Vantage Teledermatology
User Guide for GPs
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Introduction

Being a highly visual specialty, dermatology can benefit greatly by the application of information and communication technology. A trained primary care clinician can utilize a high quality camera to record dermatological conditions and securely transmit the images along with a brief history to a remote consultant dermatologist. The images and associated information is sufficient to make a diagnosis in the majority of cases, with the specialist able to construct and rapidly return a recommended treatment plan. Recent studies and reports have confirmed the validity of Teledermatology and show outstanding diagnostic accuracy.

Vantage Teledermatology is the leading Teledermatology solution from Vantage Diagnostics. Many measures have been taken in order to ensure that the GP will not differ from his current referring patterns and optimize his time.

Referral Procedure

In order to determine if the patient is eligible for a Teledermatology referral, please consult the Referral Criteria document (Annex A).

After you have determined that the patient is eligible, the following steps should take place:

1. Explain process to the patient and obtain consent
2. Provide the patient with a booking form
3. Complete referral template and save in EMS
4. Direct patient to reception to book consult

Please view the Teledermatology process document (Annex B) to see the full pilot process together with the actions required by each group throughout the patient journey.

Step 1: Explain process to the patient and obtain consent

The patient should be fully aware of the following:
- What Teledermatology is
- The Teledermatology process
- The benefits
- Why is he/she eligible
- Security and Data Protection

It is recommended that patients are provided with a Patient Information Sheet (Annex C).

After the patient has understood the process, a consent form should be obtained. The consent form states the following:
- The patient has been told and understood the relevant issues
- The patient understands that his clinical record, including clinical images will remain confidential under the provisions of the Data Protection Act

The patient should sign the consent form. If the patient cannot sign him/herself, his guardian may sign on his behalf. In such a case the guardian should state his/her relationship to the patient. Please refer to Annex D for a sample of the Patient Consent Form.
**Step 2: Provide the patient with a Teledermatology Booking Form**

The form is given to the patient. The patient then hands it to the receptionist when booking a consultation. The receptionist will collect the forms and hand them to the HCA. This will ensure that the HCA understands where the complaint is located and captures clinical images accordingly.

The booking form consists of the following fields – all fields must be completed by the GP:
- Date of referral
- Patient NHS Number
- Area to be photographed – this includes a manikin. The GP may visually indicate the area/areas of the body where a photo is required
- Notes for HCA – if the GP wishes to add certain notes to the HCA for further explanation
- Name of referring GP

When completed the GP should sign the form.

An example of the booking form is presented below:
Step 3: Complete Teledermatology referral template and save in EMS

Load the Teledermatology referral template from your clinical system.

The referral template contains a number of fields that the GP should complete. Most of the data will be pulled from your EMS and should be edited if required. This data includes:

- Date of Referral
- Patient ID Number
- Patient Date of Birth
- Patient Gender
- Past medical history – please include only relevant medical history such as if the patient has ever suffered from a skin condition. It is important to also ask the patient if someone in his family suffers from a skin disorder
- Medication taken – especially if Aspirin or Warfarin. It is important to state if oral or topical and the dosage
- Allergies

After the referral has been completed, it should be added to the patient record on the EMR. This step is important, as the HCA will not be able to complete the Teledermatology consult without the referral from the GP. An example of the referral template is presented below:
**Vision** (typical setup – your setup may vary)

The entire process for Vision users is explained below:

- GP enters the patient record in Vision (see below screenshot)

![Image of Vision interface with patient record and referral template]

- A keyboard shortcut will be pressed in order to bring up the referral template
- GP enters required details onto the template
- Referral is then saved into the patient record (see below screenshot)
- When it is saved, it will automatically be assigned a read code at the same time, with the code "31BZ - Special dermatol tests NOS".

![Image of saved referral in Vision interface]
**EMIS (typical setup – your setup may vary)**

- GP enters the patient record in EMIS
- Use Template Open in order to choose the referral template

  - The Teledermatology Referral Form is placed in the Dermatology Referral Templates section

  - Click on the form and it will appear
Step 4: Direct patient to reception to book consult

The patient should be handed the Teledermatology Referral Booking and Consent Form (the consent form is printed on the back of the booking form, see Annex D) and be directed to schedule a Teledermatology consult at the reception. After scheduling an appointment, the receptionist takes the Form and leaves it in a tray for the HCA.

Receiving and Handling a Dermatology Management Plan

After the Teledermatology consult has been completed by the HCA and sent via the Vantage Teledermatology system, a Consultant Dermatologist will view the case and recommend a management plan.

The management plan will be sent to the GP via Email and the following steps should be taken thereafter:

1. Read management plan and attach to EMS
2. Provide feedback
3. Take action

Step 1: Read diagnosis/management plan

You will receive an email that contains in its body a summary of the diagnosis and recommended management plan, and a PDF attachment that contains the full report including the images taken and your original referral letter. In addition the email will contain a link for providing feedback. An example of the body of the email is presented below:

Subject: New Teledermatology consultation for Mr. John Doe
From: Vantage Diagnostics
Date: 14 May 2009
To: Dr. Loiland

Dear Dr. Loiland,

A new dermatology consultation for Mr. John Doe (NHS: 558 8656 321) has been concluded.

Below you will find a summary of the diagnosis. Attached is a PDF file that contains the diagnosis, treatment plan, original referral letter and clinical images for your reference. After reviewing the consultation letter, please attach it to the patient record within your EMS system. Please also click the link provided in order to give your feedback.

Diagnosis:

Viral wart

Management Plan:
This can be treated with airbrush cryotherapy for two to three seconds, taking care on the face - the lesion should drop off over a two week period.

Alternative treatment includes:

Lightly curett the lesion away under LA and submit it for histological analysis.

Topical salicylic acid nightly after bath/shower for 6 weeks.

Follow up:
After 6 weeks.

Please click the link below for feedback:
http://www.vantageinfo.com/feedback/case_id5655560232?2087689697341

The consultation is also saved in the Vantage Teledermatology system for future reference.

For any queries please contact Vantage Diagnostics' help desk at: 0207 9655876 or send us an email to: support@vantagediagnostics.com

Sincerely,

Vantage Diagnostics
In order to view the complete management plan, open the PDF attachment. It is important to save the attachment and then include it in the patient record on the EMS.

An example of the body of PDF attachment is presented below:

![Image of PDF attachment]

**Step 2: Provide feedback**

Feedback is used for monitoring the performance of the Teledermatology solution. It also acts as an additional safeguard against any patient results not being received by the referring clinician so it is important to follow the link and provide information on the outcome of each patient.

Click the link at the bottom of the email in order to enter the form. There is no need to login to the Vantage Teledermatology system at this stage.

The feedback form contains the following:

- Agreement / disagreement with the diagnosis and management plan – if you disagree, you may include the reason in the appropriate field
- Action to be taken – if the patient will be managed in primary or secondary care
- Questions about satisfaction with the service
- Comments

Click Submit when you have completed the form.
NB: If has not provided feedback on the outcome of the patient reminder emails will be sent to until the GP completes the required feedback.

An example of the feedback form is provided below:

Your practice will receive a report every month summarizing the referring GPs feedback and outlining teledermatology activity. The template used is shown in Annex E.
Teledermatology pilot referral protocol

All patients requiring a dermatology referral other than 2 week cases should be referred for Teledermatology to obtain a specialist opinion

Criteria for 2 week wait:
- Pigmented lesion
  - Newly developing pigmented lesion in adult
  - Changing pre-existing naevus or lentigo
  - Multiple atypical naevi
  - Unusual suspect lesion
- Assess with ABCDE rule:
  - Asymmetry: in shape, texture or colour
  - Borders: irregular
  - Colour: two or more colours or multicoloured tones
  - Diameter: > 6mm
  - Evolving: change of colour, shape, texture or size
- NB: Suspected low risk BCCs can be referred to Teledermatology

Is 2 week wait referral required?  
- YES (Urgent referral to secondary care (under 2 week wait))
- NO

Teledermatology is an advisory service to obtain a rapid specialist opinion regarding diagnosis, treatment and management of the patient in instances when a secondary care Dermatology referral would have been made.

Criteria for referral to Teledermatology:
1) Diagnostic uncertainty for rashes, lesions and moles and patient would have been referred to the Dermatology dept in secondary care
2) Diagnosis has been reached but either treatment has failed and patient would have been referred to the Dermatology dept in secondary care, or treatment requires a secondary care Dermatology referral

NB Please manage your patients how you would do ordinarily and do not send patients for Teledermatology if you would not have referred them to the Dermatology department in secondary care. For example, if symptoms do not cause concern and patient would ordinarily be monitored for 3-6 months before referring then please do not change your usual management.

Is a referral required?  
- YES (Refer to Teledermatology)
- NO

Treat in Primary Care
Annex B: Teledermatology pilot process

Teledermatology process

0 - 5 days

PATIENT

Patient appointment with GP

Patient books teledermatology appointment with the practice receptionist and hands in signed consent form

Patient teledermatology appointment with HCA at local GP Practice

Patient notified of results and course of management

HCA

HCA collects booking form from reception and ensures the consent form on the reverse is signed

HCA logs in and transfers the patient referral letter template to patient record on the VTD system

Images of lesions are taken using a digital camera and uploaded onto the system

After reviewing the images the HCA transmits the referral via the VTD system

GP

GP decides to refer

GP fills out a booking form and gives it to the patient to take to reception. On the reverse is a consent form for the patient to hand to reception

GP enters patient information onto a teledermatology referral letter template which is stored on the patient record system

Patient information sheet

Booking and Consent form

CONSULTANT

Consultant reviews photographs and recommends management plan

CONSULTANT REPORT

The report will be emailed to the GP and Practice reception. It will contain a TIFF/PDF file with the original referral letter, images and recommended diagnosis/treatment plan which can be saved immediately onto the patient record by the GP

HCA receives follow up email asking outcome of patient. GP follows link on email and answers 3 quick questions

NB: If GP does not provide information on outcome, reminder emails will be sent to ensure until the GP completes the required feedback. This acts as an additional safeguard against any patient results not being received by the referring clinician

1 week
Teledermatology – Patient Information Sheet

The Teledermatology service explained

Teledermatology refers to a fast and secure process enabling patients to receive a specialist opinion via a ‘virtual consultation’ with a Consultant Dermatologist, avoiding the need to wait for an appointment at their local hospital. The service allows GPs to send high quality images of the skin via the internet to a Teledermatology specialist, in order to receive diagnostic and management advice.

Teledermatology has proven to have many advantages for both patients and clinicians. Hampshire Primary Care Trust (PCT) is therefore undertaking a three month pilot across 50 GP practices to evaluate the benefits of this service. If successful, Teledermatology will be available throughout the whole PCT.

How does it work?

You will have made an appointment at reception with your local Health Care Assistant or Practice Nurse, who will take medical images of your skin and store them onto your patient record. The images will then be sent along with your medical history to a consultant dermatologist, who will provide diagnostic and management advice to your GP. Your GP will contact you when they have received the specialist’s opinion, which should be within a week of your appointment.

What are the main benefits?

**Quicker access to specialist opinion** – Once your images have been sent to the specialist, your GP will receive the results within 72 hours avoiding the need for you to wait weeks or months for a specialist opinion

**Local point of care** – By having images taken at your local practice avoid the need to travel to the hospital in order to receive a consultant opinion

**Better patient experience** - The results of your Teledermatology referral, in most cases, will include a diagnosis and management advice which could enable your GP to provide the management you require at your local practice by your personal GP.

NB. In some cases where further tests or procedures are required, patients may require a referral to the hospital. In these cases the fast nature of the Teledermatology process should not impact on your wait for an appointment.

Consent and Data Protection

You will be asked to sign a consent form to enable your images to be sent to the Consultant Dermatologist. This is a secure process and all your personal details such as name, address and date of birth will be retained within your GP practice and cannot be accessed externally.

Feedback

You will receive a short feedback form at your Teledermatology appointment. It is important to us to know about your experience of the Teledermatology process and to give you a chance to share your views. Please fill out the form and return it to reception.

For further information regarding the Teledermatology pilot please ask your receptionist for details
Annex D: Consent Form

Authorization and Consent for a Teledermatology Consultation

My GP or his/her representative has recommended the use of a Teledermatology consultation for my medical condition. He/she has explained to me what will happen during the consultation. I have also been told and given written explanation of the risks and benefits of the consultation and the result of not having the consultation.

I have read the information described in this form.

I have had a chance to ask questions about the consultation.

I understand that all confidentiality protections apply to the Teledermatology consultation.

I understand that my medical records, clinical images and medical information are private and confidential to the extent permitted by law and in accordance with the Data Protection Act.

Full Name:______________________________

Signature:______________________________  Date:______________________________

Patient/Legal Guardian

If signed by other than patient, indicate relationship:______________________________
Annex E: Activity Report

Hampshire Teledermatology Activity Report for: Totton Practice
Period: June 1st - June 30th 2009

Tele dermatology Referrals: 12

Breakdown of Case Types:
- Lesions: 7
- Blisters: 5
- Moles: 0

Outcomes:
- Primary Care - GP: 6
- Primary Care - Minor Surgery: 3
- Primary Care - ePhD: 3
- Secondary Care: 1

Number of calls requesting assistance: 1

GP feedback:
- Did you agree with the diagnosis/management plan?
  - Yes: 10
  - No: 2

- How satisfied are you with the diagnosis/management plan?
  - Very Satisfied: 8
  - Satisfied: 3
  - Neutral: 1
  - Unsatisfied: 0

- How satisfied are you with the service provided?
  - Very Satisfied: 8
  - Satisfied: 3
  - Neutral: 1
  - Unsatisfied: 0

HCA reimbursement: £45

Avoided referrals to secondary care: 11

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<th>Patient</th>
<th>Referring GP</th>
<th>Case Type</th>
<th>Diagnosis</th>
<th>Recommended Management</th>
<th>Actual Management</th>
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<td>Dr. Bell</td>
<td>Rash</td>
<td>Viral</td>
<td>Primary Care - GP</td>
<td>Primary Care - GP</td>
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<tr>
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<td>Dr. Lee</td>
<td>Lesion</td>
<td>Viral</td>
<td>Primary Care - GP</td>
<td>Primary Care - GP</td>
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<tr>
<td>3</td>
<td>Dr. Pat</td>
<td>Mole</td>
<td>Viral</td>
<td>Secondary Care</td>
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<tr>
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