

Walk-in mole/skin check: What are the perceived health values?

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Introduction: Nationwide skin cancer/mole checks are not felt to have a benefit in an unselected population. Very little, is known about the health benefits or perceived value of those concerned that they may have skin cancer. We provide an annual charitable mole check at Exeter Medical. Data from 2006 show rates of skin cancer are 23.39 per 100,000 for melanoma and 179 per 100,000 for non-melanoma skin cancer in Devon, UK. The local population is therefore well-aware of friends or family that have had skin cancer. Some may access skin checks through their GP or pay privately to see a dermatologist. By offering a charitable mole check annually on a Saturday, then access is broadened to those that are not excluded by affordability or GP availability.

Method: Two plastic surgery consultants and two dermatology consultants saw 173 patients over the course of the day. Patients were seen on average every 6.25 minutes for a full body skin check with dermoscopy. Patients that needed surgery or topical treatment were redirected back to their GP by letter for NHS treatment.

Results: 150 completed a patient satisfaction questionnaire. 26% were worried they had skin cancer and 5.3% did not trust their GP's judgement. Pre-existing anxiety about skin cancer was documented in 52.6% and 95% were reassured and left relaxed following this healthcare intervention.



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There were referrals for 13 Basal Cell Carcinomas, 16 potential melanoma and 1 Squamous Cell Carcinoma. There were also 11 advice and guidance referrals back to the GP regarding topical treatments for actinic keratosis. Specific very positive comments by patients were made on the questionnaire about the staff and service on the day - as expected. Importantly, no negative comments about the rapid consultations that averaged 6.25mins each. In addition there was specific support for the concept of an easy access walk-in clinic such as this – regardless of the outcome of the skin check. The lack of value of checking an unselected population has been proven, but this is a self-selected group of concerned patients that may be biologically different, especially given the number of lesions requiring treatment that were identified.