



Dermatology Photo Triage Pathway

The Dermatology Photo Triage Pathway enables photographs to be taken of your lesion/mole at your GP practice, which are then sent to a specialist in hospital for review. The specialist will then determine the appropriate management plan for you, based on both the clinical information and photographs provided by the GP.

We'd love you to share your experience of the Dermatology Photo Triage referral pathway by completing this survey.

Why your views matter

Your experience and views on the service are essential in helping us determine the quality of the service and anything we need to change to improve overall patient experience.

We want to make sure our photo triage service is as good as possible, and we would appreciate your help in doing this.

Taking part in this survey is completely **confidential**.

Learning difficulty or require an easy read, large print or braille questionnaire?

If you have a learning difficulty and you need some help to complete this survey, or require a copy of the questionnaire in Easy Read, large print or braille, please contact the Dermatology Photo Triage Project Team by emailing phototriageNI@hscni.net.

Interpreting Service

You can obtain the service of an interpreter or have this document translated in your own language by contacting the interpreting services on **028 9536 3777**. These services are available **free of charge**.

Please return the survey in the **FREEPOST** envelope provided.

This survey is also available to complete online – scan the QR code using your mobile device, which will direct you to the survey.





Dermatology Photo Triage Patient Experience Survey

1. Please confirm the name and address (if known) of the GP Surgery you attended for your appointment:

GP Surgery Address

Postcode (if known)

2. Please confirm your year of birth:

Year of Birth (Required)

3. Was this your first time using the Dermatology Photo Triage service? *(Required)*

Please select only one item

Yes

No

4. Prior to your recent experience, were you aware that this service was available within your GP Surgery? *(Required)*

Please select only one item

Yes

No

5. When you attended your GP Surgery, did the GP or another member of staff (i.e. practice nurse) explain the referral process and enable you to ask any questions, if applicable? *(Required)*

Please select only one item

Yes

No

Comments:



6. Were you given any additional information on the Dermatology Photo Triage referral pathway? *(Required)*

Please select only one item

Yes

No

If yes, what information were you given?

7. Did you find this information useful? *(Required)*

Please select only one item

Yes

No

If No, we would welcome any suggestions which will help to improve this information:

8. Did your GP explain the “Consent” process for taking photographs of your skin irregularity? *(Required)*

Please select only one item

Yes

No



9. How did you find your appointment with the GP? *(Required)*

Please select only one item

- Poor Experience
- Fair Experience
- Good Experience
- Very Good Experience
- Excellent Experience

Add your comments to explain why you have given this rating: *(Required)*

10. Did you have to attend the hospital for a further appointment? *(Required)*

Please select only one item

- Yes
- No

11. If Yes, how were you contacted? (Please tick any that applies) *(Required)*

Please select all that apply

- Letter from Hospital
- Letter from GP
- Telephone Call
- Text Message
- Other



12. What was the outcome of your hospital appointment? *(Required)*

Please select all that apply

- Medication for your skin lesion/mole
- Advice on how to manage your skin lesion/mole
- Biopsy of your skin lesion/mole
- Surgical removal of your skin lesion/mole

13. How did you find your appointment at the hospital? *(Required)*

Please select only one item

- Poor Experience
- Fair Experience
- Good Experience
- Very Good Experience
- Excellent Experience

Add your comments to explain why you have given this rating: *(Required)*

14. Did you feel involved in all decisions about your treatment? *(Required)*

Please select only one item

- Yes
- No

Comments:



15. Have you attended your GP in connection with your Photo Triage experience since your hospital appointment? *(Required)*
Please select only one item

- Yes
- No

16. Was your GP aware of your recent hospital appointment as part of your Photo Triage pathway and did you discuss this with them? *(Required)*
Please select only one item

- Yes
- No
- Unsure

17. Would you be happy to use this service again? *(Required)*
Please select only one item

- Yes
- No

18. Is there anything that could be improved?

Comments: (Please provide any additional comments)

19. Have you any other comments you would like to include on any element of the service? *(Required)*
Please select only one item

- Yes
- No

Comments: (Please provide any additional comments)

We thank you for taking the time to complete this survey