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Teledermatology Urgent Suspected Cancer (USC) Referrals SOP

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1. Purpose

To ensure a consistent, safe, and efficient process for managing Urgent suspected cancer (USC) dermatology referrals, including clinical assessment, photography, and referral submission.

Please ensure standard referral safety netting procedure for urgent suspected cancer referral is adhered to at all time.

2. Scope

This procedure applies to:

- **Clinicians** - General Practitioners (GPs), Nurse Practitioners (NPs), Allied Health Professionals (AHPs), Physician Associates (PAs)
- **Clinical support staff** - e.g. Nurse Associate & Health Care Assistants
- Referral team **operational** staff

3. Roles & Responsibilities

Role	Responsibility
GP/NP/AHP/PA	Assess patient, initiate USC decision, inform patient, notify referral team, complete referral form. Capture and code dermatology images if comfortable to do so.
Clinical Support Staff	Capture and code dermatology images, notify referral team
Referral Team	Track referral status, submit completed referral, add to safety netting system.

4. Process

Step 1: Clinical Assessment and Referral Decision

- The patient attends an appointment with the clinician.
- The clinician assesses the patient's condition.
- All USC skin referrals should go via teledermatology pathway unless > 2 lesions, under 18 or patient does not consent.

Clinician Actions:

- Inform the patient that a referral is being made under the USC pathway.

- Advise the patient to book an appointment for dermatology photographs with Nursing associate (NA) or HCA, or clinician to book them directly yourself. This should ideally be **within 2 working days**. If there is no dedicated slot available, then any slot of 15 minutes or more duration on the NA/HCA list can be changed to accommodate photos.
- **CKMP:**
    - if no slots available task TRN team for assistance to find appointment
    - **NOTE -** some clinicians at CKMP are comfortable to take pictures in the assessment appointment themselves, therefore not needing to book the patient into a second F2F appointment and streamlining the process.
    - **IF** clinician taking pictures, there is no need for NA/HCA appointment. Please see Appendix 1.
- Complete the Suspected Skin cancer Referral Form
- Clinician to send the BNSSG Teledermatology patient leaflet via AccuRx (search Teledermatology)
- Send an urgent Referral task to the **Operational Referral / Secretaries team** stating:
    - USC dermatology referral is planned
    - Photography is pending ("awaiting photos")
- Send a task to self to monitor USC referral progress

Step 2: Booking and Photography (Clinical Support Staff)

- The patient books and attends an appointment with appropriate Clinical Support staff (i.e. Nurse Associate/HCA) for dermatology imaging.
- If patient DNA's photography appointment, Clinical support staff to text patient to advise rebooking and update referring clinician via Urgent task

Clinical Support Staff's Actions:

- Take appropriate clinical and dermoscopic images.
- Record the procedure using the code: **'skin lesion photography'**
- Save pictures to EMIS patient record as a document labelled Skin lesion photography or dermoscopic photography

System Prompt Action:

- The code triggers a pop-up reminder.
- Clinical Support staff must send an urgent task to the **referral team** confirming:
    - Photos have now been taken
    - The referral can proceed

Step 3: Referral Completion (Operational / Secretarial Team)

- Upon receiving confirmation that photos are available:

Referral Operational / Secretarial Team Actions:

- Compile the referral documentation, including:
    - GP referral letter
    - Dermatology photographs
- Submit the complete referral to the **USC dermatology service**.
- Add to the practice USC safety netting system
- If operational / secretarial team receive a referral for USC skin cancer which has bypassed the teledermatology process without obvious reason, to query this with the referring clinician by urgent task.

5. Key Points for all (Clinical/Clinical Support/Operational)

- Referrals must not be sent until photographs are completed.
- Clear communication between Clinician, Clinical Support staff, and referral team is essential.
- Tasks must be sent at both:
    - “Awaiting photos” stage
    - “Photos completed” stage

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6. Audit & Compliance

- Regular checks from Operations Manager should ensure:
    - All USC dermatology referrals include images
    - Tasks are completed at each stage
        - Referral Form sent on same day as initial appointment
        - NA/HCA photo appointment 2-3 working days afterwards
        - Referral sent by Operational / Secretarial team within 1 working day of photo appointment
    - No delays occur in referral submission

Appendix 1

CKMP Specific

Some clinicians at CKMP are comfortable to take pictures in the assessment appointment themselves, therefore not needing to book the patient into a second F2F appointment and streamlining the process.

Storage location: The camera is kept in the bike repair/stationary cupboard opposite room 33 in a camera bag containing all equipment for photos including USB and charging cable.

- At CKMP – the NA/HCA appointments can be found using “Telederm photo” slots
- In the appointment, take appropriate clinical, macroscopic and dermoscopic images of the lesion
- Save to the patient record as ‘skin lesion photography’ and ‘dermoscopic photography’
- Record the procedure as ‘skin lesion photography’
- USC referral form can then be completed as normal
- Task secretaries urgently for USC referral to be sent with pictures attached
- Ensure task sent to self for monitoring referral process
- Clinician to charge camera in clinical room until end of session when it is to be returned to storage

Version Control

Date	Version	Author	Change Details
March 2026	V1.0	Amanda Murray	Created
July 2026	V1.1	Guy Davies	Combined SOP for practice services- Named clinicians removed for wider use
September 2026	V1.1	Guy Davies	Included camera location in CKMP and expectations of charging camera by clinician who uses it.