Reducing Risk in Dermatology

Dr Tim Cunliffe
GPwER in Dermatology & Skin Lesion Management
Author www.pcds.org.uk
Executive Chair of the PCDS

The problems that skin disease poses in General Practice

- **Up to 30% Primary Care consultations have some element of 'skin'**
- On average a medical student gets 6 days of dermatology training
- Limited dermatology training posts for GP registrars

- **Reduced access to GP/other HCP appointments**
- Increased use of images sent by patients
- Lack of continuity of care (Norwegian study) Br J Gen Pract. 2022 Feb; 72(715): e84–e90.

The potential risks of the ‘specialist GP’

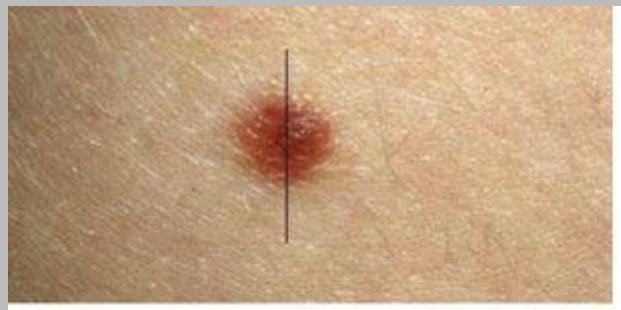
- GPwSI (GP with Special Interest) since 2000
- **The Good, the Bad, and the Ugly**
- 2017 - National Accreditation Program for GPwERs (GPs with Extended Roles) signed off by the RCGP/PCDS/BAD
- **GPwER - Gold Standard** for new candidates and existing GPwSI (transition route)
- Some GPwSI remain (the good and not so good) – posts developed since 2017 are NOT recognised
- **Standards & integration**
- **No other recognised terminology** for providing autonomous dermatology care
- Primary Care clusters … potential for **conflict of interest and the development of non-accredited services**

NICE and other national organisations

- Lengthy guidance
- Stakeholders not always equally represented
- Key messages can get lost
- Common sense sometimes ignored … the EFG rule
- Slow to react

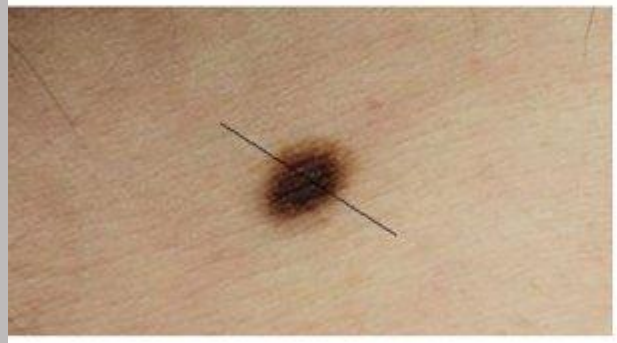
Cases … a little bit on skin cancer

A few normal naevi



Symmetry - in shape and colour

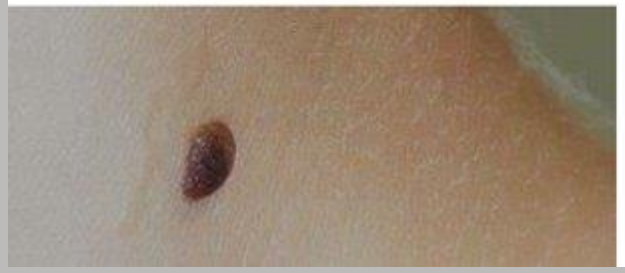
Border - smooth



Symmetry - in shape and colour

Even though there are two **colours** they are a similar shade of brown and the colour is evenly distributed in a symmetrical fashion

Border - smooth



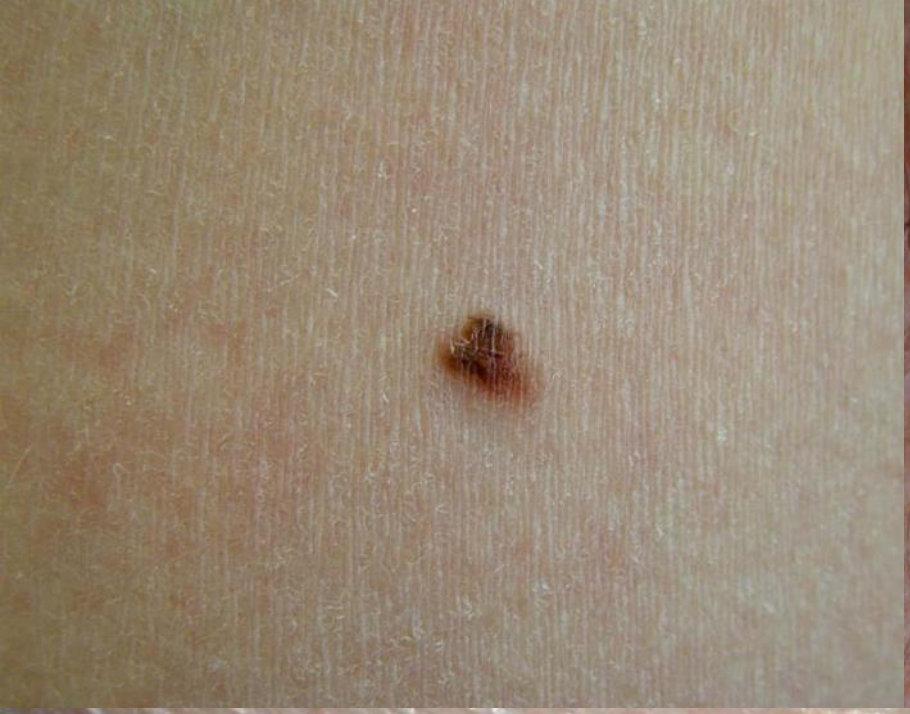
Soft and wobbly moles

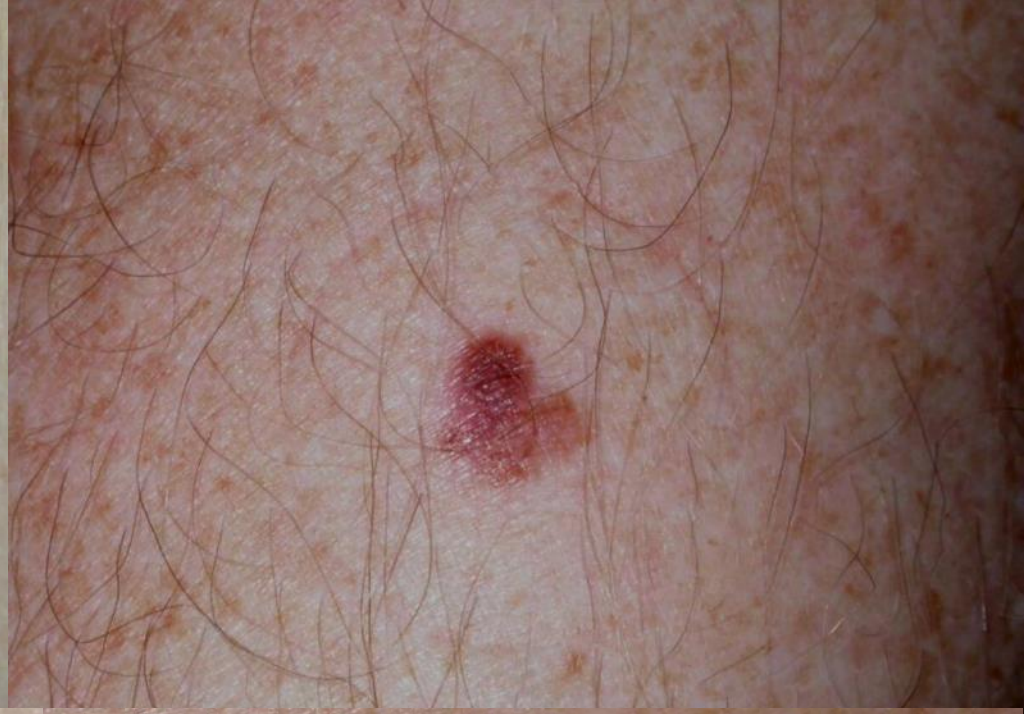
Symmetry - in shape and colour

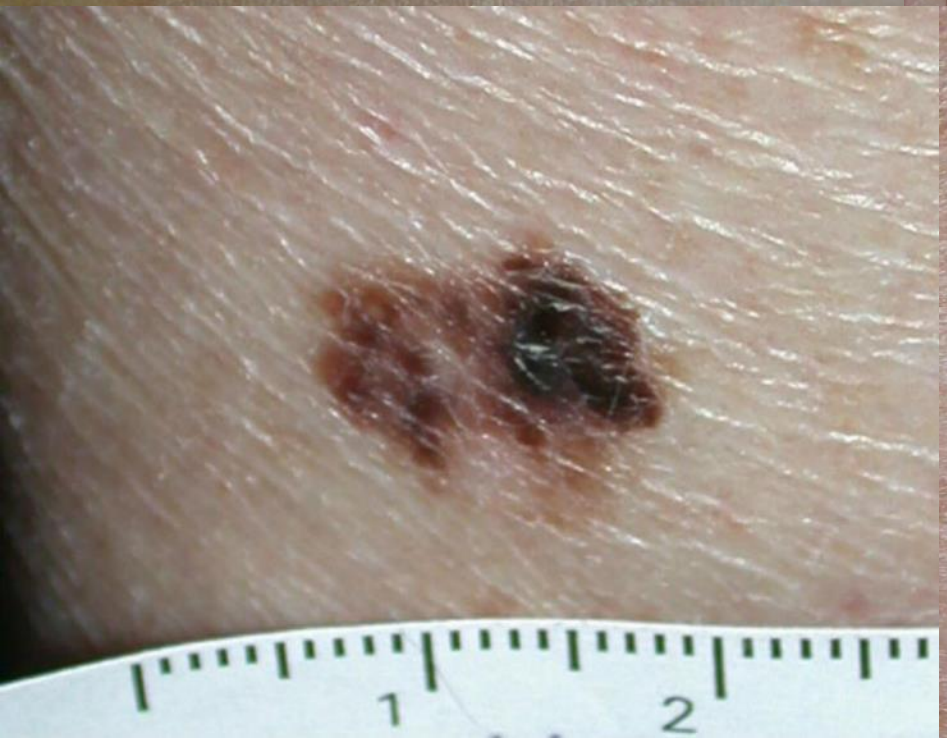
Borders - smooth

The ABC rule - Superficial spreading melanoma and melanoma in situ (including lentigo maligna)

A	B	C
Asymmetry	Border irregular	Colour differs compared to other moles C also stands for comparison i.e the ugly-duckling that looks different to the patient's other lesions



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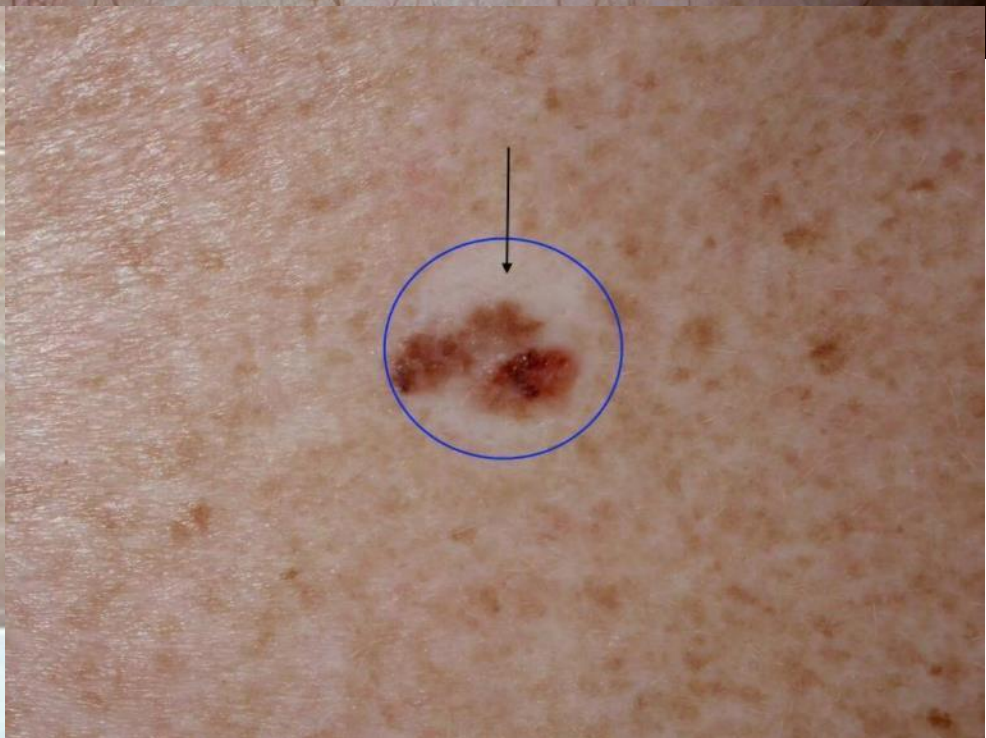


ALL OF E+F+G

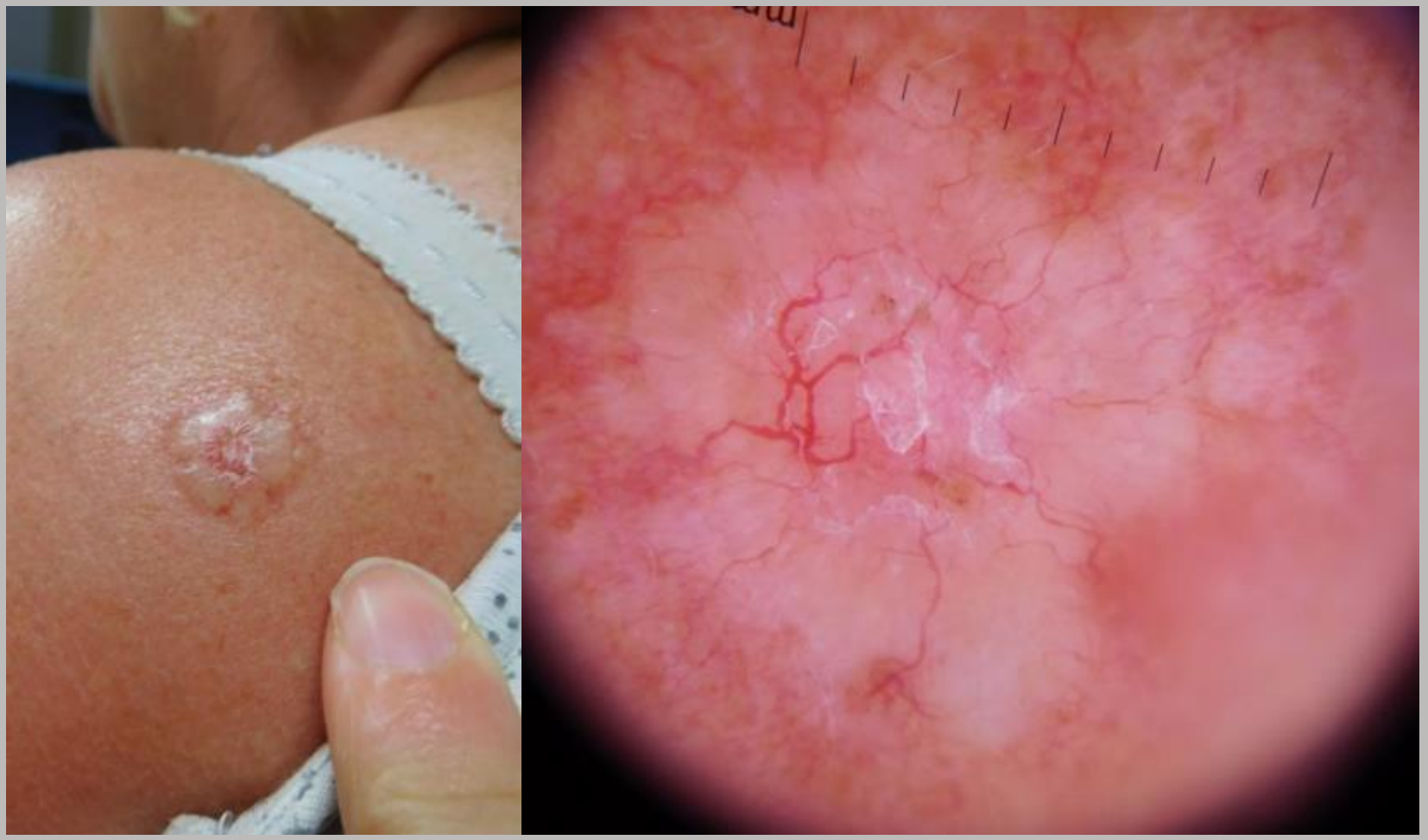
E	F	G
Elevated (papule or nodule)	FIRM	Growth, persistent

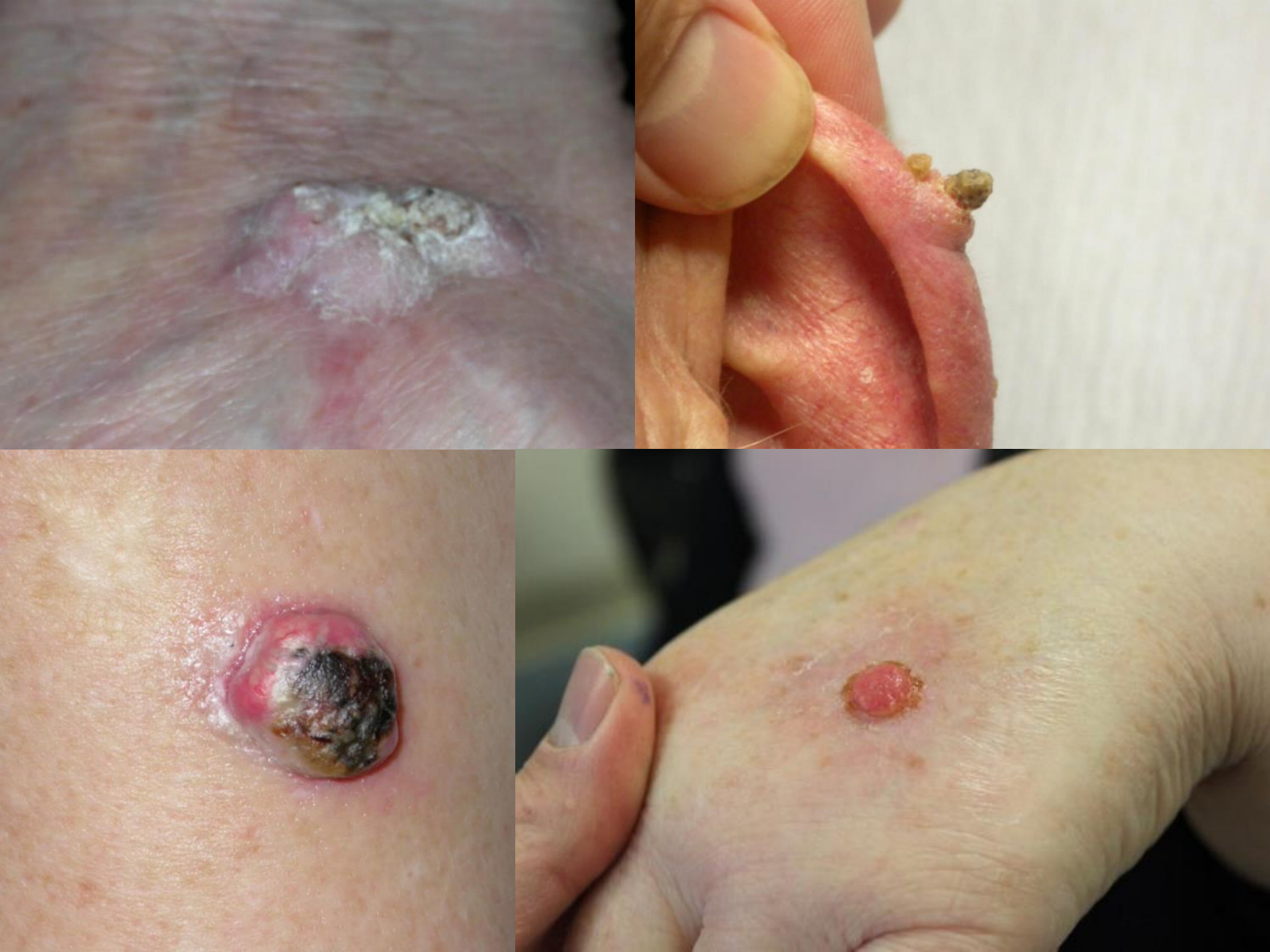
A solid (nodular) BCC (basal cell carcinoma) is an EFG

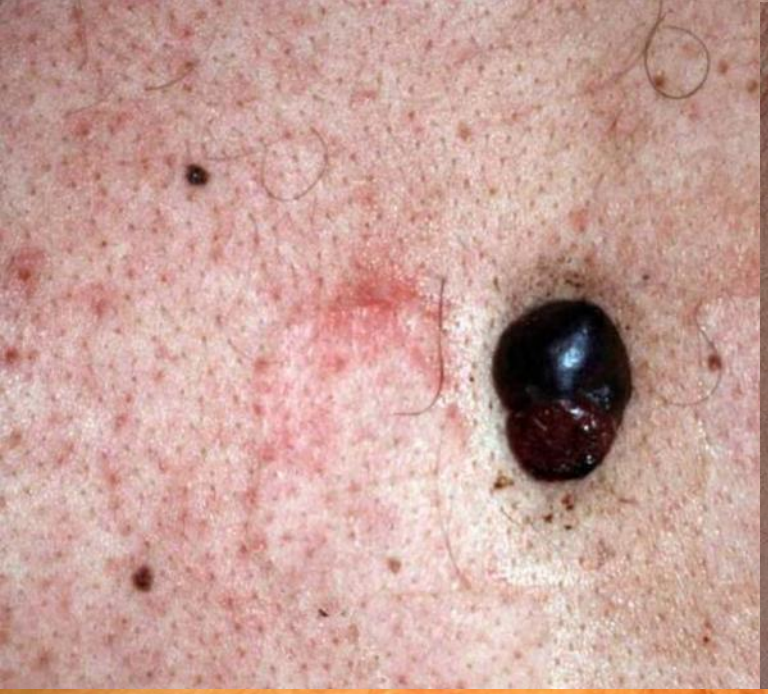
If an EFG is not a BCC then refer urgently (2 week-wait) - nodular melanomas / SCC (squamous cell carcinoma) / other life-threatening tumours

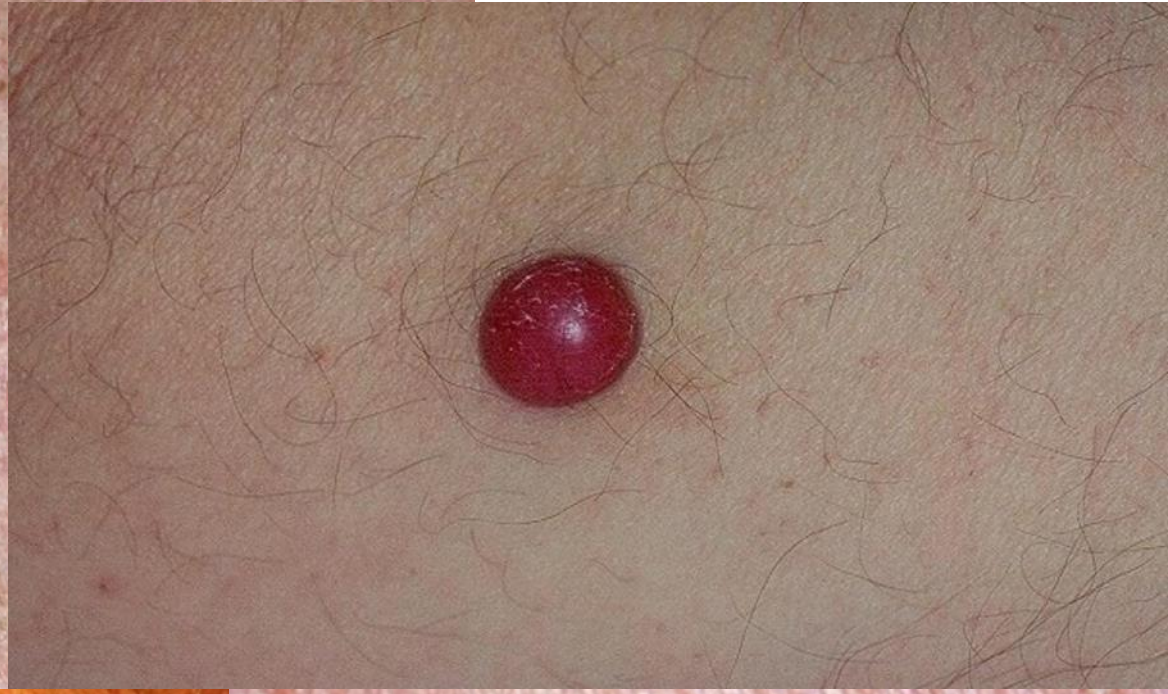
The EFG rule is not found in national guidelines

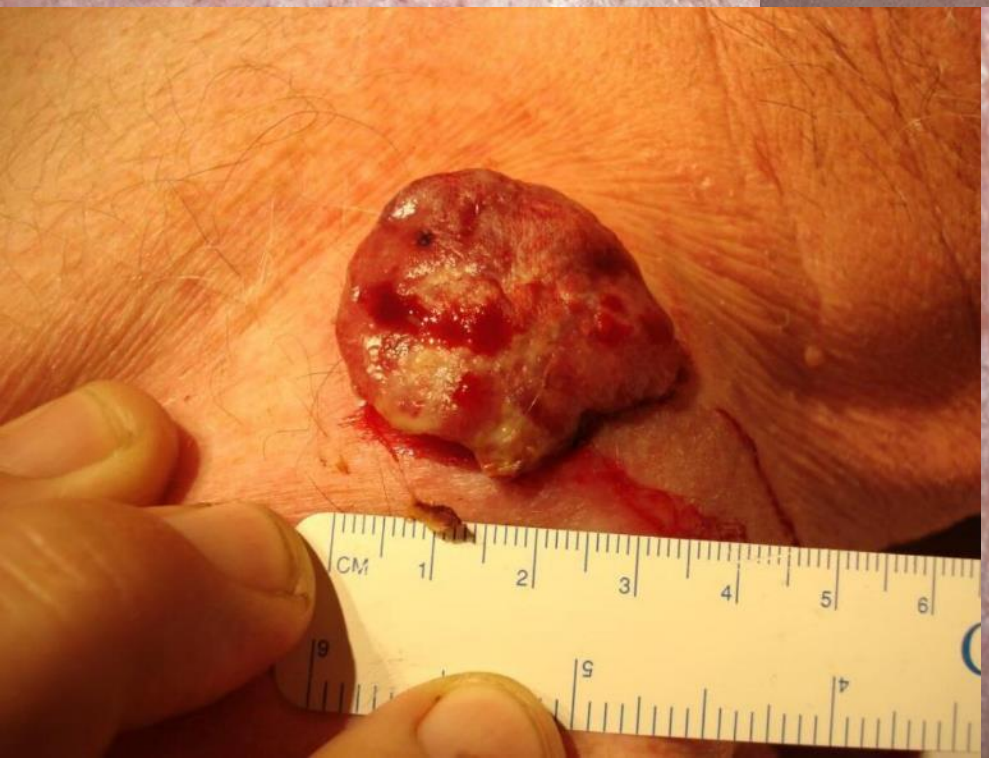
Basal cell carcinoma – can be screened out by dermoscopy







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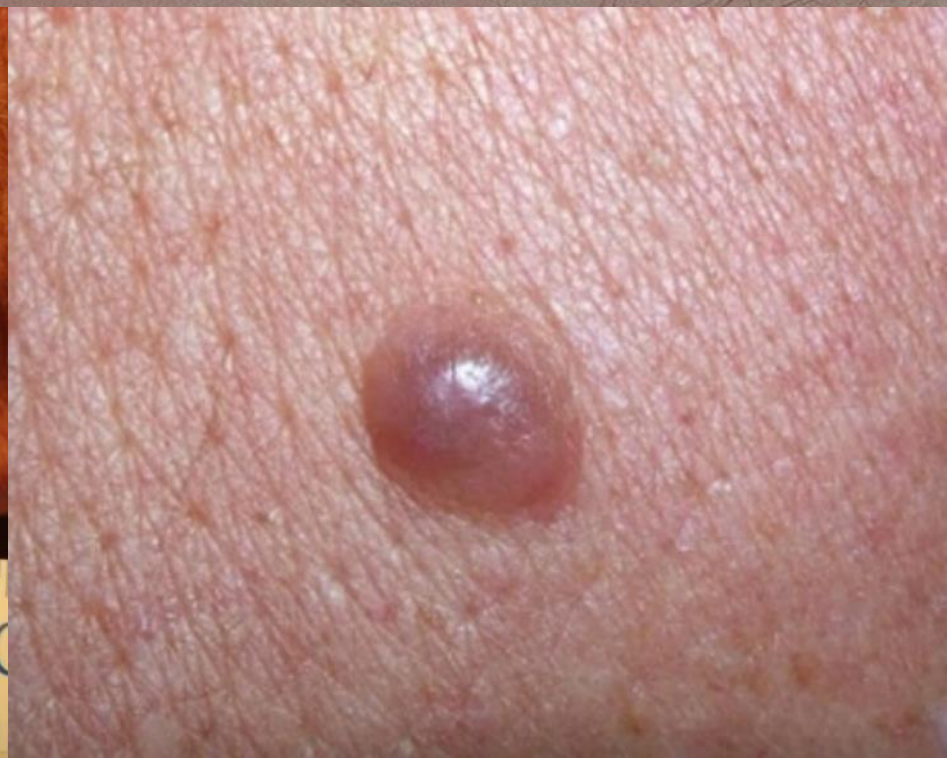
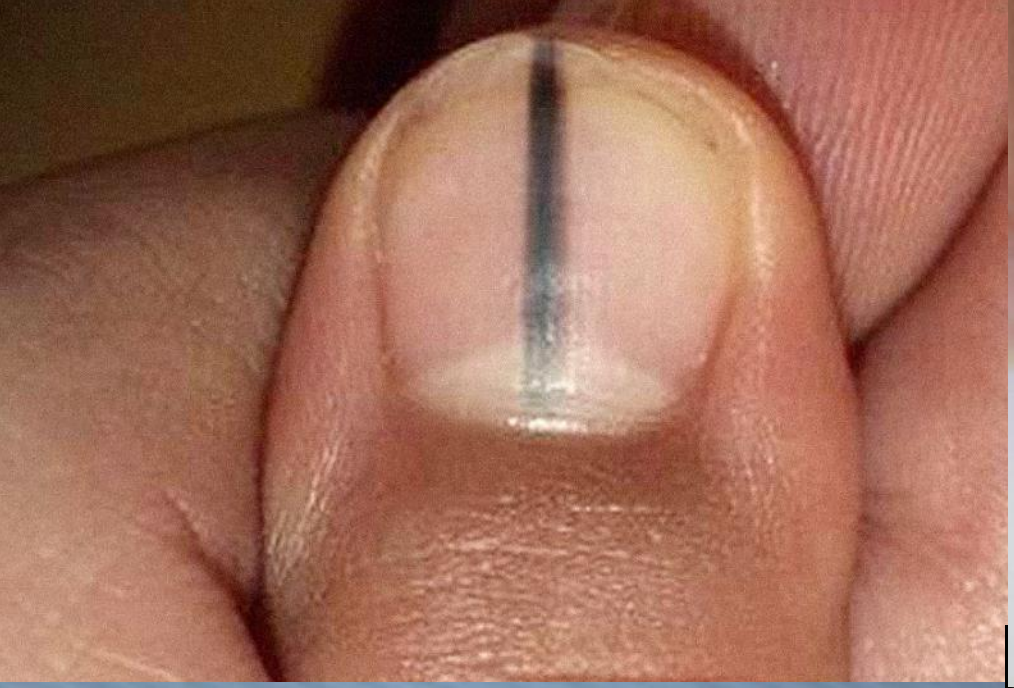
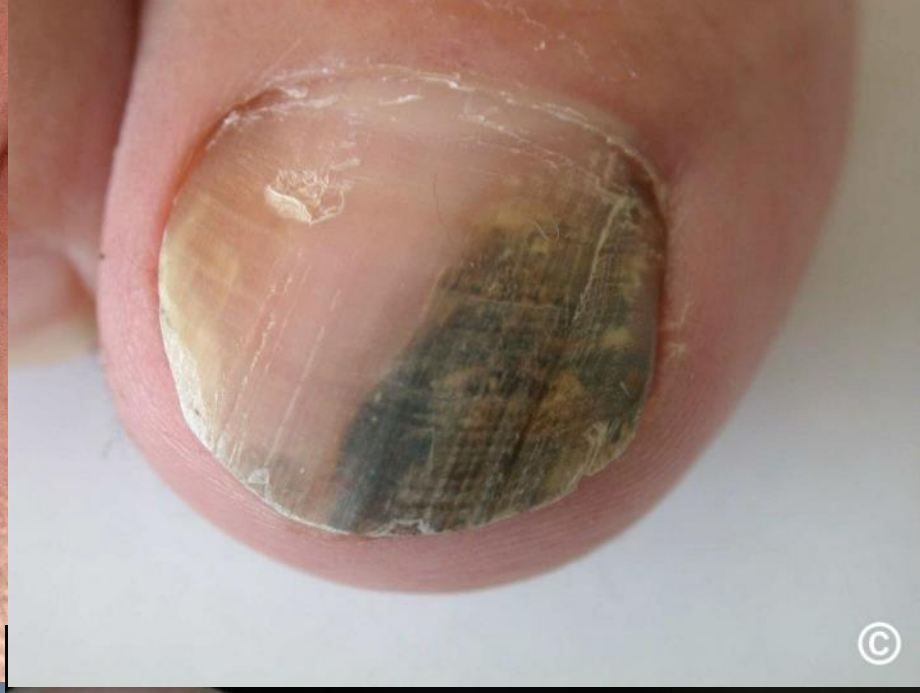
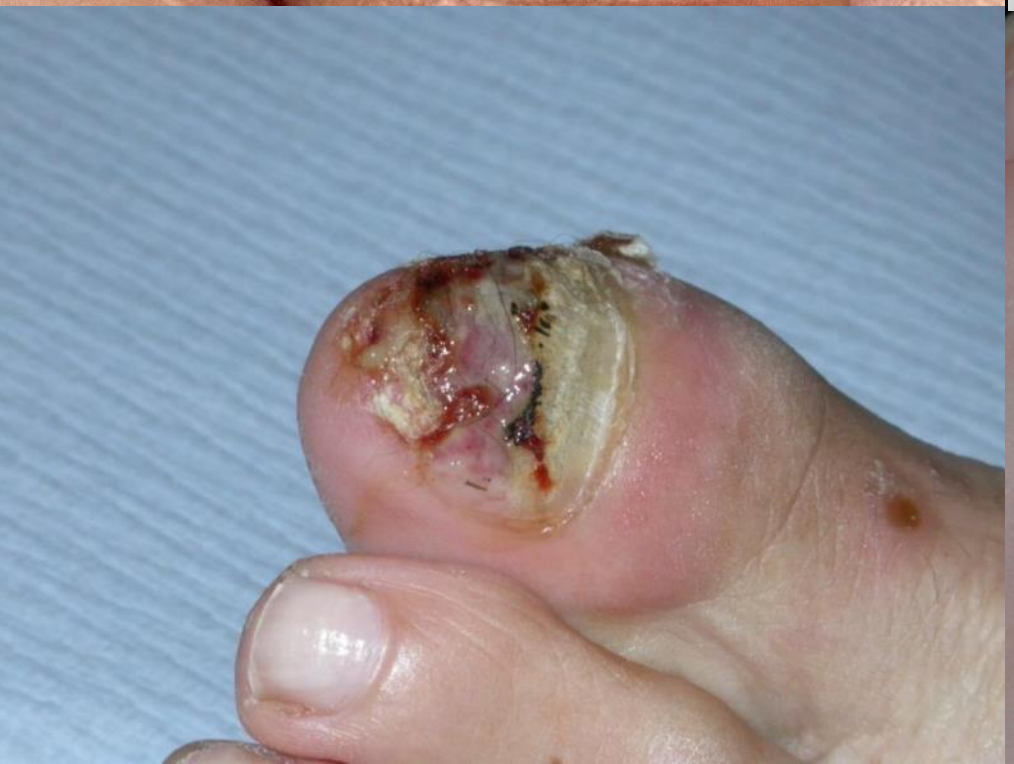
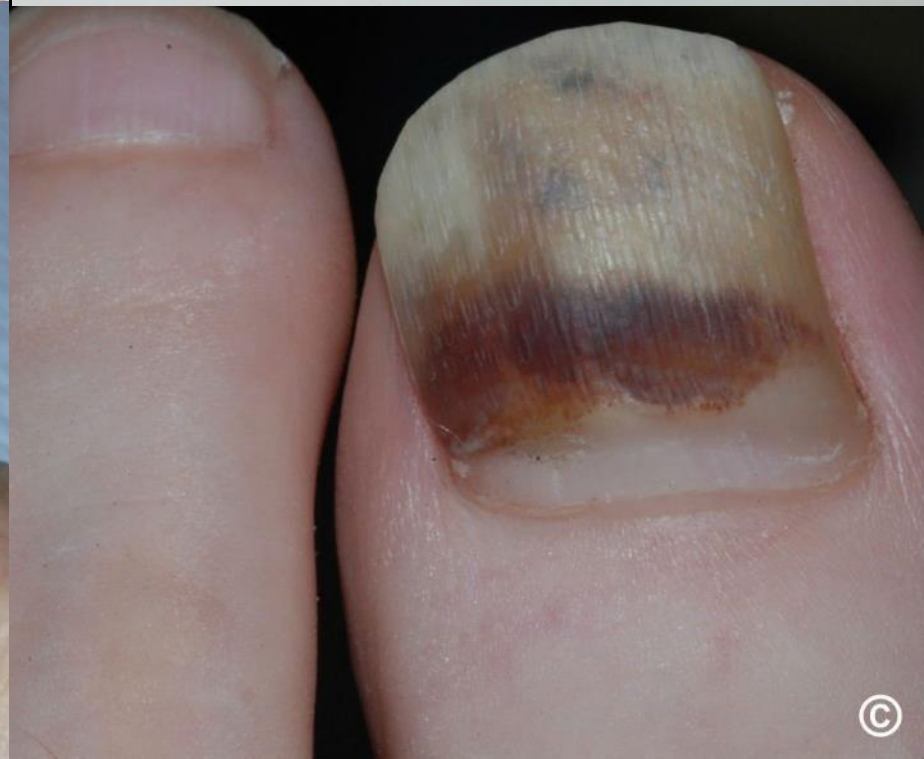




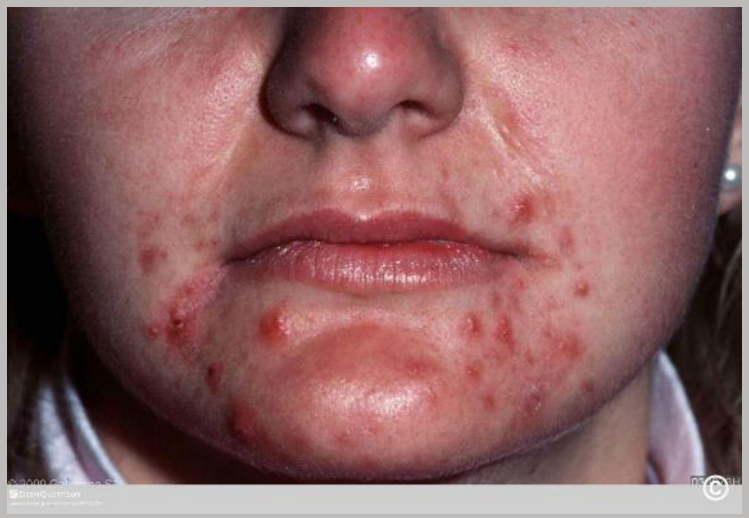


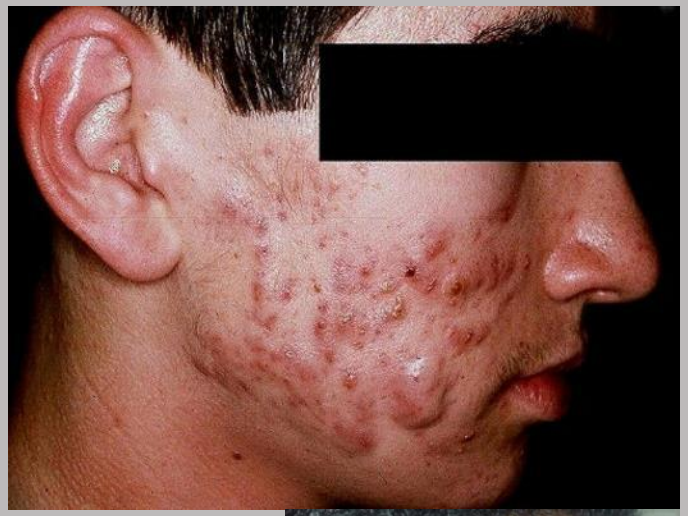


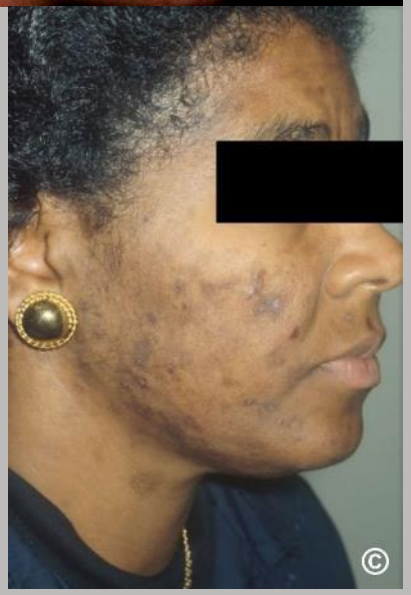


Cases - medical dermatology

Acne

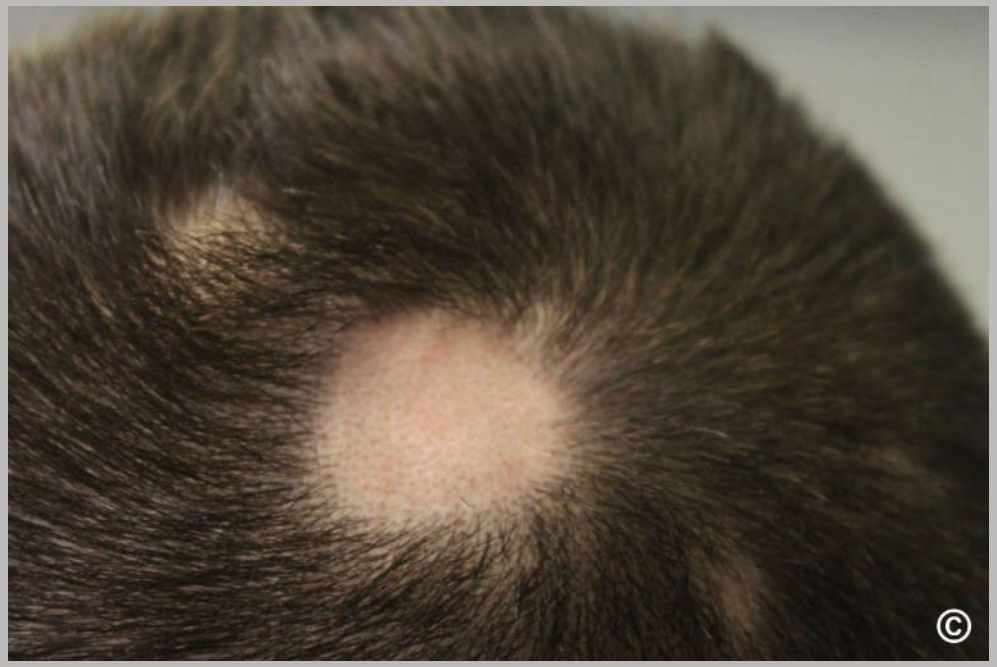


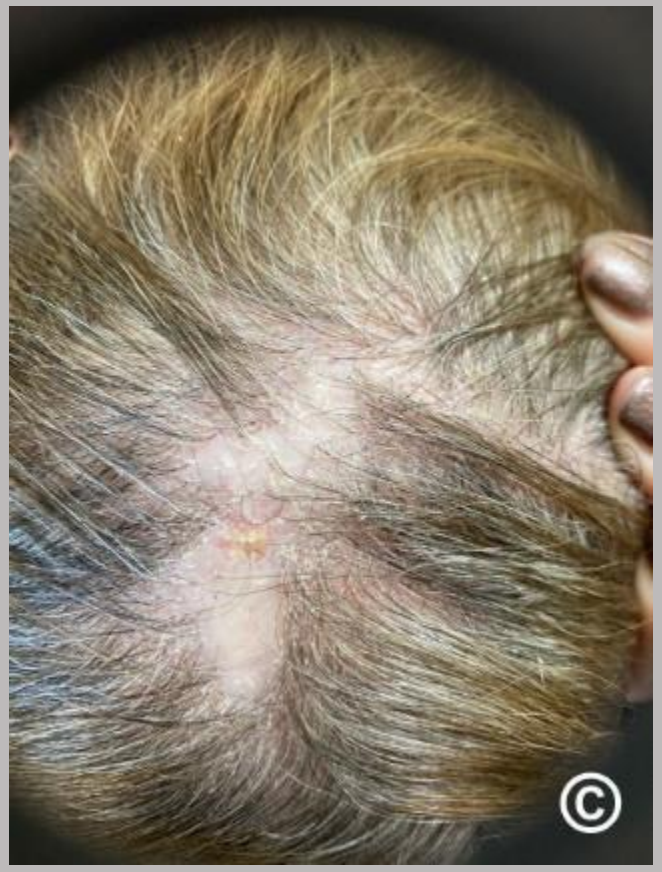




Referred too late ….

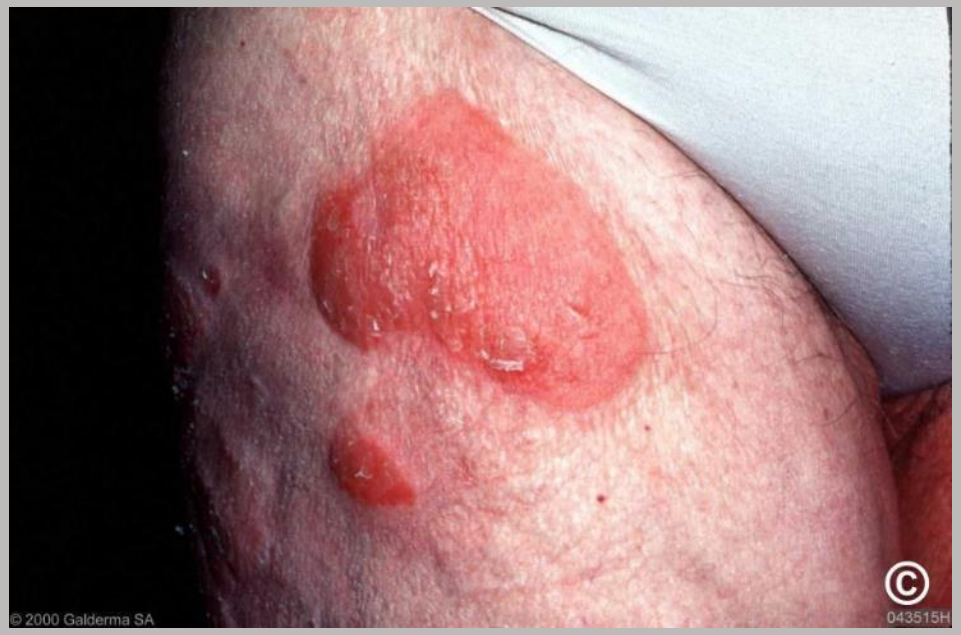
Two cases of hair loss

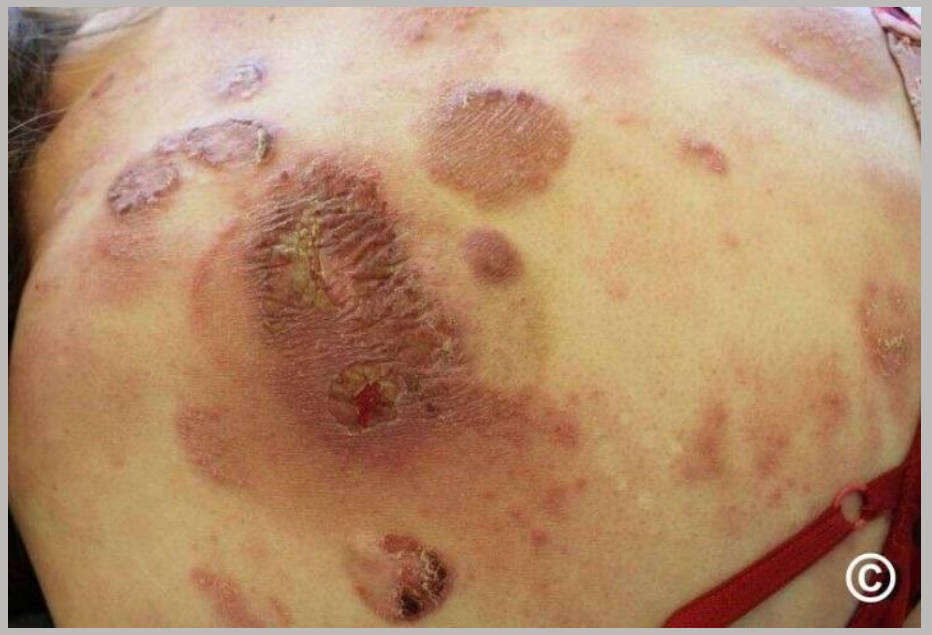




Untreated, the second is permanent

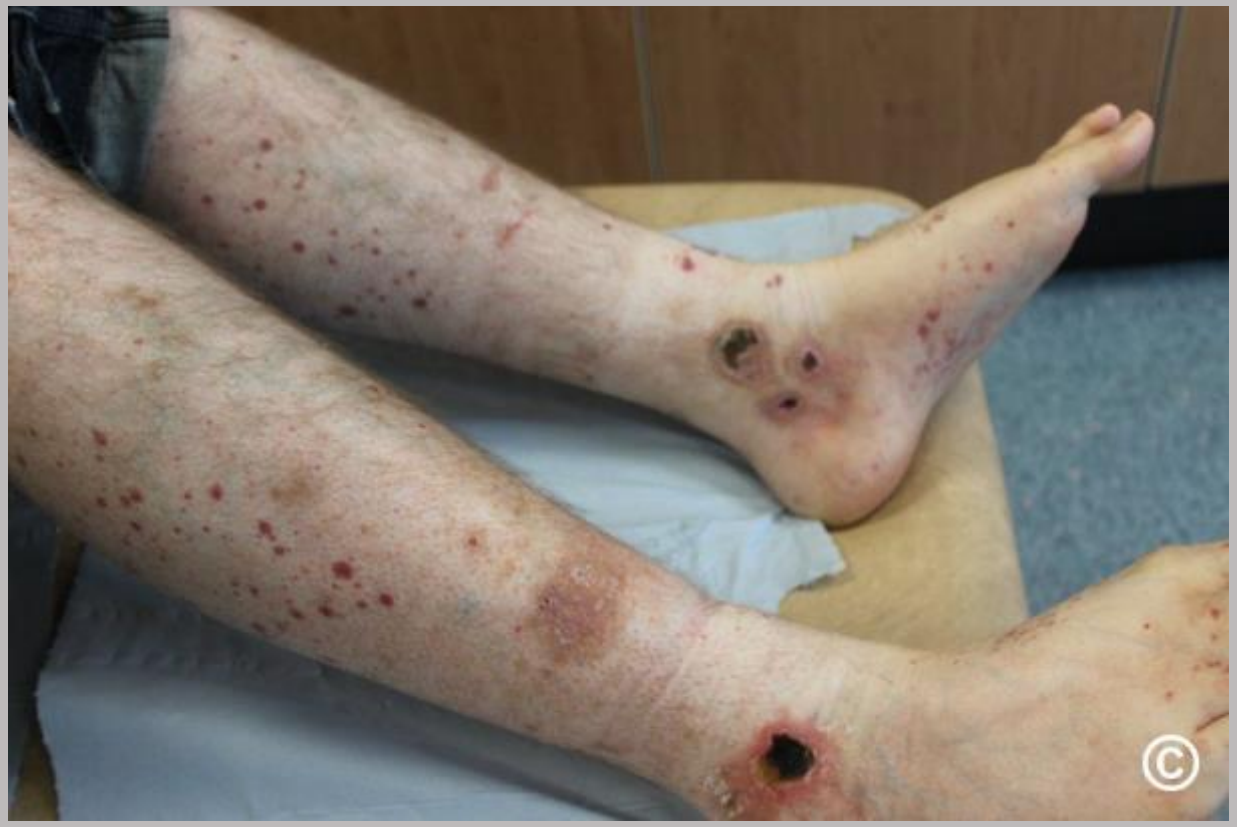
‘Psoriasis’ not responding to treatment





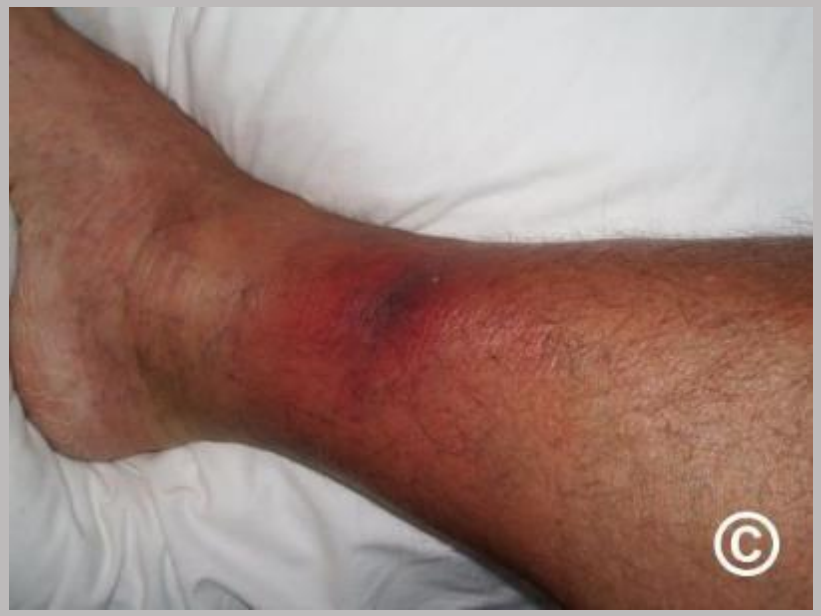
Cutaneous T-cell lymphoma

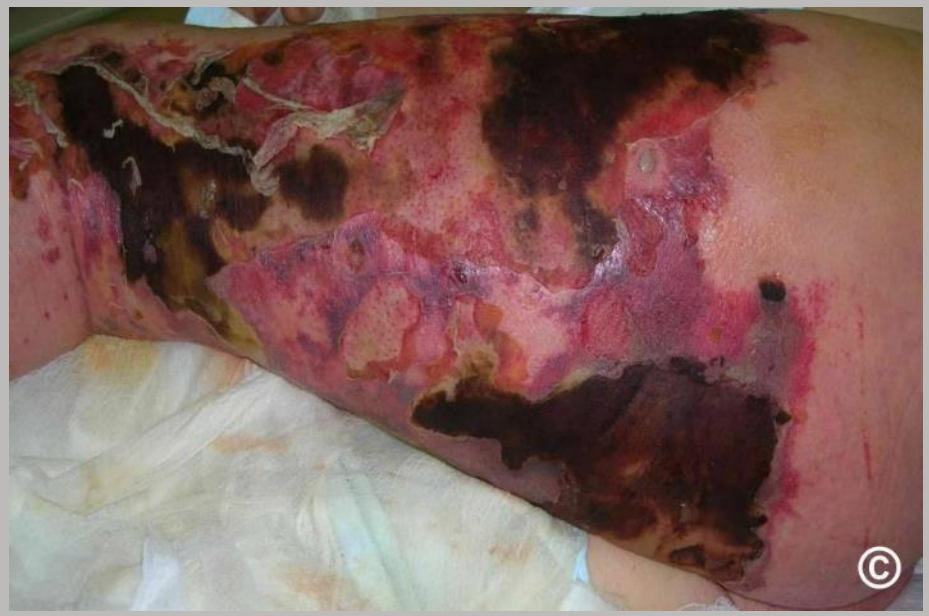
Not just a leg ulcer



Vasculitis

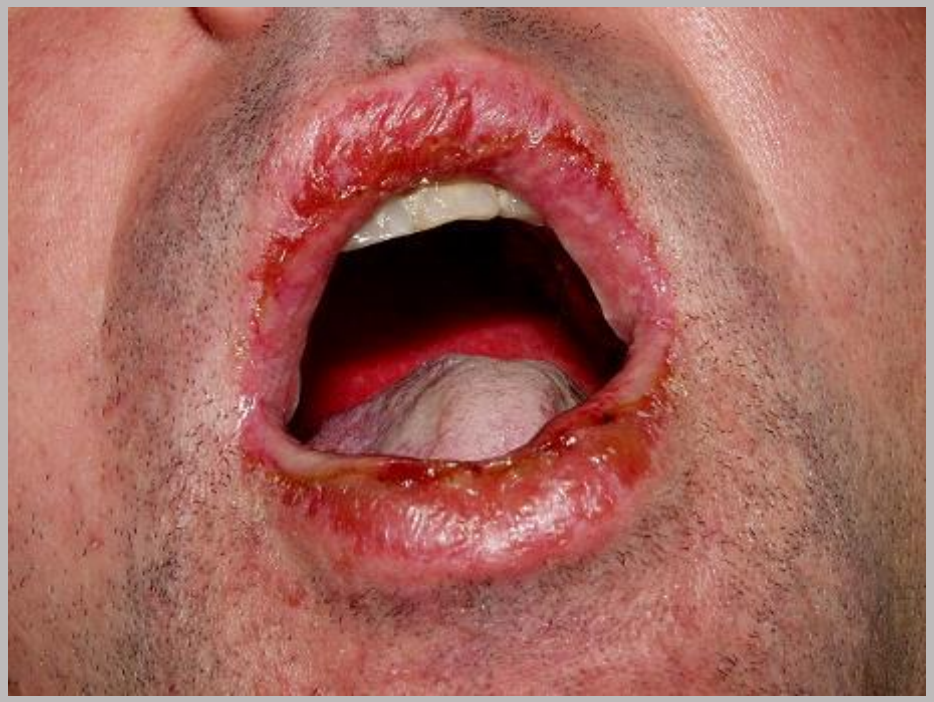
A ‘very’ tender leg

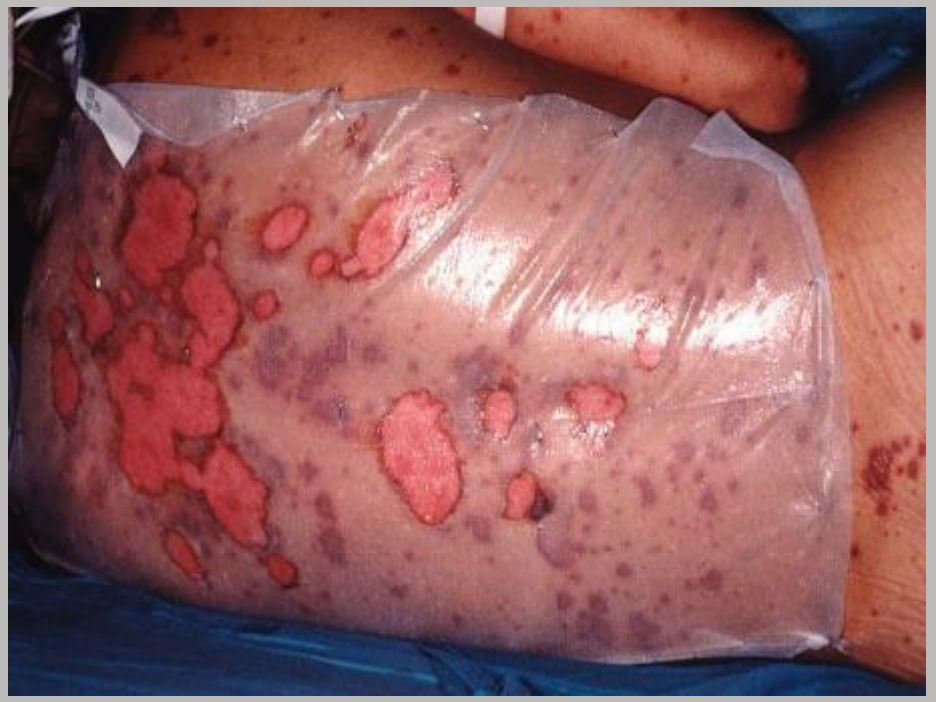




Necrotising fasciitis

Ulcerated lips





Stevens-Johnson syndrome

How can Secondary Care make it work?

JRSM JOURNAL OF THE ROYAL SOCIETY OF MEDICINE

J R Soc Med. 2002 Jun; 95(6): 287–289.
doi: 10.1258/jrsm.95.6.287

PMCID: PMC1279910
PMID: 12042375

Self-regulation in hospital waiting lists

D P Smethurst, MA MRCP and H C Williams, PhD FRCP

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Abstract

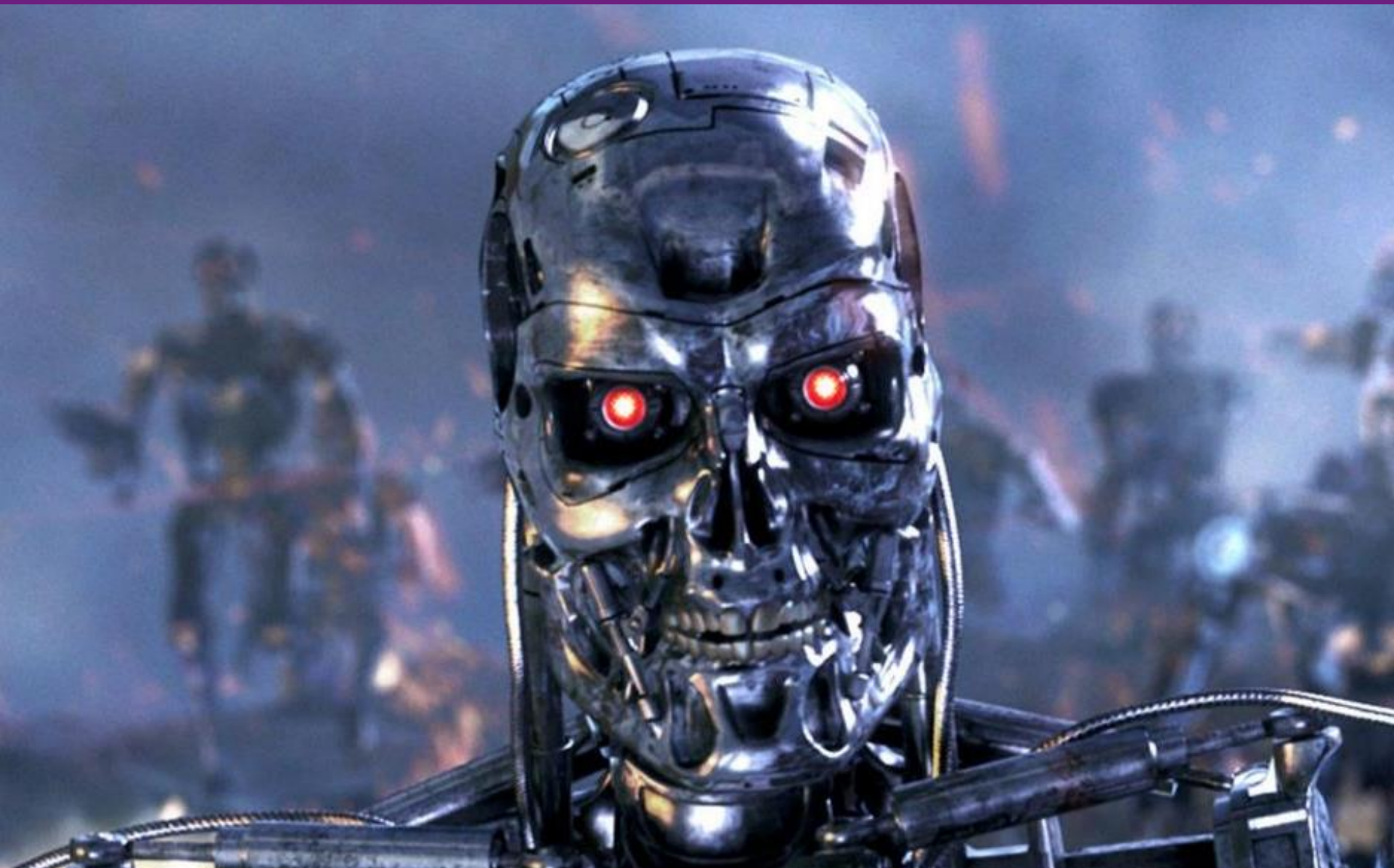
Go to: ▸

There is evidence that hospital waiting lists in the UK are resistant to shortening because reductions in length generate increases in referrals. We explored this concept by examining outpatient data for eight specialties in a large hospital centre over 17 months. Correlation coefficients were calculated by regressing waiting list density (numbers waiting more than 26 weeks) against referral rate.

A word on *Teledermatology and AI*

Primary Care Dermatology Society

www.pcds.org.uk



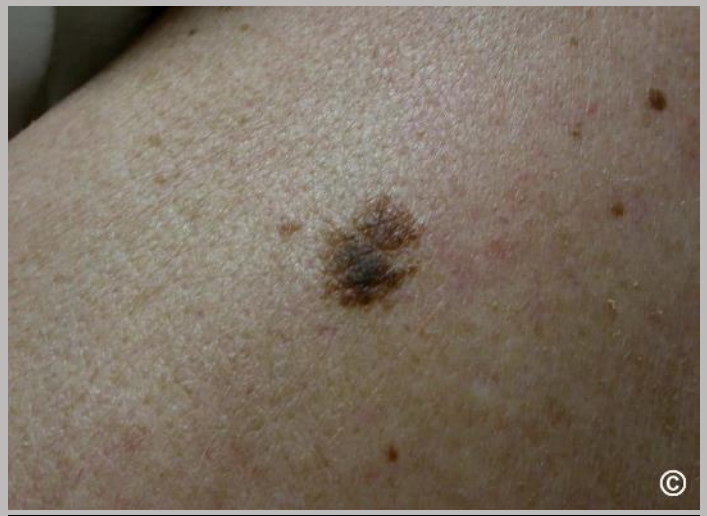
AI will bring benefits – but ….

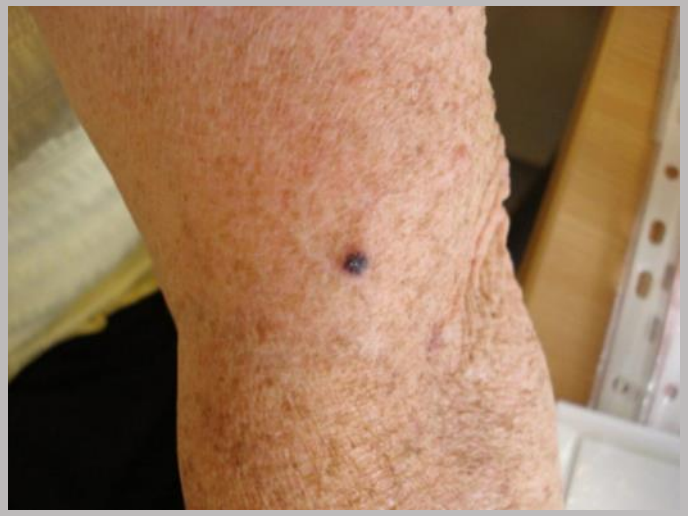
- **Who takes responsibility?**
- **Multiple lesions** – Primary Care and Secondary Care still need to decide which is the ugly duckling
- **PBR - chronic disease** not cheap – **lesions** help balance the books - **‘tech’ companies will remove money from the NHS**

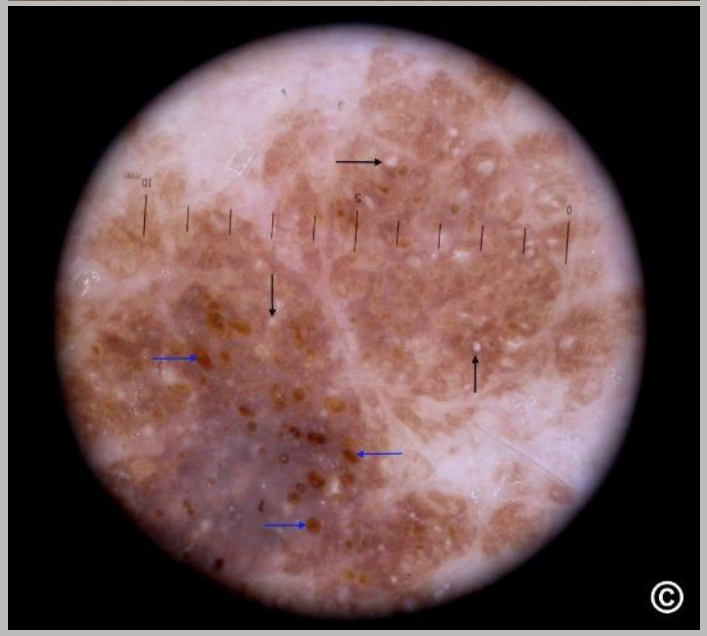
What else do we need to focus on?

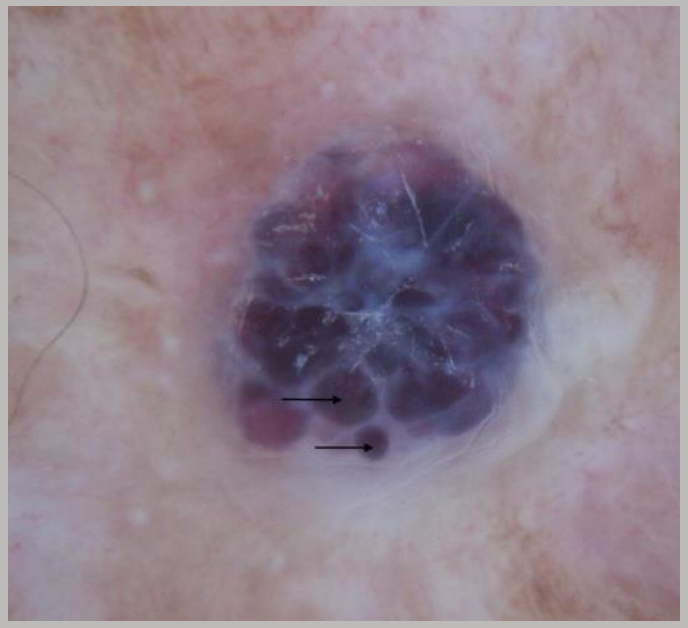
Medical School and GP Training Schemes

- Increase the amount of dermatology training in medical school
- Increase the number of placements in dermatology during GP training schemes
- Education, education, education – including dermoscopy









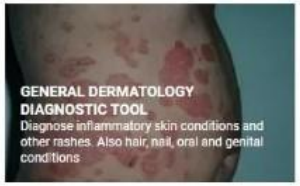
What else do we need to focus on?

Education / dermatology resources

- The biggest part of the solution is …
- The Primary Care Dermatology Society
- www.pcds.org.uk
- Over the last 12 months the number of hits almost doubled to **50,000 per week**

THE PRIMARY CARE DERMATOLOGY SOCIETY (PCDS) is the leading UK society for all members of the primary healthcare team with an enthusiasm for dermatology, dermoscopy and skin surgery. **Read more** about the society, its subgroups and the committee...

TAKE A TOUR OF THE PCDS WEBSITE
Click here to see how to get the best out of the website.



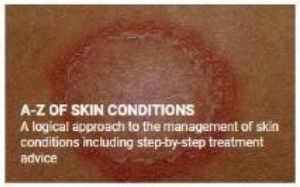
GENERAL DERMATOLOGY DIAGNOSTIC TOOL
Diagnose inflammatory skin conditions and other rashes. Also hair, nail, oral and genital conditions

SKIN LESION DIAGNOSTIC TOOL
Diagnose benign lesions and skin cancer

THIS IS FOR YOU
Our education is for all **healthcare professionals. Click here** to see which of our education programs best suits your needs.

JOIN THE PCDS – UK AND INTERNATIONAL MEMBERSHIP
Benefits include reduced rates for educational events, the quarterly bulletin and journal watch, access to the PCDS Skin Club and Dermoscopy Group. **Read more** and find out how to join.

BEST PRACTICE CONCISE GUIDELINES
National guidelines on common and important skin conditions, including referral pathways



A-Z OF SKIN CONDITIONS
A logical approach to the management of skin conditions including step-by-step treatment advice

Annual Headline PCDS Conferences

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- **14 SEP** — **2024 - SCOTLAND**

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- **04 OCT** — **DERMOSCOPY FOR ABSOLUTE B...** SWANSEA
- **20 OCT** — **SKIN SURGERY COURSE 2023** ST GEORGE'S UNIVERSITY HO...

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ESSENTIAL DERMATOLOGY EVENTS →
SURGICAL EVENTS →
DERMATOLOGY FROM SCRATCH →
DERMOSCOPY EVENTS →

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GP

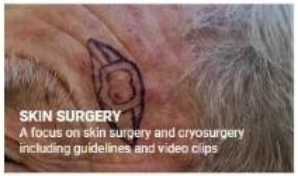
PCDS 30 YEARS ANNIVERSARY CELEBRATION 2024

CASE DISCUSSION AND OTHER LEARNING WITH MEDSHR
Bite-sized learning and the opportunity to post pre-diagnosed cases for discussion

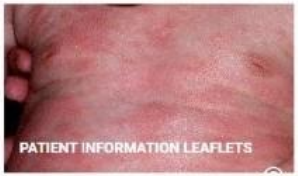
PCDS VIDEOS
Videos on how to take good clinical images, dermoscopy, skin surgery, how to apply creams, and the use of leg and other dressings

COMMISSIONING, CARE MODELS, AND TELEDERMATOLOGY
Including GPwERs (GPs with Extended Roles) in Medical Dermatology and Skin Lesion Management

DERMOSCOPY (AND PHOTOGRAPHY) - AN OVERVIEW
Improve your diagnostic skills



SKIN SURGERY
A focus on skin surgery and cryosurgery including guidelines and video clips



PATIENT INFORMATION LEAFLETS

PATIENT SECTION INCLUDING HOW TO CHECK YOUR MOLES
Pointers to the most useful sections of the website for patients and carers

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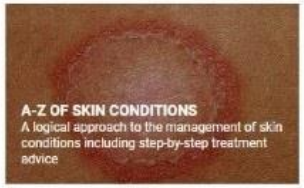

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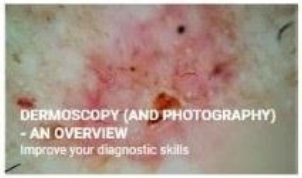
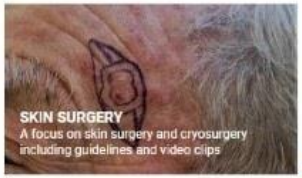
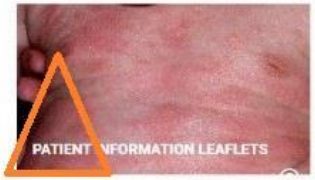
Videos on how to take good clinical images, dermoscopy, skin surgery, how to apply [illegible] and the use of leg and other dressings







What else do we need to focus on?

ICBs / PCNs – responsible commissioning

- Benign skin lesions +/- certain low-risk basal cell carcinoma below the head and neck can be referred to relevant GPs for treatment (eg DES model)
- **These are NOT diagnostic services**
- Diagnosis and treatments services in the community can only be done by GPs with proper training and accreditation. In terms of proof ….
- Since 2017 GPwER – national accreditation. BAD/PCDS/RCGP. Certificate of evidence
- Before 2017 GPwSI – should have evidence of local accreditation in line with 2007/2011 DoH guidelines
- Integration with Secondary Care

- GPwER / GPwSI can also manage medical dermatology conditions, which otherwise would have been managed in Secondary Care
- Acne – isotretinoin – MHRA guidance

What else do we need to focus on?

Integrated Care

- **‘Skin Matters’ working group**
- Included relevant specialists, GPs and commissioners …. Integrated Care Boards
- **Put the patient at the centre**
- Different healthcare professionals – agreed scope of practice
- Joined-up care
- When things go wrong in Primary/Intermediate Care – good relationships with Secondary Care colleagues could make the difference

The Blame Culture

How many radio adverts are about litigation?

Reducing Risk In Dermatology – Summary

- More dermatology training in medical school
- More dermatology training in vocational training schemes
- The right sort of dermatology education
- www.pcds.org.uk
- Commissioners – ‘the specialist GP’
- AI … ownership of mistakes
- Integrated care
- The well-being of healthcare professionals
- Doing something about the blame culture

Thank you for listening