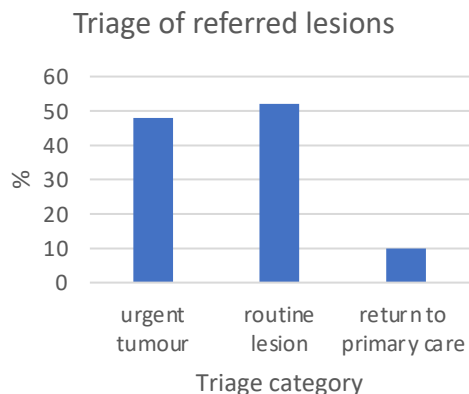


BACKGROUND

NHS Fife Dermatology receives 8000 referrals each year: 52% of these are lesion referrals.



Fife Dermatology runs a 'one stop tumour clinic' where a patient will have a lesion seen and treated on the same day. For this clinic to function efficiently, it is vital that we are able to triage lesions to 'urgent tumour' slots appropriately. To do this, we have actively encouraged an image to be sent with all referrals since January 2022.

Digital Health & Care Innovation Centre published a report on 25/8/2022 which has shown variability across Scotland as to whether dermatology referrals include images of a quality to aid triage – 20% to 90%. Future aspirations of the Scottish government include the development of a national digital enabled dermatology pathway.

AIMS

To assess the quality of skin lesion referrals to NHS Fife including:

1. Adherence to Scottish skin cancer referral guidelines
2. Written information
3. Photographic information

METHOD

This was a retrospective assessment of all lesion referrals (totalling 1140) over a 3-month period. A comparison was made to previous 2017 data to assess change over time.

CURRENT FIFE REFERRAL GUIDELINES

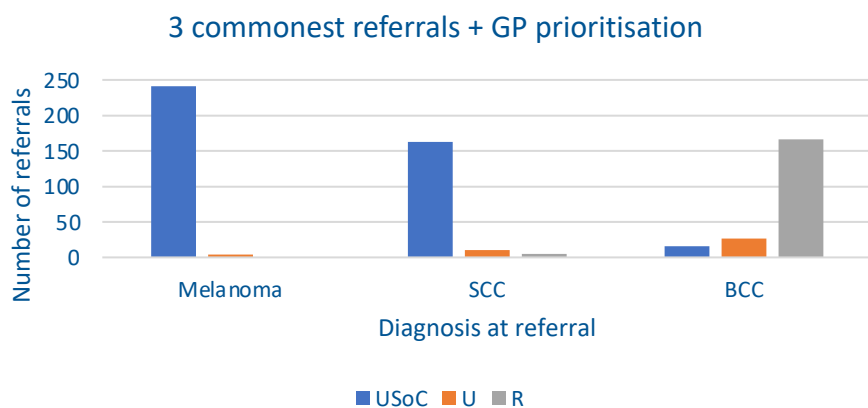
- **Melanoma** – refer any changing or suspicious pigmented lesion as **'URGENT SUSPICIOUS OF CANCER'**
- **Squamous cell carcinoma** - refer any slow growing, non-healing or keratinising lesions with induration as **'URGENT SUSPICIOUS OF CANCER'**
- **All Basal cell carcinoma** – refer ROUTINE

If guidelines are adhered to, a lesion should never be referred 'urgent'.

RESULTS – GUIDELINE ADHERENCE

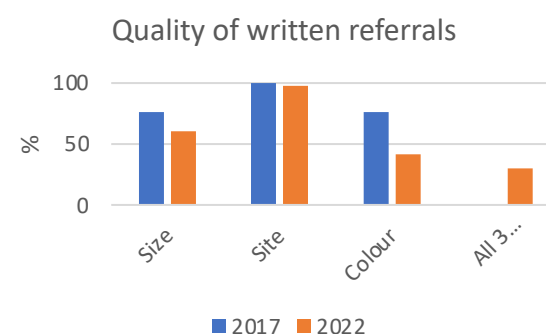
The commonest primary care diagnoses at referral are: Melanoma (22%), BCC(18%), SCC(16%) with a further 19% of referrals not having an offered diagnosis and simply being sent through as "skin lesion".

The following graph shows the GP choice of referral pathway for the 3 commonest diagnoses. In the majority of cases, the correct referral pathway was chosen, with 98% of melanoma and 92% of SCC referrals being "Urgent Suspicious of Cancer" and 79% of BCC referrals being "Routine".



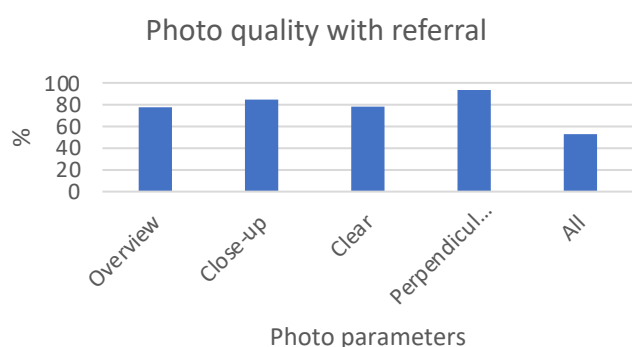
RESULTS – QUALITY OF WRITTEN REFERRALS

Blue represents 2017 data and orange data from our 2022 audit. We had 3 requirements for written referrals: size, site and colour. Quality of written referrals has decreased since 2017 across all three aspects of the referral, although the most noticeable decrease was in colour with a drop of 34.7% and only 30% of referrals had all 3 components included.



RESULTS – QUALITY OF PHOTOS WITH REFERRALS

We had 4 requirements for photos: an overview photo, a close-up photo, clarity of the photos and ensuring they were taken perpendicular to the lesion. Of the 1140 lesion referrals, Only 53% of photos met all the aforementioned requirements.



RESULTS – DIAGNOSTIC CONCORDANCE

2017 – 31% overall concordance	2022 – 23% overall concordance
75% pyogenic granuloma	50% Pyogenic granuloma (N=2)
50% melanoma	12% melanoma (N=203)
47% BCC	53% BCC (N=75)
30% SCC	29% SCC (N=144)
	80% Seb K (N=15)

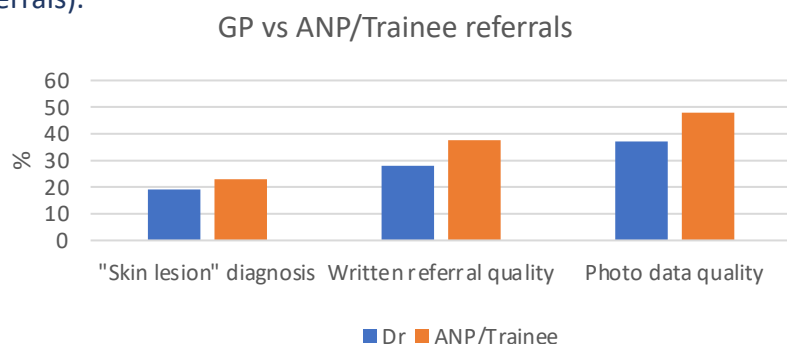
Of the 1140 referrals, 609 patients were assessed by dermatologist. Diagnostic concordance between GP and dermatology was 23%, this is a significant decrease in comparison to 2017 where there was 31% clinical diagnostic concordance.

In 2017, overall diagnostic concordance between GP and histology was 33%. This has decreased to 28% in 2022. However, we were pleased to see that dermatologist concordance with histology was quite high at 79%.

RESULTS – GP VS ANP REFERRALS

Of the 1140 referrals, 80% were from GPs and 20% were ANPs. Nursing staff were more likely to use "skin lesion" as a diagnosis whereas GPs were more likely to give an actual diagnosis in their referral.

Nurses were more likely to include all 3 components of written information in their referral (28% of GP referrals vs 37.5% of ANP referrals) and were more likely to attach photographs meeting all 4 requirements for allowing triage (37% of GP referrals vs 48% of ANP referrals).



CONCLUSIONS & DISCUSSION

In Fife we have shown primary care are good at adhering to Scottish cancer guidelines. Although there was an observed decrease in the quality of written referrals we were pleased to demonstrate rapid uptake in the use of photography with referrals albeit variability in photo quality.

We have also shown that there have been more referrals coming in from ANPs and although they were less likely to provide a diagnosis when compared to GPs, they tended to give better written and photo referrals.

REFERENCES

Digital Health & Care Innovation Centre Report 25/8/2022
 BMJ article 2022: Medical photography using mobile devices
 Urgency of Tumour Referrals: an Audit – Tabor D, Mowbray M