

## **Dermoscopy email advice service – suggested protocol**

The Oxford dermatology email advice service is a well-established service and is used in increasing volumes by Oxfordshire GPs.

Many Oxfordshire practices are purchasing dermatoscopes through their locality schemes to aid with the diagnosis of skin lesions. Dermoscopy is an advanced skill and requires fairly extensive training to be proficient. The aim of the CCG locality plans in this regard is not to make every GP into an expert dermoscopist; rather to allow them to take good dermoscopic photos to send with the macroscopic photos when requesting dermatology email advice. GPs with appropriate training in the recognition of benign lesions may choose to interpret some of the images themselves.

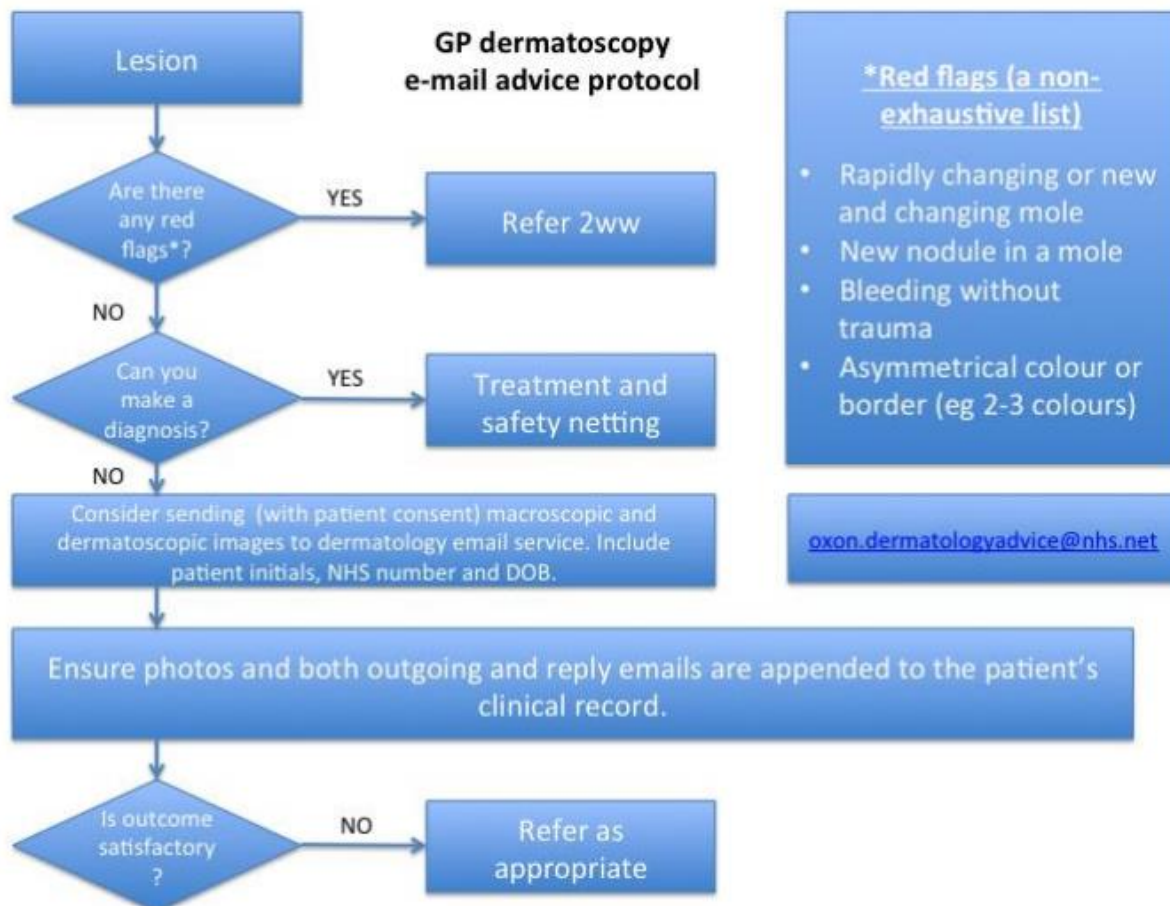
Given the potential for false reassurance if dermoscopic images are misinterpreted, it was felt by some of the clinical leads that a basic framework should be outlined in which the dermoscopic images should be used, hence this protocol.

The following protocol has been discussed and agreed with GP clinical leads from various localities, Dr George Moncrieff (GPWSI in dermatology) and Drs Richard Turner and John Reed, consultant dermatologists at the Churchill hospital.

### **Key points:**

- The aim is to improve level of information in e-mail dermatology referrals.
- Where GPs have been trained in dermoscopy to recognise features of benign lesions, then they may choose to review images from colleagues in their practice.
- Treatment of benign lesions is usually not funded by the CCG (see lavender statement regarding aesthetic procedures:  
<http://www.oxfordshireccg.nhs.uk/wpcontent/uploads/2013/03/PS6-Aesthetic-procedures.pdf> )
- Should be used as another clue, not as a replacement for clinical judgement.
- Overall clinical responsibility remains with the GP – refer to clinic if concern remains.
- All referrals should be accompanied by full clinical details (Initials, date of birth, and NHS number should be in subject line). The details should include the site and size of the lesion, history of its development/change, associated features (eg itching/bleeding), personal and family history (esp. dermatological), history of sun exposure and treatments tried to date.
- Clinical details should be included in the prose of the email, or using the proforma to be made available via the CCG intranet.

- Photos – ideally 3 (1 ‘orientation’ shot, one close up, one dermoscopic)
- Images max 1Mb in size each, JPEG format
- Emailed via NHSmail only
- Consent should be sought and recorded (GMC Good Medical Practice):  
*“...You must get the patient’s consent to make a recording that forms part of the investigation or treatment of a condition, or contributes to the patient’s care...”*



- *“You should explain to the patient why a recording would assist their care, what form the recording will take, and that it will be stored securely.”*