Information for GPs

Routine referrals
Please refer via choose and book to the appropriate clinic.

2-week wait skin cancer referrals
Only patients with suspected melanoma and squamous cell carcinoma (SCC) should be referred via the two week wait. Please refer patients with suspected basal cell carcinomas (BCCs) via Choose & Book.
Please click on the following link for the two week wait proforma/referral form.

Teledermatology
The North Devon District Hospital Dermatology Department has launched a teledermatology service. This service allows GPs to seek advice from a consultant dermatologist by sending a secure email with relevant clinical information along with digital photographs of the area/s of concern. This service provides an alternative to out-patient referral for selected patients and can be used to obtain rapid advice from a consultant dermatologist within 5 working days.

The service should be particularly useful for elderly patients living in nursing or residential homes who may find it difficult to travel. For these patients GPs should consider taking a digital camera or smartphone with a camera to their consultations (note the photography guidelines in Appendix B).

With consent from the patient (see consent form at Appendix D), clinical photographs can be taken in the consultation using either a home or practice digital camera or a smartphone camera. The photograph/s should then be attached and sent from a secure email (such as NHS mail) with the relevant clinical information to D-CCG.Dermatology@nhs.net

The teledermatology service can be used to:-
obtain rapid diagnosis and management advice from a Consultant Dermatologist triage patients with basal cell carcinomas for skin surgery - patients will be sent preoperative information in the post and booked directly onto an appropriate surgical list, avoiding the need for a dermatology clinic appointment.

Exclusions:

2-week wait skin cancer referrals (suspected melanoma and squamous cell carcinoma)

Pigmented lesions (please refer to the pigmented lesion clinic for dermoscopic evaluation).

Teledermatology and Dermatology Service information

Dr Karen Davies, Lead Clinician, North Devon Healthcare Trust
Tel: 01271 312850
Email: karendavies10@nhs.net

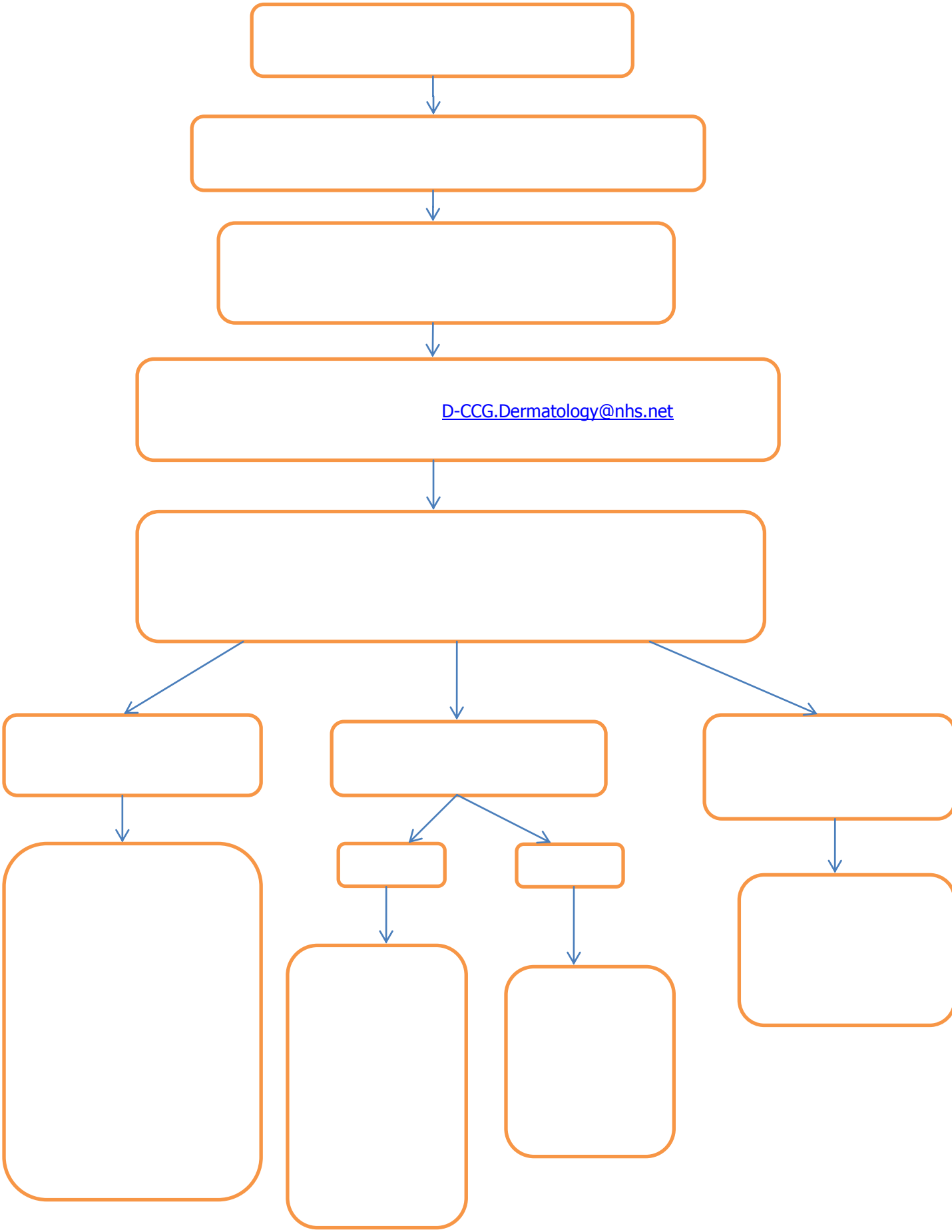
Dermatology website: http://www.litchdonmedicalgroup.co.uk/dermatology

Dr James Szymankiewicz, Lead GP, Waterside Practice
Tel: 01271 863840
Email: james.syzmankiewicz@nhs.net

See the following appendices/links for more information:

- Appendix A – Pathway for North Devon Teledermatology Pilot
- Appendix B – Photography protocol
- Appendix C – Recommended referral information
- Appendix D – Teledermatology patient consent form

Appendix A: Pathway for North Devon Teledermatology Pilot



Appendix B - Photography protocol[1]

Digital cameras, including digital cameras on smartphones, can be used to take images for the teledermatology service. If a camera on a smartphone is to be used then the smartphone must be encrypted (protected by a password or passcode) and capable of having images deleted remotely if the smartphone is lost or stolen.

1. **Patient consents to teledermatology process.**

2. **Photography session.**

Patient identification shot

To avoid risk of misidentification, each individual patient session should begin and end with a photograph to identify the patient. Take one photograph of something to identify the images as belonging to an individual patient, e.g. unique identification number. This should not be a full set of patient identifiable data (PID). Repeat at the end of the individual patient session.

Backgrounds

A neutral coloured, plain background, such as a dressing towel, should be used to isolate the subject from any distractions.

Photographing lesions

• Produce a mid-close-up image to include some anatomical marker, establishing the location and providing some general context for the lesion

• Produce at least one macro (close-up) image of the lesion. A second photograph can be taken from a different angle to supplement this. A further image, with a centimetre scale can also be taken. A close-up without a scale is important, as scales will cover an area of the surrounding skin and could hide some salient features.

• Where there are multiple lesions or where a lesion is not obvious, the area can be identified on the skin using surgical tape, sticky label or a washable marker (an alternative would be to add a circle, box, arrow or number markers to the digital image, if the program permits).

Photographing rashes

• A wider, regional view, or series of views, is useful in illustrating the general distribution

• A number of detailed macro views are useful in illustrating the detailed, textural features of the condition.

3. **Download and store the images within the practice**

• Images should be downloaded to a secure, backed-up server and stored within a file structure that identifies each individual patient, and, within that, each episode

• Where possible, images should be attached to the patient's individual electronic practice record.

• Once images have been downloaded to a server, the original images should be deleted permanently from the mobile device (including any links to the image).

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[1] Primary Care Commissioning, Quality Standards for Teledermatology
http://cdn.pcc-cic.org.uk/sites/default/files/articles/attachments/telederm_report_aw_web4.pdf

• Images should not be duplicated, so if images are stored in the record, the original downloads can be deleted. Care should be taken to ensure the image itself and not simply the path to the downloaded image is stored

• Images should not be stored in the practice on unencrypted individual personal computers or on memory sticks or other portable media, such as CDs/DVDs

• Post-capture processing of images, through image editing software, such as Adobe Photoshop should be avoided unless it is part of a planned image management workflow, initiated and overseen by an imaging professional.

Appendix C – Recommended referral information[2]

Patient demographic data

The following patient demographic data should be collated as standard:

- Date of birth
- Gender
- Ethnic group
- Address and contact telephone number.

Required information for skin lesion referrals

The minimum information required for a teledermatology referral for skin lesions is:

- Date of onset/duration
- Whether single or multiple
- Location/s on body
- Changes in size, shape, colour
- Any bleeding and/or ulceration
- Symptoms
- Any personal and/or family history of skin cancers
- Other risk factors, i.e. excessive sun exposure, fair skin, large number of naevi, immunosuppression, outdoor occupation etc.
- Repeat and recent medications
- Other medical conditions.

Required information for inflammatory dermatosis referrals

The minimum information required for a teledermatology referral for inflammatory dermatosis is:

- Date of onset/duration
- Location/s on the body
- Symptoms
- Previous treatment for this condition and its response to medications
- Personal and family history of skin disease
- Personal and family history of atopy
- Relevant medical history
- Known allergies
- Repeat and recent medications
- Active problem list.

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[2] Primary Care Commissioning, Quality Standards for Teledermatology http://cdn.pcc-cic.org.uk/sites/default/files/articles/attachments/telederm_report_aw_web4.pdf

A body map is also recommended to show the site of the lesion/s and/or the site/s and extent of inflammation.

Appendix D – Teledermatology patient consent form

Statement of the patient
I confirm that I:

- Have had the process of teledermatology explained to me and I have had the opportunity to ask questions about the procedure
- Understand that I have the right to withhold or withdraw my consent at any time without this affecting my right to future care
- Am aware that teledermatology is not always a substitute for seeing a hospital consultant and that there may be a difference between the diagnostic accuracy of a face-to-face consultation and a teledermatology referral
- Understand that the images will be securely stored.

I consent to use of the recordings *(please tick all boxes that apply):*

☐ 1. For medical records only
☐ 2. To teach appropriate professional staff
☐ 3. To inform and educate other patients and their families, to whom the images are relevant
☐ 4. For clinical research and audit
☐ 5. In publications and electronic publication as long as I am not identifiable in the image. If images are potentially identifiable I will be contacted for specific consent before publication.

Signature
……**Date**…….

Name
…….

Relationship to patient if signed on behalf of patient……

Statement of healthcare professional

I have discussed the teledermatology service with the patient and provided them with the opportunity to ask any questions.

Signature
……**Date**…….

Name ……**Role**
……

Northern Devon Healthcare NHS
NHS Trust

Incorporating community services in Exeter, East and Mid Devon

URGENT TWO WEEK REFERRAL FOR SUSPECTED SKIN CANCER

If patient does not fulfil the criteria- please consider urgent/routine referral or treat/watch and wait approach.

PATIENT DETAILS	**GP DETAILS**
Surname	Name
Forename (s)	Practice Code
DOB Age MALE/FEMALE	Telephone
NHS Number	Fax
Address	Practice name/address
Postcode	
Telephone: Home	
Work /mobile	Postcode

Date of decision to refer:
(the date of which the decision was taken to refer a patient with suspected cancer)

Patient received 2ww information letter at GP practice Yes ☐

Please tick one box Suspected MM ☐ **Suspected SCC** ☐ **Urgent appointment** ☐

LOCATION OF LESION:

MALIGNANT MELANOMA - Pigmented lesion (refer in presence of ANY of the major features)

Major features

- ☐ change in size
- ☐ irregular shape/change in shape
- ☐ irregular colour/change in colour

SQUAMOUS CELL CARCINOMA

- ☐ Non healing keratinizing or crusting tumour with significant induration on palpation. (Commonly found on the face, scalp, back of the hand, with a documented expansion over 8 weeks)
- ☐ Histological diagnosis of a SCC
- ☐ Immuno-suppressed or renal transplant patient with new *or* enlarging cutaneous lesion
- ☐ Treat Keratoacanthoma as SCC

Additional medical/social information including drug history: (Asprin, Warfarin, wheelchair required. (Please fax printout of clinical summary if available)

If on Warfarin: recent INR result:

PLEASE FAX TO: 01271 312865
Do not send paper copy as well as fax. In case of problems telephone: 01271 312850
Confirmation of referral receipt and appointment details will be sent to referring GP by letter

Joint Formulary

The electronic edition of the Joint Formulary is now available, and replaces the print edition for dermatology:

http://northeast.devonformularyguidance.nhs.uk/

Shared care guidelines

Shared care guidelines are available for dermatology patients on methotrexate, ciclosporin or azathioprine. Shared Care Guidelines:

http://www.newdevonccg.nhs.uk/who-we-are/medicines-and-treatments/shared-care-guidelines/100558

Low priority guidelines

Information on benign skin conditions not automatically funded for treatment by Devon PCT can be found using the link below. Referrals for benign skin lesions included on the low priority list cannot be accepted without approval by the Restricted Funding Panel. Clinical photographs can help the panel make appropriate funding decisions.
www.newdevonccg.nhs.uk

Information on a variety of skin conditions is available at www.bad.org.uk and at www.dermnetnz.org