



DHI CFSD Dermatology Pathway Innovation

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Purpose of report

This report presents the findings of a single co-design workshop to look at the near-future, innovative, preferred Scottish dermatology pathway. In particular the findings focus on the route into the dermatology service and the acquisition of photos.

Preferable Future State

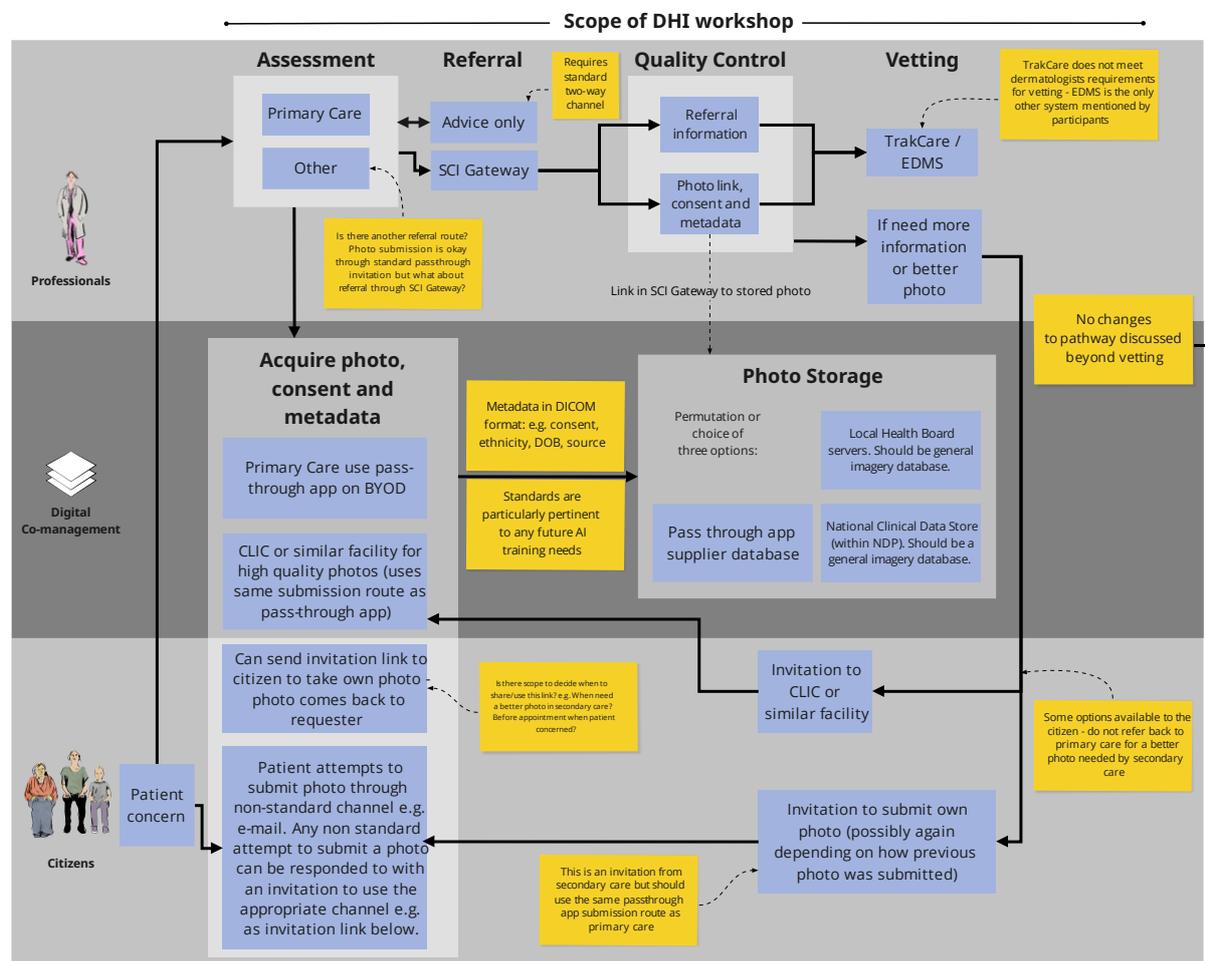


Figure 1: The preferred future state as described by participants at the DHI workshop. No changes were suggested beyond the vetting stage. This may have been due to time limitations only.

Discussion

There were several points of discussion at the workshop. Some of these points will require further decision-making processes such as an options appraisal or further consultation.

BYOD (bring your own device)

GPs would prefer a BYOD policy using a pass-through app. A practice device could be used as backup if something should happen to the GPs own device. Generic readily available devices are preferred over specialist equipment. BYOD is a wider policy issue. See NHS X BYOD policy as reference. BYODs could still be potentially used with dermatoscopes if available. There may be issues around insurance, WIFI, mobile data, VPN, etc.

Pass-through App

A pass-through app takes a photo and allows for metadata entry. The image exists only within the app until the device is connected to WIFI. It is then sent onwards and deleted from the app.

Pass-through apps used in primary care is the preferred method of submitting photos. Of paramount importance is an agreed standard for image format and metadata i.e. DICOM format was suggested but we still need to agree standard metadata set.

SCIT, WABA, Panda and ARCHIE were suggested as example pass-through apps but they differ in standards and functions and no agreement was found. An options appraisal is required here.

Pass-through apps are in use in some boards but will require IG work in other boards.

CLIC - or other option for improved quality

There needs to be an option for standardised, high-quality photography using dermatoscopes at some point in the pathway. In Figure 1 this is shown as an option if an existing photo is not of sufficient quality for diagnosis in secondary care. In future there would be an obvious option for citizens to go straight to a CLIC if desired or requested by primary care.

Standard national photo storage

A standardised national image storage is preferred. Standardised national storage options would require resource. This is in the current scope of the National Digital Portal but timescales are unknown. An options appraisal is required here.

Primary/secondary relationship

The digital solution should help build relationships between primary and secondary care rather than replace that need. Building better relationships between e.g. GPs and dermatology consultants is (almost) free and of huge benefit to the service. The digital solution should not disrupt or preclude primary care and secondary care discussion. E.g. advice only referrals should be supported in such a way as to encourage that route to be taken as opposed to say, e-mail.

A key driver of this pathway innovation is to reduce pressure on primary care. Hence the solution is not to give GPs dermatoscopes and leave the requirement for good photos with them. A GP requires a good enough photo for a referral/advice decision only. If secondary care requires a better photo for diagnosis then they should not refer back to primary care for this.

Obvious point of note: this service pathway innovation takes place in the absence of a shared care record. A shared care record would negate some of the primary/secondary/citizen referral boundaries and could lead to a much greater degree of innovation.

A point of note was made that some IT systems being used in dermatology services are old and must be replaced ASAP. This may overlap or interfere with the work of CFSD.

Methodology

The DHI’s approach for this pathway innovation is to focus on a reasonably short term, achievable pathway that we perceive to be suitable for CFSD’s remit. E.g. as noted above we have not included innovative solutions involving a shared care record or similar options.

The current state shown in Figure 2 was created by amalgamating the dermatology service descriptions gathered during interviews with all 14 territorial healthboards and cannot be considered exhaustive or perfect but served as a discussion tool for this work.

There may be desirable changes to the pathway beyond the vetting stage that were not covered.

Current State of Dermatology Services

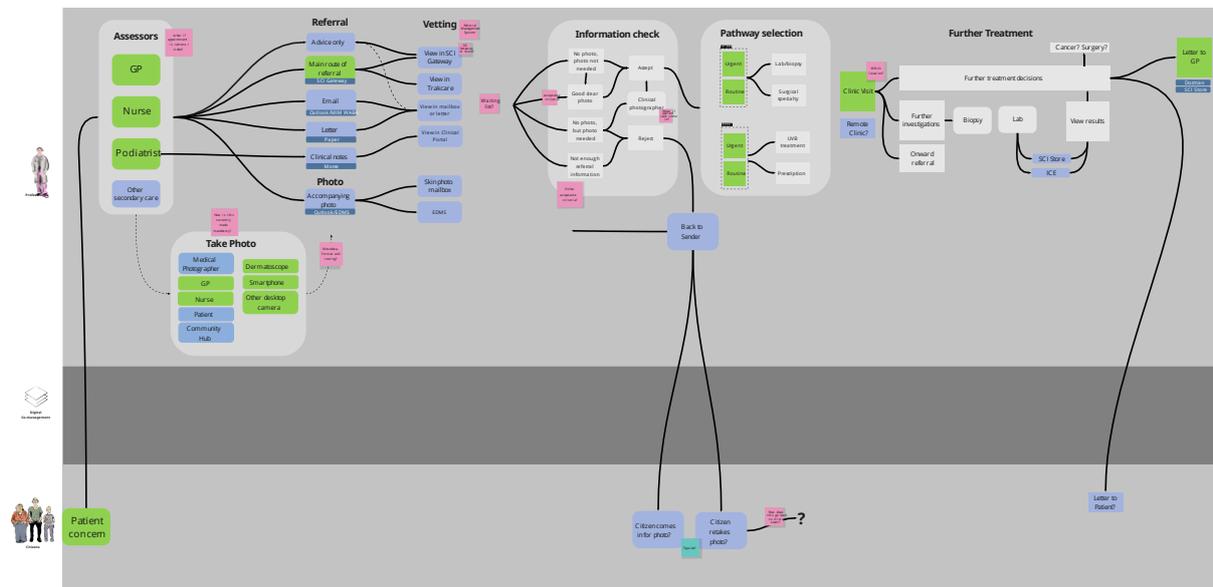


Figure 2: The common, current dermatology service pathway built upon interviews with each territorial healthboard. The diagram is not exhaustive and contains unknowns. Common aspects - green. Variable aspects - blue. Notes - pink.