Teledermatology
Paediatric eczema

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NHS e-Referral teledermatology

- Rapid access to diagnosis / management advice from local integrated dermatology team (max 72 hours)
- No specific set up or running costs
- Reduced tariff compared to OP referral (£44)
- ~ 2/3 patients managed in the community
- Triage of patients to correct service ~ 12% patients booked direct for surgery – tariff saving
- Convenient for patients and GPs
Teledermatology referrals per practice (n = 3000)
Teledermatology long term patient outcome first 1000 referrals (6-month FU data)

Teledermatology using Choose and Book: a review of 1000 patient referrals.
NHS e-Referral
(Choose and Book Advice and Guidance)

- UK national electronic referral system
- Secure, encrypted and integrated system
- Used by 100% local GPs
- Advice and Guidance facility promoted in many areas of medicine to reduce referrals (paediatrics and urology locally)
- C&B transition to NHS e-referral Summer 2015
Teledermatology and photography

- Referred with photos: 80%
- Referred without photos: 17%
- Poor quality photos: 3%
Compliance with UK Teledermatology standards
Department of Health / Primary Care Commissioning
(May 2013)
NHS e-Referral Teledermatology: primary care

- Home or practice digital camera or phone > 3 mega pixel, with flash and ‘close up’ function
- Upload photos to NHS e-Referral when convenient, then delete from camera
- 5MB of attachments can be uploaded using integrated GP systems eg EMIS or TPP SystemOne
- Unlimited number of attachments if GP using NHS e-Referral Web Application
- Include consent form as attachment
- Local exclusions – pigmented lesions and 2-week wait referrals
Teledermatology using NHS e-Referral: secondary care

- access as for grading standard referrals
- enter free text reply
- option to add attachments: treatment plans, links to patient information leaflets and websites
- can book patients directly for surgery
- consultant colleagues can access and cross-cover
Consent for Teledermatology using Choose and Book

Statement of the patient
I have had the process of teledermatology explained to me and have had the opportunity to ask questions about the procedure. I understand that:

- teledermatology is not always a substitute for seeing a hospital consultant
- there may be a difference between the diagnostic accuracy of a face-to-face consultation and a teledermatology referral
- the accuracy of the advice given to my GP may be limited by the system
- the images will be securely stored within the ‘Choose and Book’ computer system
- the photographs will not be used for any other purpose without seeking additional consent
- I have the right to withhold or withdraw my consent to teledermatology at any time without this affecting my right to future care or treatment

The dermatology department may use patient images to teach other healthcare professionals such as medical students and GPs, to improve the quality of dermatology care you may receive in the future. Please tick the appropriate box below to indicate whether you are happy for your images to be used in this way.

I agree to my image(s) being used for teaching Health Care Professionals ☐

I do not agree to my image(s) being used for teaching Health Care Professionals ☐

Name: _________________________ Date: _________________________
Signature: _________________________

A witness should sign below if the patient is unable to sign but has indicated their consent. A parent/guardian should sign on behalf of children.

Name: _________________________ Date: _________________________
Signature: _________________________

Relation to patient: _________________________

Statement of healthcare professional
I have discussed the teledermatology service with the patient and provided them with the opportunity to ask any questions they might have.

Name: _________________________ Date: _________________________
Signature: _________________________

Photograph this form and upload to Choose and Book system
Which patients are suitable for teledermatology?

- Elderly with BCCs for triage to surgical list
- Rashes for diagnosis and management advice
- Non-cancerous lesions for diagnosis and management advice
- Chronic skin conditions for follow-up

All ages and body sites possible
GP feedback

• “Excellent service – not only can I reassure / treat my patients in primary care but it saves them 50 minutes unnecessary travelling time”
• “Innovative and very useful / effective. Patients seem to like the quick response times”
• “Easy to use and replies are quick, comprehensive and very practical”
• “We recommend this service to all we meet”
The NHS e-Referral service....

• ... is a Key component of NHS England’s commitment to making all referrals electronic by 2017, and the NHS paperless, by 2018

• ... will build on the existing Choose and Book system, aiming to transform it into an improved e-Referral Service

• ... will use Enhanced Technology to expand on current benefits for patients, referrers, providers and commissioners
• A more intuitive system with a modern look and feel that will support the seamless transfer of referral information from GP clinical systems into provider systems.

• Enhanced Advice and Guidance functionality and Clinical Request Templates supporting clinical decisions. Commissioners driven Referral Assessment Services.

• Consultants able to make tertiary and onward referrals and commissioners being able to assign referrer rights to groups of clinicians and practitioners.

• Ability to link appointments in a care pathway to ensure all take place in a pre-determined order.
Follow-up Appointments

- Patients able to choose and book their own follow-up appointments electronically along with alert/reminder advising them when to book.

Self Referrals

- Commissioning organisations able to determine services that are appropriate to accept self referrals from patients. Patients able to refer themselves into services.

Reporting

- A rich reporting function that provides easy access to referral and booking data in meaningful formats.

Electronic Communication

- Use of modern technology - mobile phone Apps, e-mails, text reminders etc, to support different ways of communicating appointment-related information to patients and system alerts to professional users.
Atopic eczema: reducing hospital referrals

- Do you regularly prescribe Elocon or Protopic for children with eczema?
Atopic eczema treatment

- Topical steroid
- Topical calcineurin inhibitor
Topical calcineurin inhibitors

Protopic ointment (0.1%, 0.03%)
- Second line
- > 2 years

Elidel cream (1%)
- Second line
- 2-16 years
- Face and neck
Advantages of topical Protopic®

• Steroid-free
• No risk of skin atrophy
• No risk of glaucoma or cataracts
• Most useful on face, eyelids, flexures
Atopic eczema acute / flare treatment

- Topical steroid (first line therapy)
  - Mild
  - Moderate
  - Potent
  - (avoid on face and flexures and in children < 12 months)
Face and flexures - delicate skin

- Face
- Neck
- Elbow flexures
- Knee flexures
- Axillae
- Groins / inner upper thighs
- Under breasts
Topical steroids and skin atrophy

- Very unlikely with mild / moderate steroids
- Does not occur with topical calcineurin inhibitors eg Protopic
How much topical steroid to prescribe

Approximate amount of topical corticosteroid for once daily full body application for 1 week (should last 2-3 weeks for maintenance)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Amount (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>150</td>
</tr>
<tr>
<td>Children 6–10 years</td>
<td>100</td>
</tr>
<tr>
<td>Children 3–5 years</td>
<td>75</td>
</tr>
<tr>
<td>Children 1–2 years</td>
<td>50</td>
</tr>
<tr>
<td>Children &lt; 6 months</td>
<td>30</td>
</tr>
</tbody>
</table>
How long to prescribe topical steroids

**Flare**
- Mild and moderate
  - 3-5 day bursts face
  - 3-14 day bursts flexures
- Potent
  - 3-14 day bursts body /limbs

**Maintenance**
- Twice weekly

Review after 4 weeks – if requiring topical steroids > twice weekly on same body sites consider adding Protopic.
Emollients – moisturising the skin and restoring the skin barrier
Avoid Aqueous Cream

• The MHRA issued a Drug Safety Update for Aqueous Cream in March 2013.

• Official warning that Aqueous cream may cause skin irritation, particularly in children with eczema, possibly due to sodium lauryl sulfate (SLS), which is a known skin irritant.

• Avoid, especially as a leave-on emollient
Antihistamines and atopic eczema

- Itch of eczema not caused by histamine
- Antihistamines won’t help dry scaly eczema
- Use if urticated eczema or associated urticaria
More than 90% of patients with AD have *S. aureus* skin colonisation

- Colonisation does not need antibiotics

- Don’t prescribe antibiotics without treating the underlying eczema – using the correct steroid will reduce colonisation by restoring skin barrier

- If you are prescribing frequent courses of antibiotics for ‘infected’ eczema, consider stepping up potency or frequency of active treatment (steroid or TCI)
Atopic eczema: key messages

- Before referral prescribe Eumovate in all ages
- Before referral consider Elocon if > 12 months
- Before referral consider adding Protopic after 4 weeks of topical steroid, if needing maintenance steroid on same body sites > twice a week (especially face and flexures)
- Avoid aqueous cream
- Avoid repeated oral antibiotics
Welcome to the Royal Devon and Exeter Department of Dermatology

Medical and Surgical Dermatology Services

You are here: Home > Patients & Visitors > Dermatology

About the Dermatology Department

The Royal Devon and Exeter dermatology department provides NHS treatment to patients with a range of different skin conditions. The department is led by a team of five Consultant Dermatologists and specialist dermatology nurses and is based in a large modern unit in Heavitree Hospital.

The department provides a wide variety of dermatology outpatient and day-case services including clinics, skin surgery and phototherapy. The department also provides dermatology training to medical students from the Peninsula Medical School, as well as postgraduate training to Dermatology specialist registrars, and GPs with a specialist interest in dermatology.

The Dermatology Department serves a population of around 360 thousand. Skin surgery forms a large proportion of the workload of the department, with daily operating lists ranging from simple excisions to complex flap and graft repairs. Dedicated skin cancer clinics are supported by weekly skin cancer multi-disciplinary team meetings.

Clinics and services available

Click on the link above for more information regarding the clinics

- General dermatology clinics
- Pigmented lesion (Mole) clinic
- Skin cancer clinic
- Paediatric dermatology clinic
- Skin surgery
- Mole surgery
- Biologics clinic
- Hyperhidrosis clinic
- Lymphoedema clinic
- Contact Dermatitis/patch testing
- Phototherapy
- Photodynamic therapy
- Vulval Clinic
- Laser therapy
- Day Case