

What should we use A&G for, and what should we use email for?

Email should only be used for administrative queries, or for patients already under the care of the Trust – admin-dermatologyrlh.bartshealth@nhs.net

A&G should be used for queries of a clinical nature, where consultant advice is required

How long does A&G stay open?

A&G conversations stay open indefinitely, until GPs close them. We would advise this is done promptly as otherwise worklists can become very busy and more difficult to manage. Unfortunately e-RS is not currently interoperable with EMIS, so practices will need to save the A&G conversation as a PDF and upload it to the patient's record.

How can patients upload photos?

Practices can use AccuRx or eConsult to enable patients to take their own photos. More information is provided in the GP Guide.

What quality/size should photos be?

Photos from smartphones are generally of sufficient quality to provide advice. Please send several photos if an extensive area is covered (e.g. a rash), and to provide a sense of scale. Ideally the image resolution should not be greater than 3 megapixels and the file size less than 1Mb.

Why do we need to use e-RS for this, can't we replicate the V-CKD Service?

There is national guidance mandating the use of e-RS. In addition, restrictions on the affordability and sheer volume of EMIS licences required makes scalability difficult.

If the consultant decides the patient needs to be seen in clinic, can they convert the A&G request to a referral?

Unfortunately this functionality isn't currently possible within e-RS – the GP has to convert the A&G request, which they can do by selecting the 'refer now' button in the A&G conversation. RAS offers this functionality, and may be a future direction of travel, but would be a significant change for the Trust in terms of job planning (as A&G is an 'opt in' service, whereas RAS would cover all referrals), and for CCGs in considering how this is commissioned and resourced. As this service becomes more embedded and utilisation increases, this is a development we can explore through the dermatology project group.

How do we know the service will be responsive?

The agreed response time is 5 working days. Barts Health only receive a marginal tariff if they do not respond to requests within this time. Response times have also not been an issue during the pilot. We will monitor this through the dermatology project group.

What happens if a need for urgent referral is identified? Some don't monitor worklists every day (e.g. because they work part time)

The service isn't for urgent/high risk patients (see exclusion criteria in the guidance document). There is an emergency clinic run by an SpR which patients can be seen in urgently if clinically indicated. If the consultant is really concerned they will contact the practice by telephone, but this will be rare. NHS Digital are working to improve the GP worklist interface, it is hoped that an alerts function will become available in time, but the timescale for this is currently uncertain.

How do patients give consent for their photos to be sent?

Patients should be given the Teledermatology Patient Information Form before the referral is made. Patients will need to give consent for their images to be used. This can be given verbally, and should be indicated on the referral form (there are separate boxes for direct patient care, and use for clinical education purposes).