



Northern, Eastern and Western Devon
Clinical Commissioning Group

Teledermatology Business Case (Northern Locality)

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Date: January 2014

Version history

Version	Date issued	Brief summary of change	Owner's name
1.0	Jan 2014	1 st draft	Jon Saunders

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TELEDERMATOLOGY BUSINESS CASE

Executive summary

This business case sets out the case for piloting a teledermatology service in Northern Devon.

Benefits of the service would include:

- Allowing elderly patients or patients with transport difficulties to be triaged directly into a minor surgery appointment
- Providing advice to GPs on managing patients in nursing or residential homes where travelling to a clinic appointment may be logistically very difficult and stressful for the patient
- Providing support to GPs undertaking low risk Basal Cell Carcinoma (BCC) work in the community
- Opportunity to provide care closer to home
- Educational for GPs using the service

It is recommended that the Executive Team of NEW Devon CCG, Northern Locality, agree to pilot a teledermatology service for a period of 6 months.

1. Objective

To provide a teledermatology service that will deliver benefits to patients through the ability to triage directly into minor surgery appointments where necessary as well as delivering care closer to home where appropriate.

2. Strategic context

2.1 Background

A teledermatology service has been running successfully in Exeter for several years. The role of teledermatology as part of an integrated dermatology service is supported by the British Association of Dermatologists.

2.2 Clinical Commissioning Group Strategic Objectives

This proposal is consistent with the following CCG corporate objectives:

- ensuring systems and processes are developed that make the best use of limited resources every time.

3. Local context

There is currently no commissioned teledermatology service in North Devon. In spite of this North Devon dermatologists are providing teledermatology on an ad-hoc basis as and when they receive requests. This is on average 1-2 requests per week which they receive via nhs.net often with photos attached.

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A teledermatology service has been in place in the Eastern locality for several years. This service is considered to be successful.

The rural nature of North Devon means that patients often have long distances to travel for appointments, especially those at the acute hospital. A teledermatology service would address this issue and would reduce the travel required by some patients.

4. New service model

The proposed pilot would follow the service specification that has been developed in the Eastern locality. The teledermatology service could be used to:

- obtain rapid diagnosis and management advice from a Consultant Dermatologist
- triage patients with basal cell carcinomas (BCCS) for skin surgery - patients would be sent preoperative information in the post and booked directly onto an appropriate surgical list, avoiding the need for a dermatology clinic appointment.

An outline of the service, which would run through the Choose and Book service, is provided below:

1. GPs would use a digital camera to take a photo of the area of skin they are concerned about.
2. Photo or photos uploaded to the Choose and Book service along with a patient consent form and referral submitted.
3. Dermatology consultant based at the acute hospital reviews referral and provides advice to GP within 3 days of referral being made.
4. GP then decides on appropriate course of action based on advice received from dermatologist.

No specialist equipment would be required as photos can be taken and uploaded using smart phones or digital cameras. Robust national governance protocols would be used to ensure confidentiality standards are met.

Low risk BCCS would continue to be managed by GPSIs in the community.

The following cases would be excluded from the new service:

- 2-week wait skin cancer referrals (suspected melanoma and squamous cell carcinoma)
- Pigmented lesions (would be referred to the pigmented lesion clinic for dermoscopic evaluation).

5. Proposal

The proposal is to agree that a teledermatology service should be piloted in North Devon. Once the results of the pilot are known a decision could be made about whether to introduce the service permanently. Before the pilot begins the contractual issues would need to be worked through and a tariff agreed for the new service.

6. Benefits

The potential benefits include:

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- allowing elderly patients or patients with transport difficulties to be triaged directly into a minor surgery appointment
- providing advice to GPs on managing patients in nursing or residential homes where travelling to a clinic appointment may be logistically very difficult and stressful for the patient
- providing support to GPs undertaking low risk BCC work in the community
- maximising opportunities to provide care closer to home
- educating/upskilling GPs using the service.

The scheme may also produce a financial saving by reducing the number of dermatology clinic appointments (as patients could be triaged through this service directly onto surgical lists).

7. The evidence base

The British Association of Dermatologists (BAD) support the provision of teledermatology as part of an integrated dermatology service. BADS has produced the 'Quality Standards for teledermatology' (<http://www.bad.org.uk/site/1/default.aspx>). The proposed pilot would be developed in accordance with these standards.

8. Finance, activity and assumptions

Dermatology referrals are currently increasing across the whole of the CCG but the increase in referrals to the R,D & E is smaller than the increase in referrals to NDHT. This may at least in part be down to the impact of the teledermatology service. Feedback from the local commissioners of the service is that they consider that the scheme has helped to limit the rise in the number of referrals for dermatology as well as providing added benefits for patients.

It is also interesting to note that overall referrals from GPs in the Eastern locality have not increased significantly since the teledermatology scheme was introduced in 2010.

Overall since the scheme began there have been 1,559 referrals, 634 (41%) of which resulted in an appointment. The tariff for the Eastern scheme is £35 per referral and we would expect the tariff for the proposed scheme in the North to be similar to the tariff for the Eastern scheme.

It is difficult to make an accurate prediction as to the number of referrals that would be made to the service but a rate of 5 referrals a week would give a total of 130 referrals over the 6 month trial. Assuming a tariff of £35 per referral this would give a total cost of £4,550 for the scheme.

There are two ways that this scheme may provide savings:

- by preventing referrals that do not need to be seen in secondary care (for example, if the dermatology consultant is able to provide reassurance or guidance that they do not need to see the patient then there will be a net saving of £73 per patient – £108 - \$35 which is the cost of the saved appointment less the cost of the teledermatology referral)
- by allowing patients to be triaged directly to a surgical list without the need for a dermatology clinic appointment (a net saving of £73 for each patient that follows this route).

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The pilot will monitor the level of these savings closely as part of the evaluation of the scheme. This information will then form part of the basis for the decision about whether the scheme should be extended or not.

9. Evaluation

The new service will be evaluated. Outcomes of patients will be tracked and compared to patients from previous years. Feedback will be sought from GPs using the service and from consultant dermatologists who provide advice through the service.

10. Risks and issues

There is a risk that, as with any advice and guidance service, this new service could increase activity and therefore overall cost. However, the evidence from the experience in the Eastern locality is that this service has at worst been cost neutral.

11. Timescales

Decision to commission a pilot dermatology service	February 2014
Contracting issues resolved and tariff agreed	March 2014
Pilot begins	April 2014
Pilot evaluated and decision made about future of service	October 2014

12. Recommendations

It is recommended that the Executive Team of NEW Devon CCG, Northern Locality agree to pilot a teledermatology service for North Devon patients based on the similar service that is already operating in the Eastern locality. This pilot would be for a period of 6 months after which the Executive Team would receive a further report with the results of the pilot and a recommendation as to whether the service should be continued on a permanent basis.

References

Quality Standards for Teledermatology (<http://www.bad.org.uk/site/1/default.aspx>)