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Conference Abstract

UK quality standards for store and forward Teledermatology

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Abstract

In the evolving world of the NHS, Teledermatology (TD) using store and forward technology may be seen by some as a cost-effective solution to deal with demand for dermatology services in a timely fashion and to reduce visits to secondary care. As such it is being increasingly considered by primary care commissioners reviewing their dermatology pathways. The Department of Health has consequently hosted an independent multi-professional group to establish guidance on TD. The outcome of this work now supplements Quality Standards for Dermatology: Providing the Right Care for People with Skin Conditions launched by the British Association of Dermatologists in 2011.

The document contains eight standards, key points of which are summarised below. Each standard comprises a series of recommendations with a rationale for each and background information and further information where appropriate.

1. Models of Teledermatology services: TD services should be developed around patient needs within a local service with clear pathways and links between levels of care and specialisms. This may involve a triage system, full substitution for standard face to face consultation, or an intermediate system allowing for advice only or integration with secondary care services as appropriate. The type of TD service should be clearly identified and an agreed tariff established.
2. Selection of patients: The type of service will determine the range of appropriate patients. For patients with pigmented lesions, dermoscopic images should ideally be included.
3. Informed consent: Legal consents are required prior to taking and subsequent use of images. Consent must be retained for as long as images are held.
4. Competent staff: Healthcare professionals involved in TD should have equal competence to those involved with non-TD referrals. For those in photographic roles training and feedback are important together with auditing of skills.

5. Patient history and suitable images: Information supplied (history and images) must be of the highest standard possible. A proforma for history and agreed minimum standard for images is strongly recommended.

6. Communication between referring and reporting clinicians: Reliable, identifiable, secure, compatible and timely communication is central to the TD process. Agreed protocols, an alert system for breakdowns in communication, and a built-in feedback process are important.

7. Information governance and record keeping: In addition to meeting security and privacy standards as set out in legal and professional guidance on the holding, storage and transfer of patient data, TD records should be auditable and accessible as part of the patient record and as 'stand-alone' data.

8. Audit and quality control: In order to assess quality, TD services should complete at least one patient survey and one audit per year.

These standards will be launched by Spring 2013 and it is hoped that they will be adopted as best practice throughout the UK.

Keywords:

tele dermatology, quality standards

Presentation available at: <http://www.kingsfund.org.uk/events/third-annual-international-congress-telehealth-and-telecare>