New Technology Use Needs Patient Input

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Recent rapid technological developments have transformed the organisation and delivery of healthcare services (1). Arguably, dermatology has led the way to this and teledermatology methods, including asynchronous store and forward (SAF) and synchronous video teleconferencing (VTC), are now widely embedded within dermatology service provision to facilitate remote patient care (2). The SARS-CoV-2 pandemic has accelerated the use of digital health technologies, particularly remote consultations via telephone and video, which have allowed some continuity of patient care during such unprecedented times (1). These changes are occurring against a backdrop of NHS policies, such as 'no decision about me without me', which advocate a patient centred approach (3). However, with little to no data to show if the shift towards remote healthcare is endorsed by patients, the extent to which modern service delivery methods benefit service users versus service providers remains unclear.

There are now various text, web and application (app) based interventions available to dermatology specialists and patients, mainly supporting the identification, assessment and monitoring of physical symptoms. However, there is a question mark against the quality standard of the content of these developments as many do not reflect national regulatory guidelines on best practice for managing specific conditions, nor have they been developed with sufficient end user input (4). This is despite calls for the adoption a user-centred approach to developing new health technologies, specifically apps (5).

Qualitative research is now established as a vital step in the early development of complex interventions (6) and researchers should prioritise engaging with key stakeholders to understand their views and experiences on the usability, acceptability and feasibility of new dermatology apps to maximise user engagement (5). These policies and practices challenge the suitability and usability of existing products for their intended population.

In this issue of the BJD, Sangers and colleagues (7) report the findings of a focus group study that aimed to explore the barriers and facilitators to accessing and using mHealth apps for skin cancer screening as perceived by Dutch people. The authors highlight some key considerations for developing apps of this kind, which may not have been foreseen by researchers or dermatologists and extend beyond known barriers, such as cost and ease of use. The study suggests that people in the Netherlands may be more inclined to engage with mHealth apps for skin cancer screening if development is transparent, if developers are perceived to be trustworthy, and apps are endorsed by health professionals and regulatory organisations. Such insights are of vital importance given that melanoma incidences remain high and continue to rise across Europe despite the implementation of prevention strategies at public and policy levels (8).

The paper by Sangers and colleagues (7) is one of few on dermatology apps that aims to unpick the perspectives of the end user, in this case, the Dutch general public. It is a good example of the type of research that should precede the design and large-scale trials of new apps. Other researchers in this space should take note in order to improve the likelihood that future dermatology apps are deemed appropriate and achieve their desired purpose in the target population.

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