



BULLETIN

Issue 14 Autumn, October 2025

In this issue

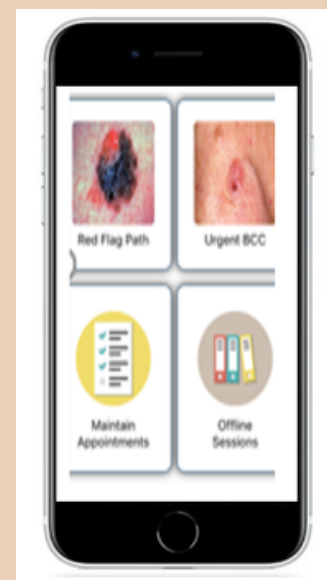
- Coming Soon - New iPhone 16e
- Vision to Emis Migration - Phase 2
- DL4 Dermatoscope GP Feedback
- A B C D E - Five Common Warning Signs of Melanoma
- Guidance on Storing your Dermatology Photo Triage Equipment
- Practice Manager Contact Updates
- Missing Photo Triage Folders
- Digital Dispatches Webinar

**COMING
SOON**
Stay Tuned

New iPhone 16e

We are happy to announce that the current iPod's will be replaced with new iPhone 16e's.

Rollout of the new iPhones will take place in the New Year – further details will follow, with advance notification issued to all practices.



Vision to Emis Update of Phased Migration (Phase 2)

BSO are currently working through the remaining Vision Practices to complete their migration to EMIS VDI. A further 19 Practices have successfully transitioned during PHASE 2 and the team continue to progress at a steady pace.

This phased approach ensures minimal disruption to services while supporting Practices through the change process effectively. For information handbooks, training day calendars or go-live dates, please contact:

David Rowntree Senior Project Manager, GP IT Modernisation, BSO
David.Rowntree@hscni.net



Thank
you!

DL4 DERMATOSCOPE GP FEEDBACK

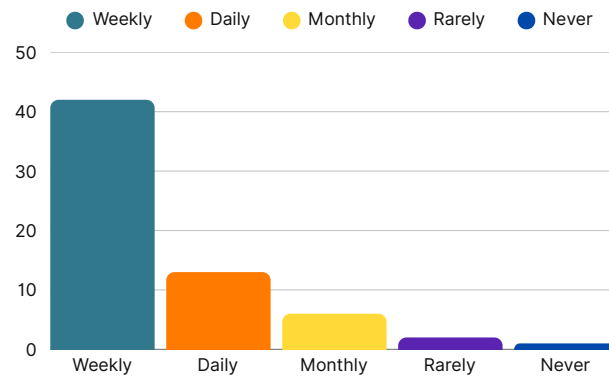
To date we have received feedback from 70 GP Practices across the region, highlighting a strongly positive reception to the Dermlite DL4 Dermatoscope. The majority of respondents reported:

- **High satisfaction with the device, with most rating it 4 or 5 stars.**
- **Ease of use, with nearly all users finding the DL4 intuitive and user-friendly.**
- **Improved image quality, with many noting sharper, clearer photos compared to previous models.**
- **Enhanced patient care, with several Practices reporting reduced wait times for dermatology referrals and improved triage capabilities.**
- **Widespread usage, with most Practices using the device weekly or daily.**
- **Effective training resources, particularly the GPNI webinar, which was frequently accessed and appreciated.**

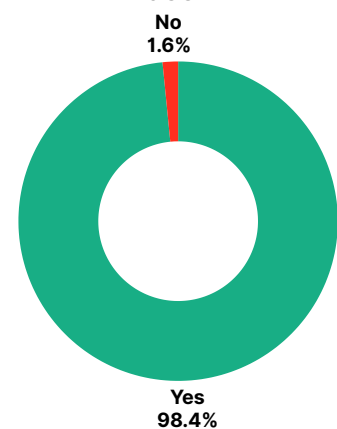
For those Practices still to submit their feedback, please click on the link below and have your say

<https://forms.cloud.microsoft/e/x5huFJ1xaB>

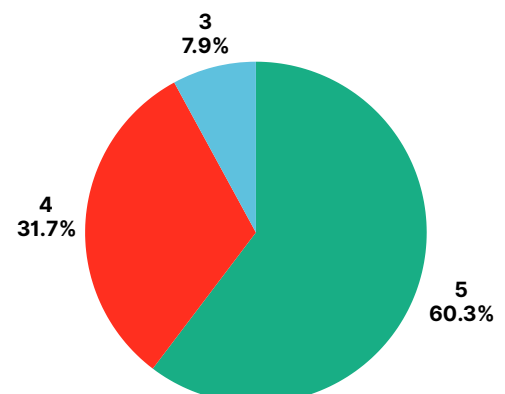
How frequently do you use your DL4 Dermatoscope?



Do you find the DL4 Dermatoscope easy to use?



Please rate your overall satisfaction with the performance of the DL4 Dermatoscope (1 star - lowest and 5 stars - highest)



A B C D E

Five Common Warning Signs of Melanoma

Melanoma is one of the most aggressive forms of skin cancer, with incidence rates rising across the UK.

Timely recognition and referral are critical to improving patient outcomes.

Early detection by GP's saves lives so recognising the five key warning signs of Melanoma is pivotal.

In this edition we have highlighted the five common warning signs of melanoma, based on the **ABCDE** criteria and NICE guidance, to support clinical decision-making in primary care.

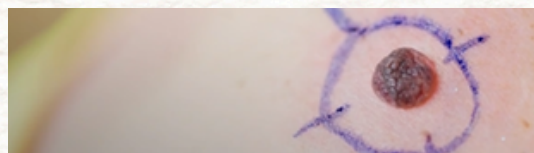
Whether assessing a suspicious lesion or educating patients on self-examination, these indicators can help ensure melanomas are caught at the earliest, most treatable stage.

Asymmetry



You should get your mole checked if you notice it has changed in shape. Moles which look a bit Lop-sided, i.e. are different shapes and/or sizes from left to right

Borders



When inspecting moles don't forget to look at the borders. If they are uneven, scalloped or notched rather than smooth, then this might indicate an early melanoma

Colour



Moles should be a fairly uniform block of colour. Any variation within a single mole is another warning sign, those colours can include brown, tan, black, red or blue.

Diameter



If a mole is larger than the size of a pencil eraser then that is cause for concern. However, early melanomas might start out smaller than a quarter of an inch, don't discount any that are suspicious yet small

Evolving



Any moles which seem to be changing in size, shape, colour or height are deemed risky. Also watch out for itchiness, discharge, bleeding or crustiness

Guidance on Storing your Dermatology Photo Triage Equipment

In this season's edition we have included some useful guidance for storing your Photo Triage equipment. This will ensure that the equipment is always ready for use and can be easily located.

Central Storage Point

The Photo Triage equipment should be stored in a designated central location within the Practice.

- This area should be easily accessible to authorised staff but secure from public access.
- The storage point should be clearly marked and organised to prevent damage or loss.

Appointed Responsible Person

A named individual should be appointed as the Equipment Custodian. Responsibilities include:

- Ensuring equipment is charged, software updated, and ready for use.
- Reporting any faults, damage, or missing items promptly.

Safe and Secure Storage

- Equipment should be stored in lockable cabinets or rooms when not in use.
- Cabinets should be where possible, located in areas with restricted access.

Environmental Considerations

- Avoid storing equipment in areas prone to damp, heat, or direct sunlight.
- Ensure the storage area is clean and dry.

Staff Awareness

All staff should be made aware of:

- The location of the central storage point.
- The identity of the appointed custodian.

Practice Manager Contact Updates

To ensure we maintain accurate records and effective communication, please inform us promptly if there is any change to the Practice Manager role at your surgery. This will help us ensure the correct person receives relevant updates, guidance, and support related to the Photo Triage pathway. Many Thanks



Missing Photo Triage Folders

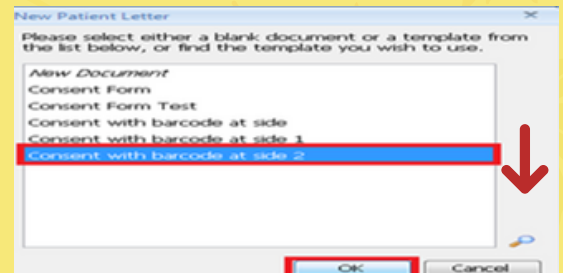
Practices should be aware that following system or software updates to the Photo Triage pathway, folders linked to the pathway may occasionally seem to disappear from the shared drive or become unpinned from the taskbar. This can happen due to various technical reasons e.g. changes in file paths, drive mappings, or user profile resets during updates.

It's important to check that all relevant folders remain accessible and correctly pinned after any update, and to re-establish links or contact IT support if any issues are identified.

Practices often contact us about the following:

Dermatology Photo Triage Consent Letter

If this option does not appear in the Emis Patient Letter dropdown box, click on the magnifying glass and search for 'Dermatology Photo Triage Consent letter'



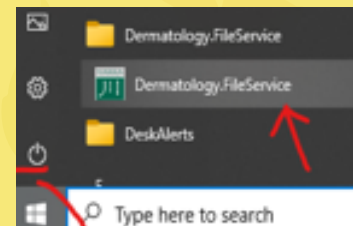
1_Photoderm folder

If this folder is missing from its normal location, search for 1_Photoderm folder. The folder may be located in your Network Locations section.

Yarra Dermatology File Service



If the Yarra Dermatology File Service logo is no longer pinned to the taskbar - search for Dermatology.FileService as shown in example.



If folders are not located after initial search, please raise the issue as a vFire or contact the Photo Triage Team at PhototriageNI@hscni.net.



Digital Dispatches Webinar



The next live episode of Digital Dispatches will air on Friday 3rd October 2025 at 1pm. This episode features RCN Digital Nurse of the Year 2025 winners Iona McCormack and Roisin Hill sharing with us how the Photo Triage pathway is improving rapid access to dermatology via the Action Cancer Big Bus. The episode is available on Teams or via Video Conferencing (See details below)

Teams Information

Meeting ID: 334 260 246 200
Passcode: tXRGHL

Video conferencing Information

teams@hscni.net
Video Conference ID: 124 745 634 3

Don't worry if you don't catch this episode as it will be available on the DHCNI YouTube channel. You can also subscribe for more updates.



Any questions or comments, get in touch:
phototriageni@hscni.net