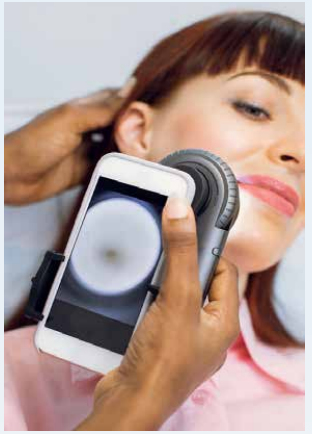
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WHITEPAPER

Redefining dermatology access

A scalable pathway for early dermatological diagnosis

In partnership with skin analytics

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Executive summary

Skin cancer is one of the most common and anxiety-driven clinical presentations in primary care, yet access to dermatology remains constrained.

Traditional referral pathways route the majority of suspected lesions into secondary care, resulting in average waiting times of 5–12 weeks in the NHS and 5–6 weeks privately. This model consumes specialist capacity, delays reassurance for benign cases, and escalates cost for payors.

The integrated Doctor Care Anywhere (DCA) – Skin Analytics (SA) tele-dermatology pathway redefines this approach. By embedding consultant-led digital triage following an initial GP consultation, patients receive rapid, high-quality skin lesion assessment using a home dermatoscopy kit and secure image upload. A GMC-registered consultant dermatologist reviews images within one working day and within 3 days of a patient submitting their photos, they will have received a structured clinical report and their case will be closed. The average time to outcome during the pilot period was just 2.8 working days – transforming weeks of uncertainty into days of clarity.

Clinical pilot findings (Sept 2025 – Feb 2026) demonstrate strong effectiveness and reduction of onward referrals. Of 81 lesions assessed, 80% were safely discharged without requiring in-person dermatology referral, 16% were referred routinely, and 4% were urgently escalated. Re-consultation rates were low (2.6%), and no incidents or complaints were reported.

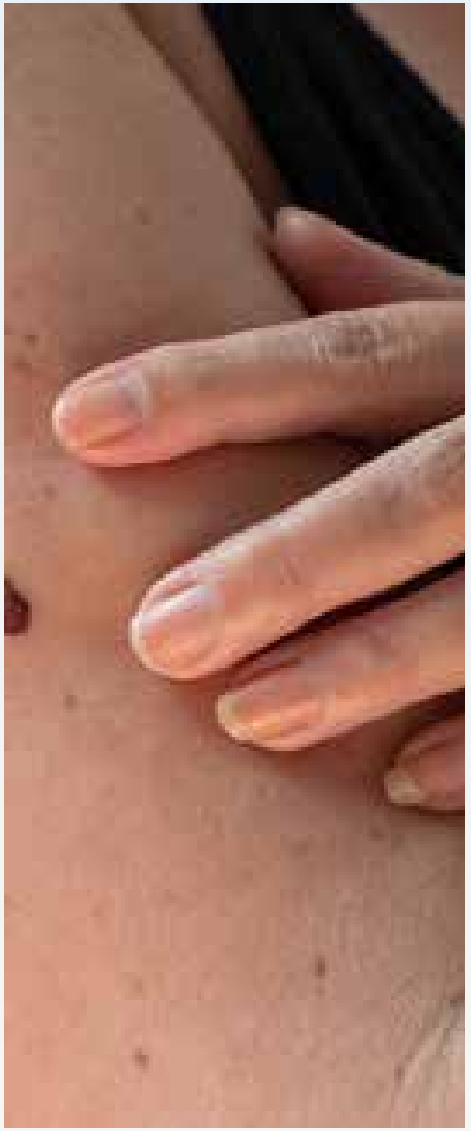
Pilot outcomes · 81 lesions

80%
Safely discharged

16%
Routine referral

4%
Urgent escalation

2.8 days
Average time to outcome



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Executive summary

These results confirm proportionate escalation, robust risk stratification, and high diagnostic confidence. Patient experience outcomes further reinforce the model's value. The pathway achieved an **85% Net Promoter Score** (vs 75% target), with consistently high advice quality ratings and **>90% satisfaction** with SA. Qualitative feedback highlights speed, reassurance, and clarity as defining strengths of the service.

Financial modelling indicates substantial economic benefit to the overall care costs for patients and payors. This is due to a reduction in need for in person secondary care referrals, with more patients being discharged and a smaller proportion of patients requiring onward care.

Under pilot performance levels (80% reduction in specialist in person referral). This pilot showed that the 80% reduction in referrals shown (with an average cost of £800 each for a dermatologist appointment, biopsy and follow up) could save an individual up to £490 in private treatment costs on average. There are also positive implications for payors (such as Private Medical Insurance) on cost effectiveness for early diagnosis of suspected skin cancer.

In summary, the DCA–SA pathway demonstrates that digitally enabled, tele-dermatology can simultaneously improve access, enhance patient confidence, reduce unnecessary specialist demand and referrals, and generate measurable cost savings.

85%
Net Promoter Score vs 75% target

>90%
Patient satisfaction with SA

£490
Average potential saving per individual



In summary

It shifts skin cancer management from reactive referral to proactive assurance – providing faster diagnosis, safer escalation, and sustainable system efficiency.

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The access challenge in dermatology

Skin disease is one of the most common reasons for GP consultation in the UK. Around 1 in 4 people seek medical advice for a skin condition each year, generating millions of primary care and outpatient appointments. Skin cancer is now the most common cancer in the UK, with over 240,000 cases diagnosed annually, and incidence continues to rise.

1 in 4
people seek medical advice for a skin condition each year

240,000+
skin cancer cases diagnosed in the UK annually

~1,300
dermatologists across NHS England

~2
specialists per 100,000 population

Despite this high prevalence, dermatology remains a relatively small specialty. There are approximately 1,300 dermatologists across NHS England, equating to roughly 2 specialists per 100,000 population. This workforce constraint creates a structural imbalance between demand and specialist capacity.

The impact is clear in waiting times

- NHS dermatology waits typically range from ~5–12 weeks, depending on region and urgency.
- In the private sector, waits of ~5–6 weeks are due to limited dermatology capacity in the UK.

The combination of

- Rising skin cancer incidence
- High volume of benign lesions requiring assessment
- Limited specialist workforce amplifies delays across both NHS and private pathways.

For patients, this means prolonged anxiety while awaiting diagnosis.
For payors and providers, it results in avoidable secondary care referrals, capacity bottlenecks, and rising costs.

Dermatology is therefore uniquely positioned for digital triage transformation – particularly in suspected skin cancer pathways where early reassurance or early escalation both materially improve outcomes.

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The DCA–SA pathway

Skin Analytics (SA) is a health technology company specialising in the early detection of skin cancer through tele-dermatology.

The company has developed a clinically validated tele-dermatology service designed to assist healthcare professionals in identifying potential cases of skin cancer, including melanoma, at an early stage.

The high prevalence of skin conditions and skin malignancy, combined with limited number of dermatologists in the UK amplifies the current delays to accessing timely dermatological care both in the NHS (current wait ~5–12 weeks) and private sector (current wait ~5–6 weeks).

SA works in collaboration with healthcare providers, including the UK National Health Service (NHS) and private medical insurers, to integrate its clinically validated tele-dermatology technology into established clinical pathways, supporting earlier identification of skin cancer, reducing diagnostic delays, and improving patient outcomes.

Our partnership

Through a strategic partnership with SA, Doctor Care Anywhere (DCA) has integrated this capability into its own clinical offering, the DCA-SA Pathway, enabling patients to access timely, high-quality skin lesion assessments. This integration enhances access to specialist dermatological expertise and contributes to reducing pressure on specialist care services.



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How the pathway works

Patients are assessed by DCA clinicians and eligibility for SA is assessed.

1

Assessment and registration

Appropriate patients are recommended SA and given detailed instructions about how to register, with pre-authorisation for the pilot phase. The patient then registers on the SA platform and provides their skin medical history.

2

Home kit dispatched

The patient is then dispatched an SA kit (which includes a smart phone, dermatoscope attachment and a step-by-step guide on how to capture the skin lesions of concern) via post.

3

Consultant review

The captured lesions are uploaded into the SA app on the smart phone. The images are assessed within one working day by a General Medical Council (GMC) registered consultant dermatologist with a final report issued within 3 working days of image receipt.

4

Report and outcome

The patient is then notified via email once the assessment is complete and a link to download their report is provided to them. Following completion of the assessment, the patient receives a detailed clinical report outlining the dermatologist's findings and recommended disposition.

The report issued to the patient has one of three possible dispositions

- 1 · Discharge
- 2 · Urgent refer
- 3 · Routine refer

This report can then be used by the patient to support onward care, either by arranging a self-pay consultation with a specialist, submitting it to their private medical insurer to facilitate further treatment, or sharing it with their NHS GP to enable appropriate referral and continued assessment within the NHS pathway.



Implementation at Doctor Care Anywhere

This pilot evaluated clinical and patient-reported outcomes for all patients referred through the DCA-SA pathway from its commencement on 01/09/25 to 28/02/26, providing an overall assessment of clinical effectiveness, service quality, and patient acceptability.

Outcomes assessed

1. **Patient volume**
2. **Referral disposition by patient**
3. **Referral disposition by lesion**
4. **Lesion diagnosis**
5. **Lead time to disposition**
6. **Re-consultation rate**
7. **Incidents and complaints rate**
8. **Patient experience outcomes**
   - DCA Average Net Promoter Score (NPS)
   - DCA Average recommendation score
   - DCA Qualitative patient feedback
   - SA patient satisfaction measures

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Patient volume

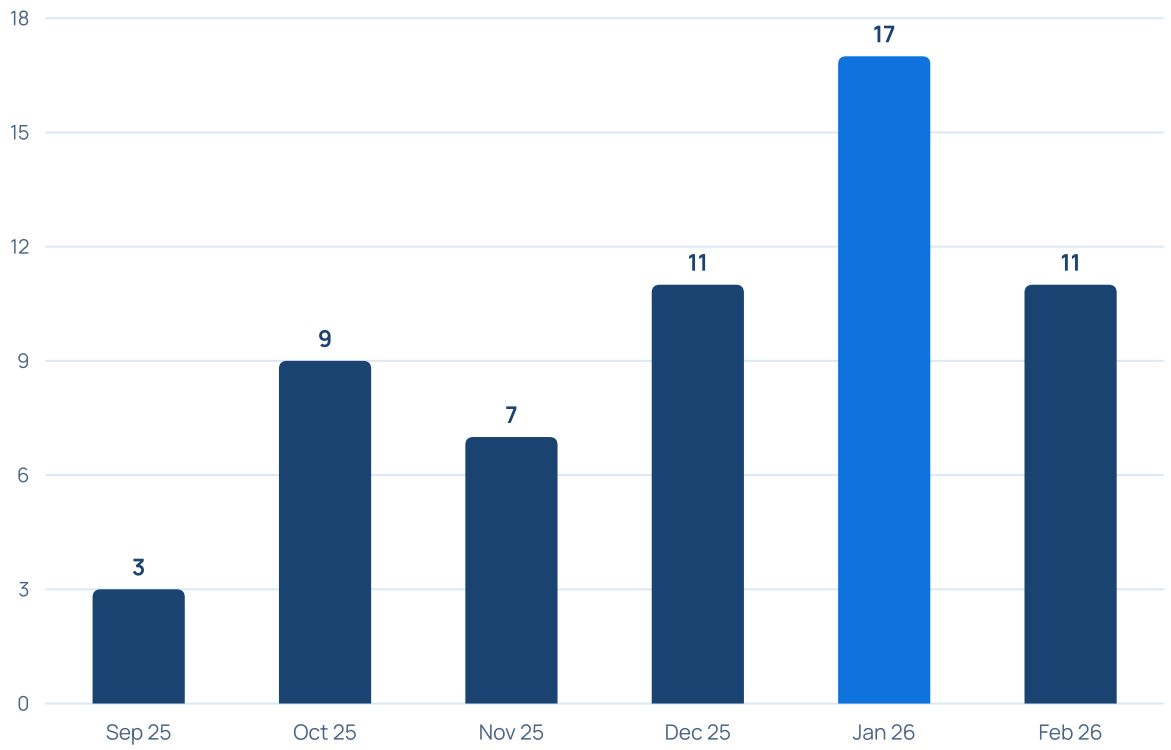
The DCA-SA pathway demonstrates a clear increase in patient outcomes over the pilot period from September 2025 to February 2026, rising from **3 patients in September to a peak of 17 in January**.

This overall upward trend reflects growing month-on-month utilisation. Lower activity in the initial months is consistent with the early rollout phase, as clinician training in referral processes began in November 2025 and continued through December and January.

As more clinicians became trained and confident in using the pathway, referrals and patient volumes increased. Although there is some natural month-to-month variation, activity levels remained higher than at the start, indicating successful embedding and increasing effectiveness of the pathway.

Monthly number of outcomes

Patients completing the DCA-SA pathway, Sep 2025 – Feb 2026



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Referral disposition by patient

During the pilot period (September 2025 to February 2026), the majority of patients using the DCA-SA pathway were able to complete their care without needing a referral to other services.

What this means

Overall, by facilitating safe discharge for the majority of patients and minimising unnecessary onward referrals, the pathway contributes to improved patient flow and more efficient use of specialist capacity, aligning with wider DCA and stakeholder priorities around early intervention, digital innovation, and reducing avoidable referrals.



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Referral disposition by lesion

This dataset provides an overview of **81 dermatological lesion assessments** and their subsequent clinical dispositions.

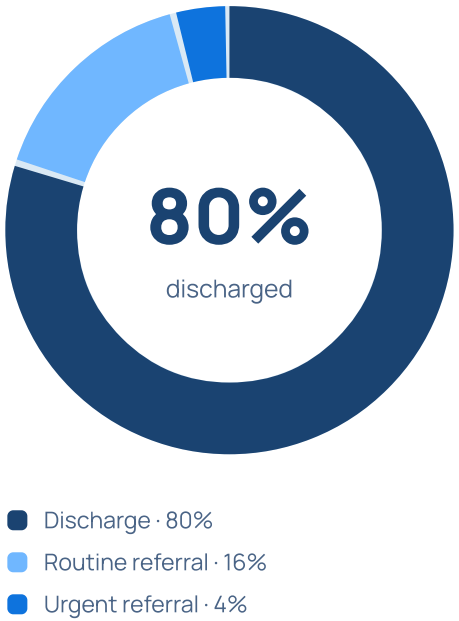
Discharged · 65 lesions

The disposition of lesions demonstrate a clear and effective triage process, with the majority of lesions appropriately managed within primary care. Of the 81 lesions reviewed, 65 (80%) were discharged, reflecting a high prevalence of benign lesions – among patients who would otherwise have been referred for dermatology assessment.

This pattern indicates strong diagnostic confidence and efficient use of clinical resources, ensuring that patients with non-urgent conditions are managed promptly without unnecessary escalation – conferring an avoidable in-person dermatology consultation and the associated delay (approx. 3–8 weeks privately).

Post-pathway disposition

% of 81 lesions



Routine referral · 13 lesions

A smaller proportion of cases, thirteen routine referrals (16%) – were directed for further specialist assessment. These referrals were consistently associated with lesions carrying a degree of diagnostic uncertainty or potential malignancy risk, including atypical nevi, actinic keratoses, Bowen's disease, and a possible basal cell carcinoma.

This demonstrates appropriate clinical caution and adherence to best-practice pathways for lesions that warrant secondary care evaluation.

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Urgent referral

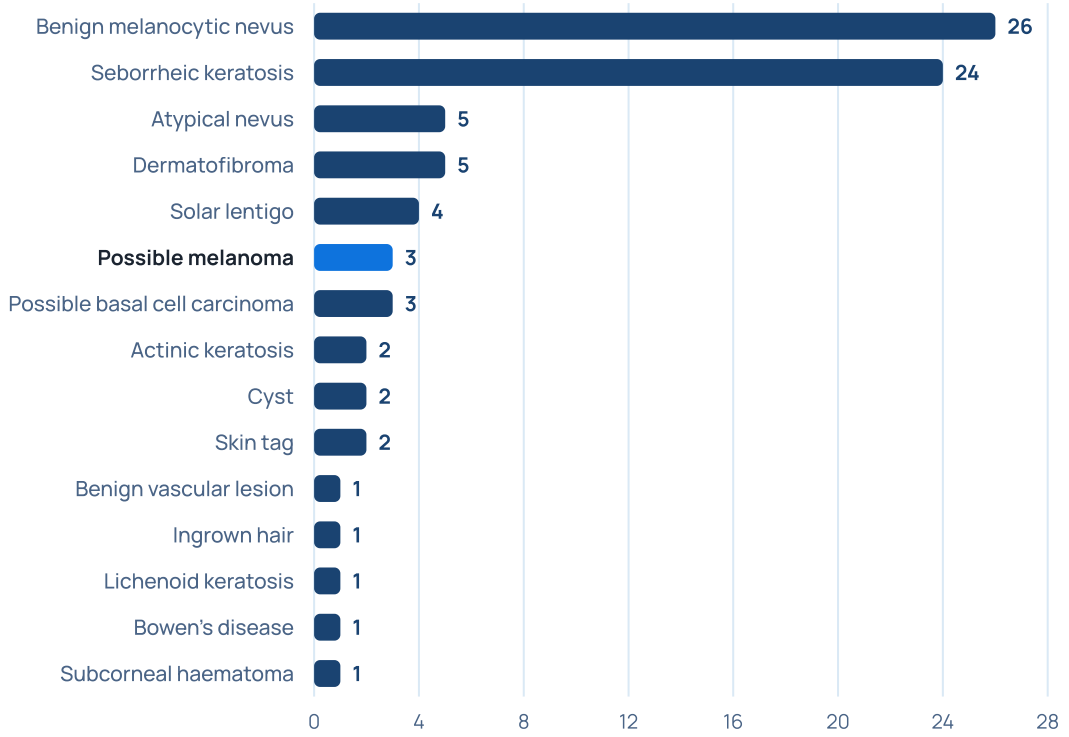
Three cases (4%) required urgent referral, corresponding to a lesion identified as a possible melanoma. This low urgent-referral rate is expected in a general dermatology assessment cohort and highlights the service's ability to rapidly escalate high-risk presentations.

Overall, the diagnostic profile reflects a service that is proportionate in its escalation decisions, and well aligned with expected dermatological case mix. The outcomes suggest strong diagnostic accuracy, efficient use of specialist pathways, and a clear contribution to early detection of skin cancer within the population served.

Within the spectrum of dermatological diagnoses identified, actinic keratosis (provided they are low risk) represents a condition that can be practically and appropriately managed within the current DCA formulary, using topical diclofenac (Solaraze®). Other identified conditions either do not require active treatment in a primary care virtual setting or necessitate specialist intervention beyond formulary and service scope.

Post-pathway lesion type outcome

Number of lesions by diagnosis (n = 81) · urgent referrals highlighted



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Lead time, re-consultation and safety

Patients received an outcome within the advertised timeframe, very few needed to return, and no incidents were reported.

2.8 days

Lead time

The average lead time to outcome was 2.8 working days between September 2025 and February 2026 inclusive. This is within the 3 working days advertised to patients using the service.

1.7%

Re-consultation rate

Re-consultation within 30 days of a tele-dermatology outcome was low, with only 1 of 58 patients (1.7%) returning for prescription management, which can be handled by DCA GP's.

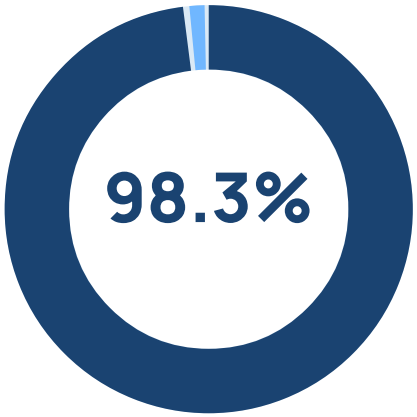
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Incidents and complaints

No incidents, adverse events, or patient complaints were reported in relation to this clinical pathway, indicating safe and acceptable service delivery.

Post-pathway re-consultation rate

% of 58 patients



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Patient experience outcomes

Patient-reported feedback was consistently positive across the evaluation period.

NET PROMOTER SCORE

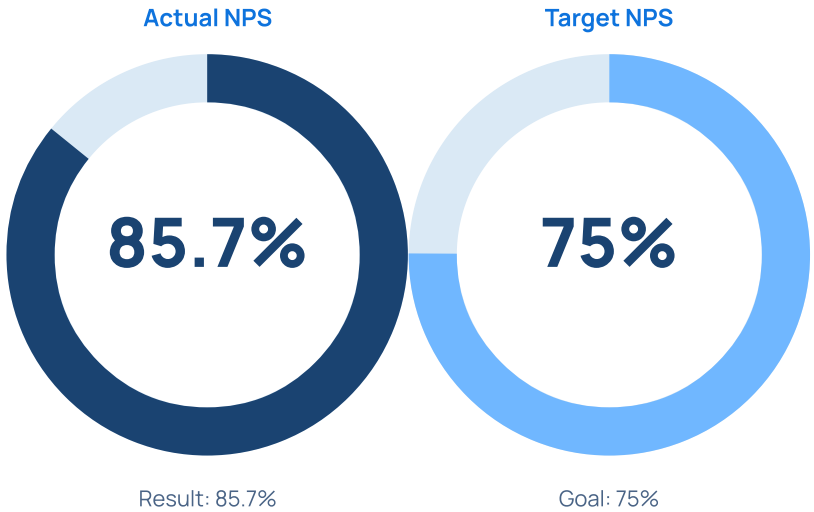
DCA Net Promoter Score (NPS)

Target average NPS for matched health concern consultations was 75%. This benchmark was significantly surpassed, with an actual outcome of 85%, reflecting strong patient satisfaction.

Patient experience outcomes data for the pathway indicate consistently positive patient-reported feedback across the evaluation period. The data demonstrates high levels of satisfaction with the pathway, particularly in relation to timeliness of assessment, clarity of communication, and overall confidence in the care provided. These findings suggest that the pathway is delivering a positive patient experience alongside its clinical and operational benefits, supporting its continued use as part of routine service delivery.

NPS: actual vs target

Matched health concern consultations



Target exceeded by 10.7 points

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Patient experience outcomes

Patients consistently rated the quality of advice through the pathway very highly.

ADVICE QUALITY

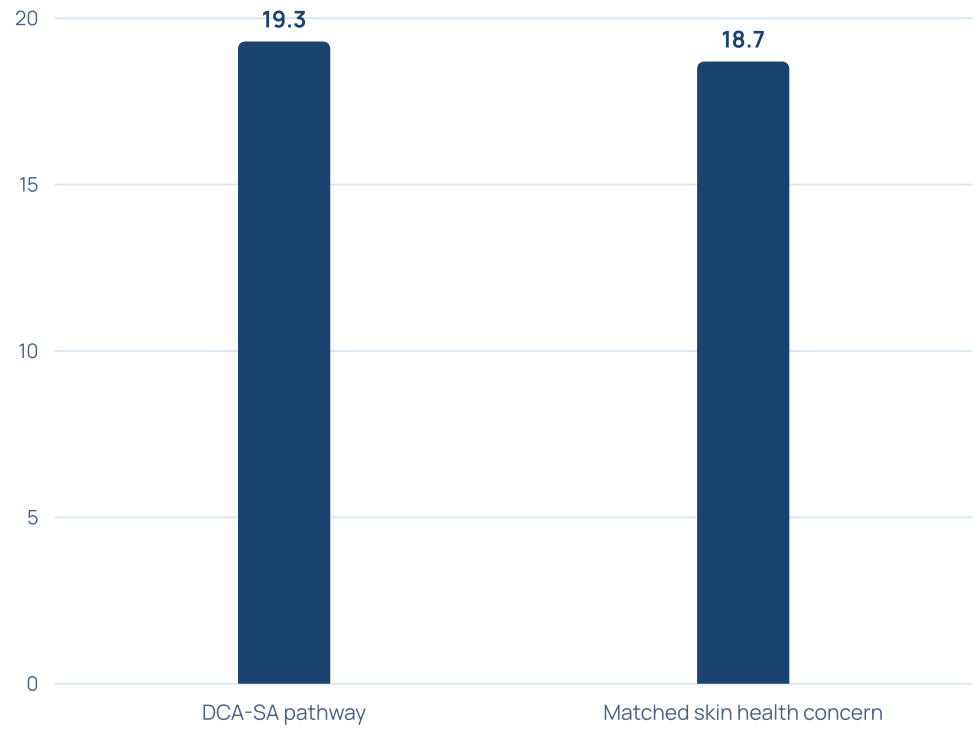
Patient-rated advice score

Patient feedback shows that the quality of advice provided through the DCA-SA pathway is consistently rated very highly. Across the pilot period, average advice scores for pathway consultations ranged from **4.5 to 5.0**, compared with **4.4 to 5.0** for similar consultations not using the pathway.

Overall, pathway consultations were rated slightly higher on average-aggregate, with **19.3 (20)** and **18.7 (20)** for matched skin health concerns.

Aggregate advice score vs matched skin health concerns

Score out of 20



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Patient experience outcomes

Patient satisfaction with SA remained exceptionally high, **consistently above 90%** throughout the reporting period.

PARTNER SATISFACTION

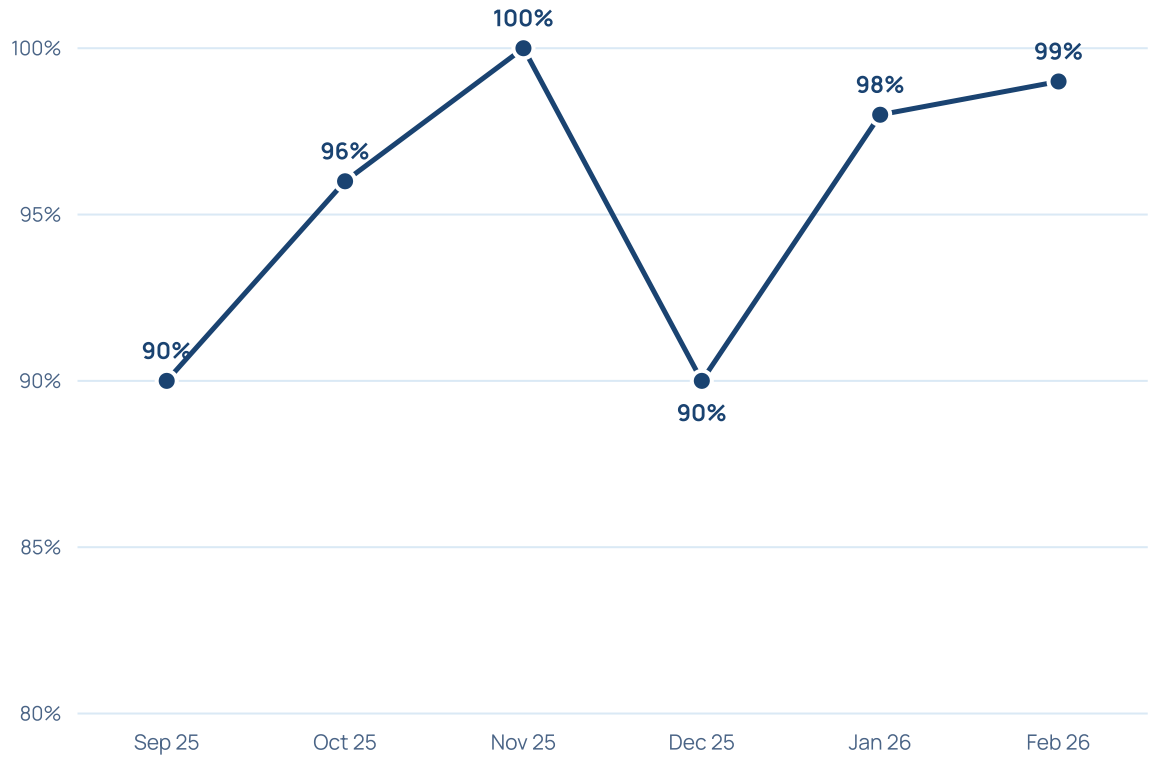
Patient satisfaction with SA

Patient satisfaction with SA remains exceptionally high, consistently above 90% throughout the reporting period.

Overall performance demonstrated a stable and positive experience, with results reaching near-perfect levels at times. This indicates that service delivery is meeting patient expectations and maintaining a strong standard of quality. The priority going forward is to sustain this high level of performance and continue reinforcing the factors that drive patient satisfaction.

% patient satisfaction with SA

By month, Sep 2025 – Feb 2026 (axis from 80%)



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Patient experience outcomes

Analysis of qualitative patient feedback highlights the positive impact of the service on timeliness, reassurance, and clinical resolution.

IN PATIENTS' WORDS

Patient qualitative feedback

One patient described the service as "quick and efficient", characterising their overall experience as "excellent", indicating high satisfaction with both the process and delivery of care.

Another patient emphasised the speed of results and clarity of outcome, noting that results were received promptly and led to a reassuring clinical conclusion with no further action required. The patient was formally discharged with clear reassurance and peace of mind, demonstrating the pathway's effectiveness in providing timely assessment, avoiding unnecessary follow-up, and supporting patient confidence in the outcome.

These qualitative insights reinforce that the service delivers rapid, efficient, and reassuring clinical outcomes, contributing to high patient satisfaction while supporting appropriate discharge and reducing ongoing patient anxiety.

> "Quick and efficient"

> "Excellent"

Defining strengths

Speed, reassurance and clarity



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Recommendations

Three next steps to build on the pilot's outcomes.

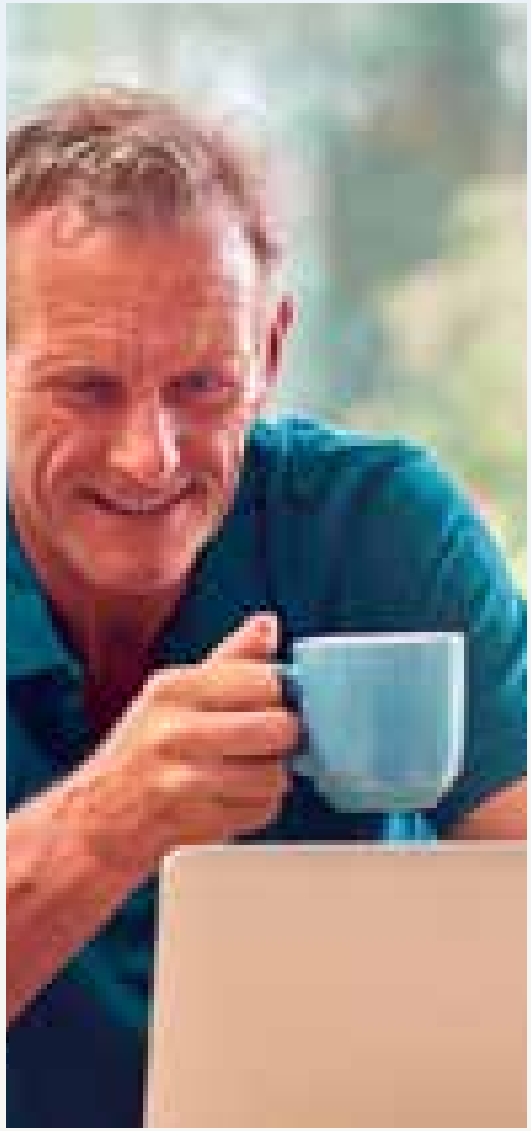
1 Wider-scale rollout to all DCA consumers

Following on from the outcomes of the pilot the next step would be to seek to scale the DCA–SA pathway across DCA's eligible dermatology population, enabling all patients to benefit from improved access, efficiency, and resource utilisation that the model provides, while strengthening DCA's digital-first clinical proposition.

2 Integration of Skin Analytics General Dermatology pathway

The DCA teledermatology service can be strengthened by integrating the Skin Analytics General Dermatology pathway. This allows GPs to access specialist dermatology advice quickly for a wide range of common conditions, including complex eczema, psoriasis, and other non-cancerous skin concerns.

This would provide options for GPs and ACPs after they have maximised primary care diagnosis and treatment, and give patients fast access to a dermatologist when required. By supporting earlier diagnosis and management, the pathway reduces unnecessary referrals to secondary care or insurers, ensuring only patients who truly need further specialist treatment are referred. This helps patients receive the right care faster while keeping costs lower and maintaining high-quality clinical standards.



Recommendations

3 Integration of Skin Analytics' DERM artificial intelligence

Given the success of the DCA-SA pilot, the natural next step is to integrate Skin Analytics' DERM (Deep Ensemble for Recognition of Malignancy) into the DCA teledermatology pathway – a clinically validated, scalable and compelling evolution of the current service model.

DERM is a class III regulated AI medical device designed to autonomously assess dermatoscopic images and identify malignant and pre-malignant skin lesions. It has been deployed across multiple NHS organisations and performs at a level comparable to consultant dermatologists.

In contrast to the current DCA-SA teledermatology pathway, which relies entirely on consultant dermatologist review, DERM is capable of acting as a first-line diagnostic tool within an established clinical pathway, identifying lesions that can be safely discharged and those that require urgent or routine escalation.

Key clinical strengths

1. **Real-time results** – promoting convenience, timely intervention and reduction in referrals.
2. **Very high sensitivity for melanoma and other skin cancers**, ensuring that malignant lesions are appropriately identified and escalated.
3. **Extremely high negative predictive value** (shows how confident we can be that a skin concern is harmless when the assessment says it is), providing strong reassurance when lesions are classified as benign.
4. **Consistent diagnostic performance**, unaffected by fatigue, workload, or human variation or bias.
5. **Safe integration within existing clinical governance frameworks**, with escalation pathways to specialist review where required.

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Summary

DCA's pilot of the integrated tele-dermatology pathway with SA has demonstrated a **safe, efficient, and high-performing model for assessing suspected skin cancer**, providing timely reassurance where required and reducing unnecessary secondary care referrals. Clinical review is delivered within days, enabling faster reassurance for benign lesions and timely escalation for those requiring specialist input.

The pilot showed **strong triage accuracy**, with most cases managed effectively in primary care, **reduced unnecessary secondary-care referrals**, and **high patient satisfaction**. The model is cost-efficient for both patients and payors, avoiding the direct and indirect costs associated with in-person specialist review.

Given these results, a system-wide rollout across DCA's eligible dermatology population is recommended. As part of this expansion, DCA proposes integrating the SA General Dermatology pathway for general dermatological conditions and DERM – an AI medical device capable of autonomously analysing dermatoscopic images and identifying malignant and pre-malignant lesions in real time – significantly enhancing diagnostic speed and reducing reliance on consultant-only review.



Looking ahead

These advancements will help bolster DCA's digital-first dermatology service that improves access, strengthens triage accuracy, optimises specialist capacity, and drives meaningful system-wide efficiencies.



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