

# NHS Hampshire

Evaluation of Vantage Teledermatology (VTD)  
Pilot in Hampshire

Executive Summary

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NHS Hampshire conducted the first Vantage Teledermatology (VTD) pilot to be undertaken across six localities in the Primary Care Trust. PwC were commissioned to review the potential financial and clinical benefits of the service.

## Financial overview

- NHS Hampshire spend on dermatology first outpatient and follow-up appointments was £6.6m in 08/09, having increased in recent years with rises in referral rates
- Our review indicated that the implementation of the VTD service across the PCT could potentially deliver recurrent net savings of £619,783 to £1.5 million based on avoided first outpatient and follow up appointments
- Savings will depend on the proportion of routine referrals that are sent to VTD (take up) and the increase in activity associated with the increased ease of access. Increases will need to be controlled at 20% to achieve the larger saving.
- On a spend of £4.3m on minor procedures and day-cases, there could potentially be additional recurrent savings of £1.8m - £2.4m supported by triage of patients by VTD to shift of minor surgery patients from secondary care to the community. However, this can be done only if there is capacity and capability in the community to provide the required services.

## Clinical overview

- There was evidence of decline in hospital outpatient attendance from practices that used the VTD service for 30% or more of patients eligible for routine dermatology referrals
- Of 835 referrals sent to VTD, in 77% cases, the GP was given a treatment plan to manage in primary care, and 23% were referred to secondary care.
- Of those where GP was given a treatment plan, in 36% of cases, minor surgery was recommended, although in some of these cases it meant the patient ended up receiving their minor surgery in secondary care because of lack of funding or capacity
- A key finding was that 21% of VTD consultations that were referred to secondary care (6.2% of overall cases) were identified as two-week waits. In such cases, the service significantly reduced the waiting time for those patients who would have otherwise waited considerably longer.
- There was increase in net referrals (VTD + secondary care) over the pilot period which was estimated to be between 20-40% which can be partly attributed to ease of access to the Teledermatology service. It should be noted that although an increase in referrals will reduce savings, better access to a specialist opinion could be seen as an improvement in quality of care for patients
- 95% of diagnosis and management plans were returned within 48 hours and there were no reports of any serious incidents during the pilot

### **Patient and Stakeholder experience**

- Patient feedback was positive with 85% either 'satisfied' or 'very satisfied' with the service and 90% stating they would recommend it to others
- GPs cited benefits of VTD such as decrease in patient waiting time, effective triage, rapid turnaround time and ease of referral, with c.90% being satisfied or extremely satisfied with the service
- Clinicians also identified the service as an important tool in supporting dermatology learning and education
- Even if cost neutral, GPs agreed that VTD should continue and ideally be complemented with additional community services such as minor surgery or Tier 2 service
- Hospital consultants were keen to be involved as key stakeholders in shaping community dermatology services going forward

### **Key recommendations**

- With further reassessment in 12 months, it is recommended NHS Hampshire consider continuing with this service and encourage higher take up of VTD across the PCT
- NHS Hampshire should strongly consider an assessment of current dermatological services in the community with a view of redesigning these services involving local and secondary care clinicians. Specifically, to achieve full potential savings, the PCT should ensure capacity and capability in the community to provide minor surgery services
- If appropriate controls were put in place by the PCT, such as clear guidelines to minimise increases in referrals to the more accessible service, and contractual agreements, usage could potentially be increased and larger savings could be achieved