that sufficient information was provided throughout the pathway and were happy to engage with this service should they require a similar procedure in the future. In this cohort of patients, their first visit to hospital was for a procedure. There are many benefits in reducing F2F hospital attendances. As well as reducing footfall during the pandemic, there is less lost work time and cost of travel for patients or their relatives, more efficient use of hospital facilities and reduced carbon footprint. Our survey suggests that preoperative telephone consultations are liked by patients and appropriate in meeting the requirements of Montgomery consent for a teledermatology service.

**BT14**

**Exploring the feasibility of a remote acne service: a report of a pilot study using the MySkinSelfie platform during the COVID-19 pandemic**

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Teledermatology is often endorsed to improve efficiency in clinical services. If the impact on clinician time is at least neutral then the benefits for patients can be considerable. However, if the remote service increases clinician or administrative workload, the impact on the health system needs careful consideration. Following the total cessation of routine face-to-face (F2F) appointments, we proceeded with a small pilot of remote acne management. Patients with acne whose new appointments had been cancelled were invited to participate. Thirteen patients were recruited. Assessment information was emailed to the patients, including a questionnaire on previous treatments, Dermatology Life Quality Index (DLQI) and Patient Health Questionnaire (PHQ)-9. Five participants required an email reminder to complete the baseline questionnaire and submit images. One patient did not respond and one patient reported that their acne had resolved and withdrew. Data are reported for 11 patients (nine females and two males). Participants submitted images via the MySkinSelfie app. Median DLQI was 11 and median PHQ-9 was 4. Image quality was good for all patients; 10 photos were submitted. Treatment decisions following the assessment of submitted images, information and telephone consultation were prescriptions for isotretinoin (n = 7), F2F appointments needed (n = 3) and the need for further antibiotics (n = 1). The first telephone call lasted 14+2 minutes. Starting isotretinoin remotely also required the signing and return of paper consent forms, remote pregnancy testing as approved by the British Association of Dermatologists and blood tests at the general practice or hospital outpatient clinic. Total telephone call time to discuss starting isotretinoin was 21+4 minutes, which did not include time spent sending emails, downloading and archiving consent forms and patient images, completing entries on the electronic patient record and arranging prescriptions and follow-up. Follow-up telephone calls were faster, with a median time of 4 min. The median number of emails between the clinician, patient and administrative staff was 10. This pilot study demonstrated that it is possible to deliver safely a remote acne service using the MySkinSelfie app; however, there were a number of logistical challenges. Direct email access was required and was used extensively by some patients. The median new patient telephone call time was 14 min; however, the administrative processes thereafter were considerable and lengthier than in a F2F clinic (typically, 15 min). Additionally, participants still needed to attend a healthcare setting for blood tests. A model with an initial F2F appointment and subsequent remote follow-up may prove to be most efficient in the long term. A full economic evaluation with patient feedback is needed.

**BT15**

**Evaluating paediatric dermatology telephone clinics during the COVID-19 pandemic in a UK cohort: a prospective study**

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The landscape of dermatology services, already rapidly evolving into an increasingly digital one, has been irrevocably altered by the SARS-CoV-2 (COVID-19) pandemic. Although the vaccine rollout offers much needed hope, data are needed to assess how best to deliver virtual dermatology services in specific patient subgroups in an era of ongoing social distancing and beyond. We carried out a prospective service evaluation examining a single-centre cohort of paediatric dermatology patients managed via a telephone clinic supported by images during the COVID-19 pandemic, from June to September 2020. Initial studies of teledermatology in paediatric populations suggest that many of the problems experienced in adult telemedicine are more apparent when treating children and come with additional challenges. Our aim was to evaluate the efficacy of a virtual paediatric dermatology telephone clinic, from both the clinician and patient/parental perspectives. Outcomes data were collected from clinicians and a qualitative patient/parental telephone survey was undertaken separately. A 5-point Likert scale was used to assess both satisfaction and levels of agreement regarding whether a telephone clinic was more convenient than face to face (F2F). Of 116 patients included, 24% were new and 76% were follow-ups, with a mixture of inflammatory dermatoses (75%) and lesions (25%). Most consultations (91%) were successfully completed over the telephone from the clinician’s perspective. Only 5% needed rebooking for a F2F appointment, attributable either to parental anxiety or patient complexity. Qualitative patient and parental feedback paradoxically illustrated that although nearly all (98%) respondents had no outstanding concerns, 52% felt highly unsatisfied and only 22% agreed that telephone clinics were more convenient. Most (65%) preferred F2F follow-up in the future. χ²-tests showed that preference among established follow-ups regarding future consultation
type was independent of specific reasons for follow-up. Our study demonstrated a clear disconnect between the practical successes of a virtual service from the clinician’s perspective vs. that of patients/parents. Visual cues may be an important consideration in this cohort, with free-text opinions suggesting that F2F consultations allow for often overlooked aspects of communication, such as body language and facial expression, potentially replicable in video consultations. Parental anxiety appears to be less effectively allayed virtually than F2F, wherein parents can feel more reassured that the clinician has seen the whole picture. Is there a role for virtual paediatric telephone clinics in a postpandemic future? This may be best left to individual patients/parents to decide for themselves.

**BT16**

**Disaster-recovery modelling to shape services: a dermatology helpline as a telemedicine intervention during the initial surge of the COVID-19 pandemic**

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The COVID-19 pandemic brought challenges in dermatology care. This was due to service relocation, staff redeployment and advice on social distancing, restricting hospital footfall. A medic-led dermatology helpline was developed for the initial surge stage of the pandemic. The aim of the service was to maintain key services, while reducing departmental footfall.

Analysis was performed on the service provision and support themes provided by this intervention during the initial surge phase of the COVID-19 pandemic. The service was staffed and coordinated by two specialist trainee registrars in dermatology. All enquiries were responded to within 4 h. The service received 225 calls during the first 30 days of the first surge phase of the pandemic in the local region. A reduction in footfall was maintained with this service – with only 2.2% of all enquiries requiring a face-to-face, rapid-access appointment. This was achieved by using photo triage assessment and strengthening communication in the interface between primary and secondary care. Theme analysis was performed on calls received. The most common theme was for treatment advice directly from patients, which accounted for 33% of calls. Issues related to flares of pre-existing skin conditions. A third of these calls for treatment advice required a modification of therapy. Where required, medications were either posted from the hospital pharmacy directly to patient homes, or via their general practitioner to a nominated local pharmacy, to avoid departmental attendance. An additional role was that of treatment access for patients to acquire hospital-macy, to avoid departmental attendance. An additional role was to maintain key services, while reducing departmental footfall.

**BT17**

**Bridging the gap with Pando**

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The Pando app is UK based and part of the NHS Clinical Communication Procurement Framework, which is designed to provide continuity of care with virtual patient management (https://www.bad.org.uk/healthcare-professionals/covid-19/remote-dermatology-guidance), and drive tech-enabled connectivity across the National Health Service (NHS). This has also been used in the British Army to help defence medical staff connect with and seek advice from their colleagues in the UK while in the field (www.hellopando.com). Lack of on-site medical illustration, the COVID-19 pandemic and plastic surgeons operating in a NHS-funded private setting with no access to Picture Archiving and Communication System (PACS) in our Trust prompted use of the Pando app to capture prebiopsy pictures, avoid wrong-site surgery and improve interdepartmental communication. We present our multidisciplinary quality improvement project, involving dermatology and plastic surgery, evaluating the use of the Pando app from September to December 2020, mostly from 2-week-wait skin cancer clinics. All dermatology and plastic surgery colleagues downloaded the Pando app to their mobile phones and created a group entitled ‘Dermatology/Plastics’ to share their patient photos with identity labels. Patient photos could also be emailed to the clinicians’ NHS email addresses – all done with patient consent. We evaluated our project with pre- and post-Pando feedback questionnaires. In the pre-Pando questionnaires, the majority of 14 colleagues involved were concerned with the varying quality of photos emailed by patients, the time lag in photos being uploaded to PACS and any likelihood of compromising patient safety. With post-Pando questionnaires, the majority found the app to be user-friendly, that the photographs taken were of superior quality, that there were no reported concerns with patient consent and they preferred using the app to the previous pathway. Comments suggested the Pando app to be invaluable for site recognition in patients with cognitive impairment, multiple lesions, difficult-to-see areas, medicoegal, educational and audit purposes, and local cancer multidisciplinary discussions. The drawbacks were the lack of seamless connection between the app and PACS, the inability to search for pictures in the app with patient identification and lack of access to...