



COMMUNITY TELEDERMOSCOPY SERVICE TO THE RESCUE

Reducing the number of referrals to dermatology secondary care will immediately reduce the burden on the NHS, saving time and money.

Delivered by DeepX Health



3 out of 4 patients are treated in primary care.

Scan to find out more

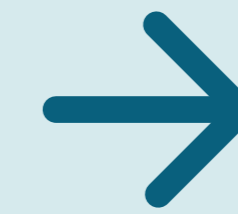


Introduction

24%

Did you know?

Around 24% of the population for England and Wales attend their GP for skin complaints.



This generated +- 1.3 million referrals p/a including 500,000 cancer pathway patients.

Many of these cases could have been reassured/discharged or managed within the Primary Care sector to reduce the burden on secondary care.

What did DeepX Health do to meet these challenges?

- A medium sized CCG with an existing teledermatology service was frustrated by its technical limitations and outcomes.
- DeepX Health offered a solution to the NHS problem based on our already existing commercial service with Boots.
- The DermoSight Teledermatology Solution has successfully been implemented in this CCG for more than two years.

In this poster we present the data and conclusions for a 12-month period of the service.

Background

What did we do & how did we do it?

- The DermoSight pilot was launched in 2020 initially with one single primary care site.
- The service consists of a USB connected camera/dermatoscope used in the Primary Care setting uploading to a secure platform for analysis, reporting and feedback. The combination allows for referral of general skin conditions and dermatoscopic assessments of lesions.
- Despite Covid limitations the primary care site felt the solution was an asset to the surgery and their patients.
- Due to this success further sites requested to join the service.

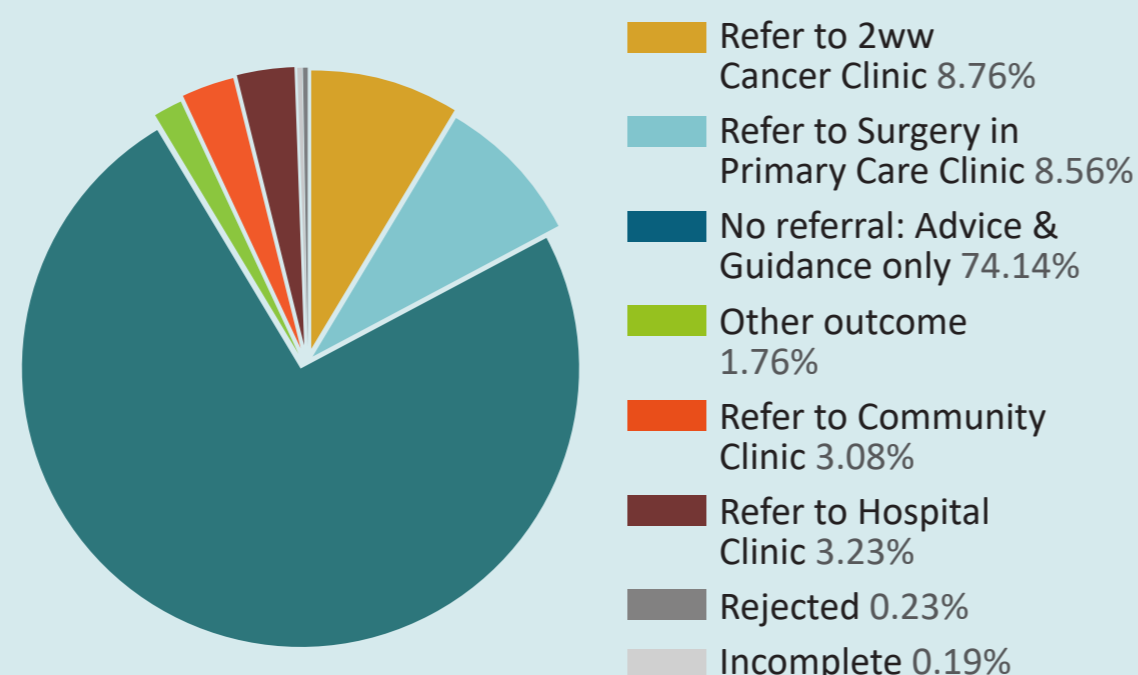
How does the DermoSight Solution work?

- HCP's scan the skin lesions/conditions using the bespoke DermoSight camera/solution to capture images, and also input the patient's medical history, ready for assessment.
- Dermatology consultants access information on the consultation remotely & securely and provide assessment outcomes to create a report in the DermoSight system.
- HCP's view/download the report and follow up/communicate with the patient.

Teledermoscopy Outcome

Over the 12-month period Aug 21 – Jul 22 4,633 submissions were received for reporting.

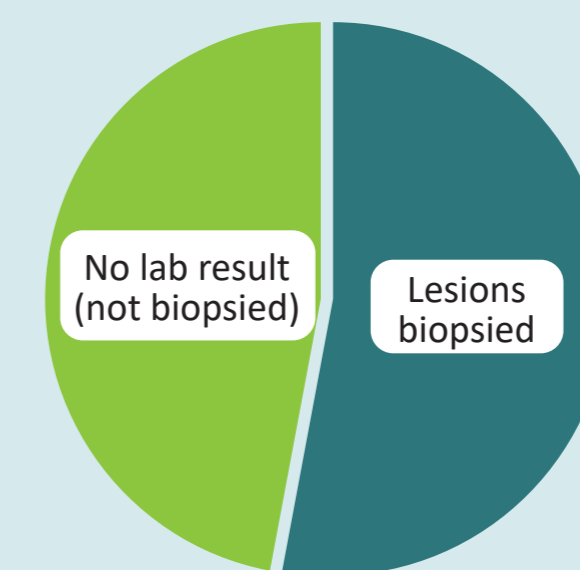
Follow-up required	779
• Refer to 2WW Cancer clinic	(406)
• Refer to Surgery in Primary Care clinic	(373)
Incomplete	9
No referral: Advice & Guidance	3,435
Other outcome	82
Referred: Community clinic	143
Referred: Hospital clinic	150
Referred: Primary Care Surgery	24
Rejected	11



With all cases we follow up the skin lesion within the NHS setting in order to capture subsequent histology results.

In the sub-group analysis of skin cancer referrals (2WW) 406 lesions were referred.

We use the requirement for a biopsy as a surrogate marker for appropriateness of referral.



53% (215/406) of patients escalated to the cancer pathway required excision/biopsy for a diagnosis and to rule out malignancy.

From biopsied results we found:

22%

22% High risk cancers (MM & SCC) were identified.

37%

BCC & premalignancies.

41%

Non-malignant; biopsied to rule out malignancies.

88%

88% of all submissions were considered appropriate for management in Primary Care.

Benefits of Solution

Benefits of using DeepX Health Teledermoscopy service include:

- Rapid diagnosis and reporting, reduce patient anxiety and increase HCP's in Primary Care confidence.
- Feedback to HCPs on recently seen patients improves support in decision making and educational benefits.
- Reduces lower risk referrals into 2WW pathways while giving higher priority to high-risk lesions.
- Care in community – reducing travel, patient transport needs (Net Zero targets).
- Provides access to high quality technology for all patient groups.

Limitations on how you can interpret the data:

- As this is a discretionary service, some cases would have been referred directly to hospital/ other providers at first contact by primary care.
- Not all of the lesional cases would have been referred into the 2WW pathway
- Activity and cases seen may have been skewed due to the ease of access to our service.
- Some higher risk/2WW referrals may have been included for the same reason.
- Primary care practitioners may not have taken the advice and guidance given and actioned the treatment plan in an alternative way.

Conclusions

The initial pilot proved so successful that it was expanded across the region and is now embedded into the dermatology referral pathway.

The simplicity allows for rapid deployment, consistently high image quality and reporting that have been limiting factors in deployment outside of Secondary Care units. Changes in the NHSE cancer pathways now allow for remote assessments.

- We have demonstrated that from the patients that accessed our service only 1 in 4 were referred to secondary care.
- Early diagnoses of skin cancer is crucial to relieve the burden on the health care services not just in the UK, but worldwide.

“The system is so easy to use. It is very self explanatory and everything you need to do or input is shown clearly..”

The reports are really easy to read and interpret which makes it easier for the GP's to provide a quick response for the patients.

DermaSight user 2021