Clinical Partnership
SPECIALIST COMMUNITY CARE

Tele-dermatology

Dr Javed Mohungoo
Consultant Dermatologist
MBChB (Leeds)
FRCP (London)

Challenges in Dermatology

Challenge	Impact	Ideas	Actions
Most services are under recruited: especially for clinical positions (doctors, consultants, nurses and HCAs). There are shortages with 100s of vacancies across the country for Dermatology specialists	• Services cannot see as many patients • Longer wait times for appointments for patients • High consultant/Agency fee's to cover gaps in service	• Teledermatology allows us to use Dermatologists flexibly • It allows triages and management of referrals • It can lead to a reduction of more than 60-80% of referrals	• Explore models • Involvement of local CCGs • Involvement of local clinical staff

Exploring Teledermatology

Aims of a Teledermatology service

- Provide an innovative approach to dermatology care
- Ensure as many people as possible are treated in the right setting through the provision of prompt specialist advice and treatment options.
- Prevent avoidable and inappropriate referrals to (face to face) dermatology.
- Improve access to dermatology expertise for patients
- Improve the quality of triage so that patients can see the correct specialist at the first appointment if a face to face appoint is required.
- Reducing the time taken for patients to access specialist services.
- Facilitate GP education through the provision of detailed diagnostic reports,.
- Primary care clinicians can quickly and easily obtain a second opinion when required.
- A specialist diagnosis and management plan for the great majority of patients is available within 48 hours, faster than would otherwise have been the case. The system has been proven to act as a safety net for suspicious lesions, with reporting consultants often identifying melanomas and small-cell carcinomas. In such instances, tele-dermatology facilitates the crucial fast tracking of patients to the cancer 2-week waiting list

How does Teledermatolgy work?

	1. Patient need	2. Primary Care	3. Telederm Triage Hub	4. Appropriate care setting
Steps	• Patient looks for self-help information online • Patient attends GP appointment	• Patient referred by GP / nurse for Telederm using web camera and MeddApp software	• Telederm consultants review images and send back diagnosis within 48 hours along with any care notes for GP	• Patient sent a letter with results and either given all clear, given care advise or referred to Derm service in community or secondary care
Technology requirements	• Good website with self help information	• Quality camera/ dermatoscope that is CE marked and meets minimum standards for picture quality.		• Follow up letter to be produced and sent to patient advising them of next steps

Suitable conditions for Teledermatology?

Conditions suitable for teledermatology referral	Conditions not suitable for teledermatology referral
• Benign skin lesions, for diagnosis, to exclude possibility of malignancy, or for advice as to whether treatment is available. • Potentially malignant lesions, includes BCC but others only if low suspicion of malignancy (can be triaged directly to surgical treatment if necessary) • Rashes with unknown diagnosis, or to confirm suspected diagnosis • Rashes with known or strongly suspected diagnosis, where management advice is sought • Any skin lesion • Any rash	• 2ww • Genital rashes

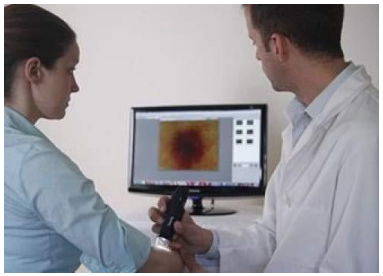
Meet John…

…a 43 year old male living in Epworth. He has always had good health. He has recently found a rash on his arm that is red, itchy and bumpy under the skin..

John's care journey A

"I have started getting a strange rash on my arms…I'm going to google it."

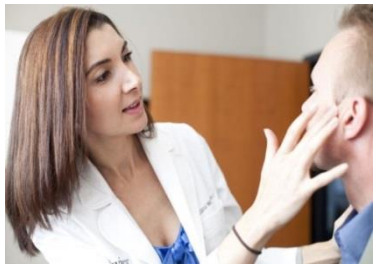
"I google 'bumpy rash on arm' and my local Dermatology website comes up. They advise me to see my GP because it's red and itchy.'



"I visit my GP who asks me about my medical history and takes a photo of my rash using a digital camera. He told me I will get advice from a consultant dermatologist within 48 hours and my GP will get then back to me'

"I am sent a letter with an appointment to see the Skin Clinic with time and a number to call if I want to rearrange. I also receive a text message reminder 48 hours before"

VARIABLE WAIT



"I attend the Skin Clinic and am prescribed a cream for my rash which clears very promptly

John's care journey B

"I have started getting a strange rash on my arms…I'm going to google it."

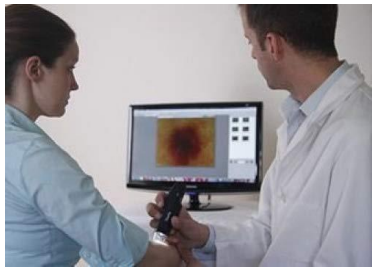
"I google 'bumpy rash on arm' and my local Dermatology website comes up. They advise me to see my GP because it's red and itchy.'

"I visit my GP who asks me about my medical history and takes a photo of my rash using a digital camera. He told me I will get advice from a consultant dermatologist within 48 hours and my GP will get then back to me'

24- 48 Hours

"The rash is reviewed and a treatment plan is sent back to the GP on how to treat the patient. This works promptly and the patient is then discharged from this pathway. This has saved me from having to visit my local hospital

The GP journey



“ John comes into the GP practice with a rash but I am not sure if it could be something more serious. I take a picture of the rash and upload it into my Teledermatology system. I have told John that the Tele-Dermatology service will give us an opinion within 48 hours and I will get back to him. This will either be a treatment plan I can carry out or he will need to be seen face to face.

“I get an email from the Teledermatology system the next day and was interested to learn that it could be a rare type of eczema. They advised that John need s to be seen face to face.

“A pdf output is received at the practice with a summary of John’s Telederm referral. This is scanned into the record by the admin team at the practice"

An appointment is then made for John to be seen face to face in the right location. This can be arranged directly with John or the GP can refer for a face to face consultation

MeddApp deployed at over 100 practices

North Lincolnshire CCG

North East Lincolnshire CCG

Bassetlaw CCG

Rotherham CCG

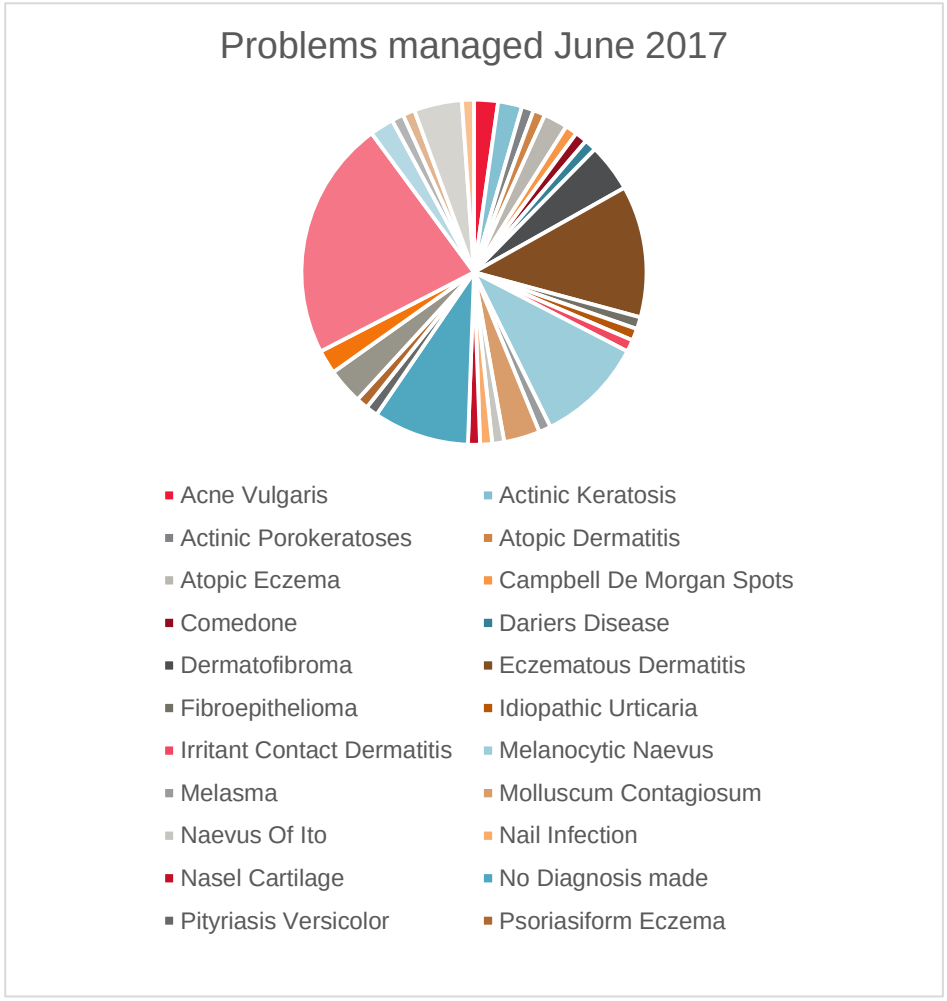
Deployment involves

- onsite training
- telephone training
- telephone support

Rapid growth of service

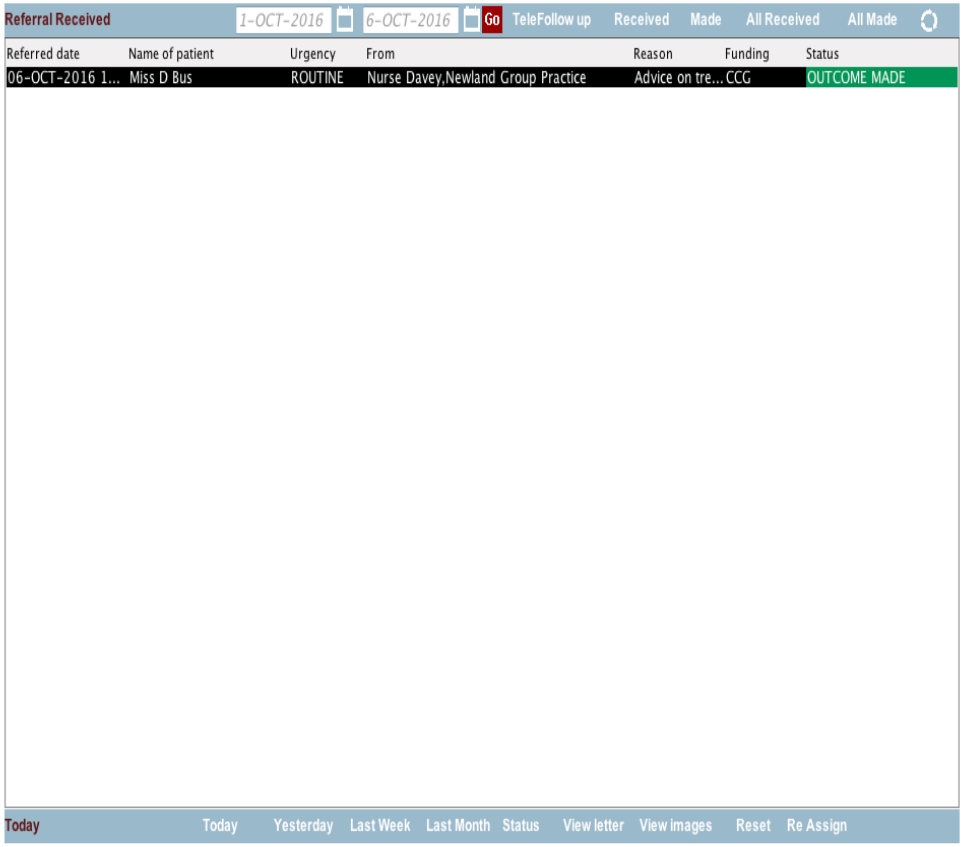
Month	CCG – 1&2	CCG - 3	Total
Sep-17	64	NA	64
Oct-17	89	146	235
Nov-17	125	69	194
Dec-17	86	53	139
Jan-18	146	58	204

Detailed clinical information



Telemedicine stand – images streamed so NO local image

Home
Search
Daily Schedule
Referrals
Tests
Inpatients
Reports
Admin manager
Help
Logout
Register new patient



meddrecord Miss D Bus

Home Timeline DashBoard Video Consultation Refresh Patient Admin Help Documents Out come

Viewing Last 1 Week (none) Tuesday, Feb 28, 2017 Close... Open ...

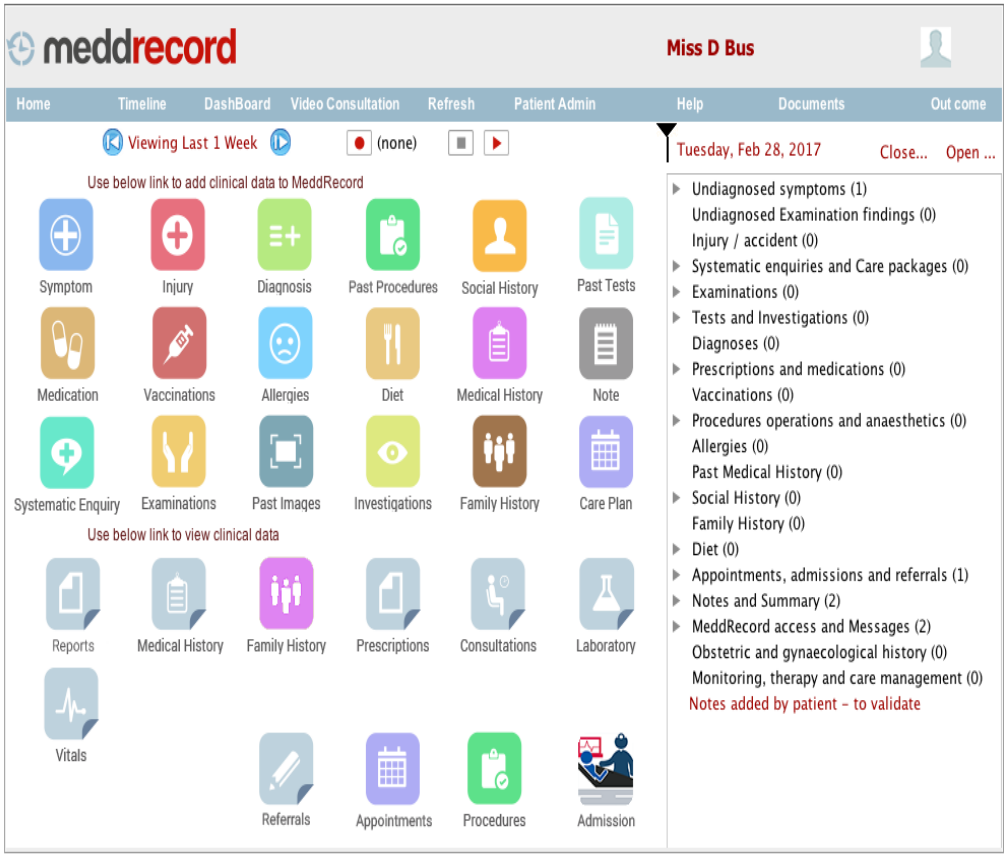
Referrals & telefollow up Make referral View images View letter Update notes TeleFollow up

Received from (Outcome Made) Kate Davey-Newland Group Practice Dated 06-OCT-2016 14:31

- Undiagnosed symptoms (1)
- Undiagnosed Examination findings (0)
- Injury / accident (0)
- Systematic enquiries and Care packages (0)
- Examinations (0)
- Tests and Investigations (0)
- Diagnoses (0)
- Prescriptions and medications (0)
- Vaccinations (0)
- Procedures operations and anaesthetics (0)
- Allergies (0)
- Past Medical History (0)
- Social History (0)
- Family History (0)
- Diet (0)
- Appointments, admissions and referrals (1)
- Notes and Summary (2)
- MeddRecord access and Messages (2)
- Obstetric and gynaecological history (0)
- Monitoring, therapy and care management (0)

Notes added by patient - to validate

Home
Search
Daily Schedule
Referrals
Tests
Inpatients
Reports
Admin manager
Help
Logout
Register new patient



meddrecord

Dr Charles Darwin

Search for symptom

Type keyword & press enter

Select a symptom and click Next

General | Commonly added | Remove

- Changing Mole
- Clamminess Of Skin
- Mole
- Rash Around Eyes
- Skin Lesion
- Skin Lump
- Skin Rash
- Skin Rash In Sun

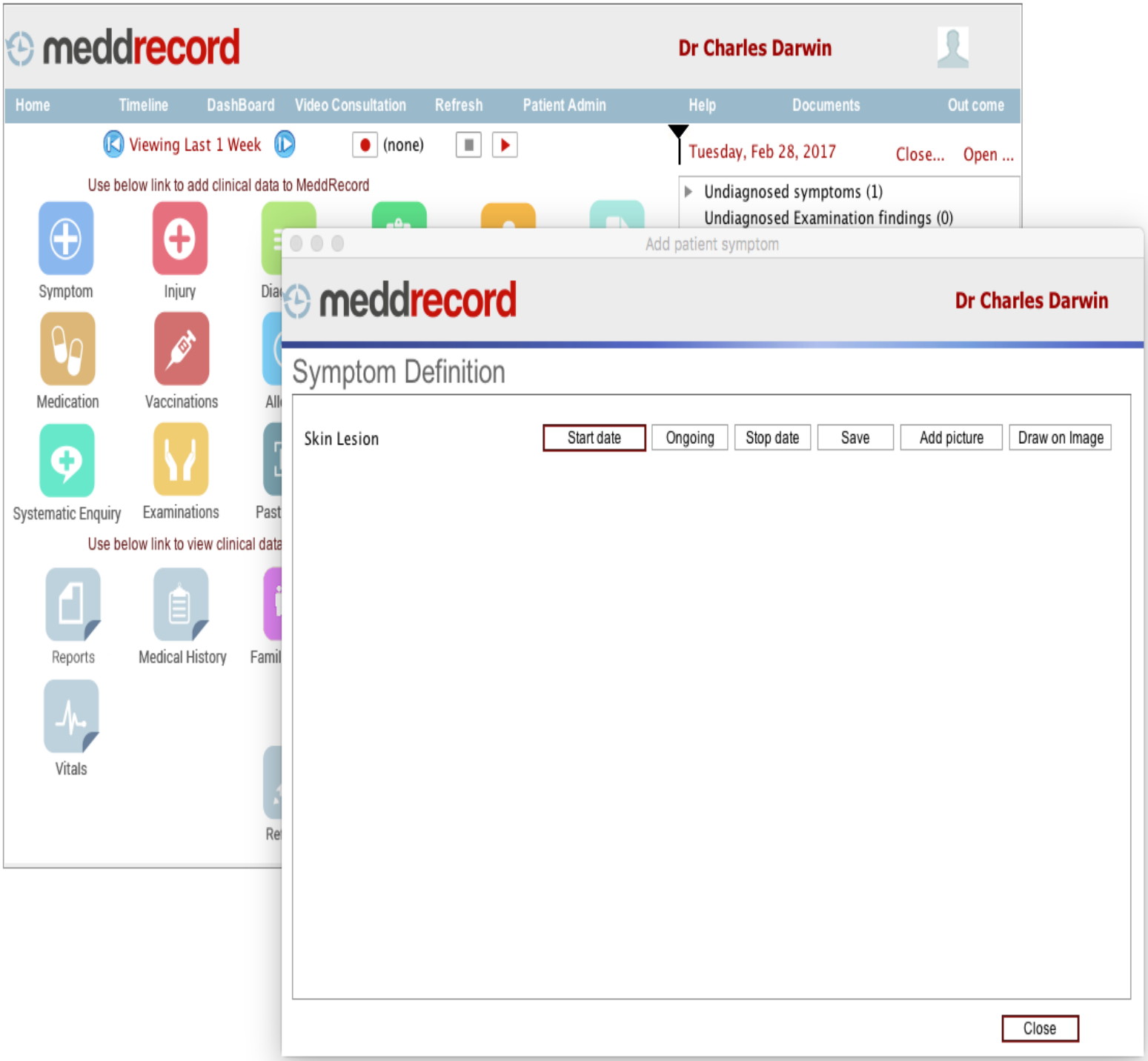
Symptom that will be added | Remove

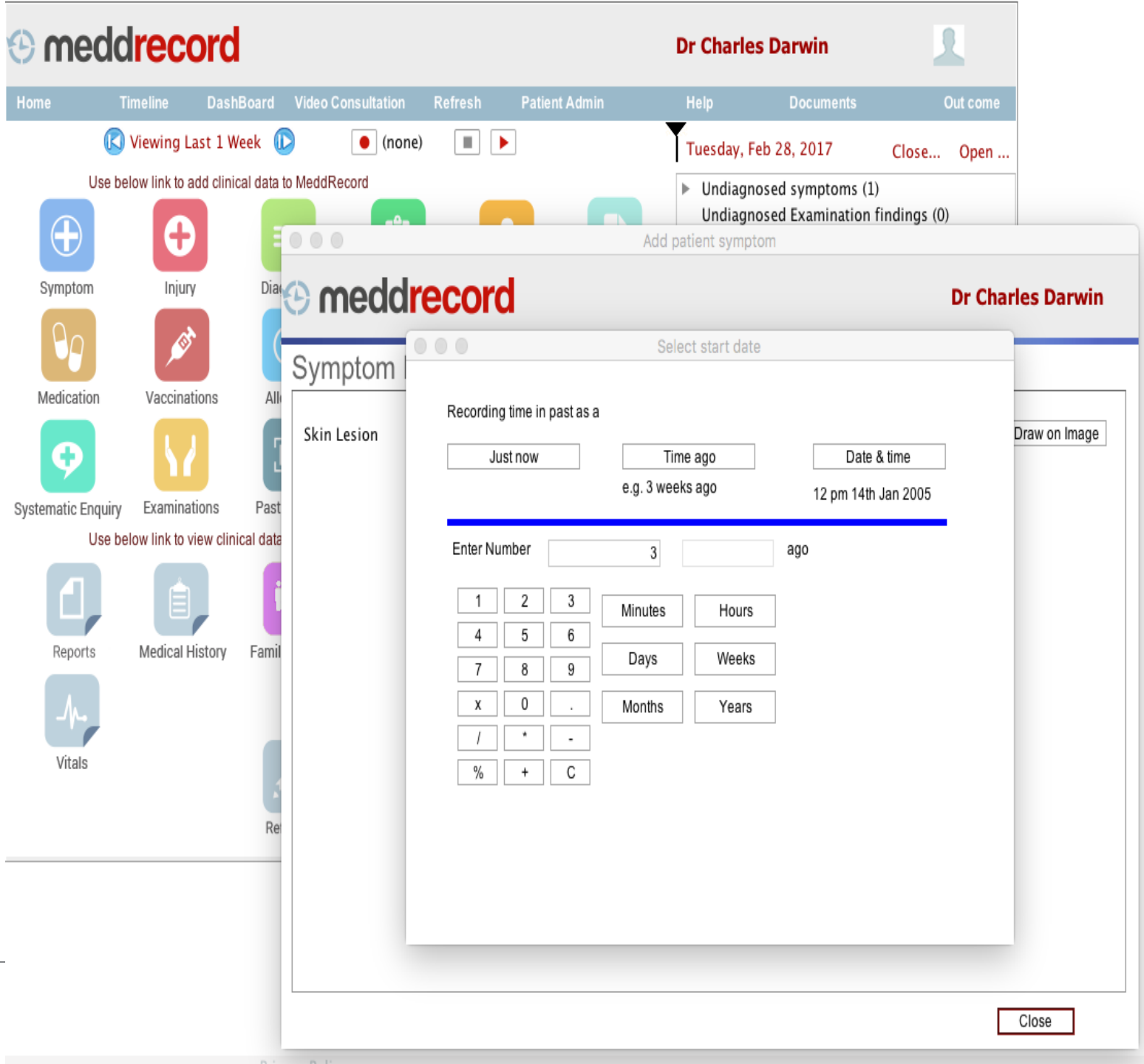
- Skin Lesion

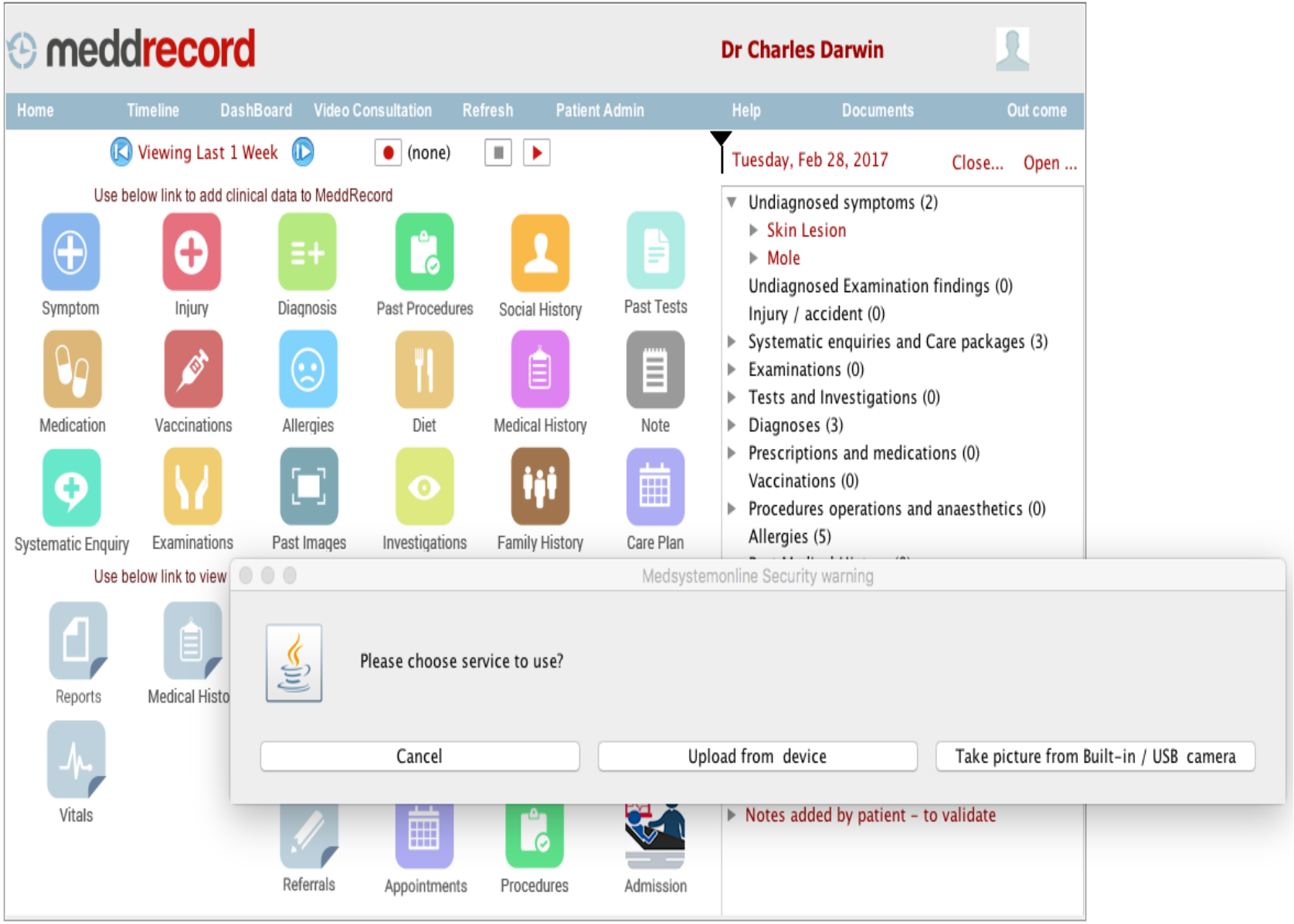
Can't find? Type in your own and click add A...

Close window

Next


meddrecord
Dr Charles Darwin
Home
Timeline
DashBoard
Video Consultation
Refresh
Patient Admin
Help
Documents
Out come
Viewing Last 1 Week
(none)
Tuesday, Feb 28, 2017
Close...
Open ...
Use below link to add clinical data to MeddRecord
Undiagnosed symptoms (1)
Undiagnosed Examination findings (0)
Symptom
Injury
Medication
Vaccinations
Systematic Enquiry
Examinations
Use below link to view clinical data
Reports
Medical History
Vitals
Add patient symptom
meddrecord
Dr Charles Darwin
Symptom Definition
Skin Lesion
Start date
Ongoing
Stop date
Save
Add picture
Draw on Image
Close


meddrecord
Dr Charles Darwin
Home
Timeline
DashBoard
Video Consultation
Refresh
Patient Admin
Help
Documents
Out come
Viewing Last 1 Week
(none)
Tuesday, Feb 28, 2017
Close...
Open ...
Use below link to add clinical data to MeddRecord
Undiagnosed symptoms (1)
Undiagnosed Examination findings (0)
Symptom
Injury
Medication
Vaccinations
Systematic Enquiry
Examinations
Use below link to view clinical data
Reports
Medical History
Vitals
Add patient symptom
meddrecord
Dr Charles Darwin
Symptom
Skin Lesion
Draw on Image
Select start date
Recording time in past as a
Just now
Time ago
e.g. 3 weeks ago
Date & time
12 pm 14th Jan 2005
Enter Number
3
ago
1
2
3
4
5
6
7
8
9
x
0
.
/
*
-
%
+
C
Minutes
Hours
Days
Weeks
Months
Years
Close


meddrecord
Dr Charles Darwin
Home
Timeline
DashBoard
Video Consultation
Refresh
Patient Admin
Help
Documents
Out come
Viewing Last 1 Week
(none)
Tuesday, Feb 28, 2017
Close...
Open ...
Use below link to add clinical data to MeddRecord
Symptom
Injury
Diagnosis
Past Procedures
Social History
Past Tests
Medication
Vaccinations
Allergies
Diet
Medical History
Note
Systematic Enquiry
Examinations
Past Images
Investigations
Family History
Care Plan
Use below link to view
Reports
Medical Histo
Vitals
Referrals
Appointments
Procedures
Admission
Undiagnosed symptoms (2)
Skin Lesion
Mole
Undiagnosed Examination findings (0)
Injury / accident (0)
Systematic enquiries and Care packages (3)
Examinations (0)
Tests and Investigations (0)
Diagnoses (3)
Prescriptions and medications (0)
Vaccinations (0)
Procedures operations and anaesthetics (0)
Allergies (5)
Notes added by patient - to validate
Medsystemonline Security warning
Please choose service to use?
Cancel
Upload from device
Take picture from Built-in / USB camera

meddrecord Dr Charles Darwin

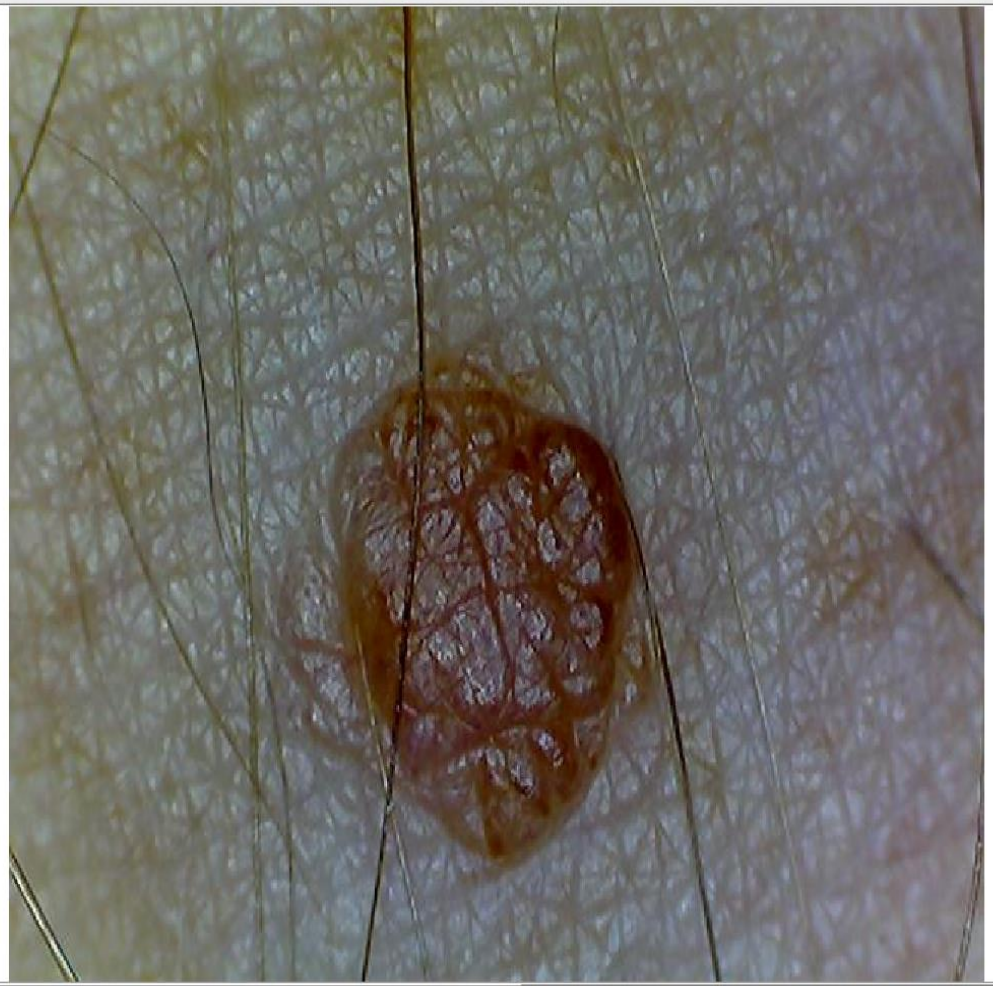

Mole


Mole


Mole


Mole


Mole



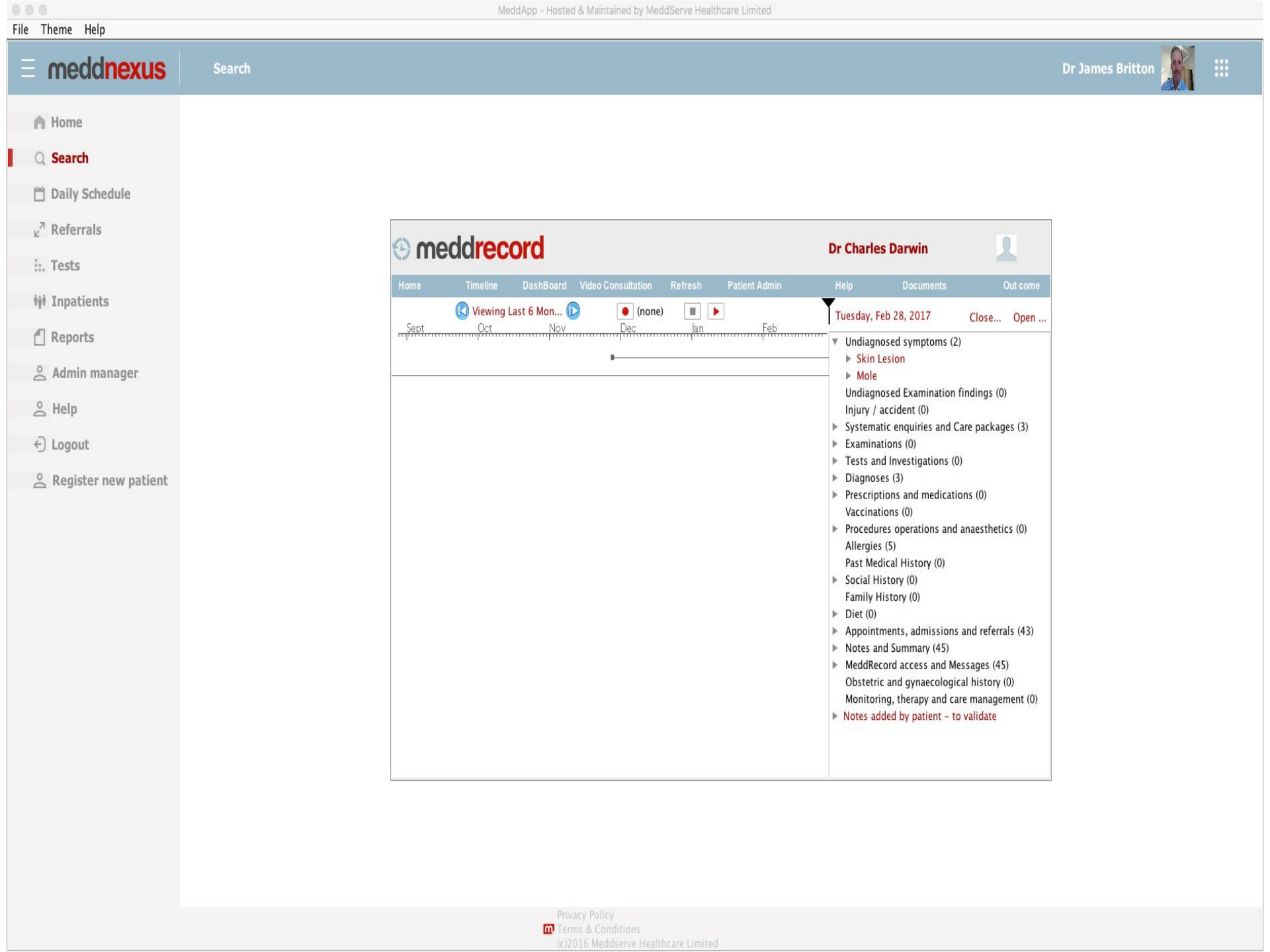
ROTATE RECORD & LISTEN TO VOICE MESSAGES ZOOM DRAW COMMENTS

(none) ERASE RESET PAN

Brightness: 1 Contrast: 110

-255 0 255 0 255

Close



Home
Search
Daily Schedule
Referrals
Tests
Inpatients
Reports
Admin manager
Help
Logout
Register new patient

meddrecord Dr Charles Darwin

Home Timeline DashBoard Video Consultation Refresh Patient Admin Help Documents Out come

Select followup

Face2Face in person | Face2Face remote | Face 2 face joint

Tele follow up | Discharge From care ... | Open Followup

Resubmit photos

followup selected

Book for Face2Face | Book for procedure | Select path...

Consultation outcome letter dictation

Authoris... (none)

Symptoms reviewed Add Remove

Rash Around Eyes
Rash Around Eyes - New
Skin Lesion
Mole

Diagnosis reviewed Add Remove

Atopic Dermatitis(Eczema, Besniers Pruri
Malaria
Atopic Eczema

Medications reviewed Add Remove

Investigation requested A... Remove

Procedure Add Remove

Education support Play Add Remove

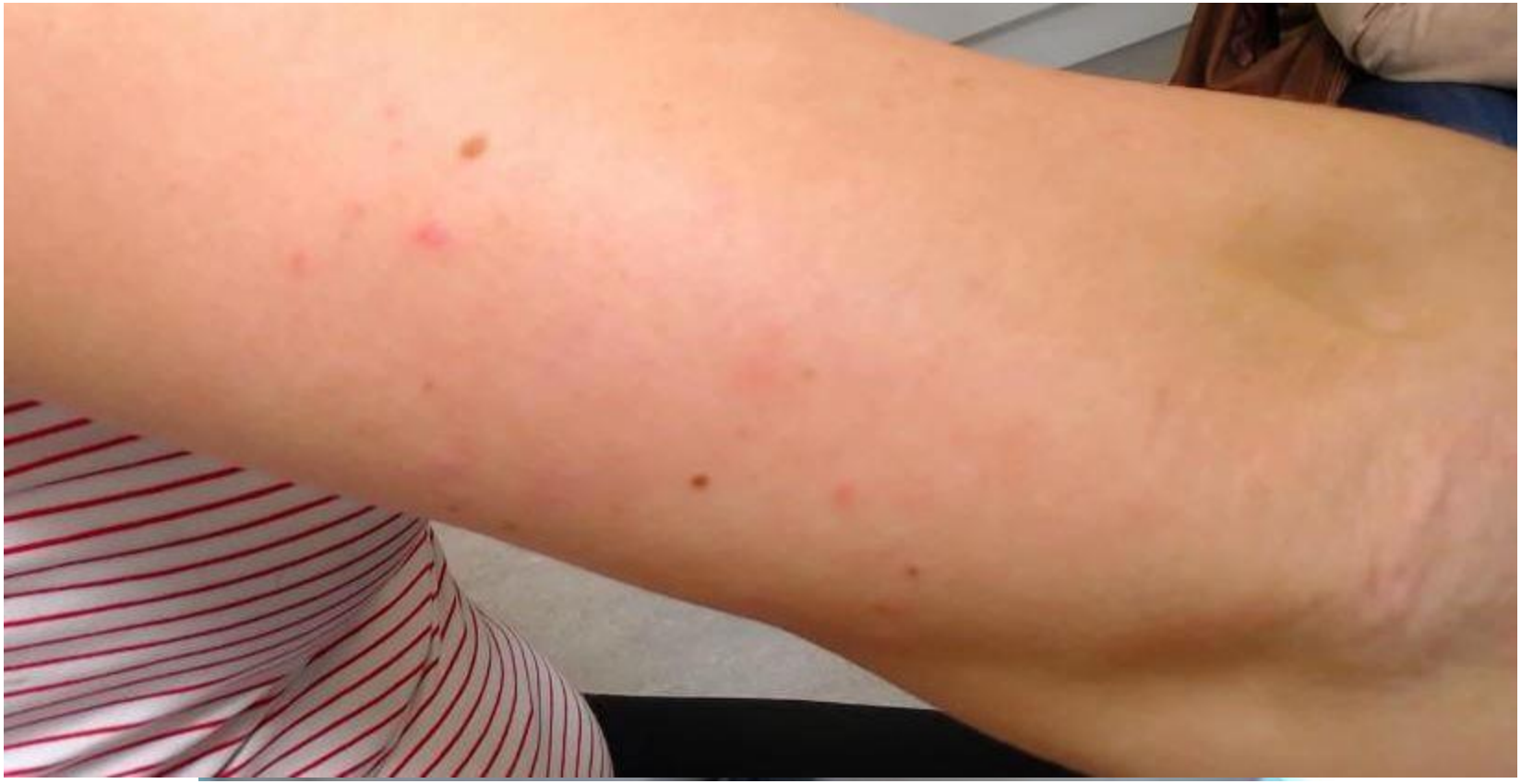
Referrals & telefollow up View ref images View ref lett...

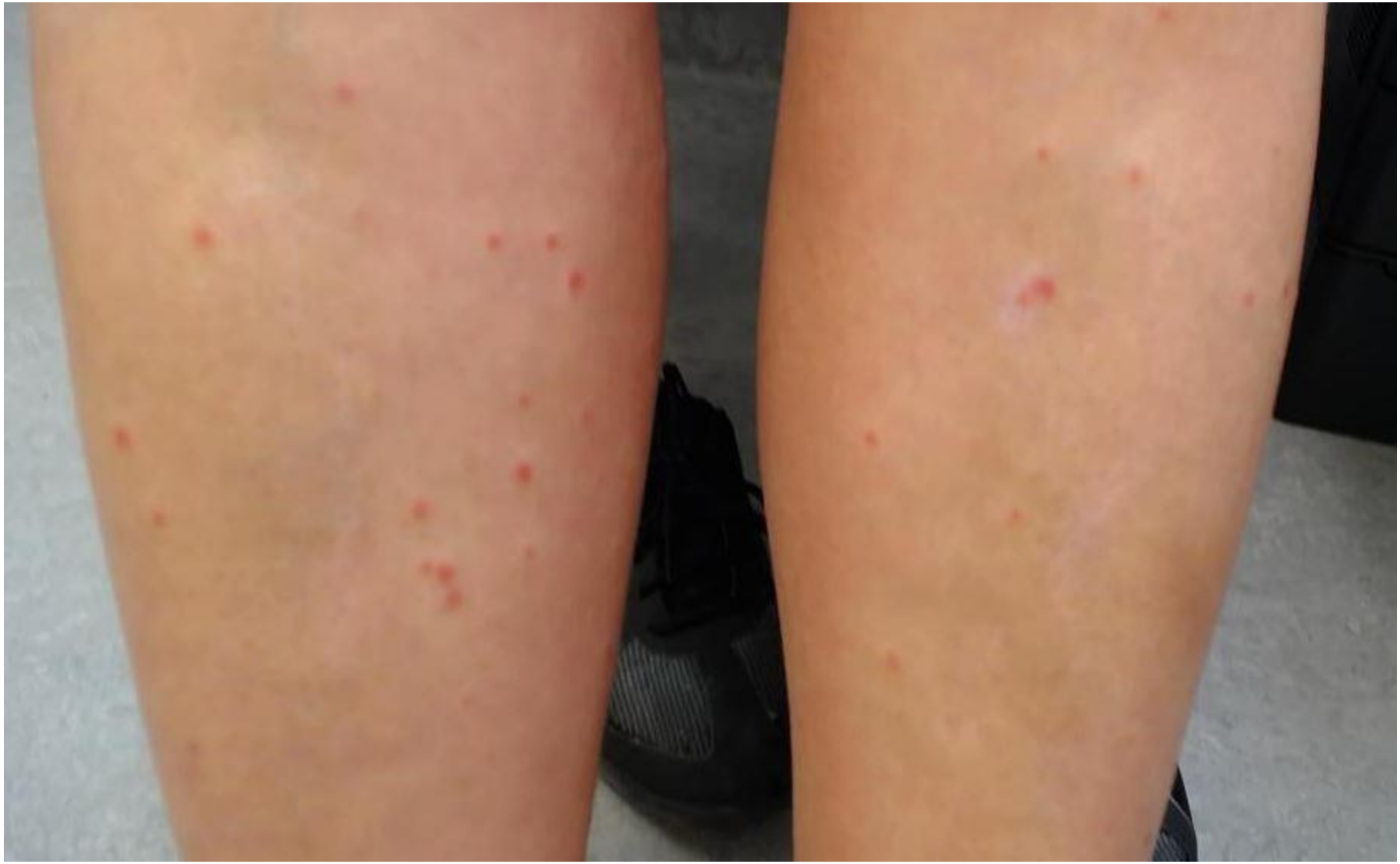
Outcome Letter to

Book for Admisssion | Admit Directly | HP Feedback | Patient Feedback | Save & Close

Teledermatology Examples

Rash…





Rash - Outcome

Hi

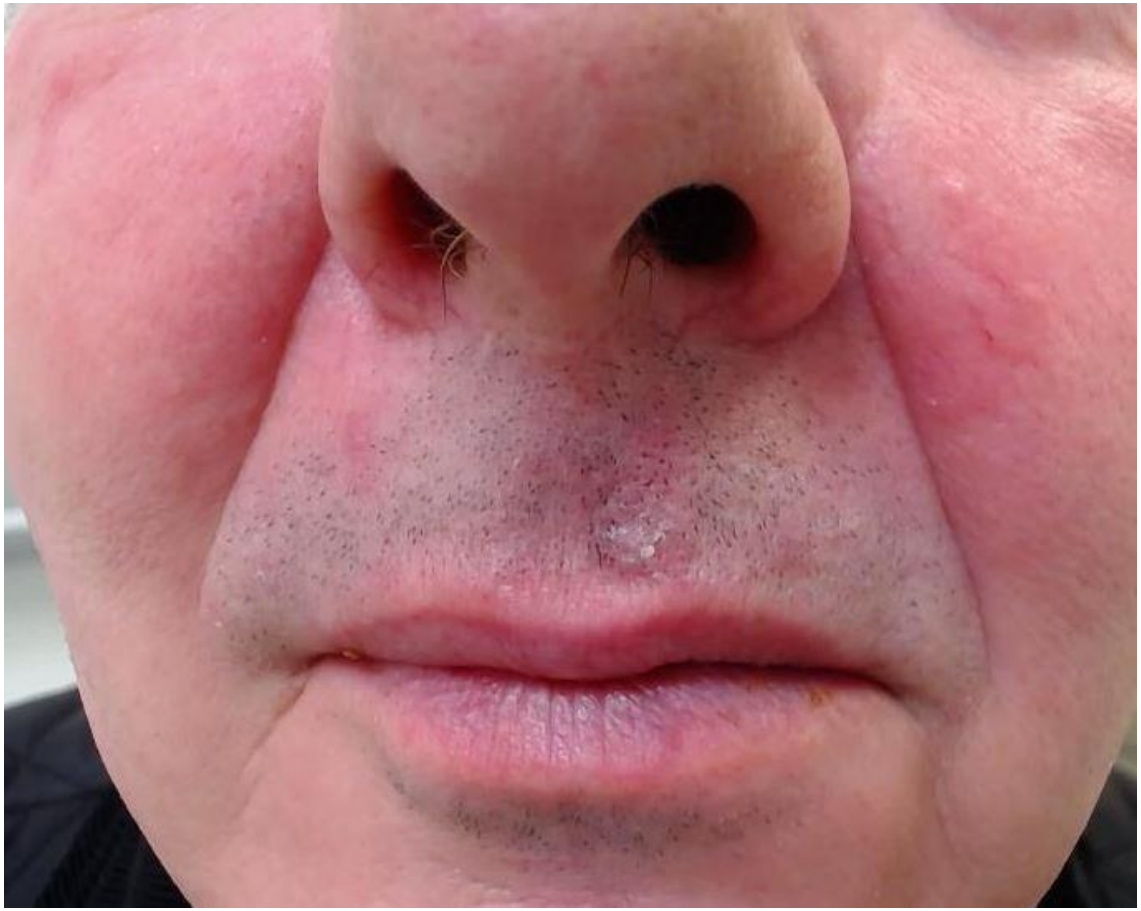
Thanks for the follow up images - this is another one I saw with Dr Britton as well for a second opinion.

It will need to be referred to secondary care services - most likely CHH - it looks more like psoriasis and would benefit from a face to face review to confirm and then phototherapy as a treatment.

Best Wishes

Javed

Lip Lesion



Thank you for the referral and for the good quality images.

This does not now look like a cyst now - in fact is looks more like a BCC - it could even be an SCC. It is one of those that needs to be seen face to face and will need a biopsy.

In view of the uncertainty and this is is a high risk area - I would suggest a 2ww referral for further assessment.. Please kindly organise.

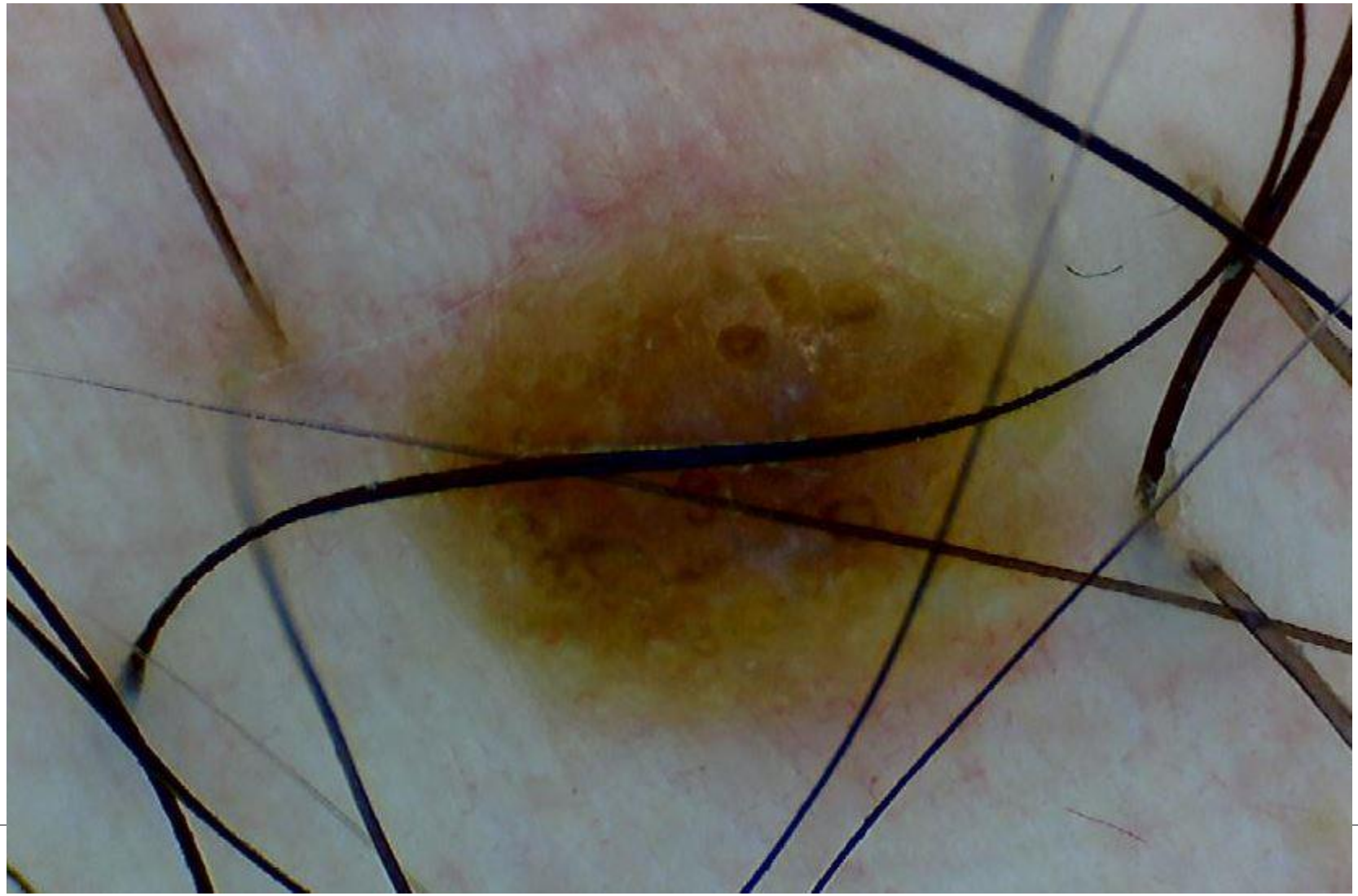
Javed

Discharge from care

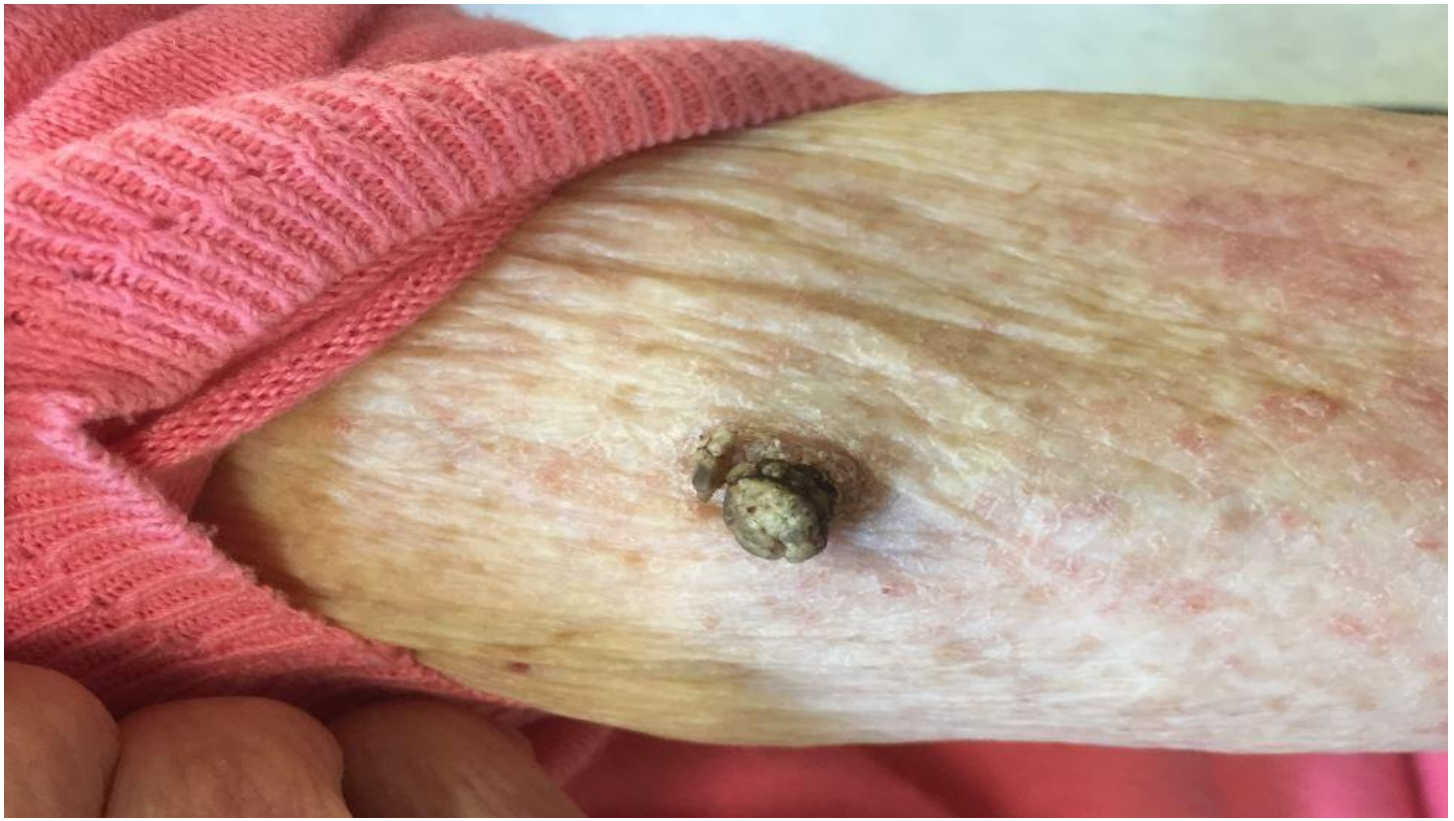
Added by Mrs Colette Kipling on 19-04-2017 08:16

History: 4-5 years lesion above upper lip.
it was small and it has slowly grown bigger.
time to time it does scab over
not painful.
in past been treated with a/b as infected cyst.
Examination: noted not a cyst
raised lesion and approx 6 x 10 mm in size.
Plan: not sure BCC.
for teledermatology please.
Cigarette consumption (Ub1tl) 20 cigarettes / day
Medication review done (XaF8d)

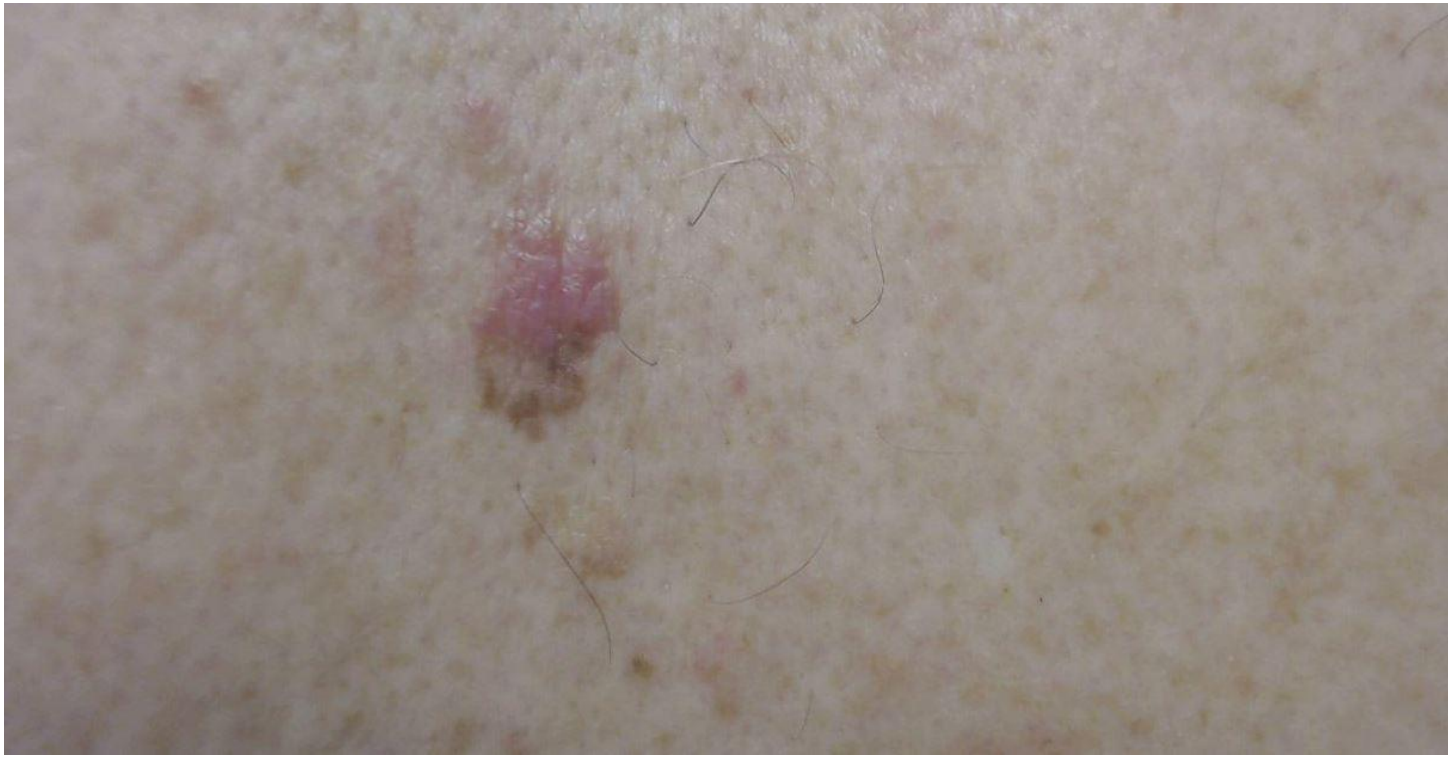
Lesion on Chest



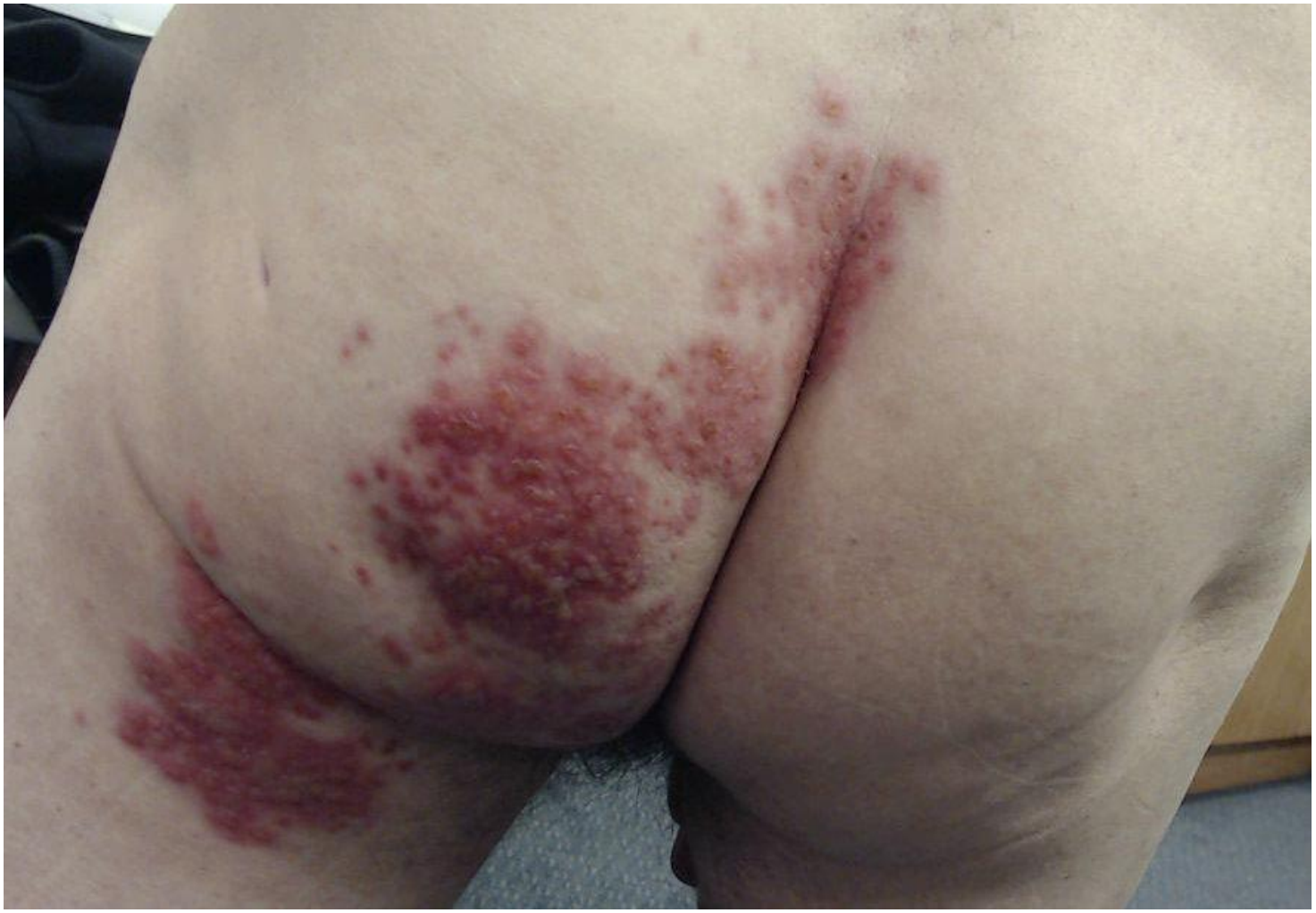
New Lesion



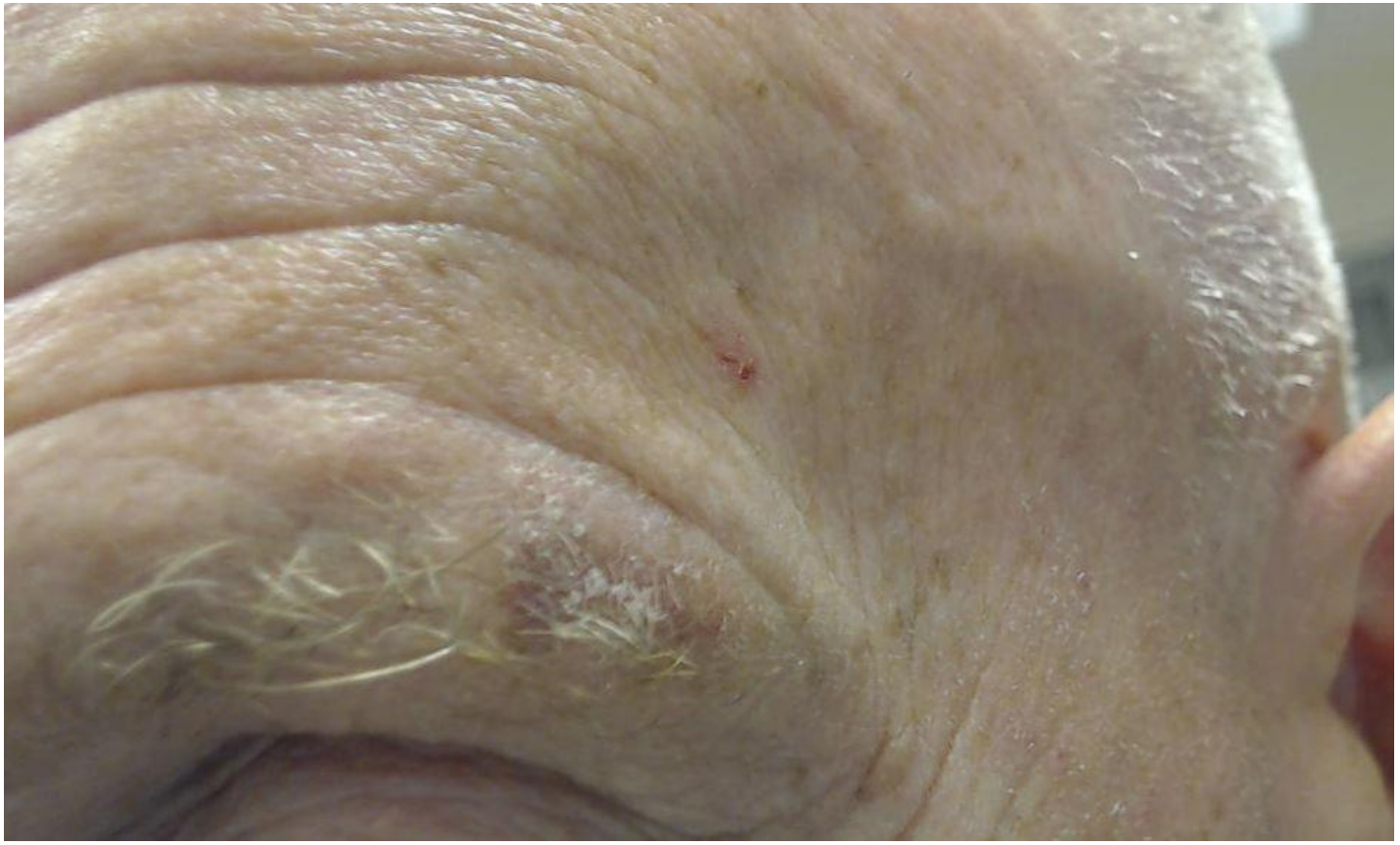
New Lesion



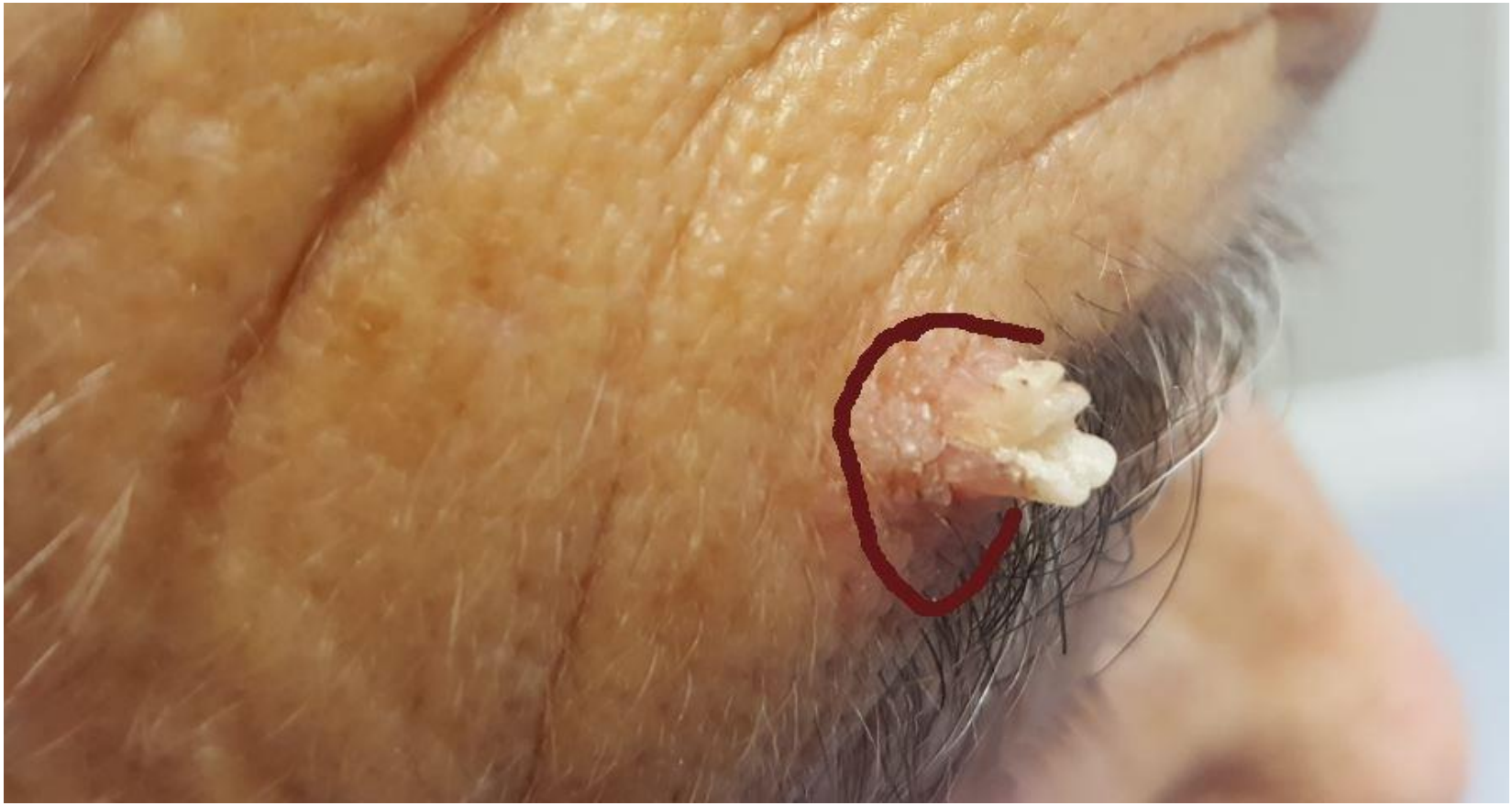
New Rash



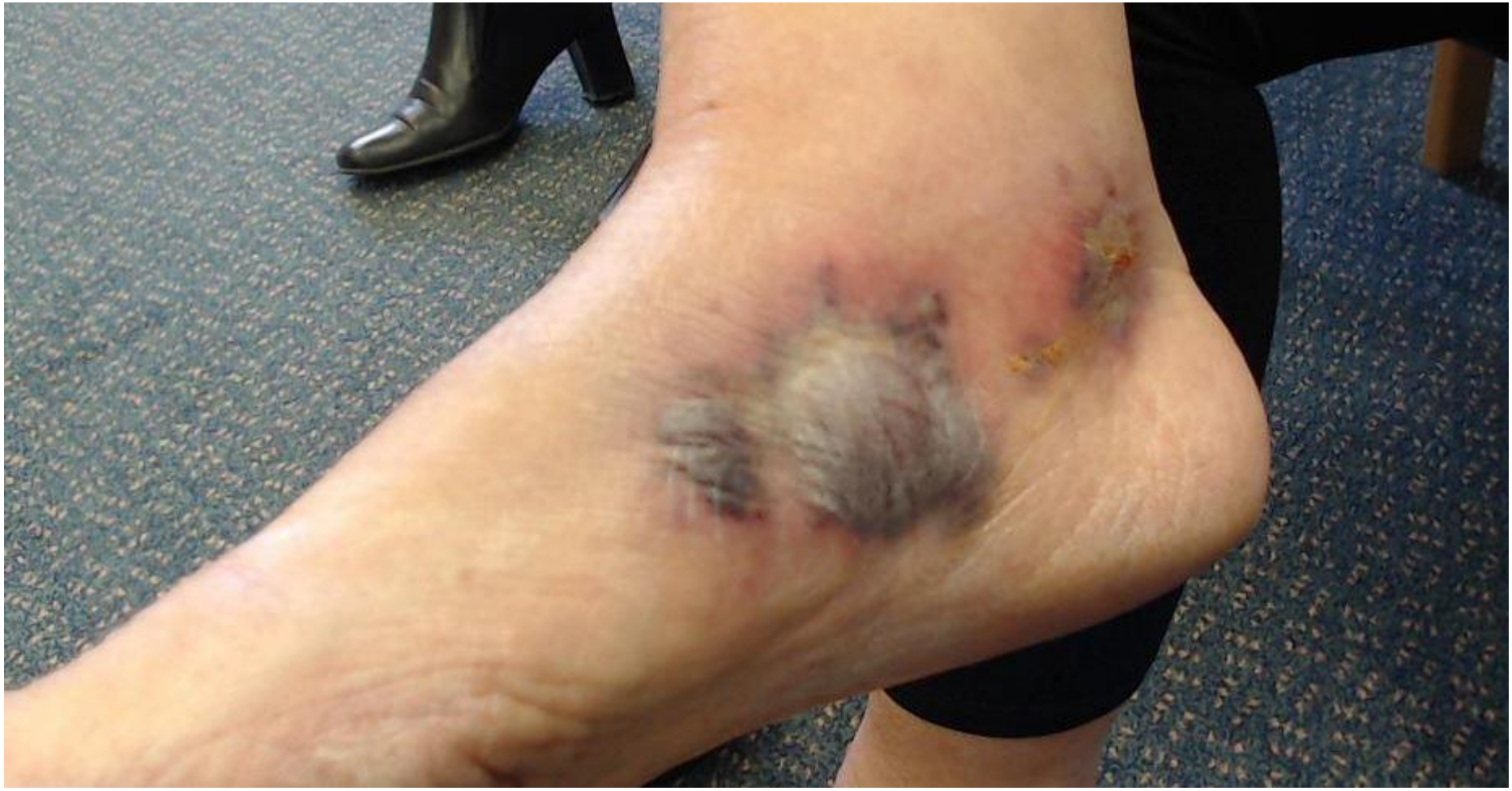
New Lesion



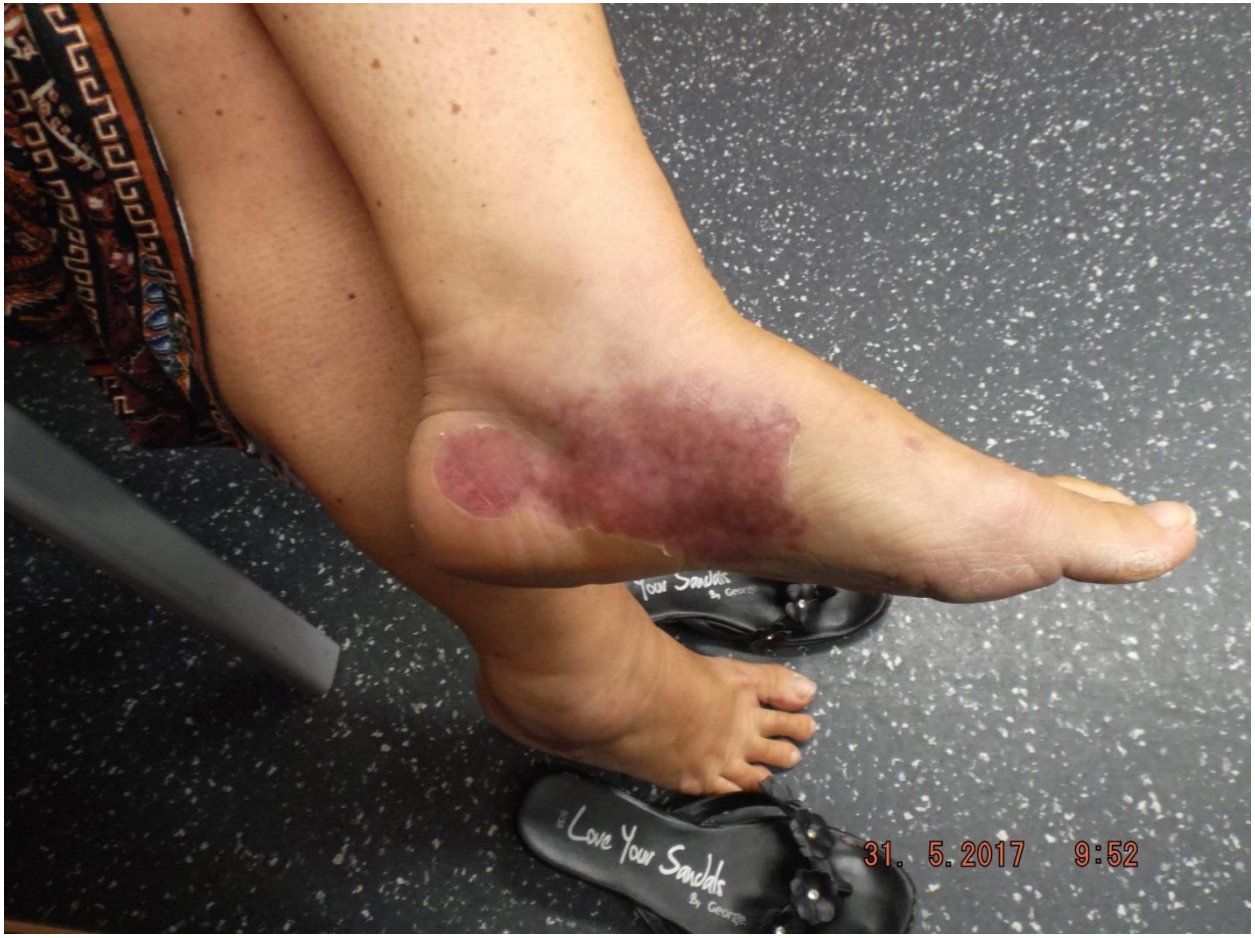
New Rash



New Rash



New Rash



Questions?