

Considerations for planning and commissioning of teledermatology platforms in the East of England



Overview

Conducted a review in 2022/23 of how **teledermatology platforms** have been implemented and used in the East of England to date



Approach

28 Discussions across
6 Integrated Care Systems, resulting in **11** case studies



Learning

- Consider **quality of images** and dermoscopy use in primary care – training will be needed
- Consider availability of **consultant time** – advice and guidance models using third party providers in primary care require less consultant time from secondary care providers
- Ensure appropriate **infrastructure and estate** including WiFi – where this is not in place, engagement may be hindered
- Ensure there are clinical leads to support **clinical buy-in** – leads that span primary and secondary care can be helpful
- Support **change management** - time will be needed for set-up and training activities, as well as managing the transition
- Consider **patient experience** – different models have different implications for patients, although limited data suggests feedback has been generally positive



Recommendations

- **Increase consistency** of practice in engaging with teledermatology – ensuring that where solutions have been commissioned, they are used to their full potential
- Undertake formal **service evaluations** to increase the evidence base for various models and pathways

This infographic should be read in conjunction with the **summary report**

Governance: Oversight by the East of England Cancer Alliances