SCHEDULE 2 – THE SERVICES

A. Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.

Service Specification No.	
Service	Teledermatology
Commissioner Lead	NCL CCG
Provider Lead	NCL Primary Care GP practices
Period	1st April 2021– 31st March 2022 (plus option for a one year extension)
Date of Review	March 2022

1. Population Needs

1.1 National/local context and evidence base

National context

Skin disorders are extremely common. More than half the population are affected annually, leading to 13 million consultations in primary care and 880,000 referrals to specialists. Between 2013/14 and 2017/18 GP referrals for dermatology increased by 15% to 1.16 million per year. Causes of this demand include the aging population, increased awareness and expectations of skin disease and treatments and growing numbers of people living with conditions such as skin cancer, leg ulcers and atopic eczema.

Current challenges include: a shortage of consultant dermatologists and an ageing workforce, variation in diagnosis and management in primary care due to the lack of training for GPs, limited and fragmented use of available technology: inadequate triage in both primary and secondary care; limited and inconsistent coding of outpatient activity, in particular coding for follow-up appointments and treatment.

Local context

As with the national picture, dermatology in NCL has long waiting lists for routine referrals for all trusts, with anecdotal evidence of patients waiting six months. There is also increasing demand for 2WW, with 13,804 referrals in 2018/19 compared with 8,124 in 2013/14. This increased demand may be explained by increased awareness of skin cancer, but the length of time before a patient sees a specialist for a routine appointment may also be a contributing factor in the decision making process to refer.

Proof of concept dermatoscopy service

Three workshops involving secondary and primary care clinicians across NCL as well as commissioning and hospital managers have resulted in the production of a dermatoscope / teledermatology pathway, for lesions and rashes (see section 3.7.2), with teledermatology forming an integral component of the majority of routine dermatology referrals.

A teledermatology service across NCL has been developed, supported by a proof of concept, which ran from January to {end of} October 2019.

Across NCL 33 practices delivered the teledermatology service during the proof of concept period, referring 1,143 patients through the pathway.

Outcomes showed that:

- 57% of accepted referrals were discharged back to primary care with a management plan.
- 26% required the patient to attend a routine face-to-face appointment.
- 17% required the patient to attend a 2ww appointment.

Both GPs and patients were surveyed asking for feedback on their experience of using the pathway. Highlights included:

- GP stated that the equipment was simple and it was easy to capture images
- 14 out of 15 GP respondents felt the service improved patient experience and pathway.

- 14 respondents thought the management plan recommended would assist them in managing patients with the same condition in the future.
- 10 out of 11 patients thought the service was excellent or very good
- 9 out of 11 patients would be extremely likely or likely to recommend the service to friends or family if they needed similar care or treatment

During the proof of concept practices were supported to identify the best way to deliver the service, with practices developing different ways of taking images and making referrals. Examples include:

- GP did the entire referral including taking the images
- GPs take the images in the consultation and complete the referral form. Admin staff then organise the image upload to patient record and sending the referral via ERS
- GP made the referral while an administrator or HCA or other trained member of staff was called in and took the images
- Practices created a telederm clinic slot during the week, which patients could be booked into for a teledermatology consultation.

An additional option available is for several practices to work together, to deliver the service, although this was not an option that any of the proof of concept practices chose.

Suspected Skin Cancer (2ww teledermatology)

N.B. As of 1st April 2021 the NCL 2ww teledermatology pathway is paused. This is due to variation in the use of dermoscopes by NCL GP practices resulting in the majority of patients (90%) referred through the pathway, needing to be seen in secondary care anyway.

The 2ww pathway will continue to be paused until all NCL GP practices have received teledermatology equipment and training, with the aim to re-initialise the 2ww teledermatology pathway from Q3 2021/22.

During the Coronavirus pandemic, NCL has established a 2WW Teledermatology pathway for suspected skin cancer referrals. The pathway allows GPs to refer patients via e-RS with a digital image/s of the suspicious skin lesion taken with a dermoscope or a smartphone or other camera if dermoscopy is not available.

Preferably, 2ww teledermatology referrals, particularly those of pigmented lesions, will be accompanied by both dermascopic and macroscopic images. There is a high likelihood that 2ww teledermatology referrals without dermascopic images will result in a 2ww secondary care appointment being booked for the patient.

The new pathway will help ensure face-to-face dermatology and GP consultations are only offered to those patients that need to be seen, so as to minimise risk to patients and staff. It will also facilitate assessment of patients with possible skin cancer, many of whom are in shielded groups, or those who do not want to come to their practice to be examined for a suspicious skin lesion.

The NCL Suspected Skin Cancer (2WW Teledermatology) pathway should be used for patients with suspected melanoma, SCC or high-risk BCC. For low risk BCC and other skin lesions, GPs should refer routinely (either routine teledermatology or standard referral).

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	✓
Domain 2	**Enhancing quality of life for people with long-term conditions**	
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	
Domain 4	**Ensuring people have a positive experience of care**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

2.2 Local defined outcomes

High quality clinical care

High quality, safe and integrated care for patients based on multi-disciplinary team working and effective collaboration across primary care, either at practice level, or several practices working together (e.g. PCNs or Federations) and secondary care.

Local delivery of care

Care for patients that is delivered as close to home, but with rapid access to more specialised services when needed.

Maintaining a patient-centred service

Care for patients that is patient-centred, responsive to individual needs and offers choice of clinical care and management where possible and appropriate.

Patient education and support

Care that assists patients and their families in understanding conditions and how it is managed, and that supports them in shared decision making and achieving the best quality of life possible within the constraints of the illness.

Digitalisation and audit

Digitalisation and standardisation of pathways to improve productivity with a significant opportunity for the system to reduce overall outpatient activity, resulting in reduced cost and increased capacity whilst maintaining quality of care.

Evidence-based

A service that continues to build on the evidence base and actively supports service improvement and clinical research.

3. Scope

3.1 Aims and objectives of service

Teledermatology is emerging as a popular solution to the problem of diagnostic uncertainty of many skin lesions and other dermatological conditions presenting in GP practices. A pathway, which allows dermatological referrals, on a standard referral form, with high-quality patient dermatoscopic images, to be made from primary to secondary care aims to support GPs in the diagnosis of new skin complaints or in managing ongoing skin conditions. The services provides rapid access to a specialist opinion, thereby reducing unnecessary referrals and supporting upskilling of primary care staff, including, but not limited to, GPs and HCAs. This LCS aims to help support the use of the teledermatology services by providing general practices with dermatoscopes, and funding practices to undertake the work by providing a £17 tariff payment where secondary care advice is sought using the pathway in section 3.7.2.

Referrals made without the necessary images (smart-phone or dermatascopes) will not be funded through this pathway. Referrals without images must be sent as through a general dermatology referral route (routine and 2 we wait).

Service Objectives:

- To support a digital pathway for routine and 2ww dermatology referrals that would otherwise be a referral for an outpatient appointment and not appropriate for general advice and guidance;
- Facilitate dermatological referrals on a standard referral form with photographic images including dermatoscopic images (of skin lesions and rashes);
- Improve patient experience for equity of access, flexibility, convenience, ease of use and timeliness;
- Improve access to dermatology opinion and make more efficient use of resources through flexible and responsive management of referral demand;
- Reduce inappropriate referrals, ensuring the patient is treated in the most appropriate healthcare setting for their need. referrals / activity;
- Support upskilling of referring clinicians;
- Provision of care closer to home without the need for onward referral;

- Where onward referral is required, the patient will be seen in the most appropriate clinic and when this is straight to biopsy or surgical treatment, it will reduce the number of secondary care appointments and improve the patient journey.

The service is also expected to:

- Drive an improvement in the service efficiency and quality with an integrated care pathway;
- Create a data set for measuring the impact of the service

Training:

The service provider is expected to ensure that all staff nominated attend relevant training prior to delivering the service. Training will include:

- An introduction to teledermatolgy
- Using the dermatoscope
- Image capture
- Completing the referral form and uploading images to the patient record
- Sending the referrals via e-RS

3.2 Service description/care pathway

Referring clinicians will send a referral pro-forma and photographic images including, where appropriate, dermatoscopic images via the E-referral system (eRS) to secondary care dermatology specialists who will assess the referrals as follows:

- If the patient can be appropriately managed in their GP practice, a diagnosis and management plan is provided to the patient and GP;
- Where onward referral is required, this is made to the appropriate clinic, including community options where available and also straight to biopsy or surgical treatment where relevant.

3.3 Responsibilities of Service Provider

The safe and secure transfer of images supported by full clinical information allows patients to receive expert opinions without risk to patient personal data. In performing this function, the service provider will:

- Take patient images with a device complying with national standards - Dermalite DL3N, iPod attachment, IPod, as provided by the CCG;
- Fully utilise and deliver services via NHS E-referrals;
- Be fully proficient with the use and management of EMIS Web and its links with NHS E-referrals;
- Comply with the referral process through coding on EMIS and use of the eRS system for LCS payments;
- Gain the patient's informed consent and record this on the standard referral letter.
- Ensure that images taken are stored in patients record on EMIS;
- Ensure that all images taken on the Ipod are deleted immediately after image is uploaded to the patient EMIS record;
- Action, in timely manner, all management plans sent +/- prescription
- Ensure that all dermatology minor surgery related referrals follow the local Minor Surgery DES pathway.

3.4 Clinical Governance Requirements

The service provider will:

- Ensure all prescribing is in line with:
    - National guidance and NCL Commissioners agreed Prescribing Recommendations, guidelines and treatment pathways
    - Provider formulary (where applicable),
    - The Safe and Secure Handling of Medicines' report (2005),
    - Medicines Act (1968),
    - National Institute for Health and Care Excellence (NICE),
    - Health Service Circular 2000/026 and

    - Misuse of Drugs Act (1971) and Regulations (and subsequent amendments)[1];
- Ensure the referral and management process is made explicit to the patient at the point of referral and provide a patient information leaflet explaining the nature of the service;
- Ensure patient consent is recorded in the patient record.
- Ensure detailed patient data and clinical history is provided for every teledermatology referral (see section 3.7.2 for details of minimum information to be provided);
- Where the outcome of the triage does not result in the patient requiring an outpatient appointment, be responsible for informing the patient of the outcome of the teledermatology referral and implementation of the management plan including the prescribing of recommended treatment and follow up.
- Record the outcome of the teledermatology referral in the patient's medical record, including coding of new diagnoses, adding new medications and narrative if appropriate;
- Ensure the recommended treatment is stopped at the planned time (where appropriate) and ensure treatment is reviewed on a regular basis (in line with NCL treatment guidance and pathways);
- Ensure that clinical support, updates and supervision are in place to ensure medical and non-medical prescribing meets all the professional requirements of each regulatory body and the prescribing competency framework developed by NICE and the Royal Pharmaceutical Society (2016)[2]
- Ensure that all staff involved in providing any aspect of care under this scheme are appropriately trained and have the required skills and maintains their competency to deliver the service;
- Ensure all referrals rejected on ERS are actioned within 7 days of trust rejecting them (Rejections can be done for various reasons, image quality, wrong referral form etc.);
- Advise patients to self-care and obtain over the counter medicines via non-prescription routes, where applicable, and signpost patients to community pharmacies.

Quality Standards for Teledermatology

https://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=794

3.5 Clinic Organisation

- **Training** - Clinicians and healthcare professionals involved in image taking need to meet the image standards specified. For roles specific to teledermatology (i.e. photographing patients) it is important that training and feedback are supplied.
- **Clinical responsibility** - the service provider is clinically responsible for all patients under their care and should ensure that explicit contingency plans are in place to cover periods of absence for annual or sickness leave to ensure continuity of service. Normal exceptions, such as Red Drugs will apply.

3.6 Eligibility Criteria

In order to implement this LCS, practices must:

- Have an individual, who is a qualified health care professional, named as the service lead that has overall responsibility for ensuring the service is delivered in accordance with the specification;
- Refer in line with the NCL teledermatology model, which is the responsibility of all referring clinicians. Imaging may be undertaken by the referring clinicians or delegated to other trained professionals.
- Ensure that the service is equipped and appropriately located for easy access for the provision of the patient service specified and have access to or include:
    - Dermatoscope DL3N plus attachment
    - Ipods
    - NHS Primary Care patient electronic medical records
    - Standard referral form and ERS access
    - Recall system**:** Ensure there is a robust system to recall patients; the practice retains responsibility for recalling the patient to facilitate further imaging and referral if image quality was poor and referral rejected

[1] https://www.ncl-mon.nhs.uk/wp-content/uploads/2017/08/pg_ncl_prescribing_guidance.pdf
[2] http://www.rpharms.com/support-pdfs/prescribing-competency-framework.pdf

- Access: Patients should have access to Teledermatology at a practice level, or several practices working together (e.g. PCNs or Federations). Patients should also know whom to contact for queries.
- Informed consent for image taking should be taken from patients in a clear, straightforward language that they understand and be recorded in the patients' medical notes and the mandatory consent box on the referral pro-forma ticked.

- Have arrangements in place to ensure service continuity during key staff absence including sickness and annual leave, and in the event of computer systems failure. The service provider will be required to provide the CCG with full details of contingency

Equipment

The CCG will provide practices with necessary teledermatology service equipment:

- Dermalite DL3N
- iPod attachment
- IPod.

The service provider must maintain all equipment in accordance with the manufacturer's instructions and warranty.

3.7 Inclusion and Exclusion Criteria

The teledermatology service will cover all NCL registered patients 16 years old and over.

3.7.1 Acceptance and exclusion criteria and thresholds

All patients referred routinely to dermatology will be referred via teledermatology and will require photographic images, including where relevant dermatoscopic images, attached to the referral pro-forma. The clinical photography specification guidelines are set out in Appendix 1.

Routine Teledermatology

The exclusion criteria for routine teledermatology is as below.

Teledermatology Ineligible patients – to be referred routinely via e-RS and not via the teldermatology pathway
• **Lesions:** All patients with suspected melanoma, squamous cell carcinoma or any other suspicious rapidly enlarging lesions occurring within the last 4-8 weeks (including rapidly increasing basal cell carcinomas) should be referred using the 2WW pathway
• **Rashes:** All patients with acute onset and/or rapidly spreading severe rashes involving >50 % of body surface area should be referred urgently to the on call SpR
• Patients with more than 3 skin lesions requiring specialist assessment
• Paediatric patients (15 years old and under)
• Patients with anogenital skin lesions
• Patients without capacity to make informed decisions/ consent to photography/ understand the English language
• Patients previously diagnosed with melanoma and/or non-melanoma skin cancer and that would benefit for a total body face-to-face examination
• Patients with a severe skin disease or chronic dermatological condition previously seen in 20 care and known to require 20 care input
• Patients with >3 lesions for review (as these warrant a full body check). This also includes patients for mole mapping
• Patients whose condition is not amenable to photographic imaging e.g. Hyperhidrosis
• Patients with immunosuppression.

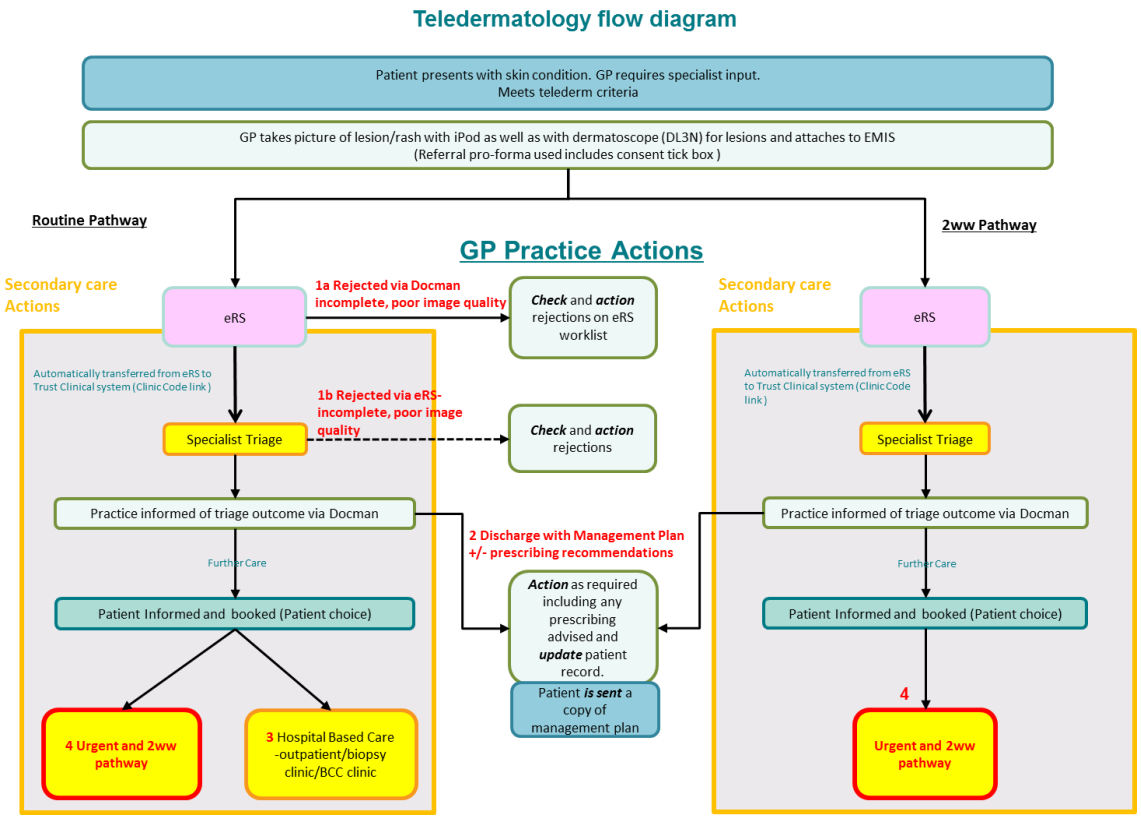
Suspected Skin Cancer (2ww Teledermatology)

The exclusion criteria for 2ww teledermatology is as below.

Teledermatology Ineligible patients – to be referred routinely via e-RS and not via the teldermatology pathway
• Paediatric patients (15 years old and under)
• Patients with anogenital skin lesions
• Patients without capacity to make informed decisions/ consent to photography/ understand the English language
• Patients with >3 lesions for review (as these warrant a full body check). This also includes patients for mole mapping

Patients who meet the exclusion criteria for the teledermatology pathways will be referred instead through the appropriate routine (non-teledermatology)/2ww/urgent pathway.

3.7.2 Teledermatology Care Pathway (Routine and 2ww pathways):



- With informed consent, the referring service provider **MUST** provide the following images for:
    - Lesion
        - 1x Location view
        - 1x Close up view
        - 3x Dermatoscopic view
            - 1x Non-Polarised setting
            - 1x Cross-Polarised
            - 1x Non-Polarised with pigment
    - Rash
        - 1x Location view
        - 1x Close up view
    - Please refer to the clinical photography specification guidelines is attached in Appendix 1;
- All images will be submitted with a completed standardised referral pro-forma providing clinical details, history, reason for referral to the patient's chosen secondary care provider and record of patient consent.;
- Images and the standard referral form shall be submitted securely via e-RS, which meets all applicable NHS Standards and Guidance, including Caldicott. Duplicate referrals/ submissions or reporting errors will not be funded;
- Secondary care triage will take place within 72 working hours to triage plus 7 working days response back to patient and GP with management plans.

The minimum information required for a teledermatology referral for skin lesions is:

- Date of onset/duration
- Whether single or multiple
- Location/s on body
- Changes in size, shape, colour
- Any bleeding and/or ulceration
- Symptoms

- Any personal and/or family history of skin cancers
- Other risk factors (i.e. excessive sun exposure, fair skin, large number of naevi, immunosuppression, outdoor occupation etc).
- Repeat and recent medications
- Known allergies
- Other medical conditions.

The minimum information required for a teledermatology referral for inflammatory dermatosis is:

- Date of onset/duration
- Location/s on the body
- Symptoms
- Previous treatment for this condition and its response to medications
- Personal and family history of skin disease
- Personal and family history of atopy
- Relevant medical history
- Known allergies
- Repeat and recent medications
- Active problem list.

3.8 Interdependence with other services/providers

- Consultants within Secondary Care
- General Practitioners and associated staff
- Providers of Community health services

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

There have been a range of recent publications supporting the shift of dermatology care closer to home and delivering integrated pathways of care that ultimately produce better value and improved outcomes for patients. These include:

- Providing care for patients with skin conditions: guidance and resources for commissioners, Primary Care Contracting 2008
- Models of Integrated Service Delivery in Dermatology, Dermatology Workforce Group, January 2007
- Shifting Care Closer to Home: Dermatology, Department of Health, 2007
- Quality Standards for Dermatology, July 2011
- Improving Outcomes Guidance for skin cancer (2006)
- NICE guidance on Cancer Services Improving Outcomes for People with Skin tumours including Melanoma (update May 2010).
- Health and Social Care Act 2012

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

- Department of Health (2008) High Quality Care for All NHS Next Stage Review
- NHS (2009) The NHS Constitution, Department of Health: London
- Department of Health (2006) “Our Health, Our Care, Our Say” Department of Health: London
- British Teledermatology Society (2013) Quality Standards for Teledermatology: Using ‘Store and Forward’ Images
- Primary Care Commissioning
- NHS East of England (2009) Towards the Best Together, NHS, East of England
- https://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=794
- http://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=5818

5. IT, Governance and Security

It is expected that all locations from which service is provided are equipped with robust ICT infrastructure (both hardware and software) which meets the standards set in the ‘GP IT Operating Model’, and are supported by an aligned GPIT Service Provider. It must also ensure that correct business continuity and disaster recovery plans are in place.

Information Governance

The service must put in place appropriate information governance and security for the IM&T System to safeguard patient information and must ensure that the IM&T Systems and processes comply with statutory obligations for the management and operation of IM&T within the NHS

Further detail on statutory obligations and national standards for information governance, please see Appendix 2:

The service provider must ensure that all information relating to patients is safeguarded. The service provider:

- Must have an IM&T system that can monitor performance and outcomes, support performance review and improvement of referrals (and therefore facilitate timely access to the most appropriate point of care), ensure confidentiality of information about patients and assure data quality, as well as facilitate the efficient delivery of performance reports as required, in line with the Commissioner's requirements.
- Will take all necessary and reasonably practicable steps to ensure that the accuracy and safe storage of data is maintained.
- Must ensure there is active and up to date Antivirus on all machines and the Practice network meets current NHS Security standards.
- Must ensure that Patient Identifiable Data must not be stored outside of the EU
- Must adhere to the NHS Connecting for Health's (CfH) guidelines contained in the 'NHS CFH Infrastructure'.
- Principles Standards Procedures & Guidelines (iPSPG)'.

Data and Information Sharing

The service provider will comply with the statutory communication requirements set by national accreditation standards and where specified, local data and information sharing policies and requirements. The service provider will work with the commissioner to deliver rapid and efficient communication of patient and other data, to facilitate improved referral quality and management. This will be performed within the legal frameworks set out by the Data Protection Act, NHS confidentiality and other legal requirements as appropriate.

Dermatology – Clinical Photography Specifications Guidelines

See Appendix 1

Data Management and Quality

To ensure the quality and safety of patient care, the service IM&T System must support:

- High standard of data quality – the service must have standards, policies and procedures in place to ensure a consistent and high level of data quality
- The production of the reports required by the commissioner
- The commissioner reserves the right to carry out data audits announced or on an ad-hoc basis;
- The automatic extraction of data, to facilitate payments. The service provider will be required to ensure that the NCL teledermatology referral form is pre-loaded onto the practice's patient electronic medical records system and coded with the teledermatology read code (section 7), which will facilitate automatic data extraction and payment.
- The consent must be recorded on the practice clinical system and on the standard referral letter;
- The consent/s given and recording of this as part of the referral information must be done as to make immediately clear that consent has been obtained.
- With informed consent, the referring clinician will provide a minimum of 2 images: taken with an Ipod and dermatoscope.

6. Applicable quality requirements KPIs

6.1 Applicable Quality Requirements

The service shall be monitored against a set of key performance indicators as below.

Continuous Improvement

The CCG recognises that the service is an integral part of the information gathering process to enable the monitoring and redesign of services, and that information must therefore be provided by the service on an agreed regular basis.

In the spirit of continuous improvement the service provider will look for ways in which the service can be improved, including improvements in the speed with which referrals are processed.

In addition to the regular reporting requirements, the service provider shall, at the request of CCG respond to any further reasonable information requests as and when required

CCG will review the agreed KPIs and metrics on an annual basis to assess continued relevance.

Reporting

The NCL teledermatology service will have regular reporting using reporting from EMIS and e-RS, amongst other data sources. This is likely to include, but not be limited to the reports outlined below.

- Reports for Commissioners
- Activity by Practice
- Service provider to report on Incidents & Complaints as per normal reporting route and frequency.
- Service provider to report on the number of patients who have been sent a patient feedback survey, which is sent to the patient after a management plan has been received.

The service provider must supply the information requested by the commissioner in an agreed format and within agreed timescales. This information is covered in KPI section of this specification. There will be occasions when the CCG requests additional information or reports. The CCG will indicate the purpose and priority of information requested, the service will respond to the CCG within 5 working days indicating:

- whether all information will be provided or not
- if not the reasons for this decision
- timescales

The service provider will have a mechanism to identify any potential patient safety issues using the collated and reported information; this may be seen through the real-time systems that are in place for clinical triage or through trends where there are

6.2 Applicable KPI

Data Return – The service provider must complete KPI form and forward to the CCG at the end of each quarter.

Suspension

The scheme will be suspended if at any time the service provider is unable to provide services in line with the eligibility criteria.

Before any suspension the service provider and the appropriate Primary Care Development Manager will discuss the reasons for the suspension, identifying any possible resolution.

If the matter is not resolved, the CCG will issue an immediate suspension notice to the service provider.

The scheme shall be suspended immediately if the Directors of Commissioning or their deputising officers, deems patient safety to be compromised by its continuation.

Exit Arrangements

Either party can exit this agreement by providing a minimum of 6 months written notice to exit the scheme, or at the end of the LCS contract period.

Before issuing an exit notice, the parties will meet to discuss the reason for termination.

If, after this meeting, the reason for terminating is not resolved, then the relevant party will issue an exit notice.

This contract runs for the duration specified at the front of the document. Termination is possible through a three (month written notification by either party. Termination on performance grounds may be initiated by the commissioner at stage subject to an agreed recovery plan.

7 Payment

1. To qualify for payment the CCG expects service providers to demonstrate that all elements outlined in the service specification are being met.
2. The service provider will receive £17 per patient where appropriate quality images are taken and referrals made to teledermatology service. Where a patient is not registered with the service providing neighborhood or attends another neighborhood the same rules and payments apply as set out.
3. Referrals made without the necessary images (smart-phone or dermatascopes) will not be funded through this pathway. Referrals without images must be sent as through a general dermatology referral route (routine and 2 we wait).
4. The payment will be based on images and referrals not rejected on the basis of insufficient quality.
5. The service provider will be paid quarterly, based on extracted activity from the service providers patient electronic medical records system
6. The EMIS SNOMED code, *836201000000101 Referral to teledermatology service,* is embedded within the teledermatology referral form.
7. The EMIS SNOMED code, *511471000000105 Rejected referrals is 9RF* should be used to code rejected referrals

KPIs

Activity data including rejections will be monitored.

Performance Indicator	**Threshold**	**Method of Measurement**	**Consequence of breach**
Any complaints and SI relating to the Teledermatology Services to be reported in line with practice policies in addition LCS team to be informed via email All complaints and Serious Incidents	100%	Quarterly report from service provider.	TBC

Appendix 1

Dermatology – Clinical Photography Specifications Guidelines

Teledermatology Image Guidelines.doc

Picture uploading process

Process:

- Patient Consent taken
- Dermatoscope connected to mobile ipod using magnetic case
- Image taken using Apple's in built photo application
- Mobile phone connected to PC using Apple Lightning cable
- EMIS Web opened on PC
- User navigated to patients record and followed usual process to add image
- User navigated to the folder containing image and saved into patient record
- Image deleted from iPod

Appendix 1

Information Governance – Statutory Obligation and National Standards

Statutory obligations for the management and operation of IM&T within the NHS include, but are not exclusive to:

- Common law duty of confidentiality
- Data Protection Act 2018
- Access to Health Records Act 1990
- Freedom of Information Act 2000
- Computer Misuse Act 1990
- Health and Social Care Act 2012.
- General Data Protection Regulations 2016

There is a statutory obligation to protect patient identifiable data against potential breach of confidence when sharing with other organisations or outside the UK.

The service must meet prevailing national standards and follow appropriate NHS good practice guidelines for information governance and security, including, but not exclusively:

- NHS Confidentiality Code of Practice
- Registration under ISO/IEC 16799-2005 and ISO 27001-2005 or other appropriate information security standards
- Appointment of an Information Governance lead who will be responsible for ensuring all IG requirements are met
- Policies on security and confidentiality of patient information
- Clinical and information governance in line with the Data Security and Protection Toolkit
- Use of a Risk and Incident Management system
- Appointment of a Data Protection Officer as required under the General Data Protection Regulations and the Data Protection Act to review all Data Sharing Agreements, Data Processing Agreements and to ensure all reportable breaches are reported to the Information Commissioners office within 72 hours
- Pseudonymisation of data

http://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=5818