Logo

Description automatically generated**Dermatology Services in Greater Manchester**

**Primary Care Briefing November 2022**

**To:** PCN Cancer Leads, Greater Manchester PCNs

Cancer Commissioning Managers (for local distribution to General Practice)

**From:** Dr Sarah Taylor, CRUK GP and GM Cancer Early Diagnosis and Primary Care Clinical Lead

Dr Stephanie Ogden, GM Cancer Skin Pathway Board Clinical Lead

As outlined in the note we sent to you in August, Dermatology services in Greater Manchester (GM) are facing considerable service resilience risks across a number of providers.

A critical point has been reached in relation to the delivery of the 14-day cancer standard (2ww), and the Faster Diagnosis standard. The issues are multifaceted and interconnected.

NHS GM Integrated Care system continues to work on a range of actions designed to improve this position – across primary care and secondary care.

Please be aware that the impact of the current situation means that patients will be waiting longer than they should do until we see the impact of the work we’re undertaking. We hope that this situation will be rectified but in the meantime would ask colleagues in primary care to be aware that patients may wait longer than they should. The waiting times by organisation are being closely monitored by the Cancer Alliance.

This briefing note has been prepared by the Cancer Alliance with GM Dermatology Programme oversight and approval.

**Use of Dermatoscopes / Seborrheic Keratosis**

To reiterate the message in our previous briefing note, identifying seborrheic keratosis reliably is one of the key benefits of using the dermatoscope.  Seborrheic keratoses currently constitute 17-25% of 2ww skin referrals. They should not be referred on this pathway. More experienced users of dermatoscopes will be able to identify other lesions more reliably.

We would encourage PCN and General Practice colleagues to accept the offers of training and support in the use of this equipment which is now widely available across the localities in GM.

The Cancer Alliance will issue additional specific training materials in relation to seborrheic keratosis in the first week of December – we will share these resources via the PCN Cancer Leads and your locality Cancer Commissioning Managers for wider sharing.

Where this is available, please use Advice and Guidance and provide good Macroscopic, Dermoscopic and locator images so secondary care clinicians can give feedback and potentially avoid face to face clinic appointments for benign lesions.

**Study from British Association Dermatologists re face-to-face appointments**

A higher proportion of patients who had remote consultations in primary care were discharged (43%, n=158/364) from the 2WW clinic compared to patients who had face-to-face consultations (36%, n=136/375).

There was a significantly higher number of benign lesions referred following a remote consultation in primary care compared to a face-to-face consultation (70% vs 59%, p=0.004). Interestingly, there was a higher proportion of benign lesions referred following telephone consultations with photographs compared to those without.

**Whilst the Cancer Alliance and GM system cannot mandate that no referral is made to a GM dermatology service without a prior face-to-face primary care appointment, we would strongly encourage GPs in GM to ensure this is the case**.

**Suspected Cancer Referral Forms**

The Cancer Alliance Skin Pathway Board are reviewing the Suspected Cancer Referral form and the revised version will be on **ALL GP systems in early January 2023**.

This form will request that where available Primary Care Practitioners attach a dermatoscopic image to the referral to inform triage in secondary care or to give additional information to support the decision to refer.

Update prepared by Ali Jones, Director of Commissioning and Early Diagnosis, GM Cancer Alliance

25th November 2022