Innovation in Referral Management: Innovation in Referral Management: Photo-triage for Skin Cancer Referrals

C Morton, on behalf of the Photo-Triage Steering Group, NHS Forth Valley

Background
- Demand for specialist dermatology services continues to increase annually, with over 100,000 new patient referrals for out-patient consultation in Scotland during 2008.
- ~40% of referrals concern suspected skin malignancy, challenging us to provide a safe timely service to reassure patients with benign growths whilst efficiently progressing the care of those with skin cancer.
- Limited resources as well as the continued drive towards improved national cancer and general out-patient access times is placing severe strain on specialist departments.
- It remains difficult to triage referrals via letter alone and, having assessed different models of triage, we developed a community-based system of high quality image capture.

What is photo-triage?
Photo-triage is the use of a digital image of skin lesions to help the specialist team at the time of vetting GP referrals. The image is used to help direct patients to the most appropriate clinic as quickly as possible.

Aim
To use opportunities created by photo-triage for a ‘First Stop, Correct Stop’ experience for patients referred with a suspected skin cancer. We report an observational study of conventional vs. photo-triage journeys between Jan-Jun 2008. Data from 188 conventional (where all patients were booked onto a consultant clinic on the basis of referral letter only) and 289 photo-triage referrals was available for study.

What’s next?
- Complete cost effectiveness analysis of standard vs. triage referral methods
- Determine best method for extending community photography
- Assess potential for direct reassurance via phone/e-mail/letter to patients with obvious benign lesions

Results
- Following photo-triage, a visit to the conventional consultant clinic was saved in 72% of referrals, with more directly attending for definitive care:

<table>
<thead>
<tr>
<th>Normal Referral Pathway</th>
<th>Phototriage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant On Call</td>
<td>120</td>
</tr>
<tr>
<td>Other Specialist</td>
<td>40</td>
</tr>
<tr>
<td>Nurse led Therapy</td>
<td>90</td>
</tr>
<tr>
<td>Direct Biopsy Nurse</td>
<td>100</td>
</tr>
<tr>
<td>Direct Biopsy GP</td>
<td>60</td>
</tr>
<tr>
<td>Referral to other specialist</td>
<td>40</td>
</tr>
</tbody>
</table>

• The mean waiting time to definitive treatment for patients with melanoma, squamous cell and basal cell carcinomas were all reduced using photo-triage: 36, 28, and 35 days respectively, compared with 39, 50, and 58 days for conventional referrals.

Benefits
- ‘First-stop, correct stop’ achieved in 93% of patients, saving on unnecessary additional hospital visits
- Initial consultant visit avoided in 72% referrals, freeing-up appointments for other patients to attend the service more rapidly.
- Rapid assessment for skin cancer patients: triage permits patients with suspicious lesions to be fast-tracked for surgery or clinic assessment.
- Community photo-triage has permitted improved referral management of patients with suspected skin cancer
- And the final word to a patient comment:

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