



Deep Dive: Dermatology



The purpose of this report is to provide the Quality, Safety and Experience Committee with an understanding of the impact of the fragility on current service provision, incidents, complaints, patients experience and risks and understand how these are being managed and how the dermatology service is being maintained and risks mitigated, whilst the outcome of the Clinical Services Plan (CSP) is awaited.

The service is providing an update the current dermatology provision in the absence of a substantive consultant and heavy reliance on insourcing and external providers to meet both ministerial and single cancer pathway targets.

- [Summary](#)

The Dermatology Service currently operates under significant strain due to longstanding workforce shortages, limited clinical infrastructure, and rising demand, particularly regarding treatment space.

The reliance on external providers to maintain core functions—such as triaging, insourcing, and teledermoscopy, has created a service model that is inefficient, costly, and increasingly unsustainable. With little space to undertake appropriate training.

- [Issues of significance to the Health Board](#)

Despite having a comparable population to Swansea Bay University Health Board (SBUHB), HDdUHB's dermatology workforce and infrastructure are markedly under-resourced. While SBUHB employs 5.0 WTE Consultant Dermatologists, HDdUHB operates with only 1.4 WTE, and has been without a substantive Consultant Dermatologist since 2016. Moreover, the Health Board has the highest incidence of melanoma skin cancer in the UK, and is experiencing significant growth in referrals, up 122% compared to an all-Wales average of 5% (NHS Wales Performance and Improvement 2025). [Cancer Research UK](#) forecasts a 50% increase in skin cancer cases over the next 20 years, highlighting the critical need for a long-term service transformation.

Without targeted investment in clinical space, workforce, and operational resilience, HDdUHB will continue to struggle to meet both Urgent Suspected Cancer (USC) and Referral to Treatment (RTT) targets. This not only compromises patient safety and experience but also puts the Health Board at risk of ongoing performance deterioration and reputational harm. A set of proposals to address immediate capacity gaps and deliver a sustainable, value-for-money model of dermatology care have been put forwarded as part of the Clinical Services Plan (CSP).





- Backlog in letters circa 1100
- Backlog in triaging circa 300
- 36% of complaints (816 total) relate to delays, cancellations, and results.
- 52% of incidents (56 reported from 2021-25 linked to medication errors (prescriptions), assessment delays and communication (cross sites).
- 1 Ombudsman case upheld in March 2024 relating to a patient's pathway September 2022 – January 2023 for acne
- 1 Minor Operative Procedure (MOP) room across HB vs. 55 USC patients/week → 15 patient/week shortfall.
- Prioritising cancer demand and meeting single cancer pathway (SCP) targets



- 40% of referrals are inflammatory; 361 urgent patients with no appointment date.
- 1,393 RTT MOP patients waiting; 401 in 104 week target.
- Meeting SCP target utilising insourcing
- Meeting ministerial measures target utilising insourcing

Assessment – Timely, Single Cancer Pathway Performance

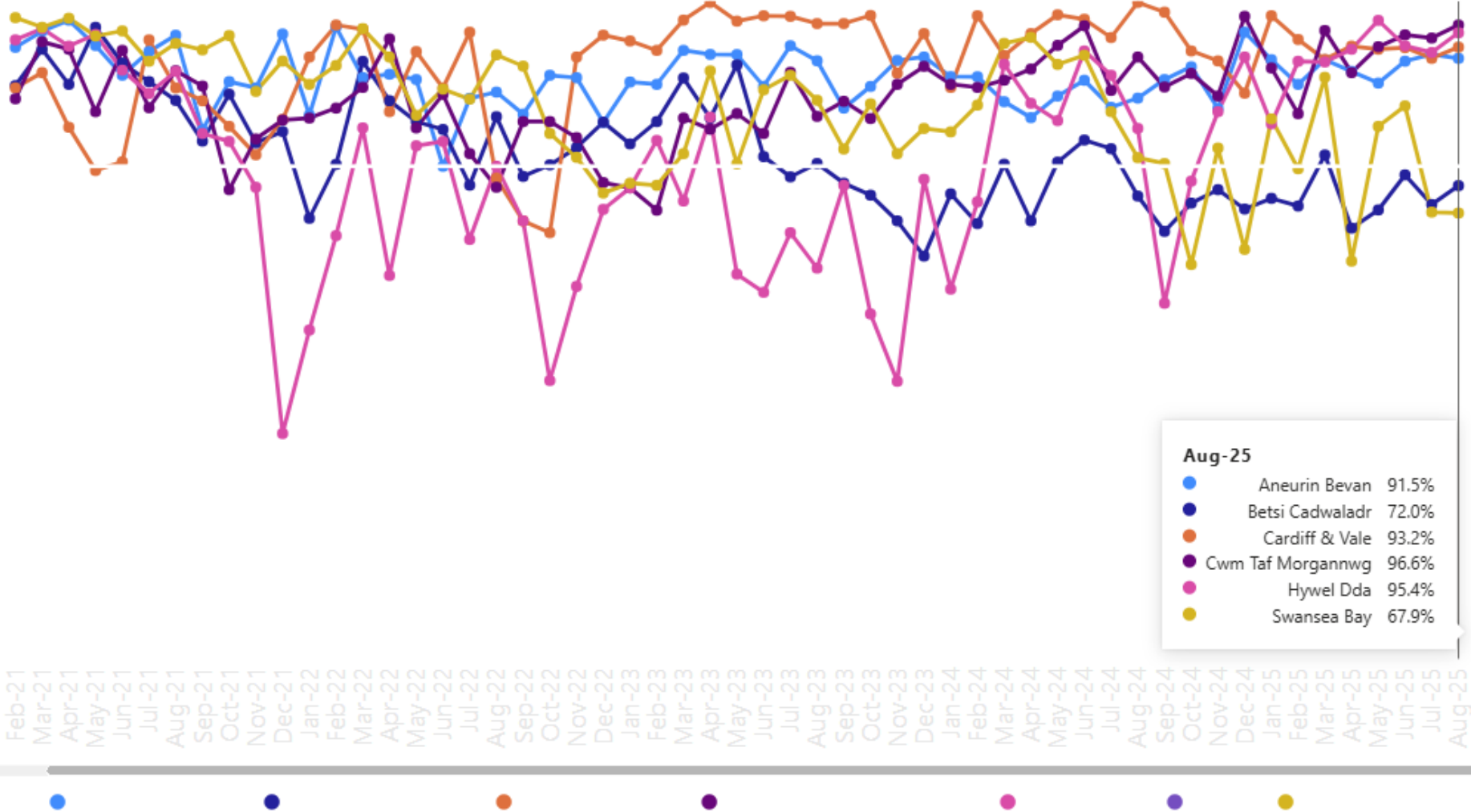


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SCP PERFORMANCE TREND OVER TIME - BY LHB

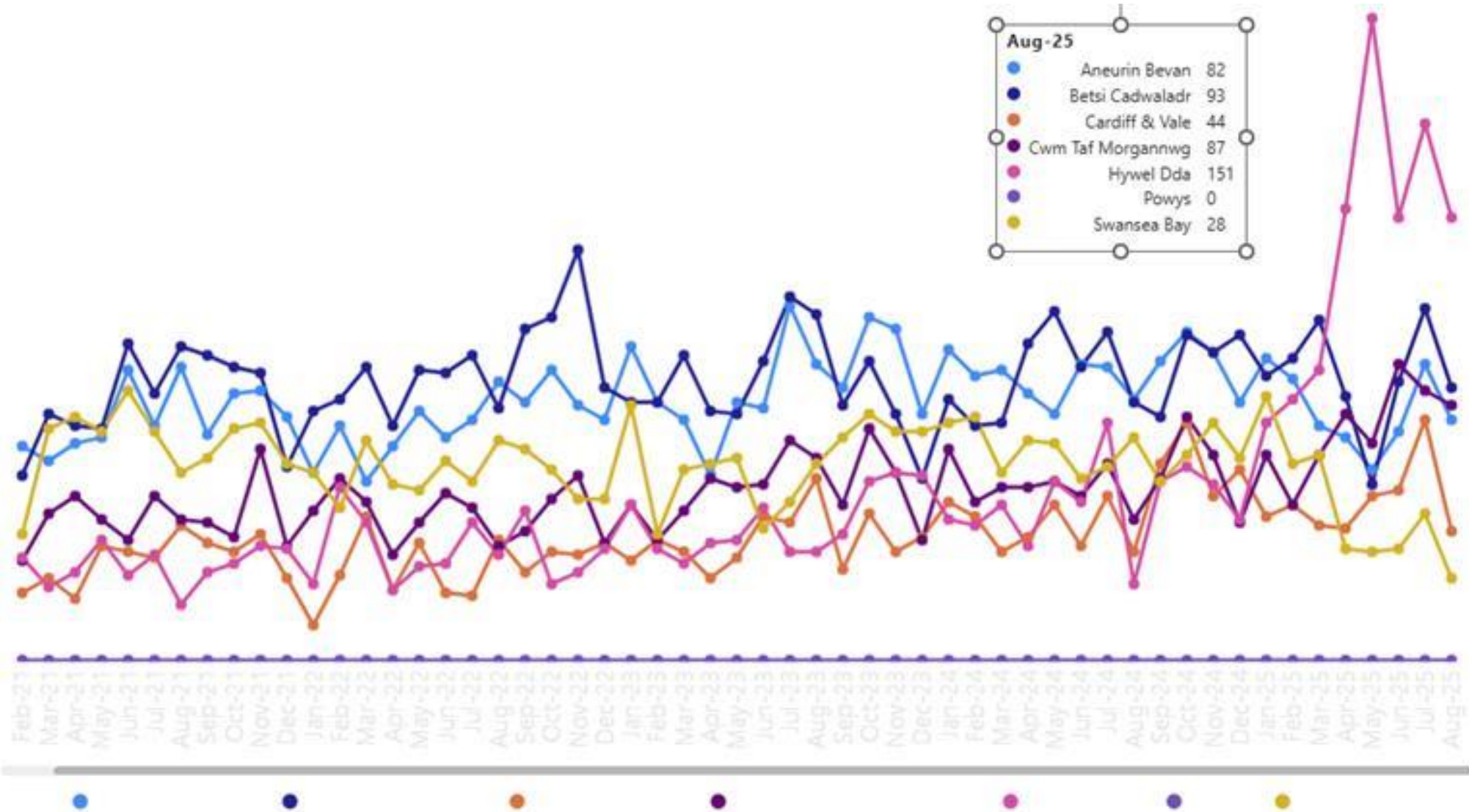


Assessment – Timely, Single Cancer Pathway Treatments



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Assessments – Timely Referrals



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Hide health board split

Show specialty split

Outpatient Referrals by Healthboard

Slicer Selection - Dermatology

Healthboard ● ABUHB ● BCUHB ● CaVUHB ● CTMUHB ● HDUHB ● PTHB ● SBUHB



MonthEnd	ABUHB	BCUHB	CaVUHB	CTMUHB	HDUHB	PTHB	SBUHB	Wales
August 2025	1,859	1,491	1,694	1,605	1,162	26	1,187	9,024
July 2025	2,324	1,905	1,975	2,044	1,433	33	1,431	11,145
June 2025	2,077	1,719	1,918	1,837	1,284	40	1,221	10,096
May 2025	1,966	1,703	1,824	1,875	1,215	34	1,249	9,866
April 2025	1,798	1,466	1,701	1,681	1,199	28	1,210	9,083
March 2025	1,718	1,490	1,710	1,134	1,149	35	1,119	8,355
February 2025	1,577	1,410	1,447	1,102	1,021	25	1,039	7,621
January 2025	1,572	1,432	1,599	1,069	1,071	37	1,124	7,904
December 2024	1,288	1,098	1,276	776	826	12	801	6,077
November 2024	1,588	1,354	1,533	983	1,013	26	1,044	7,541
October 2024	1,795	1,596	1,798	1,076	1,106	34	1,297	8,702
September 2024	1,729	1,474	1,687	1,068	1,098	26	1,257	8,339
August 2024	1,796	1,533	1,877	1,028	1,025	21	1,272	8,552
July 2024	2,036	1,636	1,937	1,086	1,062	26	1,399	9,182
June 2024	1,957	1,573	1,893	1,072	1,114	43	1,188	8,840
May 2024	2,185	1,682	1,922	1,057	1,147	42	1,383	9,418
April 2024	1,797	1,500	1,746	972	947	41	1,302	8,305
March 2024	1,676	1,386	1,509	682	939	29	1,106	7,327
February 2024	1,609	1,426	1,646	741	1,008	35	1,228	7,693
January 2024	1,658	1,384	1,634	821	924	39	1,133	7,593
December 2023	1,258	1,000	1,213	569	716	14	843	5,613
November 2023	1,623	1,241	1,655	861	970	25	1,080	7,455
October 2023	1,722	1,453	1,860	1,095	1,005	33	1,204	8,372
September 2023	1,886	1,537	1,860	1,083	1,134	49	1,204	8,753
August 2023	2,001	1,698	1,932	1,098	1,110	37	1,349	9,225
July 2023	1,936	1,671	1,802	1,037	961	39	1,290	8,736
June 2023	2,066	1,949	2,128	1,070	1,128	46	1,389	9,776
May 2023	1,779	1,765	1,781	946	1,156	28	1,239	8,694
April 2023	1,348	1,342	1,268	769	852	20	1,011	6,610
March 2023	1,653	1,545	1,661	814	995	29	1,088	7,785
February 2023	1,414	1,302	1,370	648	864	36	1,039	6,673
January 2023	1,360	1,238	1,353	692	923	30	964	6,560
December 2022	937	981	1,095	570	626	17	694	4,920
November 2022	1,402	1,497	1,506	805	958	43	968	7,179

Assessment – Timely, Referral to Treatments waits



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Healthboard: All | Speciality Category: | Speciality: Dermatology | Age Group For NewOP: All | WaitBand for NewOP: All

New Outpatient | Follow-up

Hide health board split

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New Outpatients Waiting List by Health Board

Slicer Selection - Dermatology

Healthboard: ● ABUHB ● BCUHB ● CaVUHB ● CTMUHB ● HDUHB ● PTHB ● SBUHB



MonthEnd	ABUHB	BCUHB	CaVUHB	CTMUHB	HDUHB	PTHB	SBUHB	Wales
August 2025	8,115	10,834	7,060	4,926	4,361	125	3,284	38,705
July 2025	7,753	10,796	6,857	4,611	4,383	129	3,193	37,722
June 2025	7,201	10,104	6,451	4,539	3,939	137	2,792	35,163
May 2025	6,728	10,370	6,261	4,490	3,688	150	2,607	34,294
April 2025	6,384	10,534	6,093	4,520	3,482	148	2,816	33,977
March 2025	6,096	11,343	5,883	4,362	3,248	126	2,829	33,887
February 2025	6,118	12,387	5,852	4,441	3,761	122	3,139	35,820
January 2025	6,292	12,667	5,815	4,296	3,687	123	3,276	36,156
December 2024	6,642	12,644	5,795	4,935	3,867	107	3,507	37,497
November 2024	6,945	12,840	5,783	5,101	3,999	124	3,753	38,545
October 2024	7,251	12,575	5,841	5,319	4,102	134	3,622	38,844
September 2024	7,362	12,419	5,913	5,474	4,109	124	3,856	39,257
August 2024	7,258	12,246	5,897	6,234	4,311	124	4,191	40,261
July 2024	7,221	11,687	5,658	6,241	4,203	132	4,142	39,284
June 2024	7,038	11,329	5,398	6,373	4,200	136	4,039	38,513
May 2024	6,832	11,003	5,313	6,466	4,187	129	3,837	37,767
April 2024	6,346	10,480	5,294	6,028	4,059	126	3,543	35,876
March 2024	6,143	10,017	5,336	6,031	3,963	131	3,503	35,124
February 2024	6,142	9,754	5,403	6,086	4,145	145	3,242	34,917
January 2024	6,215	9,618	5,304	5,987	4,351	142	2,951	34,568
December 2023	6,124	9,604	5,169	6,257	4,654	122	2,633	34,563
November 2023	6,026	9,680	5,246	6,300	4,781	141	2,949	35,123
October 2023	6,042	9,776	5,287	6,495	5,308	150	3,273	36,331
September 2023	5,878	9,520	5,139	6,940	5,593	146	3,302	36,518
August 2023	5,604	9,079	5,088	7,086	5,761	115	3,124	35,857
July 2023	5,149	8,589	4,572	6,872	5,601	96	3,019	33,898
June 2023	4,778	8,454	4,142	6,756	5,464	89	2,870	32,553
May 2023	4,426	7,824	4,010	6,375	5,359	78	2,614	30,686
April 2023	4,210	7,264	3,680	6,485	5,196	61	2,415	29,311
March 2023	4,238	7,169	3,746	6,545	5,033	62	2,248	29,041
February 2023	4,434	6,996	3,609	7,260	4,829	69	2,188	29,385
January 2023	4,483	7,020	3,546	7,235	4,614	66	2,003	28,967
December 2022	4,330	7,122	3,628	7,499	4,424	88	2,124	29,215
November 2022	4,903	7,161	3,980	7,604	4,496	106	2,357	30,607

Assessment – Timely, stage 1 total waiting list



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Assessment – Timely, stage 1, 53 weeks – 104 weeks



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New Outpatient
Follow-up

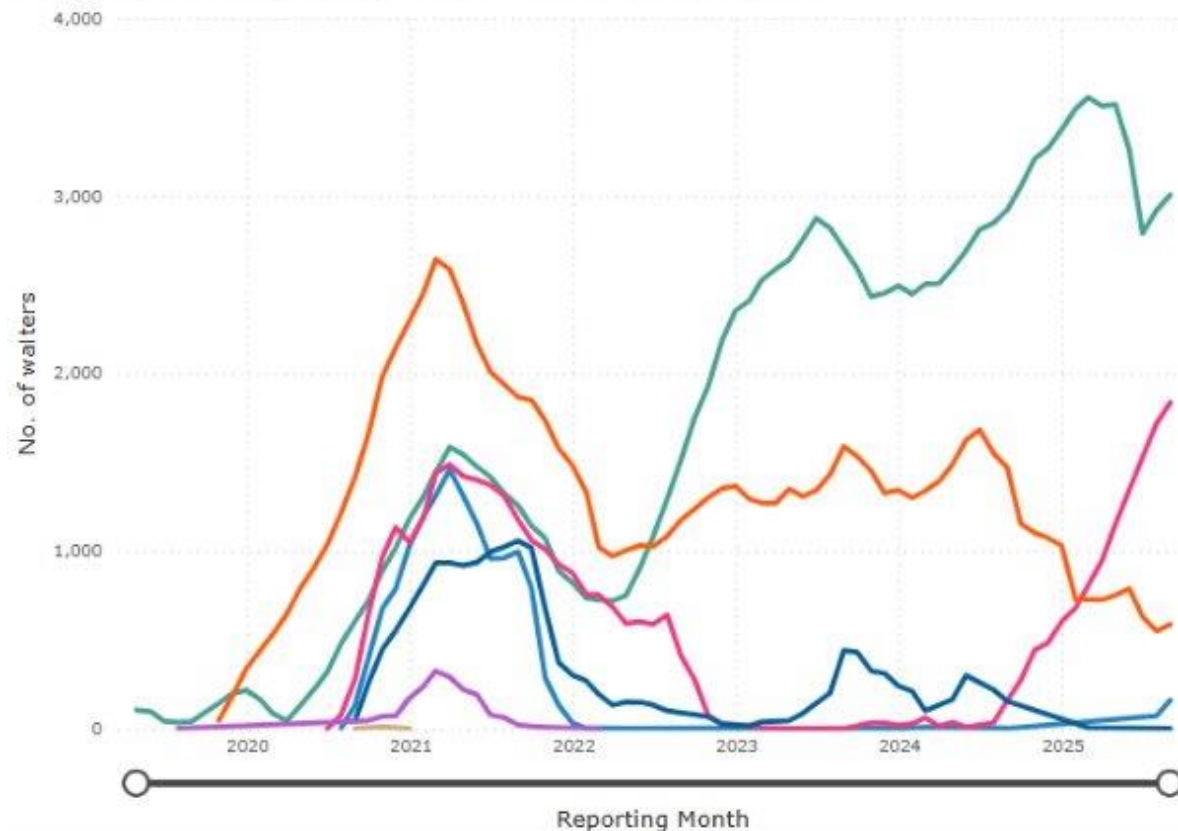
Hide health board split

Show speciality split

New Outpatients Waiting List by Health Board

Slicer Selection - Dermatology - 53 to 104

Healthboard ● ABUHB ● BCUHB ● CaVUHB ● CTMUHB ● HDUHB ● PTHB ● SBUHB



MonthEnd	ABUHB	BCUHB	CaVUHB	CTMUHB	HDUHB	PTHB	SBUHB	Wales
August 2025	161	3,004	1,836	587	1			5,589
July 2025	74	2,917	1,718	551				5,260
June 2025		2,788	1,528	631				4,947
May 2025		3,259	1,343	789				5,391
April 2025		3,513	1,150	751				5,414
March 2025		3,505	945	726				5,176
February 2025		3,553	807	728	7			5,095
January 2025		3,489	680	727				4,896
December 2024		3,374	605	1,029				5,008
November 2024		3,266	484	1,074				4,824
October 2024		3,207	443	1,103				4,753
September 2024		3,050	272	1,155				4,477
August 2024	3	2,921	159	1,470	155			4,708
July 2024		2,846	35	1,551	220			4,652
June 2024		2,809	10	1,682	261			4,752
May 2024		2,692	10	1,625	300			4,627
April 2024		2,590	36	1,487	165			4,278
March 2024		2,506	14	1,393				3,913
February 2024	8	2,503	63	1,339	102			4,015
January 2024	5	2,446	28	1,299	211			3,989
December 2023	1	2,493	20	1,344	241			4,099
November 2023		2,451	34	1,326	312			4,123
October 2023		2,432	34	1,451	326			4,243
September 2023		2,588	16	1,533	430			4,567
August 2023		2,701	2	1,589	440			4,732
July 2023		2,818	1	1,431	202			4,452
June 2023	1	2,872		1,342				4,215
May 2023		2,754		1,308	87			4,149
April 2023	1	2,638	1	1,349	46			4,035
March 2023	2	2,586		1,269				3,857
February 2023		2,525	6	1,271	39			3,841
January 2023		2,408		1,293	17			3,718
December 2022		2,353		1,367				3,720
November 2022	1	2,178	31	1,350	26			3,586

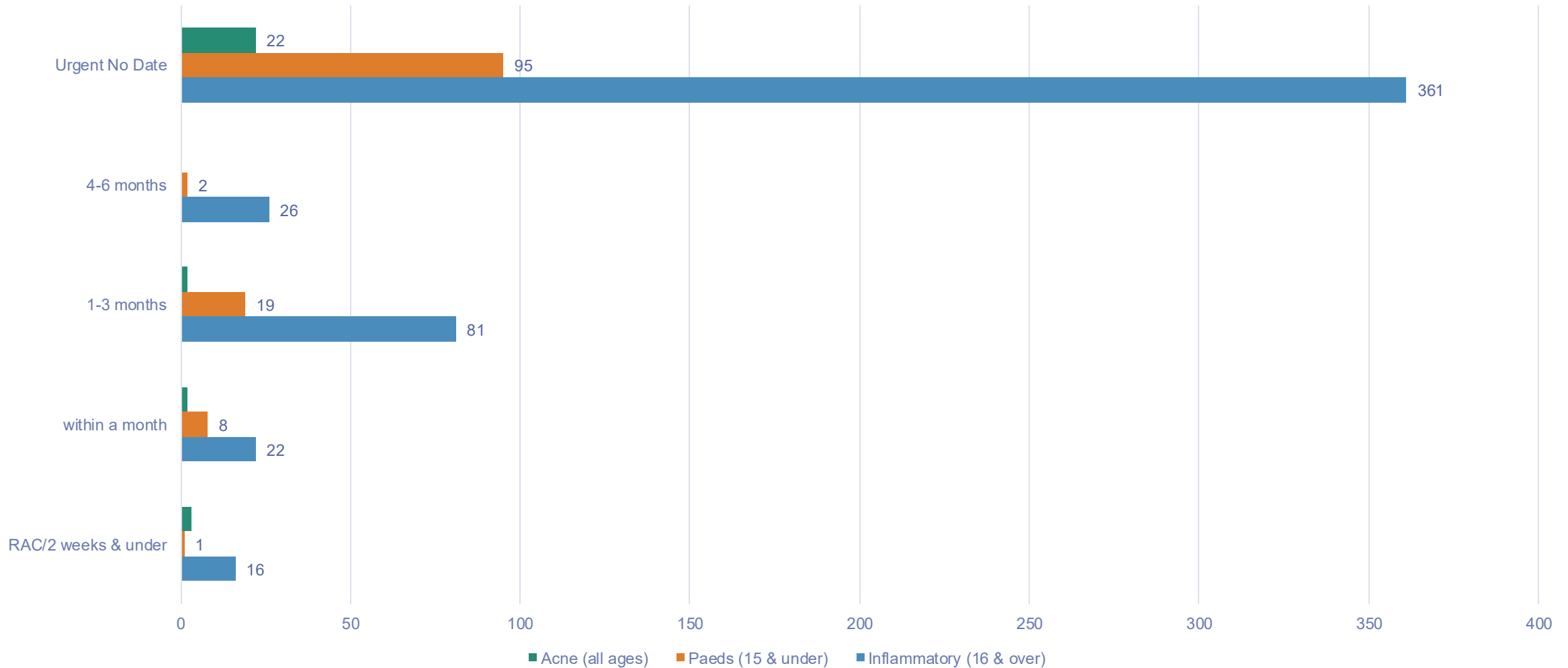
Assessment – Timely, Urgent referral waits



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Urgent referrals waiting to be seen





- No substantive Consultant Dermatologist since 2016.
- Reliance on insourcing and external triage (Consultant Connect – £10k/month).
- Lack of dedicated dermatology hub and suspended phototherapy.
- Insufficient clinical and administrative space.
- Insourcing costs £500k - £700k
- 32% rise in melanoma (last decade); 50% projected increase in 20 years.
- Non-melanoma skin cancers = 43% of all cancers in Wales.
- Clinical Implementation Network (CIN) Optimisation framework - work in progress score 144/228

Assessment – Efficient (optimisation framework snapshot)



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Domain	Delivery	Good practice	Maturity Matrix					Comments	Total	Max score
			Nothing yet planned	Planned	Early progress	Results	Maturity			
			0	-1	-2	-3	-4			
1.1.7	Future	Support GP practices to send high quality dermatoscopic images for lesion referrals						we will be issuing 1 Casio camera per practice as a project	22	56
1.1.8	Future	All Referrals to include a formal assessment of frailty (clinical frailty score, performance status)								
1.1.9	Core	Standard advice and guidance responses are available for the most common referrals			Yes		All referrals are expected to have advice and guidance returned to GP, but we are in the process of standardising some of the common responses			
1.1.10	Core	Direct to clinical photography pathways are locally agreed								
1.1.11	Core	Direct to Treatment pathways are locally agreed with appropriate specialist advice and guidance provided where required								
1.1.12	Core	A system is in place for planned administrative validation of all patients that have been on the stage one pathway for 12+ weeks								
1.1.13	Future	A system is in place for clinical validation of all patients that have been on the stage one pathway for 26+ weeks								
1.1.14	Core	Job plans include designated time for clinical validation, triage, and provision of specialist advice and guidance								
Reducing and Managing DNAs										
2.1.1	Core	All patients receive appointment reminders, including letters, emails, SMS, and/ or phone calls							22	24
2.1.2	Core	The appointment booking process provides two-way communication enabling patients to confirm attendance, whilst conforming to health literacy principles					Minor operations; USC and telederm clinics.			
2.1.3	Core	DNA and CNA rates are routinely captured, audited and presented at departmental performance meetings								
2.1.4	Core	DNA (CNA) rates are used to facilitate overbooking clinics to maximise capacity								
2.1.5	Core	A list of patients that can attend at short notice is held to fill last minute slots created by cancellations								
2.1.6	Core	There is full compliance with health boards DNA / CNA policy								
Remote appointments and consent										
3.1.1	Core	consultations is monitored within the department							8	16
3.1.2	Core	Diagnostic test results are communicated to patients by letter, email or telephone wherever appropriate, in job-planned administrative sessions rather than clinic appointments								
3.1.3	Future	Electronic consent (eConsent) is routinely used for all patients considering surgery, with the process starting in the outpatients department or virtual consultation					would be accepted within the health board			
3.1.4	Future	Procedure-specific patient information sheets are available for all patients considering surgery, in both written and electronic formats, and where possible in the patients' first language								

Assessment – Efficient, workforce comparison



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HDdUHB (population 388,139) *Stats Wales		SBUHB (population 389,640) *Stats Wales	
Consultant (Plastics)	0.8 WTE	Consultant	5.0 WTE
Locum Consultant	2.6 WTE	Locum Consultant	0
Specialty Doctor	1.99 WTE	Specialty Doctor	5.0 WTE
Nursing	6.80 WTE	Nursing	6.0 WTE
Administration	5.60 WTE	Administration	9.54 WTE

Assessment – Efficient, current spend



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Item	Current Annual Spend
Insourcing (current)	£300,000 (reducing to £100,000 in 2025/26)
Consultant Connect triaging	£120,000
Teledermoscopy SLA	£60,000
Total Potentially Reallocated	£480,000

Assessment – Efficient Definition of 'Good' (staffing model additional)



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Item	Description	Annual Cost Estimate
Consultant Workforce (Nurse Consultant)	2 x WTE Consultant	£250,000 – £300,000
Nursing Staff	7 WTE (1x Band 7, 2 x Band 5, 4 x Band 3)	£310
Administrative Support	2 WTE (Band 4 and Band 3)	£70,000
Booking Clerk	1 WTE (Band 4)	£30,000
Total Recurrent Cost (from 2026/27 onwards)	–	£660,000- £710,000



- Urgent patient waiting times prioritised the same as routine
- Unable to undertake see and treat – additional travel
- General Practitioners (GPs) provided with dermatoscopic cameras HB cannot assess dermatoscopic images
- Nurse led clinics across all 3 counties
- Training GP with Extended Roles (GPwER) to undertake MOPs
- Teledermoscopy offered across all 3 counties for both USC and Non-USC lesions
- Teledermatology with all GP referrals

Assessment – Person Centred

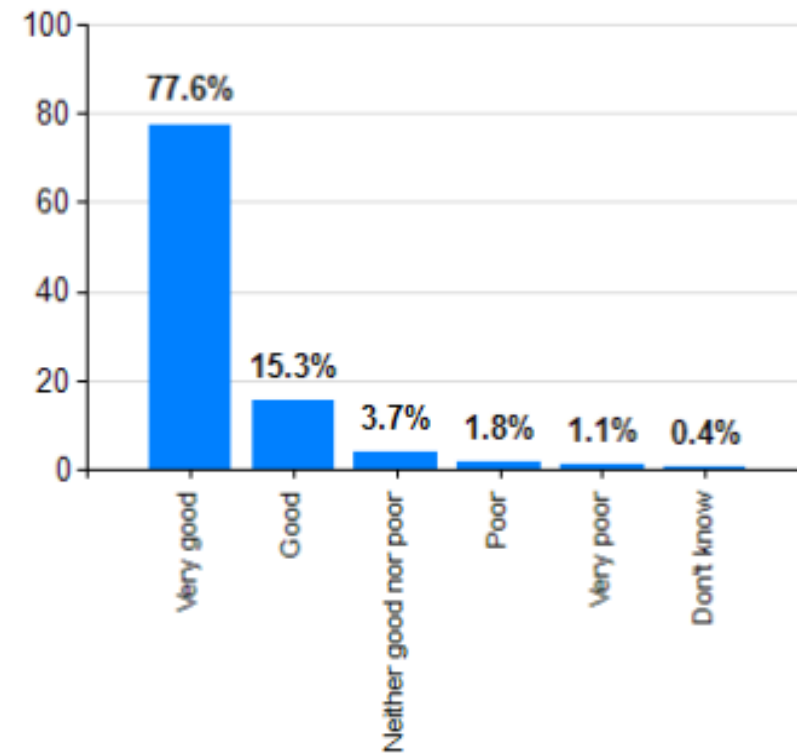


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Patient Feedback following attendance at clinic

Available Answers	Responses	Score (%)
Very good	420	77.6%
Good	83	15.3%
Neither good nor poor	20	3.7%
Poor	10	1.8%
Very poor	6	1.1%
Don't know	2	0.4%
Total	541	100%



Data collection 1st January 2025 – 30th September 2025

(Civica data)

Assessment – Person Centred



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Very Good feedback

- Nurse was thorough, reassuring and had a polite caring manner
- Everything was explained to me carefully, I felt very comfortable.

Good Feedback:

- Quick and efficient in every respect
- Appointment on time very helpful doctor

Neither Good nor Poor

- I have waited nearly a year for this consultation, which seems excessive based on the potential skin cancer under consideration
- I have a 3 hour round trip driving to and from the hospital for a consultation that took a few minutes and could have been carried out online. The lesion that I have had been seen by photographed by the local GP who made the first referral to Dermatology. I don't see why I had to drive a long way to be given a diagnosis that I already had and then to be told that I would be sent an appointment within 8 weeks. Time between GP referral and consultation was time wasted.

Poor

- There was an extremely long wait to see a dermatologist and rheumatologist. Then it was a five hour round trip to see them. Ridiculous when there is a perfectly good hospital 10 mins away.

Very poor

- No it's a mess you have to board in a ward no privacy when that happens the staff there are overworked and still they go beyond the call of duty and deserve more then they are getting.



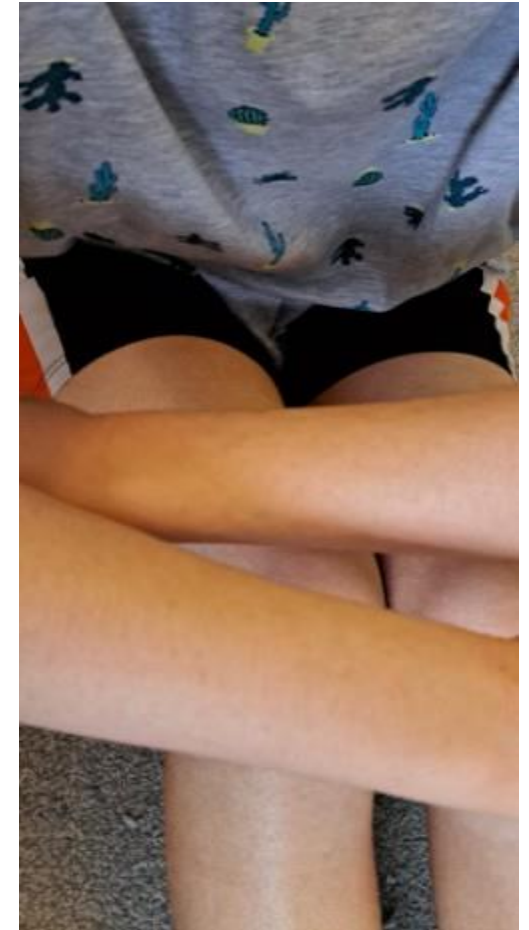
- Patient Story – Paediatric Eczema patient (age 12)
- Exacerbation started in 2023 and no face to face appointment could be obtained by Dermatology due to lack of paediatric dermatologists
- Patient presented to ED Boxing Day 2023 – admitted
- Flare up required sedation and patient expressed wishes to die
- It took 5 days for a dermatologist to see her face to face immediately started paperwork to commence Duplimumab
- The Dermatologist agreed to start her on Cyclosporine as a bridging treatment until Duplimumab could be started.
- It took a further 6 weeks before Duplimumab was commenced.
- Outcome – complete skin transformation and improved mental health

Assessment – Patient Story before & after treatment



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- Employed Locum Consultant with interest in Paediatric dermatology
- Employed Advanced Pharmacist
- Rapid Access Clinics available
- Medical workforce on 'duty rota' weekly to respond to internal queries
- Weekly inflammatory MDT

Following Ombudsman case (rare side effect to treatment)

- National Acne treatment guidance changed Oct 2023
- No longer nurse led acne clinics
- All acne appointments face to face
- Recruited more Locum Consultants

**Conclusion –
Next Steps being explored by the service to achieve sustainability**



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- **Recruitment** of minimum 2 Consultant Dermatologists
- **Utilise DSU capacity** (3 rooms) – pending nursing and H&S support
- **Expand MOP capacity** – additional rooms (3 total) needed for “See and Treat” model
- **Increase admin staffing** to reduce backlog in letters and results
- **Create dedicated dermatology hub** to support workforce retention, equitable access, medical photography, phototherapy and adequate clinical space in one area
- **Upskill GPs** to undertake minor surgery in primary care
- **Develop sustainable workforce model** for long-term service resilience
- **Improve patient experience** through timely and consistent care



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The Duty of Candour

Openness and honesty should be at the heart of every relationship between those providing treatment and care and those experiencing it.



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

The six domains of quality



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Diogel
Safe

Our health care system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored, where possible, risks to safety are reduced or prevented and this is delivered by appropriate numbers of suitably skilled workforce



Effeithlon
Efficient

Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments targeted at those likely to gain the most benefit, ensuring any interventions represent the best value that will improve outcomes for people.



Amserol
Timely

Our health care system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority



Teg
Equitable

Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality because of personal characteristics such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation; the organisation that provides care; or location where care is delivered. We embed equality and human rights in our health care system and promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.



Effeithiol
Effective

Our health care system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal outcomes possible for them and that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.



Person ganolog
person centred

Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.