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Dermatology

in practice

2023

CASE STUDIES

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INTRODUCTION

The treatment of those with skin conditions is still recovering post pandemic, when the exacerbation of pre-existing skin diseases increased due to difficulty in accessing services. Meanwhile, as financial constraints continue to impact on an already overstretched health service, there has never been a better time to recognise and share good practice that improves patient outcomes and drives efficiency.

With 2023 being QIC Dermatology's third year, we are delighted to see it grow with more entries and more attendees. It exists to recognise, reward and share good clinical practice across the UK and Ireland, highlighting the vital contribution made by local teams and individuals.

The programme could not happen without the help and dedication of a large number of people and organisations – our thanks to you all. Particular recognition is due to The British Skin Foundation, The Irish Association of Dermatologists, The Primary Care Dermatology Society, Psychodermatology UK and The Scottish Dermatological Nursing Society – and, of course, programme sponsors, Sanofi.

Thanks also go to all of you who have entered this year's awards.

Further information about the programme, its judging process and how to enter can be found at **www.qualityincare.org**



Rippon Ubhi
General Manager,
Sanofi UK & Ireland
Specialty Care

“It is my absolute pleasure to welcome you all to the 2023 Quality in Care Dermatology awards. At Sanofi, we are extremely proud to be supporting this awards programme for the third year and together, celebrate best practices in patient care within dermatology. The Quality in Care Dermatology awards are designed to recognize and reward our NHS heroes - you and your colleagues who continuously go above and beyond to improve the lives of people living with skin conditions with such passion, commitment, and enthusiasm. It is essential to take this opportunity to acknowledge your incredible achievements, and we wish you a successful and pleasant evening.”



Roxana Precu
Immunology Franchise
Head, Sanofi UK &
Ireland Specialty Care

“At Sanofi, we firmly believe in the significance of fostering the exchange of ideas and projects cultivated by you and your colleagues. The value in disseminating best practices throughout the NHS is undeniable. A Quality in Care Dermatology award signifies that an initiative has gained recognition from the NHS, patients, and the industry for its role in enhancing the quality of life for individuals living with skin conditions. Let us, therefore, duly recognize these achievements, alongside the passion and dedication that infuse life into these projects.”

SUPPORTERS



GROUP HEAD OF JUDGES



DR RICHARD JERROM MRCP(DERM)

*Consultant Dermatologist & Mohs Surgeon,
Walsall Healthcare NHS Trust & University
Hospitals of Leicester NHS Trust*

GROUP HEAD OF JUDGES



DR ANNA TRIGELL

*Prison Doctor at HMP Littlehey and
GPwER in dermatology*

Dr Friya Bhatti,

GPwER in Dermatology

Kläre Bryant BSc (Hons), MPharm, PGDip ClinPharm

Advanced Clinical Pharmacist in Dermatology
Liverpool University Hospitals NHS Foundation Trust

Professor Christopher Bunker, MA MD FRCP AGM

Consultant Dermatologist
University College London Hospitals

Colas Decloitre

Brand Leader Dermatology
Sanofi

Sarah Guard

South East London Integrated Care Board

Dr Eilis NicDhonna

Consultant Dermatologist
Galway Hospital and Irish Association of Dermatologists

Dr Krisztina Scharrer

Consultant Dermatologist
United Lincolnshire Hospitals NHS Trust

Steve Symonds

Professional Relations Lead Dermatology and Respiratory
Sanofi

Dr Marisa Taylor, MBBS DCD MSc MD (Derm) FRCP

Consultant Dermatologist
Epsom and St. Helier University Hospitals Trust

Sarah Thorne

The British Skin Foundation

Siobhan Wastie

Commercial Director
The Primary Care Dermatology Society

PSYCHOLOGICAL IMPACT OF SKIN DISEASE

Establishing a national psychodermatology virtual monthly multidisciplinary team meeting
by Barts Health NHS Trust

WINNER



SUMMARY

The significant psychological impact of skin disease and the need for dedicated psychodermatology services is well recognised. Despite this, psychodermatology provision across the UK is insufficient, with geographical variation and long waiting lists. Doctors across the country are unable to access specialist psychodermatology care, with patients waiting over 18 months. Delays in patient care lead to increased patient distress, worsening psychosis, risk of disengagement and poorer overall prognosis as illness goes untreated. Establishing a national level, multidisciplinary team (MDT) meeting was therefore a priority for Barts Health NHS Trust to help clinicians managing psychodermatology patients without support in their own region.

METHOD

Specialist psychodermatology services are extremely limited and delays in treatment worsen prognosis. The lack of approved guidelines in this area adds to clinician hesitancy in managing cases locally. The aims of the service were to: provide remote advice to enable local treatment, bridging the gap between appointments in specialist services and reducing the need for specialist referral; reduce patient distress and burden associated with delays in speciality assessment; increase clinician confidence in psychodermatological management, plus assess the cost-effectiveness of a virtual MDT and how this could benefit the wider NHS. Outcome assessments included case analysis, clinician feedback and the need for specialist referral. To deliver the service, a MDT lead was identified and a core/stakeholder team was established. The meeting was proposed to be held monthly for 60 minutes. A secure hosting platform was selected and ways to ensure patient and team security were discussed. An MDT proforma was designed. These steps were delivered over a three-month period.

RESULTS

The virtual meeting is now an established service. Over 20 meetings have been held since November 2020, each discussing several cases. Conditions discussed have included body-focused repetitive behaviours, delusional disorders, personality disorders, medically unexplained physical symptoms, body dysmorphia, dermatitis artefacta and autistic spectrum disorders. Of all the cases discussed, only one needed tertiary review. The rest remained in their local departments, reducing the burden on specialist waiting lists and facilitating local patient care. Service feedback from clinicians was 100% positive. Informal feedback from patients to their primary dermatologist showed a positive impact on care. Demand for the MDT is increasing.

SUSTAINABILITY AND SPREAD

This service has shown sustainability with minimal use of NHS resources. Clinicians have asked to attend the MDT regularly, even when they do not have a patient to discuss. This extends beyond dermatology services to GPs and mental health teams. Hence, it has become a resource for sharing practice and education. The virtual MDT forms part of the national service run from the Royal London Hospital, which will ensure its longevity. The permanent clinical research fellow post in psychodermatology supports the running of the MDT. The preliminary outcome findings will be presented internationally at the World Congress of Dermatology, advancing international impact.

DERMATOLOGY EDUCATION PROGRAMMES FOR HEALTHCARE PROFESSIONALS

Online dermatology SCE question bank and mock exam
By Learna



SUMMARY

The Membership of the Royal Colleges of Physicians of the United Kingdom (MRCPUK) Dermatology Specialty Certificate Examination (SCE), a postgraduate exam for dermatology professionals, is a requirement for physicians who aim to become consultants in dermatology in the UK. In March 2021, with Sanofi’s financial backing, Learna offered free access to a comprehensive Dermatology SCE revision question bank, supporting exam preparation and CPD credit accrual. Hosted on Learna’s website, StudyPRN, the resource featured evidence-based questions and answers aligned with the MRCP SCE blueprint, fostering effective skin condition management. Over two years, 11,733 healthcare professionals (HCPs) worldwide accessed the resource and the question bank grew from 420 to 677 questions through reinvestment.

METHOD

Before the existence of online revision resources like question banks, candidates preparing for the SCE exam relied on self-study, peer discussions and attending educational events. The objective was to create an accessible question bank for trainee dermatologists and other HCPs managing dermatological conditions. The strategy involved developing a minimum of 300 multiple choice questions (MCQs) by March 2019, promoting the resource among UK dermatology trainees, gathering feedback for 12 months and securing financial support for free access to the course in 2020, increasing the number of HCPs utilising the content. Consultant dermatologists were recruited, each contributing MCQs aligning with a specific topic in the blueprint and adhering to author guidelines. A medical editor was appointed to ensure the overall quality of the resource and to review each question for medical accuracy. A marketing and SEO plan was developed and implemented. In 2020, a commercial manager sought financial support from pharma companies specialising in dermatology. These companies needed to recognise the resource’s value and support this non-promotional educational initiative by providing free access to the content. This backing was secured in March 2021 and continued for two years, significantly broadening access to the question bank.

RESULTS

The initiative significantly enhanced efficiency and outcomes for HCPs managing skin conditions by providing a comprehensive, up-to-date question bank. The resource helped HCPs identify knowledge gaps and strengthen their dermatology understanding, leading to improved patient care. Better preparation for the SCE exam increased the likelihood of trainees becoming qualified consultants, further elevating care quality for patients with skin conditions. The resource’s broad accessibility led to its widespread adoption among thousands of HCPs worldwide, benefitting not only trainees but also qualified consultants and primary care physicians seeking knowledge refreshment and CPD revalidation. Sanofi’s financial support in March 2021 contributed to a substantial increase in user engagement, from approximately 350 HCPs per annum to 4,965 in Year 1 and 6,768 in Year 2. Through realistic case scenarios, HCPs learned to deliver more effective and efficient care, resulting in better patient outcomes and enhanced management of skin conditions.

SUSTAINABILITY AND SPREAD

The project’s dissemination was executed through a multifaceted approach, maximising reach and engagement with HCPs worldwide. Initially, the question bank was promoted among UK dermatology trainees using targeted marketing strategies, including email campaigns and social media outreach. SEO techniques improved visibility, making it easily discoverable for users seeking dermatology education online. The financial support from Sanofi, allowing free access to the content, further increased its appeal and accessibility to a broader audience. By gathering feedback and testimonials, the project team built a strong reputation for the resource, fostering organic growth through word of mouth among peers. Webinars and educational events further showcased the value and impact of the initiative.

The project team plans to maintain regular updates, invest in marketing and explore collaborations with other healthcare organisations.

DERMATOLOGY EDUCATION PROGRAMMES FOR HEALTHCARE PROFESSIONALS

Loupe Dermoscopy & Photography as a Teaching and Diagnostic Tool

by North Bristol NHS Trust

WINNER



SUMMARY

Dermoscopy is a vital part of skin cancer diagnosis. Increasingly, telemedicine involves having to send high quality images of skin lesions to a specialist. Training and equipment to be able to do this well can be prohibitively expensive. A method of examining skin lesions and capturing high quality images using cheap, readily available materials, requiring no tools or technical ability to put together, has been developed by North Bristol NHS Trust. The aim of this project was to disseminate this information globally, free of charge forever, to bring teledermoscopy to primary care and resource-poor settings for patients.

METHOD

Dermoscopy and teledermatology are essential in skin lesion diagnosis, including identification of skin cancer. Lack of training and equipment is a significant barrier, particularly in resource-poor settings. A low-cost LED loupe magnifier attached to a cheap digiscoping adaptor, to fit the apparatus to the user's smartphone, was found to enable reliable, high quality images to be taken inexpensively. Education sessions were held for non-specialists to raise awareness of this solution, provide basic training in dermoscopy and information on how to build the set-up. Medical student teaching sessions were run, based around similar lesion recognition. A website was developed to provide educational resources on basic dermoscopy, plus instructions on how to build the budget device in as many accessible ways as possible, to widen its use. Outcomes were measured by post-training session questionnaires to assess user confidence in using images produced by both conventional dermoscopy and loupe. These demonstrated no significant difference in diagnostic accuracy or the confidence of the clinician. The findings were published following peer review and presented at international meetings.

RESULTS

The effectiveness of the tool to transform user confidence in dermatological diagnosis has been well proven and demonstrated in presentations and publications. The intention was to educate and increase the confidence of the non-specialist to bring this technology to more people and help to diagnose common, benign skin lesions that might otherwise be referred for a specialist opinion. This confidence from the teaching means fewer patients will have to wait anxiously for an unnecessary specialist opinion on whether they have cancer. A specialist opinion can be sought via teledermatology with good quality images that primary care physicians can assess based on this educational programme and resources.

SUSTAINABILITY AND SPREAD

The project has been disseminated on the internet free of charge. The website is free and available to anyone anywhere and intended to remain free forever. There will never be a charge for this resource, nor will access to it be restricted. Further presentations to raise awareness are planned at future national and international meetings and the resource will continue to grow.

DERMATOLOGY EDUCATION PROGRAMMES FOR HEALTHCARE PROFESSIONALS

Masced Pro training programme

by SKCIN - The Karen Clifford Melanoma & Skin Cancer Charity

COMMEDED



SUMMARY

SKCIN – The Karen Clifford Melanoma & Skin Cancer Charity – is a national organisation dedicated to skin cancer prevention. The charity was born after the sad loss of a family member to melanoma and aims to prevent others befalling the same fate. Masced (Melanoma and Skin Cancer Early Detection) Pro is an online training programme providing healthcare practitioners (HCPs) with an accessible, cost-effective tool to develop their knowledge of the early signs of melanoma and non-melanoma skin cancers. Greater confidence is created in referring patients to appropriate colleagues or services for suspicious lesions. Over 1,200 learners have come from a wide array of medical specialities, as well as some highly trained in the beauty/aesthetics sector.

METHOD

SKCIN became aware of the lack of training on recognising skin cancer in primary care. This view was reinforced when registrations were received from those working in the healthcare sector for its Masced training in 2018. Dermatology nurses were not trained in skin cancer surveillance and no such education featured on their learning curriculum. The same went for dentists, physiotherapists and podiatrists. All these allied health professions have a vital role to play in patient-facing occupations, yet they had no access to such training. This led SKCIN to develop Masced Pro training for this sector. This training was reviewed by the BASCNS, BDNG and BAD. SKCIN's objective was to help fill the knowledge and education gap in primary care. The charity was aware of the issues of late diagnosis and misdiagnosis of patients. A quarter of GP appointments are skin-related and GPs receive very basic training for an extremely broad topic. This leads to over-referral to dermatology services and secondary care, putting pressure on waiting lists. Many GPs are not familiar with the use of dermatoscopes and require further training. With no external stakeholders, the charity undertook the scoping of the project with a website designer. The charity's co-founder is a graphic designer and conveying the right message came as second nature. Regarding clinical content, consultant dermatologists had input into reviewing sun safety and skin cancer booklets that are now used by over 150 hospitals. In addition, BDNG, BAD and the British Association of Skin Cancer Nurses reviewed the content to ensure it was fit for purpose. The Masced Pro website tracks registrations of learners, progress and feedback post training. Training is completed by leaving a review.

RESULTS

The Masced Pro training is for HCPs or those highly trained in the beauty/aesthetics sector. Initially offered free for over 3,000 learners, the course became oversubscribed and, with costs spiralling, it became necessary to introduce a fee. There are over 250,000 people working in the hair and beauty industry and harnessing the power of these individuals to help promote early detection and sun safety is a unique and impactful collaboration. SKCIN has worked hard to engage these audiences/specialities to promote the training. One key success has been with podiatry, with the Royal College of Podiatry reviewing and approving it for CDP within the profession and highlighting it to their members.

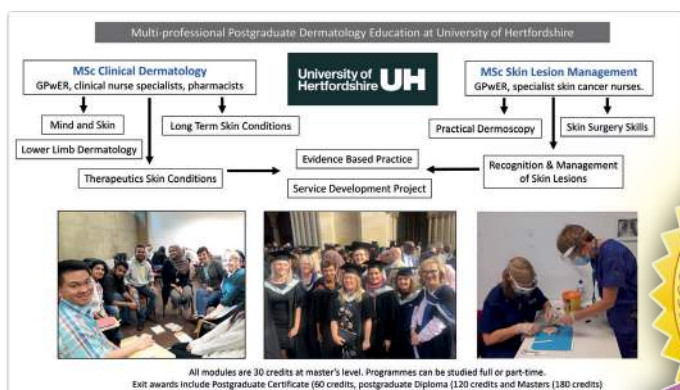
SUSTAINABILITY AND SPREAD

The Masced Pro training can be difficult to promote to primary care, as every NHS Trust works differently and funding can be a challenge; Trusts/CCGs may require free training. SKCIN has pioneered the development of this solution for the healthcare sector. As a charity on limited income, marketing funds are low to advertise the training and most people hear about it by word of mouth. However, this route has been a great success. Over 10,000 professionals are accredited with the Masced training, some from as far afield as Australia, highlighting that providing a solution that is easily accessible online 24/7 can reach a global audience.

DERMATOLOGY EDUCATION PROGRAMMES FOR HEALTHCARE PROFESSIONALS

Multi-professional, postgraduate, dermatology education at University of Hertfordshire by University of Hertfordshire

WINNER



SUMMARY

The University of Hertfordshire (UH) has developed postgraduate, multi-professional programmes to educate and develop the skills of healthcare professionals from the UK and overseas to deliver high quality services for people with skin conditions. The MSc Clinical Dermatology and MSc Skin Lesion Management programmes teach and assess doctors, nurses, pharmacists' and physicians' associates to the same standard in the same learning environment. Since inception in 2006, over 750 students have graduated with a specialist Master's degree. While studying at UH, students develop skills to transform practice, ensuring that patients receive optimal care delivered by knowledgeable, reflective practitioners.

METHOD

The aim of the dermatology programmes is to produce practitioners who meet the needs of patients in a range of clinical settings. Workforce challenges in dermatology have meant it is necessary to look for different ways to deliver care. In 2006, UH's first skin surgery module challenged practice by training nurses alongside doctors to undertake skin surgery techniques, which is now common practice. The importance of Master's-level education for dermatology practitioners has been reflected through the Clinical Dermatology Role Descriptors (BDNG 2021). Undergraduate dermatology teaching is limited and these products have been developed to support professional development of health professionals managing people with skin conditions. International students and UK practitioners learn together, adding a further dimension to the programmes. Students gain valuable insight into each other's practice to enhance dermatology knowledge/skills and enrich their learning experience. Regardless of the modules being studied, students have access to tutors who support them to achieving learning outcomes. Accessing the programmes is flexible, with part time students able to take five years to complete their Master's, selecting modules to fit around their workplace/personal responsibilities. Robust quality assurance processes ensure high standards of teaching and assessment. These are consistently evaluated positively by students and external examiners.

RESULTS

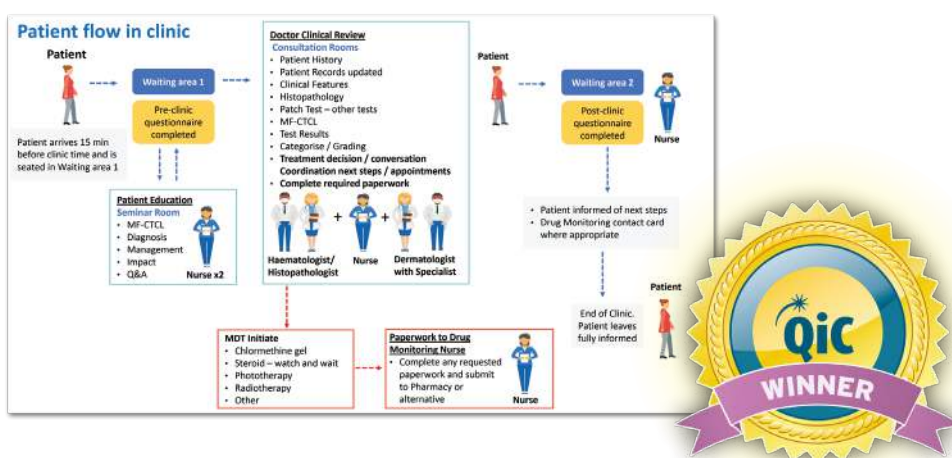
The dermatology team is responsive, with an ethos of developing educational products to improve the quality of care for people with skin conditions. Currently there are 75 students studying the MSc Clinical Dermatology and 80 students on the MSc Skin Lesion Management programme. Over 90% of students graduate with a Master's degree, with the remainder leaving with a Postgraduate Certificate or Diploma. Recruitment remains buoyant despite challenges posed by the pandemic and increased NHS workplace pressures. The portfolio of modules reflects the workforce skills required in practice, including psychological interventions (Mind and Skin), understanding therapeutic interventions (Therapeutics for Skin Conditions) and acquisition of surgical techniques (Skin Surgery Skills). Patients with skin conditions and charity groups contribute to teaching to ensure the patient voice is heard. Students benefit from this and it ensures that patient groups can see the impact of the programmes on patient experience.

SUSTAINABILITY AND SPREAD

Demand for Master's-level education is likely to continue to grow to meet the increasing burden of skin disease and a Master's-level qualification is now part of the career pathway for dermatology specialist nurses. The primary care workforce is changing and these innovative modules are suitable for GPs, pharmacists' advanced care practitioners and physicians' associates to improve the quality of first-point-of-contact care for people with skin disease. Members of the teaching faculty are widely connected in the professional dermatology world, which ensures that information about the programmes is disseminated through publications, conference presentations and professional networks. UH is constantly innovating and will be the first university in the country to offer specialist dermatology modules on an Advanced Practitioner Master's degree in conjunction with colleagues in the School of Healthcare.

PATIENT CARE PATHWAY, SECONDARY AND COMMUNITY

Bringing the MDT to the patient: an innovative clinic in Cornwall for a rare cancer by Royal Cornwall Hospitals Trust



WINNER

SUMMARY

Mycosis fungoides Cutaneous T-cell Lymphoma (MF-CTCL) is a rare condition with diagnostic and management challenges, as no standard pathway exists. Patients require haematology and dermatology involvement for optimal management, as well as a regional supranetwork skin multidisciplinary team (MDT) for the majority of patients (BAD guidelines). However, this distances patients and local clinicians from the decision-making process. Royal Cornwall Hospitals Trust designed a new, multidisciplinary model that included local Cornwall dermatology and haematology teams, assisted by a regional expert from Bristol to evaluate all of the region's MF-CTCL patients to ensure appropriate staging and management, plus improve the quality of patient care and experience.

METHOD

There was concern that some MF-CTCL patients lacked routine follow-up owing to the chronic, slow progressing nature of the disease, exacerbated by COVID-19 restrictions. Clinician expertise was limited because of the small number of MF-CTCL patients seen sporadically in general dermatology clinics. Challenges were compounded by the large distance to the regional MDT in Bristol. An annual clinic day was proposed (joint working with Recordati Rare Diseases) to: audit disease stage and adjust management accordingly; educate patients while providing a forum for questions and support; improve clinician expertise, plus monitor patient-reported quality of life (QoL). Milestones over the seven months prior to the first clinic included: obtaining local permissions for staff and space; identifying and inviting patients to attend; creating a patient-centric clinic flow and materials (eg, consultation proforma, educational slides, digital questionnaires); obtaining iPads for survey use; engaging the regional expert dermatologist, as well as arranging local team MF-CTCL upskilling prior to clinic. The clinic day involved patients attending small group, nurse-led education sessions with Q&A, an individual extended clinical consultation (with access to a regional expert and local specialist haematologist), disease staging, plus on-the-day blood tests and diagnostic biopsies, if required. Outcomes measures were pre-/post-clinic patient surveys, patient reported QoL questionnaires and clinician feedback.

RESULTS

A total of 26 patients attended the clinic day; 22 were confirmed MF-CTCL and 21 were appropriately staged on the day. After the clinic, 96% of patients reported that they felt 'extremely involved and informed' about their management and treatment decisions (23% pre-clinic). A total of 96% said they would recommend the clinic to a family/friend and 91% would attend another clinic. Feedback found that 96% of patients reported that the team always worked well to give the best possible care and that the clinic helped them better understand and address their difficulties. Clinicians reported high value in repeated exposure to MF-CTCL, face-to-face MDT discussions and longer clinic appointments. The clinic created a 'getting it right first time' opportunity, with patients seen, assessed and treated appropriately in one appointment. Ongoing monitoring was facilitated through a new patient database. Efficiency improvements included a focus of resources to improve expertise, quality of care and education.

SUSTAINABILITY AND SPREAD

Evidence of sustainability includes: the fact that MF-CTCL clinics will run annually (the 2023 clinic is booked); two nurses interested in MF-CTCL will receive further education on the condition and treatments, as well as a dermatology pharmacist overseeing treatment issues. The PIFU pathway will help patients feel connected to care and to have access to a specialist in MF-CTCL if required. This model is being considered in other areas of dermatology, with biologics MDT days being discussed for eczema and psoriasis. The project is being shared within the Trust through internal presentations to ensure continued support, as well as externally via a poster presentation and oral presentation at a breakfast symposium at the 2023 BAD annual meeting. There are plans to publish this initiative and QoL outcomes following the second clinic. These efforts will broaden other clinicians' awareness of this novel way of managing rare diseases.

PATIENT CARE PATHWAY, SECONDARY AND COMMUNITY

East Suffolk community dermoscopy service

by Suffolk GP Federation and Suffolk and North East Essex Integrated Care Board



SUMMARY

In December 2022, a community dermoscopy service was introduced in East Suffolk for patients with skin lesions, delivered by experienced primary care clinicians and managed by Suffolk GP Federation. The service aims to improve the quality of secondary care referrals, reduce unnecessary hospital activity and provide care closer to home for patients. To date, 285 patients have attended, of whom 68% have been discharged with reassurance. A total of 31 patients have been referred on the two-week wait (2ww) pathway, supporting faster cancer diagnosis. There has been a 32% reduction in referrals to secondary care, with associated cost savings and excellent patient feedback.

METHOD

In the context of COVID-19 and an aging population, the demand for specialist dermatology services was increasing, with ongoing challenges locally in managing the volume of 2ww referrals. With limited consultant dermatologist resource, a new approach was needed.

The objectives of this service, to be achieved across two primary care networks (PCNs) by 31 March 2023, were: to improve the quality of referrals to secondary care (measured by all 2ww referrals having dermoscopy images attached and improved biopsy rate); to reduce unnecessary hospital activity and provide care closer to home (measured by reduction in dermatology referrals), as well as to gather patient feedback to inform future expansion of the service. A project group was established with key stakeholders, including clinical, operational and transformation leads from Suffolk GP Federation and Suffolk and North East Essex (SNEE) Integrated Care Board (ICB). A mobilisation plan was developed with key milestones, including pathway configuration, workforce, estates, equipment and communications. The outcomes were reported to the dermatology steering group with consultant dermatologist representation, as well as to the ICB executive team via the relevant committee. As a result of positive outcomes and patient feedback, the pilot was extended and funding is being explored to expand the service across East Suffolk.

RESULTS

The community dermoscopy service achieved its initial objectives, namely: improved quality of referrals to secondary care (100% of 2ww referrals had dermoscopy images attached in line with national guidance); 31 2ww referrals were sent, supporting faster cancer diagnosis; improved biopsy rate (66% compared to 25% previously); reduced hospital activity and care closer to home (285 patients seen and 68% discharged with reassurance); a 32% reduction in dermatology referrals; 50 fewer outpatient appointments to date; positive patient feedback, plus reduced health inequalities through enhancing the local teledermatology pathway and mitigating against digital exclusion. In addition, the Outpatient Transformation Benefits Calculator showed the potential impact on patients and the environment if the service were expanded across east Suffolk: 129,032 patient travel miles saved; 4,316 hours of patient time saved, as well as reduced CO2 emissions (22.6 tonnes).

SUSTAINABILITY AND SPREAD

With expected cost savings, the intention is for the acute Trust to fund the service from April 2024. For 2023, a bid was submitted for funding to expand the service across East Suffolk. This would enable further data collection and a health economic evaluation to demonstrate the impact of this pathway redesign on the system. The SNEE Training Hub is currently funding a primary care dermatology professional development programme to support sustainability of the primary care workforce. This includes funding clinicians to complete a dermatology diploma with a view to supporting community clinics in future. The project outcomes have been shared with colleagues across the ICB in primary and secondary care and with Healthwatch Suffolk, which has been gathering patient feedback on dermatology care. The work is being showcased in the ICB annual report and will be disseminated via other communication channels, including newsletters and staff education days.

DERMATOLOGY TEAM OF THE YEAR

Facing challenges – Making the most of what you have!

by King Edward VII Hospital Windsor (Frimley Health Foundation Trust)



SUMMARY

Between 2018 and 2020 three consultant dermatologists in the department left the Frimley Health Foundation Trust. The dermatology service immediately came under threat with the cessation of speciality clinics and severely reduced capacity. Key aims were stabilising the department and then focusing on rebuilding services using available resources. Facing this challenge required a huge commitment from the dermatology team. Remaining motivated and using intelligent solutions to continue to provide high quality services were high on the agenda. A concerted team effort not only achieved initial goals but surpassed expectations, making this a leading service in the Trust.

METHOD

The remaining consultant took on clinical lead, the ICS Dermatology Steering group and training of existing staff. Dermatology specialist nurses started training to enable extended roles. Role changes were made from dermatology to skin cancer specialist nurse to improve skin cancer care. A consultant-led, super clinic model was initiated to meet service demand. This required flexibility and coordination from the team. Closer relationships were developed with administrative support staff to streamline workload. A redistributed clinical team retained existing specialist services rather than redirecting patients out of area. New clinics and proformas were designed to distribute clinical workload more effectively. A commitment was made to recruit locally. A designated mental health first aider monitored and supported team well-being. Joint clinics with plastics forged a close relationship to provide most surgical management for skin cancer patients efficiently.

RESULTS

The new approach saw a consistently higher number of patients than the national speciality average, which increased year on year (50% over the national average in 2022). Feedback analysis for 2022 demonstrated high patient satisfaction with the service provided. The capacity of systemics monitoring doubled and clinics for acne, skin cancer and biopsy were created through developing extended nurse roles. Two nurse prescribers were employed within two years. Service efficiency benefitted from nurse-led management. Over 97% of inpatient referrals were remotely handled, compared to previously, when all had been in-person and at a different site. This reduced delays in advice and clinician burden, as well as utilising clinical time more effectively. A 'Derma Drive-Thru' initiative in primary care generated less than 10% two-week wait (2ww) referrals, as a direct result of GPSI training in the 2ww clinics.

SUSTAINABILITY AND SPREAD

The dermatology team's efforts have been recognised at Trust level and cross-site initiatives have disseminated successes to motivate other teams. Outcomes are discussed at clinical governance meetings. The initiatives have been presented internationally ('Setting up psychodermatology services' ESDAP 2022). Good distribution of clinical workloads across the team reflects experience and competency. Senior specialist nurses are training junior staff in extended roles, removing part of that responsibility from the consultant workload. Clinical governance responsibilities have been allocated across the team. There is a commitment to train all staff to see patients in all clinics, to enable mobilisation where needed and build clinical experience. Nurses are encouraged to take sabbaticals between skin cancer and inflammatory work to increase knowledge and develop transferable skills.

DERMATOLOGY DIGITAL AND TECHNOLOGY SOLUTIONS FOR THE TREATMENT OF SKIN CONDITIONS

Transforming dermatology care in Cheshire and Merseyside

by NHS Cheshire & Merseyside / Cinapsis

COMMEDED



SUMMARY

The project is transforming dermatology care through a digitally led, rapid referral process, which enables dialogue between GPs and secondary care specialists and results in treatment plans being agreed in hours rather than weeks. Bridging gaps in clinical communication, it has proven effective in reducing pressure on NHS services, while enabling strong dialogue between the clinical teams, promoting knowledge sharing and education. With backlogs and record service demand placing high pressure on the region's primary and secondary care services, the suite of teledermatology technology ensures patients receive the right care, first time around.

METHOD

Two principal and longstanding issues meant teledermatology offered a solution to systematic diagnostic challenges in Cheshire and Merseyside Integrated Care Partnership (C&M ICP). First, poor integration of information technology made it difficult for primary care practitioners to take, transfer and store digital images. In addition, images received by secondary care were often of insufficient quality. Second, a high number of inappropriate and benign moles and skin lesions were referred through the two-week wait (2ww) cancer pathway, burdening Trust dermatology departments. Prior to project rollout, 30% of dermatology 2ww referrals were unnecessary, costing over £1 million annually. After two years of planning and trials, Cinapsis and Heine were selected as the most impactful and user-friendly teledermatology solutions. The technology aimed to address diagnostic challenges by allowing primary care practitioners to capture high quality digital images and send them for remote, specialist review, reducing the burden on departments and improving patient outcomes. Starting in July 2020, a working group of six GP practices from the SWAGGA Primary Care Network oversaw the project's development and progress on a weekly basis. As the project expanded, the working group became the delivery arm for Liverpool CCG and its 85 GP practice members. A patient representative joined the steering group to advise on service model development. All Liverpool and locum GPs were invited to the Skin Club regularly, to learn about the project and see the Cinapsis platform and Heine dermatoscopes. Over 150 delegates attended.

RESULTS

GPs benefit from access to timely advice from experienced secondary care clinicians, which enables more patients to be managed out of hospital, where that is safe and appropriate, and reduces pressure on NHS hospitals, while helping to prevent staff burnout. The project has improved experience and outcomes by: reducing the pressure on secondary care teams so they can focus on critical and specialist services, through managing over 49% of patients in the trial in primary care who would have been referred to secondary care previously; achieving an average of 26 hours and 30 minutes turnaround time for specialist management plans in the first year, as well as reducing the number of benign moles and skin lesions being referred into secondary care via the two-week wait (2ww) cancer pathway. This was not only a drain on resources, but also caused needless worry for thousands of patients.

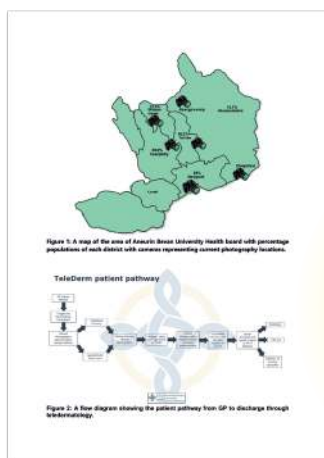
SUSTAINABILITY AND SPREAD

A written case study was submitted to NHSX in 2022 as part of the funding requirement and published on its website. The project was also part of a national evaluation through the Cancer Alliances. On a local level, the project reports to the Cheshire & Merseyside Elective Care Recovery and Transformation Programme Board, which has become part of the ICB through reporting into Cheshire & Merseyside Acute & Specialist Trusts. Reporting and representation through local structures has been successful in securing further funding for 2023-24 to continue and achieve full roll-out and service maturity, as well as to extend and begin piloting the model in other areas of Cheshire and Merseyside without teledermatology infrastructure. The one-year arrangement is also the platform to establish an ICB Service Specification to procure and contract a system-wide service model from 2024, sustaining the project within national planning guidance expectations.

DERMATOLOGY DIGITAL AND TECHNOLOGY SOLUTIONS FOR THE TREATMENT OF SKIN CONDITIONS

Aneurin Bevan University Health Board teledermoscopy service
by Aneurin Bevan University Health Board

WINNER



SUMMARY

The Aneurin Bevan University Health Board (ABUHB) teledermoscopy service was established by dermatology consultant, Dr Caroline Mills, 10 years ago and has grown into an exemplary service. Eleven clinical photographers hold 16 teledermoscopy clinics at six hubs across the region per week. High quality dermatoscopic photographs are reviewed by consultants with 24 patients' photographs seen per session. A total of 7,435 patients used this pathway in 2022 and more than 43,000 have used it over the last 10 years. A 2019 review showed 86.3% of patients were steered away from an initial face-to-face clinic appointment using this model and waiting lists have been significantly reduced.

METHOD

Skin lesion referrals comprise more than 60% of the ABUHB dermatology workload. More than half of these are urgent suspected cancer (USC) referrals. The vast majority of these (around 80%) are either benign or non-urgent. This huge demand adds significant strain on capacity and impacts negatively on waiting times. The goals were to reduce referral waiting times, prioritise high-risk skin cancers with hospital clinics and reduce patient travel, while providing an accurate diagnostic service. Planning involved working closely with clinical photographers and local GPs. GPs from sites across the region were trained to remove small, low-risk lesions. These lesions, identified via the teledermoscopy photographs, were referred directly to the GPs for removal within primary care, close to patients' homes (local enhanced service). Triage referrals were sent electronically to the medical illustration team through the patient administration system (PAS) and the patients were booked in to a teledermoscopy clinic. Macroscopic images of anatomical site and detailed dermoscopic photographs were taken using an Opticlar 8DS dermatoscope attached to a Nikon D300s/D7000 camera body. Further kit at all the sites included Bowens 500 DX flash heads with wafer soft boxes as back lights and softlite reflector dishes. Referral waiting times and number of patients needing to subsequently attend hospital were recorded and measured. Diagnostic accuracy, based on histology, was logged by individual clinicians.

RESULTS

The teledermoscopy service meant patients were diagnosed and triaged effectively. A study by the team, published in 2021, showed that 53% of all lesion referrals could be discharged without an outpatient appointment. This meant these appointments could be offered to patients with clinical need. Further positive impacts of this service included: medical photography hubs, located across the health board region, allowed patients to be seen closer to home, avoiding unnecessary travel and minimising carbon footprint; providing a remote diagnostic service enabled better use of hospital appointments; patients were seen more quickly and skin cancers were identified sooner; robust management of patient pathways, allowing patients to be booked directly for minor surgery or referred to other specialities; the service met Welsh Government recommendations for virtual clinics, plus it improved dermoscopy and teledermatology teaching for registrars.

SUSTAINABILITY AND SPREAD

This year the service has been introduced at an 'All Wales' level, allowing colleagues across Wales to access to the same level of quality images and teledermatology clinics, helping to free up budgets and bring down waiting lists. Only one board in the north is yet to activate this. In the ABUHB, the photography department has commenced services in the maxillofacial and ear, nose and throat departments, working alongside the new model in the same way. The Telelid programme, launched in 2016, that looks at growths on eyelids, is already experienced in delivering ophthalmological services. The team is passionate that this is the approach for many diagnoses with a visual element and believes the service can be extrapolated to other specialities easily.

DERMATOLOGY EDUCATION PROGRAMMES FOR PEOPLE WITH SKIN CONDITIONS AND/OR THEIR FAMILIES AND CARERS

Nurse-led genital dermatology clinic
by Belfast Health & Social Care Trust

COMMEDED



SUMMARY

Vulval dermatology conditions can be painful, labourious and life-impacting for patients. Many suffer in silence and have never been asked if their skin condition involves the genitals. The Belfast Health & Social Care Trust initiated a new, nurse-led clinic offering women a dedicated space and time to assess, treat and review their vulval dermatology conditions and the associated psychological impact of living with such conditions.

METHOD

Evidence suggests that well-controlled vulva conditions have a reduced risk of scarring and malignancy, with symptoms reduced by 98% with increased patient compliance. Applying the 'BSSVD Standards of Care for patients with Vulval Conditions', it is vitally important to include specialist nurses in a genital dermatology service, with a focus on patient education, reassurance, counselling and surveillance. Registered Nurse Patricia Cowan identified the need for a dedicated dermatology nurse-led vulval service in Northern Ireland (NI). Patricia pioneered this first-of-its-kind service, advocating for women with debilitating genital dermatology conditions. As an experienced nurse prescriber, she could see not only the physical impact of genital dermatology conditions, but also the psychological impact. To meet the needs of these patients, Patricia enrolled in a cognitive behavioural therapy postgraduate programme. She completed advanced communication skills training, psychosexual counselling courses and educational programmes raising awareness of female genital mutilation in NI.

RESULTS

Audits and patient feedback questionnaires were used in the nurse-led clinic to measure success and shape future developments. Patients were asked 'Has the use of the 3D visual model improved your understanding of your vulval condition?' and 'How satisfied are you with the nurse-led vulval service?' Feedback demonstrated 100% patient satisfaction and highlighted the physical, psychological, sexual and quality-of-life implications for patients living with genital dermatology conditions. A 75% reduction in patient waiting lists was seen within three months through the introduction of a weekly, nurse-led clinic. This increased capacity for new patients to access the service. Patricia has delivered education sessions to physiotherapists, GPs and nurses across NI to highlight the need to assess, and appropriately refer, patients with genital dermatology conditions.

SUSTAINABILITY AND SPREAD

Patricia's work at the clinic has been published in many nursing and dermatology journals. She has also co-authored the first national nursing competencies in relation to genital dermatology nursing, which has created a pathway for nursing to support this patient cohort now and in the years to come.