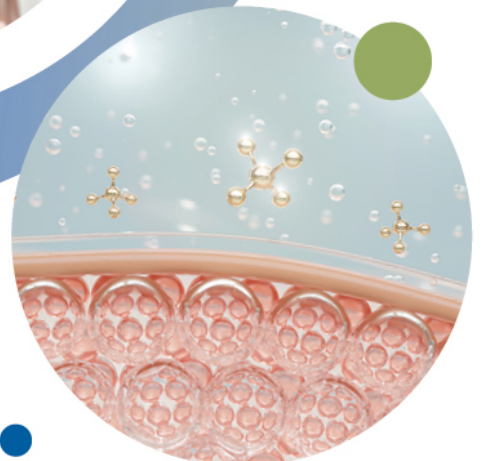




Guide to using teledermatology for suspected skin cancer referrals in Hampshire



Guide to using teledermatology for suspected cancer referrals in Hampshire

The following document contains guidance on the process of taking and uploading images for **suspected cancer** dermatology referrals. It includes details of the image taking process, how to take images, how to upload these to the clinical system and the e-referral process for this. Please contact england.wessexcanceralliance@nhs.net with any queries.

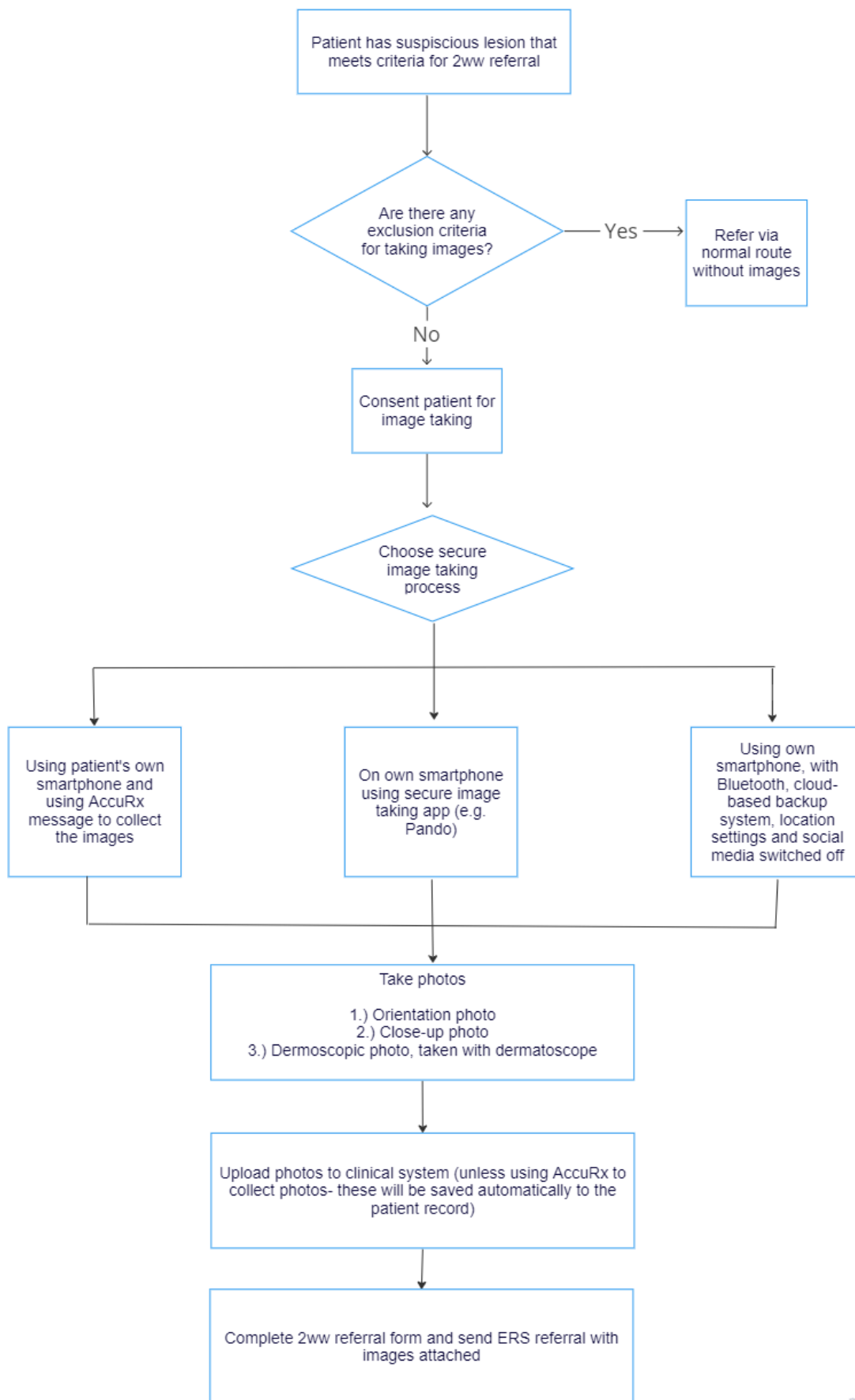
Practices and PCNs will need to agree who will take these images. Possible options include:

1. GP takes photos at initial review
2. Patient referred to nominated GP(s) in practice for one-stop shop appointment where photos taken
3. GP asks patient to have photos taken by other staff member before leaving the practice- this could be a member of clinical team (e.g. HCA) or admin team member

*If images are not taken in the initial consultation then please ensure that there are clear processes in place to ensure that the **correct lesion(s)** are photographed.*

The flow diagram below shows a simplified version of the pathway for the teledermatology image taking and referral process. For further details of each section please review the relevant section contained in this guide.

Figure 1- Flow diagram of teledermatology pathway



miro

Image taking process

Consent

- Key elements of consent need to be discussed and documented clearly in the patient's record when obtaining images for **direct clinical care**. Whilst the verbal consent discussion can be supported by a written consent form, it is not essential
- Written consent form is required for any use of images beyond direct clinical care e.g. teaching/audit/publication
- [UK Guidance on the use of mobile photographic devices in dermatology](#)
 - See page 20 for advice on verbal consent
 - Appendix A for consent form template

When is teledermatology not appropriate?

Providing images for suspected cancer referrals to allow for fast triage is encouraged as a general rule. However, for some patients this may not be appropriate. This includes:

- Lesion in the anogenital region
- Patient does not give consent or does not have the capacity to consent

*A referral **will not be refused** if images are not sent with the referral. The patient will be booked for a face to face review*

Similarly, if there is a problem with the image quality, the patient will be booked in for a face to face review.

How to take secure images

1. Use patient's own smartphone during consultation and send AccuRx text message to collect images (with consent)
 - If the patient has a smartphone and consents then you can use this to take the images (the universal smartphone adaptor can be used for dermoscopic images)
 - Once the images are taken then send the patient an AccuRx SMS allowing them to respond and attach their images (ensure the 'allow patient to reply' box is ticked)
 - Once the images have been sent they can be saved directly into the patient record with no need to email the images securely and upload them
 - This process also enables the patient to have a record of their images

2. Via secure app on own smartphone (e.g. Pando)

- The Pando App (free to download) allows photographs to be taken in a confidential and secure manner, that meets data protection requirements
- There is no need to alter the settings on your smartphone. The photos are not stored on the device itself, but in a secure cloud
- The app automatically saves photos in the correct file size for upload
- App sends the photos directly to the NHS email address that have been set up with the account
- See [Healthcare Professionals guide on taking and uploading photos using secure smartphone app](#) for details on how to use

It is our recommendation that one of these routes is used. However, if this is not possible then:

3. Camera on own mobile device with Bluetooth, cloud-based backup system, location settings and social media switched off

Images required

At least 3 images should be sent with the referral

1. An orientation photo
2. A close-up photo
3. A dermoscopic photo, taken with a dermoscope (dermatoscope).

If the lesion is raised then a side on photo is very helpful in addition to the above.

Try to take photos against a **plain background**, in a **well-lit room** with lots of natural light. If not possible you may need to turn the flash on (for non-dermoscopy photos).

Orientation photo: stand 1 metre away from the area of interest and take the photo. This shows where the problem is and how big an area it covers - if making a referral this can help the specialist decide if the lesion is small enough to excise with a simple ellipse, or if it may need a skin flap/graft. If there are multiple lesions in the field of view, the lesion in question should be marked.

Close-up photo: move your camera 10-12cm from the skin lesion. On most phones you can touch the part of the screen you want the camera to focus on. If you get too close, the camera won't be able to focus. The focus is the most important thing - don't worry about getting really close; as close as you can get in order to achieve a sharp focus is all you need. For the close up photo, it is usually better to have the light source coming slightly from the side, to highlight any change in skin texture. Use a scale to show the size of the lesion.

Wherever possible images should not contain patient identifiable features. Obviously when the photo is of the face, this is unavoidable.

Dermoscopy photo guide

Equipment needed

In order to take dermoscopic photos a dermatoscope along with a smartphone (or camera) will be needed. A dermatoscope smartphone adaptor will make the process of image taking easier.

All practices in Hampshire were provided with a DermLite DL200 hybrid dermatoscope and DermLite universal smart phone adaptor in 2020 (see below for images)



Taking the dermoscopic image

- Make sure the end plate of the dermatoscope is clean on both sides
- Remove any scale or surface crust from the lesion
- It is much easier to take good photos using an adaptor. If using then attach this to the phone to the scope (see photo 1, arrows shows where to adjust width of adaptor)
 - It is possible to hold the phone camera up to the eye piece of the scope without an adaptor. If you are doing this it is important to hold make sure the phone is level compared with the scope. If it is on an angle you will not be able to focus. You may need to get the patient to help, by holding the scope still, so you have both hands to work the camera on the phone



Photo 1

- If your phone has multiple cameras then you need to find out which one is the main camera. This may be a matter of trial and error, but once you have identified this you will be able to line up the adaptor straight away in future. (You may have to cover up the other cameras with a piece of paper to stop it jumping between them). See photo 2- arrows shows where to turn to adjust lens position on adaptor.



Photo 2

- Turn on the dermatoscope and extend the end plate fully (see photo 3)
- Attach the dermatoscope to the phone-adaptor combination (via a magnet on the adaptor) and zoom in as much as possible to remove the black edge, whilst still being able to see all the edges of the lesion. The photo can be taken in polarised mode, which will be the automatic setting when you first turn the scope on. When the scope is in polarised mode a single light on the right side will turn on. (See photo 4)

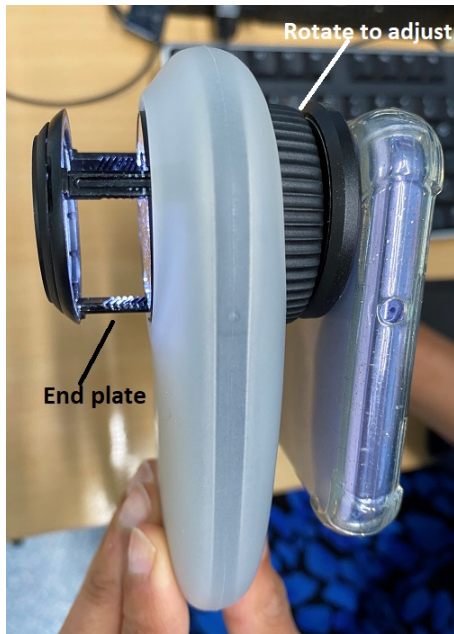


Photo 4



Photo 3

- If using the DermLite DL200 hybrid dermatoscope it is optional whether or not you use liquid interface. With other dermatoscopes this may be needed
 - For flat lesions you can wet the skin with an alcohol wipe
 - For raised lesions use viscous fluid such as alcohol gel or lubricating jelly
 - If you take the scope off, wipe the fluid away and reapply to avoid bubbles
- Try to make sure the measuring graticule is in the field of view (see photo 5)
- Tap the part of the phone screen you want to take photo of, ensure the image is focused and take the photo (see photo 6)

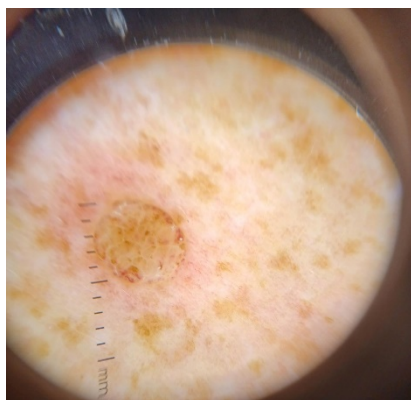


Photo 6



Photo 5

- Select the best photos you have taken and upload to the clinical system (see section below)

See videos and resources below for further details:

Teledermatology instruction video (A local guide produced by the ICB):

<https://www.youtube.com/watch?v=5rwKt7NMcX8>

How to take a dermoscopic image (PCDS video): <https://www.youtube.com/watch?v=7Vz08Qr1wi0>

NHS Gloucestershire video: How to take dermatoscopic images using a camera or smartphone

<https://www.youtube.com/watch?v=-7P73VZRU7Y>

How to upload images to the clinical system

Transferring the image securely from the device to NHS email (for those taking images on own smartphone without the use of an app)

Transfer (e-mail) the image securely using NHS.net account (which is an encrypted platform)

The images can be emailed to your own email NHS email account or you could set up a process whereby they are emailed to the practice's generic email address and the admin team upload the photos to the clinical system

In the 'subject' field patient data needs to be anonymised (no patient identifiers)/pseudo-anonymised e.g. initials of clinician who saw patient together with date and time of appointment that patient was seen.

Click 'send' and choose a file size of 'small' or 'medium' so that the image can easily be e-mailed or uploaded for dermatology referrals. Smaller file sizes also facilitate faster viewing of images in the patient record.

Downloading image onto PC for upload to clinical system (for those taking images on own smartphone with or without app)

- Login to your nhs.net account on a work PC
- The image can then be downloaded onto work PC (see below)

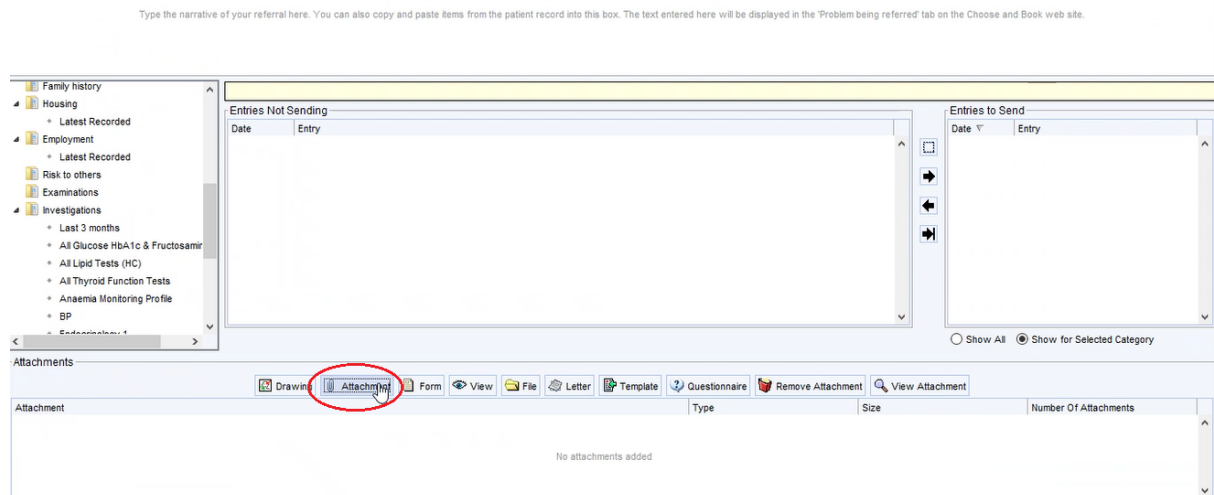
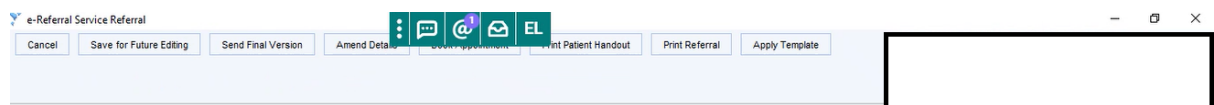
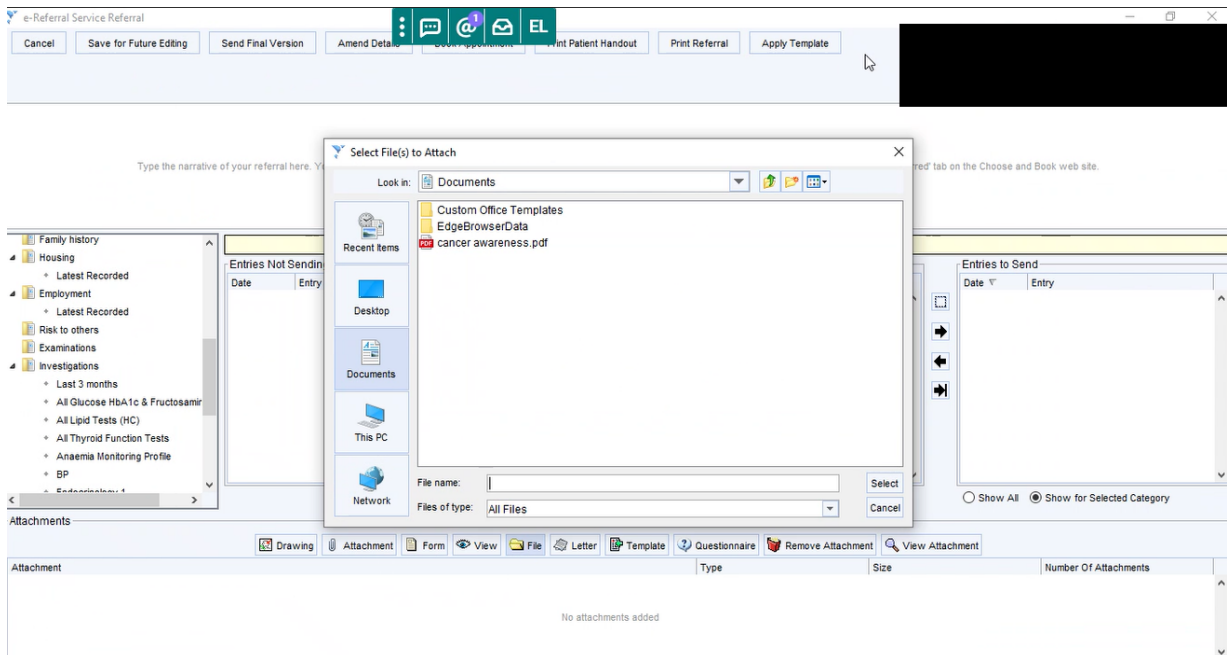
Delete all patient images from mobile device, e-mail account, and PC once photo has been taken, e-mailed and stored in patient's electronic medical record.

- Find out more about [adding images to the EMIS clinical system](#)
- Find out more about [adding images to SystemOne](#)

2. Select New E-Referral, and remember to select 2ww, this then generates a Unique reference number for the referral (UBRN)

3. Select the most appropriate option for your patient
 - a. For those referring in to UHS please select 2ww and **if images are available** then choose:
 - i. **7987076** 2ww -Dermatology - Suspected Malignant Melanoma or SCC - Teledermatology Triage -Southampton-UHSFT-RHM
 - If no images available then choose:**
 - ii. **7991788** 2ww -Dermatology - Suspected Malignant Melanoma or SCC - NO PHOTO'S - Triage -Southampton-UHSFT-RHM
 - b. For those referring into Portsmouth Hospitals the 2ww referral form and photographs should be sent via advice and guidance to the trust using these clinic details:
 - i. **Dermatology Suspected Cancer Advice and Guidance Service - PHU - SMH – RHU**
 - ii. **Specialty – 2WW Clinic Type 2WW Skin**
 - c. For those referring into HHFT the service has not yet gone live. This section will be updated when this service is available.

4. Attach the referral form (via the file tab) and images (via the attachment tab) to the record



5. When you have selected the relevant referral option, and the e-referral has been sent you will get a confirmation message that the referral has been actioned.

(Please see section on how to upload images to EMIS/SystemOne if needed)

Outcome of Referral

All communication with the patient will come from secondary care and will not come back to primary care clinician for actioning.

If there is a problem with the quality of the image then that patient will be booked in for a face to face appointment. GP will not be asked to retake the images.

Possible options:

- Patient identified as having benign lesion and no further action required. Secondary care will contact patient and communicate this to them
- Patient may be downgraded to routine appointment. This decision will be communicated by the secondary care team
- Patient identified as having likely skin cancer and will be booked in for face to face review/ biopsy/ further investigation. This will be organised and communicated directly to the patient by secondary care
- Uncertainty about diagnosis- patient will be booked in for face to face appointment

Frequently asked questions

Our dermatoscope and/or universal adaptor is broken how can I get a replacement?

If the broken equipment is the Dermlite DL200 hybrid dermatoscope given to practices in 2020 then this has a 10 year warranty. **Find out more about [Schuco equipment and warranty details](#).**

For other equipment purchased the practice will need to check individual warranties and organise repair/ replacement.

Is there any funding support for replacing lost/ broken equipment or buying new equipment?

There is currently no funding available from Wessex Cancer Alliance or the ICB for equipment. Practices could look at using money from their IIF funding to purchase dermatoscopes. The guidance states that any money earned through the IIF will be reinvested into additional workforce, additional primary medical services, **and/or other areas of investment in a Core Network Practice that support patient care (e.g. equipment or premises).**

There are resources available to support your decision around which dermatoscope to purchase:

<https://www.pcds.org.uk/dermoscopy-an-overview-> there is a section on this webpage on choosing a dermatoscope

Am I expected to interpret the dermoscopic images?

No, there is no expectation that the primary care referrer should be interpreting the images they send. However, it can be a useful learning opportunity to go back and review the images you sent with the outcome from clinic.

Will my suspected cancer dermatology referral be rejected if no images are attached?

No, if there are no images sent with the referral or the image quality is inadequate the patient will be booked directly for a face to face appointment

If the images are not clear enough for the dermatologist to make a decision the patient will be booked directly for a face appointment. The GP will not be asked to retake the images.

Will I be expected to communicate the advice or outcome of the referral to the patient?

No, all communication with the patient will come from secondary care and will not come back to primary care clinician for actioning.

References:

- PCDS website: How to take good clinical and dermoscopic photographs
<https://www.pcds.org.uk/clinical-guidance/photography-how-to-take-a-good-dermoscopic-photograph>
- RCGP top tips on taking good dermoscopy photos
https://elearning.rcgp.org.uk/pluginfile.php/174184/mod_book/chapter/492/4%20How%20to%20take%20good%20Dermatology%20Photos%20TOP%20TIPS%20FINAL.pdf
- UK guidance on the use of mobile photographic devices in dermatology (contains useful guidance on standards required, data protection and confidentiality and patient consent (including sample written consent forms))
<https://cdn.bad.org.uk/uploads/2022/02/29200021/UK-GUIDANCE-ON-THE-USE-OF-MOBILE-PHOTOGRAPHIC-DEVICES-IN-DERMATOLOGY.pdf>
- RCGP guide: Top tips on using personal mobile devices to take photos
https://elearning.rcgp.org.uk/pluginfile.php/174184/mod_book/chapter/492/Using%20personal%20mobile%20devices%20to%20take%20photos%20TOP%20TIPS.pdf