

Incorporating clinical photography as part of a gold standard for the treatment of Vulval Lichen Sclerositis

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INTRODUCTION/AIMS

Accurately recording and communicating disease and treatment progression can be difficult in the long-term treatment of patients with Vulval Lichen Sclerositis (LS). To help improve this, we integrated clinical photography into the routine consultant-lead vulval clinics across four hospital sites within NHS Greater Glasgow and Clyde. By using clinical photography alongside regular treatment, the progression of a patient's condition can be more accurately monitored and, as a result, improve patient experience and outcomes. This paper outlines the approach taken and advises on considerations for incorporating clinical photography into clinical practice.

APPROACH

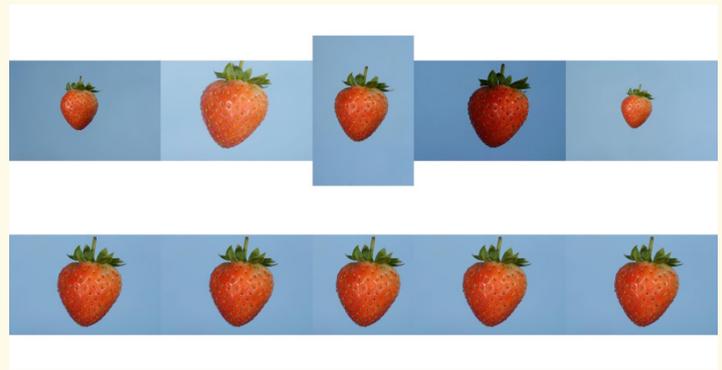
- Clinical photography provision was secured for all routine vulval clinics, following a successful pilot on one acute site.
- Protocols around written consent, data protection, sensitivity and access to records were developed.
- Standardised methods of recording were established and clinical photographs were taken at each consultation by registered clinical photographers.
- The images were made available for review as part of the patient's healthcare record via a secure image database (Medical Image Manager).

CONSIDERATIONS

Clinical photographs play an important part in documenting a patient's condition, but there are complexities around the capture, security, storage and retrieval of images, particularly those that are highly-sensitive. Professional clinical photographers are best placed to provide the service, but if this is not possible, the key points to consider are as follows:

1. **Legislation** – Ensure your process complies with The Data Protection Act 2018, The Caldicott Report (1997), The Common Law Duty of Confidentiality, The Confidentiality: NHS Code of Practice (2003), The Human Rights Act and local trust or health board policies.
2. **Image Capture** – Who will be taking the photos? What equipment will be used? How will the images be stored? Who will have access to them? How will they be accessed during a consultation?
3. **Consent** – For consent to be valid, it must be voluntary and informed. Explain to the patient why the photos are being taken, and how they will they be used, in a way they understand. Remember the patient has the right to say no.
4. **Etiquette** – Have a chaperone present; be efficient, have the camera set up, take the photo and move on; offer privacy, patients feel more comfortable when they can't see the camera so consider the use of drapes.
5. **Consistency** – Use the same equipment, same viewpoint, same lighting and the same magnification every time (Figure 1).

Figure 1 - Using a consistent approach makes it easier to track the often subtle progression of the treatment. a) Images 1-5 have difference in magnification, viewpoint and lighting; b) shows a standardised approach.



OUTCOMES

Clinical photography has been an integral part of the pathway for NHS GGC patients undergoing treatment for Vulval LS since 2012. Over 800 photographic episodes have been recorded forming a substantial database of individual patient's progression over time (2012-2019).

Key findings:

- A photographic record enables a previously unavailable level of accuracy when assessing a patient's progress at consultation.
- This means patients do not need to be seen so often, thereby reducing the number of return and follow-up appointments.
- In turn, this has reduced waiting list times.
- Improved communication across the vulval team allows for nurse-led clinics and input from junior doctors without a consultant having to be present for review.
- Access to consented and standardised clinical images assists with clinical training and teaching.

SUMMARY

A multidisciplinary approach to the management of patients with Vulval LS within NHS GGC has been successful, both in terms of patient pathways and outcomes. The clinical photographs recorded at each patient consultation enable the clinician to monitor the condition and assess treatment progression accurately, and supports the continuity of care across the service. In addition, appointments and waiting times have been reduced, easing a patient's journey and allowing more patients access to treatment. Following this success, the aim is to create a national guideline for the photography of vulval diseases to facilitate the integration of clinical photography and ensure consistency across the profession.