

Meeting: Governing Body			
Meeting Date	22 June 2022	Action	Receive
Item No.	8	Confidential	No
Title	GM Cancer Alliance Pilot Opportunity: Pathpoint eDerma Primary Care Dermatology Pilot		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning/Cath Tickle, Commissioning Manager		
Author	Damian Aston – Senior Commissioning Manager		
Clinical Lead	Wendy Craven – CCG Dermatology Clinical Lead Liane Harris – CCG Cancer Clinical Lead & Macmillan GP		

Executive Summary

This paper has been prepared to inform the Governing Body of an opportunity for the Bury locality. In partnership with the dermatology colleagues at Salford Royal Foundation Trust (SRFT) to participate in a 12-month Pathpoint eDerma Dermatology pilot. The eDerm pilot proposal as already gained support from the Integrated Delivery Collaborative Board, Bury Elective Care and Cancer Recovery and Reform Board (ECCRRB), The Clinical and Professional Senate Board, The Clinical Leadership Meeting and GP Collaborative Meeting.

Pathpoint eDerma is a cloud-based teledermatology pathway, enabling suspect skin cancer referrals to be remotely and efficiently triaged by a dermatologist.

Pathpoint eDerma has been developed by Open Medical Ltd, a health tech company and is fully funded by the Small Business Investment Fund, therefore no investment is required for the pilot from GM or the Bury locality. The cloud-based pathway is already being delivered within 6 NHS Secondary Care Trusts with a focus on 2-week wait referral (suspected cancer) management once the patient has entered secondary care. The GM pilot aims to recreate and extend the current model into specialist eDerma community clinics and into primary care.

Dermatology is a significant contributor to under-performance in Bury against the Cancer 28-day Faster Diagnosis Standard (FDS). Bury is currently at 24% against the 75% FDS target with 119 Breaches. It is anticipated that if successful, the Pathpoint eDerma pilot will deflect a proportion Bury's 2 week wait patients from secondary care, increasing the 24% current FDS performance and reducing the number of breaches, therefore providing a more efficient pathway for Bury patients.

Recommendations

The Governing Body to note for information:

- The plans for the Bury Locality and NCA, namely the SRFT Dermatology Team, to work in partnership to participate in the 12-month GM pilot with Open Medical Ltd.
- The pilot will be part of the Bury dermatology/cancer work programme overseen by the integrated Bury Elective Care and Cancer Recovery and Reform Board

(ECCRRB) to support recovery and transformation in the dermatology cancer pathway.

- The establishment of a small multiagency task group, to include NCA, Primary Care, Clinicians, IT, BI, Open Medical and Commissioners, to oversee the development, implementation, and monitoring of the pilot, to include any locally defined evaluation plans.
- The work being undertaken with the GP Federation is to identify General Practices to participate in the pilot, regarding workforce and clinical space.

Links to CCG Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	<input type="checkbox"/>
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	<input type="checkbox"/>
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	<input checked="" type="checkbox"/>
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Implications						
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
GM Elective and Recovery Programme Board		Supported
Integrated Delivery Collaborative Board		Supported
Bury Elective Care and Cancer Recovery and reform Board		Supported
The Clinical and Professional Senate Board		Supported
The Clinical Leadership meeting		Supported
GP Collaborative Meeting		Supported

GM Cancer Alliance Pilot Opportunity Pathpoint eDerma Primary Care Dermatology Project

1 Introduction

- 1.1 This paper has been prepared to inform the Governing Body of Burys plans to participate in a dermatology pilot, supported by the GM Cancer Alliance, which was shared with CCG Dermatology Leads by the GM Elective and Recovery Dermatology subgroup. The 12-month e Derma pilot will be undertaken in partnership with Salford Royal Foundation Trust (SRFT). The pilot is fully aligned with GM policy approaches.
- 1.2 The eDerma Pilot Project is actively supported by the CCG Clinical Cancer lead and the Dermatology Leads. The eDerm pilot proposal as already gained support from the Integrated Delivery Collaborative Board, Bury Elective Care and Cancer Recovery and Reform Board (ECCRRB), The Clinical and Professional Senate Board, The Clinical Leadership Meeting and GP Collaborative Meeting.
- 1.3 In Bury teledermatology has been successfully implemented for routine dermatology referrals, allowing GPs to add images of skin conditions to their referral. Initially in 2020/21 this was with Salford Royal FT and the IT provider MDSAS, then from 2021 moved to A&G via eRS at the request of Salford Royal. However, teledermatology for skin 2ww (suspect Cancer) referrals requires dermoscopic imaging for a dermatologist to review virtually. Dermoscopic imaging requires a specific skillset not generally found outside of a dermatology clinic. Pathpoint eDerma brings dermoscopic imaging into the community allowing local dermatologists to virtually review 2ww skin referrals to provide a more efficient and effective pathway for Bury patients.

2 Background

- 2.1 In February 2022 Open Medical Ltd, a health tech company offering cloud-based platforms for clinics to coordinate care, submitted an innovation proposal to the GM Cancer Alliance (appendix 1). The innovation bid process was launched by GM for the purpose of implementing, retaining, or scaling up innovations considered or piloted during the COVID-19 Pandemic, which improved the quality of health and care. The proposal required no financial investment as a grant had previously been secured by the company through the Small Business Investment Fund (SBIF) to support similar pilots.

3 GM Cancer Alliance Pilot Opportunity Pathpoint eDerma

- 3.1 Across GM, dermatology is a significant contributor to under-performance against the Cancer 28-day Faster Diagnosis Standard (FDS). Bury is currently at 24% against the 75% FDS target with 119 Breaches. There are also significant workforce challenges across acute providers.
- 3.2 Pathpoint eDerma is a cloud-based teledermatology pathway and workflow solution enabling suspect skin cancer referrals to be remotely and efficiently triaged, encompassing the end-to-end journey from initial reporting by patient to diagnosis by dermatologist.
- 3.3 Pathpoint eDerma has been developed in accordance with published British Association

of Dermatologists Quality Standards, Pathpoint eDerma bridges primary and secondary care services in a referral model that can be customised to the requirements of the community it serves, offering flexible/hybrid models as local resources define.

3.4 The cloud-based pathway is already delivered by Open Medical Ltd in 6 NHS secondary Care Trusts with a focus on 2-week wait referral management once the patient has entered secondary care. The GM pilot aims to recreate and extend the current model into specialist eDerma community clinics and into primary care.

3.5 The pathway would be open to patients between the ages of 16-75 years of age who visit a Bury GP with a dermatological concern requiring a 2 week wait referral. Patients would have dermoscopic imaging within a specialist local hub and the images would then be reviewed remotely by a SRFT dermatologist. The outcome of the consultant review would be to discharge with advice, refer for a further appointment with a SRFT dermatologist in hospital, directly to biopsy where suitable,

3.6 The benefits as outlined in the Open Medical Ltd proposal are as follows:

- previous implementation data indicates that virtual review of referral with imaging can take approximately 5 minutes of consultant's time compared to 20 minutes in person.
- patients who suffer with Melanoma, Squamous cell carcinoma, basal cell carcinoma and rare primary skin tumours will benefit from better quality referrals to secondary leading to more efficient triaging.
- patients see the correct specialist in the first instance reducing the need for unnecessary appointments and biopsies in addition to gaining the correct diagnosis as triaging will be completed by the specialist.
- improved efficiency of referrals and clear patient pathways with little downtime may improve chances of early detection.
- skin tumours are the immediate focus for this project, but the technology can function across any tumour type which may offer opportunities for scale up in the future.
- digitally enabled care reduces patients' travel to physical healthcare locations, with care closer to home through remote consultations and monitoring.
- improved equity of access due to community-based clinics.
- reduced logistical issues such as arranging transportation.
- reduction in face-to-face hospital visits.
- contributing to more sustainable healthcare practices through remote visits and helping towards net-zero delivery of healthcare services.

4 Locality Requirements

4.1 Having expressed an interest in the pilot with GM, and following discussions at the ECCRRB, the CCG Commissioner and Clinical Lead have met with Open Medical, along with NCA's Salford Royal Dermatology Team, to explore the opportunity further. NCA's Dermatology Cancer Board have subsequently agreed to support SRFTs involvement in the pilot, recognising the opportunity the pilot presents to supporting current pressures within dermatology.

4.2 To progress as a pilot-site Bury will need to identify GP practices willing to commit to the 12-month pilot and provide sufficient clinical space to conduct imaging clinics. Initially positive discussions have taken place with the GP Fed regarding the implementation of the eDerma pilot, utilising GP Practice's estates. The project is fully funded and will cover both clinical space and staff costs, in addition to the deployment of the eDerma software.

4.3 There is opportunity for Bury to shape the service model to best meet the needs of the locality, considering system pressures, including workforce.

Options include:

- a hub-based approach, which could be on a PCN or neighbourhood footprint, where a GP refers patients into a hub and dermoscopy is undertaken by a clinician from Open Medical Ltd, or by a trained nurse practitioner/HCP from the practice team and the referral is then triaged by a Dermatologist at SRFT and directed to the appropriate pathway, follow up, or for further dermatology assessment. The use of specialist dermatology nurse led assessments could also take place.
- As second option is for the GPs in Bury with dedicated training to undertake the dermoscopy and along with the referral the image is automatically updated into the eDerma platform for review by the hub.
- Finally, there is an option for a hybrid model of the above to maximise the existing skill sets within GPs in Bury, helping to develop this over the course of the pilot, whilst at the same time bringing some additional clinical capacity into the locality.

4.4 The eDerma pilot project will also compliment the Dermatology DECIDE GP educational programme which has recently been rolled out across GP practices. The DECIDE programme is designed to improve confidence for GPs to assess/manage skin lesions and referring to local dermatology services as appropriate.

5 GM Requirements

5.1 GM sought assurances in the bid process that sufficient project / programme and administrative support would be provided by Open Medical Ltd for the continuation, management, and reporting function throughout the duration of the project / programme.

5.2 The Cancer Alliance also requires submission of a highlight report from the provider as a minimum to prove value, benefits realisation and governance on a monthly / quarterly basis.

5.3 Within the Pathpoint eDerma (SBIF) funding application a commitment was made by Open Medical to conduct a thorough economic evaluation of the patient pathways implemented to infer the most cost-effective pathway that could be implemented in the future, to allow for significant cost savings to be made.

5.4 The sustainability of the project will include an independent health economic evaluation conducted by Health Enterprise East that will inform future business cases and procurements.

6 Associated Risks

6.1 The main risk for the implementation of the eDerma pilot project will be the setup of the community eDerma hubs. This will involve locating premises for the clinics and staff to be trained to take the dermoscopic images. To mitigate this Open medical can supply staff and conversations have taken place with the GP Federation to supply premises and they are currently scoping for their staff to be trained.

7 Recommendations

The Governing Body to note for information:

- The plans for the Bury Locality and NCA, namely the SRFT Dermatology Team, to work in partnership to participate in the 12-month GM pilot with Open Medical Ltd.
- The pilot will be part of the Bury dermatology/cancer work programme overseen by the Bury Elective Care and Cancer Recovery and Reform Board (ECCRRB) to support recovery and transformation in the dermatology cancer pathway.
- The establishment of a small multiagency task group, to include NCA, Primary Care, Clinicians, IT, BI, Open Medical and Commissioners, to oversee the development, implementation, and monitoring of the pilot, to include any locally defined evaluation plans.
- The work being undertaken with the GP Federation to identify General practices to participate in the pilot, regarding workforce and clinical space.

8 Actions Required

The Governing Body is required to approve the recommendations set out within the report.

Damian Aston

Senior Commissioning Manager

damian.aston@nhs.net

25th May 2022

INNOVATION PROPOSAL FORM GUIDANCE

Completing the proposal form and document control

- Only forms completed in entirety will be considered for further evaluation.
- Please submit your completed proposal form (including any supporting evidence) to louise.lawrence1@nhs.net and rhidian.bramley@nhs.net

The innovation funding confirmed should be used in line with the following parameters: Assessment Principles

1. Funding is to **implement, retain or scale up innovations** that have been considered or piloted during the COVID-19 pandemic. We define an innovation as “a service, process or product that is new or applied in a way that is new to the NHS or Cancer Alliance, which **significantly improves the quality of health and care** wherever it is applied”. Examples include but are not limited to:
 - tools to support primary care records to identify patients with cancer symptoms/risk factors, including digital and AI;
 - clinical decision-making tools for GPs;
 - rule in/out tests for cancer;
 - digital supported triage and workflow management;
 - digital tools to support imaging networks;
 - tools the enable remote monitoring of patients.
2. The innovation **must support one of the three principle Phase 3 recovery aims or enable delivery of the 2022/23 priorities and operational planning guidance.**
 - Ensure sufficient capacity to manage increased demand moving forward including follow-up care-accelerate plans to grow the substantive workforce and work differently as we keep our focus on the health, wellbeing and safety of our staff
 - use what we have learnt through the pandemic to rapidly and consistently adopt new models of care that exploit the full potential of digital technologies
 - work in partnership as systems to make the most effective use of the resources available to us across acute, community, primary and social care settings, to get above pre-pandemic levels of productivity as the context allows
 - use the additional funding government has made available to us to increase our capacity and invest in our buildings and equipment to support staff to deliver safe, effective and efficient care.
3. Proposal leads need to ensure there is **sufficient project / programme and administrative support** to ensure the continuation, management and reporting function is undergone throughout the duration of the project / programme. It is expected that each proposal will produce a highlight report as a minimum to prove value, benefits realisation and governance on a monthly / quarterly basis if successful in application.
4. Proposal leads will need to identify key parameters to **evaluate the innovation and produce an evaluation report** on the work done so far by the end of the financial year. It is recommended that if Cancer Alliances are aware of other Alliances implementing the same innovation, they seek to complete the evaluation in collaboration.

Each proposal should be aligned with the overarching principles:

Value for money	Enabling change	Reducing variation	Savings and efficiencies
Consolidating resources	Learning from and for others	Long-lasting impact and Impact on:	
		Beyond hospital care	Workforce
Views of People Affected By Cancer	Scale of effect v investment	Patient outcomes and experience	Patient waiting times

Each proposal will be scored on responses to each question on a scale of: 0 - poor, 1 - adequate, 2 - good, 3 - excellent

SCORE /72

	They will then be weighed against the criteria and critical success factors: <ul style="list-style-type: none"> • Readiness to deliver • Wider stakeholder engagement and support • Alignment to GM Strategy/ IM&T Framework and Locality IM&T strategy and Plan 	WEIGHT /45
		TOTAL FUNDS

INNOVATION PROPOSAL FORM

SECTION 1: INFORMATION

1.1	Project / Programme Manager	Ramsay Khadeir (OM) - ramsay@openmedical.co.uk
1.2	Lead organisation name	Open Medical Ltd
1.3	SRO for Project from lead organisation	
1.4	Clinical Lead	Saul Halpern
1.5	Finance Lead	
1.6	GM Cancer Pathway Board/s	Skin Pathway and Elective Care Reform Board
1.7	Industrial Partner	Open Medical Ltd
1.8	Evaluation Partner	Health Enterprise East
1.9	Date submitted	08/02/2022

SECTION 2: INVESTMENT CASE INFORMATION

2.1	Title of Scheme/Project for this funding proposal?	Pathpoint eDerma cloud patient management system designed to streamline workflows – referrals, triage and onward transit to diagnostics including biopsy list planning.
2.2	Has this scheme been previously funded from any other digital fund?	£100,000 provided from SBRI
2.3	Anticipated work project/scheme start date (<i>month and year</i>)	July 2022
2.4	How much funding are you requesting in total?	£0
2.4	Nominated partner to receive funding?	Openmedical

SECTION 3: INVESTMENT CASE OUTLINE

3.1	EXECUTIVE SUMMARY - What is the specific scope and content of the proposed project/scheme? (<i>Maximum 200 words</i>) do not attach supplementary documents.	
	<p>To implement and evaluate a cloud clinical pathway management system across multiple Cancer Alliances - delivering an increase in appropriate referrals, alongside rapid access to diagnostics, by optimising patient convenience and rapidly excluding non-cancer from onward diagnostic pathways.</p> <p>Pathpoint eDerma is a secure, centralised platform for dermatology service coordination. Surpassing simple teledermatology; referrals are efficiently and remotely triaged utilising smartphones/tablets, placing patients into diagnostic (biopsy) pathways immediately - traversing primary to secondary care interfaces within a complete workflow from referral to diagnosis and treatment.</p>	

3.2	Themes proposal will be supporting: <ul style="list-style-type: none"> ○ Optimisation of Care Pathways ○ Patient Centred data exchange ○ Self-management and prevention advice ○ System efficiencies ○ Implementing a new or novel technology 	
3.3	<p>Please provide evidence / reasoning. (Maximum 400 words) i.e. compelling reasons for investment in the required services and why investment has not been possible to date?</p> <p>Pathpoint eDerma is a cloud-based teledermatology pathway and workflow solution enabling suspect cancer referrals to be remotely and efficiently triaged, encompassing the end-to-end journey from initial reporting by patient to diagnosis by dermatologist. Developed in accordance with published British Association of Dermatologists Quality Standards, Pathpoint bridges primary and secondary care services in a referral model that is customised to the particular requirements of the community it serves - offering flexible/hybrid models as local resources define.</p> <p>Pathpoint eDerma is already used in 6 NHS secondary care Trusts with a focus on 2 week wait referral management once the patient has entered secondary care. We are aiming to recreate and extend this model into specialist eDerma community clinics and into primary care.</p> <p>Revolutionising the classical 2WW pathway with innovative digital community diagnostic hubs. Implementation and examination of phased models with clinical partners to identify optimal use of Pathpoint eDerma in the NHS.</p> <ol style="list-style-type: none"> 1. Specialist community diagnostic hub with specialist dermoscopic imaging 2. GP led imaging (with / without dermoscopy) 3. Patient self-imaging (consumer-grade personal devices) <p>The models represent iterations of our existing services already evidencing >98% suitability of image quality for triage, with a clinician assessment time of 6 to 10 minutes in-platform versus 34 minutes to 2 hours face-to-face. Over 75% of patient receive a definitive diagnosis or have their diagnostic procedure scheduled within 48 hours of referral, a 10-day saving over existing pathways.</p>	
3.4	<p>Why is this a priority? (Maximum 300 words).</p> <ul style="list-style-type: none"> ● <i>What opportunities are there for other localities and GM transformation initiatives to collaborate with this project, either by providing enablers, by accessing/using the digital technology output or by replicating the approach?</i> <p>Skin cancer is the most common cancer in the UK and dermatology services receive more urgent referrals (500,000 / year) for suspected cancer than any other speciality. Melanoma skin cancer incidence rates have soared by 45% since 2004 according to figures released by Cancer Research UK. Rates have increased by more than a third (35%) for women and by almost three-fifths (55%) for men. Cancer risk generally increases with age and, while melanoma is still more common in those over 65, rates for 25-49-year-olds have increased by 70% since the 1990s. 1 in 36 UK males and 1 in 47 UK females will be diagnosed with melanoma skin cancer in their lifetime.</p> <p>Open Medical has served over 45,000 unique patient pathways (referrals) via our existing Pathpoint eDerma platform across NHS and private care. Each data set in our library to date provides a working combination of:</p> <ul style="list-style-type: none"> ● Medical photography (consumer-supplied and/or professional grade); ● Highly structured, granular specialist recorded information; 	

- SNOMED coded clinical decisions;

All of which serve to ensure consistency and efficiency across the growing rate/volume of referrals.

The consultants at one such provider report positive responses to our sign-on-screen digital consent technology providing a reduction in face-to-face appointments of 92%, despite a 20% increase in skin cancer referrals (year-on-year). At another partner site, the team has been able to not only continue business-as-usual service provision but has indeed increased assessment of referred patients; reducing the waiting times from referral to assessment of an increased cohort volume attributed to the Covid-backlog. An effective digital facilitator, Pathpoint eDerma has helped to tackle the workforce shortage that is endemic to dermatology units nationwide (Kings Fund, 2014), with just 650 consultants representing the total NHS dermatology provision. Pathpoint eDerma brings to the forefront of the classic pathway its most significant process- answering the dermatologist’s fact-finding questions and presenting them with the symptoms required for appropriate triage without the barriers of time and travel.

3.5 **SCOPE (Maximum 200 words)** *How will this proposal enable and support the delivery of the ambition of your specific locality plan or support localities across GM to deliver the ambitions within their locality plans?*

SECTION 4: DELIVERY, IMPACT AND ENGAGEMENT

4.1 **Patient cohort, number of patients impacted plus Inclusion & Exclusion criteria. (Maximum 500 words)** *How will success be defined?*

In a preferred setting, patients present at a specialist community diagnostic hub for specialist dermoscopic imaging. These images are reviewed remotely by a dermatologist and only those patients who cannot be clearly discharged or directly referred by biopsy present for a further appointment with a dermatologist in hospital. Previous implementation data indicates that assessments can take between 6 - 10 minutes of consultants time compared to 34 minutes in person. Projection analysis indicates that the project will reduce patient waiting times allowing for a significant reduction in the patient backlog induced by the COVID-19 pandemic.

The pathway is open to all patients who visit a primary care centre with a dermatological concern providing that they are between the ages of 16-75 years of age. Specifically patients who suffer with Melanoma, Squamous cell carcinoma, basal cell carcinoma and rare primary skin tumours will benefit from better quality referrals to secondary leading to more efficient triaging. Downstream this enables patients to see the correct specialist in the first instance reducing the need for unnecessary appointments and biopsies in addition to gaining the correct diagnosis as triaging will be completed by specialist. Improved efficiency of referrals clear patient pathways with little downtime may improve chances of early detection. Whilst skin tumours are the immediate focus for this project, the technology can function across any tumour type.

There are 3 primary models that demonstrate Pathpoint eDerma's efficacy in improving diagnostic outcomes in skin cancer:

Model 1) Community Diagnostic Hubs

- GP referrals, including images, automatically updated into eDerma platform.
- Dermoscopy performed by specially trained nurse practitioner.
- Dermatologist virtual triage of dermoscopic images.
- Directing to appropriate care pathway including immediate appropriate biopsy scheduling with triage to speciality specific biopsy pathways.

	<p>Model 2. GP-Led Model</p> <ul style="list-style-type: none"> ● GP referrals including images, automatically updated into eDerma platform ● Dermatologist virtual review and triage of referred cases <ul style="list-style-type: none"> ○ directed to appropriate pathway / follow-up / biopsy as required ○ triage of select cases for dermoscopic assessment ● Specialist dermatology nurse-led dermoscopic assessment of select cases on eDerma at centralised Community Dermatology Hub(s) ● Final dermatologist virtual review of dermoscopic referrals with forward pathway management <p>Model 3. Patient Self-Referral</p> <p>High risk/recurrence patients as determined by GP/dermatologists can 'self refer' to dermatology services directly to reduce inequality and provide adequate safety netting. Pathpoint is universally accessible securely via web browser and requires no native application installation. Communication is activated via encrypted SMS text messages or emails with secure links for image attachment and simple instructions, promoting quality. In essence, a full cancer dermatology service can be offered outside of the confines of a hospital building, bringing primary care closer to the specialist, expanding options for appointment booking at the critical stage 1 or 2 period.</p>	
4.2	<p>Patient, Carer, Citizen Engagement and Key Benefits. (Maximum 400 words) Please outline what level of engagement has taken place to involve patients and carers. Please also detail the <i>benefits</i> of this proposal to the Patient and Carer community.</p>	
	<p>A Public Involvement Impact Assessment will be constructed utilising a patient oversight committee. As part of patient engagement reporting, we will include patients from underserved groups to collect feedback on the product and its applicability into clinical practice. Further, we recognise the disparity in dermatology education and training associated with darker skin (The Guardian, 2020) and are committed to redress this balance, expressly seeking patients' consent for research purposes. We aim to have representatives from a plethora groups composed of protected characteristics (age, disability, pregnant, race and ethnicity) within our steering committee/focus groups so as to gain a patient perspective of the proposed eDerma pathway. Equally, we will use user experience, acceptability and design feedback to implement changes to create an intuitive patient-friendly platform.</p> <p>Our digitally-enabled care offering significantly reduces citizens' travel to physical healthcare locations, with care closer to home being delivered through remote consultations and monitoring. Many patients struggle to find time off work, secure childcare, and obtain transportation to and from hospital- underserved communities are particularly vulnerable to a poor appointment booking experience (QualityWatch, 2020). Therefore benefits include;</p> <ul style="list-style-type: none"> ● Reduced time away from care setting through remote clinics. Impacting those who are not able to leave home the most. ● Reduced logistical issues such as arranging transportation. ● Reduced financial burdens associated with F2F visits. ● Contributing to more sustainable healthcare practises through remote visits. ● Reduce visits for those who may be under the care of several different secondary care facilities. <p>A patient oversight committee, and engagement with key opinion leaders and subject matter experts throughout the project, will be recorded in an Impact Log and used to construct a Public Involvement Impact Assessment.</p>	

4.3

Project/Scheme Milestones/Timeline - (Maximum 200 words) Please indicate the milestones for the project and the anticipated go live date.

Milestone	Date	Resource	Success Criterion
Patient Oversight Committee	February 2022	Open Medical	Creation of diverse monitoring group
Community Hub Live	April 2022	Open Medical Greater Manchester Cancer alliance	Regulatory requirements complete and submitted 1st patient referred via community hub
Full Evaluation Plan	April 2022	Open Medical	Submission of project evaluation plan by external evaluator (14/04/2022)
Community Hub Success	September 2022	Open Medical, Surrey and Sussex Cancer Alliance, Greater Manchester Cancer alliance	500 patients successfully referred and triaged
Regional Go Live	August 2022	Open Medical Greater Manchester Cancer alliance	Regulatory requirements completed and successfully submitted First patients referred in GM cancer alliance
Regional Success	May 2023	Open Medical, Surrey and Sussex Cancer Alliance, Greater Manchester Cancer alliance	500 patients referred in GM and second cancer alliance
Public Involvement and Impact assessment	June 2023	Open Medical, Greater Manchester Cancer alliance	Completed patient and public impact assessment
Project Evaluation	July 2023	Open Medical, Greater Manchester Cancer alliance	Completed health economic assessment and project evaluation report

<p>4.4</p>	<p>Please describe the delivery mechanisms and governance in place to manage this scheme? (Maximum 400 words) What project management methodology and process is in place to support delivery of the programme? What business case approval/validation has this scheme been through? What resources are required (equipment and people)? You can describe and/or insert an organogram to show the governance structure and arrangements that will be in place to support this scheme.</p> <p>The project management methodology proposed will follow that of the agile methodology. The funding for the project was awarded on the basis of thorough critique of the business plan and work package scheme via the board of trustees at SBRI. Furthermore, In addition to an internal PM employed at open medical, a PM will also be appointed to work on a part time basis within the trust. Lastly, clinical oversight will be conducted by Dr Saul Halpern, who will be the lead clinician within a steering committee composed of a plethora of consultant dermatologists, General practitioners, nurses, and patients, that will also provide oversight for the project.</p> <p>The project will be differentiated into three differing workstreams; implementation; for project delivery and support throughout. evaluation, which will encompass clinical, operational and health economic analysis and compliance, in relation to information governance, legal, finance and clinical safety.</p> <p>To ensure the project is run successfully a quarterly project report will be conducted entailing a thorough evaluation of processes and analysis of data to be sent to an oversight committee composed of SBRI and AHSN employees. Moreover, Open medical will conduct a series of quality gates within each individual CDC to allow for successful implementation and consistency.</p>
<p>4.5</p>	<p>Savings and efficiencies- (Maximum 200 words) Where possible provide an estimate of the potential cost savings and efficiencies that might arise from the proposal (savings – where costs can be removed; efficiencies – where demand can be mitigated). If it is not possible to quantify these, then provide a narrative to explain the logic that gives rise to an expectation of the savings and/or efficiencies.</p> <p>The project aims to conduct a thorough economic evaluation of the patient pathways implemented to infer the most cost effective pathway that can be implemented in the future to allow for significant cost savings to be made. In its existing model, a secondary care provider runs a nurse-led ‘eDerma’ clinic in which all referred 2ww patients are seen. We intend to create and scale multiple such clinics in the community, in line with the community triage ‘spot’ clinic model and rapid diagnostic hub approach tested in Lincolnshire, advocated by the Elective Care Development Collaborative:</p> <ul style="list-style-type: none"> ● 43% of 73 patients seen during four spot clinics were diverted away from secondary care (either requiring no further treatment or treatment from the GP only). ● A further 9% of patients received treatment in the community. ● Only 7 of the 73 patients were referred to the two week wait pathway. Previously, all 73 patients would have been. <p>Researchers advised a number of recommendations for success of the model, which Pathpoint eDerma meets:</p> <ul style="list-style-type: none"> ● a specific referral form allowing outcomes to be tracked ● Set up IT so that direct referrals from GPs to spot clinics are possible. ● Investing time in developing the right booking system helps to ensure that clinics are booked to full capacity and so are cost effective.

4.6 **KEY RISKS.** Please provide adequate information to enable reviewers to understand the level and likelihood of risk and how it is to be mitigated. Please list any risks to delivery, for example if the spend is dependent on organisational merger, or estates investment, clinical implications etc.

Risk	Detail	Likelihood	Impact	Rating	Mitigation	Risk After Mitigation	Responsible
Clinical - Patient Safety	Inadvertent harm	1	3	3	Full clinical risk assessment and clinical safety case report. Adherence to DCB0129 and DCB0160 standards set by NHS Digital.	1	Clinical Safety Officer
Information Governance	Information security breach / data loss	1	2	2	Company Information Security policies, regular IG training for all staff, DPIA for all deployments, GDPR compliance processes.	1	Data Protection Officer
Cyber Security	Risk of server penetration / hacking	1	2	2	Cyber Essentials plus certified, compliant with NHS Data Security Protection Toolkit	1	Managing Director
System Outage	Server failure / System	1	3	3	<0.01% server downtime to date. Multiple redundant UK based centres and business continuity plans in place. Live status check at status.pathpoint.io.	1	Data Protection Officer
Failure to adopt	End-user resistance	1	2	2	User-friendly, iterative platform design with early key stakeholders engagement coupled with successful change management processes and policies in place.	1	Product Manager
Project Delivery Risk	Failure to identify pilot sites / embed into cancer pathways	1	2	2	Collaborative working with cancer alliances and AHSNs who are all strongly supportive of this project and have committed to ensure project delivery	1	Project Lead
Project Delivery Risk	Covid - 19 or other restrictive measures	2	2	2	Remote user-training facilities, on-platform training and user support	1	Project Manager

4.7 Please provide evidence that the proposal has wider stakeholder support including clinical engagement and review (*Maximum 200 words*) What clinical engagement has been undertaken, and how has this influenced the design of the programme including how this links to governance and prioritisation? Is there a formal CClO (s) role within the organisation and how much time is allocated to this?

During the design of the project several key opinion leaders of the British association of dermatology were consulted. Moreover, Dr Saul halpern will be acting as the clinical lead who is a former chair of the british teledermatology society and co-author of BAD teledermatology guidelines. Dr Halpern has utilised and validated the eDerma platform at EKHFT.

Surrey and Sussex Cancer Alliance clinical leads are highly supportive of this project and will be providing advisory and implementation support throughout the project. Greater Manchester Cancer alliance will support implementation and interfacing with community sites. Greater Manchester Cancer Alliance will facilitate scaling to their sites.

4.8 **Dependencies** (*Maximum 200 words*) Highlight some of the key risks to delivery and explain what the proposal is dependent on for example: organisational readiness, workforce availability.

The proposal is dependent upon GP clinics within the geographical reach of GM hospital being receptive to implementation and trialing the eDerma platform within their clinics.

SECTION 5: ALIGNMENT TO DIGITAL FUNDING CRITERIA

5.1	GM IM&T FRAMEWORK - Please address how your proposal aligns to the following: (Maximum 400 words)	
	Re-use of existing GM Technology/Policy/Procedures/ Processes. <i>Are the capabilities requested already implemented in GM? Is there a blueprint that can be shared across GM? Can the technology/Policy/Procedures be re-used? How additional benefit can be gained by building off existing investments?</i>	Open Medical's Pathpoint is currently implemented in Manchester and Royal Wythenshawe
	Scalability <i>Solution to be scaled across localities/GM if appropriate? If not appropriate, please explain why.</i>	eDerma pathpoint will be implemented within the dermatology departments across GM. Moreover, initially five GP clinics will be chosen to act as community diagnostic centres, should demand increase throughout the project there is no limit to the scalability of the
	Supportability <i>How will your solution be supported within existing skill sets? Please explain what additional skill sets will be required if not.</i>	Open Medical's operations and support team are highly experienced having deployed and supported upwards of 1.2 million patient pathways across NHS trusts throughout the UK.
	Accessibility <i>Can your system be accessed on any device from any organisation if appropriate?</i>	Yes, eDerma is a cloud based and can be accessed via any device with internet connectivity
	Interoperability <i>Would information be shared with other clinical systems and localities? Can your solution re-use existing information without requiring dual entry? Use open standards I.E. open EHR/FHIR/NHS Digital services</i>	eDerma will be fully integrated with e-RS, which is fully compliant with NHS Digital's Open API policy. 65 live interfaces and with every major EHR. FHIR native platform.
	Support for operational consolidation <i>Can your solution be used by teams from multiple organisations. Can your solution re-use existing policy/procedures and processes?</i>	Yes
	Information Governance <i>Will your DPIAs and information flows be logged in the Information Sharing Gateway (ISG)? If not please explain why?</i>	Yes
6	FINANCES	
6.1	Proposal finances: <i>The overall funding asks, by scheme or programme. Please outline the overall funding base for this work programme, differentiating between Digital Fund resource, match funding at locality and GM level.</i>	
	<i>No funding requested - £100,000 provided by SBRI.</i>	
6.2	SUSTAINABILITY – This Fund is non-recurrent funding. <i>Please provide evidence that any revenue and capital refresh consequence will be addressed. (Maximum 200 words) What plans are there for maintenance and support over the lifecycle of the product, product refresh and replacement at the end of the lifecycle?</i>	
	<i>One of the major aims of the project will be to collect and capture robust validation data on clinical outcomes and referral times. Additionally, the project will include an independent health economic evaluation conducted by health enterprise east that will infer future business cases and procurements.</i>	

6.3	Revenue Funding/Impact? <i>(Maximum 200 words)</i> Please confirm which organisation has committed to meeting the revenue costs

#	Weighting - 0 - poor, 1 - adequate, 2 - good, 3 - excellent	Weight
1	ALIGNMENT TO GM IM&T Strategy	
a	Is there a clear proposed work programme and vision?	
b	How does the proposal align to Phase 3 recovery aims or enable delivery of the prioritised Long-Term Plan commitments	
c	Alignment to the GM IM+T framework	
d	Alignment to locality/sector/organisation plan	
e	Improvement to digital maturity	
	Sub Total	/15
2	WIDER STAKEHOLDER ENGAGEMENT	
a	Key locality partners being engaged and in agreement to the proposals	
b	Evidence of clinical engagement	
c	Patient, Carer, Citizen engagement	
e	Engagement with GM Stakeholders e.g. Digital Collaborative (IEG/TDA/CRG/ IDCR)	
	Sub Total	/12
3	READINESS TO DELIVER	
a	Governance arrangements in place and evidence of this including business case and resources.	
b	Benefits outlined and provide measurable improvements	
c	There is a detailed project plan with clear milestones and deliverables	
d	Clear procurement strategy identified	
e	Risk management strategy outlined, and key risks outlined	
e	Sustainability outlined	
	Sub Total	/18
	Full Total of weight	/45