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**Literature search results**

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**Search details**

National guidance for new to follow up ratios in dermatology clinics

**Resources searched**

NHS Guidance, NHS Evidence Specialist Library, Cochrane Library, HMIC, BNI, Cinahl, Medline, TRIP,

**Database search terms**: dermatology, outpatient clinics, referral and consultation, appointments or follow up

**Google search string**:

Dermatology or dermatology clinics outpatients (appointments or follow up)

**Summary**

Very little published research detailing ratio of new to follow up appointments. Items from Google are more specific.

**Guidelines**

*Action On Dermatology* - Good Practice Guide - NHS Institute for...

*Action On Dermatology* - Good Practice Guide - The *Action On Dermatology* programme was designed to improve access and quality of care for patients with skin ...

2003.

**Evidence-based reviews**
Can primary care reform reduce demand on hospital outpatient departments?

- **Publisher:** National Co-ordinating Centre for NHS Service Delivery and Organisation Research & Development (NCCSDO)
- **Publication Type:** Review
- **Publication Date:** 01 Mar 2007

Skin conditions in the UK: a health care needs assessment

University of Nottingham Centre of Evidence Based Dermatology 2008.

Published research

1. **Shared medical appointments: will changes in health care delivery and financing promote increased use of nonphysician clinicians in dermatology patient counseling?**

   **Author(s):** Resneck JS Jr, VanBeek MC

   **Citation:** Archives of Dermatology, April 2010, vol./is. 146/4(434-6), 0003-987X;1538-3652 (2010 Apr)

   **Publication Date:** April 2010

   **Source:** MEDLINE

   **Full Text:**

   Available in fulltext at [Highwire Press](#)

2. **A business case for shared medical appointments in dermatology: improving access and the bottom line.**

   **Author(s):** Sidorsky T, Huang Z, Dinulos JG

   **Citation:** Archives of Dermatology, April 2010, vol./is. 146/4(374-81), 0003-987X;1538-3652 (2010 Apr)

   **Publication Date:** April 2010

   **Abstract:** OBJECTIVES: To evaluate the economic viability of shared medical appointments (SMAs) in dermatology. Secondary objectives include a comparison of the hourly adjusted census levels generated by SMAs compared with regular clinic appointments (RCAs), as well as a comparison between the economic viability of dermatology SMAs and SMAs in other fields of medicine. DESIGN: Cost-benefit analysis. SETTING: Outpatient clinics within an academic medical center, Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire. PATIENTS: No patient-identifying information was obtained or reported. The SMA census data included 301 SMAs (11 different programs and 5 separate departments), representing 2045 appointments over 16 months. Comparisons between patient groups were based on data from the SMA census and mean provider census (MPC) for RCAs, matched on reason for appointment. MAIN OUTCOME MEASURES:
Hourly adjusted census levels and profit differences (charges less costs) between SMAs and MPC for RCAs. RESULTS: All individual and departmental SMAs generated significantly higher mean census levels and profits per hour than the respective non-SMA MPC of the health care provider leading the SMA (individual, P < .05; departmental, P < .001). All dermatology SMAs generated significantly greater differences in hourly adjusted census levels and profit in comparisons between SMAs and MPC for RCAs than the respective measures in all other departments (P < .001).

CONCLUSION: Taken together, the results of this study provide strong evidence to support a business case for SMAs in dermatology as a means of simultaneously improving access, productivity, and the bottom line.

Source: MEDLINE

Full Text: Available in fulltext at Highwire Press

3. Out-patient management and non-attendance in the current economic climate. How best to manage our resources?.

Author(s): Hennessy D, Connolly S, Lennon G, Quinlan D, Mulvin D

Citation: Irish Medical Journal, March 2010, vol./is. 103/3(80-2), 0332-3102;0332-3102 (2010 Mar)

Publication Date: March 2010

Abstract: Outpatient non-attendance is a considerable source of inefficiency in the health service, wasting time, resources and potentially lengthening waiting lists. Given the current economic climate, methods need to be employed to reduce non-attendance. The aim was to analyse outpatient non-attendance and determine what factors influence attendance. A prospective audit over a two-month period to a tertiary-referral Urological service was performed to determine the clinical and demographic profile of non-attendees. Of 737 appointments, 148 (20%) patients did not attend (DNA). A benign urological condition was evident in 116 cases (78%). This group of patients also accounted for the majority of new patients not attending 40/47, returning patients not attending 101/148 and the majority of patients who missed multiple appointments 43/49. Patients with benign conditions make up the majority of clinic non-attendance. Consideration may be given to discharging such patients back to their general practitioner after one unexplained non-attendance until other alternatives of follow up are available.

Source: MEDLINE


Author(s): Hill GM, Sowden JM, Lister RK, Logan RA, Finlay AY

Citation: British Journal of Dermatology, January 2010, vol./is. 162/1(152-8), 0007-0963;1365-2133 (2010 Jan)
Abstract: Background In 2006 a U.K. government White Paper recommended making NHS care in England more accessible by shifting services from secondary care into community settings. There is a shortage of contemporary activity data for U.K. dermatology units to allow benchmarking for service development. This study will not only provide useful comparative data for the future in Wales, but will also serve to highlight the impact of changes made in England. Objective To provide an overview of 1 week's dermatology outpatient activity for the whole of Wales. Methods All dermatology units in Wales collected data for 1 week in early 2007. The case mix, appropriateness of referral, requirement for surgery or second-line therapies and follow-up requirements were all determined. Results A total of 2142 patients were seen. Of new patients, 21% had skin cancer. Seventeen per cent of skin cancers had no diagnosis suggested by the general practitioner (GP) and 10% of basal cell carcinomas, 33% of squamous cell carcinomas and 17% of malignant melanomas were inappropriately diagnosed. In all, 26% of new patients had benign lesions, and this group caused the greatest diagnostic difficulty for GPs. Seventy-one per cent of these patients were diagnosed, reassured and discharged at their first visit without the need for biopsy or surgery. Thirty-seven per cent of new patients required surgery, of which 21% required complex intervention. Twenty-six per cent of follow-up patients were receiving second-line therapies. The new to follow-up ratio varied considerably according to diagnosis, the mean ratio being 1 : 0.21 for benign lesions through to 1 : 5.53 for psoriasis. This highlights the inappropriate nature of a 'one fits all' ratio. The majority of follow-up patients in secondary care required this level of input for monitoring of cancer, complex second-line therapies or surgery. Conclusions This study provides evidence to support logical planning of dermatological services and to assess the impact of proposed changes on different healthcare systems in the U.K.

Source: MEDLINE

5. Teledermatologic consultation and reduction in referrals to dermatologists: a cluster randomized controlled trial.

Author(s): Eminovic N, de Keizer NF, Wyatt JC, ter Riet G, Peek N, van Weert HC, Brujinzeel-Koomen CA, Bindels PJ

Citation: Archives of Dermatology, May 2009, vol./is. 145/5(558-64), 0003-987X;1538-3652 (2009 May)

Publication Date: May 2009

Abstract: OBJECTIVE: To determine whether teledermatologic consultations can reduce referrals to a dermatologist by general practitioners (GPs). DESIGN: Multicenter cluster randomized controlled trial. Setting and PARTICIPANTS: We recruited 85 GPs from 35 general practices in 2 regions in the Netherlands (Almere and Zeist); 5 dermatologists from 2 nonacademic hospitals were also included in the study. Interventions The GPs randomized to the intervention used a teledermatologic consultation system to confer with a dermatologist, whereas those in the control group referred their patients according to usual practice. All patients, regardless of their condition, were seen in the office by a dermatologist after approximately 1 month. OUTCOME MEASURES: The main outcome measure was the proportion of
office visits prevented by teledermatologic consultation, as determined by dermatologists at approximately the 1-month office visit. The secondary outcome measure was patient satisfaction, measured using the Patient Satisfaction Questionnaire III developed by Ware et al. RESULTS: The 85 study GPs enrolled 631 patients (46 intervention GPs, 327 patients; 39 control GPs, 304 patients). The 5 dermatologists considered a consultation preventable for 39.0% of patients who received teledermatologic consultation and 18.3% of 169 control patients, a difference of 20.7% (95% confidence interval, 8.5%-32.9%). At the 1-month dermatologist visit, 20.0% of patients who received teledermatologic consultation had recovered compared with 4.1% of control patients. No significant differences in patient satisfaction were found between groups. CONCLUSIONS: Teledermatologic consultation offers the promise of reducing referrals to a dermatologist by 20.7%. Providing teledermatologic consultation by GPs with more extended knowledge of dermatology may further reduce the need for dermatologist referrals. Trial Registration Current Controlled Trials No. ISRCTN57478950.

Source: MEDLINE

Full Text:

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6. The changing face of dermatological practice: 25 years' experience.

Author(s): Benton EC, Kerr OA, Fisher A, Fraser SJ, McCormack SK, Tidman MJ

Citation: British Journal of Dermatology, August 2008, vol./is. 159/2(413-8), 0007-0963;1365-2133 (2008 Aug)

Publication Date: August 2008

Abstract: BACKGROUND: In order to plan appropriate delivery of dermatology services we need periodically to assess the type of work we undertake and to examine changing trends in the numbers and type of referrals and the workload these referrals generate. OBJECTIVES: To quantify outpatient workload in hospital-based and private practice; to assess reasons for referral to secondary care and to examine the changes over 25 years in the diagnostic spectrum of conditions referred. METHODS: During November 2005, all outpatient dermatological consultations in the south-east of Scotland were recorded. Demographic data, source of and reason for referral, diagnoses, investigations performed, treatment administered and disposal were recorded, and comparisons made with four previous studies. RESULTS: During the 1-month study, attendances were recorded for 2118 new and 2796 review patients (new/review 1 : 1.3, female/male 1.3 : 1, age range 0-106 years). Eighty-nine per cent of new referrals came from primary care and 11% from secondary care. Fifty-seven per cent of referrals were for diagnosis and 38% for management advice. Benign tumours accounted for 33.4%, malignant tumours 11.6%, eczema 16% and psoriasis 7.4% of new cases. For return
patients, 20% had skin cancer, 16.5% eczema, 13.4% psoriasis and 9% acne. The referral rate has risen over 25 years from 12.6 per 1000 population in 1980 to 21 per 1000 in 2005, with secondary care referrals increasing from 61 in November 1980 to 230 in November 2005. CONCLUSIONS: Attendances for benign and malignant skin tumours have increased sixfold since 1980. Patients with eczema and psoriasis account for one third of clinic visits. New referrals have risen by 67%, with those from other hospital specialties almost quadrupling since 1980 to 11% of the total in 2005. These results confirm the demand from both primary and secondary care for a specialist dermatology service.

Source: MEDLINE

7. Collaboration across primary and secondary care dermatology services.

Author(s): Hargreaves, Simon

Citation: Journal of Integrated Care Pathways, 2008, vol./is. 12/2(67-73), 1473-2297 (Autumn 2008)

Publication Date: 2008

Abstract: PURPOSE: The paper demonstrates the complexities of leadership in a local health-care community across primary and secondary care interface, using the example of a general practitioner (GP) with a special interest role (GPwSI) in dermatology. It focuses on how the service will develop and how it could be achieved. DESIGN: Various models and theories about change management were consulted focusing particularly on the goals of the local health-care economy, resources available and environment/contextual surroundings. PRACTICAL IMPLICATIONS: Primary care trusts (PCTs), acute trusts and clinicians need to work collaboratively to achieve an integrated, flexible care pathway, so that patients and the PCTs can be assured of an efficient and good quality service. Conflicts between primary and secondary care dermatology services are not sustainable for a long period. ORIGINALITY: The government's agenda is a shift of care closer to people's homes, so PCTs do need to be aware of what they wish to commission, and consider moving traditional hospital-based facilities into community settings, such as walk-in centres, polyclinics and large health centres, associated with improved GP and patient education on skin problems. 17 refs. [Abstract]

Source: HMIC

8. Implementing the 18-week pathway in dermatology.

Author(s): Jordan, S

Citation: Dermatological Nursing, December 2007, vol./is. 6/4(36-40), 1477-3368 (2007 Dec)

Publication Date: December 2007

Abstract: The development of the 18-week pathway in the dermatology department of Derby Hospitals. Measures to reduce patient waiting times, the
concept of definitive treatment, the impact of patient lifestyle and time needed for diagnostic testing are discussed. 4 refs.

Source: BNI

9. **Intervention program to reduce waiting time of a dermatological visit: managed overbooking and service centralization as effective management tools.**

Author(s): Bibi Y, Cohen AD, Goldfarb D, Rubinshtein E, Vardy DA

Citation: International Journal of Dermatology, August 2007, vol./is. 46/8(830-4), 0011-9059;0011-9059 (2007 Aug)

Publication Date: August 2007

Abstract: BACKGROUND: Long waiting times are an impediment of dermatological patient care world-wide, resulting in significant disruption of clinical care and frustration among carers and patients. OBJECTIVE: To reduce waiting times for dermatological appointments. METHODS: A focus group including dermatologists and management personnel reviewed the scheduling process, mapped potential problems and proposed a comprehensive intervention program. The two major approaches taken in the intervention program were revision of the scheduling process by managed overbooking of patient appointments and centralization of the dermatological service into a centralized dermatological clinic. RESULTS: Following the intervention program, the average waiting time for dermatological appointments decreased from 29.3 to 6.8 days. The number of scheduled appointments per 6 months rose from 17,007 to 20,433. Non-attendance proportion (no-show) decreased from 33% to 28%. Dermatologist work-hours were without significant change. CONCLUSIONS: Waiting lists for dermatological consultations were substantially shortened by managed overbooking of patient appointments and centralization of the service.

Source: MEDLINE

10. **The other side of teledermatology: patient preferences**

Author(s): Mofid, Mitra, Nesbitt, Thomas, Knuttel, Robin

Citation: Journal of Telemedicine and Telecare, 2007, vol./is. 13/5(246-250), 1357-633X (2007)

Publication Date: 2007

Abstract: The authors studied patient preferences for a real-time teledermatology consultation or a conventional dermatology consultation. Dermatology patients were given the option of being seen by a dermatologist at their outlying primary care site via telemedicine or of being examined face-to-face by the same dermatologist at the primary care site. The same dermatologist provided the teleconsultations and the conventional consultations. During a 16-month study period, 52 patients were evaluated via telemedicine and 46 patients were seen face-to-face. The demographics for both study groups were similar. Those patients who selected telemedicine were more likely to have seen a dermatologist fewer than twice during the
previous year, more likely to self-describe themselves in excellent health and more likely to choose a face-to-face evaluation when presenting with a possible skin cancer or a mole. Patients aged 56 years or less tended to be more likely to be seen via telemedicine, although the association with age was not significant (P = 0.06). This information may help providers to devise strategies to direct patients to telemedicine if and when it is appropriate. Cites 17 references. [Journal abstract]

Source: HMIC

11. Patient choice: an explanation of primary care dermatology patients' values and expectations of care

Author(s): Horrocks, Sue, Coast, Joanna

Citation: Quality in Primary Care, 2007, vol./is. 15/4(185-193), 1479-1072 (2007)

Publication Date: 2007

Abstract: Skin complaints are an important cause of ill-health accounting for a large number of general practitioner (GP) consultations and referrals to secondary care. Organisational developments in the UK have led to GPs with a special interest (GPSI) in dermatology offering outpatient services in a primary care setting; however, an in-depth exploration of the values dermatology patients attach to aspects of care or the acceptability of variations in secondary care service delivery has not been reported. The aim was to identify and explore the aspects of care dermatology patients deemed important in making choices about service use. The design was a qualitative study carried out alongside a randomised controlled trial to compare effectiveness of a GPSI dermatology service with standard consultant-led dermatology outpatient care. The setting was the United Kingdom. The method was semi-structured interviews with primary care patients referred for routine dermatology outpatient appointments. The conclusion was GPs should be aware of the impaired quality of life experienced by some patients with chronic skin complaints. GPSI services were acceptable to the majority. However, there is likely to be a group of patients with longstanding, though clinically non-urgent, conditions for whom the service will not be acceptable. Cites 23 references. [Journal abstract - background, aim, design, setting, method and conclusion only]

Source: HMIC

Full Text: Available in fulltext at EBSCO Host

12. Telemedicine in dermatology: a randomised controlled trial

Author(s): Bowns, I R, Collins, K, Walters, S J, McDonagh, A J G

Citation: Health Technology Assessment, 2006, vol./is. 10/43(Whole issue), 1366-5278 (2006)
Abstract: The objectives were to compare the clinical equivalence, patient and clinician opinion of store-and-forward (SF) teledermatology with conventional face-to-face consultation in setting a management plan for new, adult outpatient referrals. To assess the equivalence of digital photography and dermoscopy with conventional face-to-face consultation in the management of suspected cases of malignant melanoma or squamous cell carcinoma. The design was for the SF teledermatology aspect of the study, a prospective randomised controlled trial was carried out. The setting was eight general practices and a hospital dermatology department in Sheffield, England. The participants were for the SF teledermatology part of the study, adults (aged 16 years and over) requiring a new (not seen by a hospital dermatologist within the past year) consultant opinion. For the digital photography element of the study, adults (aged 16 years and over) requiring a consultant opinion due to suspicion of malignant melanoma or squamous cell carcinoma. The interventions were patients in the telemedicine intervention group were referred to the consultant, and managed as far as possible using one or more digital still images and a structured, electronic referral and reply. The control group was managed by conventional hospital outpatient consultation. Patients referred to the two-week wait clinic were invited to have a series of digital photographs, with and without dermoscopy, immediately before their face-to-face consultation. A second consultant viewed these and outlined a diagnosis and management plan which was compared with the actual management. Both were compared with the definitive diagnosis (either the final clinical or histological diagnosis, where undertaken). The main outcome measures were the concordance between the consultant who had managed the case and an independent consultant who gave a second face-to-face opinion. The conclusions were in view of the difficulties in recruitment and the potential biases introduced by selective loss of patients and the delay in obtaining a valid second opinion in the study group, no valid conclusions can be drawn regarding the clinical performance of this model of SF telemedicine. With regard to digital photography in suspected skin cancer, it is unlikely that this approach can dramatically reduce the need for conventional clinical consultations, whilst still maintaining clinical safety. Additional research on the assessment of diagnostic and management agreement between clinicians would be valuable in this and other fields of research. Cites 62 references.

Source: HMIC
Dermatology paged

chiefly in outpatient clinics or outpatient operating theatres. ..... General dermatology clinics. ❚. Ratio of new to follow-up patients per clinic: ...
No date.

Outpatients Management Tool - follow-up rates

No. of clinics attended (e). Derived indicators: Follow-up to new ratio ... SpRs had higher follow-up rates than clinical assistants in dermatology ...
No date.

Improving the dermatology new to review ratio

The ratio of new to review outpatient appointments within the dermatology service ... allow more new patients to be seen in each clinic thus shortening waiting times. ...
Trials of alternative methods of follow-up are being evaluated. ...
NHS Scotland 2010.

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