



Teledermatology

Following growth in our community dermatology services, DMC Healthcare are delighted by the smooth transition and positive response around telemedicine using capture-and-forward technology.

Now is the time to take action

This briefing document provides all background documents and evidence aligning our services to clinical governance as per guidelines available across England.

Please make sure you take time to familiarise yourself with all documents appended in this pack:

1. [Useful links](#)
2. [User guide](#)
3. [Flowchart](#)
4. [Information for GPs regarding referrals](#)
5. [Privacy notice](#)
6. [BAD position statement \(published April 2010\)](#)
7. [Governance](#)

If you are not already doing so, please ensure continued photo documentation of all skin lesions via the DMCTelederm app, for patients who consent to this service and do not fall into the exclusion criteria. Training videos and tips on Telederm are available on the DMC Healthcare website.

We welcome all feedback

If you have any questions or experience any difficulties, please do not hesitate to get in touch.

Please also ensure your patient has our email address to write into us with any queries or if they are considering withdrawing consent for using DMCTelederm or consent for us to utilise their clinical images for medical education or research:

telederm@dmchealthcare.co.uk

Thank you for your continued cooperation in ensuring high standards across DMC Healthcare.

DMC HEALTHCARE DERMATOLOGY SPECIALITY SERVICES

DATE OF PREPARATION: AUG 2019



Appendix One: Useful Links

DMC Healthcare

From Dulwich Medical Centre to DMC Healthcare, we have been providing clinically-led and clinically-delivered services to the NHS for more than 50 years, and are still family owned. DMC Healthcare deliver primary care, community-based clinical services, and remote radiology reporting services in addition to Teledermatology services.

<https://dmchealthcare.co.uk/telederm/>

PCC Guidelines

The PCC guidelines bring together best practice and existing guidance as it relates to the growing area of teledermatology, providing a set of standards to follow when using teledermatology services. The document was developed by the British Association of Dermatologists, the British Dermatological Nursing Group, the Primary Care Dermatology Society, the Skin Care Campaign, the Royal College of General Practitioners, the Psoriasis Association, the National Eczema Society and the British Society of Paediatric Dermatology.

https://www.pcc-cic.org.uk/sites/default/files/articles/attachments/quality_standards_for_dermatology_report.pdf

NHS Digital Standards

NHS Digital assess apps against a set of standards including safety, security and effectiveness. DMCTelederm has been developed and tested against these standards.

<https://developer.nhs.uk/digital-tools/daq/>

NICE Evidence Standards Framework for Digital Health Technologies

This document was published by NICE in March 2019 in collaboration with NHS England, Public Health England and MedCity. The framework describes standards for the evidence that should be available, or developed, for DHTs to demonstrate their value in the UK health and care system.

<https://www.nice.org.uk/Media/Default/About/what-we-do/our-programmes/evidence-standards-framework/digital-evidence-standards-framework.pdf>

GDPR

The aim of the GDPR is to protect all EU citizens from privacy and data breaches in today's data-driven world. DMCTelederm securely handles patient data and is GDPR compliant. This policy and guidance is being developed by the national GDPR working group, chaired by NHS England, for publication by the Information Governance Alliance (IGA). Those with senior responsibility for Information Governance can use the guidance to learn how to comply with the GDPR. This includes Caldicott Guardians, operational IG leads and managers, plus all employees.

<https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/information-governance-alliance-iga/general-data-protection-regulation-gdpr-guidance#general-guidance>



Appendix Two: DMCTelederm User Guide

Introduction

DMCTelederm is a bespoke app developed to digitise DMC Healthcare's dermatology service. Healthcare providers can use DMCTelederm to upload images of their patient's skin conditions which are sent securely and directly to a specialist consultant for review. Using tele dermatology will reduce a patient's wait time.

DMCTelederm sends images securely over the internet. Please ensure you are connected to the internet and have a good internet connection before starting a referral. Please note, that DMCTelederm is used to send images. An ERS referral should also be sent separately.

Sign up

DMCTelederm is free to download from the Google Play Store and Apple App Store. It can be used with smartphones or tablets.

When you first load the app, tap on the register button, then enter your name and nhs.net email address. Your request for access will be sent to DMC Healthcare.

You will be sent an email which will include a link to allow you to create an account within 48 hours of registering.

Starting a Consultation

Once you are logged in, tap on the "Start" button. You will be shown some information about tele dermatology. Once you have read this, tap "I understand"

Select a surgery

Choose your CCG from the dropdown menu. The list of CCGs is limited to only those that have a contract for tele dermatology services with DMC Healthcare. It is important to select the correct CCG as ERS referral sent from a different CCG may not reach DMC Healthcare, in which case the photos you take will not be matched to your ERS referral. Once you have selected your CCG, please select the surgery from which you're making the referral.

Patient NHS number

You'll need to provide your patient's NHS number as this is how we'll match the ERS referral to the photographs you're sending via this app.

You can type the NHS number into the text entry field. Alternatively, if you have your patient's NHS ID written down or on a computer screen you can tap "Capture patient ID" and use your camera. Hold your camera over the NHS number, so that the full number is clearly available on screen and wait for the app to recognise it.

The app automatically validates NHS numbers, so if you make a mistake, you will see a pop up alert telling you.



Patient consent

You may already have explained teledermatology to your patient and gathered their consent on a form of your own. In that case, tick the button “I have written patient consent” and move ahead to taking images of your patient.

If you do not have written patient consent yet, then select your patient’s preferred language from the dropdown list available, and tap on the “Patient Consent” button. You will be asked to hand your device to your patient.

Your patient will be shown a short video explaining Teledermatology, and letting them know where their data will go and how it will be used. After this they will be asked for consent to have images taken and for those images to be used for diagnosis. They will also be asked if they consent to have their images used for research and education (they do not need to consent to this in order to continue using the app).

Once they have answered the questions about consent, they will be instructed to hand the device back to you.

Taking images

You need to take at least two images of your patient, and can take up to five images. One image should be a close up to show the detail of the patient’s condition, and another should be a wider shot, showing the extent of the condition. For the photo demonstrating the extent, **please use a ruler** so that your consultant will clearly be able to see the size.

We recommend using a dermatoscope attachment on your device’s camera if you are taking photos of lesions e.g. BCC.

If a photo doesn’t come out clearly, you can tap on the retake button. If you are happy with it, tap on save. Once you have taken enough photos, tap on the “Finish” button in the top left to move to the image review page.

On the image review page, you can recheck your images; remove any that aren’t quite right, and go back to the camera by tapping on the “Add more” button. Once you are happy that you have enough clear images, tap on the “Submit” button.

Images are not stored on your device anywhere. For further tips and advice on ensuring good images, please refer to the educational video links available on DMC Healthcare's website:

<https://dmchealthcare.co.uk/telederm/>

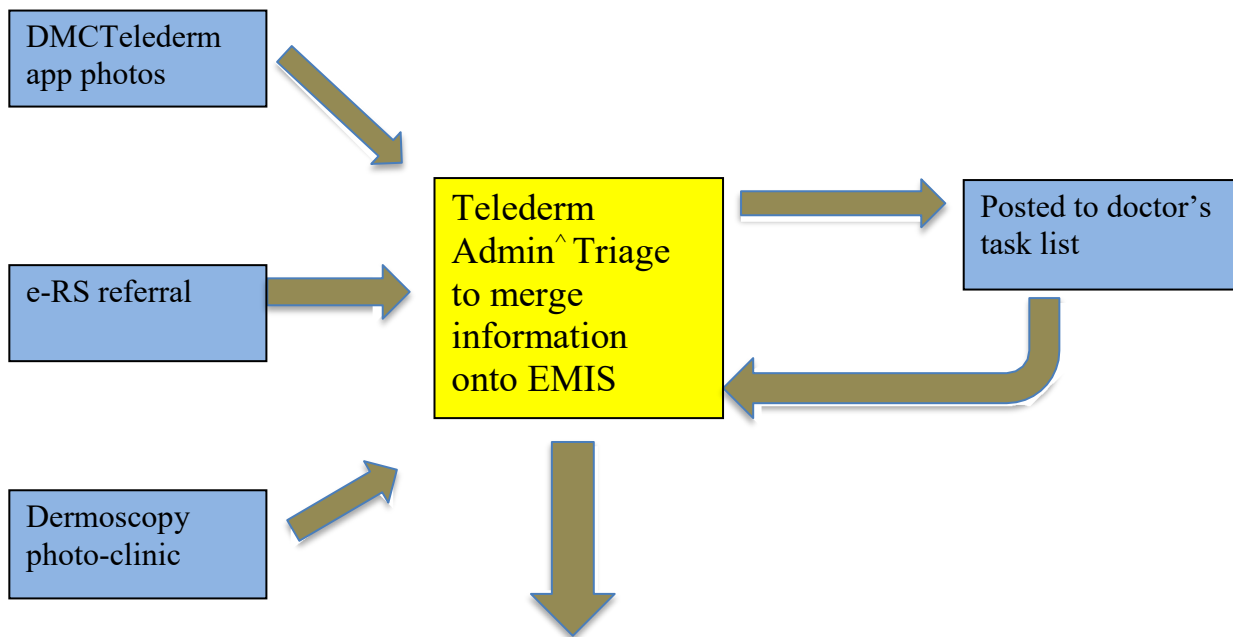
Image upload and review

Your images may take up to a minute to upload (depending on how many images you are sending and how good your internet connection is). Once they have been fully uploaded, you’ll receive a confirmation message.

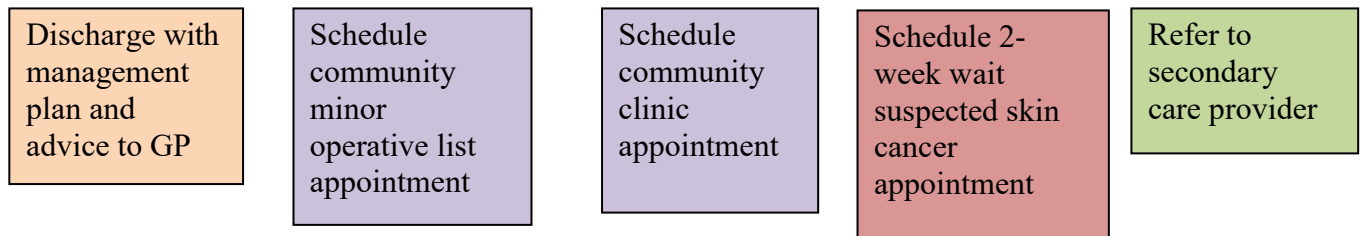
You patient and you will be asked to review your experiences using DMCTelederm, and you’ll be able to provide feedback notes as well. This will be used to improve the product in the future, and may also be used in app case studies.

App reviews are fully anonymous.

Appendix Three: DMCTelederm Flow Chart



Triage outcomes*



Please note

^Admin will need to confirm with patient if on a blood thinner that needs stopping and any mental/physical problems

Suspected Basal Cell Carcinoma (BCC) FOR DERMOSCOPY

BCC falls outside of the 62-day NHS timeline regarding cancer waiting times. The following are acceptable criteria for referral from GP for management:

- Any BCC which cannot be managed in Primary Care
- Diagnosis uncertain
- Morphoeic or sclerosing BCC with indistinct margins
- High risk sites e.g. naso-labial
- Cosmetically difficult sites e.g. periorbital
- High risk patients i.e. immunosuppressed
- Patients with multiple tumours



Appendix Four: Information for GPs referring patients

Investigations

You are responsible for tracking your patient and reviewing the results of any pathology tests advised after the teledermatology review is completed.

This is included in the patient consent and is important to improve self-care and support self-management of conditions, where possible.

If you require any support of clarity around the tests recommended, do not hesitate to contact DMC Healthcare, for clarification, by providing your patient's NHS number and brief details for us to track the case:

dmc.governance@nhs.net

Please note: Patients are not informed of the results of any radiological investigations before we have reviewed and informed you of the outcome, to facilitate your discussion with them.

Treatment

As per the ordering of recommended investigations, it is your responsibility to prescribe as per the advice provided as an outcome from the teledermatologist's remote review of the clinical case referred.

If you have any concerns, do not hesitate to contact as above, for clarification to discuss the clinical particulars relevant to the case.

Please note: If we upgrade a patient's care and provide a face-to-face review, surgical appointment, or complex treatment that can only be initiated by a dermatologist, we take over their duty of care, as per any non-teledermatology referral and review.

Information to patients

Patients are able to request to see their medical records. At DMC Healthcare, we adhere to Good Medical Record Keeping Guidance, as per the national standards and GMC. We believe that digitizing healthcare and telemedicine increases the tracking and auditable outcomes and data entry points, which we monitor closely, for patient clinical safety and to ensure high standards.

If a patient contacts us directly concerning their teledermatology review and care, we provide the following information:

“It is the responsibility of your GP to discuss with you the teledermatology outcome, which aligns to your agreement with your GP prior to participation in this service. We welcome all feedback; if you've any concerns, or wish to withdraw your consent, do not hesitate to let us know:

telederm@dmchealthcare.co.uk”



Appendix Five: Privacy Notice

How we use your information

This Privacy Notice will provide you with what to expect when DMC Healthcare collects personal information through the DMCTelederm app. It applies to users of the DMCTelederm app and their patients.

When you provide information via the app, we will hold it and store it in a digital format on a secure UK based server. We will use the data to provide you more information about the services you have registered with us (i.e. to provide tele dermatology services).

The information we collect

So that we can provide you with a dermatology diagnosis service we will collect:

- Images of your skin lesion(s) (if you are a patient)
- Your NHS number (if you are a patient)
- Your email address (if you are a healthcare provider)
- Your name (if you are a healthcare provider)

We may supplement the information that you provide to us with information that we receive or obtain from other sources (For example, the NHS E-Referral Service)

Disclosures of your information

We may provide information about you or your patient (on the understanding that such information will be kept confidential) to employees and to organisations connected with DMC Healthcare. We may disclose information about you to third parties, where there may be a legal duty to do so.

We may use images of your patient for research and education purposes if:

- They are not identifiable in the image
- They provide consent for their images to be used for education or research

Patient images and all data collected by the app is securely stored on a server in the UK.

Security

At DMC Healthcare, we take security very seriously, and the technical and organisational controls that have been designed and implemented to protect personal information are tested regularly to ensure the right safety measures are in place to prohibit unauthorised access to data.



Your rights to access personal information

You and your patients have the right to receive information about the personal data we hold about you by making a 'subject access request' under the the General Data Protection Regulation (GDPR). If we hold information about you we will:

- Inform you why we are holding it
- Give you a description of the data
- Tell you who it could be disclosed to
- Provide you with a copy in an intelligible format

Under GDPR, the fee for accessing records has been lifted. DMC Healthcare however may apply a fee if the request is manifestly excessive.

Notification of changes

DMC Healthcare will regularly review the Privacy Notice and it must be noted that this guidance will be updated to reflect the changes of GDPR. We will ensure that we publish the details of the changes as soon as we make any modifications.

Further information

If you or your patient require further information, you can email telederm@dmchealthcare.co.uk



Appendix Six: BAD Position Statement

The Role of Teledermatology in the Delivery of Dermatology Services



Introduction

Teledermatology has been defined as the practice of dermatology at a distance¹. With the rapid evolution of communications technology leading to decreasing equipment costs, the field of teledermatology is expanding quickly. Teledermatology may be conducted in real-time, utilizing videoconferencing equipment, or by store-and-forward methods, when transmitted digital images or photographs are submitted with a clinical history.

When there is considerable risk in the use of teledermatology

The use of store and forward teledermatology has been proposed as a service delivery model to manage capacity demands in the UK. However, there are no rigorous published trials in the UK to show that teledermatology provides a safe or efficient service, and it has been considered less advantageous than a face-to-face consultation with a dermatologist in the assessment of skin lesions of malignant potential^{2,3,4}. Although high rates of diagnostic accuracy have recently been reported using teledermoscopy⁶ for suspected skin malignancy, studies have reported uncertainty in the diagnosis of melanoma using teledermatology alone^{7,8}.

In addition, while real-time teledermatology may have educational value to the referrer, it has been shown not to be cost effective in the UK⁹.

When teledermatology can be beneficial

Recent studies suggest that high quality images taken by trained personnel (trained general practitioner, a photographer or dermatology specialist nurse), taken together with a good clinical history, can be a highly effective triage tool, allowing patients with suspicious skin lesions to be directed quickly, for example to a skin cancer clinic for face-to-face assessment and management, while other referrals can be sent to more appropriate routine or nurse led clinics⁵. In short, teledermatology may help in the triage of patients such that they are seen by the most appropriate practitioner in the appropriate setting at first appointment.

The British Association of Dermatologists (BAD) recommendations

The BAD is of the opinion that teledermatology should only be used in the context of a highly integrated primary care / secondary care team, with clinical governance applying to all of those in the team. The BAD considers that there is a need for further research before teledermatology can be recommended as a method for skin cancer triage in which some patients are not subsequently seen by a member of the specialist team⁴. Patients with potential skin malignancy should always be seen in a face-to-face setting which complies with NICE guidance on skin cancer management¹⁰.

The implementation of teledermatology as a routine service requires a comprehensive understanding of and attention to the interplay between social and technical aspects of teledermatology^{11,12} and its limitation. It should not be seen as cheaper alternative or quick fix for



The Role of Teledermatology in the Delivery of Dermatology Services

dermatology waiting lists or targets^{11,12} by either primary or secondary care providers. Before the widespread adoption of teledermatology in this context, more research is needed into its efficacy, acceptability, and economic viability^{11,12}.

In all circumstances, particular attention must be paid to patient consent for photographic documentation and when these are transmitted by electronic means or placed on a web based system. Information transfer must be by means of secure encrypted pathways. There needs to be strict adherence to European guidelines on information collection, transfer on commercial communications and liability of services providers¹³.

1. Eedy, DJ & Wootton, R. Teledermatology: A Review. British Journal of Dermatology
2. Gilmour E, Campbell SM, Loane MA, Esmail A, Griffiths CEM, Roland MO, Parry E, Corbett R, Eedy D, Gore HE, Mathews C, Steele K, Wootton R. Comparison of teleconsultations and face-to-face consultations: Preliminary results of the UK multicentre Teledermatology Study. Br J Dermatol 1998; 139:81-87.
3. Bowns IR, Collins K, Walters SJ, McDonagh AJG. Telemedicine in dermatology: a randomised controlled trial. Health Technol Assess 2006;10(43).
4. Warshaw E et al . Accuracy of teledermatology for pigmented lesions J Am Acad Derm. 2009;61:753-765)
5. O'Hagan A, et al Br J Dermatol, in press.
6. Tan E, Yung A, Jameson M et al. Successful triage of patients referred to a skin lesion clinic using teledermoscopy (IMAGE IT trail). Br J Dermatol 2010; 162:803-11.
7. Moreno-Ramirez, D. *et al*. Store-and-Forward Teledermatology in Skin Cancer Triage: Experience and Evaluation of 2009 Teleconsultations. Arch Dermatol 2007; 143: 479-484.
8. Levine YS, Warshaw, EM. Teledermatology: A Review of Reliability and Accuracy of Diagnosis and Management, Dermatol Clin 27 (2009) 163–176.
9. Wootton R, Bloomer SE., Corbett R, et al Multicentre randomised control trial comparing real-time teledermatology with conventional outpatient dermatological care: a societal cost-benefit analysis. Br Med J (2000); 320: 1252-6.
10. NICE clinical guidelines on skin tumours: Improving Outcomes for People with Skin Tumours including Melanoma February 2006. http://www.nice.org.uk/nicemedia/pdf/CSG_Skin_Manual.pdf
11. English, JSC, Eedy DJ. Has Teledermatology in the UK finally failed? Br J Dermatol 2007 156,411.
12. Halpern SM. Does teledermoscopy validate teledermatology for triage of skin lesions? Br J Dermatol 2010; 162: 709-10.
13. The European Commission and EU Member States. eHealth in a Europe “without frontiers”: building new initiatives—working together. May 7, 2008. http://ec.europa.eu/information_society/newsroom/cf/itemdetail.cfm?item_id=4094



Appendix Seven: Governance

Good Medical Practice

The duties of a doctor registered with the General Medical Council (2006)

1. Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and you must:
 - a. Make the care of your patient your first concern.
 - b. Protect and promote the health of patients and the public.
 - c. Provide a good standard of practice and care:
 - (1) Keep your professional knowledge and skills up to date.
 - (2) Recognise and work within the limits of your competence.
 - (3) Work with colleagues in the ways that best serve patients' interests.
 - d. Treat patients as individuals and respect their dignity.
 - (1) Treat patients politely and considerately.
 - (2) Respect patients' right to confidentiality.
 - e. Work in partnership with patients.
 - (1) Listen to patients and respond to their concerns and preferences.
 - (2) Give patients the information they want or need in a way they can understand.
 - (3) Respect patients' right to reach decisions with you about their treatment and care.
 - (4) Support patients in caring for themselves to improve and maintain their health.
 - f. Be honest and open and act with integrity.
 - (1) Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk.
 - (2) Never discriminate unfairly against patients or colleagues.
 - (3) Never abuse your patients' trust in you or the public's trust in the profession.
2. You are personally accountable for your professional practice and must always be prepared to justify your decisions and action.



DMC Teledermatology Clinical Governance Framework

This Clinical Governance Policy was written by Dr. Tony Downs, Clinical Lead.
It was updated in March 2019.
It is due for review in March 2020.

| Governance Measure | Sources of Evidence |
|--------------------|--|
| Safe | DATIX reports Feedback Records of staff mandatory training compliance DMC Code of Conduct compliance |
| Effective | Audit and maintain NICE standards Adherence to Good Practice National standards Routine service delivery and process reviews Compliance to SOPs Local formulary & Prescribing Guidelines |
| Caring | Patient and Friends & Family Feedback Patient Surveys Resources available to patients (local and national through sign-posting) Provision of PILs |
| Responsive | Meeting timelines Review and process complaints KPI data collection |
| Well-led | Clinical audit National service delivery (biannual) DATIX training Clinical Governance Team Data review |

Safe: Our staff (clinical and non-clinical), our patients and all carers are protected from abuse and avoidable harm.

Effective: Our treatments and support achieve good outcomes, help us maintain patient quality of life and are decisions are made based on high level evidence, in joint patient-clinician decision-making process

Caring: Our staff involves and treats our patients with compassion, kindness, dignity and respect.

Responsive: Our services are organised so that they meet our patient's needs in a timely manner.

Well-led: The leadership, management and governance of our organisation make sure it is providing high-quality care that is based around our patient's individual needs; that it encourages learning and innovation, and that it promotes an open and fair culture.

Reporting time scale achieved

Time to image upload and time to reporting automatically logged with the TeleDerm App

Annual clinical audit of quality of referrals: Review of 100 cases

- Is there sufficient demographic data in the GP referral? Yes/No



- Is there sufficient clinical history in the GP referral? Yes/No
- Are the images of sufficient quality in the GP? Yes/No

The design of the teledermatology template means our clinicians are able to leave specific feedback to the referring GP, including positive feedback.

Communication between healthcare professionals

- 2WW upgrade is a possible clinical outcome (logged and audited)
- Urgent secondary care referral is a possible clinical outcome (logged and audited)
- Any advice and guidance is with the understanding that the referring clinician is familiar with the patient's allergy profile, other medications and co-morbidities. This is always stated in communication with the GP.
- The reviewing GP may contact our service for further advice and guidance, or to request a face-to-face consultation by contacting DMC admin.

One annual patient survey (views and feedback): Review of 50 patients

The following questions will help formulate this audit:

Were you given a leaflet explaining the teledermatology process when it was offered to you? Yes/No

Did you fully understand the process – and your right to choose not to have teledermatology – before you signed the consent form? Yes/No

During the photography session did you feel you were treated with dignity and your privacy was respected? Yes/No

Triage patients only

For all patients triaged directly to surgery: Were you offered the option of a clinic appointment before your surgery to discuss the procedure and any concerns you might have had? Yes/No

For patients with suspected basal cell carcinoma who are triaged directly to surgery: Were you given written information about your surgery that included: name and contact details of the clinician in charge of your care, a leaflet describing the type of surgery, instructions on how to get to the clinic or hospital and what aftercare you will need? Yes/No

Clinical incident reporting

These will be logged on Datix. The sources are most likely to be through reported complaints from patients or GPs or triage recipients.

Annual report

This will include an account of the annual audit, clinical incidents and relevant corrective action plans. It will include a log of 2WW or urgent upgrades. It should be available for commissioners, providers and service users. It should also include positive comments about the service.



Teledermatology training & CPD

Dermatologists involved in teledermatology must sign a specific contractual arrangement and be registered with the GMC.

Dermatologists will be provided with an annual summary of their service activity and any feedback from the service. It is expected to be documented in their annual appraisal and in their job plans.

Specific Dermoscopy training of clinicians should be documented and verified if dermoscopy images are to be reviewed.

A minimum standard of Teledermatology competence should be documented. To ascertain this, a team exercise within a teledermatology service will be completed to ensure consistency and high standards within that service.

Those reviewing potential skin cancer lesions should be linked to a skin cancer MDT. Given that telemedicine by its nature allows for distant specialist opinion, the MDT link does not have to be to the MDT local to the patient.

Five CPD points dedicated towards image recognition should be documented annually. Clinicians are expected to participate in case notes review – 5 per year.

Organisation, storage and retrieval of data

The nature and design of the TeleDerm App means that many of the British Association of Dermatologists quality standards written in the “*UK Guidance on the Use of Mobile Photographic Devices in Dermatology*” is automatically hard-wired into the functionality of the App.

Specifically:

Signed consent including opt-out is mandatory.

The patient’s NHS number is the unique identifier for the patient.

The GP’s GMC number is the unique identifier for the sender.

The App software stores data on a fire-walled server meaning progress of referral is trackable and data retrievable for audit or investigation.

Information Governance Audit

| | |
|---|--|
| Patient Name and Hospital Number/ NHS ID | |
| Consent Recorded? | |
| Consultant | |
| Date | |
| Time | |