



Evidence-Based Evolution:

When AI Becomes the Responsible Choice for NHS Dermatology

End the patient harm that exists within our system right now

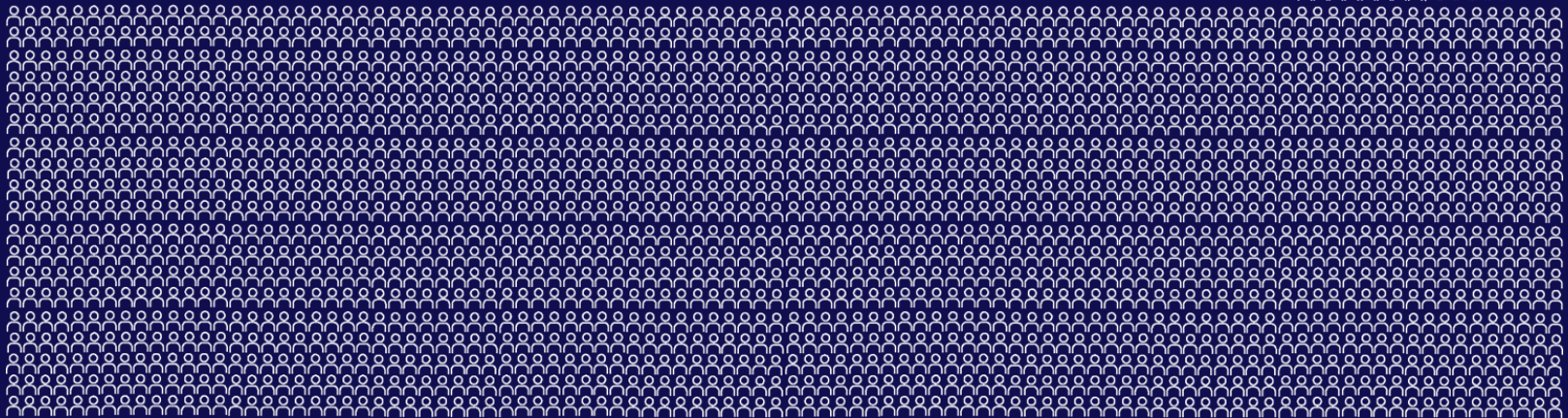
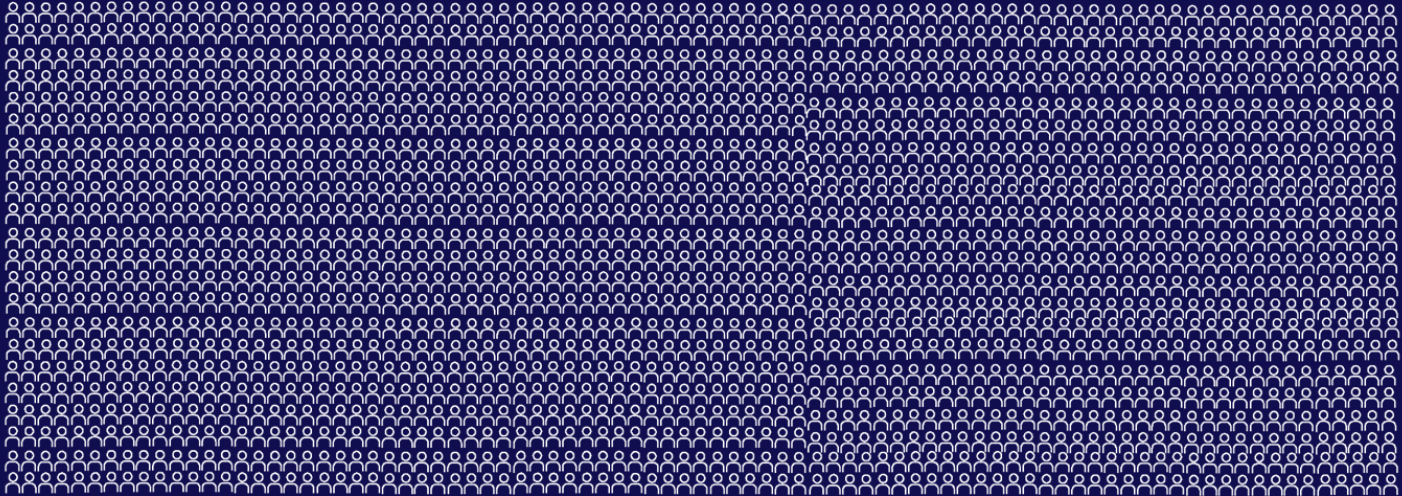


Rachael Dovey
Commercial Director
Skin Analytics

One dermatologist



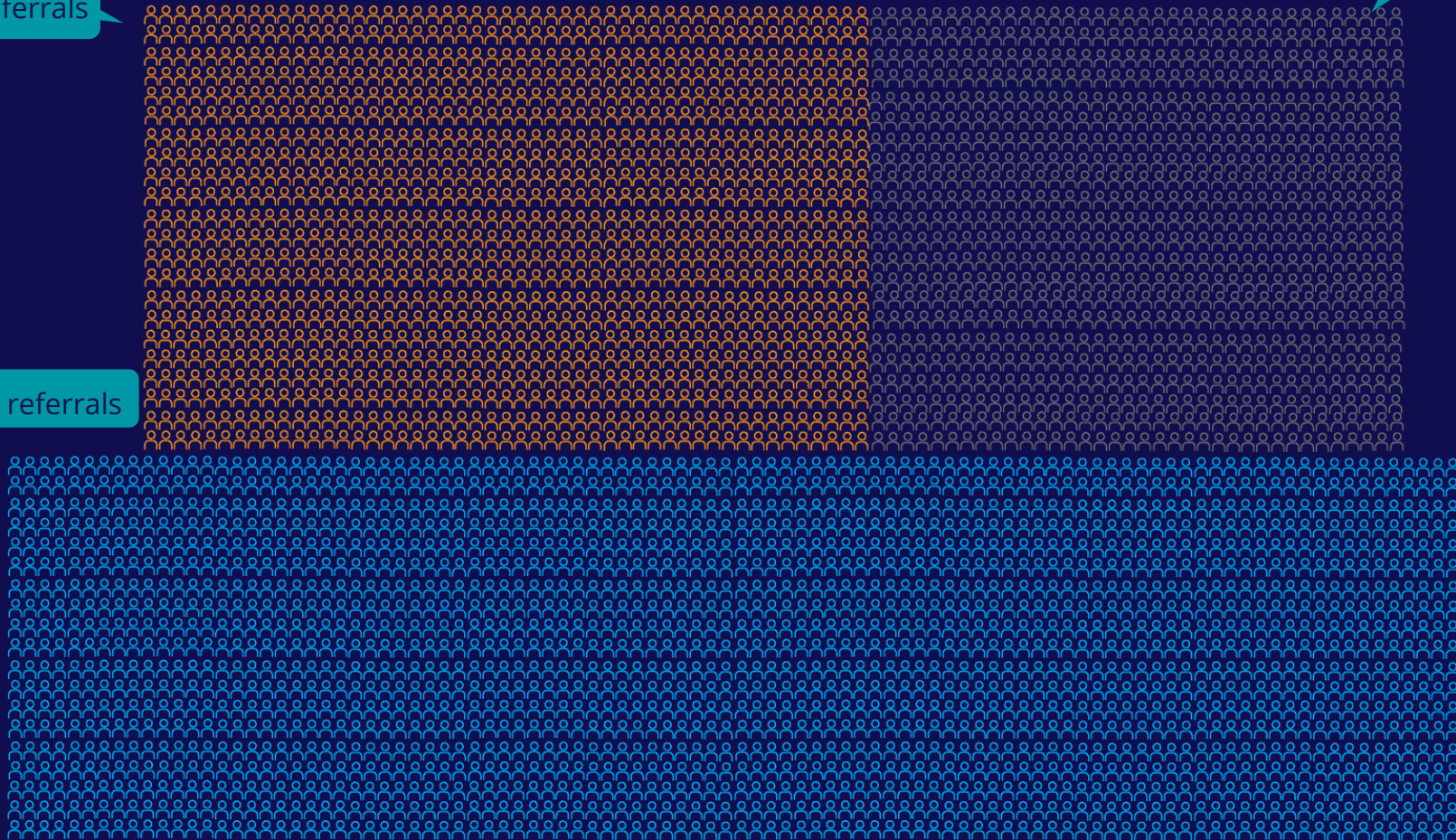
Referrals for dermatology



USC referrals

Routine backlog

Routine referrals



USC referrals

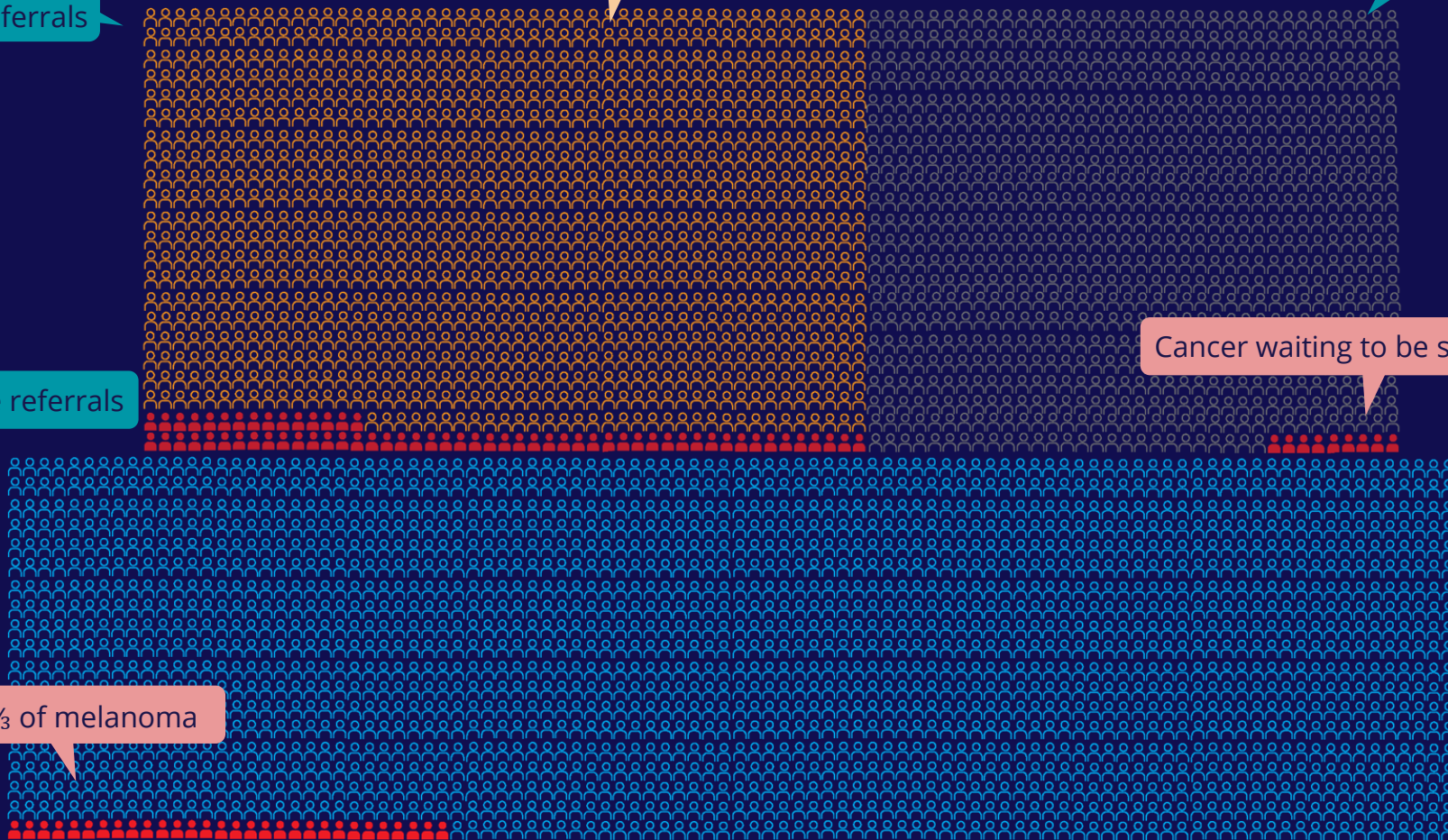
94% of USC referrals are not cancer

Routine backlog

Routine referrals

Cancer waiting to be seen

$\frac{1}{3}$ of melanoma



The need for change



Timely access for patients



Cost effective



Scalable and sustainable



Our vision:
To build a future where no one dies from skin cancer

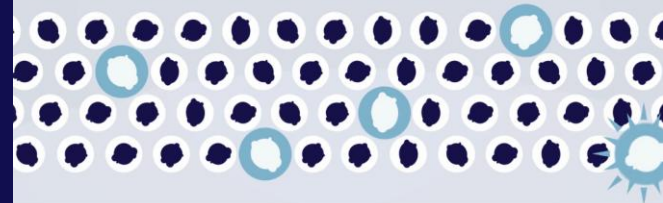


Our Offer:

1. **Autonomous AI solution**
- that's as good as a dermatologist
2. **Proven economics**
3. **Successful implementation in the NHS**



DERM



Meet DERM

- **Class IIa UKCA marked and Class III CE marked** AI as a Medical Device for skin cancer
- **Assesses, screens and triages** lesions that are suspicious for skin cancer in seconds

Certifications



The only AI approved to make **clinical decisions autonomously** in the cancer space



What does **Class IIa** and **Class III CE** approval mean?



Licensed for autonomous use

Licensed for decision-support

UKCA (UK)

CE (Europe)

Class IIa

Class III

Class I

Class IIa



CE III level approval is typically reserved for devices like pacemakers and neurological implants

Grounded in real-world evidence



>150,000

NHS patients seen



~14,000

cancers found



UP TO

95%

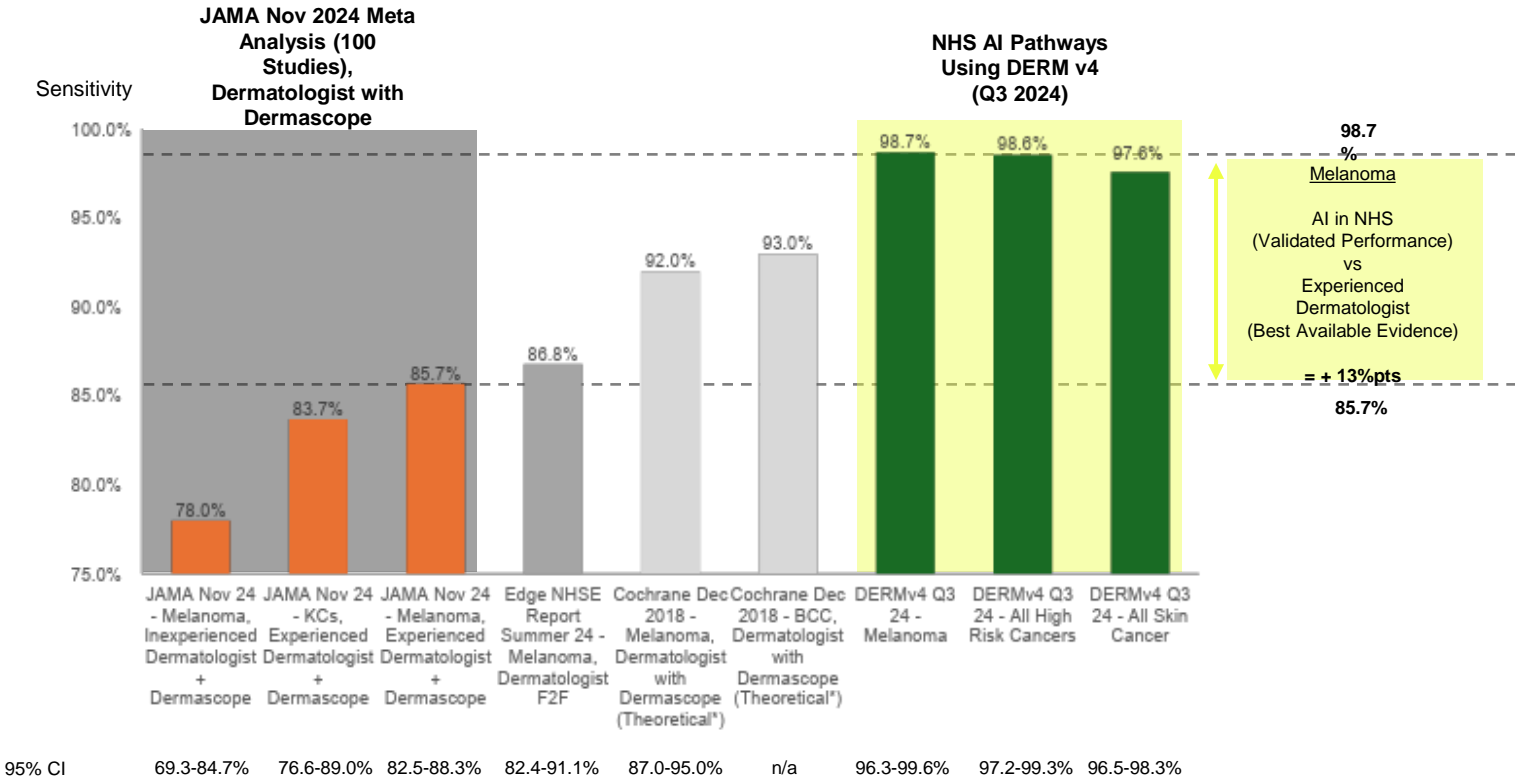
reduction in F2F
appts. avoided

DERM Performance

Data up to Q4 2024 Post Market Surveillance Reports, with analysis based on **31,075** lesion outcomes.

	Target	DERM
NPV (Melanoma)	99%	99.93%
All skin cancer		97%
Melanoma	95%	97%
Invasive melanoma	95%	99%
SCC	95%	98%
BCC	90%	98%
Benign (biopsy and clinically confirmed)		79%
Benign (biopsy only)		24%

AI performance, evidenced in the real world

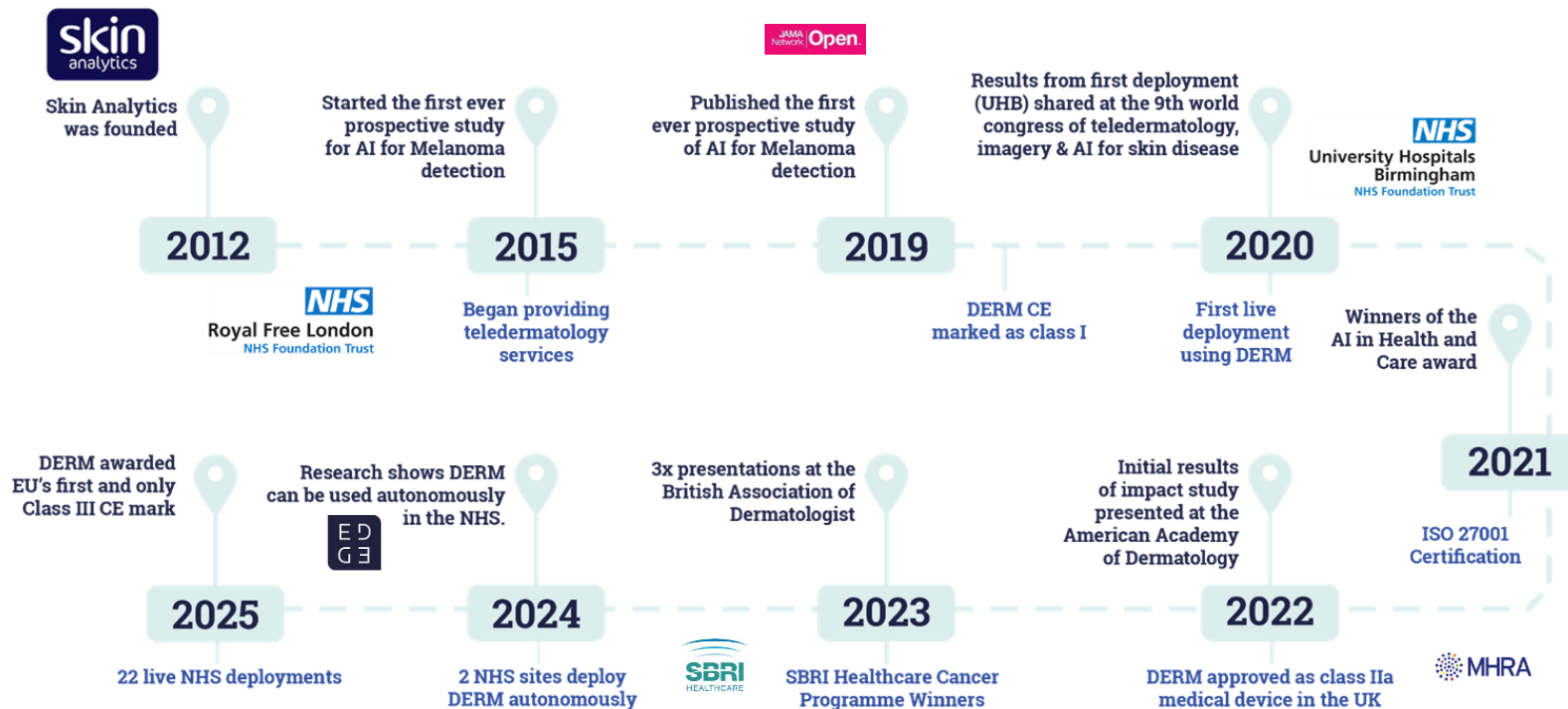


Sources & Notes

<https://jamanetwork.com/journals/jamadermatology/article-abstract/2826310>
<https://www.edgehealth.co.uk/wp-content/uploads/2024/08/Evaluating-Pathways-for-AI-Dermatology-in-Skin-Cancer-Detection.pdf>
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011902.pub2/full?highlightAbstract=dermoscopy%7Cdermoscopy>

* 92% is theoretical based on AUROC and fixed specificity

How did we get here?



Proud to be trusted by the NHS



Manchester University
NHS Foundation Trust



**Tameside and Glossop
Integrated Care**
NHS Foundation Trust



Northern Care Alliance
NHS Foundation Trust



**University Hospitals
Birmingham**
NHS Foundation Trust



**Ashford and
St. Peter's Hospitals**
NHS Foundation Trust



Liverpool University Hospitals
NHS Foundation Trust



University Hospitals Dorset
NHS Foundation Trust



Dorset County Hospital
NHS Foundation Trust



Suffolk and North East Essex
Integrated Care Board (ICB)



Buckinghamshire Healthcare
NHS Trust



**University Hospitals
of Leicester**
NHS Trust



West Suffolk
NHS Foundation Trust



Chelsea and Westminster Hospital
NHS Foundation Trust

20 NHS partnerships & counting since 2020

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NHS
Ashford and
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NHS Foundation Trust

NHS
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NHS Foundation Trust

NHS
University Hospitals Dorset
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NHS
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NHS
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NHS
Buckinghamshire Healthcare
NHS Trust

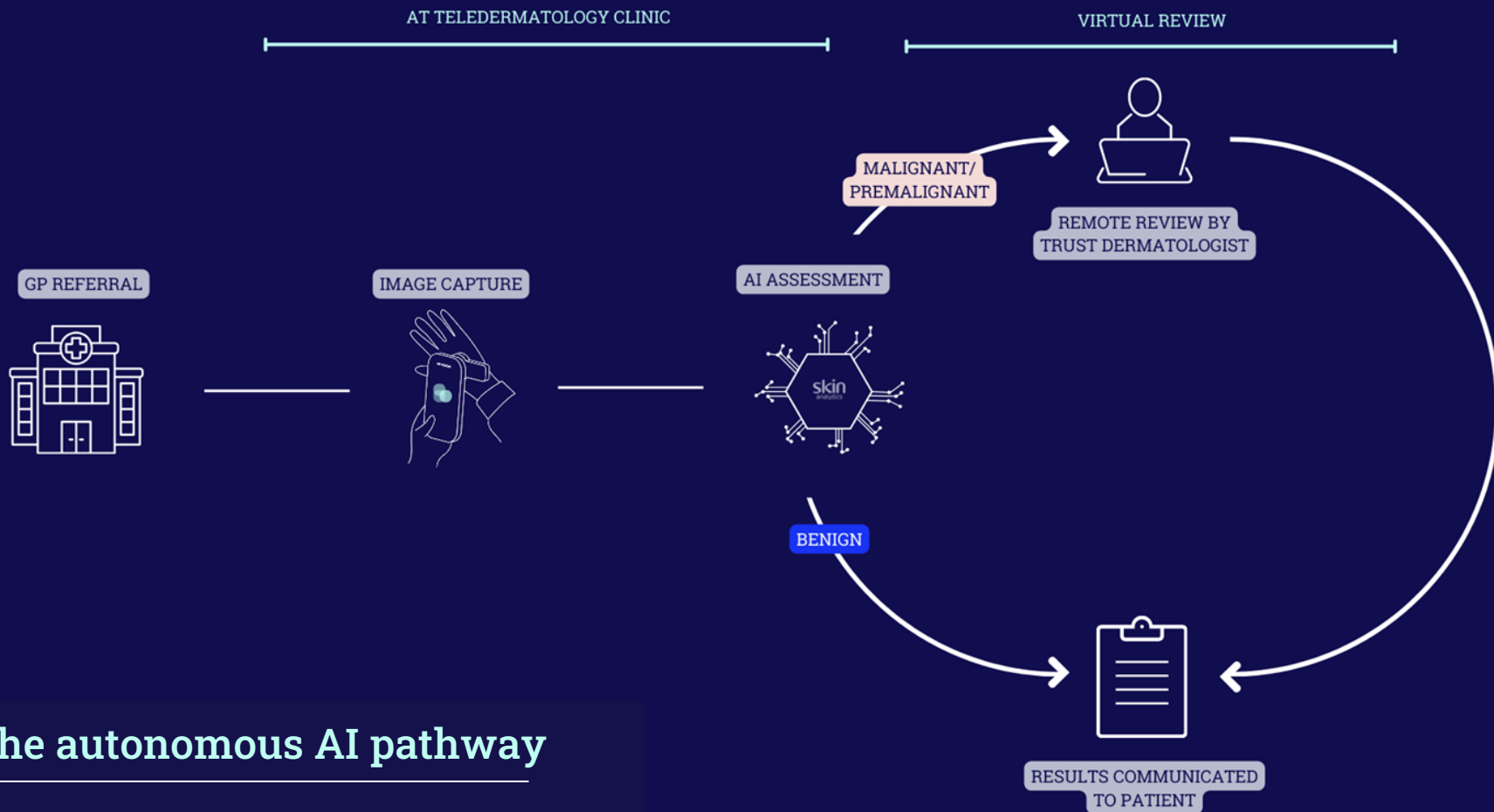
NHS
University Hospitals
of Leicester
NHS Trust

Deploying DERM autonomously

NHS
West Suffolk
NHS Foundation Trust

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

20 NHS partnerships & counting since 2020



The autonomous AI pathway

Autonomous AI at Chelsea and Westminster Hospital NHS FT

- Large provider of acute and specialist services that serve a population of over **1,000,000** in North West London, the south east and further afield.
- Rising demand for USC referrals: **22% increase** in 2023/2024 compared to 2022/2023
 - **90%** of referrals did not result in an USC
- Pilot to BAU, the service has assessed over **10,000 patients** and expanded Trustwide
- Prior to DERM, had an award winning Teledermatology service



Capacity generated from AI is **undeniable**



31%

Teledermatology
alone

48%

AI Teledermatology
with second read

58%

Autonomous AI
Teledermatology

*Capacity gains = **earlier detection** and **improved patient outcomes...***



Autonomous AI at West Suffolk NHS FT

- WSFT provide hospital and community services to a population of around **280,000** people.
- Rising demand for USC referrals: **3720** in 2023/2024 & limited dermatology capacity to meet demand
- Pilot to BAU, the service has assessed over **10,007 patients** and moved to Autonomous AI
- Prior to DERM, WSFT have looked at solutions including upskilling GPs and teledermatology for RTT, but referrals have remained high due to sub-par image quality and low adoption.



More time to see **patients in greatest need**



11%

Discharge rate with
AI second read

22%

Discharge rate with
Autonomous AI Teledermatology



65%

F2F avoidance with
AI second read

73%

F2F avoidance with
Autonomous AI Teledermatology





Now is the time for change.

When does AI become the responsible choice
for NHS Dermatology?