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# Guide to adopting remote consultations for people with skin conditions

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# 1. Introduction

This guide is intended to support systems and trusts to adopt remote consultations in their services, in line with the ambitions around digital technologies outlined in the [elective recovery plan](#). It supplements general guidance on implementing video consultations available on the NHS England and NHS Improvement website and in the [Video consultation information for NHS trusts and foundation trusts information guide](#) produced in partnership with the University of Oxford.

A remote consultation is a synchronous, real-time appointment that takes place between a patient and a clinician over the telephone or using video, as opposed to face-to-face. It does not include the process of electronic referral or triage of referrals from primary care. While the aim of remote consultations is to provide a comparable level of care as face-to-face assessment, this is not always possible; they should only be offered when healthcare professionals deem them appropriate clinically and for the wider circumstances of the individual patient.

This guide has been developed with the involvement and feedback of key stakeholders, including patients, dermatologists, GPs and specialist dermatology nurses, representing organisations including the British Association of Dermatologists, National Eczema Society, Psoriasis Association, Primary Care Dermatology Society, British Dermatological Nursing Group and the Getting It Right First Time (GIRFT) programme.

## 2. Why use remote consultations for people with skin conditions?

The increased emphasis on the early diagnosis and management of skin cancer, combined with workforce shortages, has led to prioritisation of new patients presenting to specialist services with suspected skin cancers.<sup>1</sup> Consultations and follow-up reviews for patients suffering with long-term inflammatory skin conditions are often

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<sup>1</sup> Murphy R, Goad N, Gass M, Benham M, Tong A, Griffiths T, et al (2019). [Delivering care, and training a sustainable multi-specialty and multi-professional workforce. Dermatology Outpatient Case Studies December 2019](#). British Association of Dermatology.

significantly delayed. There are opportunities to use remote consultations to improve equity and speed of access for all patients with skin disease.

Although dermatology is a largely visual specialty with high volumes of cancer activity that are not suitable for remote consultations\*, there is an estimated opportunity for up to 20–25% of follow-up appointments to be converted to remote consultations, in patients for whom these are appropriate.

Specific advantages of remote consultations include:

- For patients on long-term medication for their skin condition, the safe and appropriate use of remote consultations can reduce the number of hospital visits often required when initiating and monitoring second-line drug treatments.
- Patients are less likely to cancel or not attend important drug monitoring appointments if they are provided remotely rather than face-to-face.
- It increases patient choice in the way care is delivered and capacity for healthcare professionals,<sup>2</sup> alongside positive environmental impacts from reduced travel.

There is supporting evidence from the Psoriasis Association's national survey during the COVID-19 pandemic for patients with psoriasis and psoriatic arthritis: 78% were satisfied with their care delivered via a telephone or video consultation and 79% said they would be happy to take part in future remote consultations; although 57% preferred a combination of face-to-face and remote consultations for long-term follow-up.<sup>3</sup>

\*All patients referred on a [two week wait pathway](#) need to be seen on a face-to-face pathway or via a 'store and forward' teledermatology referral which requires high quality images including dermoscopic images.

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<sup>2</sup> Corden E, Rogers A, Woo W, Simmonds R, Mitchell C (2020). A targeted response to the COVID-19 pandemic: analysing effectiveness of remote consultations for triage and management of routine dermatology referrals. *Clin Exp Dermatol* 45(8):1047–50

<sup>3</sup> Personal communication from the Psoriasis Association, November 2020.

## 3. Selection of patients for remote consultations

The decision on whether an appointment will take place remotely should always be clinically led and based on individual care needs and preferences. The type of remote consultation – telephone or video consultation – will depend on the appropriateness of the interaction in relation to the clinical context and should ensure that the interaction is safe and effective. In a recent study, patients with psoriasis on long-term medication were happy with a telephone consultation, provided their skin condition was stable and did not require a clinical examination.

If a remote consultation is clinically appropriate, it should always be the patient's choice whether to accept the remote consultation. [‘Choosing how to consult with your secondary care patients: a practical guide’](#), developed in partnership with the University of Oxford provides practical guidance on when to offer a remote consultation to a patient.

A patient's preference on remote consultations may change and as such, a patient should always be offered the choice in how they would like to attend each appointment. Furthermore, if the appointment involves reviewing diagnostic results, a patient should be asked ahead of time how they would prefer to receive their results in the event of bad news.

The following considerations should be given before offering a remote consultation:

- appropriate privacy for both patient and clinician during the consultation
- reliable access to and confidence in using the technology; this applies to both the patient or carer(s) and the clinician
- the patient's ability to accurately describe symptoms and to follow instructions
- patient's preference/request and suitability (as considered by the clinician).

### Conditions suitable for remote consultations

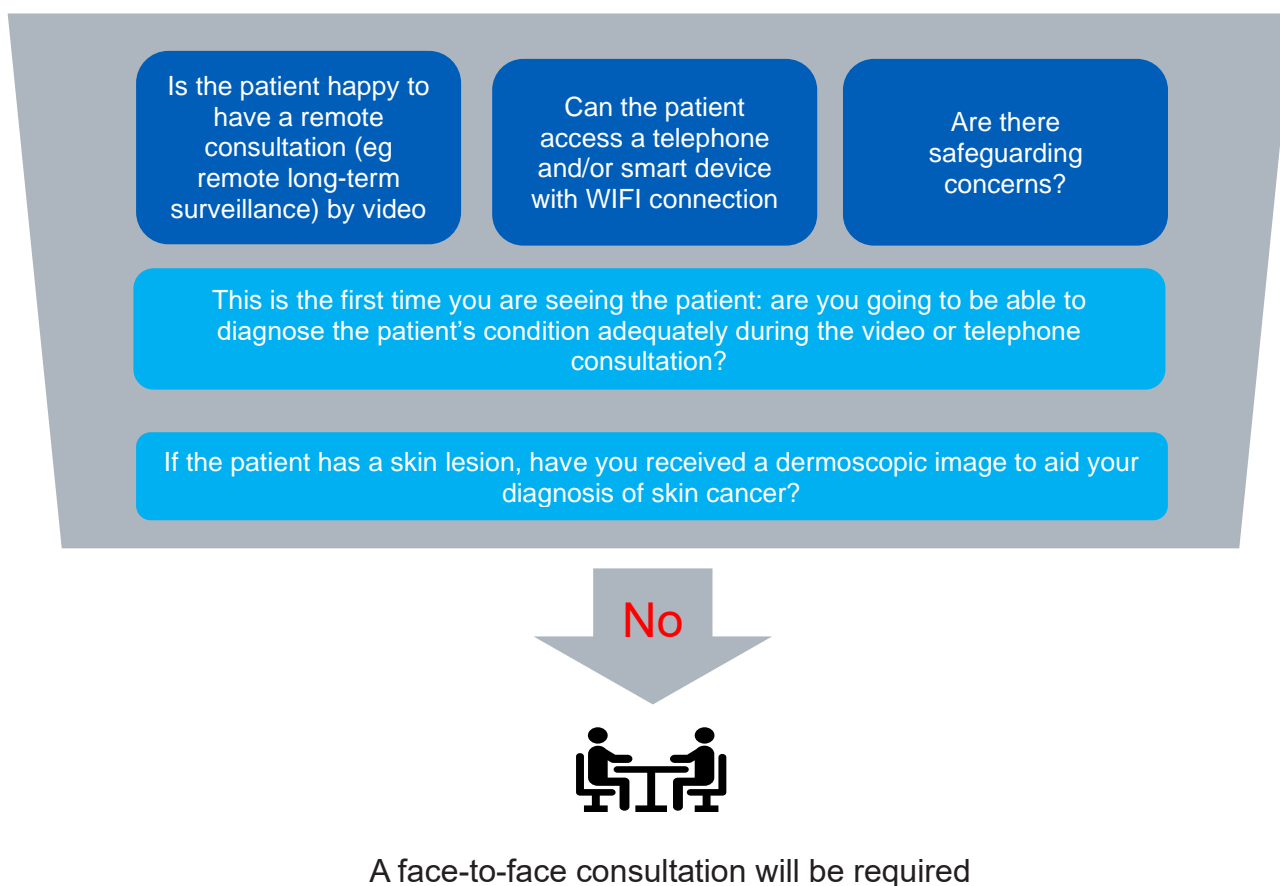
The following groups of patients currently attending specialist dermatology services could be considered suitable for remote consultations:

- patients with long-term, well-controlled inflammatory skin conditions requiring routine drug monitoring or follow-up progress

- patients with an acute flare-up of their known long-term skin condition where an urgent face-to-face assessment is not possible and a remote consultation could be undertaken as a ‘stop gap’
- follow-up for results/discharging patients, eg histology results for benign and uncomplicated non-melanoma skin cancer (NMSC); this could include basal cell carcinomas (BCCs) and low-risk squamous cell carcinomas (SCCs) when the patient is going to be discharged from dermatology specialist follow-up<sup>4</sup>
- follow-up for patients with acne on isotretinoin medication (except female patients of childbearing age on a pregnancy prevention programme).

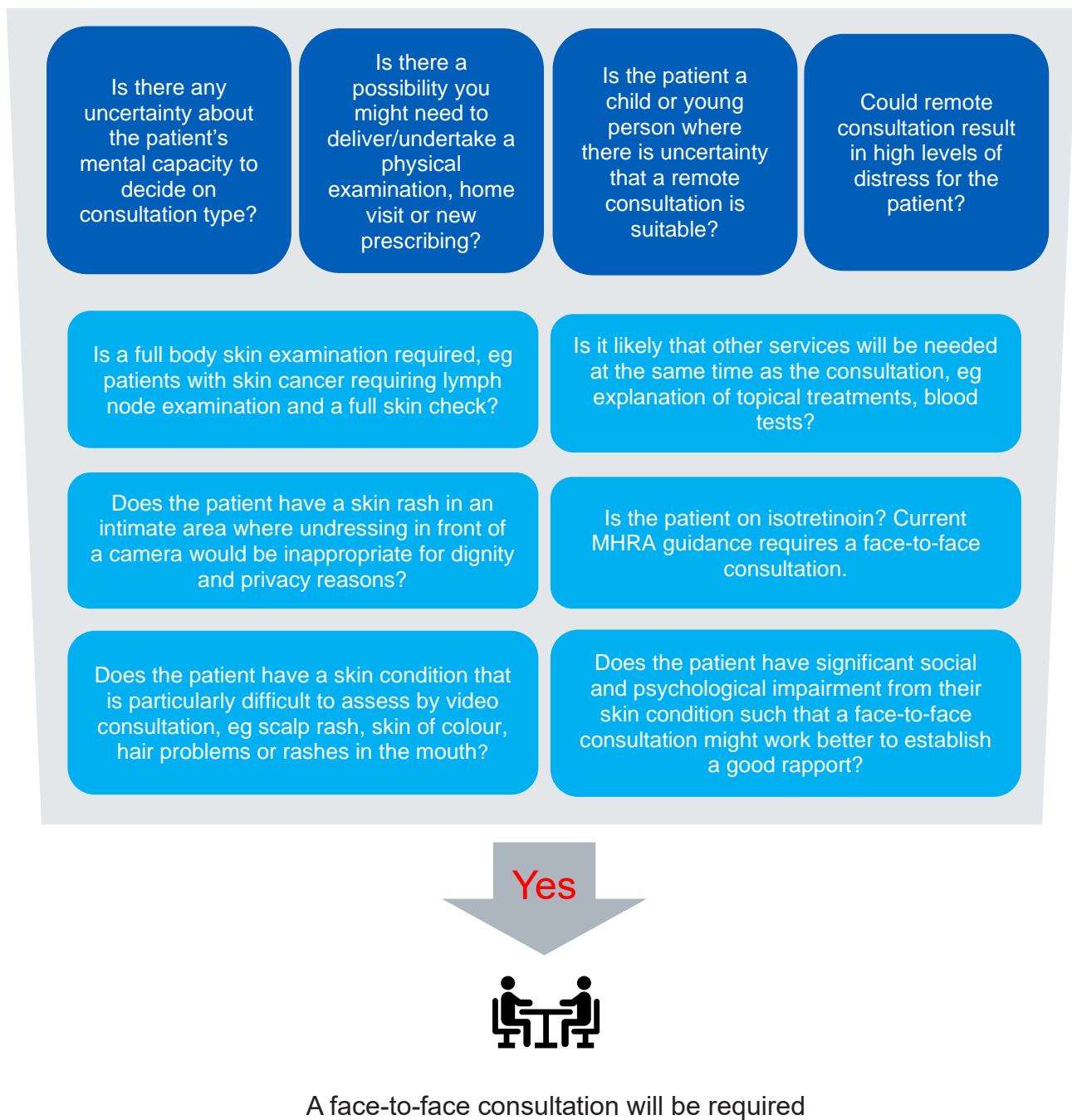
Figures 1 and 2 below can help with decision-making. Generic considerations are shown in dark blue and dermatology-specific considerations are shown in light blue.

**Figure 1: Key considerations in dermatology to determine whether a face-to-face or remote consultation is appropriate**



<sup>4</sup> Patients must be informed how they will receive their histology results when their surgery is performed.

**Figure 2: Other considerations to determine whether a face-to-face or remote consultation is more appropriate**



### **Conditions where a remote consultation may not be appropriate**

In addition to the general considerations relating to remote consultations (particularly video consultations), such as co-morbidities and anxieties affecting the patient's ability to use the technology and suitability when a physical examination or test is required, some issues are particularly relevant to people with skin conditions.

Specific issues that may make remote consultation unsuitable include:

- new patient referrals, particularly in patients with long-term inflammatory conditions where a face-to-face consultation is important to establish a diagnosis and build an ongoing relationship with the clinician; 'buy-in' to the treatment regimen is more likely with a face-to-face appointment
- patients with skin lesions where a dermoscopic image is not available or of inadequate quality: these patients will require a face-to-face consultation for dermoscopic assessment of the skin lesion
- patients where a full body skin examination is likely to be required, eg those presenting with widespread inflammatory skin rashes, patients with high-risk skin cancer or at risk of developing skin cancer, including people on long-term immunosuppression
- patients with skin lesions or rashes in sensitive body sites, eg breasts/genitals/buttocks
- where the patient has a skin condition that is difficult to assess via video or on images supporting a telephone consultation, eg certain rashes and skin lesions in people with skin of colour and conditions affecting the scalp or hair
- where other services or investigations can be provided for the patient at the same time as a face-to-face consultation, eg specialised blood tests or where specialist dermatology nursing 'hands-on' explanation and demonstration of the use of treatments is required
- patients with complex clinical needs or with non-specific symptoms
- patients suffering with significant social and psychological impact from their skin condition
- follow-up for female patients of childbearing age with acne on isotretinoin medication; current guidance from the Medicines and Healthcare products Regulatory Agency (MHRA) requires women and girls of childbearing age who are taking oral retinoid medications to be supported by a pregnancy prevention programme that includes the need for a medically supervised face-to-face consultation and pregnancy tests every month
- remote consultations should not be used for a new patient appointment as a way to establish whether a face-to-face appointment is required as this can result in further delays in assessment and prompt treatment.



## 4. Designing remote consultations for people with skin conditions

The dermatology clinical team should have overall responsibility for the development of clinical guidance, risk stratification protocols and/or a standard operating procedure (SOP) relating to the implementation and use of remote consultations in their service.

### Choosing the right technology for remote consultations in people with skin conditions

Remote consultations for skin conditions could be delivered via:

- telephone
- a secure web-based video consultation platform.

Flexibility for healthcare professionals and patients to decide which mode of remote consultation is appropriate is important and will depend on the type of skin condition and symptom control. For example:

- telephone consultations may be suitable for monitoring of disease activity and medications in people with stable long-term inflammatory conditions or in follow-up for acne (except for female patients taking isotretinoin on a pregnancy prevention programme)
- if a patient reports their skin condition is flaring or worsening, a video consultation may be better suited for assessment
- flexibility to convert to a face-to-face consultation is also needed alongside the provision of safety netting and escalation plans.

Dermatology is a visual specialty and long-term skin conditions have a significant impact on quality of life, so the following might be used to accompany and optimise the remote consultation:

- pictures of the skin submitted via a secure platform
- pre-assessment questionnaires via a secure platform, such as [quality of life assessment tools](#)
- post-consultation personalised information about the patient's skin condition to support the consultation.

Patients should be made aware that even with information provided before, during and after the remote consultation, the model may not provide the same experience as a face-to-face consultation.

A personalised care approach should still be used when delivering remote consultations.

## **Which healthcare professionals can deliver remote consultations?**

Any clinician who is trained in face-to-face consultations can undertake remote consultations. However, extra skills are required to optimise outcomes from them, including:

- the confidence and skills to use the technology
- the ability to build rapport and establish mutual trust remotely
- the ability to address and manage the inevitably reduced visual and non-verbal cues
- an understanding of how to manage issues such as patient consent, confidentiality and patient/clinician safeguarding remotely.

Additional training is recommended for all healthcare professionals in these areas and should be included as part of the training of dermatologists. It is particularly important that dermatology nurses have had appropriate training in both face-to-face consultations<sup>5</sup> and the additional skills required to deliver remote consultations effectively.

It is also essential that all healthcare professionals performing remote consultations have access to the same patient record, supporting documentation and information as for a face-to-face consultation. This will usually be clearly stated in any SOP relating to remote consultation activity.

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<sup>5</sup> Role descriptors for clinical dermatology nurses: <https://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=6549>

## 5. Implementing remote consultations for people with skin conditions

Clinical safety guidelines should be developed and include contingencies if things do not go to plan. The clinical safety approach should be included in the SOP.

Clinical risk management with respect to the video consultation technology deployed should be managed by the local NHS provider in accordance with [NHS Digital Standard DCB0160](#).

### **Potential service-specific clinical risks from undertaking remote consultations for patients with skin conditions include:**

- missed skin cancers; there is significant evidence that skin cancers other than the index lesion are picked up by full skin examination;<sup>6,7</sup> this is particularly relevant for hard-to-see body sites such as the back
- misdiagnosis; poor image quality of photos or in a video consultation can contribute to misdiagnosis. There is also a risk of images being sent for incorrect body sites or missing the main problem
- underestimation of the severity of the skin condition due to limited ability to examine all affected areas
- underestimation of the psychological and social burden of living with a skin condition that affects up to 98% of patients with skin disease;<sup>8</sup> unless dermatology healthcare professionals are suitably trained, emotional and psychological wellbeing may be overlooked and are more difficult to assess using a remote consultation, particularly a telephone consultation
- reduced provision of practical training in relation to use of topical treatments, education and information for self-care and monitoring in long-term skin conditions as a result of reduced access to the whole dermatology multidisciplinary team

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<sup>6</sup> Aldridge RB, Naysmith L, Ooi ET, Murray CS, Rees JL (2013). The importance of a full clinical examination: assessment of index lesions referred to a skin cancer clinic without a total body skin examination would miss one in three melanomas. *Acta Derm Venereol* 93(6): 689–92.

<sup>7</sup> Ali Z, Todd P (2020). Total body skin examination increases squamous cell carcinoma detection: a retrospective cohort study. *Clin Exp Dermatol* 45(1): 86–8.

<sup>8</sup> [All Party Parliamentary Group on Skin \(2020\) report on mental health and skin disease](#)

- the patient losing confidence in their healthcare professionals' ability to effectively assess their condition; this can result in not readily seeking advice in future and worse clinical outcomes
- risks relating to privacy, breach of confidentiality and informed consent with respect to confidential and secure capture, transfer and storage of clinical images used to support clinical decision-making in dermatology, particularly in the context of skin conditions in intimate areas.

### **How can these clinical risks be mitigated?**

Many of the risks identified above will be mitigated by the careful selection of patients suitable for remote consultations, as described in Section 3: Selection of patients for remote consultation. This will require specialist-led triage.

Other principles include:

- a shared decision with the patient that a remote consultation is suitable and provision of all necessary information to manage patient expectations and support a successful remote consultation, eg technology requirements and a contingency plan if any problems emerge
- the provision of pre-assessment questionnaires to support dermatology disease severity assessments (eg POEM score in eczema), impact on quality of life (eg DLQI) and mental health (eg PHQ9/GAD7)
- availability of suitably trained healthcare professionals with adequate time allocated to the consultation in a suitable environment and with access to all relevant documentation relating to the patient
- contact information for patients if symptoms change – if they do from the point at which the remote consultation was booked, either the patient may either feel a consultation is no longer appropriate or an escalation plan should be followed if they are experiencing more urgent symptoms
- careful consideration as to whether/when a remote consultation is appropriate in children under the age of 16 years and any individuals for whom the healthcare professional has safeguarding, consent, capacity or health literacy concerns.

## Health inequalities

Trusts have a legal responsibility to complete their own equality and health inequalities impact assessment (EHIA) for the remote consultation services they offer. This will give a better understanding of the potential positive and negative impacts<sup>9</sup> of remote consultations for patients with a skin condition and to identify effective interventions to address potential inequalities that could emerge. A national EHIA for secondary care video consultations is available on the Outpatient Transformation [FutureNHS](#) page and provides a useful example to refer to and use in local equality impact assessments.

## Specific issues to think about when setting up remote consultation services for people with skin conditions

Specific consideration should be given to:

- the use of specialist-led triage to ensure that the correct patients are booked into remote consultation appointments (see Section 3: Selection of patients for remote consultation)
- optimising the use of clinical space by separating remote consultations from face-to-face consultations: the development of designated remote consultation spaces or suites will support this; using this approach will mitigate the risk of missing remote consultation appointment times if running late in a face-to-face clinic
- consent, receipt and storage of images to support clinical decision-making (see the appendix), particularly if patients provide images of intimate areas (breasts, genitalia, perianal area)
- agreeing pathways for patients when blood tests or imaging are required following remote consultation, particularly for patients on long-term immunosuppression, where special tests are sometimes needed (eg P3NP)
- identifying and clearly documenting in what capacity third parties are joining in, eg relative/friend/carer or chaperone/interpreter/trainee; chaperones (appropriately trained healthcare professionals) should be offered for any situation where they would also be offered in a face-to-face setting
- robust arrangements in place for providing the patient with dermatology information resources and signposting to patient support organisations after the consultation.

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<sup>9</sup> [Locked in or Locked out – Shaping Our Lives Remote Technology during Covid-19 report](#) (December 2020)

## Prescribing issues

- When prescribing hospital-only medications, unlicensed medications and products requiring shared care (amber drugs) within remote consultations, healthcare professionals need to follow current national guidance.<sup>10</sup>
- This guidance states supply will need to be made available by either the hospital medicines supply process or homecare arrangements, as medicines are not routinely available through or stocked by community pharmacies.
- In the absence of an agreed shared care protocol, there must be a clear management plan where the initiating clinician in secondary care will have responsibility for continuous monitoring and follow-up. This also applies where the clinician in secondary care has requested ongoing prescribing when the patient is stable and is transferred back to their GP.

## 6. Evaluating outcomes

Intensive assessment of outcomes should be undertaken when a new service is implemented. The national programme requires the capture of specific data in relation to phone and video consultations, including:

- number of consultations
- time and date of each consultation
- duration of consultation
- number of dropped calls and reconnects.

**Outcome measures for dermatology could include:**

Metric	Why measure this?
Number of patients accepting video or telephone consultations	To monitor remote consultation activity
Number of patients who rejected a remote consultation and why	As a measure of activity and to understand why remote consultations are not possible or preferred for some patients

<sup>10</sup> NHS England (2018). [Responsibility for prescribing between primary and secondary/tertiary care](#)

Metric	Why measure this?
Number of patients requiring an immediate face-to-face consultation as an outcome of a prior remote consultation (as a proportion of remote consultation activity)	To capture any additional activity created in this scenario
Numbers needing further follow-up remotely, numbers discharged, new to follow-up ratios	To understand the outcome of remote consultations in terms of ongoing appointments
Waiting list sizes and access times	To monitor the impact on waiting and access times
Number of video or telephone consultations answered per month	To monitor remote consultation activity
Number of video or telephone consultations abandoned per month	To monitor remote consultation activity
DNA and cancellation rates.	To monitor any change in DNA rate, as a reduction could help to improve clinic utilisation and waiting times for follow-up appointments
Appointment length	To understand if remote consultations increase or reduce appointment durations.
Direct and indirect travel costs saved for eligible patients by undertaking a remote consultation	To understand the wider impact and benefits of remote consultations for patients

## Patient and clinician experience studies

Qualitative feedback, including patient demographics so that equality and health impacts can be evaluated, is recommended to provide important details of users' experiences.

This needs to be:

- Patient feedback; for increased response rate a questionnaire at the end of a video consultation or immediately e-mailed is recommended over postal questionnaires. Questions should be included around ease of use of the

booking system, their views of the effectiveness of and satisfaction with the consultation.

- Clinician feedback; including ease of use and time taken compared with standard consultations, and whether they think the remote consultation was for the right patient at the right time.

## 7. Useful resources

### For remote consultations specific to dermatology

- [COVID-19: Guidance for dermatology patients for remote consultations](#)
- [COVID-19: Clinical guidelines for the management of dermatology patients remotely](#)
- [Specimen e-RS teledermatology consent form](#)
- [University Hospitals Bristol and Weston NHS Foundation trust video: How to photograph your skin from home](#)
- [Psoriasis Association: Preparing for a virtual consultation](#)

### For remote consultations generally

A number of useful resources are available on the [NHS England and NHS England website](#).

The following sources of information may also be useful:

- [General Medical Council: Remote consultations](#)
- [London Networks guidance to determine suitability of remote consultation. July 2020.](#)
- [National Equality and Health Inequalities Impact Assessment \(EHIA\) - Video consultations for NHS secondary care providers - FutureNHS Collaboration Platform](#)
- [NHS England and NHS Improvement Personalised Care webpage](#)



# Appendix: Consent, receipt and storage of images

Specific processes are required including:

- **Consent:** Before an image is sent, the clinician needs to explain: why an image will help provide clinical care, who will see the image, how the clinical records including images will be securely stored and for how long; and that the images will not be used for any other purpose without the patient's express permission. Patients should be given the option for the image to be deleted following review. Consent and discussions require documentation in the clinical records.
- **Process for secure transmission of clinical images** must be set up in accordance with secure IT systems and local organisational information governance policy.

## Useful resources for consent, receipt and storage of images

- [UK guidance on use of mobile photographic devices in dermatology](#)
- [Key principles for intimate clinical assessments undertaken remotely in response to COVID-19](#)
- [GMC guidance on Making and Using visual and audio recordings of patients](#)
- [NHS England and NHS Improvement: A teledermatology Roadmap for 2020-21](#)

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