



Deep Dive: Dermatology UPDATE

Quality, Safety and Experience Committee

8 October 2026



The purpose of this report is to provide the Quality, Safety and Experience Committee with an update on the progress made since the Dermatology deep dive that was presented on 4th November 2025 and to provide assurance regarding service performance, quality and risk management. The report focuses on key development in skin cancer and Referral to Treatment (RTT) performance, workforce sustainability and the associated impact of service delivery. This is supported by triangulation of performance and workforce data, incidents, complaints and to provide an assessment of service quality, safety and patient experience.

Background



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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

The current service model is heavily reliant on external providers to support key operational functions, including triage, insourcing and teledermoscopy. To achieve long term sustainability, the model must adopt a more flexible, integrated approach that maximises digital innovation, multidisciplinary working and the effective use of internal resources. Current space constraints limit the ability to undertake core functions efficiently, creating operational inefficiencies and restricting opportunities for service transformation. Additional clinical and administrative accommodation would enable the existing workforce to be utilised more effectively, supporting a more resilient, efficient and quality focused service delivery model. This would strengthen service capacity and improve outcomes for patients while ensuring the service remain sustainable for the future.

The Dermatology Service has operated without a substantive Consultant Dermatologist since 2016. Despite improved workforce sustainability, including locum consultants, permanent General Practitioner with Extended Role (GPwER), x3 Specialty Doctors, specialist nursing teams and an Advanced Pharmacist, demand continues to outpace capacity.

The Health Board has the highest incident of melanoma in the UK and has experienced a 122% increase in referrals compared to an all Wales average of 5% (NHS Wales Performance and Improvement (P&I) 2025). Demand is forecast to rise further, with skin cancer cases expected to increase by 50% in the next 20 years.

Without investment in clinical capacity and infrastructure, the Health Board will be unable to sustainably achieve Unscheduled Care and RTT standards, resulting in ongoing risks to patient outcomes, performance and reputation. Proposals have been developed through the CSP process to address these challenges, with Option C approved by public consultation.



Waiting list remains the same with and increase with the treatment delivery gap which increases the risk of patients deteriorating and avoidable harm

- **Urgent Suspected Cancer demand (USC)**

Required -110 slots and 70 slots minor procedures (MOP) per week (NHS P&I 2026 20% increase each year)

Gap – 30 slots per week for MOPs

- **Referral to Treatment (RTT)**

Patients are waiting 104 weeks for treatment and 52 weeks for outpatients appointments.

- Triaging backlog circa 600 referrals
- Backlog letters circa 500 backlog

- Advanced Pharmacist providing medicines optimisation
- Dedicated biologic clinic and rapid access clinics supporting safe monitoring
- Job plans 100% compliant
- Regular governance meetings providing oversight and learning
- Clinical audits

Workforce Update

- Nurse Consultant job description to be refined for job matching
- Specialist Grade interviews 1st October 2026
- Permanent GPwER (GP with Extended Roles) recruited September 2026

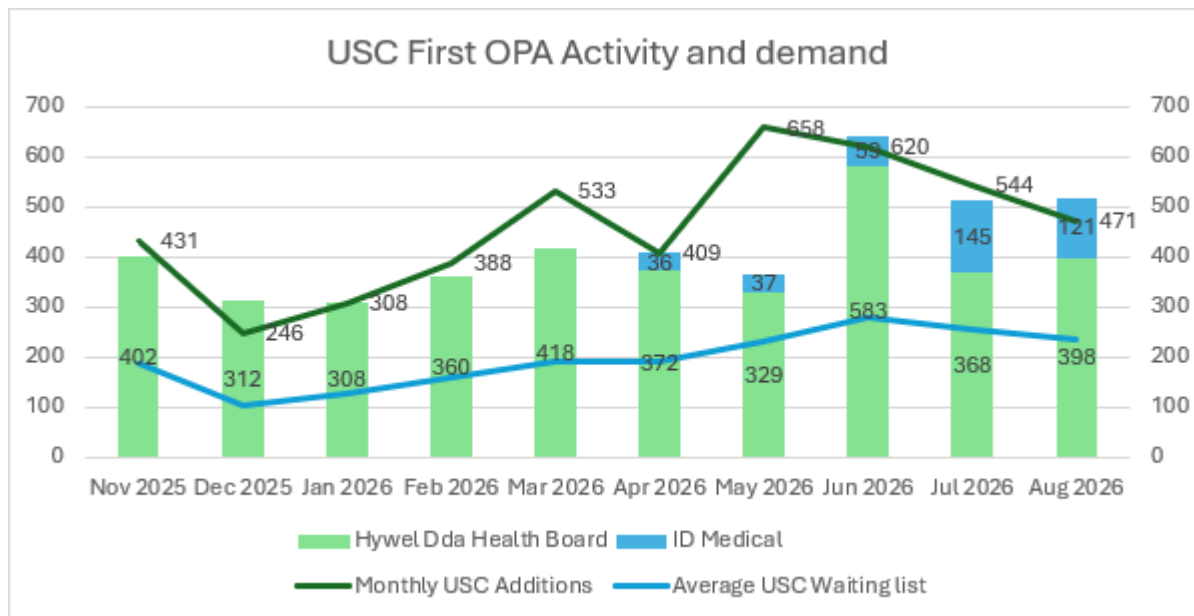


Assessment – Timely USC



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



- The data suggests that rising demand, particularly between March and June 2026, outpaced available capacity and drove a substantial increase in the USC waiting list.
- The expansion of activity, especially through ID Medical from July 2026 onwards alongside sustained Health Board output, appears to have reversed this trend with a reduction of **185 (32%) patients receiving their assessment within clinically appropriate timescales**.
- However, by August 2026 the waiting list remained broadly similar to the level seen at the start of the period, indicating that additional sustained capacity may be required to achieve longer-term reductions in backlog

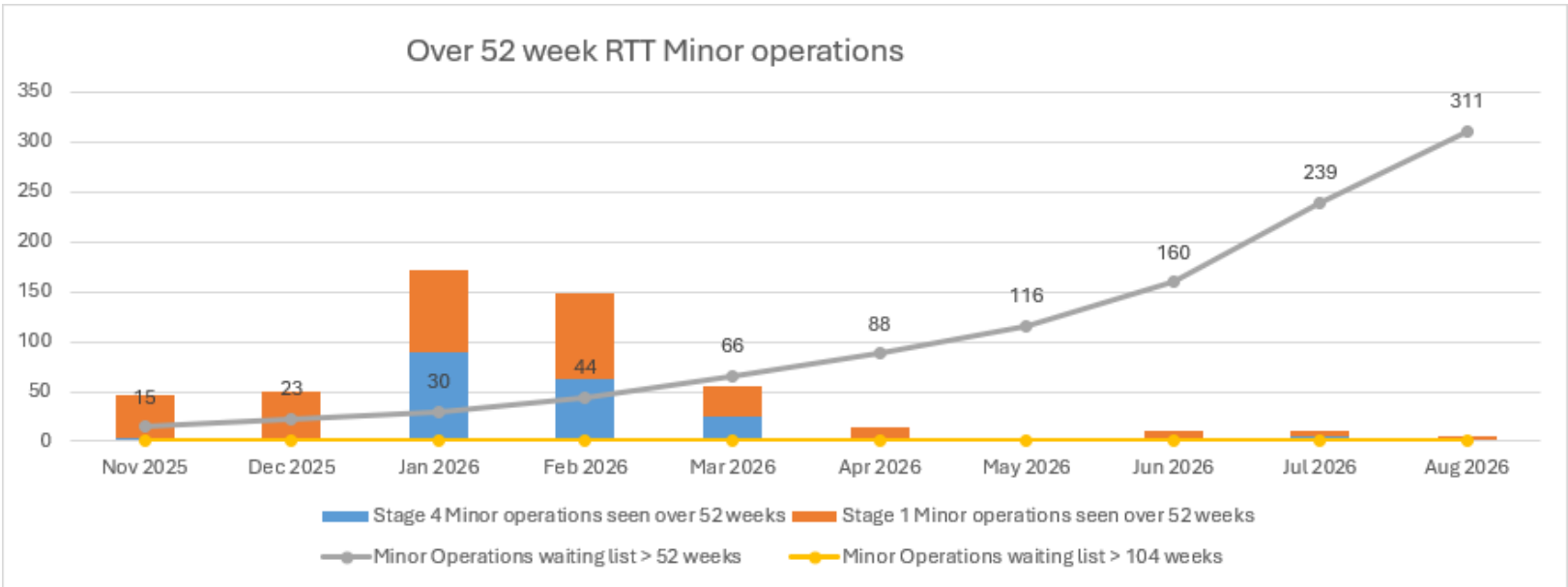
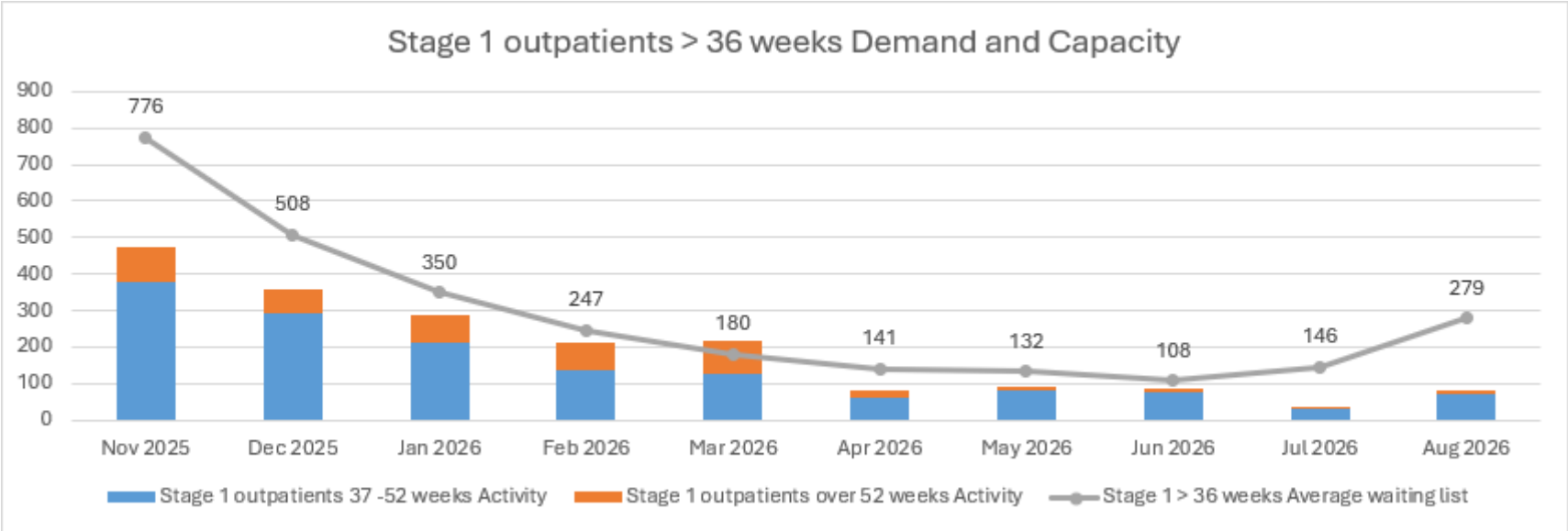


Assessment – Timely RTT



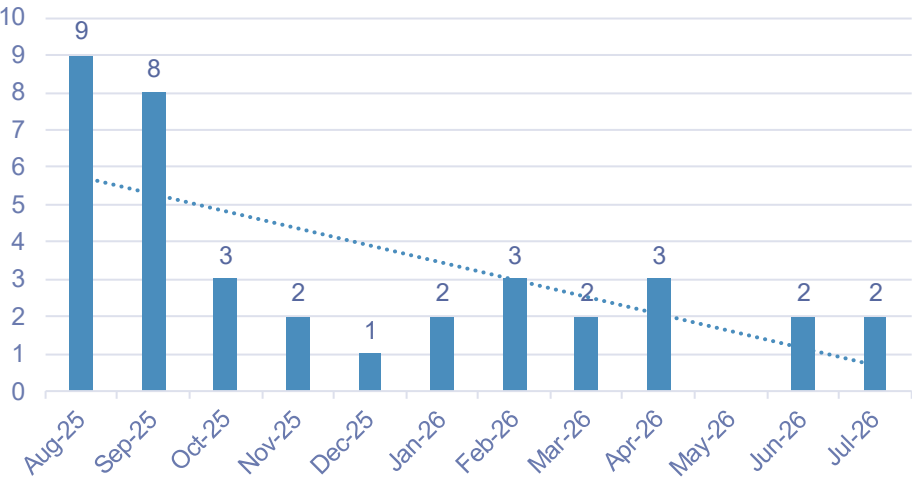
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Assessment – Effective

Complaints

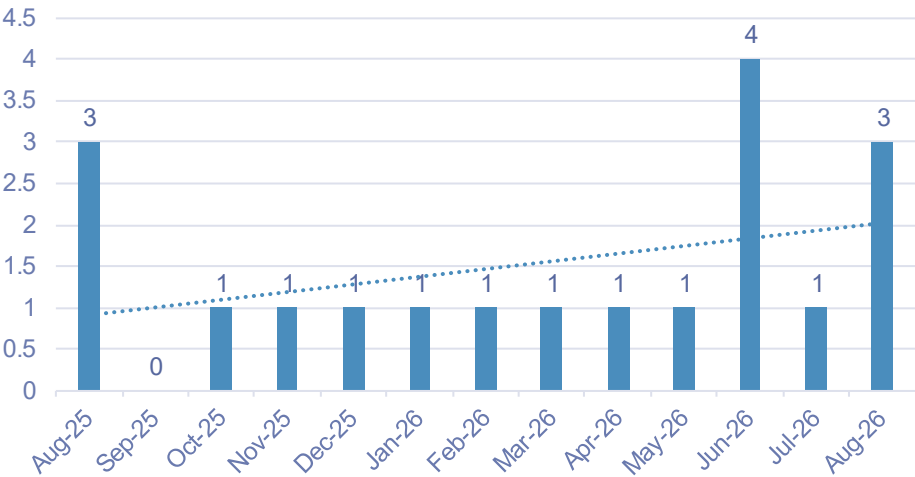


- Complaints peaked in August 2025 and September 2025
- Complaints reduced by 67% between September 2025 and October 2025
- During 2026, complaint levels remained 2-3 per month with 0 complaints recorded in May 2026

Compliments

- Five unsolicited compliment letters received, highlighting positive patient experiences. Patients reported feeling informed about procedures. Patients felt treated with dignity, kindness and respect. Communication was clear and understandable.
- Incident reporting demonstrates an open safety culture and proactive identification of risks.

Incidents



- Peak reporting of incidents occurred in June 2026
- August 2025 and August 2026 both recorded 3 incidents
- Slight upward trend overall driven by increased reporting during June and August 2026

● Red (Severe): 3 incidents
● Amber (Moderate): 3 incidents
● Green (Low/None): 11 incidents

Total incidents: 17



Assessment – Efficient



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- The service is working inefficiently due to the infrastructure
- No see and treat clinics (British Association of Dermatologists guidance)
- Lack of clinical leadership
- Delays in triaging referrals
- Operating on less complex patients that can be managed in Primary Care (Basal Cell carcinomas)
- Lack of pathway standardisation due to Outpatient department space
- High discharge at first face to face outpatient appointment and conversion to minor procedure

Month discharge at first OPA	Percentage
April	24%
May	24%
June	23%
July	17%
August	15%
Average	21%

Conversion rate into daycase	Percentage
April	47%
May	51%
June	48%
July	56%
August	56%
Average	52%

- Teledermoscopy April – August (supported by Aneurin Bevan University Health Board)

Outcome	Numbers	Percentage
MOP	112	39%
Discharge	154	53%
F2F	17	6%
Repeat photos	5	2%
Total	288	100%

- Faster specialist review without requiring attendance at hospital.
- Earlier identification of patients requiring urgent treatment.
- Reduced travel burden, particularly for rural communities.
- More patients managed appropriately closer to home.

Electronic referrals with images improve diagnostic quality at first review.

Virtual follow-up clinics reduce unnecessary outpatient appointments.

Clinical Nurse Specialist and Advanced Health Practitioner clinics increase access whilst maintaining specialist oversight.



Current Impact

Patients currently travel further and attend more appointments than necessary because see-and-treat pathways are limited

Rural communities may experience greater inconvenience due to repeated hospital visits.

Future Benefits

Minor surgery delivered in primary care provides care closer to home

Expansion of GPwER and enhances schemes will improve access

See and treat models reduce travel, waiting and inconvenience for patients



Assessment – Person Centred



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Patient feedback indicates that despite significant pressures, patient interactions remain positive and person centred

What patients tell us about their care:

- Clear explanations
- Compassionate communication
- Professional knowledgeable staff
- Confidence in treatment decisions

Her manner was very kind, thoughtful and professional. My husband is hard of hearing, which she responded to in a kindly way. My husband was able to understand all she said.

my opinions :-

Very punctual

Procedure + choices well explained

All very polite and kind

Patient attended minor op procedure at CICC 12/02 - wishes to thank all of the staff involved. The service was excellent. Thank you :)

Would like to pass on his thanks to the team that did his biopsy on 19/02 as he felt the team were fantastic.

speedy diagnosis of my scalp! Your referral letter was brilliant and the lesion has now been removed.



Conclusion



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Solutions

To improve access to specialist assessment and treatment through sustainable capacity requires sufficient infrastructure to undertake:

- See and Treat clinics
- High volume low complexity clinics

This will reduce waiting times, travel requirements and repeat appointments while providing care closer to home

Hybrid Model

The proposed hybrid model will support delivery of sustainable cancer and RTT pathways, improve patient access to timely care, reduce the risk of harm from prolonged waits and enhance patient experience whilst maintaining quality and safety standards.

Constraints

Regular and sufficient estate and support staff (clinic rooms, nursing, pathology).
Current performance is based on planning 1 month ahead due to reliance on theatre backfill





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



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

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.



The six domains of quality



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



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.