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P170 Red rash, green outcomes: working towards a greener, sustainable dermatology service

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There is a growing awareness among UK dermatology professionals to evaluate their practice from a sustainability viewpoint. The publication of the British Society for Dermatological Surgery guidance for skin surgery (2022) and *The Journal of Sustainable Dermatology in Practice* are positive steps. Our study highlights the hitherto overlooked role of teledermatology in promoting sustainable practices and environmental efficiencies. We are an independent teledermatology service provider across six commissioning zones. We cover 165 National Health Service practices with 1565 registered users. Our consultant-led, 'first-line' service uses the principle of Getting It Right First Time to redesign and comprehensively manage the clinical pathway for all dermatology referrals between primary and secondary care for commissioners. Combining proprietary software with rapid access to personalized specialist opinion in a cost-effective, timely manner, we achieved the following demonstrable efficiencies. Between January 2020 and January 2025 we prevented 98 684 patients (77% of 128 419 referrals received) from being referred to secondary care. This resulted in direct cost savings of £8 404 735. We saved 37 538 specialist healthcare hours, equating to 20 years' full-term appointment, creating a significant and sustainable impact when services are grappling with staff shortages. The most positive outcome was the 'green impact' of our service. Our patients saved 115 630 h of travel time, and saved 2 582 066 km in travel distance. Assuming the split between patients taking public and private transport is 50 : 50, the total carbon savings were 344 708 kg of CO_2 equivalent (CO_2e) (Table). In Britain 88% of passenger kilometres are by cars, vans and taxis. Assuming this split, the true total carbon savings were 416 335 kg of CO_2e. Each patient saved between £3.10 (public) and £4.38 (private) in transport costs. A split of 88 : 12 between public and private transport gives total transport cost savings of £417 078. We are honoured to have our environmental and efficiency impact recognized by being awarded the Sustainability Partnership awards 2024 for the Supplier of the Year and Software of the Year. We have also been shortlisted for the HSJ Partnership Award 2025. Our report demonstrates that dermatologists can harness technology and innovation to achieve sustainability impact across the wider patient journey. It also shows that green practices can be assimilated seamlessly within the current scope of work.

Table Travel statistics assumptions

Average distance to hospital	7.96 miles or 12.81 km *one way*
Average emission per car	0.17 kg CO_2 equivalent per km
Average emission for public transport (bus)	0.097 kg CO_2 equivalent per km
Average travel time to hospital	36.25 min
Average petrol cost	151 pence per litre
Average fuel cost per appointment (by car)	£1.38

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(vs 1.2% placebo [n=1/86], p<0.0001)*** [2]

75.9% (n=265/349)

of patients with PsO achieved **PASI 75 at Week 4**

(vs 1.2% placebo [n=1/86], p<0.0001)*** [2]

76.9% (N=52)†

of patients with PsO achieved **PASI 100 at 5 years**[3]

51.5% (n=222/431) and **50.6%** (n=135/267)

of biologic-naïve and TNFi-IR PsA patients achieved **ACR 50 at Week 104/100,** respectively‡ [1,4–6]

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These data are from different clinical trials and cannot be directly compared.

Co-primary endpoints PASI 90 and IGA 0/1 at Week 16 were met.**Secondary endpoints. †N= mNRI, missing data were imputed with mNRI (patients with missing data following treatment discontinuation due to lack of efficacy or a TRAE were counted as non-responders; multiple imputation methodology was used for other missing data). ‡43.9% (n=189/431), and 43.4% (n=116/267) of biologic-naïve and TNFi-IR PsA patients achieved the primary endpoint of ACR 50 at Week 16 in BE OPTIMAL and BE COMPLETE, respectively (vs 10.0% [n=28/281] and 6.8% [n=9/133] placebo, p<0.0001); 54.5% (n=235/431) and 51.7% (n=138/267) maintained it at Week 52 (NRI).[4–6]

ACR 50, ≥50% response in the American College of Rheumatology criteria; **AS**, ankylosing spondylitis; **CRP**, C-reactive protein; **DMARD**, disease-modifying antirheumatic drug; **HS**, hidradenitis suppurativa; **IGA**, Investigator's Global Assessment; **(m)NRI**, (modified) non-responder imputation; **MRI**, magnetic resonance imaging; **nr-axSpA**, non-radiographic axial spondyloarthritis; **NSAID**, non-steroidal anti-inflammatory drug; **PASI 75/90/100**, ≥75/90/100% improvement from baseline in Psoriasis Area and Severity Index; **PsA**, psoriatic arthritis; **PsD**, psoriatic disease; **PsO**, psoriasis; **TNFi-IR**, tumour necrosis factor-α inhibitor – inadequate responder; **TRAE**, treatment-related adverse event.

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