was 3.1, 2.5, 3.5 and 2.8, respectively. The groups that achieved higher scores were clinicians who encounter patients with SOC more frequently (≥11 patients weekly; mean 3.7) and those with >10 years of experience in the field of dermatology (mean 4.0). Of the 15 clinicians who answered ≥5 questions correctly, five (33%) had experience in ethnic dermatology. In contrast, only one of the 19 (5%) clinicians with ≥1 correct answers had received training in ethnic dermatology. This survey highlights the paucity of knowledge amongst UK dermatologists on the topic of skin cancers in SOC. It suggests a need for improved training and education focusing on the specific risk factors, varying clinical features, potentially different investigations and preventative strategies for skin cancers occurring in patients with SOC.

Health service delivery, management research and Getting It Right First Time (GIRFT) symposium

GIRFT01
The long-term costs of COVID-19 for patients with skin cancer: a retrospective single-centre review of multidisciplinary team skin cancer cases and outcomes from 2019 to 2021
Esra Musbah, Mariha Ashraf, Erin Kamp and Claudia DeGiovanni
University Hospitals Sussex NHS Foundation Trust, Brighton, UK
The COVID-19 pandemic has affected skin cancer services in the UK and worldwide, with a reported decrease in referrals and diagnoses in 2020. Early detection and treatment are critical for improved patient outcomes. To determine if there was a difference in skin cancer diagnosis and management, we conducted a retrospective, single-centre cohort study of all patients discussed in skin cancer multidisciplinary team (MDT) meetings in the same period (May–July) in 2019, 2020 and 2021. This included melanoma, squamous cell carcinomas (SCC), complex basal cell carcinomas and rarer skin cancers. The patient cohort was identified via the MDT discussion database and electronic patient records. Overall, there was a drastic decrease of 62% in the number of 2-week wait referrals in 2020 vs. the same period in 2019, increasing beyond pre-COVID levels in 2021. A total of 643 patients were diagnosed with skin cancer: 221 in 2019, 155 in 2020 and 267 in 2021. Mean age at diagnosis (75 years) was similar for all 3 years. Patients with multiple lesions nearly halved in 2020 (7.1%) vs. 2019 (13.6%), increasing again in 2021 (10.9%). There was a 49.5% reduction in the total number of melanomas diagnosed in 2020 (n = 58) vs. 2019 (n = 67), increasing back to pre-COVID levels in 2021 (n = 59). Fewer patients were referred for sentinel lymph node biopsies in 2020. An increase in thin melanomas (pT1a/pT1b) in 2020 vs. 2019 was seen, but there was a sustained reduction in the diagnosis of thicker melanomas (pT3a/pT3b and pT4a/pT4b). In 2019 and 2020, an equal number of SCCs were diagnosed (n = 132), but increased in 2021 (n = 170), with a significant increase in the diagnosis of poorly differentiated SCC in 2021.

Recommendation for referral for all skin cancers to the plastic surgery department decreased in 2020 [n = 14 (−40%)] but increased dramatically in 2021 [n = 41 (+98%)]. Curettage rates increased in 2020 (36.8%) vs. both 2019 and 2021. There was a year-on-year increase for patients referred for radiotherapy. Overall, the data showed a reduction in skin cancer referrals and diagnosis during the COVID-19 pandemic. However, during the same time period in 2021, skin cancer diagnosis and treatment numbers exceeded pre-COVID levels. The data also showed a decrease in poorly differentiated SCC in 2020, increasing in 2021 by 53.8% vs. 2019. There were also more referrals to plastic surgery, highlighting an increase in skin cancers requiring more complex surgical intervention in 2021 vs. 2019. Our findings add to the body of data that can be used to predict service needs and required funding to treat and manage this increased burden of skin cancer diagnosis, especially in view of the requirement for more complex and expensive treatments.

GIRFT02
The influence of the COVID-19 pandemic on Breslow thickness and outpatient malignant melanoma service provision in an Irish Dermatology centre
Stephanie Bowe, Anna Wolinska, Gregg Murray, Ciara Malone, Cliona Feighery and Muireann Roche
Our Lady of Lourdes Hospital Drogheda, Drogheda, Ireland
The COVID-19 pandemic has had a dramatic impact on health services worldwide. We sought to analyse the impact of the COVID-19 pandemic on Breslow thickness (BT) and outpatient malignant melanoma (MM) cancer service provision in a dermatology centre in Ireland. We reviewed the BT of patients diagnosed at a single dermatology centre from January 2019 until July 2021, recorded in a logbook. We assessed the numbers of patients (new or return) attending pigmented lesion (PLCs) and minor operations (MOPS) clinics during 2019, 2020 and January–July 2021. Descriptive statistics were completed using SPSS (version 24; IBM, Armonk, NY, USA). In total, 143 MMs were identified. There were 79 females (55%) and 64 males (45%). Fifty-three MMs were diagnosed in 2019, 62 in 2020 and 32 identified by July 2021. Twenty-nine invasive MMs (56%) and 23 melanoma in situ (MIS) were reported in 2019, 38 MM (62%) and 23 MIS in 2020, and 15 MM (50%) and 15 MIS from January to July 2021. In 2019 median BT was 0.75 mm (range 0.3–12), 1.0 mm in 2020 (range 0.1–6) and 1.15 mm in 2021 up to 31 July (range 0.25–7.1). These data suggest a steady increase in BT over the last 3 years. PLCs were held at least once weekly. MOPS were held 2 days a week and could include patients seen in other dermatology clinics. PLC minor operations (PLCMINs) included patients seen that day in the PLC who then had same-day excisions or biopsies performed. The number of PLCs held was (median number of new patient attendances) 30 (20.5) from January to July 2021, 50 (15) in 2020 and 49 (25) in 2019. A total of 114 clinics were held in January–July 2021, including PLC, MINS and PLCMINs vs.
180 clinics in 2020 and 198 in 2019. There were 100 MINs scheduled in 2019 vs. 82 in 2020 and 55 in January–July 2021. Our study demonstrated that there was an increase in median BT each year from 2019 to 2021 (January–July). Possible reasons for this are manifold, and include disruption to outpatient service provision, disruption in accessing primary care providers and patient fear of attending healthcare settings. This information can guide future decisions regarding outpatient cancer services in Ireland and demonstrates that MM skin cancer provision is crucial, even during national emergencies.

**GIRFT03**
The number needed to treat metric: a further marker of the impact of COVID-19 on malignant melanomas

Aoife Granahan,1 Hafsa Sazali,1 Olga Tummons,1 Orla Costigan,7 Louise Fleming,1 Bláthín Moriarty1,2 and Aoife Lally1,2

1Department of Dermatology, St. Vincent’s University Hospital, Dublin, Ireland; and 2Charles Centre of Dermatology & SVHG Strategic Skin Cancer Network, Dublin, Ireland

The COVID-19 pandemic resulted in a significant decline in all cancer referrals, including skin cancer, during the first national lockdown in March–June 2020. The true impact of delayed skin cancer presentation will not be known for several years. The aim of this study was to review the impact of COVID-19 on the following: the number needed to treat (NNT) metric [the ratio of benign lesions excised for each malignant melanoma (MM) diagnosed]; the volume of pigmented lesion referrals to dermatology; and the number of MMs diagnosed. All pigmented lesions referred electronically, using the National Cancer Control Programme pigmented lesion referral form, to the dermatology rapid-access skin cancer clinics were identified during two 6-month periods (March–August) in 2018 and 2020. Data on all MMs diagnosed and histopathological diagnoses for all lesions excised in the dermatology rapid-access skin cancer clinics during the timeframes identified above were obtained from the hospital melanoma and histopathology databases. March 2020 marked the initial lockdown phase of the pandemic and, during this month, there was a 58% decline in pigmented lesion referrals received and a 66% decline in newly diagnosed MMs vs. March 2018. However, the total number of referrals received over the 6-month study period in 2020 increased sixfold vs. 2018, with the vast majority received as restrictions lifted in 2020. In comparing the study period in 2020 to 2018, there was a 9% increase in new MM diagnoses, a doubling of initial presentations of metastatic MMs and a 33% decline in in situ disease. In 2018, 220 benign lesions and 23 MMs were diagnosed in 6 months (NNT 9.6). For the same period in 2020, the NNT was 4.5. In terms of prognostic outcomes, the mean 6-monthly Breslow thickness (BT) in 2018 was 2.1, rising to 3.1 in 2020. Across the timeframe analysed, the highest BT monthly mean was recorded in August 2020 at 6.1. This was five times greater than the monthly mean BT in March 2020.

The halving of the NNT highlights a pandemic-induced streamlining of dermatology services to focus on delivery of urgent skin cancer care in the face-to-face setting. A low NNT raises concerns regarding potentially missed cases and may reflect patients’ reluctance to attend healthcare services during a period of societal restrictions and concerns regarding infection risk. Although numbers were small, there was a trend towards increased BT of MMs in the months following easing of restrictions, which may reflect the impact of delayed presentation during 2020. We report the value of the NNT metric as an underused tool to assess resource efficiency and diagnostic accuracy, and to evaluate practice standards.

**GIRFT04**
Teleconsultations in paediatric dermatology: a UK-wide clinician survey

Sarah McCusker,1 Natalie King Stokes,2 Manrup Hunjan,3 Aoife Daly,4 Anusuya Kawsar,5 Susannah George,6 Lea Solman7 and Esther Burden-Teh8

1NHS Greater Glasgow & Clyde, Glasgow, UK; 2Sundwell and West Birmingham Hospitals NHS Trust, Birmingham, UK; 3Dudley Group Hospitals NHS Trust, West Midlands, UK; 4Belfast Health & Social Care Trust, Belfast, UK; 5Chelsea and Westminster Hospital NHS Foundation Trust, London, UK; 6Brighton and Sussex University Hospitals NHS Trust, Brighton, UK; 7Great Ormond Street Hospital for Children, London, UK; and 8Centre of Evidence Based Dermatology, Nottingham, UK

The COVID-19 pandemic catapulted dermatology services into a digital era, with the rapid introduction of teleconsultations. Potential benefits include widening access to healthcare and environmental sustainability. Barriers to successful teleconsultations include reduced diagnostic accuracy and technical issues. National Health Service operational planning guidance recommends that ≥ 25% of consultations are delivered remotely (https://www.england.nhs.uk/wp-content/uploads/2021/03/B0468-implementation-guidance-21-22-priorities-and-operational-planning-guidance.pdf). Yet there is a lack of data regarding the acceptability and effectiveness of paediatric dermatology teleconsultations. We conducted a survey to explore clinicians’ experience of teleconsultations in paediatric dermatology, focusing on paediatric eczema, to inform a future clinical trial. The survey was created using an online platform (Microsoft Forms) and piloted by paediatric dermatologists. It was circulated via email to members of the British Society for Paediatric Dermatology, the British Association of Dermatologists and the UK Dermatology Clinical Trials Network (DCTN). It remained open for 7 weeks from July to September 2021. Descriptive analysis was undertaken using Microsoft Excel. There were 120 responses, the majority from consultant dermatologists (59%). Prior to COVID-19, the most commonly provided teleconsultation service was advice and guidance (A+G) to general practitioners (GPs; 55% responses). The majority of responders (63%) conducted no teleconsultations. Teleconsultations accounted for < 25% of all consultations in 98% responses. Since the pandemic there has been a