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