Dermatology Outpatients Survey Report

1. Overview

Between 20 March to 20 April 2026, we ran a survey to understand people's experiences, expectations and views of dermatology services, to help inform how care for skin conditions can be improved across south west London. This has also fed into a wider piece of work we are undertaking around outpatient services – focusing on areas where transformation work is under way.

The survey aimed to help us better understand:

- people's current experiences of outpatient services
- expectations and understanding around referrals
- what drives reassurance and confidence in services
- how comfortable people would be with alternative models of care

A total of 141 people completed this one.

Dermatology services support a wide range of skin conditions, including eczema, psoriasis, acne, rashes, infections and mole changes. People may be managed in different settings depending on need, including GP practices, community services, pharmacies and hospital outpatient clinics. The pathway often involves initial assessment in primary care, with referral into specialist care where symptoms are complex, persistent or require further investigation.

2. Methodology

We developed these surveys with ICB clinical leads and Acute Provider Collaborative colleagues to ensure it covered the full pathway. It was widely shared through partner organisations, including voluntary and community sector networks, who distributed it within their local communities. It was also promoted through paid for adverts across organisational social media channels to reach people with experience of dermatology services and outpatient care across South West London.

The survey was open to adults who had used outpatient services in the past two years or who may need to use them in future.

As with all open surveys, findings are not representative of the wider population and reflect the views of those who chose to respond. The sample is self-selecting and likely to be influenced by individuals with stronger experiences or interest in the topic.

The survey had a higher proportion of older adults and people identifying as White British/White English and female, meaning some communities may be under-represented.

Responses were also gathered online, which may have created barriers for some groups, particularly those with limited digital access or lower health literacy.

3. Key findings

Summary of key findings across questions

- **Delays, long waits and poor communication**. People feel frustrated about long waiting lists, appointments being moved or cancelled without notice, lack of updates about referrals and care status and poor coordination between services. People felt anxious that they had to chase their own outcomes.
- **Need for specialist expertise and continuity of care**. People valued seeing clinicians with dermatology knowledge but struggled to access this consistently. A common frustration was seeing different clinicians each time, having to re-explain their history and not having oversight of their overall care pathway.
- **Concerns being dismissed or not taken seriously**. Particularly for chronic skin conditions, people felt their symptoms were minimised, insufficiently investigated, or repeatedly managed with the same treatments (especially steroids) without review. Some felt they weren't believed or were "fobbed off."
- **Lack of holistic, long-term management**. People wanted more than short-term symptom relief. Many people indicated that they want conversations about triggers, flare-ups, underlying causes, mental health impacts and ongoing monitoring, especially for conditions like eczema and psoriasis.
- **Poor coordination and unclear pathways between services**. People feel they receive conflicting information, unclear referral routes, lost referrals and lack of communication between GPs, hospitals and specialists. This fragmentation left people uncertain about next steps and sometimes led to worsening symptoms or repeated appointments.

Summary feedback based on questions asked

Experiences of accessing support: Experiences varied considerably across the pathway. Positive experiences were associated with rapid referrals, coordinated care and clear communication, while negative experiences centred on long waits, cancelled appointments, poor communication and difficulty accessing follow-up support. Many people felt they had to chase referrals, appointments or results themselves.

Confidence in community-based care: Responses were mixed regarding skin concerns being managed outside hospital settings. People were more comfortable with community or GP-led care for mild or stable conditions, particularly where specialist advice remained available. Confidence reduced for complex, chronic or unexplained conditions, with concerns around delayed escalation, misdiagnosis and access to dermatology expertise.

Waiting times and communication while waiting: People described long waits for dermatology appointments, often significantly longer than expected, with some reporting waits of several months to over a year. During this time, respondents wanted clearer communication, updates on waiting times, advice on managing symptoms and a clear route back into services if their condition worsened.

Expectations after contacting a GP: People expected active investigation and clear next steps following initial contact with services. This included timely referrals where needed, access to specialist advice, diagnostic support, treatment plans and reassurance that concerns were being taken seriously. Respondents also expected better coordination between GP, community and hospital services.

Reassurance and ongoing support: Confidence increased when clinicians clearly explained conditions, ruled out serious illness and provided ongoing support or follow-up arrangements. Anxiety was linked to uncertainty, worsening symptoms, lack of updates and feeling unsupported while waiting for care. People particularly valued continuity and easy re-access to services if symptoms changed.

Views on different models of care: Many respondents were open to GP-led specialist advice pathways, community clinics and digital approaches such as image-based assessment where this improved speed and convenience. However, people wanted reassurance that specialist dermatology oversight would remain part of the pathway and that new approaches would not reduce quality or delay diagnosis.

Views on AI-supported care: Most people were open to AI being used to support dermatology assessments if it was used alongside clinical expertise rather than replacing clinician judgement. Concerns focused on accuracy, missed diagnoses, bias across skin tones and ensuring there was still human review and accountability.

Fairness of prioritisation and pathway management: Most respondents accepted that appointments should be prioritised according to clinical need but wanted greater transparency around how decisions are made. People felt systems should allow worsening symptoms to be reassessed quickly and wanted clearer communication about referral status and expected waiting times.

Overall suggestions for improvement: People would like shorter waiting times, clearer communication, better continuity of care and more joined-up working between services. Improving reassurance, specialist access, follow-up support and communication throughout the pathway was seen as key to increasing confidence in more flexible

4. Who we heard from

This section explores who responded to our survey. As these questions were not mandatory, a significant number of people skipped some or all of them. As a result, the findings may not fully reflect the characteristics of the whole sample.

Responses were mainly from Richmond (23%), Merton (21%), Wandsworth (20%), Sutton (17%) and Croydon (9%), with smaller numbers from Kingston (7%) and other areas (Lambeth and Surrey 4%).

Responses were mainly from women (69%), with most respondents aged 30 and over, with the largest group being 65- to 74-year-olds (23%). People aged 45 to 59 and 75 to 84 were the next most represented groups at 19% each, followed by 30- to 44-year-olds at 17%. Younger adults were much less represented, with only 1% of respondents aged 21 to 24 and nobody under 21 taking part.

In terms of ethnicity, the largest group was White British (47%), followed by White English (20%), with a range of other ethnic backgrounds represented in smaller proportions. More details in appendix a.

5. Full findings

Experiences of accessing support and care for skin concerns

131 people rated their experience of help and support for skin concerns.

Most people sought help in the first instance through their GP practice (80 respondents), Hospital dermatology clinics were the second most common setting (31 respondents), alongside smaller numbers accessing community pharmacy services (11 respondents), community-based skin clinics (4 respondents) and urgent care settings including A&E (5 respondents). A small number of people had not sought help in the past two years (9 respondents).

Overall, the findings show that 39% of people had a good or very good experience and 37% had a poor or very poor experience.

What has worked well?

People value being seen and referred quickly and when concerns are taken seriously early on. Many people described positive experiences where they were able to access a same-day GP appointment, receive a prompt referral to dermatology services, or move quickly through urgent cancer pathways. Fast access to assessment, particularly for suspected skin cancer concerns, helped people feel reassured and supported. Some people also valued being referred directly for imaging, biopsies or specialist review without repeated appointments.

A few people spoke positively about joined-up pathways between GP practices and hospital teams, including photographs being shared with consultants remotely to support quicker diagnosis and treatment decisions. Others highlighted how remote consultations and photo triage worked well when communication was clear and treatment was effective.

"*Quickly referred by GP to local clinic for photo to be assessed by AI and then within 2 weeks referred to hospital. Very reassuring speed of service."*

People feel confident when they are seen by clinicians with expertise or specialist knowledge in skin conditions. People felt they had better experiences when they were supported by a GP with a specialist interest in dermatology or when they were able to access a dermatologist directly. Specialist knowledge helped people feel listened to, reassured and more confident in the diagnosis and treatment they received. In some cases, people described finally receiving effective treatment after years of unresolved symptoms once they encountered a clinician who understood their condition. People also valued clinicians who explained symptoms clearly, discussed treatment options with them and provided reassurance about what signs or symptoms to monitor.

"My GP is a skin specialist so I'm confident with my GP service."

People appreciate compassionate, reassurance and ongoing care from clinicians who listen and act on concerns. Positive experiences were often linked to people feeling believed, listened to and supported throughout their care. Some people described individual clinicians going beyond what they expected to help them navigate the system, follow up on referrals or explore alternative treatment options while waiting for specialist appointments. People valued clinicians who demonstrated empathy, kindness and persistence, particularly for long-term or recurring skin conditions.

"Finally – FINALLY – having a new addition to the surgery – a new GP who didn't fob me off…"

Remote advice, digital pathways and community-based support work well for some people when they reduce unnecessary appointments and delays. Some people described positive experiences using photo triage, telephone follow-ups and remote advice between GP practices and hospital specialists. These approaches were seen as convenient

and reassuring when they led to quicker treatment decisions or prevented unnecessary hospital visits. Others valued local access through pharmacies, community clinics or nurse-led services, particularly where care felt efficient and straightforward.

"Initial treatment didn't work - GP got follow-up advice via email/text from the hospital clinic which saved me having to go back to the hospital."

What could be improved?

Long waits, poor communication and a lack of coordination between services, leaves people feeling frustrated. Many people described frustration with delays in accessing dermatology services, long waiting lists and appointments being repeatedly moved or cancelled. Some people said they had been left chasing updates themselves, with little communication from services about what was happening with their care. Delays between referrals, biopsies, results and treatment left some people feeling anxious, unsupported and uncertain about next steps.

Several people also described poor coordination between GP practices, hospitals and specialist services, including conflicting information, unclear pathways and referrals being lost, delayed or refused. For some, this led to worsening symptoms, repeated appointments or paying privately for treatment.

"No appt given until April 2026, which was then postponed until September 2026 without any consultation."

People feel some skin concerns can be dismissed, minimised or not taken seriously enough. A common theme was people feeling that their symptoms were not properly investigated or that concerns were repeatedly managed with the same treatments without reviewing whether they were working. Several people described being prescribed steroid creams repeatedly over long periods, while requests for referrals, allergy testing or further investigation were delayed or refused.

Some people felt there was a lack of understanding about the physical and emotional impact of chronic skin conditions, particularly where conditions were painful, visible or affecting confidence and daily life. Others felt assumptions were made about age, severity or urgency which influenced access to further care.

"The doctor did not take my concerns seriously, and I did not feel that I was helped."

People want access to specialist services and want their care to be more consistent. Many people felt more confident when they were able to access clinicians with specialist dermatology knowledge but described difficulties accessing this consistently. Some people felt GPs lacked specialist expertise in skin conditions, while others described long waits to see dermatologists or concerns about diagnoses being made remotely without an in-person assessment.

People also described frustration at seeing different clinicians at each appointment, needing to repeatedly explain their history and feeling there was no overall oversight of their care. Several people wanted clearer routes into specialist advice, follow-up reviews and access to the same clinician over time.

"I was referred by my GP to a hospital clinic but was never seen by a dermatologist."

People want more personalised and proactive support for managing long-term skin conditions. Some people felt skin conditions were treated too narrowly, with a focus on short-term symptom management rather than understanding wider causes, triggers or

impacts on wellbeing. People wanted more conversations about long-term management, flare-ups, allergies, diet, mental health and related conditions.

Others felt there was limited proactive follow-up once treatment had started, leaving them unsure how to manage recurring symptoms or when to seek further help. The lack of regular reviews for ongoing conditions was raised repeatedly, particularly for psoriasis, eczema and chronic inflammatory skin conditions.

"Any skin condition is not just 'the skin' - it's how it affects every aspect of your life."

Access arrangements, appointment systems and clinic processes can create additional stress and barriers. People described difficulties accessing appointments, particularly where systems relied heavily on online forms, apps or long telephone queues. Others highlighted challenges with travelling to hospital appointments, limited clinic hours, delayed prescriptions or needing to take time off work for appointments.

Several people also felt clinic appointments were rushed or overcrowded, with limited time to ask questions or discuss concerns fully.

"Had to use Anima to communicate with GP. Very alienating."

Experience of accessing Urgent and Emergency Care for skin concerns

This section explores whether people accessed an urgent treatment centre or A&E for a skin concern and what could have been done earlier or differently to support people to seek the right care, in the right setting.

82% of people had not attended A&E or urgent care in relation to a skin condition. 15% of people had used A&E or urgent care and 3% were unsure if they had.

For those who had accessed an urgent treatment centre or A&E, people felt the following things could have been done differently:

Having access to specialists or being referred quickly to prevent conditions worsening, leading to unavoidable visits to A&E. Several people described situations where their condition deteriorated while waiting to see a specialist, leading to urgent care or hospital attendance that they felt could have been avoided with earlier assessment, diagnosis or treatment. People often felt too little was happening while they waited for dermatology appointments, despite symptoms worsening or repeated concerns being raised.

Some people described infections, severe allergic reactions or escalating symptoms eventually resulting in emergency care, surgery or hospital admission. Others reflected that earlier biopsies, referrals or investigations may have prevented complications or reduced the severity of treatment needed later.

"I feel it shouldn't have got to this stage had things been dealt with more urgently and I'd seen a dermatologist sooner."

Having clearer communication and coordination between GP, hospital and specialist services. People described confusion about who was responsible for their care, uncertainty about how services worked and frustration at poor communication between departments. In some cases, people received conflicting messages from different professionals or felt administrative processes broke down during urgent care episodes. Others said they would

have benefited from clearer follow-up information, written recommendations after consultations or more direct communication between consultants and GP practices.

"Follow up procedures and feedback. Very poor much delayed in my experience."

Sometimes, Urgent and Emergency Care is the only and best option, because other services are too busy, unavailable or not accessible. Some people described attending urgent care or A&E because they could not access GP appointments, specialist support or out-of-hours care elsewhere. Others felt conditions that should have been managed in primary, or specialist care escalated unnecessarily into emergency settings.

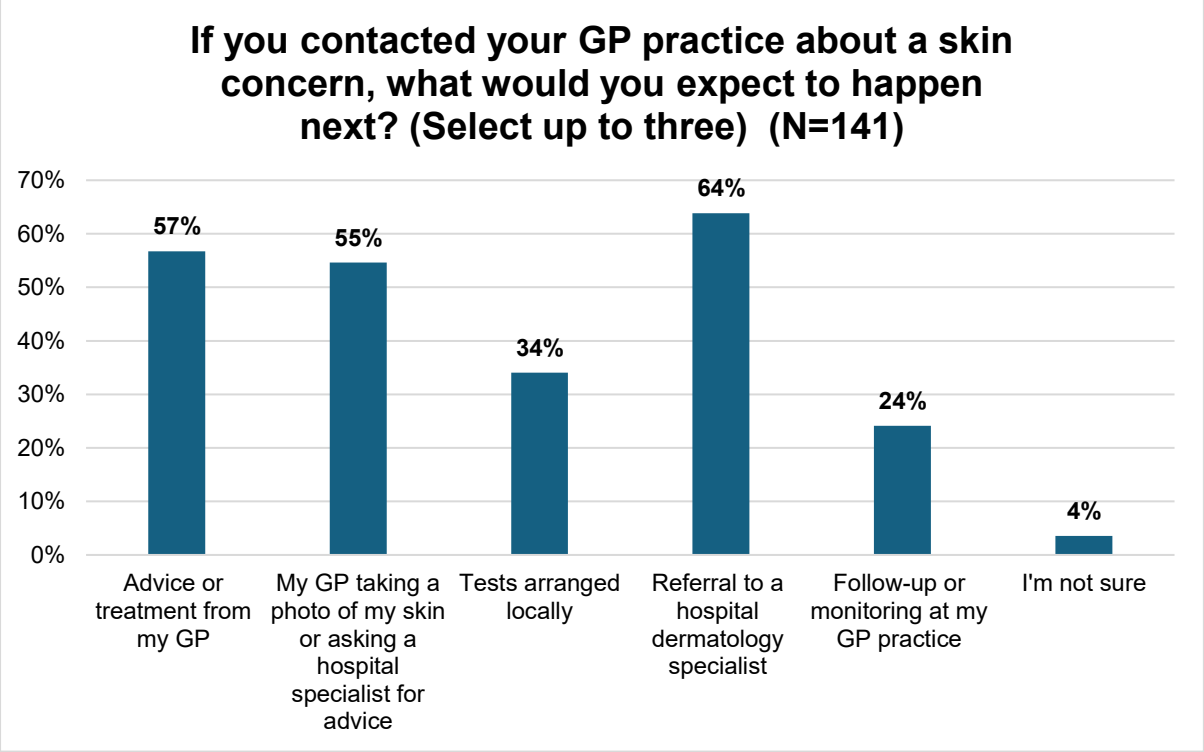
"I wouldn't have attended urgent care if GP would offer services… on Saturday afternoon and Sunday too."

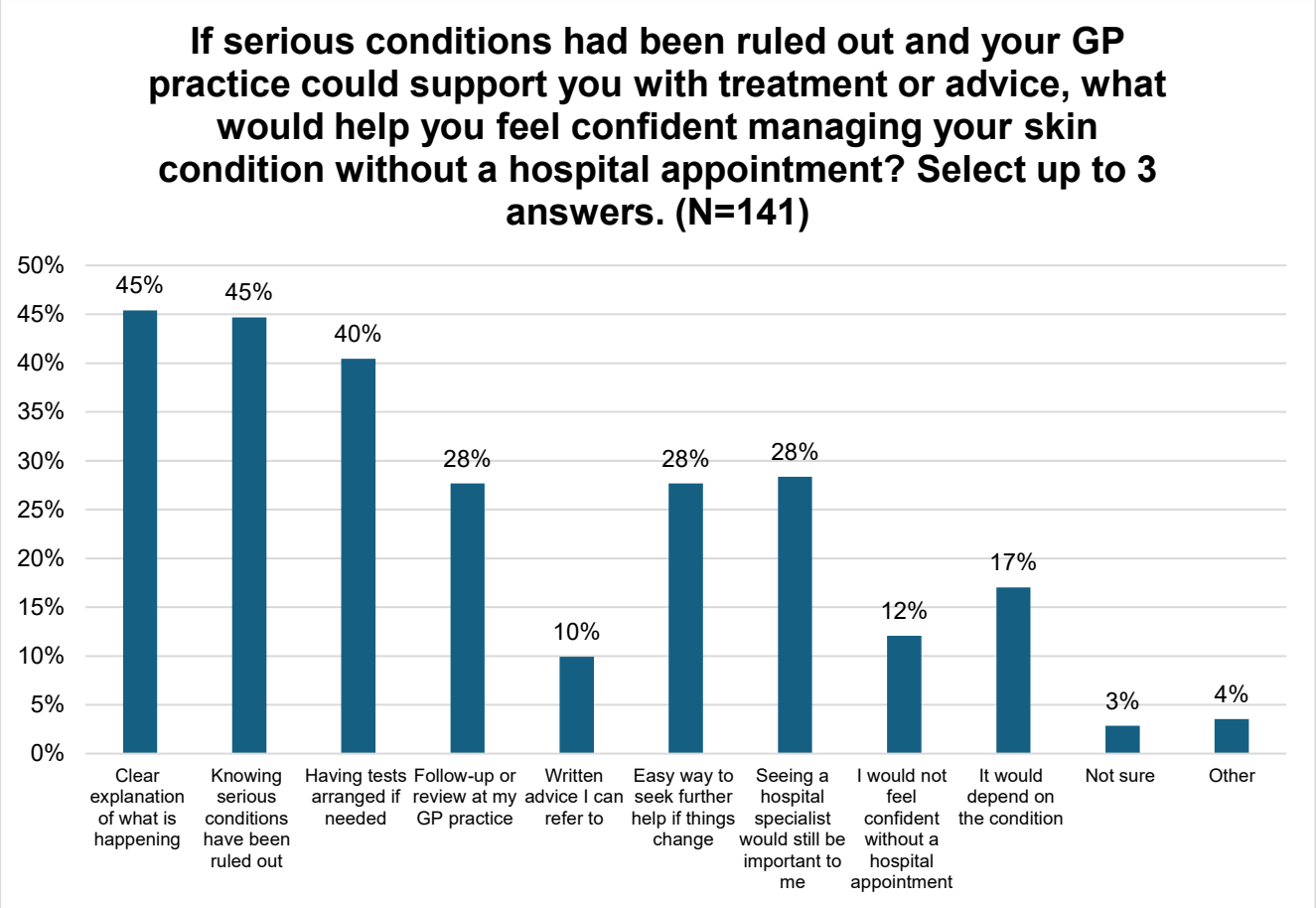
If conditions were treated and regularly monitored rather than just left to get on with things. Some people felt there was too much reliance on topical steroids without enough investigation into underlying causes, specialist referral or ongoing review. Others wanted more proactive follow-up and monitoring after treatment or surgery, particularly where symptoms were recurring or unresolved.

"My GP could have replied quicker and referred me to an allergy clinic instead of me needing to constantly get steroids when my skin flares up."

Expectations and reassurance

This section explores people's expectations around what they would expect to happen after they contacted their GP Practice about a skin condition.





Other support could include:

- Having access to low-cost options for conditions which need treating but are not cosmetic and excluded from the NHS treatment list.
- Having more GPs and nurses within practices or the community with expertise on skin/dermatology.

Different ways of delivering care

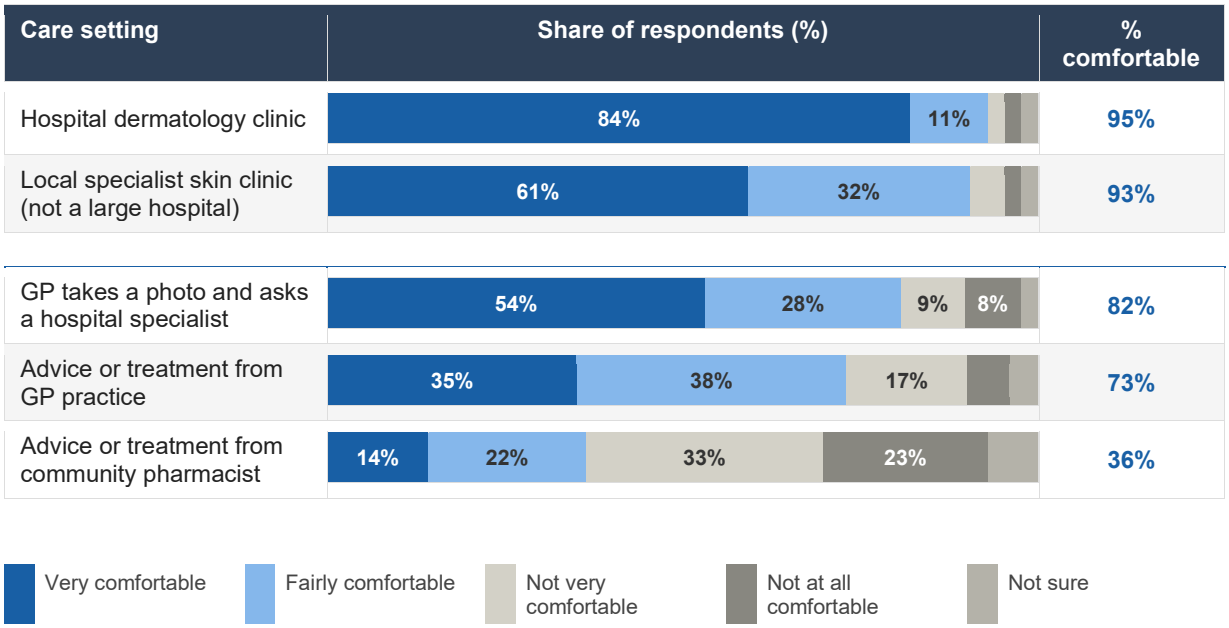
This section explores people's thoughts about different approaches to delivering care for dermatology.

Dermatology care is already delivered in different ways across south west London. For example, GPs may seek advice from hospital specialists using photos, some care may take place in community clinics, and digital tools are sometimes used to help review images of skin concerns. In some cases, people may also receive advice or treatment for skin concerns directly from a community pharmacist. These approaches aim to make it easier for people to get the right care more quickly, while ensuring that those who need specialist treatment are seen by hospital dermatology teams.

We would like to understand how people feel about these different approaches.

Where clinically appropriate, how comfortable would you feel receiving care for a skin concern in the following ways?

% of respondents (N=141)



Note: The blue dividing line separates hospital/specialist settings (top) from primary care and community settings (bottom). '% comfortable' combines 'very' and 'fairly' comfortable responses.

Key findings: comfort with different approaches to skin care (N=141)

- Hospital dermatology clinics are the most trusted setting, with 95% of respondents comfortable receiving care there.
- Local specialist skin clinics outside large hospitals are almost equally well received, with 93% comfortable. Most people do not seem to mind whether specialist care takes place in a large hospital or a smaller local clinic.
- When a GP takes a photo and asks a hospital specialist for advice, 82% are comfortable with this.
- Around three in four people (73%) are comfortable receiving advice or treatment from their GP practice. This remains the most familiar route for most patients.
- Community pharmacists are the least preferred option, with only 36% comfortable and a third of respondents actively uncomfortable. This could be because people are not yet familiar with pharmacists providing this kind of care, rather than a rejection of the idea entirely. If this approach is expanded, clear communication about what the service involves will be important.

When asked what concerns people have about these approaches, people said:

- **They were worried if photographs, pharmacy advice or non-dermatology clinicians can reliably identify or rule out serious conditions**. Some people questioned whether visual assessment alone is enough, particularly where symptoms are changing or unclear. There was a clear preference in more complex cases for direct access to dermatology specialists rather than intermediary steps.
  "Photographs don't always show blemishes etc accurately."

- **They were worried about delays in diagnosis or escalation when symptoms are persistent or worsening.** Many people shared past experiences of misdiagnosis, repeated treatments without resolution, or slow referrals. There was a strong sense

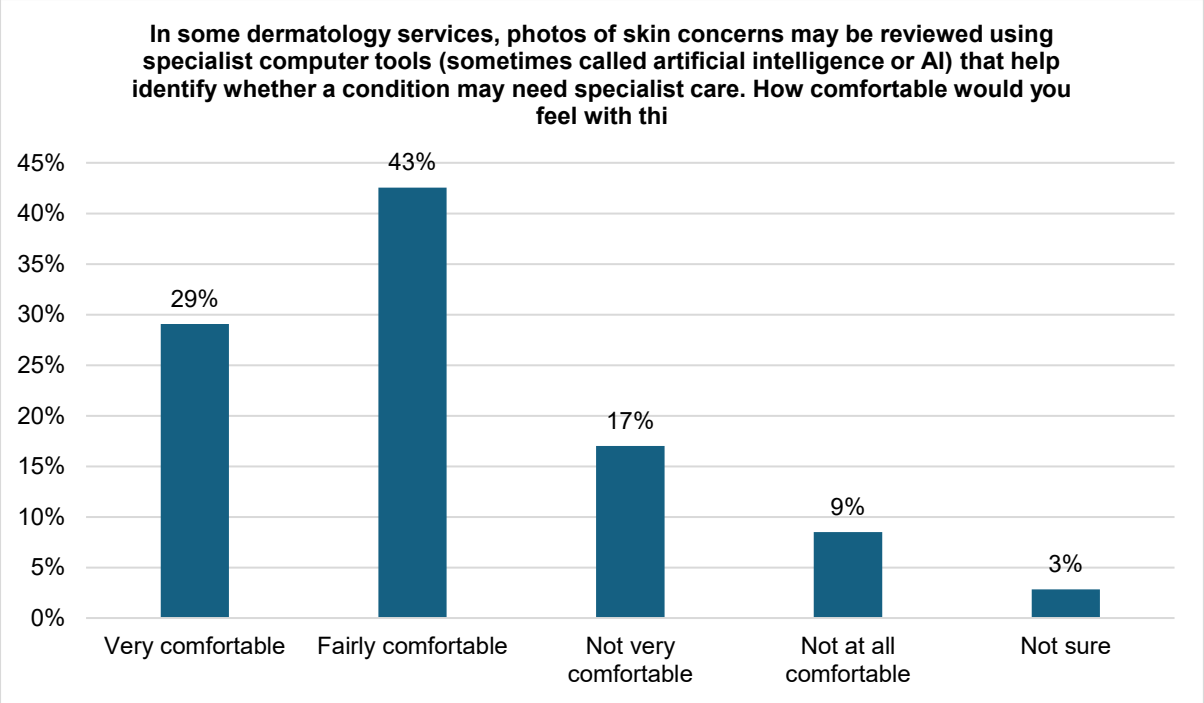
that delays in seeing the right clinician can lead to worsening conditions and more complex treatment later.
“Unnecessary delays and not getting a confirmed diagnosis with little treatment whilst the condition is worsening.”

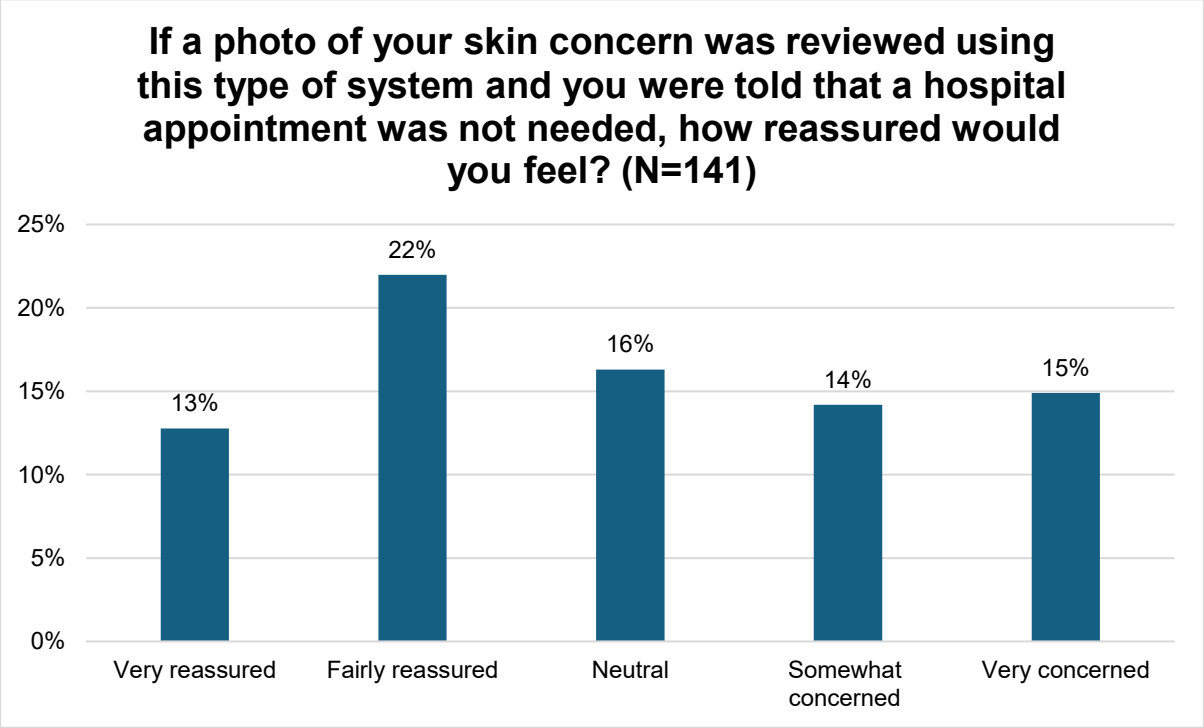
- **They wanted reassurance that they are being seen by the most appropriately skilled clinician, particularly for complex or long-term conditions.** People were generally more comfortable when they knew they were being assessed by dermatology specialists or clinicians with proven experience in skin conditions. Where this was unclear, concerns emerged about variability in knowledge and confidence across different professional groups.
“A specialist/consultant needs to be available for the diagnosis of skin cancer. No one else.”

- **They were worried about confidence, consistency and clarity across different routes into care (GP, pharmacy, specialist clinics).** Some people highlighted uncertainty about what different services can safely manage, particularly pharmacy or community-based options. Concerns included variable competence, privacy, and whether these settings are appropriate for more serious conditions. Others felt clearer guidance was needed about when escalation to specialist care should happen.
”Pharmacists are not dermatology specialists.”

When asked what other support people would value most, people felt frustrated that they were waiting longer than necessary for appointments. People felt anxious, that they wouldn’t be fast tracked due to these delays if they had a history of skin cancer. One person said they’d pay to go private as this would be their only option to be seen quicker.

In some dermatology services, photos of skin concerns may be reviewed using specialist computer tools (sometimes called artificial intelligence or AI) that help identify whether a condition may need specialist care. A dermatologist may also review the images where needed. All systems used in the NHS have been carefully tested to make sure they are accurate and safe to use.





When asked what would help reassure people that hospitals were using specialist computer tools appropriately to identify whether a condition needed specialist care, people raised concerns about accuracy, human involvement and access to specialist review.

There is low trust in Artificial Intelligence being used as the sole method for diagnosing or assessing skin conditions. Many people said they would not feel confident relying on AI alone, particularly when making decisions about referrals or diagnoses. Several respondents felt strongly that AI should only ever support clinical decision-making rather than replace human judgement. Concerns were raised about AI “hallucinations”, false diagnoses and the risk of people being incorrectly reassured or denied access to specialist

care. Some respondents described feeling “fobbed off” by the idea of AI-led assessments, while others linked this to previous experiences of misdiagnosis or difficulties accessing follow-up care.
“AI can have hallucinations. They can help and support diagnosis, but they should not have the final say.”

People want reassurance that qualified clinicians and specialists remain involved in reviewing results and making decisions. A theme across responses was the need for human oversight, particularly from dermatology specialists. Respondents repeatedly said they would feel more reassured if a clinician reviewed photographs alongside AI analysis or verified any findings before decisions were made. Some people specifically wanted confirmation that a specialist had reviewed their case in writing or wanted the opportunity to speak directly with someone knowledgeable about the results. Face-to-face communication was seen as especially important for delivering diagnoses or discussing concerns.
“I would only feel confident if a specialist also looked over the photo to confirm.”

There are concerns that AI may not work equally well for all communities, particularly for people with darker skin tones. Some respondents questioned whether AI systems could accurately assess conditions on Black and brown skin due to historical underrepresentation in medical training materials and journals. This created concerns about bias, inequalities and the risk of inaccurate diagnoses for certain groups.

“Using AI on black and brown skin is a poor method because medical journals rarely show pictures of skin conditions on darker skin tones.”

People want transparency, evidence and clear explanations about how AI assessments work and how decisions are made. Respondents said they would need detailed information about how AI systems are tested, their accuracy rates and the likelihood of false positives or false negatives before they could trust the technology. Some wanted access to long-term evidence, trials run alongside human assessments and clear documentary evidence explaining how decisions had been reached. Others wanted clearer explanations of findings, treatment recommendations and what would happen next.

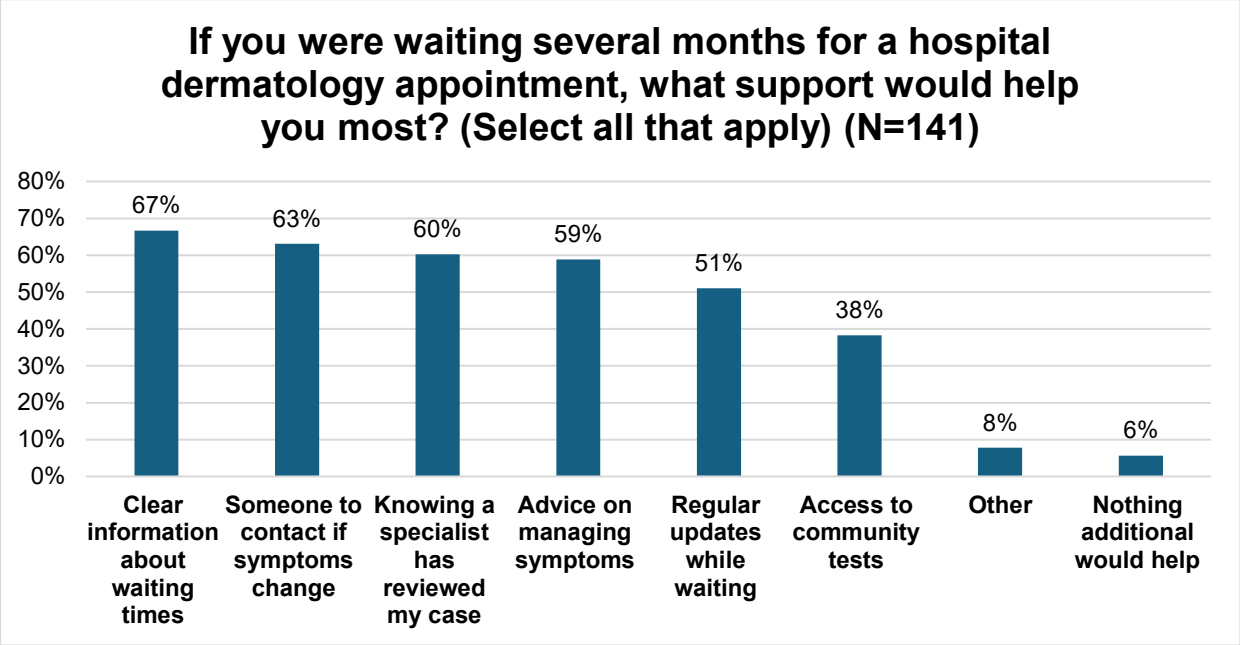
“Would need to know this had been tested well and that false negatives were extremely unlikely.”

People felt AI may be more appropriate for minor or low-risk conditions, but not for serious or complex concerns. Several respondents differentiated between mild skin concerns and potentially serious conditions such as skin cancer. While some said they would be comfortable with AI-supported treatment recommendations for straightforward conditions, confidence reduced significantly where symptoms were severe, persistent or potentially cancerous. Personal experiences of delayed diagnosis or failed treatment also shaped trust levels.

“If it was for something mild and innocuous that could be easily treated I would be fine with it.”

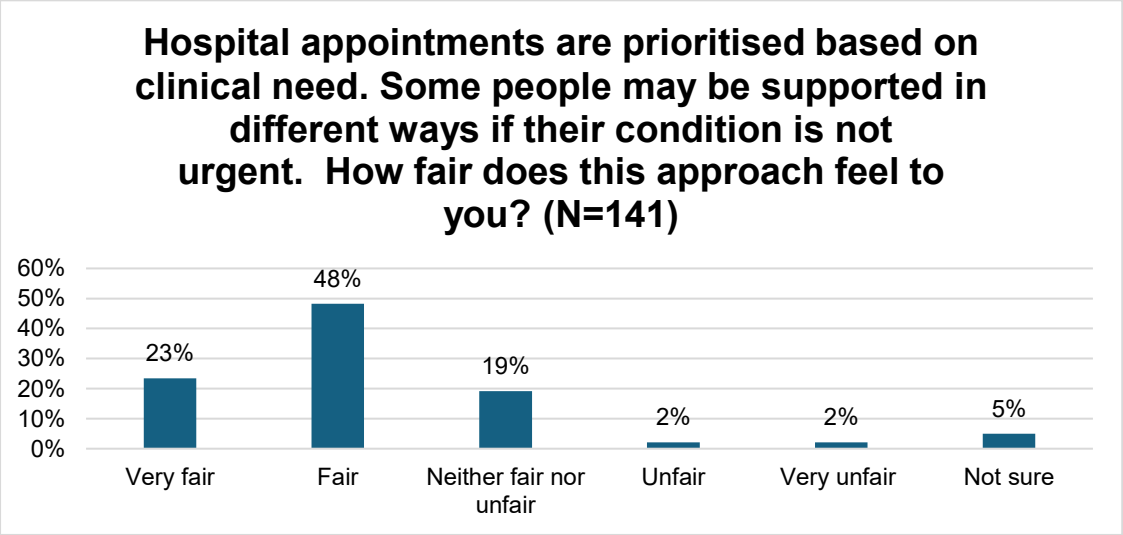
People want clear follow-up pathways, second opinions and the ability to access further care if treatment does not work. Respondents highlighted the importance of being able to challenge decisions, seek second opinions and return for further support where symptoms persist or treatment is unsuccessful. Some shared frustrations about long waits for appointments and difficulties accessing specialist follow-up after previous skin cancer concerns or unsuccessful treatments.

"An explanation of the treatment required and the ability to go back if the treatment is not right"



Fairness and Prioritisation

This section explores views on different ways that people could be supported based on their clinical needs.



When asked what would help people feel this approach is fair, the main themes raised were the importance of prioritising patients based on clinical need, having clear communication about waiting times and decisions and ensuring specialist oversight throughout the process.

People want reassurance that referrals and waiting lists are being managed fairly and based on clinical need. Many respondents said fairness depended on knowing that cases were being consistently assessed by specialists and prioritised according to urgency and severity. People generally understood the need to prioritise the most serious conditions, particularly suspected cancers, but wanted greater transparency around how decisions were made and what criteria were used. Respondents also wanted reassurance that their

condition had been properly reviewed by someone with the right expertise and that they would still receive care within a reasonable timeframe.

"Knowing that clinical need was being properly assessed by experts in their field."

Long waiting times and poor communication made some people feel the system was unfair. A number of respondents described frustration with lengthy waits, postponed appointments and a lack of updates about their place on the waiting list. Some felt unsupported while waiting for appointments, particularly where conditions were chronic, painful or affecting their quality of life. People said clearer communication, transparency about waiting times and regular updates would help them feel the process was fairer.

"An explanation about why my condition is not a priority and reassurance that I will still be seen within a reasonable period of time and not constantly put back."

People want clear explanations, reassurance and opportunities to speak to a clinician about their concerns. Respondents said they would feel more reassured if someone explained the urgency of their condition, treatment options and why certain decisions had been made. Some people wanted direct contact with a clinician to discuss worries and ask questions, while others wanted clearer treatment plans and follow-up support.

"A human would talk to me about any worries I have."

Some people felt fairness depended on improving access to early intervention and specialist support before conditions become severe. Respondents expressed concern that people often have to wait until symptoms worsen before receiving specialist care. Some felt this approach was unfair and could lead to poorer outcomes, particularly for long-term or recurring conditions. Others highlighted the importance of better GP training and stronger pathways for escalation where symptoms persist or deteriorate.

"It seems a shame to have to wait for a problem to become urgent for a patient to be seen."

Some people understand the pressures facing dermatology services and accepted prioritising care based on urgency. While frustrations with delays were common, some people acknowledged that resources are limited and that those with the greatest clinical need should be seen first. Fairness for these respondents was linked to confidence that the process was evidence-based, transparent and applied consistently.

"There is always someone else with symptoms and or conditions worse than mine."

When asked whether there was anything else services should consider as part of the review of skin concern services, people raised concerns about delays, communication, access to specialist care, GP knowledge and the impact that skin conditions can have on quality of life.

People want faster referrals, clearer communication and better coordination throughout their care. Many respondents described frustration with long waits, cancelled appointments and poor communication between services. People wanted referral processes to be simpler, quicker and easier to track, with regular updates about waiting times and changes to appointments. Some respondents also felt patients were left to chase appointments and coordinate their own care, adding further stress and uncertainty.

"Keep patients informed and fully up to date with waiting times or if they've been cancelled as in my case. Don't leave the work and chasing up for the patient to do."

People want earlier access to specialist dermatology support and improved pathways for serious or ongoing conditions. It was felt that people with persistent, worsening or

suspicious skin conditions should be referred more quickly to specialists. Some shared experiences where delayed referrals had led to serious diagnoses being identified later than expected. Others said chronic skin conditions were often not treated with the same urgency as other health concerns despite having a significant impact on daily life and wellbeing.

"*For too long skin conditions has been treated as 'cosmetic' I definitely know from vast experience it is not."*

People want greater confidence in GP knowledge and training around skin conditions. Many respondents felt some GPs lacked specialist knowledge in dermatology, particularly for chronic or complex conditions. People wanted improved GP training, better understanding of different skin conditions and stronger escalation routes where symptoms persist or do not respond to treatment. Some also felt a more holistic approach was needed, taking account of wider health conditions, family history and the mental health impact of skin concerns.

"GPs need to update their knowledge in this area."

Respondents highlighted the importance of improving access to local and community-based services. People suggested more local dermatology clinics, community services and easier access to testing and urgent support. Some respondents felt services were too hospital-focused and that more care could safely happen closer to home with specialist support available where needed.

"Local dermatology clinics taking GP referrals, rather than attending hospital, would seem an excellent way forward."

Communication and accessible information were seen as essential to improving experiences of care. Respondents wanted clearer explanations about diagnoses, treatment plans and what support was available. Some also highlighted the importance of accessible communication methods and flexible appointment systems, particularly for people requiring communication support.

"Communication is everything."

People emphasised the emotional and mental health impact of living with skin conditions. Several respondents described skin conditions as painful, distressing and life-affecting, particularly when symptoms were chronic or difficult to diagnose. Some felt services underestimated the wider impact skin conditions can have on confidence, wellbeing and day-to-day life.

"We need more specialists who understands and appreciates the mental health impact of chronic skin conditions.

6. Conclusion

People value dermatology services but experience significant challenges accessing and moving through the pathway. Over a third of users (37%) reported poor experiences, primarily driven by waiting times, communication gaps and a disjointed service.

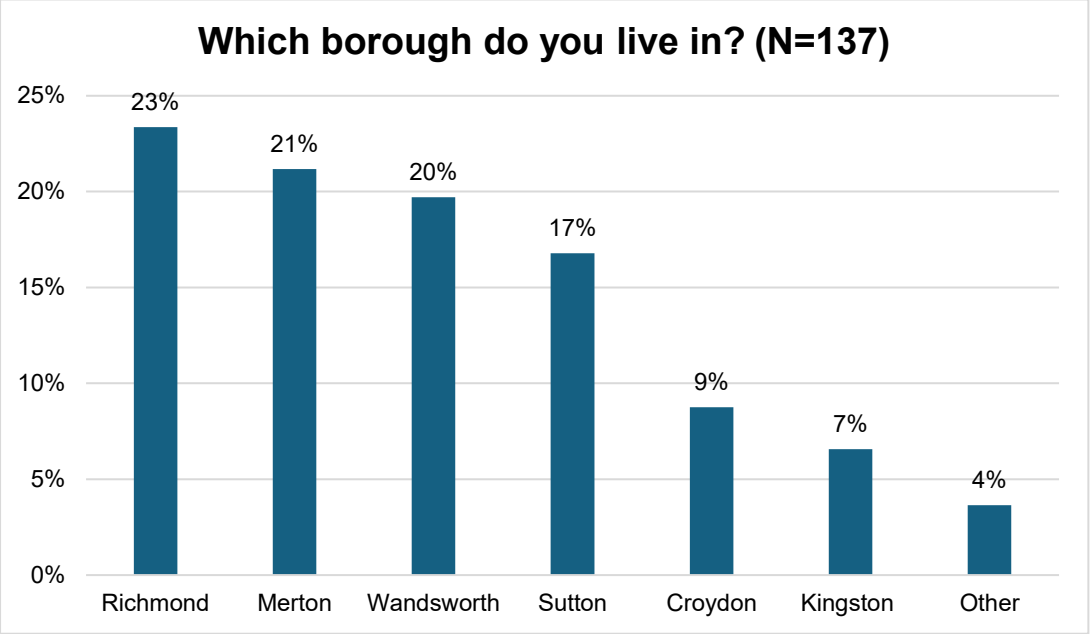
For persistent conditions, people want more thorough investigation into underlying causes, not just repeated treatments. Chronic conditions need proactive follow-up and monitoring rather than episodic management.

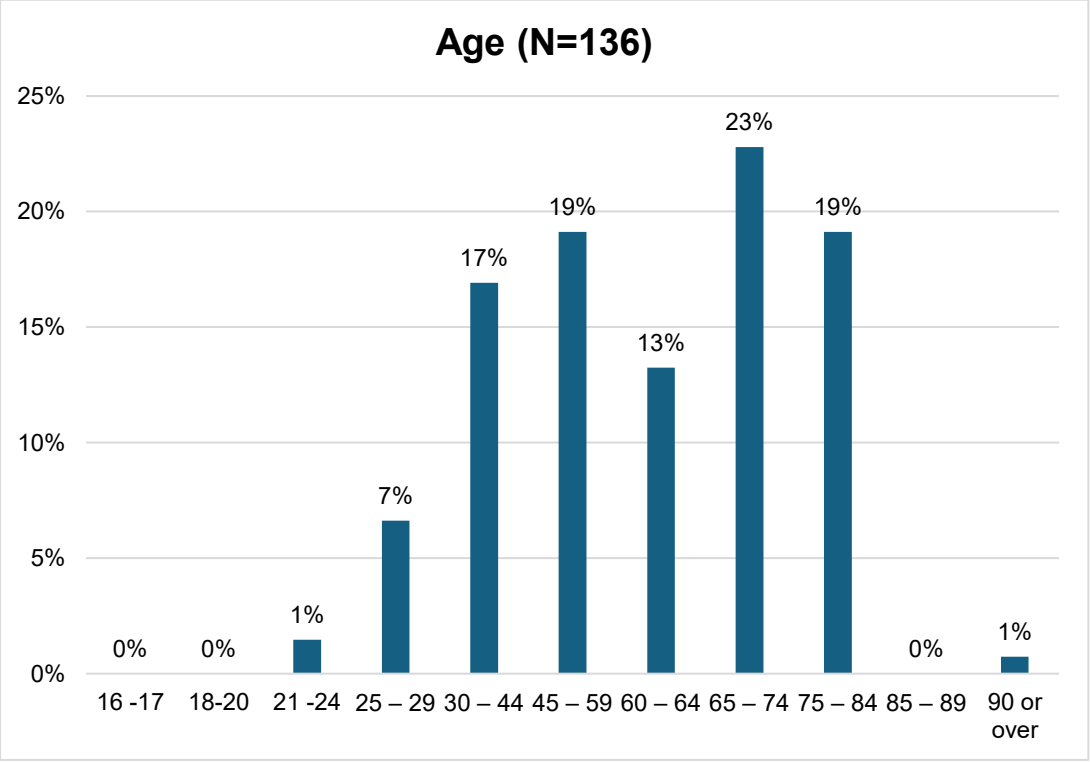
People said they struggle to access clinicians with dermatology expertise consistently. Seeing different clinicians at each visit means patients re-explain their history and feel there's no oversight of their overall care pathway.

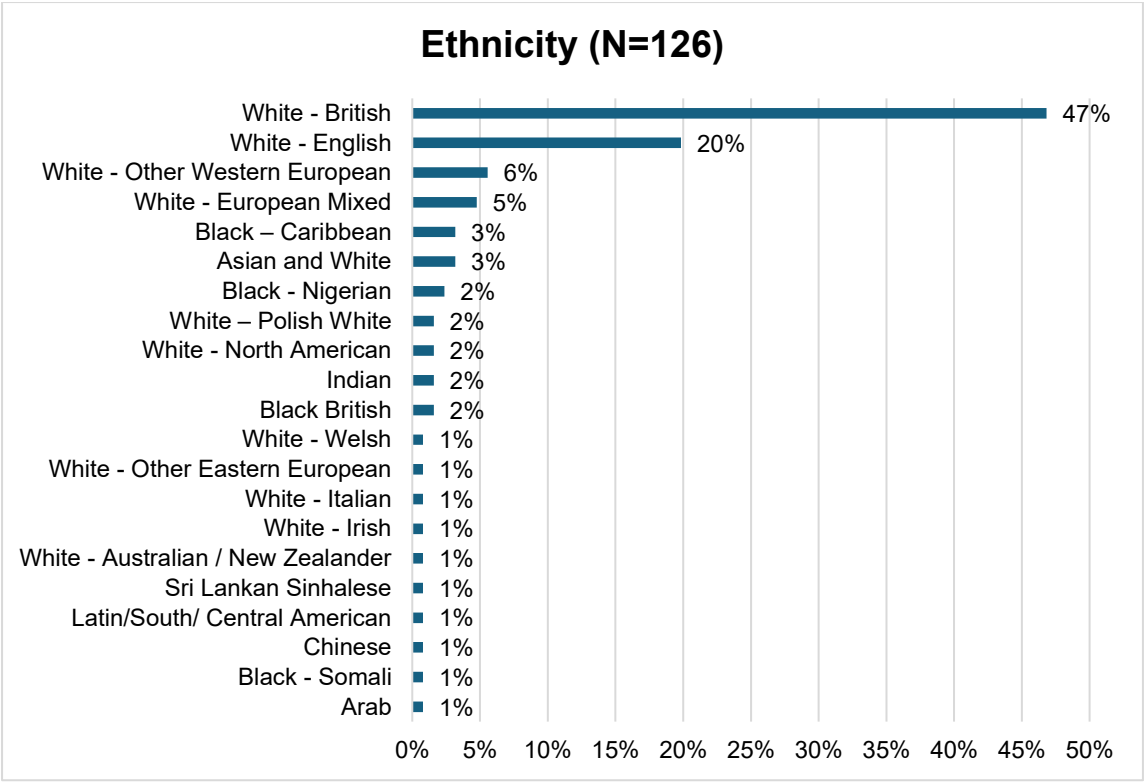
When it works, fast referrals, clear communication and specialist assessment build confidence. People also value GPs with dermatology knowledge and joined-up pathways where services share information and coordinate care effectively.

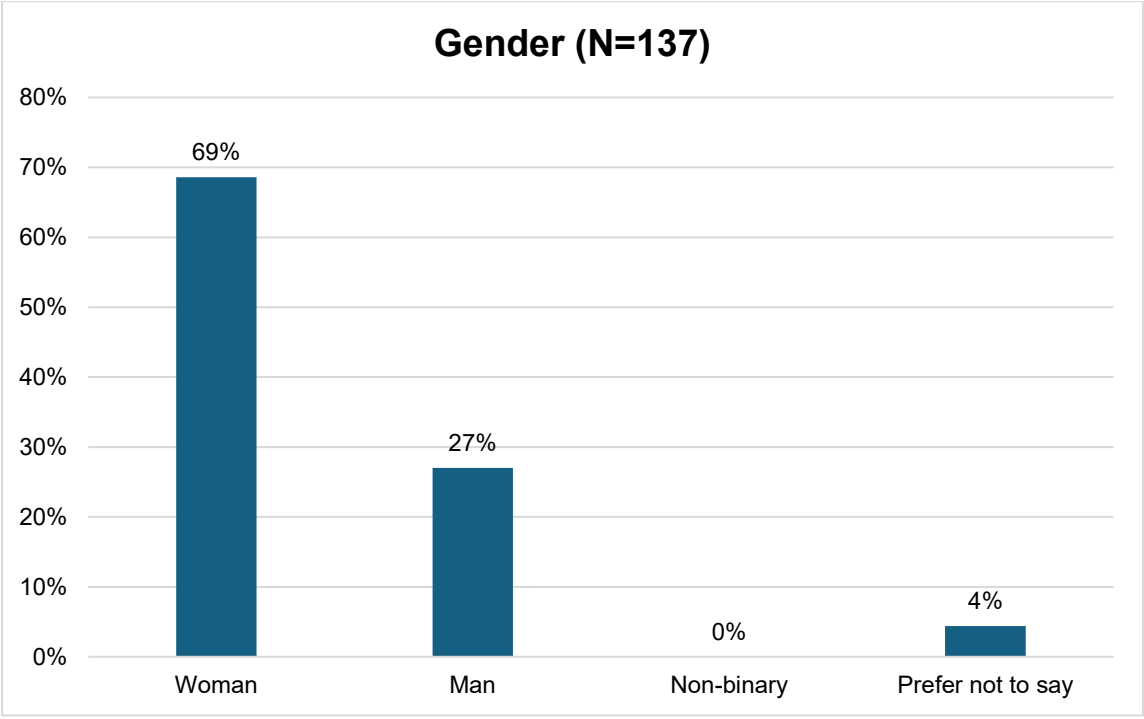
People want better communication and clearer referral pathways to reduce uncertainty. Improved specialist access earlier, particularly for complex or persistent conditions, would prevent escalation to A&E. Stronger GP training in skin conditions and better coordination between primary and specialist care would help manage more people appropriately in the right setting.

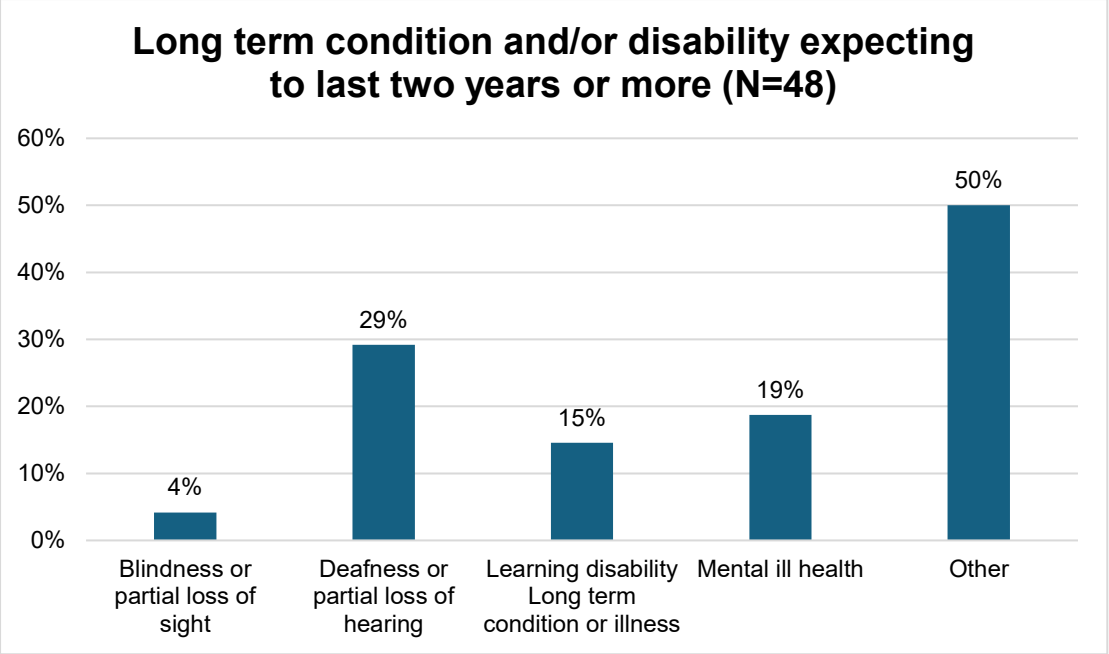
Appendix A – Demographics






Ethnicity (N=126)
White - British 47%
White - English 20%
White - Other Western European 6%
White - European Mixed 5%
Black – Caribbean 3%
Asian and White 3%
Black - Nigerian 2%
White – Polish White 2%
White - North American 2%
Indian 2%
Black British 2%
White - Welsh 1%
White - Other Eastern European 1%
White - Italian 1%
White - Irish 1%
White - Australian / New Zealander 1%
Sri Lankan Sinhalese 1%
Latin/South/ Central American 1%
Chinese 1%
Black - Somali 1%
Arab 1%
0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%


Gender (N=137)
80%
70%
60%
50%
40%
30%
20%
10%
0%
69%
27%
0%
4%
Woman
Man
Non-binary
Prefer not to say



Other long-term conditions or disability included Musculoskeletal Conditions, diabetes, physical disabilities and cancer.