

Stockport Dermoscopy Project

Skin cancer rates are rising and outcomes depend on early diagnosis. Since the early 1990s the incidence of melanoma in the UK has increased overall by 128% (175% in men, 95% in women) whilst incidence of non melanoma skin cancers have increased 147% (similar rise in men and women) and rates are projected to continue to rise. Statistics for 2015 show there were 15,906 new melanoma cases and 142,101 new non-melanoma skin cancers in the UK every year. This is likely to be a significant underestimate of non-melanoma skin cancers as many are unreported eg if treated topically. ¹

There are around 13 million primary care dermatology consultations with GPs each year (approximately 15% of all GP consultations) and 5.5% of these consultations lead to secondary care referral, of which 40-50% are for diagnosis and management of skin lesions. ²

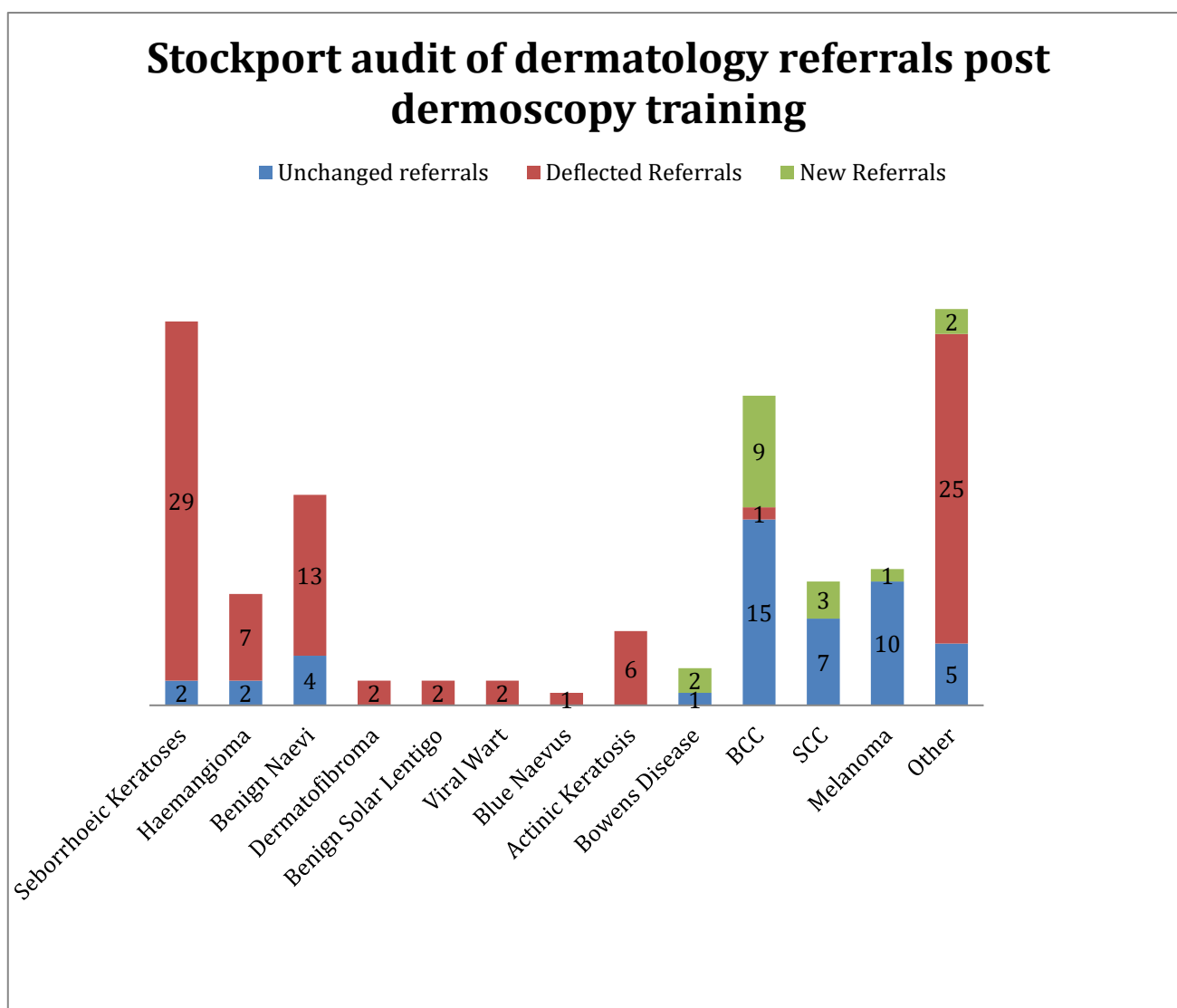
In 2013 the British Association of Dermatologists and the King's Fund researched into the question 'How can dermatology services meet current and future patient needs while ensuring that quality of care is not compromised and that access is equitable across the UK'. It was recognised that education of GPs in dermatology is a critical issue and amongst the recommendations following this research were compulsory undergraduate training in dermatology and greater GP confidence in diagnosis of pigmented lesions through developing skills and knowledge (of which dermoscopy could be a component). ^{3,4}

Locally the CCG is running a 'Stockport Together' programme which has an ambitious aim of reducing all out patient attendances by 55-60% by looking at alternative care pathways. With this in mind they have supported provision of dermatoscopes and training in dermoscopy to all interested GP practices in Stockport. Use of dermoscopy, with adequate training, has been shown to significantly increase the accuracy of lesion recognition, both in identifying skin cancers & benign lesions. The focus of the dermoscopy teaching was to identify non melanocytic lesions which could be confidently diagnosed as benign eg seborrhoeic keratoses, dermatofibroma, haemangioma or as melanocytic lesions and how to differentiate benign naevi from melanoma.

The project started in January 2016 with 9 higher referring practices and based on the results showing cost effectiveness has been rolled out to the remaining 31 practices in Stockport (total of 40 practices over 46 sites) (5 practices have declined to participate). 38% of all Stockport GPs have now attended dermoscopy training. Each practice was asked to nominate at least one GP to attend a full day, (6 hours),

training and to complete an audit of lesions seen in the next 3 months, recording their diagnosis & referral plan pre & post dermoscopy.

The results of the combined audits have shown that out of 325 patients seen with skin lesions 88 out of 134 (66%) potential referrals were deflected, 17 new referrals were made and 46 referrals were unchanged.



'Other' referrals:

New - keratotic lesion x1, non healing ulcer x1

Deflected - blocked hair follicle x1, not specified x24

Unchanged - multiple pigmented macules x1, nail pigmentation x2, not specified x2

These results demonstrate increased confidence in filtering out benign lesions that do not need referral but also identifying potential skin cancers, especially basal cell

carcinomas that may otherwise have been left untreated for longer. Unfortunately the audit data doesn't include histological outcomes of referrals to secondary care.

Many skin lesions are referred through routine pathways as well as 2 week wait clinics for suspected cancers and the hospital cannot supply data that distinguishes between referrals for lesions & other skin complaints. However, the overall dermatology referral data comparing 2015-16 to 2016-17 (ie pre & post dermoscopy training) has shown a reduction of 9% referrals from dermoscopy trained practices and a 4% increase from the practices that opted out of training.

We are still waiting for the corresponding figures for 2018 which we expect to demonstrate further improvement following dermoscopy training for the last cohort of GPs, completed in November 2017.

The CCG have predicted cost savings of £30,500 for the first year after allowing for provision of dermatoscopes & training, rising to £220,836 by year 5.

Feedback from GPs on the use of dermoscopy has been very positive in increasing confidence in diagnosis, reducing stress when presented with skin lesions in consultations and reducing the need to follow up patients with benign lesions. GPs doing minor surgery have commented that they have reduced their excisions of benign skin lesions in house.

We plan to roll out further dermoscopy training to interested GPs and continue to run regular 'refresher' courses to support GPs and maintain skills & enthusiasm.

I hope our positive experience in Stockport demonstrates the usefulness of training GPs in dermoscopy to enhance GP's diagnostic skills, improve patient pathways and reduce inappropriate referrals to secondary care whilst improving the early detection of skin cancers. Hopefully this will encourage CCGs in other areas to support similar projects.

References

1. [www.cancerresearchuk.org/skin cancer incidence statistics](http://www.cancerresearchuk.org/skin-cancer-incidence-statistics)

Accessed July 2018

2. Schofield J, Grindlay D, Williams H (2009). 'Skin conditions in the UK: a health needs assessment'. Centre of Evidence Based Dermatology, University of Nottingham.

3. <http://www.bad.org.uk/shared/get-file.ashx?id=2347&itemtype=document>

4. The King's Fund analysis - GP referred outpatient appointments in 2012/13. Cardiology. (Data from NHS Comparators)

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Acknowledgements

With thanks to Stockport CCG for their support of this project, especially Karen Moran, Senior commissioning manager planned and elective care and Dr Stephanie Ogden, consultant dermatologist, Salford Royal Foundation Trust.