

Transforming dermatology pathways

Faster skin cancer diagnoses,
fewer in-person appointments,
and improved patient outcomes.



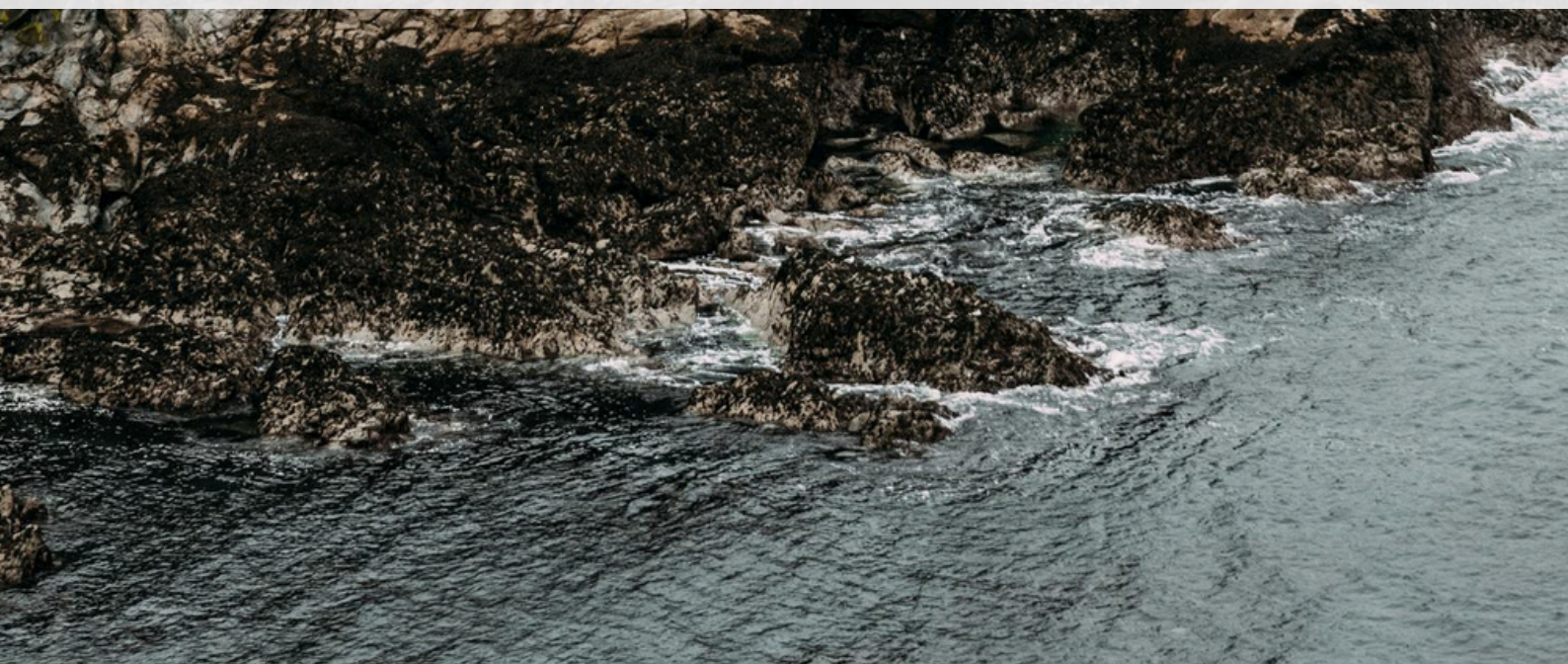
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Health Tech Case
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Royal Cornwall Hospitals NHS Trust's community skin imaging clinics (CLICs) are bringing essential services closer to home for rural communities and cutting patient waiting times for cancer referrals from 57 to 12 days with Isla Health's digital pathway platform.

Discover how RCHT transformed their teledermatology offering and learnings you can apply to your organisation.





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Executive summary

Discover how Isla supported Royal Cornwall Hospitals NHS Trust's (RCHT) Dermatology services to transform their skin cancer referral pathways with remote care solutions for Community Lesion Imaging Clinics (CLICs).

This innovative approach moves away from outdated, time-consuming processes to deliver more efficient and accessible care for patients in rural and geographically isolated communities, where access to care can be limited.

Supporting patients remotely reduces time-consuming and costly travel to facilities, improves waiting times, and enhances productivity for clinicians.

By enabling remote care through the use of Isla's powerful technology, RCHT achieved measurable improvements, including:

- **A 49% reduction in face-to-face appointments**, freeing up clinician time to dedicate to higher-priority patient care
- **A reduction in 2WW (Two-Week Wait) referral triage time from 57 days to just 12 days**, drastically improving patient waiting times and service responsiveness
- Testing an **AI-ready database with over 3,000 high-quality dermoscopic images**, supporting future diagnostic advancements and clinical decision-making

This transformation has streamlined workflows, reduced the administrative burden, and optimised patient care—solutions that can be adapted to tackle challenges like high demand, staff burnout, and long waiting times across your organisation.

Learn how you can adapt this proven model to boost operational efficiency and deliver measurable benefits for your patients and clinicians.

Introduction

The broad challenges in dermatology and skin cancer care

The NHS is facing growing challenges in dermatology services, with increasing referral rates, limited specialist capacity, and long waiting times for diagnosis and treatment.

These pressures are felt acutely in the management of skin cancer, where early detection is critical to improving outcomes.

Melanoma is now the 5th most common cancer in the UK, with over 17,000 new cases diagnosed each year—that's roughly **48 people every day**.

While it's extremely dangerous, it can have up to a **98%** survival rate if caught early, making it crucial to enhance services that enable earlier diagnosis and ensure more patients receive timely, life-saving care.



17,000+

New cases of melanoma skin cancer each year

2017-2019 average, UK



2,000+

Deaths from melanoma skin cancer in the UK, 2017-2019

UK from 2017-2019



86%

Melanoma skin cancer cases are preventable

UK, 2015 data

Source:  **CANCER RESEARCH UK**

National priorities for better healthcare delivery

The challenges facing dermatology and skin cancer care align with broader national healthcare priorities.

Both the [NHS Long-Term Plan](#) and recent reports, such as the [Darzi report](#) and [elective care reform plan](#)*, emphasise the urgent need for transformation in healthcare delivery to address growing demands across the system.

These priorities highlight the critical need to improve dermatology services, particularly in skin cancer care, where timely intervention makes a significant difference in patient outcomes.

In alignment with these priorities, RCHT had already begun rethinking its dermatology pathways, combining innovation with a commitment to patient-centred care.

*These reports are linked above and in [additional resources](#).

1

Accessible and timely care

Bringing services closer to patients to reduce delays in treatment and improve equity.

2

Prevention and early detection

Detecting and addressing conditions early to reduce pressure on acute services.

3

Technology and innovation

Leveraging digital tools to enhance patient care and reduce inefficiencies.

4

Workforce support and engagement

Enabling clinical teams to work more effectively through smarter processes and reduced administrative burdens.

5

Diverse care settings

Expanding the network of community diagnostic centres and surgical hubs, to enable more treatment outside of hospitals.

6

Integration and equity

Ensuring care is joined up and accessible for all patients, regardless of location or background.



Royal Cornwall Hospitals
NHS Trust

About Royal Cornwall Hospitals NHS Trust

RCHT provides high-quality healthcare services to people across Cornwall and the Isles of Scilly. The Trust serves a population of around 470,000 people, a figure that can be doubled by visitors during the busiest times of the year.

The Royal Cornwall dermatology unit provides routine and emergency assessment, treatment, and surgery for patients with skin conditions and diseases.

[Website](#)



About Isla Health

Isla is a powerful digital pathway platform for healthcare providers to support patients throughout their care journey. Adopted by and co-developed with leading NHS clinicians, Isla offers a holistic solution for seamless, remote-first care.

Trusted by over 30 NHS Trusts across more than 40 clinical specialties since 2019, our platform gives clinicians clear insights and full visibility to make faster and data-informed decisions. Patient data such as images and forms can be submitted remotely by both patients and clinicians for seamless care. With Isla, everything is connected and built to scale, freeing clinicians up to focus on what matters most –patient care.

[Website](#)

Case study

Background and challenges

for RCHT's dermatology services

Royal Cornwall Hospitals NHS Trust's (RCHT) dermatology service in Truro faced persistent capacity challenges, worsened by difficulties obtaining high-quality images in primary care.

A lot of Cornwall's population also lives in rural areas, making in-person access to hospitals difficult, adding another layer of complexity.

By mid-2023, Two-Week Wait (2WW) referrals had hit 198 per week (over 10,000 per year).

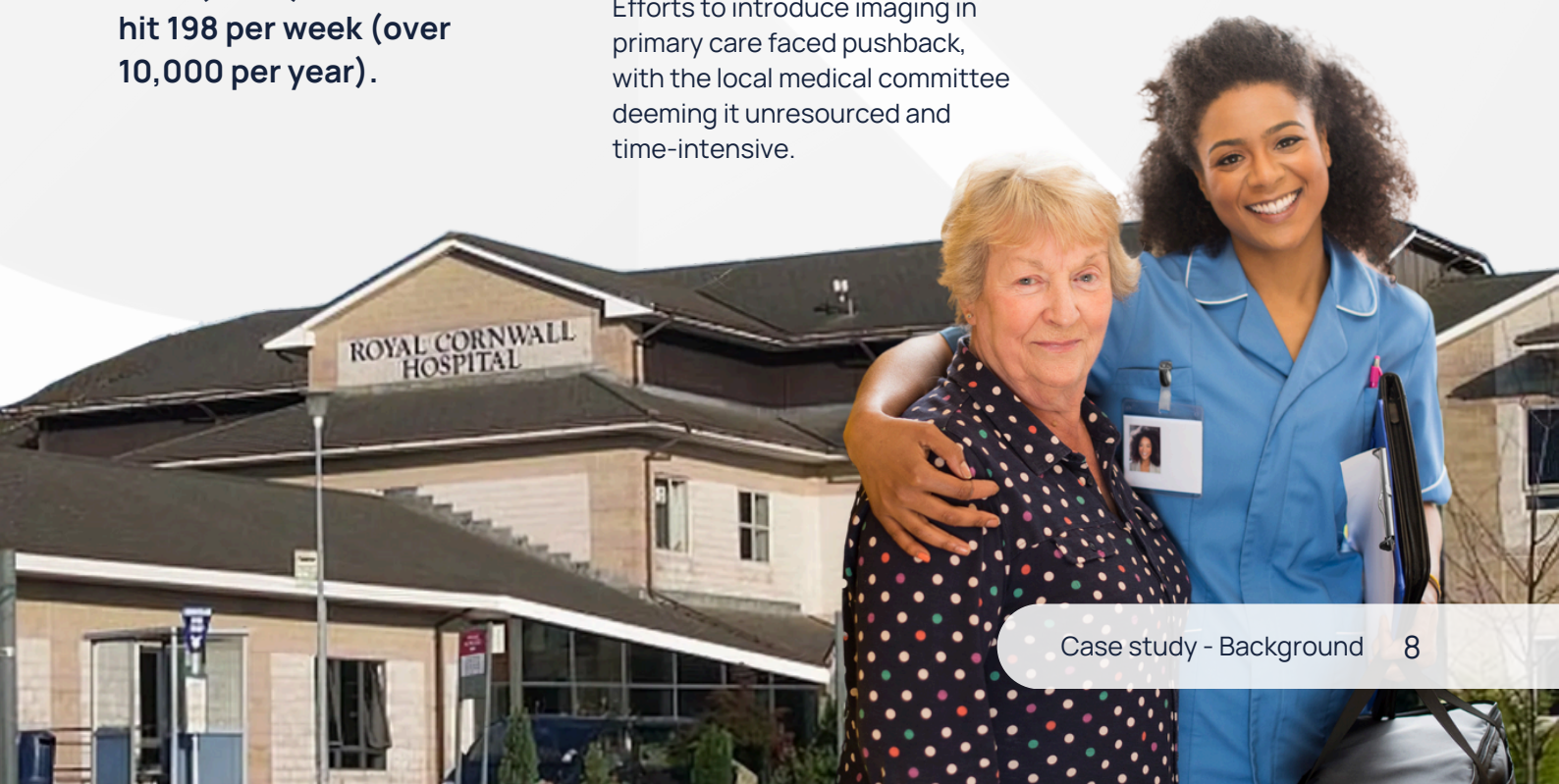
Although AI screening was explored as a possible solution, regulatory bodies recommend further research before NHS adoption for safety and accuracy reasons ([British Association of Dermatologists](#)).

Local teledermatology for inflammatory conditions was well-established, but tele-triage for skin cancer referrals posed challenges due to clinical risks and imaging difficulties.

Efforts to introduce imaging in primary care faced pushback, with the local medical committee deeming it unresourced and time-intensive.

This resulted in a growing backlog of 1,200 patients and waiting times reached up to 57 days, far beyond the national target of two weeks.

Efforts like hiring locums, offering financial incentives, and mentoring through Certificate of Eligibility for Specialist Registration ([CESR](#)) programmes, failed to provide the long-term solutions needed.





“

We've seen an epidemic of skin cancer in the last few years, the melanoma diagnosis rate in Cornwall is almost three-quarters of the rate in Australia! We're also seeing a shortage of dermatologists in the UK so innovating the way work is inevitable.

— Dr Sandy Anderson,
Consultant Dermatologist at RCHT



Solution

Community Lesion Imaging Clinics (CLICs) powered by digital pathways

How it works

Patients are referred by their GP to a local CLIC, where healthcare assistants check and capture high-quality images of their skin lesions.

These images, along with structured questionnaires that highlight lifestyle factors that could contribute to risk and document lesion characteristics, are securely uploaded to Isla's digital pathway platform for clinical review.

A specialist can then review the photos and accompanying information virtually to determine whether the lesion is non-cancerous, requires direct surgical listing, or needs further investigation.

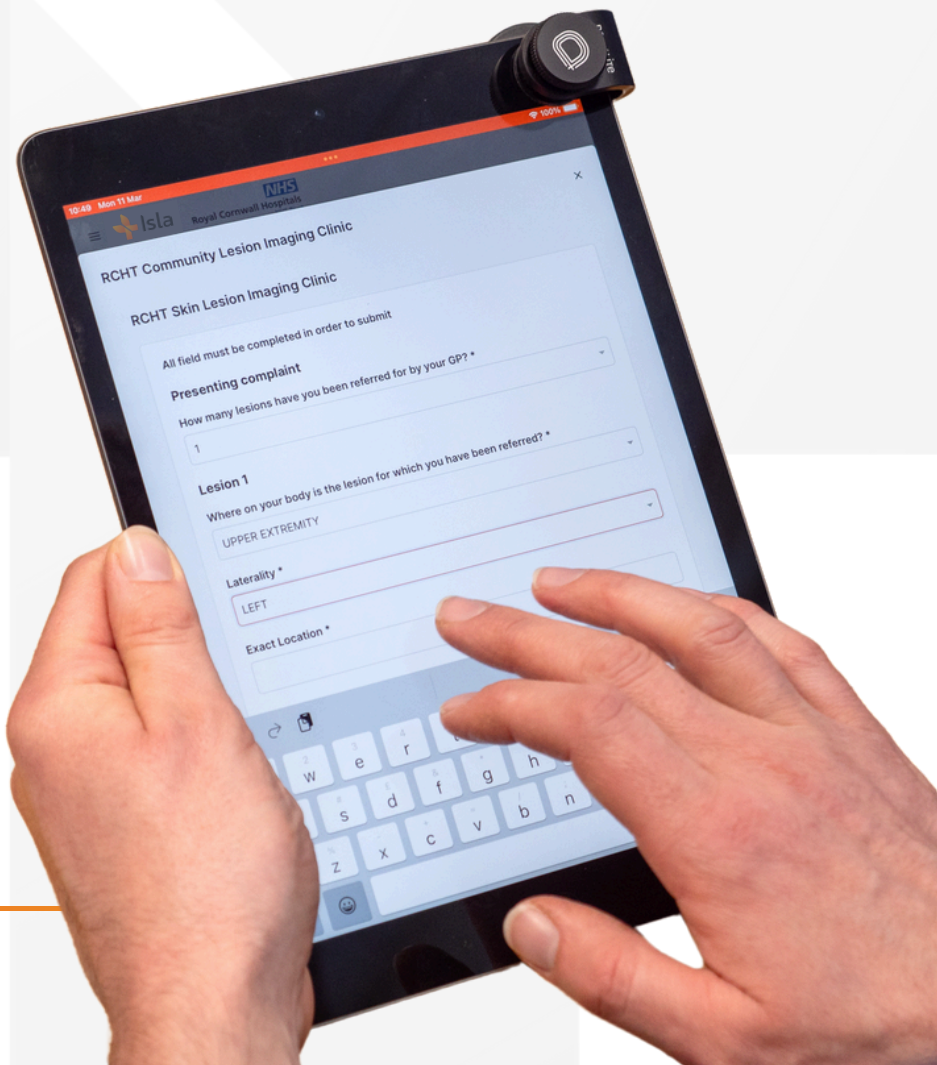
The CLIC initiative streamlines the 2WW pathway by identifying non-cancerous lesions or those ready for direct surgical listing, while simultaneously building a national-scale database of de-identified, coded dermoscopic images for AI development.

Pilot phase

During the pilot phase, CLICs were staffed by band 3 healthcare assistants who managed 29 patients per week comprising 15% of all 2WW referrals.

Using structured questionnaires and an iPad with an attached dermatoscope, healthcare assistants captured localising, macro, and dermoscopic images of skin lesions. These images were then securely uploaded to Isla's platform for review.

Within 48 hours, senior dermatologists reviewed the referral letters, questionnaire data, and images, enabling timely diagnosis and appropriate next steps for patient care.



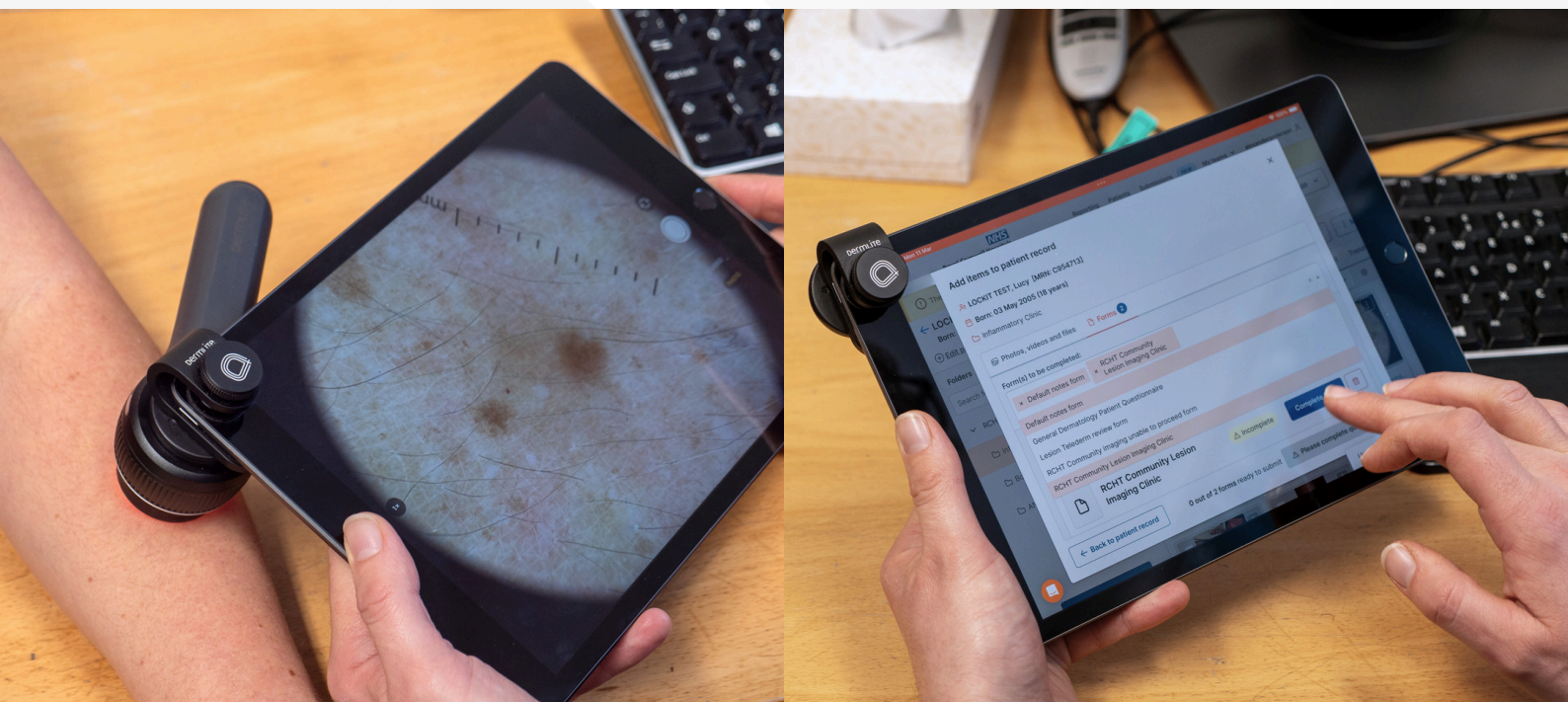
Behind the scenes

World-class bespoke development with support every step of the way

To make the CLIC initiative as impactful as possible, the Isla platform was tailored to meet local needs, drawing on insights from UK centers and world-class teledermatology practices observed at the Melanoma Institute Australia.

A dedicated team of clinical and technical experts refined the pathway, creating tools and a bespoke training programme for healthcare assistants, ensuring high-quality implementation.

This training included online modules, practical sessions, and supervised clinics, to provide patients with skilled care closer to home.



Impact

Faster diagnoses, fewer unnecessary appointments, better patient care.

With Isla, CLICs are accelerating diagnosis by enabling faster triage and reducing unnecessary face-to-face appointments, which helps to identify melanoma cases more quickly.

The introduction of teledermatology has transformed the service, reducing the initial peak 57-day waiting time to just 12 days, a reduction of 45 days, or 79%.

The teledermatology pathway allowed some patients to be discharged directly, and some to be listed directly for biopsy.

Between August and November 2023, 438 patients with a median age of 72 were reviewed, of which:

- 28% (122 patients) were discharged directly from triage with advice to the referrer
- 21% (91 patients) were listed directly for biopsy or simple excision

The remainder (51%) were inconclusive and so invited for a face-to-face appointment.



The survival rate for melanoma varies significantly depending on the stage at diagnosis.



If identified at an early stage (Stage 1), the 5-year survival rate can reach as high as 98%.

However, when diagnosed at a later stage (Stage 4), this drops dramatically to around 25% ([Cancer Research UK](#)).

Timely and accurate detection is therefore crucial to improving survival rates and ensuring patients receive the most effective treatment.



Saving time

For both patients and clinicians

Clinicians using Isla on the CLIC pathway spent an average of just **2 minutes and 55 seconds** per asynchronous review.

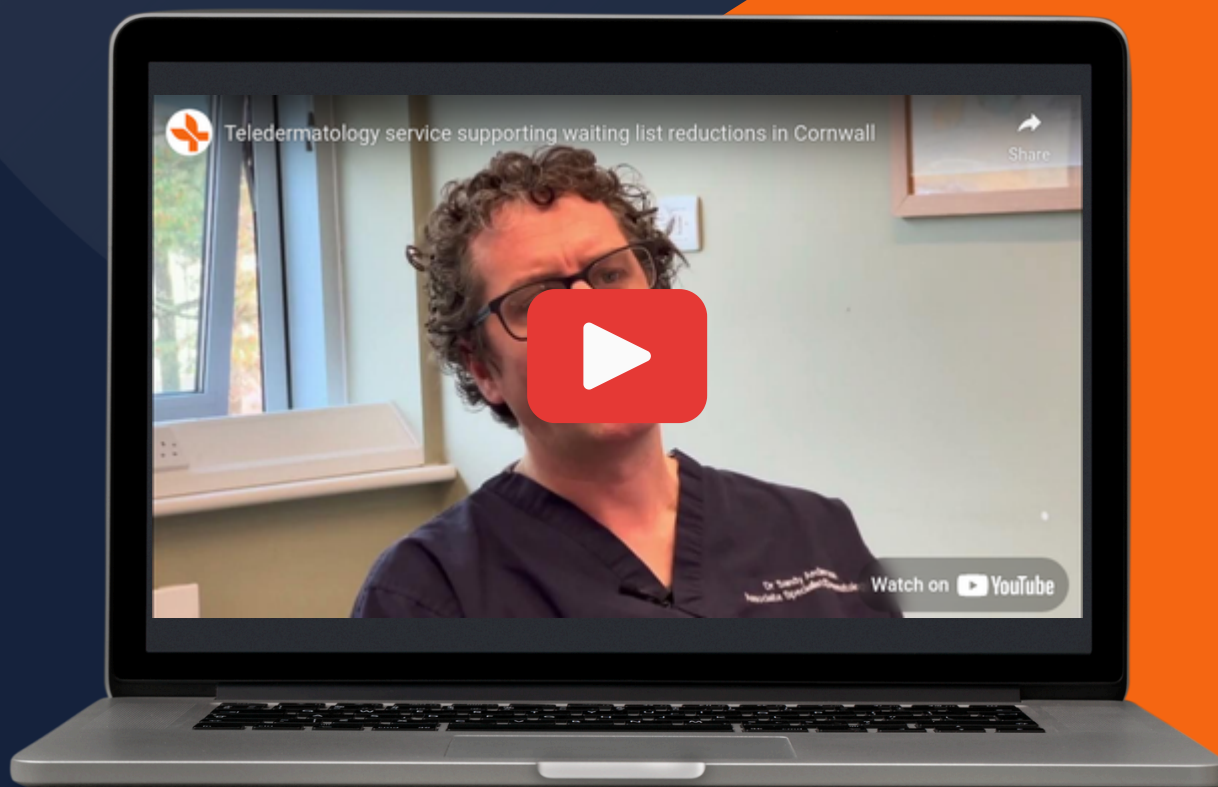
This means that average clinical time for async reviews and subsequent in-person reviews for the 51% of patients requiring appointments **reduced by 35%, from 20 minutes to 13 minutes per patient.**

Additionally, when patients attended in-person reviews, clinicians had already reviewed their cases and collected all relevant background information during the community clinic, allowing these sessions to run more efficiently.

Expanding this system across the county could **prevent 5,100 patients annually** from needing unnecessary hospital visits, allowing specialists to dedicate more time to complex dermatological cases and skin cancer.

Notably, **40%** of face-to-face 2WW (Two-week wait) appointments have already transitioned to elective care, improving treatment pathways and enabling faster clinical decision-making.

Watch Dr Sandy Anderson, Consultant Dermatologist at RCHT, talk about the work below.



Feedback

I'm delighted to see this tele-dermatology initiative out in the community. It's a privilege to work with such a forward-thinking and creative team who are continually adapting the way they work to apply innovative healthcare solutions for the benefit of our patients. Huge thanks to all involved.

— Robin Jones,
Chief Operating Officer at RCHT



Using Isla was intuitive and quick... all in all it's been immensely positive.

— Clinician at RCHT



These community-based clinics are virtually filtering for cancer, speeding up the process, reducing waiting lists, and allowing patients to get a faster diagnosis without having to travel for a specialist appointment.

— Dr Sandy Anderson,
Consultant Dermatologist at RCHT





49%

Increase in patient throughput



Half

Of face-to-face 2WW appointments avoided



45 days

Saved in 2WW referral, from 57 to 12 days (79% reduction)



< 3 mins

For clinicians to complete asynchronous review on CLIC pathway using Isla



35%

Less time spent during necessary appointments (from 20 to 13 minutes)



8,000+

Patients receiving Isla review



48,000+

Photos and forms submitted on Isla



3,000+

High-quality dermoscopic images in an AI-ready database

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WINNER**

Health Tech
Case Study
of the Year

**ROYAL CORNWALL
HOSPITAL**

Looking forward

Scaling services to reach more patients

The service has received excellent patient feedback, motivating the team to continue innovating and expanding its reach.

With funding from the Royal Cornwall Hospitals Trust, the service will expand to five hubs across Cornwall, excluding the Isles of Scilly. However, to support hard-to-reach areas, healthcare support workers on the Isles of Scilly are being trained.

Building on the success of CLIC for cancer referrals, the team is now further refining a pathway for inflammatory dermatology conditions, such as psoriasis and eczema, where patients currently face waits of up to **48 weeks** for a face-to-face appointment.

Eczema

Affects approximately 15-20% of children and 2-10% of adults in the UK.

Clinical & Experimental Allergy

Psoriasis

Affects around 2% of the UK population, which is roughly 1.8 million people.

NHS Inform

Acne

Is the most common skin condition in the UK, affecting 95% of people aged 11 to 30, and leading to 3.5 million visits to primary care every year.

NICE and NHS

The new pathway identifies patients suitable for remote consultation and sends them an automated link, enabling them to submit comprehensive questionnaires and images securely via Isla's platform.

Patients can upload directly from their mobile devices without the need to log in or download any applications, and the data is reviewed asynchronously by off-site clinicians.

This approach aims to reduce face-to-face appointments by **30%**, significantly improving waiting times. Trials are set to begin soon with a clinician working remotely.

“

“The tele-dermatology service at Royal Cornwall Hospitals NHS Trust has delivered amazing impact for patients already. We are super excited to extend our partnership, delivering novel remote services with RCHT and across the county.”

— Co-founders of Isla Health,
James Jurkiewicz (CTO)
and Peter Hansell (CEO)



Revolutionising dermatology with AI-powered diagnosis

RCHT and Isla have partnered with MetaOptima, a dermatology skin analysis tool that will make use of MetaOptima's system AI to help form diagnoses about patients' skin lesions.

The database of patient data will have custom image tagging and metadata functionality to enable precise tracking and analysis of dermoscopic images.

The project will plug into the existing Isla flow where healthcare assistants will capture dermoscopic images of patients, which will be sent to MetaOptima for AI review to create an outcome for patients and send the data back to the Trust.

This will be conducted initially as a trial to assess the effectiveness of MetaOptima's AI tool in conducting skin cancer diagnoses and contribute to research on the topic more broadly.



Step by step guide

How to transform your dermatology service

Royal Cornwall Hospitals NHS Trust (RCHT)'s approach shows how it's possible to overcome the challenges facing dermatology services with the right tools and strategies.

While every organisation is unique, the principles of their success can be tailored to suit your needs. **Start with these steps:**



1

Assess your current pathway

Map out your existing dermatology service, identifying bottlenecks, challenges, and areas for improvement. Engage clinicians, administrative teams, and patients to understand their experiences and needs.

2

Define your goals

Decide what you want to achieve. This could include reducing face-to-face appointments, increasing capacity for 2WW (Two-week wait) referrals, improving patient access, or building a database for AI development.

3

Engage stakeholders

Secure buy-in from your team and key decision-makers by sharing the potential benefits of adopting a digital pathway solution. Highlight success stories like RCHT covered in this document to show the impact.



4

Collaborate with the right digital partner

Explore solutions with our team tailored to your trust's specific needs. Isla's platform provides an intuitive, scalable way to integrate teledermatology into your service. From Community Lesion Imaging Clinics (CLICs) to patient-submitted images, we can help you build an effective digital pathway.



5

Develop your implementation plan

Identify the roles and training required for staff, such as healthcare assistants capturing images.

- Pilot the new pathway in a specific area to test the approach and gather feedback.
- Refine processes and ensure a seamless rollout.



6

Train and empower your team

Provide training and resources for staff to build confidence and ensure high-quality implementation. Isla offers tailored training programmes, including online modules and hands-on sessions.



7

Track outcomes and share results

Collect data on patient flow, appointment reductions, and care quality. Share these results internally and externally to demonstrate impact and build support for scaling up.



8

Expand and innovate

Once your initial pathway is running successfully, consider scaling to other dermatology services, such as inflammatory conditions. Isla's platform is built to grow with you, supporting further transformation.

Conclusion

Royal Cornwall Hospitals NHS Trust (RCHT)'s dermatology service has achieved remarkable results, starting with a daunting backlog of 1,200 patients and wait times peaking at 57 days.

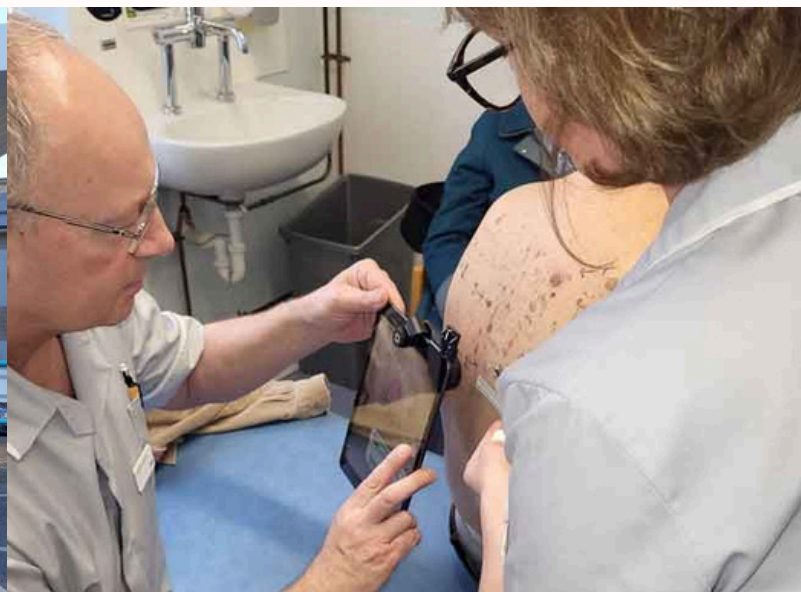
Through the introduction of Community Lesion Imaging Clinics (CLICs), they've reduced two-week wait (2WW) referral times to just 12 days, dramatically improving access to care.

Clinicians now spend an average of **2 minutes 55 seconds per patient** on the CLIC pathway, compared to 20 minutes for traditional face-to-face appointments, freeing up valuable time to deliver care.

For patients, the impact is equally significant, with **49% of face-to-face appointments no longer needed**, reducing travel and making care more convenient and accessible, especially for rural and remote communities.

By embracing innovation and focusing on patient-centred care, RCHT has shown that it's possible to deliver faster, more accessible dermatology services while easing pressures on clinicians.

With the right strategy, your organisation can translate these learnings to achieve similar results. This approach addresses challenges like high demand, long waiting times, and administrative burdens, while delivering better care for patients.





Ready to transform your dermatology service with digital pathways?

Get in touch to book a demo and see how you can deliver faster diagnoses, reduce waiting times, and improve outcomes for your patients and clinicians.

[Book a demo](#)



The feedback from patients has been overwhelmingly positive, reinforcing our commitment to expand these services to more community hospitals throughout Cornwall. This initiative is just the beginning, as we're also exploring the potential of AI to further enhance skin cancer diagnosis.

— Dr Sandy Anderson,
Consultant Dermatologist at RCHT



Additional resources



HTN Now Awards 2024/25



Cancer Research melanoma statistics



RCHT Video case study



NHSE priorities 2024/25



Case study on RCHT's website



Lord Darzi's report



RCHT BBC News feature



Reforming elective care for patients plan



NHS Transformation Directorate
Isla playbooks



NHS Long term plan



MetaOptima

