

**Urgent Suspected Cancer (USC) skin teledermatology referral**

**Operational guidance**

A description is provided of the teledermatology pathway and requirements for:

* Clinical assessment
* Image capture
* Referral
* What happens next

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| **1** | **First appointment in primary care – clinical assessment**  **Undertaken by: GP or other primary care clinician**  Patient raises a concern about a skin lesion and attends first appointment in primary care where a clinical assessment takes place. |
|  | Primary care clinician takes a history and examines the patient.  If a decision is made to refer on an urgent suspected skin cancer pathway the assessing clinician completes the [**Suspected Skin Cancer Referral Form**](https://remedy.bnssg.icb.nhs.uk/media/5894/ccg-2ww-bnssg-skin-cancer-nov-22.rtf)  Referral saved to the patient notes.  **Virtual assessment can only be carried out with a completed referral form which provides information that informs that assessment.**  Practice secretary informed of the referral and that it should be sent once the images are also uploaded to the patient notes. |
| **2** | **Using the teledermatology service**  The GP asks the patient to book a photo appointment with a Health Care Assistant (HCA) or other member of staff who has been trained in skin lesion photography.  To ensure the correct lesion is photographed by the HCA the primary care clinician should clearly indicate in the patient notes which lesion is of concern. Ideally the assessing clinician will take a macroscopic photograph clearly indicating the lesion and save this to the patient notes.  **Inclusion**   * Over 18 * Patient consents to the referral and given information re process/PIL * If unable to consent then best interests decision is made for referral * Lesion must be accessible for photography i.e. not under bandages   **Exclusion criteria – patients should not be referred via the service if they:**   * Under 18 * Three or more lesions * Lesion previously reviewed by teledermatology service unless photo review requested * Total body skin examination/full skin check is not included/possible NB this is not routinely offered by dermatology apart from in certain circumstances * Any melanomas unintentionally  biopsied in primary care should be referred directly for face to face review |
| **3** | **HCA appointment booking**  **Practice reception team**  The patient will ask to make an appointment with an HCA to have a photo taken. An appointment is then made with one of the HCA(s) who have been trained to undertake skin photography.  The appointment should be provided in less than 5 days.  Patients should be offered a link to an information leaflet explaining why photos are being taken. The leaflet is included below. |
| **4** | **Teledermatology image capture**  **Undertaken by: Health Care Assistant**  Patients should be asked if they have or would like a copy of the information leaflet.  Photos should be taken as follows:   * Photo of the referral indicating the patient name and/or NHS number. * A general photograph of the skin lesion (clearly marked /arrowed) to show where it is located on the body * A close up photograph of the skin lesion with a measure to show the size * Close up dermoscopic photograph(s) – **equipment sterilised before reuse** **(the lens can be wiped)**   Pease ensure that photo(s) are taken of the lesion(s) identified in the referral by surgery. The referral should clearly indicate the location of the lesion and be available to the member of staff taking the images to make certain that lesions are correctly identified and photographed.  Teledermatology will assess photos of up to **two** lesions. If the patient has three skin lesions or more and indicates they have concerns about those lesions please ask the patient to book a second GP appointment. Only lesions which have been assessed by a GP should be photographed.  A short questionnaire should be completed with the patient – attached below.  The quality of the images submitted is critical to providing a virtual assessment. If the HCA is concerned that an image is not clear they should take additional in focus images. The camera can be connected via HDMI cable to a screen for viewing of images, either in real time or afterwards.  At the end of the appointment the camera should be used to take a second photo of the patient referral. This will separate patient images and mark the end of one set of patient photos. |
| **5** | **Saving photos**  At the end of the clinic session photos should be uploaded to the patient notes on EMIS.  [A full guide to data transfer to PC or sharing images by WiFi is available here](file:///C:\Users\nbp3092\Desktop\Telederm\dz-image-store.casio.jp\client_info\DZSHOP\view\smartphone\ext\DZ-D100_EN.pdf%3ftimestamp=1699515943757).  Summary:   * Switch off the camera and connect it to USB port of the PC using a micro USB cable. The camera should be at least 1.5 meters from the patient. * Press the power button to switch the camera on – the camera’s operation check indicator will turn green * The first time you connect the camera to a PC via a USB cable an error message may appear. In this event briefly disconnect and then reconnect the cable. * The device will be accessible by double clicking **“Removable Disk”** and the folder labelled **“DCIM folder”** * The folder (which contains the images) and be copied to your PC * Please rename the folder * Once copying is completed the PC can be disconnected |
| **6** | **Primary care urgent suspected skin cancer referral**  **Undertaken by: Practice secretarial/admin team**  The admin team should then upload the referral to e-RS by selected the following service:  RESTRICTED 2WW skin telederm PILOT – Southmead - RVJ  **OR**  RESTRICTED Skin Telederm Pilot 2WW suspected cancer – BRI  Photo files should be attached to the completed [Suspected Skin Cancer Referral Form](https://remedy.bnssg.icb.nhs.uk/media/5894/ccg-2ww-bnssg-skin-cancer-nov-22.rtf)  alongside a completed questionnaire. |
|  | Where multiple images need to be uploaded to eRS alongside referral:   1. Export all files onto desktop. 2. Create generic 2WW skin referral following usual steps. 3. Pause at the ‘Appointment Request Details’ screen and add all documents using the ‘add referral letter’ functionality.   A screenshot of a computer  Description automatically generated   1. Continue with usual 2WW skin referral process. 2. Pause when you get to the stage of the process that usually requires you to add attachments, please see screenshot below for reference:   A screenshot of a computer  Description automatically generated  **DO NOT** add any of the pictures of referral letter(s) as this was done earlier on in the process. However, you can continue to select other attachments like consults, investigations, etc.   1. Once the 2WW skin referral has been completed, go to the eRS portal and check the active UBRN has attachments. If it does not, follow the ‘attach a referral letter’ section on this web-page linked [here](https://digital.nhs.uk/services/e-referral-service/document-library/referring-a-patient). 2. **Ensure images are saved in line with your organisational policy (on EMIS / in a secure folder) and delete files from desktop.** |
| **7** | **What happens next?**   * A dermatologist will assess the referral and will contact the patient and the GP within 28 days. * For some patients, the dermatologist will be able to make a diagnosis from the photograph, provide reassurance and discharge the patient back to the GP. * Sometimes, the dermatologist may need to see the patient in person or the patient will need a biopsy. If this is the case, the patient will be contacted directly by the hospital and offered an appointment. If the patient needs to be seen quickly, the dermatologist will arrange for this to take place. * The dermatologist who reviews the referral and the photographs will write to the patient and GP with the decision so both parties are kept up to date with what is happening with your care. This will be within 28 days of having the photographs taken. * If the patient contacts the surgery and has not heard from the hospital within 28 days of the photography, please contact the hospital the patient has been referred to:   **University Hospitals Bristol and Weston NHS Foundation Tru**st please contact 01173426388  **North Bristol NHS Trust** please contact 0117 414 0538 |

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| --- | --- |
| Patient Questionnaire  Name/date of birth/NHS number  Address | Date of clinic:  Location of clinic:  Photographer: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** |  | **N** |
|  | | | |
| Where is the mark that has caused you or your GP concern and how long has it been present? | | | |
| …………………………………………………………………………………………… | | | |
| Has the mark changed? |  |  |  |
|  | | | |
| *If yes, how long ago did you first notice the change?* …..………………………… | | | |
|  | | | |
| Is it painful or tender to touch? |  |  |  |
| Does it bleed without being scratched or picked? |  |  |  |
| Have you or your GP tried any treatment? |  |  |  |
|  | | | |
| *If yes, please describe the treatment tried*…………………………………………. | | | |
|  |  |  |  |
| Have you worked outdoors for more than 10 years in your life? |  |  |  |
| Do you burn easily in the sun? |  |  |  |
| Do you have an organ transplant or take medicine that alters your immune system |  |  |  |
| *If yes, please give details* | | | |
| …………………………………………………………………………………………… | | | |
| Do you have a heart pacemaker? |  |  |  |
| Do you take medicine that makes you bleed more easily *(‘blood thinners’)*? |  |  |  |
|  | | | |
| *If yes, please name it:* ………………………………………………………………… | | | |
| Do you have an allergy to medications or creams or wound dressings? |  |  |  |
| *If yes, please name it:* ………………………………………………………………… | | | |
|  | | | |
| Have you had skin cancer in the past? If yes: |  |  |  |
| *Please provide detail of when, the name of the cancer and where it was treated*  *………………………………………………………………………………….* | | | |
|  | | | |
| Is there a family history of skin cancer? |  |  |  |
|  | | | |
| *If yes, could you name the type of cancer…*………………………………………… | | | |
|  | | | |
| Do you have mobility problems or requirements? |  |  |  |
|  | | | |
| *If yes, please provide details…*………………………………………………………… | | | |
|  | | | |
| Would you be happy to provide feedback on this new service? |  |  |  |
| *If yes, how would you like to be contacted?..................................................* |  |  |  |

**BNSSG Teledermatology**

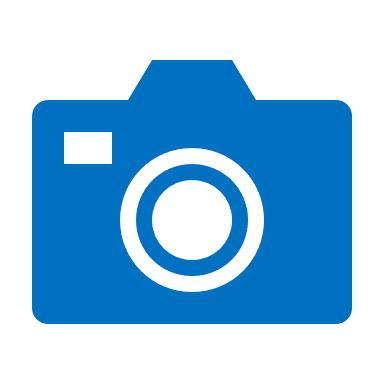
**Patient Leaflet**

**Attending a photo clinic appointment**

Your primary care clinician is concerned that you could have skin cancer and has referred you to a dermatologist (skin specialist) to assess this further. The hospital offers a service to assess skin lesions such as yours remotely saving patients having to travel to the hospital.

In order for this assessment to take place photographs of the skin lesion and clinical information will be sent securely to the hospital dermatology department where it will be reviewed by a dermatologist.

You will then be contacted by the hospital either by letter or by phone with a diagnosis and a plan for treatment, if required.

If you need to attend a hospital appointment following review of your images the hospital will contact you directly to book an appointment. **Please do not attend the hospital unless you are contacted** – the review of the images taken today may appear in your NHS App but it is not an appointment you need to attend. ****

The Health Care Assistant you are seeing will take three separate photographs of the area of concern on your skin, one to identify the area of the body and two more close up photographs.

**How to prepare for your appointment**

To make sure the photographs taken clearly show the area of your skin affected please make sure that:

1. If there is a scab or crust on your skin and you are able to please:

* Soften the skin whilst waiting for your appointment by regularly applying an emollient (gentle moisturising) cream to reduce any irritation
* Soak the area of skin with a clean, warm cloth before attending your photography appointment – the scab or crust may come away easily
* If the scab/dried material is at a site you cannot see, please ask a friend or relative to help you
* Where the scab does not come away easily please do not attempt to force it

1. You have removed jewellery and any make up from that area of skin before you attend the appointment

**What are the benefits of this service?**

Offering a remote service will save many people having to travel to the hospital for an outpatient appointment. A remote assessment service has been successfully trialled in Bristol and is in use across the country with positive feedback from patients.  
 **What happens next?**

* Once you have attended the photo clinic appointment a referral will be sent securely to the hospital dermatology department.
* The referral will be reviewed by a dermatologist.
* You will be contacted by the hospital either by letter or by phone to be given a diagnosis and informed whether any further assessment is needed.

If you have not heard from the hospital after 21 days please contact:

University Hospitals Bristol and Weston - 0117 342 6388

North Bristol NHS Trust - 0117 414 0538

**Your feedback matters**

We would really like to have feedback on your experience of this service. Has it worked for you? We may contact you by letter or phone in the next 4 weeks to ask for feedback.

**Storage of the photographs and confidentiality**

Our files are stored and accessed in accordance with the General Data Protection Regulation (GDPR 2018.)

Your photographs are named and transferred to our image database for permanent storage as part of a hospital medical record. Your images are accessible only by the staff involved in your care.

**Chaperones**

If you would like a chaperone present, then please ask the member of staff undertaking your appointment.