

RESULTS FROM AN 8-WEEK TELE-DERMATOLOGY PILOT

8 in 10 skin cases resolved without an appointment

How structured remote triage frees clinical time and gets patients answers faster

Putting the evidence into practice. The pressure on UK skin care is not only about how many specialists we have, but how quickly each case reaches the right one with the information needed to decide. This case study asks whether that can be done safely, at scale, in everyday general practice. In one UK GP practice over eight weeks, more than eight in ten skin cases were resolved without a face-to-face appointment, with a clinical decision typically reached in under four minutes.

83.6%

of skin cases resolved without a face-to-face GP appointment

3.6 min

median clinician review time, from opening a case to a decision

73.5%

of patients had a clinical answer within 24 hours

Why this pilot matters

More than 423,000 people are waiting for dermatology treatment in England, and only 69% are seen within 18 weeks.¹ Urgent referrals for skin assessment have risen by 170% in ten years, yet only 6% of urgent suspected skin cancer referrals are confirmed as cancer.² Our bulletin, *The UK skin pathway is now under critical pressure*, and the accompanying white paper argue that adding appointments alone will not close the gap. What is needed is a faster route to the right clinical decision, built on a structured history and clinically usable images, with specialist time kept for the cases where it changes the outcome. This pilot tests that idea in everyday general practice.

About the pilot

Over 8 weeks, a UK GP practice routed its skin presentations through RADAR Skin Health, a certified remote dermatology assessment platform developed by clinicians for clinicians, for community pharmacies, GP practices and dermatology clinics alike. Patients submitted a structured history and clinical images; each case was routed to the right clinician, and the outcome was fed into the patient record, so every case arrived ready for a decision.

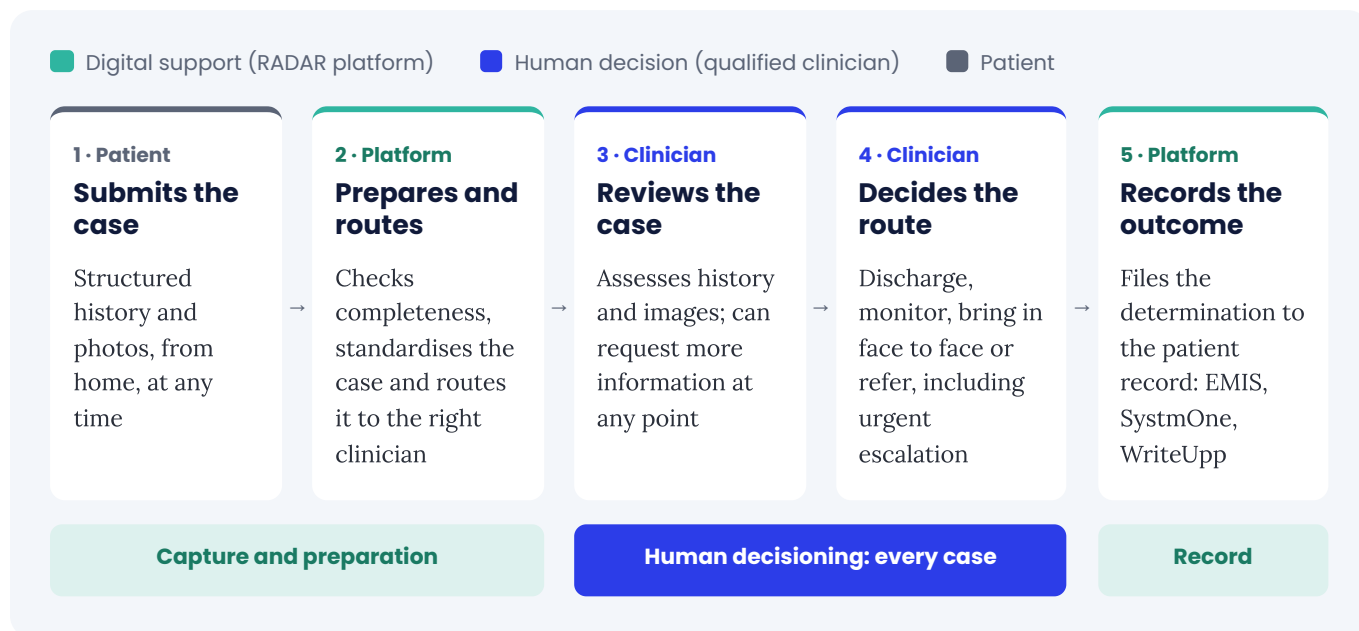
Outcomes are reported for 584 unique cases, and review times for the 444 review sessions with complete timestamps.⁶

Technology supports**Clinicians decide**

A hybrid diagnostic support model. The platform captures, standardises and routes each case; a qualified clinician reviews it and makes every clinical decision. No case is closed without clinical review.

How the hybrid model works

RADAR Skin Health is a hybrid diagnostic support model. Technology does the work that slows the pathway down; a qualified clinician makes every clinical decision.



The clinician decides

Diagnostic judgement stays with a qualified clinician, who determines every case and retains full responsibility for the outcome.

The platform supports

It removes rework: complete, consistent cases, routed to the right clinician and filed without re-keying.

Safety is built in

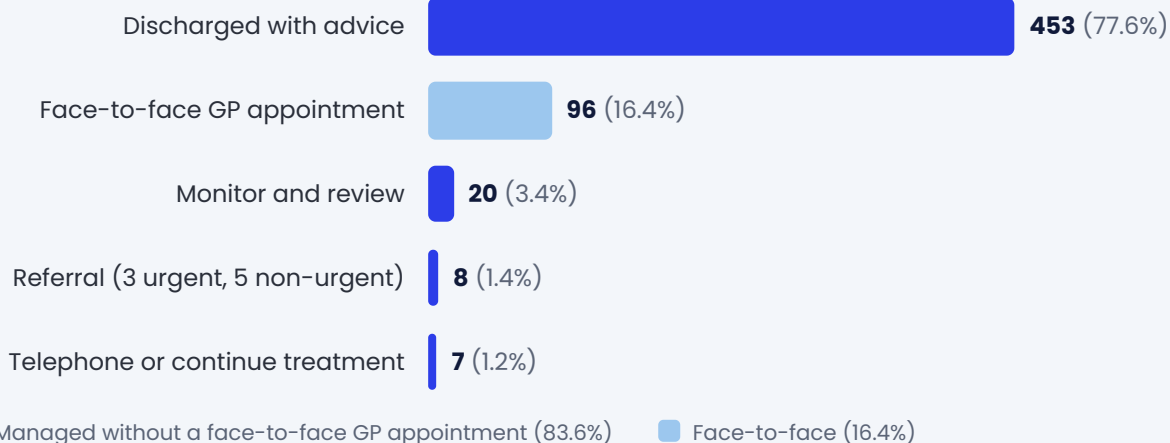
Suspected skin cancer is escalated on the urgent pathway; in the pilot, 3 cases were referred urgently.

Results

Most cases were resolved without an appointment

488 of 584 cases (83.6%) did not need a face-to-face GP appointment, and 480 (82.2%) were managed with neither an appointment nor a referral.

Final outcome of 584 cases over 8 weeks



Decisions were fast

3.6 min

median review time
(mean 4.7)

90.1%

of reviews completed in
under 10 minutes

18.1 hrs

median from submission
to decision

96.1%

of cases determined
within 5 days

Two-thirds of reviews (67.6%) took under 5 minutes. The median review time fell from 4.4 minutes in the first half of the pilot to 2.9 in the second, a 34% reduction. Including queueing, 73.5% of cases were determined within 24 hours, against a typical wait of up to 2 weeks for a routine GP appointment.⁵

How this compares. The results are in line with established NHS services. A Royal Cornwall Hospitals tele-triage pathway managed 49.8% of referrals without a face-to-face appointment and cut consultant time from about 20 to 3 minutes per patient.³ In Norfolk and Waveney, only 0.45% of patients discharged through advice and guidance re-presented within six months.⁴ RADAR Skin Health applies the same model earlier, at the GP's front door.

THE ECONOMIC CASE

Resources saved and capacity gained

Because every case arrives complete and is reviewed around scheduled clinics, the same clinical time goes much further. On the pilot's own figures:⁶

76 hrs

of clinician time
released in 8 weeks

52%

less clinician time
across all 584 cases

3–4×

more assessments
per clinical hour

~2,000

appointment slots a
year at one
practice, if
sustained

Assessments per clinical hour

Face to face



4

RADAR remote



12–16

For community pharmacies and the GPs and dermatologists who support them, each hour of review time can support three to four times as many assessments, while face-to-face sessions are kept for procedures, complex conditions and suspected malignancy.

Estimates assume each case would otherwise have needed one 15-minute appointment, and use the mean review time of 4.7 minutes, including the 96 cases that still went on to a face-to-face appointment. Annual figures extrapolate the 8-week rate.

What this means for pharmacies

Pharmacy First has made community pharmacy a front door for skin care. Since January 2024, pharmacies in England have completed more than 1.1 million consultations under its three skin pathways, which alone account for 1 in 6 Pharmacy First consultations; skin activity grew by 40% last year.⁷ Yet those pathways cover only impetigo, insect bites and shingles. The many other skin problems pharmacists see every day, from eczema to a changing mole, sit outside the service entirely.

Pharmacy First at a glance

Three skin pathways

Impetigo (aged 1 and over), infected insect bites (aged 1 and over) and shingles (aged 18 and over). Each has gateway criteria the patient must meet before treatment can be supplied.

How it is funded

£17 for each completed clinical pathway consultation, plus a monthly payment of £500 for 20 to 29 consultations or £1,000 for 30 or more.⁸

What comes next

From autumn 2026, independent prescribing extends Pharmacy First, with new prescribing-only pathways under consideration, including skin infections.⁸

Where skin consultations get difficult

Outside the pathway

Many presentations, from eczema flares to a changing mole, fall outside the three pathways or fail a gateway point. These patients are sent back to their GP and wait again.

Incomplete onward referrals

A referral without images or a structured history means the GP has to repeat the assessment.

Limited specialist support

Pharmacists rarely have a quick route to a second opinion on an uncertain rash or lesion.

Time pressure

Documenting every consultation thoroughly is hard in a busy pharmacy.

How RADAR Skin Health supports Pharmacy First

Benefit	What it means for your pharmacy
Structured, consistent consultations	A guided history and clear clinical images give every skin case the same complete record.
A second opinion when you need one	Cases outside the pathways, or that fail a gateway point, can be shared for remote review by a GP or dermatologist. In the pilot, the median review took 3.6 minutes.
Better onward referrals	When a patient needs their GP or urgent care, the referral arrives complete, with history and images attached, so the assessment is not repeated.
Urgent cases escalated	Suspected skin cancer and other red-flag presentations are identified and routed to the appropriate pathway without delay.
Confidence to complete more consultations	Clear documentation and access to clinical advice help pharmacists manage more skin cases within the pathways. Every completed consultation earns the £17 fee and counts towards the monthly thresholds.
Ready for independent prescribing	A full clinical record, images included, supports safe prescribing decisions and audit as Pharmacy First expands.

What this means for patients

Benefit	What it means for patients
Faster answers	Most patients receive a clinical decision within 24 hours, rather than waiting weeks for an appointment.
Reduced anxiety	A prompt, clinician-led assessment replaces prolonged uncertainty about whether a skin change is serious.
Urgent cases prioritised	Higher-risk presentations, including suspected skin cancer, are identified at triage and escalated without delay.
Appointments for those most in need	Routine cases are managed remotely, so face-to-face appointments are kept for the most urgent patients.
Convenience	Cases can be submitted from home at any time, avoiding travel and time off work.
Privacy and security	Data is encrypted, held within the NHS firewall and never shared for commercial purposes.

CONCLUSION

What this case study tells us

Our bulletin, *The UK skin pathway is now under critical pressure*, argued that the pathway needs earlier, better-informed decisions, not simply more appointments. This pilot offers early, practical evidence for that argument at the GP's front door, using a hybrid model in which technology prepares each case and a clinician makes every decision.

Most presentations need a decision, not an appointment

83.6% of 584 cases were resolved without a face-to-face GP appointment, and 82.2% needed neither an appointment nor a referral.

Information quality is a capacity intervention

With a complete case in hand, the median review took 3.6 minutes, releasing an estimated 76 clinician hours in 8 weeks and 3–4 times as many assessments per clinical hour.

Scarce specialist time is protected

Only 8 of 584 cases (1.4%) were referred on, 3 of them urgently, so specialist capacity was kept for the patients who needed it.

Patients reach an answer sooner

73.5% of patients had a clinical decision within 24 hours and 96.1% within 5 days, against a typical wait of up to 2 weeks for a routine GP appointment.

Trial limitations: a single-practice pilot with no control group; diagnostic accuracy and patient outcomes were not measured.

About RADAR Skin Health

RADAR Skin Health moves the first skin consultation online without losing clinical rigour. It was designed with UK dermatologists and GPs, by clinicians for clinicians, and works across community pharmacies, GP practices and dermatology clinics.

A fluid workflow

Patients submit a structured history and photographs through an app, at any time. Each case arrives complete and standardised, is routed to the most suitable clinician and is reviewed when it suits their workload: no booking, no missed appointments, no re-keying.

Integrated with clinical records

RADAR Skin Health connects securely with existing clinical systems, so each determination is filed directly to the patient record without manual transcription. This includes direct integration with EMIS, SystmOne and WriteUpp.

Certified and secure

Certified to ISO 9001 and ISO 27001, with NHS DSPT and Cyber Essentials Plus accreditation, and aligned to the NHS SCAL. Data is encrypted, hosted inside the NHS firewall and never shared for commercial purposes.

Clinical safety and governance

RADAR Skin Health supports clinical decisions; it does not make them. Every case is reviewed and determined by a qualified clinician, who can request more information, arrange a face-to-face appointment or refer at any point.

- **Clinician-led decisions.** No case is closed without clinical review, and the reviewing clinician retains full responsibility for the outcome.
- **Urgent cases escalated.** Suspected skin cancer and other higher-risk presentations are identified at review and referred on the appropriate pathway. In the pilot, 3 cases were referred urgently.
- **Regulated and assured.** RADAR Skin Health is a UK MDR Class I medical device, with clinical safety managed under DCB0129 and alignment to the NHS Digital Technology Assessment Criteria (DTAC).

Join us in shaping the future of skin care

We are inviting a small number of community pharmacies delivering Pharmacy First to shape the next phase of RADAR Skin Health. Complete our 2-minute questionnaire on how your pharmacy manages skin cases, and we will send you the findings report, showing how your approach compares with other UK pharmacies and practices.

[Click here to take the UK Skin Pathway Benchmark Questionnaire →](#)

Read the wider evidence

This case study is one part of a wider body of work on demand, capacity and the route to clinical decisions in UK skin care.

BULLETIN

The UK skin pathway is now under critical pressure

[\[bulletin link\]](#) →

The key figures on rising demand and constrained specialist capacity, and four pressure points where the pathway can improve.

FULL WHITE PAPER

The UK skin assessment pathway

[\[white paper link\]](#) →

The full analysis of demand, capacity and the route to clinical decisions in UK skin care, with 17 referenced sources.

Get in touch or request a demo

See how RADAR Skin Health could support your skin consultations in your pharmacy. We will walk you through the patient journey, the clinician review and how outcomes reach your records, and answer your questions on governance and integration.

[Request a demo: \[demo booking link\]](#)

CONTACT

[Name]

[Job title]

EMAIL

[email address]

TELEPHONE

[phone number]

WEB

www.radarskinhealth.com

Sources: 1. [NHS Wait Helper, dermatology waiting times, England, August 2026](#). 2. [British Association of Dermatologists, AI roadmap press release, 2 July 2025](#). 3. [Royal Cornwall Hospitals NHS Trust, February 2025](#). 4. [Eastern AHSN, Norfolk and Waveney dermatology advice and guidance evaluation](#). 5. [NHS England Digital, Appointments in General Practice](#). 6. RADAR Skin Health pilot outcome data, 584 unique cases. 7. [NHSBSA, NHS Pharmacy First clinical pathways data](#). 8. [The Pharmacist, What does the 2026/27 contract mean for pharmacies?, 1 June 2026](#).