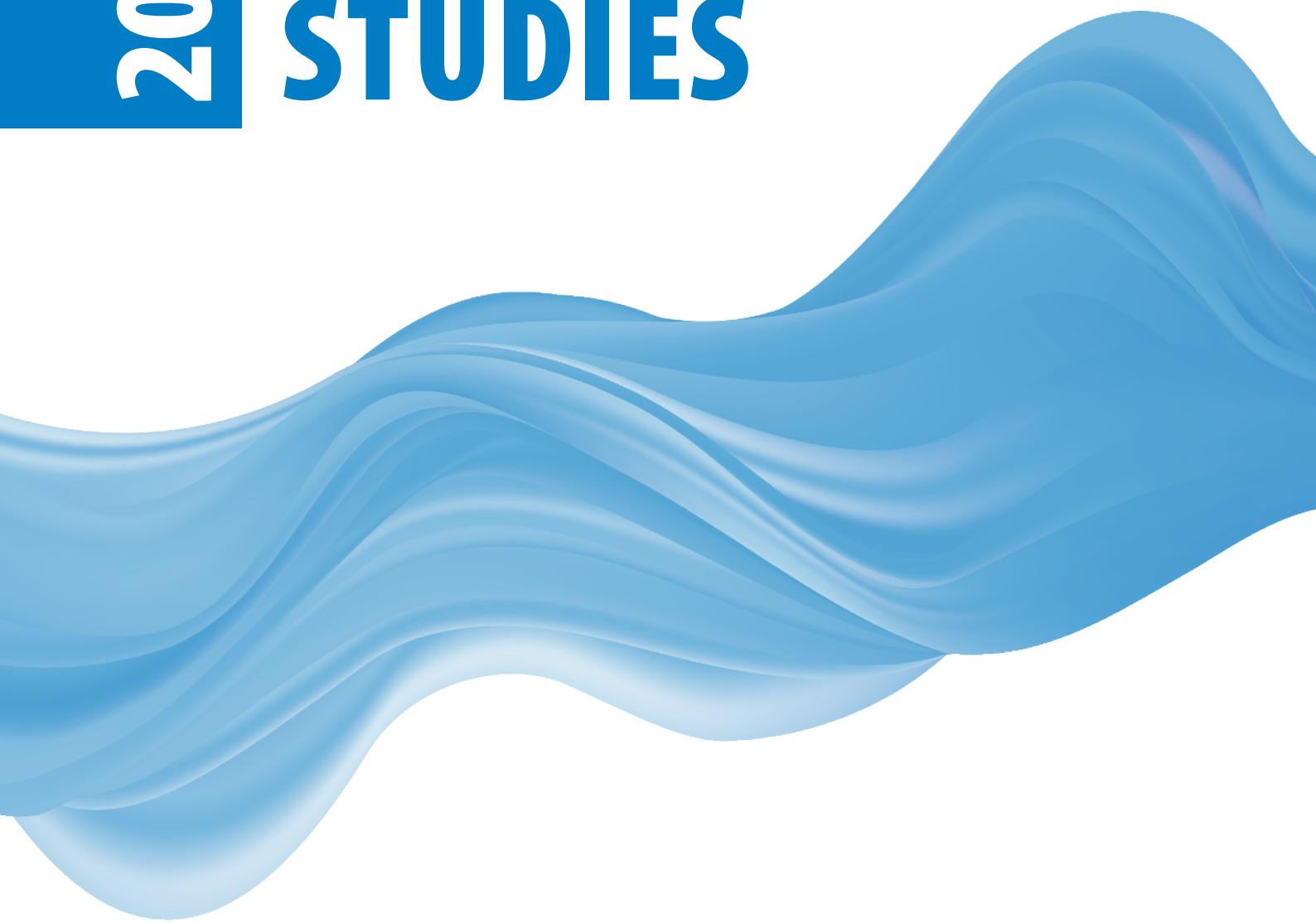


*in association with*

**Dermatology**

in practice

**2024 CASE STUDIES**



Supported by:



PRIMARY CARE DERMATOLOGY SOCIETY



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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.

A large, abstract graphic at the bottom of the page features a series of smooth, blue-toned waves that curve and flow across the page. The waves are darker on the right side and lighter on the left, creating a sense of depth and motion. They are set against a solid blue background.

Further information about the programme, its judging process and how to enter can be found at [www.qualityincare.org](http://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



## JUDGING LEADS AND JUDGES

### 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 NicDhonncha**  
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

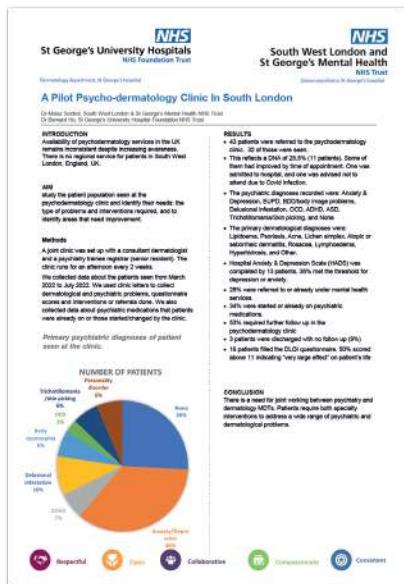
**Dr Marisa Taylor, MBBS DCD MSc MD (Derm) FRCP**  
Consultant Dermatologist  
Epsom and St. Helier University Hospitals Trust

**Sarah Thorne**  
The British Skin Foundation

**Siobhan Wastie**  
Commercial Director  
The Primary Care Dermatology Society

# PSYCHOLOGICAL IMPACT OF SKIN DISEASE

## Pilot psychodermatology clinic in South London by St George's Hospitals NHS Foundation Trust



## SUMMARY

A local psychodermatology clinic has been piloted at St George's Hospital in South London since March 2022, to support the local community's skin and mental health needs. A consultant dermatologist and a speciality psychiatry trainee deliver the clinic biweekly, demonstrating consistent patient satisfaction and addressing patients' needs. The clinic's success was demonstrable in year one and at reaudit in year two of the service. It is hoped that commissioners will consider formally funding the expansion of this local Skin and Mind service regionally.

## METHOD

The initiative addresses dermatological and mental health needs in one dedicated, physical space. The organisation achieves this by providing the dermatology space and administration to assess and support the referred patients. Delivered by a clinical team of two, over 80 complex patients have been assessed and managed over the past 20 months. Qualitative and quantitative audits of patient outcomes and patient experience have demonstrated consistency in the service delivered and have highlighted the need for a dedicated psychologist to help support this service locally. The Skin and Mind service also encourages trainees from diverse intersectionalities to engage with dermatology-related projects, research and presentations. The service has also helped psychiatric trainees explore this subspeciality formally as part of their psychiatry training. It is hoped that formal funding for the clinic will be obtained by 2024-2025. The clinic lead is in talks with local commissioners regarding this to fund dedicated psychological support formally and to expand the local service regionally for the whole of Southwest London

## RESULTS

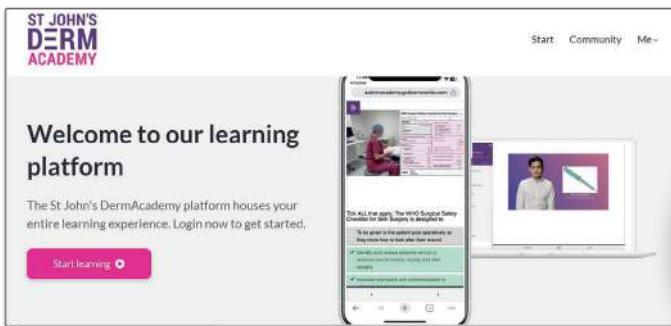
Audits demonstrated that 93% of service users felt they had been listened to and 83% felt understood. Around half of patients said their quality of life had improved and around half felt that they could make the changes suggested. However, a dedicated psychologist (business case pending) could improve this parameter. As a local multidisciplinary team service, significant changes have been made locally while keeping costs at a minimum through effective engagement and signposting to local services. Formal links have been established with the national body dysmorphic disorder and eating disorder clinics to build future collaborations between physical, dermatological health and mental health.

## SUSTAINABILITY AND SPREAD

Service users feel their care is personalised appropriately, with suitable signposting to local services. Themes and risks are often discussed with other clinicians in the department and organisation to feed back on appropriate resources that may be helpful in their daily practice (such as changes in Improving Access to Psychological Therapies services, criteria for referrals to other services, or new social enterprises that are accepting self-referrals). This service promotes and supports opportunities for research to help develop further interest in both dermatology and psychodermatology, while actively supporting opportunities for a diverse group of trainees, addressing tangible health inequalities. The research and lessons learned have been presented at national and international psychodermatology and dermatology conferences.

# DERMATOLOGY EDUCATION PROGRAMMES FOR HEALTHCARE PROFESSIONALS

**Clinical dermatology care course for nurses and allied healthcare professionals**  
by St. John's DermAcademy, St John's Institute of Dermatology, Guy's and St. Thomas' NHS Foundation Trust



## SUMMARY

The clinical dermatology care course (CDCC) by Guy's and St Thomas' is a comprehensive, introductory dermatology course for nurses and allied healthcare professionals who are new to the speciality or wish to extend their specialist knowledge and skills. It is a unique and affordable course, delivered virtually through an interactive learning platform and supported by a series of live webinars and continuous dialogue with the course tutors over 12 weeks. Six themed sections provide a broad clinical introduction to dermatology care. Formal evaluation has demonstrated that the course provides a high quality learning environment and clinical skills development to benefit patient care and service provision.

## METHOD

The primary aim of the CDCC is to offer the opportunity to acquire new, or extend, clinical knowledge and skills in dermatology care. This is the only comprehensive, practice-focused, entry-level specialist course designed for nurses and allied healthcare professionals in the UK. It is widely accessible at an affordable price (£495 in 2023). It attracts practitioners in specialist care and those in generic services, such as GP nurse practitioners and emergency care practitioners. Structured, high quality teaching is provided by a range of experts, including nurses, doctors, pharmacists, psychologists, scientists and patient advocates. The online platform allows flexible learning at convenient times, with a shared learning community, engagement and networking through group work and a discussion forum. The course provides an estimated 45 hours of online, self-directed learning, plus 15 hours of live webinars. Procedural videos and lectures can be watched repeatedly. Interactive tasks check understanding and application of learning. Webinars enable practical application of learning. The CDCC is inclusive of all learners, with no pressure to undertake academic assessments. For those who wish to gain academic credits, a supplementary, work-based learning module can be undertaken as an option at level 6 or 7, in partnership with King College London.

## RESULTS

Extensive feedback and evaluation is undertaken each year via anonymous surveys, in addition to focus groups. High levels of satisfaction are achieved consistently with content, quality, mixed mode of learning, as well as length and pitch of course material. Descriptive data is also captured on personal learning objectives and practice outcomes. Feedback is reviewed and actioned annually, with clinical content updated or created anew, where appropriate, keeping abreast of practice development. The course completion rate is 98.5%, illustrating high student commitment and engagement with the course and the individual support offered. At an individual level, improved knowledge, skills, enthusiasm and confidence have seen nurses move into specialist nurse roles, write for publications for the first time, develop new services, become involved in patient education and quality improvement projects, plus take national engagement roles in dermatology advocacy.

## SUSTAINABILITY AND SPREAD

This established, annual course is now part of the St John's DermAcademy portfolio of educational events. It is available at an affordable price to individuals or employer sponsors and is financially self-sustaining. The course directors are two nurse consultants who support members of their team to take an active role in teaching activities, thus building skills and faculty for future course sustainability. The course learning platform is easily modified to keep it fresh and engaging. Since 2020, 182 students have completed the course from over 80 clinical departments in England, Scotland, Wales, Ireland and overseas. An increasing number of dermatology departments are supporting staff to attend the course each year, reflecting its growing reputation. Given the mode of delivery, there is the opportunity for the course to be extended further to international nurses, improving access to specialist dermatology education globally.

# DERMATOLOGY EDUCATION PROGRAMMES FOR HEALTHCARE PROFESSIONALS

## The New Dermatologist education initiatives

by The New Dermatologist (<https://www.thenewdermatologist.co.uk>)

**FINALIST**

The team behind 'The New Dermatologist' are a group of friends and experienced consultant dermatologists who share the same ethos on the future of dermatology.

[Our Story](#) [Who We are](#)



## SUMMARY

The New Dermatologist (ND) education platform is a novel teaching initiative conceived and delivered by 13 friends and established consultant dermatologists from several Trusts. It aims to bridge old and new dermatology skills to inspire, teach and guide the next generation of dermatologists in the NHS, empowering them to achieve the highest standards of management for patients with skin disease.

## METHOD

The ND course is a professional and pastoral course aimed at senior dermatology trainees and new dermatology consultants. This one-day, national teaching course, now in its fifth year, is delivered by the ND team members in their own time. The lectures encompass clinical, managerial and pastoral requirements for new consultants in dermatology in the NHS. The team co-produced 12 podcasts in collaboration with general practitioners (GPs) on the management of common skin conditions, with GPs asking the questions to ensure their learning needs were addressed. Topics covered included acne, eczema, psoriasis and skin cancer. The aim was to optimise the management of patients with skin disease in the community and empower GPs to confidently manage common skin diseases. Dermatology is in crisis, with unfilled dermatology consultant posts, gradual privatisation of services and an unprecedented rise in demand. This is compounded by a lack of standardised dermatology training for GPs. The plan was to both address GP education and inspire and nurture the new generation of consultant dermatologists. Sponsorship from L'Oréal allowed free attendance to the course and free access to medical podcasts. The course is promoted and supported by the British Association of Dermatologists (BAD) and has four RCP accredited CPD points. The course continues to evolve based on feedback. Twelve high-quality podcasts were recorded in a studio with a specialised production company between 2020 and 2021. GPs' questions were researched by the dermatologist (and peer-reviewed by a second dermatologist) before recording. Each podcast covered a different topic to highlight up-to-date evidence and provide easy-to-implement management pearls. The podcasts were released onto three main social media platforms. An educational questionnaire was available for service users to assess knowledge on a separate platform.

## RESULTS

Feedback from delegates and GPs has been overwhelmingly positive, demonstrating the course's success in enhancing confidence and competence in managing dermatological conditions. The unique approach of the ND course, combining professional and pastoral elements, provides comprehensive preparation for dermatology trainees and new consultants. Trainees have particularly benefited from the practical, real-world insights shared by experienced consultants, which are not typically covered in standard medical education. The podcasts, with over 17,000 downloads, have reached an international audience, including listeners in the US, Australia and Europe. GPs have reported increased confidence in managing skin disease in the community, allowing evidence-based treatment to start quickly and closer to home. The course completion rate is high, illustrating strong engagement and commitment from participants. The initiative's focus on addressing both clinical and managerial aspects equips new consultants with the necessary skills to handle the complexities of dermatology practice in the NHS.

## SUSTAINABILITY AND SPREAD

The ND website provides free access to the podcasts and course information. The ND course has been advertised on the BAD annual calendar for the fourth year running and has its support. The course and podcasts have been advertised by medical events by L'Oréal and at St John's Institute of Dermatology and the Royal Society of Medicine. Word-of-mouth dissemination between dermatology trainees and GPs and GP trainees has been a successful way of reaching clinicians. The course has been highly recommended by training programme directors. The podcasts are freely accessible on Google, Apple and Spotify, with 52% of downloads in the UK, 19% in the US and 5% in Australia. The top five listened-to podcasts were on psoriasis, skin cancer, rosacea, acne and vulval dermatology.

# DERMATOLOGY EDUCATION PROGRAMMES FOR HEALTHCARE PROFESSIONALS

**Alison Schofield**

by Head of education/ Nurse consultant at NHS Pioneer Wound Healing & Lymphoedema centres. Independent Tissue Viability Nurse

**COMMENDED**



## 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

**UK national dermatology teaching series 2024**  
by The Skinclusive Hub



## SUMMARY

The Skinclusive Hub, a UK-based medical education platform, set out to advance dermatology training and promote inclusivity through a free, 15-part national dermatology teaching series. The aims were twofold: advancing dermatology and promoting inclusivity. Through the series, barriers were broken down and a comprehensive education pathway was provided. A priority was placed on teaching about skin of colour, addressing unique challenges that are often overlooked. Topics spanned diverse skin types, including common skin conditions, nail diseases, hair and scalp disorders, colourism and psychodermatology. By stimulating discussions on diversity and raising over £700 for the British Skin Foundation, a commitment to equitable healthcare education and research was demonstrated.

## METHOD

The Skinclusive Hub was established to address the gap in dermatological education concerning skin of colour and diverse skin types. It aimed to provide comprehensive education to healthcare professionals globally, engaging key stakeholders, such as medical professionals, educators, students and the British Skin Foundation with a holistic approach. With a planned timeframe of March to June 2024 and milestones for each teaching session, goals included raising awareness of dermatological issues in diverse populations, fostering inclusivity in healthcare and fundraising for research. To achieve these goals, a 15-part teaching series was established, covering various aspects of dermatology and designed to meet users' identified needs. Interactive elements were integrated to engage participants, facilitated through online platforms. Outcomes were measured through participant feedback, fundraising records and social media analytics.

## RESULTS

The initiative was effective in improving efficiency, supporting better outcomes and benefiting people with skin conditions. By providing comprehensive education on dermatology, particularly focusing on skin of colour, healthcare professionals' knowledge and skills were enhanced, leading to more accurate diagnoses and tailored treatments. This initiative facilitated increased awareness and understanding of diversity issues within dermatology, promoting inclusivity and reducing disparities in care. Participants reported improved confidence in managing diverse skin conditions, contributing to better patient outcomes. Additionally, by raising funds for research through the British Skin Foundation, advancements in dermatological care and treatment options were supported. The Skinclusive Hub initiative demonstrated its effectiveness in driving positive change, empowering healthcare professionals and improving outcomes for individuals with skin conditions.

## SUSTAINABILITY AND SPREAD

The Skinclusive Hub initiative ensures sustainability through systematic dissemination of project outcomes. Multiple channels have been utilised to share practices, including professional networks, online social media platforms and academic conferences. All teaching sessions were recorded and made available for attendees to watch for a period afterwards, ensuring accessibility and extending the reach of the educational content. Future plans include disseminating the delivered information as part of Quality Improvement (QI), potentially through partnerships with educational institutions or integration into existing dermatology curricula. By fostering a culture of knowledge-sharing and continuous learning, it aims to create a lasting impact in dermatological education and promote equitable healthcare practices for all.

# DERMATOLOGY EDUCATION PROGRAMMES FOR HEALTHCARE PROFESSIONALS

**GP education to ensure optimisation of skin cancer pathways in Lancashire and South Cumbria**  
by Lancashire & South Cumbria Cancer Alliance



## SUMMARY

Lancashire and South Cumbria Cancer Alliance (LSCCA) conducted research with stakeholders to identify opportunities to enhance referral practices for skin cancer and identify areas for improvement. This led to the development of short, GP educational videos focusing on dermatology conditions and skin cancer recognition. These have increased confidence in diagnosing dermatology conditions and skin cancer, resulting in a reduction in urgent suspected skin cancer referrals.

## METHOD

In response to over 23,000 urgent suspected cancer (USC) referrals during 2022/23, LSCCA collaborated with Sanofi to reassess the USC skin pathway. The process began with a comprehensive analysis of the current referral practices and identification of key areas where GPs felt less confident in diagnosing skin conditions. Stakeholder engagement included surveys and interviews with primary care professionals to gather insights and identify specific educational needs. Based on this feedback, LSCCA developed four short educational videos covering critical topics: Skin Cancer Recognition, Identification of Seborrheic Dermatitis, Understanding Atopic Eczema – The Itch That Rashes, plus Identification of Actinic Keratosis. The videos were designed to be concise yet informative, providing clear visual aids and practical tips for GPs to enhance their diagnostic skills. To ensure maximum reach and engagement, the initiative included regional workshops and webinars where GPs could discuss the content with specialists and ask questions. These sessions were supplemented by follow-up materials and quizzes to reinforce learning. Additionally, an online platform was established to host the videos, allowing GPs to access the content at their convenience and participate in discussion forums to share experiences and solutions. The educational materials were disseminated through multiple channels, including email newsletters, professional networks and social media, to ensure widespread awareness and participation. Regular feedback was collected through surveys and informal discussions to continuously improve the content and delivery methods.

## RESULTS

Although difficult to attribute changes in referral outcomes for patients and early diagnosis impact directly to educational videos, a related audit where primary care had improved skin lesion recognition showed a reduction in USC referrals by 22% between October 2023 and January 2024 compared to the expected trajectory. Future audits will look at patient referral destinations (are these in line with NHSE 24/25 expectations?), community dermatology pathways impact (an increase in referrals expected), patient conversion rates to cancer (expected to increase as fewer low-risk referrals to USC pathways), diagnosis stage at presentation (has early diagnosis improved?) and overall patient outcomes two years after treatment.

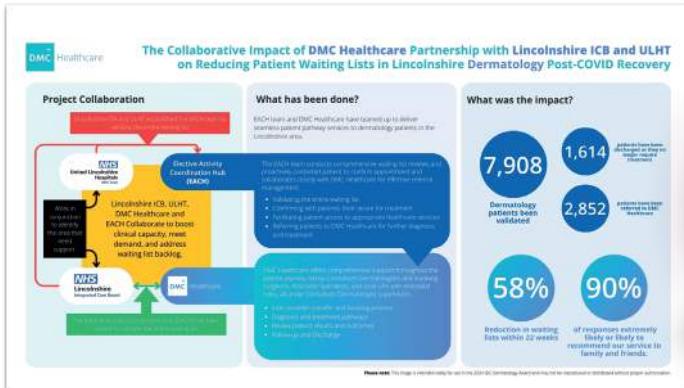
## SUSTAINABILITY AND SPREAD

The project was funded through a Sanofi Pharmaceuticals grant, minimising NHS costs. The educational videos have been shared widely within Lancashire and South Cumbria primary care and are available through Gateway C for national dissemination. Initial feedback has been positive, with GPs appreciating the clear guidance on identifying symptoms and differential diagnoses. More broadly, this project's learning outcomes have been/will be shared locally to LSCCA integrated care board primary care networks and local medical councils via the LSCCA Skin Transformation Steering Group and LSCCA Skin Clinical Reference Group. In the North-West they will be shared with NHSE Regional Cancer Alliances and nationally via the NHSE cancer team quarterly reporting of successes and pathway improvement work.

# PATIENT CARE PATHWAY - PRIMARY, SECONDARY AND COMMUNITY

## The Collaborative Impact of DMC Healthcare's Partnership with Lincolnshire ICB and United Lincolnshire Hospital Trust (ULHT) on Reducing Dermatology Patient Waiting Lists Post-COVID

by DMC Healthcare



## SUMMARY

DMC Healthcare, an independent NHS service provider, Lincolnshire Integrated Care Board (ICB) and United Lincolnshire Hospitals NHS Trust (ULHT) collaborated to address the dermatology waiting lists in Lincolnshire following the COVID-19 crisis, which surged to nearly 8,000 patients with wait times exceeding 100 weeks. DMC Healthcare supported almost 3,000 patients confirmed for treatments referred from the Lincolnshire Elective Activity Coordination Hub (EACH), operated by Lincolnshire ICB and ULHT. EACH served as a centralised service for referrals to review and validate the entire waiting list. This ongoing collaboration underscored a commitment to continuous improvement with plans to extend its impact across specialties, setting a precedent for effective healthcare delivery.

## METHOD

This initiative sought to tackle the backlog of dermatology patients in Lincolnshire following the COVID-19 pandemic. The pandemic caused a significant increase in patients awaiting treatment, resulting in prolonged waiting times. Compounded by Lincolnshire's coastal location and substantial population, challenges in accessing dermatology services were amplified by transportation limitations and socioeconomic gaps. In response, DMC Healthcare, Lincolnshire ICB and ULHT worked together to introduce a seamless patient pathway tailored to address regional challenges, beginning in April 2022. The EACH team conducted proactive reviews of waiting lists, reaching out to all patients who had been waiting over 52 weeks to confirm if an appointment was still required and ensuring accessibility to Grantham Hospital. DMC Healthcare then delivered streamlined pathways and effective management of validated referrals, providing both diagnosis and treatment. This included a consultant-led community dermatology service with multidisciplinary support provided by consultant dermatologists, surgeons, associate specialists and local GPs with extended roles, overseen by a consultant dermatologist for clinical guidance.

## RESULTS

This collaboration significantly reduced elective dermatology waiting lists and waiting times, enhancing patient access to treatment and improving the overall treatment experience. EACH validated approximately 8,000 dermatology patients, with over 1,600 patients (20%) discharged as they no longer required treatment and 3,000 (37% of the total waiting list) referred to DMC Healthcare for diagnosis and treatment. Additionally, operating solely on two weekends per month, DMC Healthcare successfully saw 82 patients during the initial weekends. As of November 2022, the waiting list for routine dermatology patients with a wait exceeding 78 weeks surpassed 1,800 individuals. Over the 22-week period since the initiation of this project, there was a reduction of 1,088 patients, amounting to 58%, equating to an average weekly reduction of 49 individuals.

## SUSTAINABILITY AND SPREAD

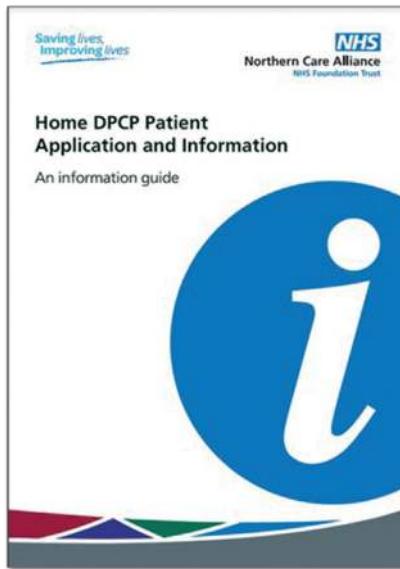
The initiative, which has successfully provided high-quality dermatological care to patients in Lincolnshire, serves as an exemplary model for addressing waiting lists in other specialised areas. DMC Healthcare plans to expand it to other specialised services and share it as a case study with more NHS partner organisations, ensuring widespread benefits. Stakeholders have actively promoted the project's success, with DMC Healthcare meticulously documenting its achievements and producing a comprehensive case study for online dissemination. Additionally, Dr Julia Schofield MBE, consultant dermatologist at United Lincolnshire Hospitals NHS Trust and associate professor at the University of Hertfordshire, as well as dermatology clinical lead for the NHS England Outpatient Recovery and Transformation Programme, has presented summary information about the service and its results at several webinars, reflecting the learning from the initiative's development and implementation. This collective effort aims to share knowledge and best practices on a broader scale.

# PATIENT CARE PATHWAY - PRIMARY, SECONDARY AND COMMUNITY

HIGHLY COMMENDED

## Developing a nurse-led alopecia treatment and support service

by Salford Royal Care Organization, Northern Care Alliance NHS Foundation Trust, Salford, Greater Manchester, M6 8HD, UK



## SUMMARY

Hair loss can have a significant impact on quality of life and self-esteem. Management requires a multi-professional team approach to support not only the treatment, but also the psychological and cosmetic impact of the condition. This innovation describes one component of the holistic care offered through Northern Care Alliance NHS Foundation Trust's specialist hair loss service at Salford, namely the nurse-led (NL) treatment and support services for topical immunotherapy, steroid injection and cosmetic camouflage. These services allow delivery of consultant-led management plans, free capacity in the main clinic and provide opportunities for informal psychological support.

## METHOD

The service provides the only diphenycprone (DPC) referral centre in NW England, so attending treatment every week is impractical for many. A survey of existing DPC patients found people travelled, on average, 36 miles and took over two hours to attend, with many effectively missing a half or full day from work or school each week. Of those surveyed, 88% were interested in exploring home treatment. A home DPC pilot was set up, assessed by service review and user survey. In addition, patient educational videos were produced. A NL corticosteroid injection clinic for scalp and facial alopecia was created in 2019. It was recognised that pain and needle phobia were limiting factors. The team pioneered the use of vibration-assisted analgesia (VAA) as an immediate, cheap, and effective option for pain control, allowing younger people and those with needle phobia to tolerate this option. Additionally, an alopecia-focused cosmetic camouflage service was established through the nurses gaining level 3 camouflage training, supported by donations from companies that manufacture products. Referrals from the hair clinic allowed patients to 'try before they buy' and supported certain groups (e.g. men) who were traditionally less likely to access this type of support.

## RESULTS

The home DPC pilot was undertaken by 11 recruited patients and completed successfully. Each patient had a designated individual to apply the treatment on a weekly basis at home, reducing weekly hospital visits, travel and time off school/work. The team supported each patient with regular virtual assessments, supported by submission of a treatment diary. Effectiveness was assessed through verbal feedback and a formal questionnaire. The injection clinic was assessed as part of the departmental audit, with a focus on pain control during the procedure. The injection audit evaluating VAA showed that 85% felt their pain was improved with the use of vibration. This led to the establishment of VAA as standard practice, opening this therapy to a wider demographic and potentially avoiding an earlier transition to second-line agents. Wider applications for VAA have been identified, such as LA injections. The cosmetic clinic will be assessed by service user feedback when there are sufficient numbers for analysis.

## SUSTAINABILITY AND SPREAD

The DPC education videos are available via the British Hair and Nail Society (BHNS) website. The DPC service was showcased at the BHNS UK Symposium on hair and scalp disorders in Manchester in November 2023 and shared with several centres nationally. The VAA audit won the Alopecia UK patient impact prize at the European Hair Research Society annual meeting 2023. As patients can now receive impartial advice and test different products, they can purchase appropriate ones, avoiding unnecessary cost, delivery and wastage.

# PATIENT CARE PATHWAY - PRIMARY, SECONDARY AND COMMUNITY

**WINNER**



## SUMMARY

The dermatology photo triage e-referral pathway enables the capture and transfer of images alongside clinical information from primary and community care to dermatology teams in secondary care for patients with suspected skin cancer and urgent basal cell carcinoma (BCC). This pathway supports reform strategy by addressing waiting times, expanding capacity and capability in primary care, improving direct access between primary and secondary care and enabling secondary care to meet patient demand. It improves the accuracy of the e-triage process, maximising existing systems. The pathway was launched on the charity Action Cancer Big Bus in 2023.

## METHOD

GPs and Action Cancer were given an iPod preloaded with the SMARTDERM app, enabling the safe capture and transfer of photographs. Dermatology teams were provided with both core clinical information and photographs to enable a clinical decision to be made within 72 hours at the point of triage. Patients were provided with advice or support, negating the need for a traditional outpatient appointment and enabling those who required plastics input to be referred directly to this team at the point of triage. Implementing the pathway on the Action Cancer Big Bus in 2023 was the first time a charitable organisation had had access to the GP clinical system to make a referral for patients in rural or hard-to-reach areas, further enhancing the care offered to patients with a suspected skin cancer diagnosis. There are over 50,000 dermatology referrals annually, half of which are for suspected skin cancer. Dermatology services face challenges from demand pressures, recruitment, retention, skill mix challenges and delivery of core capacity. Regional engagement was undertaken with stakeholders prior to implementation, and ongoing training support and engagement continues to ensure uptake. Regional expansion was implemented in December 2022 through a phased approach, with full implementation achieved in July 2023. An official launch was held in April 2023, with extensive engagement undertaken to raise awareness of the pathway. The goal is to reduce the need for traditional outpatient appointments, supporting the management of patients within primary care and enabling direct referral to plastics when required. The project was managed using PRINCE 2 methodology. A project initiation document and project plan were developed and approved by the Department of Health (DH). A communication and engagement plan included regional workshops, webinars and events held across Northern Ireland (NI). A regional dashboard was developed to capture referrals, triage times and outcomes, and monthly progress reports were produced and widely disseminated to the DH and cancer policy colleagues.

## RESULTS

An initial pilot of the pathway demonstrated that of those referred via the e-referral pathway, 20% required an outpatient appointment, 43% required no appointment and were returned to their GP, 33% were booked straight to surgery and 4% required further specialist opinion. As of March 2024, almost 12,000 referrals had been made. A total of 94% of all GPs across NI had contracted to the pathway, with 82% of those actively referring. Almost 10% of referrals were downgraded following triage, 13% were discharged with advice back to their GP, and 5% were booked straight to surgery. The core project team engaged with primary and secondary care to enable collaborative working to improve image and referral quality, thus improving patient care and outcomes. Further work is ongoing to expand the app across dermatology and other specialities. Feedback is routinely collected from patients, GPs and secondary care teams through feedback surveys, plus on-site practice and trust visits.

## SUSTAINABILITY AND SPREAD

Initially implemented as a Red Flag Suspect Cancer Pathway, the pathway has been expanded to the Action Cancer Big Bus and now includes referrals for suspected BCC. The photo triage programme team reviewed NI GP cancer referral guidance and revised it to enable all BCC referrals via photo triage to be prioritised as urgent, avoiding some of the longest wait times for dermatology. The pathway has been shared with Health Service Executive Ireland planning teams and NHS Forth Valley, who have adopted the pathway concept. The pathway has been expanded to all 316 GP practices and five Trusts across NI and has been endorsed by the NIGPC and Department of Health NI. Regional and national engagement has been undertaken by the programme team and the photo triage model was showcased at the Irish Association of Dermatology international conference in April 2024.

# DERMATOLOGY TEAM OF THE YEAR

FINALIST



**Eczema Outreach Support (EOS) Family Workers**  
by Eczema Outreach Support (EOS)



## SUMMARY

Eczema Outreach Support (EOS) is unique, being the only UK charity dedicated to helping children and young people with eczema and their families. EOS offers free, practical, non-medical advice, one-to-one support, organises events and advocates for the rights of children and young people with eczema. The aim is to empower them to take back control of their health, removing the isolation that many experience. Crucially, EOS shapes its services based on the experiences of members and works with healthcare professionals, educational professionals and researchers so that children and young people with eczema know they are not alone.

## METHOD

New members receive a welcome pack and are offered one-to-one support from the EOS family workers, who are not medical professionals. The workers facilitate school workshops and online peer groups. These include a virtual High Five Club for children aged 3-10, tailored support for teenagers, a youth panel for young people aged 16-25 and online 'Grab a Cuppa' events for parents and carers to come together and swap stories, tips and chat about eczema. Families, children and young people are given unique opportunities to connect and share experiences, and to meet others with the same, often hidden, condition. The well-being resources developed by senior research fellow and chartered psychologist Dr Ella Guest, to help the children and young people manage the impact eczema has on them, have been welcomed by families.

## RESULTS

The family workers provide support to 4,789 members. Their work has changed lives, with supported children reporting a better understanding of their condition, as well as saying they feel more understood and less alone. Likewise, parents state that they are more confident about managing their child's eczema, as well as better able to cope. During an average week the team deals with 12 new members, sends out 16 welcome packs and co-ordinates the online activities. In 2021, the Youth Panel evolved to advocate for the needs of the thousands of young people with eczema, often directly advising professional health groups. A school online workshop programme and resources have been developed to educate pupils and teachers about eczema. Views are gathered via a member survey, direct feedback, activity evaluations and polls. Members reported that they felt more confident following their child's treatment plan (90%), felt more supported and understood in relation to their child's eczema (96%), said their child understood eczema and its treatments better (93%), said their child talks more easily about their eczema with others (61%), felt more confident dealing with their child's school or nursery about eczema (76%), felt better able to cope with the impact of eczema on family life (86%), with 99% saying that they would recommend EOS to a friend.

## SUSTAINABILITY AND SPREAD

EOS wants every child with eczema to thrive and the family workers are central to their vision and values. They are passionate and motivated to make things better for children with eczema and their families. They strive for excellence, seeking ways to continually improve. They respect everyone, listening to and appreciating their views, ideas and individual experiences. They are trustworthy, providing evidence-based support and acting with integrity. They provide practical, non-medical advice and emotional support to the whole family. Their goal is for every child/young person with eczema to know they are not alone. They bring together the eczema community online and in-person, so that families with eczema can confidently access support from peers and specialists, as well as sourcing reliable information.

# DERMATOLOGY TEAM OF THE YEAR

## Eczema Outreach Support (EOS) Youth Panel by Eczema Outreach Support (EOS)



## SUMMARY

The Eczema Outreach Support (EOS) Youth Panel comprises a group of young people (YP) (aged 16-25 years) with eczema who advocate and raise awareness about the experiences of YP living with eczema. Its work influences the development of EOS activities, services and informs the wider health care community so that no YP with eczema faces the condition alone.

## METHOD

The EOS leadership team identified the need for a formal Youth Panel to shape and develop its services for YP. Working with young people with eczema, they co-produced a proposal, vision and recruitment plans. Objectives included: oversight of EOS programmes to ensure they were well designed, appealing and would have a positive impact on members; a communications plan to spread the word and raise awareness of EOS, plus formulation of a plan to ensure resources would be available to make it happen (fundraising, researching funding streams and/or supporting funding applications). The YP meet monthly and attend board meetings. Other meetings/sub-groups are also convened if there are time-sensitive topics or specific projects to be considered between board meetings.

## RESULTS

There are currently seven EOS Youth Panel members, with plans to recruit more. The Youth Panel has identified and achieved its goals. These include: YPs' voices represented at meetings with the board, which considers their views when making strategic decisions or plans for the service; panel members learn new skills to increase their confidence for the future, such as teamwork, communication and project planning; those who want to can stay connected to EOS once they've moved on from their support services for teenagers; panel members increase confidence in talking about eczema and sharing experiences, as well as feeling more connected to others with eczema. In addition, YP with eczema are more aware of EOS and the support provided. EOS services are more accessible and relevant to the changing needs of YP with eczema. YP with eczema feel more confident and supported to deal with their condition. The wider team has been inspired by the stories and experiences of the YP, which has improved service development, delivery and job satisfaction. Since establishing the Youth Panel, members have completed leadership training with Dare2Lead and been involved in a variety of activities promoting the needs of YP living with eczema: reviewed EOS internal youth projects and resources; been involved in developing apps for external partners; participated in research studies and contributed to publications, podcasts and conference presentations, plus advised on transition from children's to adult services at Bristol Children's Hospital.

## SUSTAINABILITY AND SPREAD

The EOS team has supported the Youth Panel members to gain new transferable skills for their CVs, UCAS statements and job applications. A culture of evaluation and evolution is important, with YP given the respect they deserve and feedback, so they know the difference they are making. Panel members spread the word through social media. Two youth panel members created a recruitment video and there is also a youth panel webinar for parents and carers.

# DERMATOLOGY TEAM OF THE YEAR

## Royal Berkshire Dermatology Team by Royal Berkshire Dermatology Team



## SUMMARY

The Royal Berkshire Hospital (RBH) dermatology team employs compassion and expertise to put patients at the forefront of their care. This dynamic and driven team of healthcare professionals goes beyond treatment, focusing on collaborative working with primary care, research, rheumatology, education, pharmacy and wellness for both patients and staff. Successful innovations include GP outreach, regular primary face-to-face education, nurse-led and specialist pharmacist clinics with new initiatives to reduce tertiary referrals, as well as away days and teambuilding days.

## METHOD

The RBH team tackled the national shortage of consultants by recruiting and training other allied healthcare professionals to provide an excellent service for patients. The team included a specialist dermatology pharmacist who worked collaboratively with nurse consultants. Collaboration ensured new advanced therapies were available and there was early treatment access, which changed patients' lives. Inflammatory clinics worked autonomously, ensuring medical consultants were free to concentrate on skin cancer and more complex cases. A successful initiative was a collaboration with Rheumatology to undertake joint clinics (both nurse- and doctor-led). A unique GP outreach programme delivered three, hour-long, consultant-led educational sessions to every primary care network in Berkshire, backed by pharmaceutical sponsorship. Flexible clinics were introduced to accommodate seasonal changes.

## RESULTS

Education is ongoing, with primary care dermatology topics chosen from common themes in advice and guidance requests. Excellent verbal and written feedback has been received, with requests to continue the programme and provide sessions with a view to nurse consultants (NC) providing teaching. Regarding in-house education, there is pharmaceutical teaching every week, a NC educates the nursing team once a month, plus there is a whole department academic meeting. The NCs meet with the director of nursing every six weeks to facilitate wellbeing and education opportunities. Recruitment challenges have been addressed by recruiting more GPs with extended roles (GPwER), who then educate their primary care colleagues. Through using a specialist pharmacist,

the number of advanced therapy patients has increased; they are seen in person every six months. There is increased access to new, advanced therapies. Autonomous working and closer relations with pharmacy homecare have improved patient care. NCs are teaching homecare nurses about dermatology conditions, cementing closer links. A further NC, consultant and clinical fellow have been recruited. A skin cancer multidisciplinary team away day promoted staff wellbeing and education. Commercial and academic research has been started, with a view to attaining university status.

Efficiency has improved because of GP outreach; the rate of referrals has plateaued. GPs are being educated in dermatology and gaining an interest. RBH consultants keep up to date to deliver education. Patients are referred correctly and treated correctly in primary care. Tertiary referrals for initiating first-line biologics in Hidradenitis suppurativa (HS) and adolescents have been reduced, reducing patients' waiting time to begin medication by six months. Patients have been discussed at the Oxford/RBH multidisciplinary meeting and the process for shared care has started. Reduced Rheumatology referral waiting times have been reduced as patients can be referred to the nurse-led rheumatology/dermatology clinic for assessment and potential treatment. Use of the staff wellness centre is encouraged.

## SUSTAINABILITY AND SPREAD

The aim of the GP outreach programme is to equip primary care clinicians with the skills to diagnose and treat more dermatological conditions without the need for specialist input. It aims to continue long term to ensure ongoing professional development and is backed by the CCG. A NC has spoken on initiatives used within the RBH at medical society meetings, with other hospitals developing some of the ideas. A monthly biologic newsletter is shared. Relationships have been strengthened between the rheumatology and dermatology department and pharmacy, which has eased access to new medications. The NC teaches nurses throughout the hospital about being involved in research and how to become a Principal Investigator. Education has been strengthened through new nurse development pathways within the trust to ensure equal opportunities. The team has regular weekly slots for pharmaceutical teaching and evening sessions to allow sharing of best practice.

# DERMATOLOGY TEAM OF THE YEAR

**Adult Epidermolysis Bullosa Service**  
by St John's Institute of Dermatology, Guy's and St Thomas' NHS Foundation Trust



## SUMMARY

Established just over 20 years ago, the Adult Epidermolysis Bullosa (EB) Service at Guy's and St Thomas' Hospital (GST) provides comprehensive multidisciplinary care for around 500 individuals. The team comprises core disciplines (specialist nursing, dermatology, dietetics, plastics, anaesthetics, hand and physiotherapy, psychotherapy, dentistry and ophthalmology) alongside other professionals throughout the Trust to deliver patients' holistic healthcare needs in a comprehensive and focused way. Based in the Rare Diseases Centre (RDC) at GST, the team has developed innovative ways to provide the right kind of care in a streamlined way to optimise every patient encounter.

## METHOD

EB can affect many different aspects of life and health; often the skin is only a small part of the condition as it can affect almost any system in the body, as well as mental wellbeing. This means the multidisciplinary team (MDT) must be diverse. Weekly virtual ward rounds discuss the clinical issues arising over the preceding week, streamlining contacts that usually come via the six EB clinical nurse specialists (CNSs). Various EB outpatient clinics are held in the RDC, including conventional dermatologist- and CNS-led appointments for patients with milder EB (including telephone appointments, as patients are spread across the UK), all- or half-day MDT clinics with the wider team, EB podiatry clinics and dedicated infusion clinics for intravenous iron. Elective and emergency inpatient admissions are also available for this cohort.

## RESULTS

In addition to providing the right clinical experience for patients, they are supported when attending procedures. For example, an EB CNS is present in interventional radiology when a patient has an oesophageal dilatation (over 40 per annum), or when having hand release or cancer surgery under plastics. This ensures that patients feel supported and have an advocate who will protect them from unintentional damage from handling while under anaesthetic. The CNS team makes home visits to patients with severe cases, attends transition clinics for young people coming from the Great Ormond Street (GOS) paediatric EB service, and liaises with local teams and services where necessary. The EB MDT provides a circle of care around vulnerable patients to ensure they are physically and emotionally supported throughout. The EB service caters for individuals with different healthcare requirements, which requires efficient co-ordination to ensure that they are seen by the correct professionals as and when needed, both electively and urgently. Clinic attendances are also an opportunity to participate in research or take blood or tissue samples for research into disease mechanisms or EB cancer. The home visits enable full skin examination in a more comfortable and less time-pressured environment than in clinic. The team also runs an annual outreach clinic in Exeter for patients living in the South West, saving them travel costs and the potential discomfort of making a trip to London.

## SUSTAINABILITY AND SPREAD

An annual, two-day EB course is run for professionals with the GOS paediatric EB service, attended by many international delegates. Globally, the Adult EB Service is recognised as a pre-eminent EB centre and receives many international requests for clinical advice. The MDT has published widely on EB in peer-reviewed journals, including leading on, or contributing to, best clinical practice guidelines. Team members have also lectured nationally and internationally on the model of care and EB management and diagnostics. There are close ties with King's College London regarding a broad portfolio of basic science and clinical EB research. Hands-on training has also been provided to health professionals from around the world.

# DERMATOLOGY TEAM OF THE YEAR

## The Paediatric Severe Eczema Clinic by St John's Institute of Dermatology, Guy's & St Thomas' NHS Foundation Trust



## SUMMARY

The Severe Eczema Clinic (SEC) at St John's Institute of Dermatology, Guy's & St Thomas' NHS Foundation Trust, is a unique, multidisciplinary service for children and young people on systemic medication. Led by Professor Flohr since 2014, the SEC receives referrals from across the country. It comprises outpatient clinics and multidisciplinary team (MDT) meetings and includes consultant dermatologists, speciality registrars, clinical fellows, clinical nurse specialists, a clinical psychologist, research practitioners and paediatric dermatology pharmacists. The wider SEC MDT includes paediatric allergy, respiratory medicine, immunology, sleep medicine and ophthalmology. The team delivers high quality care, which goes beyond the clinic. It also runs national educational programmes for patients, carers and colleagues.

## METHOD

The clinical nurse specialists operate a direct patient helpline, supported by doctors. There is also an in-clinic pharmacist, who is a biologics prescriber, overseeing the safe prescribing of systemic therapies. The MDT paediatric clinical psychologist provides in-clinic support to address mental health concerns and has developed a habit reversal programme, as well as a stepped care model to enable patients to access input (eg self-help booklets) and individual therapy sessions, supporting patients to manage the impact of living with eczema. The research practitioners recruit patients into systemic therapy trials, and the SEC is the coordinating centre of the UK-Irish Atopic eczema Systemic TherApY Register (A-STAR). Clear referral pathways have been established with paediatric allergy, immunology and sleep medicine colleagues, running joint consultations when required, including a monthly joint paediatric allergy and dermatology clinic. In addition, there is a well-established transition pathway for adolescent patients.

## RESULTS

About 800 eczema patients are cared for on systemic therapies per year – the largest paediatric cohort on biologics in the UK. Validated disease severity and quality-of-life scores are reviewed on every visit to monitor progress. There are paediatric-specific guidelines for all systemic therapies and quality improvement projects are conducted regularly. The specific needs of adolescents and their transition into

adult care are recognised. MDT members regularly present on the research and care models at national and international conferences. In addition to nurse-led patient education sessions, national courses are held – one on Paediatric Dermatology and an 'Allergy and the Skin' study day – both attended by around 250 colleagues annually. Prof Flohr works with the National Eczema Society and Eczema Outreach Support charities, running patient webinars. The clear treatment pathways and guidelines have been adopted by other departments. National educational activities ensure positive outcomes for patients in the clinic and beyond. Senior consultant Dr Howard led the development of a service to optimise delivery of developmentally appropriate care for adolescent patients and their transition pathway through to the adult services. This was co-created with adolescent patients and the hospital transformation team. A mobile app has been developed to track patient progress through disease severity, quality of life and psychological co-morbidity questionnaires (DrDoctor platform). Individual psychology sessions, mindfulness workshops and habit reversal groups have received positive feedback from patients and parents, as well as reducing mood scores. The clinic-embedded research team recruits patients into the national A-STAR registry and identifies patients for novel systemic therapy trials, as well as the SEC's Medical Research Foundation-funded 'Mind & Skin' study.

## SUSTAINABILITY AND SPREAD

The SEC led the largest worldwide clinical trial with conventional systemic medication in children with severe eczema (TREAT). The findings resulted in a shift in systemic prescribing internationally, favouring methotrexate over ciclosporin. Furthermore, the team presented its integrated care model and outcome data at British Society of Paediatric and Adolescent Dermatology and Psychodermatology UK events. A teaching seminar was run on Paediatric Psychodermatology and had an outstanding feedback rating (4.8/5), increasing physicians' confidence in managing paediatric patients' psychological needs. Habit reversal materials have been developed in collaboration with families for the Kids in Control project, funded by the UK Dermatology Clinical Trials Network. The aim is to integrate the scheme into existing clinical care pathways and ultimately test it in a clinical trial. The MDT regularly contributes to national webinar events, while the annual DermAcademy webinars, held in collaboration with the National Eczema Society, have improved understanding and management of eczema for patients and families.

# DERMATOLOGY TEAM OF THE YEAR

**WINNER**



## SUMMARY

Dr Maria Konstantopoulou is a hardworking doctor who goes above and beyond to help Ormskirk and District General Hospital's dermatology department. Since becoming clinical director, she has improved services to provide better patient care. She is also the phototherapy/patch test lead, providing services to patients with complex needs locally and regionally. She has successfully introduced teledermatology services and made a significant positive impact on the timely assessment and management of patients with suspected skin cancers by reducing waiting times and promoting efficient treatment provision. Despite a heavy workload, she is always available to help and support the department.

## METHOD

Dr Konstantopoulou is a very experienced dermatologist with extensive knowledge of teledermatology, gained in previous hospitals. She successfully introduced this service to Ormskirk and District General Hospital. She worked closely with stakeholders locally and regionally to implement the service, which has been running for a few months. She investigated how it could be made available, including establishing what IT support was needed and the inclusion/exclusion criteria for the service. She worked with team members and had regular meetings to provide updates and guidance to ensure it would run efficiently.

## RESULTS

The service runs successfully and is reviewed regularly to make improvements, based on feedback. It has reduced waiting times for patients to see secondary care dermatologists for suspected skin cancers and has provided efficient care. Patients are booked in directly for surgical procedures requiring intervention or clinic review, depending on the outcome of the teledermatology review. Feedback has been positive, with patients acknowledging the timely review and treatment provided, resulting in overall patient and team satisfaction.

## SUSTAINABILITY AND SPREAD

The project was initially trialled for three months, but has been extended to a year, following regular reviews and positive overall outcome. The aim is to continue the service beyond that.

# DERMATOLOGY DIGITAL AND TECHNOLOGY SOLUTIONS FOR THE TREATMENT OF SKIN CONDITIONS

**Dermosopea – accessible dermoscopy for the non-dermatologist**  
by Dermosopea



## SUMMARY

This project set out to demystify dermoscopy and provide free information about budget-friendly technological solutions as alternatives to conventional, expensive modern dermoscopy. The positive impact has been felt around the world. The original objective was to develop a solution to traditional dermoscopy for less than £50 and then develop a product for less than £5 for resource-poor settings, as well as introducing the world's first open-source, 3D-printed, self-assembly dermatoscope. Dermosopea received no financial support and contributors gave their time freely.

## METHOD

Dermoscopy is essential for the early detection and diagnosis of skin cancer and increasingly useful to support the diagnosis of inflammatory and infective skin diseases, reducing the need for costly skin biopsies, bringing diagnosis closer to patients' homes and communities and ensuring appropriate treatment is started as soon as possible. The goals were to design, develop, test and release a variety of budget-friendly alternatives to conventional dermoscopy that would be useful in the community with primary care, in resource-poor, rural and remote settings. The use of the magnifying loupe as a budget-friendly alternative to dermoscopy is understood. The original project set out to create a system of dermoscopic photography for less than £50. The device had to be readily available anywhere in the world and be usable with no technical skill or tools. This was achieved by combining the loupe with a digiscoping adaptor to allow it to be mated to a smartphone for dermoscopic imaging. The second project was to produce a dermoscopic-like examination without imaging for less than £5 that met the requirements for simplicity for the user as described. This was achieved by modifying an old-fashioned technique, known as diascopy, by adding a cheap, illuminated currency microscope. The final aim was to produce plans for a dermatoscope that could be 3D-printed anywhere and assembled without tools.

Stakeholder meetings were held with primary care networks, details of which are available to GPs on several UK Integrated Care Boards' websites. Partners in other countries, including Egypt, Pakistan and Taiwan, explored the usability of the devices. For both the original loupe digiscoping dermatoscope and the microscopic diascopic dermatoscope a set of instructions was produced in different formats, including pictorial, textual and video, with automatic translation to different languages on how to obtain and assemble. Non-specialist doctors were recruited to test the ease of assembly, give feedback and rate ease of use. The instructions were modified and a final set was made available on the Dermosopea website. Images produced using these techniques were quality tested against conventional dermoscopy of the same lesions, with the results presented and published following peer review.

## RESULTS

The quality of dermoscopic images produced by the budget systems has been verified by comparison with conventional dermoscopy and use of generalist clinicians to judge the added value they may get in a consultation. Diagnostic accuracy and confidence were statistically significantly increased using both conventional dermoscopy alone and using the budget devices. There was no significant difference demonstrated between the budget device and conventional dermoscopy. Feedback from primary care was positive regarding either using the instructions to build budget systems or using the website as a reference resource. Many other organisations are interested in collaboration, including the Primary Care Dermatology Society and REFRAME. Overseas collaborators were pleased with the content. Website and social media analytics showed increasing user engagement with consistent monthly upward trends across a range of metrics.

## SUSTAINABILITY AND SPREAD

The first data was presented at an international conference and in an article in the Journal of The European Academy of Dermatology and Venereology. Dermosopea set up a website with instructions on how to obtain, assemble and use the budget devices and how to download plans for a 3D-printed version free of charge to all. The project is publicised on social media and includes educational content about dermoscopy. The website also contains a section about basic dermoscopy for the non-specialist, with a focus on adding value to a primary care consultation. Educational content is being improved by ensuring equal representation of skin of colour.

# DERMATOLOGY HEALTHCARE PROFESSIONAL HERO

**WINNER**

**Nicola Housam**

Advanced Nurse Practitioner, Dermatology United Lincolnshire Hospitals NHS Trust



Nicola deserves recognition for her contribution to dermatology nursing over the last 13 years, as she brings a wealth of life and work experience to her role.

Her healthcare career began as a pharmacy technician in the community, following which she decided a career change was needed. Coming from 5 generations of nurses and policemen, she chose nursing. She commenced her training at Nottingham University in 2004 and during her training appeared on the front cover of *Nursing Times*, as they looked at the history of five generations of nursing. She Graduated in 2007 with an advanced diploma and worked in intensive care initially and then moved to community and practice nursing for six years, completing her degree and nurse prescribing V150. This theoretical and experiential knowledge provided the foundations when she moved to a clinical, dermatology role. Over the last 13 years she has MSc Advanced Nursing Practice and Masters Module Paediatric Dermatology and is now an Advanced Nurse Practitioner. Nicola has been at the forefront and focused on developing her practice and that of others, with her work on Bleach Baths for patients with Atopic Dermatitis, which is now embedded in practice and reduces the need for antibiotics in these patients. And more recently her research relating to fire safety and emollients has been an important milestone in her dermatology nursing career. Having seen reports of fatalities and a study in the *Fire Safety Journal*, it provided Nicola with many unanswered questions, and a desire to improve fire safety awareness locally and more widely. It did help to be married to a Fireman, use your contacts!

Nicola coordinated a multidisciplinary team to investigate the risks of prescribed garments contaminated with different emollients, which included NHS, Fire and Rescue Services (FRS), National Fire Chiefs Council (NFCC), community fire safety advocates and local authorities. She also provided teaching on emollients and why patients require them.

To summarise Nicola is an outstanding dermatology nurse who always maximises her expertise, skills, leadership and personal qualities for the benefit of patients and the continuing development and professionalisation of the speciality of dermatology nursing. This is clearly evident in her passion to ensure the safety of our patients when using emollients, which are the mainstay of dermatology treatment regimens. A true advocate for patient safety and influencing practice at a national level.

## PEOPLE'S AWARD FOR DERMATOLOGY

**Nicola Housam**

Advanced Nurse Practitioner, Dermatology United Lincolnshire Hospitals NHS Trust



In 1997 Mandy Aldwin-Easton co-founded the Ichthyosis Support Group (ISG) which later became a registered charity in 2001. Through her work with the ISG, Mandy has helped support people and families living with ichthyosis, increased awareness of the disease and raised funds for research and support. Despite living with the impact of ichthyosis on her day-to-day life, she remains undaunted in her pursuit of promoting a better understanding about the condition and the quest for more effective treatments to be developed. Mandy is a familiar face to many professionals working in UK dermatology through her attendances at conferences on behalf of the ISG where her sparky personality and clear enthusiasm for her mission shine through. She is a role model for anyone looking to set up a patient charity, and also to anyone living with chronic skin disease where her 'can do' attitude and positivity are at the fore.