

Dermatology outpatients services: a report on people's views and experiences

1. Executive summary

This report explores people's experiences and views of dermatology outpatient services, including the barriers they face and what could be improved. The findings will help to inform dermatology services including how care can be improved. This work will also feed into a wider piece of work on our outpatient services.

Between March and April 2026, we carried out an online survey which received 141 responses. We then carried out targeted one-to-one interviews with five participants from diverse ethnic backgrounds to explore the findings in more depth, broaden our reach to communities who were underrepresented in the survey and identify any additional issues or gaps.

The interviews were consistent with the survey findings, while providing additional insight into some areas. Key findings for consideration are outlined below:

1.1 Key findings across the engagement

- **Long waits, delays and cancelled appointments** - Across both methods of engagement participants reported long waits, cancelled or rearranged appointments and having to chase their care.
- **Specialist expertise and continuity of care was valued** - Participants valued clinicians with dermatology expertise and wanted more continuity, with seeing different clinicians and needing to reexplain their history causing frustration.
- **Feeling listened to and taken seriously was important** - Both methods identified experiences of concerns being dismissed or not fully investigated. Positive experiences were associated with clinicians listening, showing empathy and taking concerns seriously.
- **More holistic and longer-term support** - Participants wanted care to go beyond short-term symptom management, considering triggers and the wider impact of skin conditions including the impact on emotional wellbeing.
- **Improvements in communication and coordination between services** - Both methods highlighted poor communication and coordination between GPs, hospitals and specialists which could leave people uncertain about their care and next steps.

1.2 Additional key findings from targeted interviews

- **Better access to advice and follow-up** - Interview participants described difficulties contacting dermatology after appointments and wanted opportunities to ask questions and receive follow-up including by telephone.
- **Difficulties in returning to dermatology following discharge** - Participants wanted a simpler route back into specialist care if concerns continued or returned rather than having to begin the GP referral process again.

- **Responsibility for prescribing treatments** - Some reported being passed between GPs and specialists over who could prescribe treatments, raising whether GPs could prescribe some medications to reduce the need to move between services.

1.2. Additional key findings from the survey

- **Clarity on referral pathways** - Survey respondents reported lost referrals, unclear referral routes and conflicting information from different services.
- **Concerns about repeated treatment without review** - The survey identified concerns about repeatedly receiving the same treatments particularly steroids, without review or investigation of other options.

2. Overview

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.

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 the survey.

Following the survey, in August 2026 we carried out targeted one-to-one interviews with five participants to explore the findings in more depth and broaden our reach within diverse communities that were underrepresented in the survey responses. The interviews aimed to understand whether the key themes identified through the survey reflected their experiences and to identify any additional issues or gaps.

This report brings together findings from both the survey and one-to-one interviews, including quantitative and free-text feedback and the key themes identified across the engagement. The findings will help inform the ongoing work to improve dermatology outpatient services and the development of future models of care.

3. Methodology

The engagement took place in two stages: an online survey followed by targeted one-to-one interviews.

3.1. Survey

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.

3.2. Targeted one-to-one interviews

Following the survey, targeted engagement was carried out to explore the findings in more depth and broaden participation from diverse communities that were underrepresented in the survey.

Local voluntary and community sector organisations with links to diverse communities across South West London were approached and asked to share the opportunity with their networks.

One-to-one interviews were carried out with six women to understand whether the key themes identified through the survey reflected their experiences and to identify any additional issues or gaps. Participants received a £30 voucher in recognition of their time.

4. Who we heard from

4.1 Survey

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.

4.2 Targeted one-to-one interviews

Five women took part in the one-to-one interviews who were all from diverse backgrounds. Participants described their ethnicity as: Asian British, Indian, Mauritian/British.

Participants represented a range of ages: one was 45-54, three were 65-74 and one was 75-84.

Participants came from four South West London boroughs: one lived in Merton and four lived in Croydon.

5. Survey findings

5.1. 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.

5.2. 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

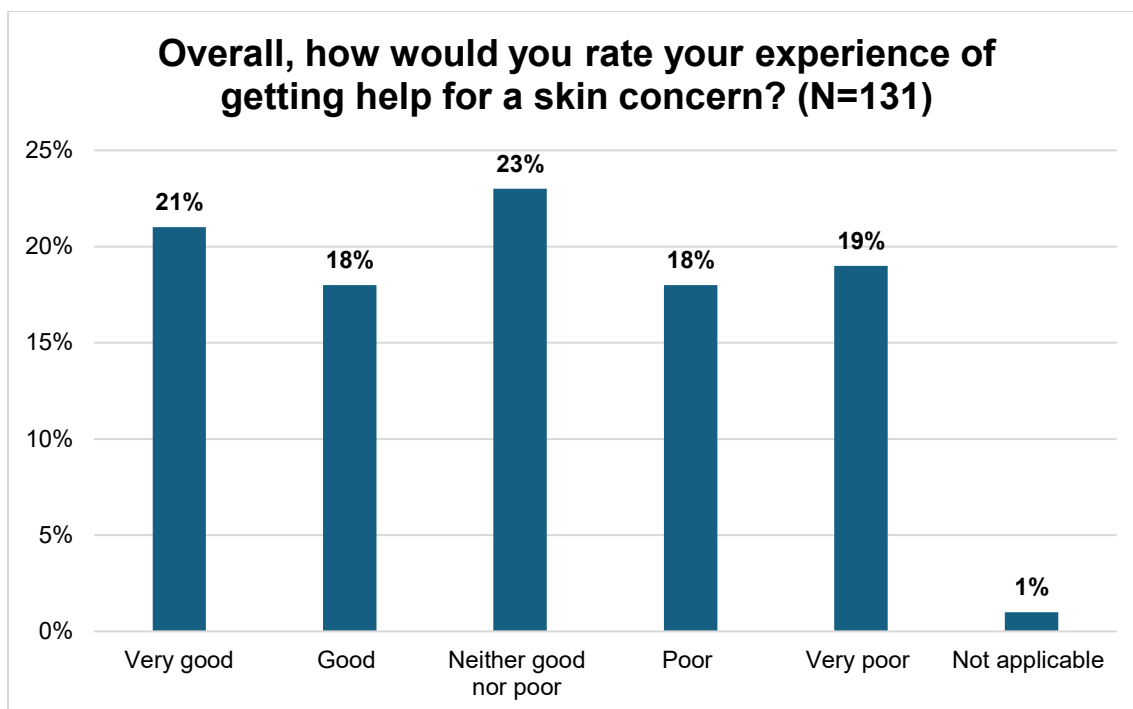
6. Detailed insight from the survey

6.1. 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.



6.2. 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.”

6.3. 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.”

6.4. 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.”

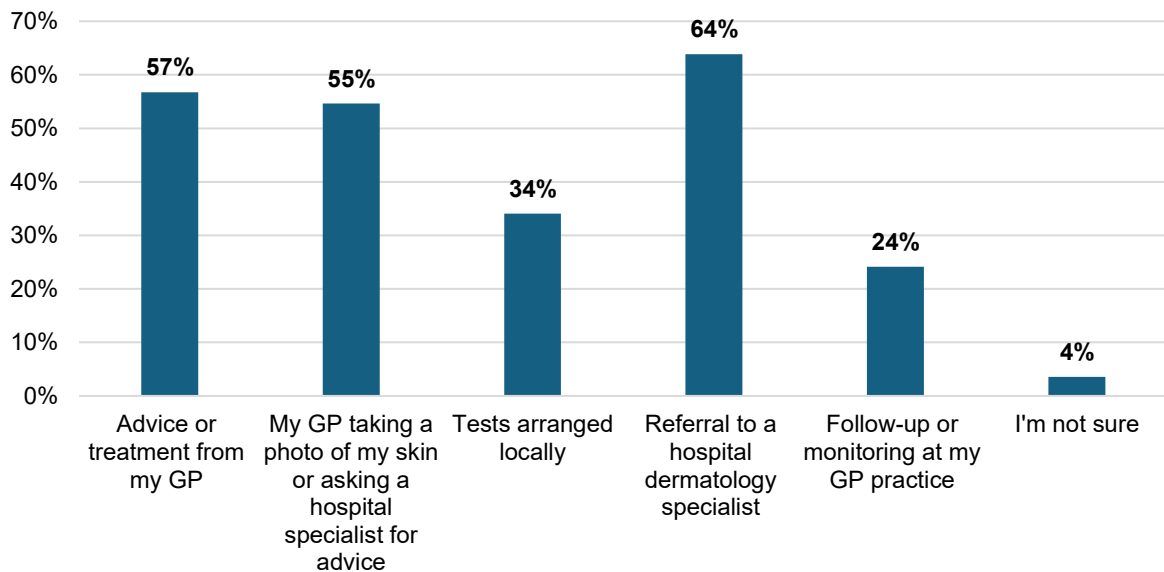
If conditions were treated and regularly monitored rather than just left to get on with things. Some people felt there was too much reliance on topical steroids without enough investigation into underlying causes, specialist referral or ongoing review. Others wanted more proactive follow-up and monitoring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

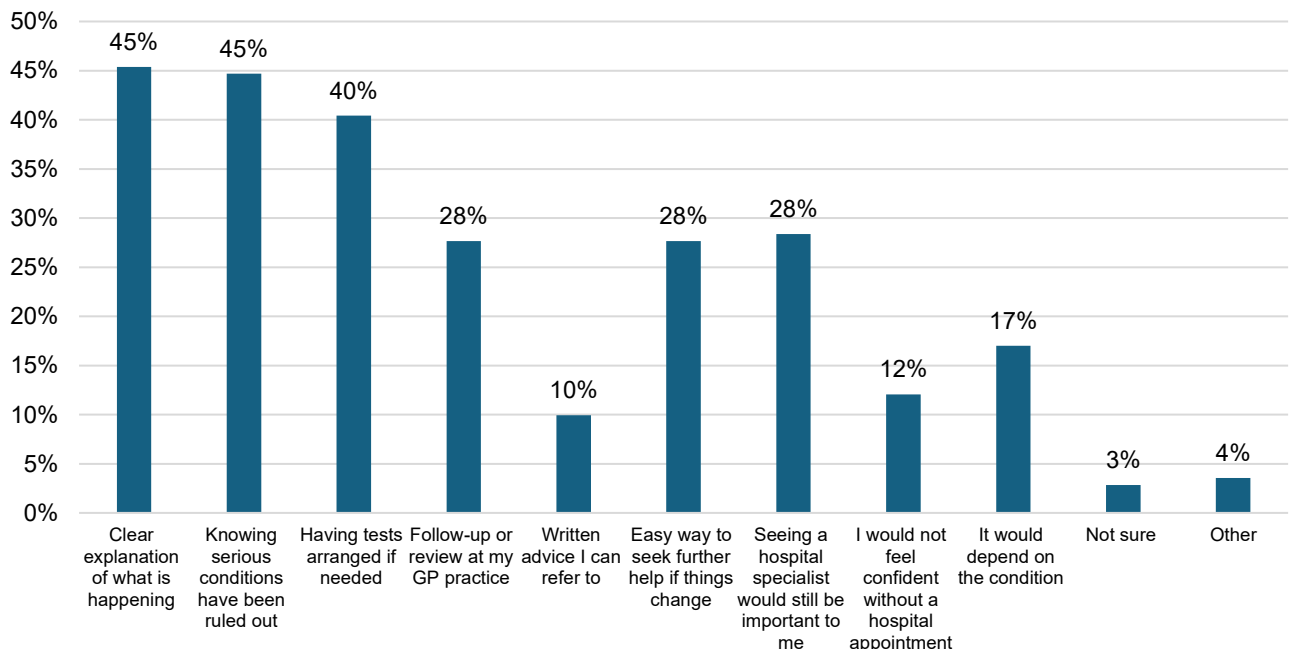
6.5. Expectations and reassurance

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

If you contacted your GP practice about a skin concern, what would you expect to happen next? (Select up to three) (N=141)



If serious conditions had been ruled out and your GP practice could support you with treatment or advice, what would help you feel confident managing your skin condition without a hospital appointment? Select up to 3 answers. (N=141)



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.

6.6. 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)

Care setting	Share of respondents (%)				% comfortable
Hospital dermatology clinic					95%
Local specialist skin clinic (not a large hospital)					93%
GP takes a photo and asks a hospital specialist					82%
Advice or treatment from GP practice					73%
Advice or treatment from community pharmacist					36%



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.

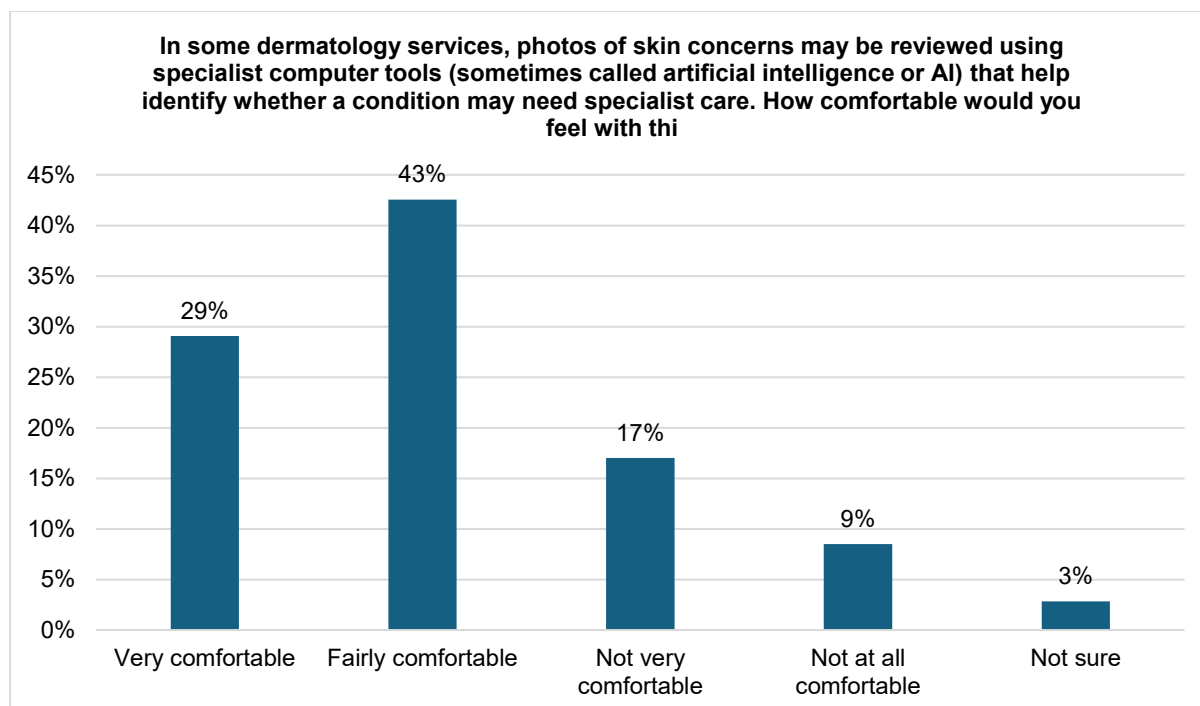
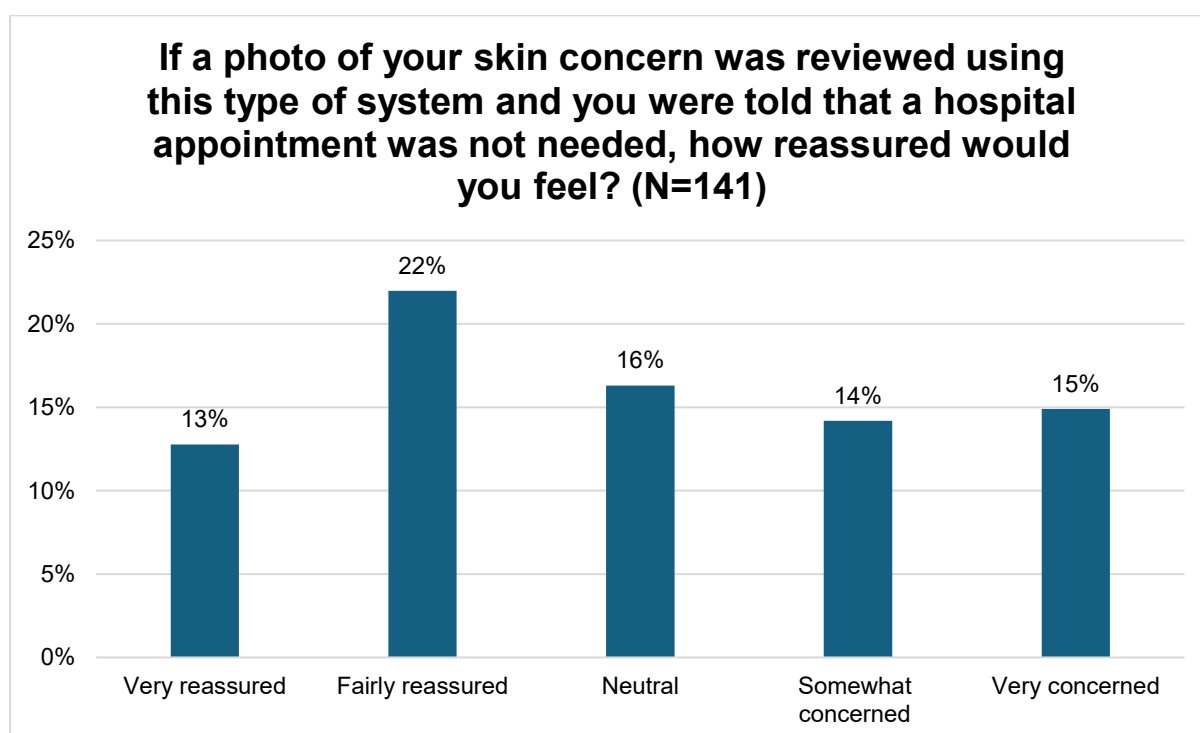
- Around three in four people (73%) are comfortable receiving advice or treatment from their GP practice. This remains the most familiar route for most patients.
- Community pharmacists are the least preferred option, with only 36% comfortable and a third of respondents actively uncomfortable. This could 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.

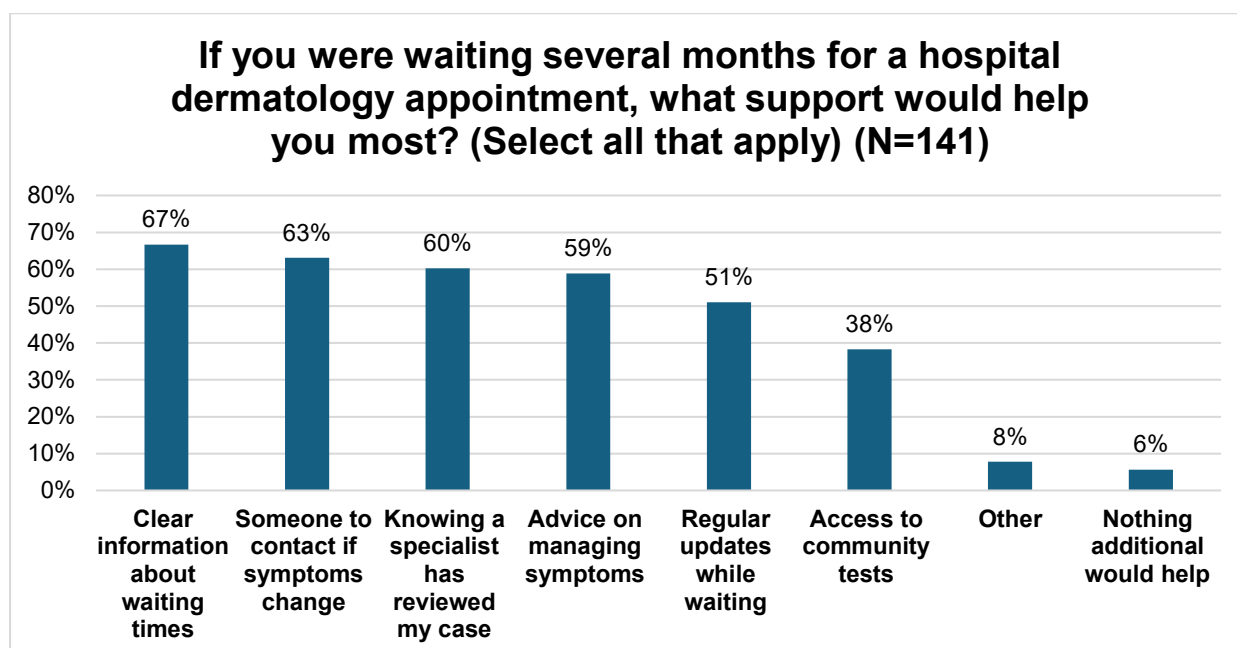
“Would need to know this had been tested well and that false negatives were extremely unlikely.”

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.”

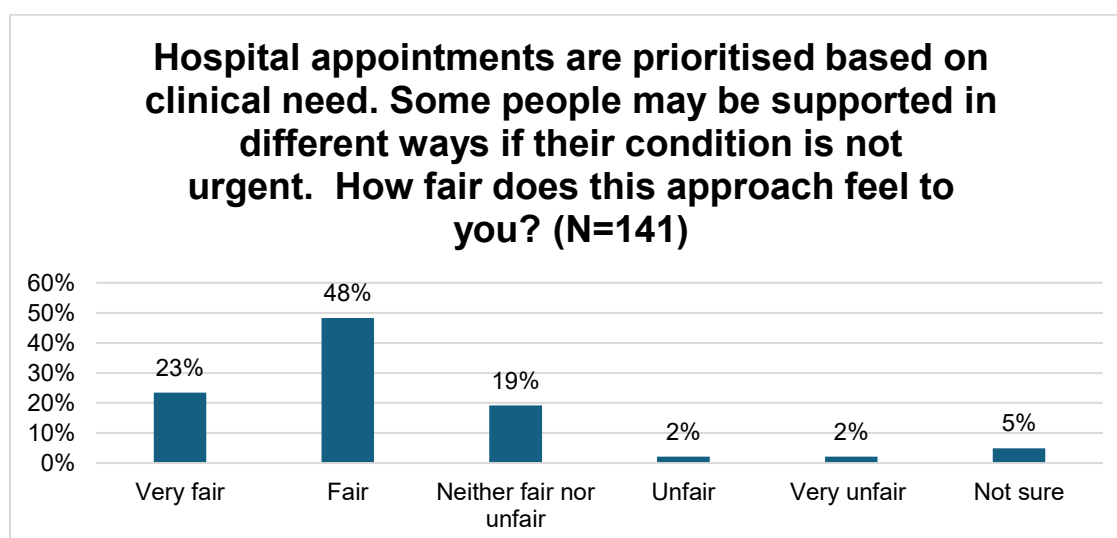
People want clear follow-up pathways, second opinions and the ability to access further care if treatment does not work. Respondents highlighted the importance of being able to challenge decisions, seek second opinions and return for further support where symptoms persist or treatment is unsuccessful. 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”



6.6. 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.”

7. One-to-one interview findings

7.1. Summary of key findings from one-to-one interviews

- **Long waits and difficulties accessing support** - Long waiting times, cancelled appointments and difficulties contacting dermatology teams were reported as concerns.
- **Mixed experiences of dermatology care** - Experiences varied with participants with positive experiences linked to quick referrals, specialist expertise and effective treatment. Others felt dismissed or were discharged without a diagnosis or clear explanation of their symptoms.

- **Importance of being listened to and treated with empathy** - Participants valued clinicians who took their concerns seriously, listened and showed empathy. Feeling rushed, dismissed or treated impersonally negatively affected their experience.
- **Need for better follow-up and continuity of care** - Participants wanted easier contact between appointments and greater continuity, particularly to avoid repeatedly explaining their medical history or having to start the referral process again.
- **More holistic and longer-term support** - Participants wanted support that considered the wider impact and triggers of skin conditions, including stress and anxiety, alongside trusted information and longer-term management.
- **Impact on wellbeing** - Skin conditions could have a significant impact on people's day-to-day lives, sleep and emotional wellbeing.
- **Access to dermatology expertise** - Participants valued specialist dermatology knowledge and wanted clearer arrangements between GPs and specialists, including around prescribing and ongoing treatment.

7.2. Detailed insight from the one-to-one interviews

7.2.1. Mixed experiences of dermatology services

- Participants reported mixed experiences of dermatology, with the majority being negative.
- Positive experiences included GPs recognising the severity of symptoms and making prompt referrals, specialists taking their condition seriously and effectively treating the condition from hospital teams.
- In contrast, some participants were discharged without a diagnosis when the cause of their symptoms could not be identified and were told to seek another referral if their condition got worse. They wanted trusted information to help them understand and research their condition.
- Experiences were also reported to be different between hospitals. One participant was unhappy with the attitude of a consultant and asked to see someone different. They reported a much more positive experience after being referred to St Thomas': *"They couldn't find the cause, but at least they tried."*

7.2.2. Long waits and cancelled appointments

- Long waiting times were raised as a key issue for the majority of participants, having the biggest impact to their experience.
- Some reported having to chase for appointment: *"After several months of chasing because it was spreading really fast I finally managed to get an appointment. From memory I waited around seven to eight months"*.
- Participants also raised appointments being cancelled at short notice or rearranged several times. They felt this was an issue for those who work as cancellations could result in lost money or make it difficult to accept appointments offered at short notice.
- Delays could also mean people stayed on treatment for longer while waiting to tell the dermatology team that it was not working. Participants said there should be a way to contact someone between appointments, particularly when appointments continued to be delayed.
- In contrast, one participant with severe eczema was seen within a couple of days of their GP referral.

7.2.3. More holistic and longer-term support

- Participants suggesting having more holistic advice and longer-term support for managing their skin condition. This included recognising links with stress and anxiety,

support from GPs with longer-term management and signposting to information about their condition.

- Some reported using home remedies when specialists had not been able to determine the cause of their condition or help with it.

“Skincare is related to stress. Long term management should be needed with the GP. Flares up when I’m anxious - there are triggers that cause skin problems.”

7.2.4. Impact on wellbeing

- Skin conditions were reported to affect people’s day-to-day lives, sleep and emotional wellbeing.

“When I finally saw a dermatologist, it was really spreading, it was so itchy and each time I itch I’m wondering if I’m really scratching it, and maybe I’m spreading it as well. So it became really concerning and really raised my anxiety.”

“I couldn’t sleep, it really affected my health.”

7.2.5. Feeling dismissed and not knowing where to go for support

- Some participants felt they had been dismissed when seeking support with their skin condition and emphasised on the importance of feeling listened to.
- Participants also described feeling stuck when treatments had not worked and investigations had not provided an explanation, leaving some feeling frustrated and “giving up” in their attempt to find an answer.

“I didn’t know who to turn to because my GP did try and give me all the medications they could and none of them had worked”.

“When I went to St Thomas’ it was better there. Number one, they listened to me. They were willing to listen. When I explained my condition, they didn’t just guess, they could tell I felt seriously concerned and wanted to get to the root of it.”

“No one has really bothered to get to the bottom of the problem - what’s the point of continuing to seek help.”

7.2.6. Difficulties navigating and contacting services

- Some participants described a lack of communication between departments and wanted clearer follow-up after appointments, including the option of follow-up by telephone.
- Some felt that, if they remained concerned after being discharged, they should be able to return to dermatology within a reasonable period, rather than having to go back to their GP and begin the referral process again.
- Participants also described difficulties contacting dermatology by telephone, including long waits and calls not being answered or returned. This made it difficult to ask questions or raise concerns that arose after a specialist appointment.

“Getting through was fine in terms of accessing dermatology care - it was getting a response to the issue that was hard.”

7.2.7. Continuity of care

- Participants described seeing different clinicians at different appointments and having to repeatedly explain their history causing frustration.

“Continuity of care was shocking. I saw four different clinician - not the same person. I wasted my time repeating myself.”

- The minority of participants who were able to see the same clinician valued this continuity of care.
- Where this was not possible, participants felt it would be helpful to see someone from the same specialist team who was familiar with their medical history.

7.2.8. Follow-up after appointments

- Some participants felt that appointments could feel rushed, making it difficult to take in and process the information provided.
- Participants suggested having an opportunity for follow-up after an appointment which could be a phone call - giving them time to reflect on what had been discussed.

“Sometimes appointments feel rushed and can be hard to take in things properly. Should be an opportunity for a follow-up discussing what you feel you need, how you can move forward. Understand a lot of patients and backlogged but think a follow-up within reasonable time for chance to think about the outcome of the appointment and research it. Could be a call.”

7.2.9. Prescriptions and access to dermatology expertise

- All of those spoken to valued seeing clinicians with dermatology knowledge and experience. One participant felt an experienced dermatologist would have been better able to identify what was wrong, while another felt clinicians needed to take more time to properly look at the problem.
- Participants reported going back and forth between specialists and GPs about prescriptions and who had authority to prescribe treatment and questioned whether GPs could prescribe some treatments to avoid being passed between services.

7.2.10. Empathy and how people are treated

- People spoke about the importance of clinicians being empathetic and the impact their manner could have on the experience of care. Some described interactions as impersonal or feeling like a “tick box”.

“People should be more empathetic when they work with you, it can make all the difference to how you feel inside when you have a stressful condition.”

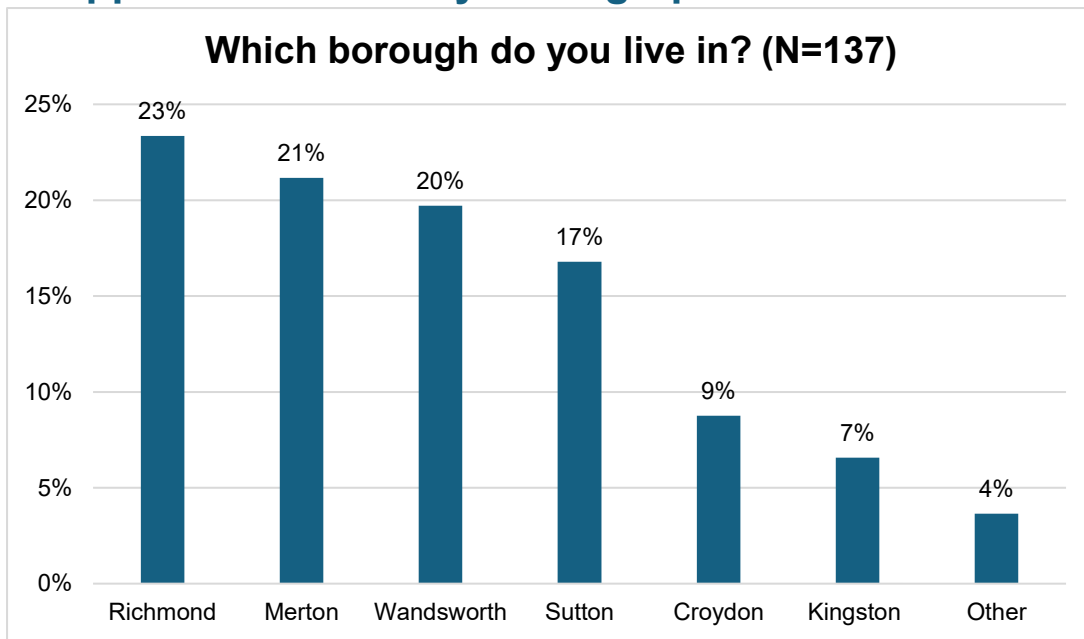
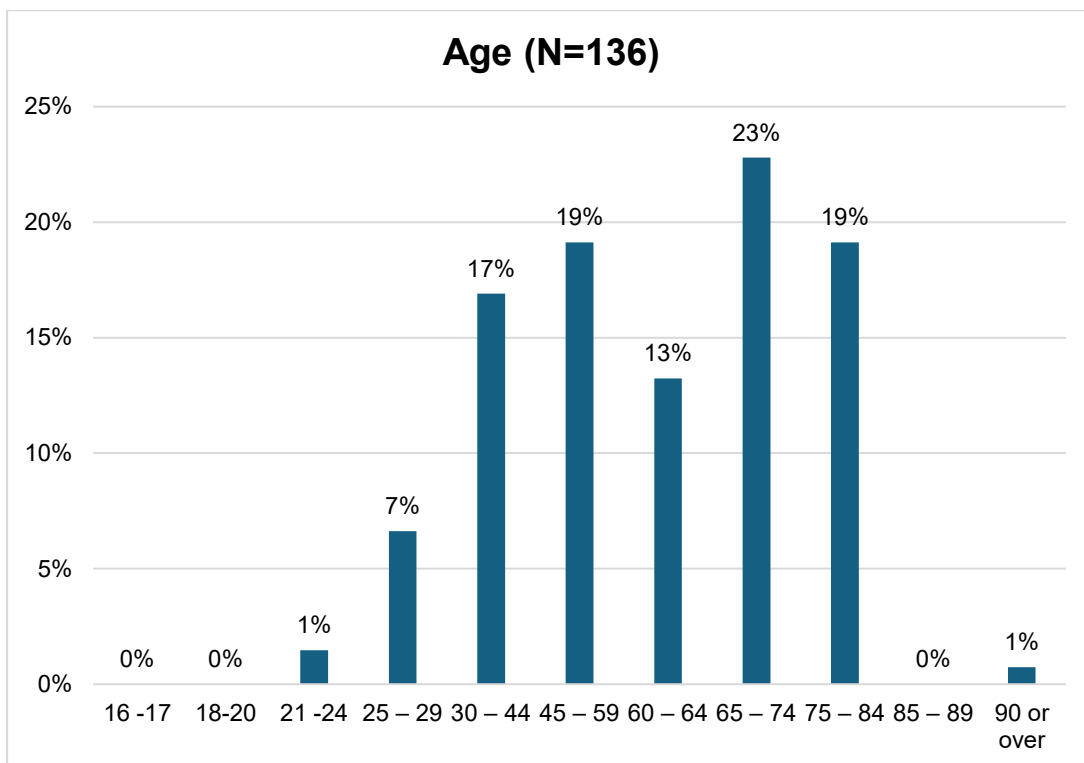
8. Conclusion

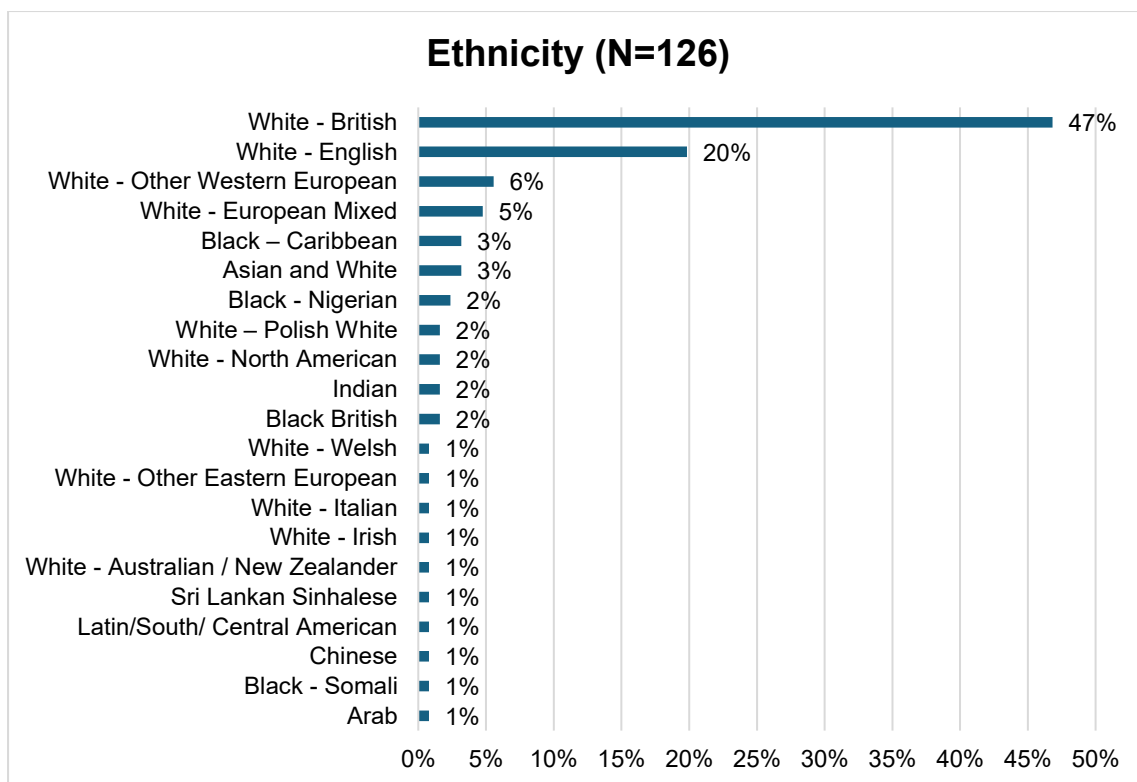
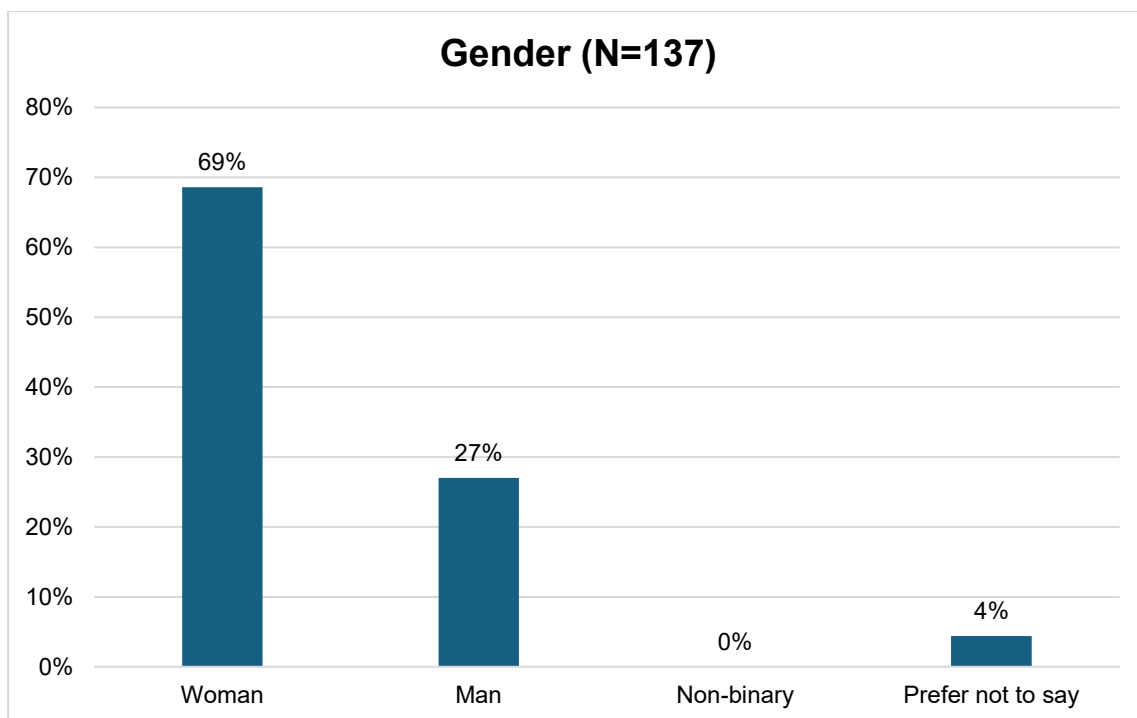
The survey and follow-up interviews show that people’s confidence in dermatology services is influenced by how quickly they can access care, how well services communicate and work together, and whether they feel listened to and supported by clinicians with the right expertise.

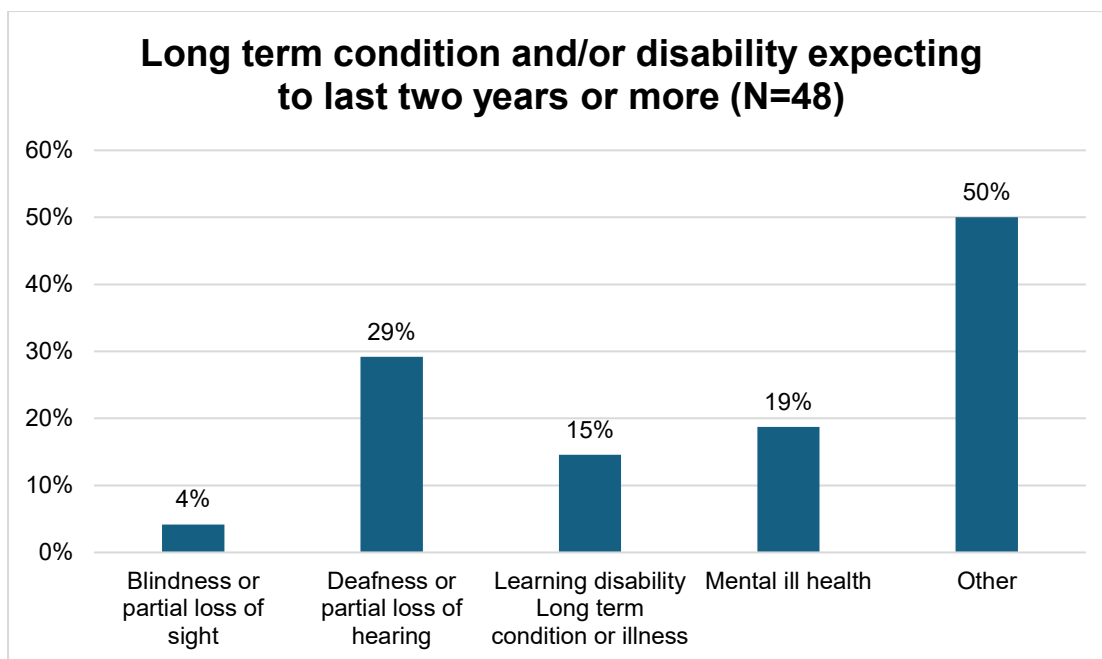
The interviews added further depth to the survey findings, particularly around the importance of continuity of care, being able to access advice and follow-up between appointments, having a clearer route back into dermatology when concerns continue, and receiving more holistic support for the wider impact of skin conditions.

These findings will help inform ongoing work to improve dermatology outpatient services and the development of future models of care across South West London.

9. Appendix A – Survey demographics







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