



Photonet

National Managed Clinical Network for Phototherapy in Scotland

Photonet Managed Clinical Network for Phototherapy in Scotland

Annual Report
2025/26

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Introduction

Photonet provides a framework to facilitate the delivery of standardised quality patient care at phototherapy treatment centres (39 sites) throughout Scotland. The Network aims to ensure that patients are managed according to evidence-based procedures and protocols. It audits the practice and outcomes of every centre against agreed standards, hence providing a basis for improving the quality of care. Photonet also provides sites with information on patients who have extensive exposure to ultraviolet sources for skin cancer monitoring. Educational opportunities are provided to increase the knowledge and confidence of staff delivering phototherapy.

The Network vision is that all patients with skin conditions that respond to light therapy will be offered appropriate phototherapy wherever they live in Scotland. This phototherapy will be as effective and safe as possible.

Phototherapy and photochemotherapy (PUVA) are therapies that involve exposing the skin to ultraviolet irradiation. With PUVA, UVA irradiation is combined with the agent psoralen. Phototherapy is a 'light' treatment. PUVA is a drug treatment but with a drug activated by 'light', ensuring treatment effects are targeted to the skin.

Current Position

Photonet continues to provide a nationally coordinated framework supporting 39 treatment centres across Scotland. The Network enables equitable access to evidence-based phototherapy services for patients with a wide range of inflammatory and light-sensitive skin conditions while ensuring consistent standards, governance, quality assurance and long-term UV exposure monitoring.

Beyond clinical outcomes, phototherapy continues to improve quality of life for patients by reducing the impact of chronic skin conditions on daily activities, education, employment and wellbeing. Patient feedback consistently highlights the positive effect treatment has on confidence, symptom control and overall quality of life.

While some development activity was paused pending the outcome of the Network Review, Photonet continued to deliver its core functions including quality assurance, audit, governance, education, guidance development and national reporting.

Significant progress was made in initiating a Strategic Needs Assessment for phototherapy services in Scotland. This work will continue during 2026/27 and will support the future development of service priorities, workforce planning and quality improvement activities.

Highlights

During the reporting period, 5,450 patients received phototherapy treatment across Scotland, with a total of 5,724 treatment courses delivered.

Activity declined significantly during the COVID-19 pandemic and, although there was a period of recovery in the years immediately following, activity remains substantially below pre-pandemic levels. Treatment course volumes peaked at approximately 6,200 courses two years ago but have since fallen to 5,700 in 2025/26. This represents a continued gap of around 1,000 to 3,000 treatment courses compared with pre-pandemic activity levels (Figure 1). Understanding the

reasons for this reduction and identifying opportunities to improve access and increase treatment activity should be a key focus for the Network going forward.

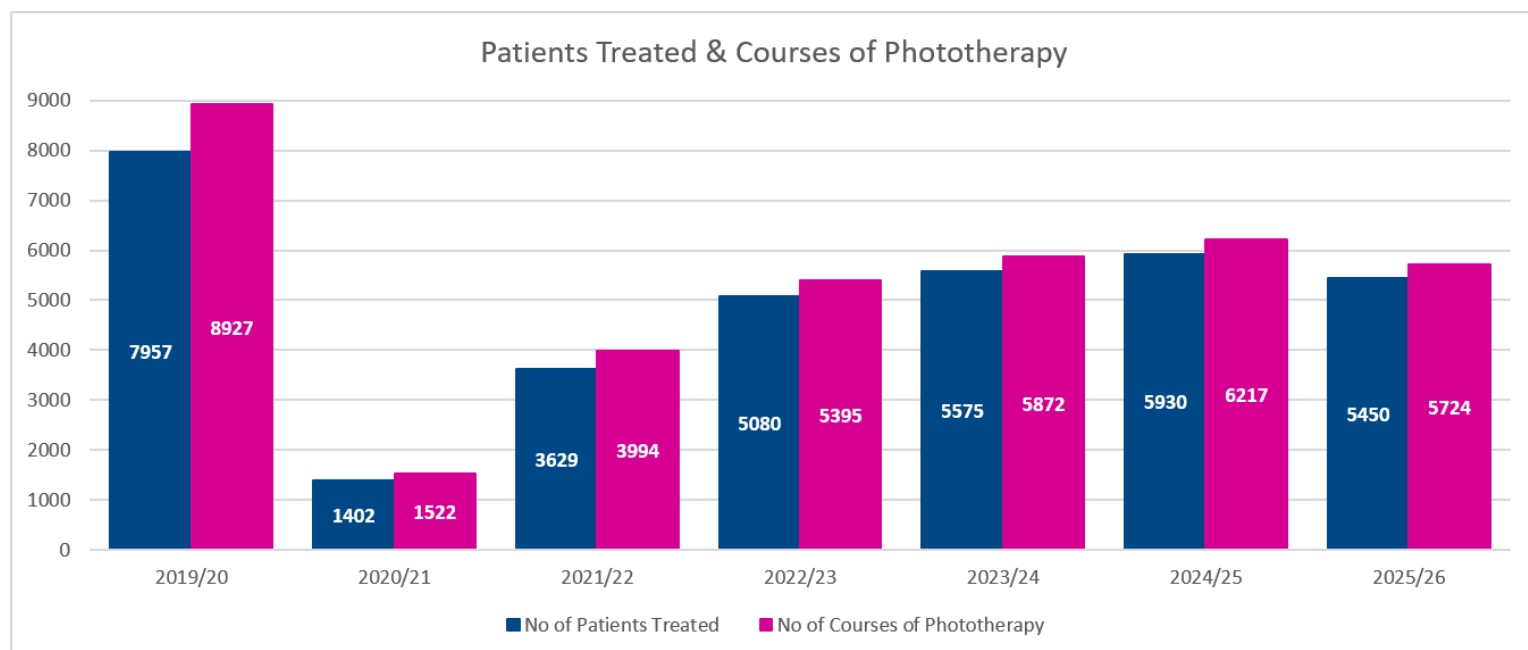


Figure 1

The distribution of treatment areas has remained broadly consistent over time, with whole-body phototherapy continuing to account for the largest proportion of activity (Figure 2).

Treatment Areas	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Whole Body	80.1%	81.7%	83.2%	83.8%	83.9%	84.4%	83.6%
Exposed sites only	5.3%	5.3%	4.0%	4.3%	4.6%	4.2%	5.5%
Hands only	7.3%	6.7%	6.4%	6.4%	5.3%	6.0%	6.0%
Feet Only	4.4%	3.5%	3.8%	3.2%	2.9%	2.9%	3.1%
Upper Body	1.0%	0.9%	0.9%	0.5%	1.3%	0.9%	0.6%
Legs only	0.7%	0.1%	0.3%	0.2%	0.4%	0.2%	0.3%
Scalp only	0.5%	0.5%	0.4%	0.8%	0.7%	0.7%	0.4%
Localised area	0.7%	1.2%	1.0%	0.7%	0.9%	0.7%	0.6%

Figure 2

Timely access to treatment remains the principal performance measure for phototherapy services, with the expectation that patients commence treatment within six weeks of referral.

Performance against this standard has remained relatively stable, with approximately half of all patients commencing treatment within the target timeframe each year (Figure 3). Performance is known to vary considerably across Scotland, reflecting differences in local capacity, workforce and service demand. Further work is required to better understand this variation and identify opportunities to improve access and reduce waiting times.

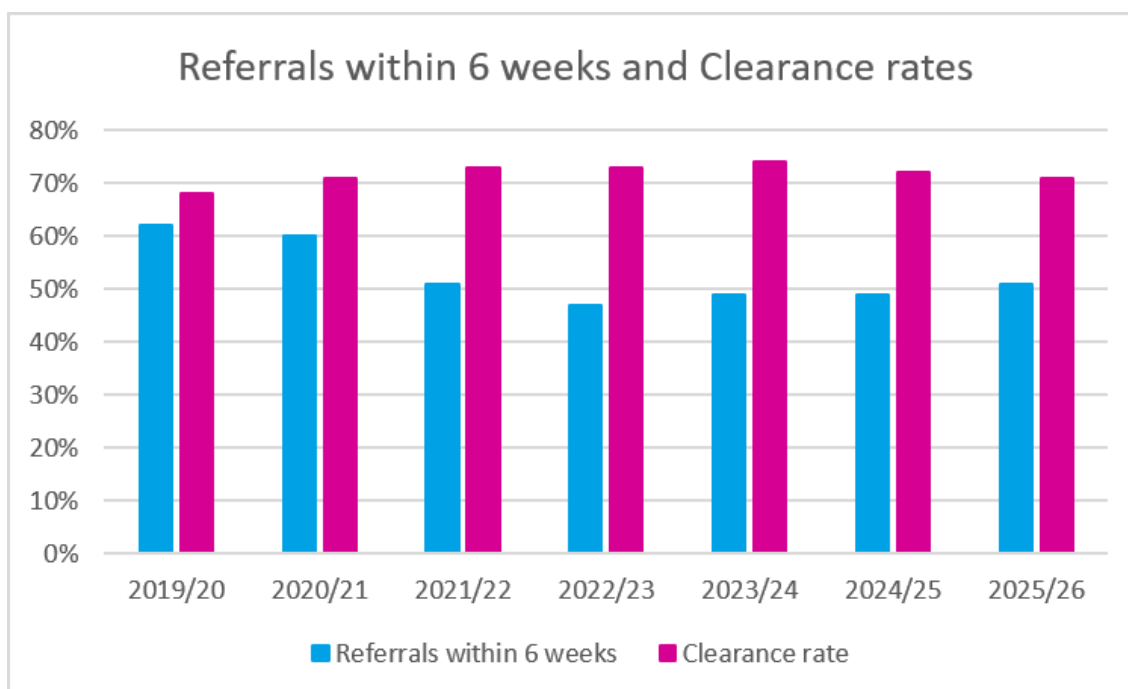


Figure 3

During 2025/26, phototherapy services continued to be delivered by a multidisciplinary workforce comprising nursing, dermatology and support staff across Scotland's treatment centres. Workforce analysis undertaken as part of the Strategic Needs Assessment has provided, for the first time, a national overview of staffing models, supporting future workforce planning and service sustainability.

Patient Experience

Patient experience remained highly positive throughout the reporting period. Feedback highlighted high levels of satisfaction with information provided, staff knowledge, privacy, communication and overall service quality.

Patients consistently described improvements in their skin condition, confidence and wellbeing following treatment. The Network will continue to strengthen patient experience data collection and use feedback to support service improvement.

Figure 4 shows that the majority of patients are satisfied with the level of care they are receiving based on the results from the Patient Experience Questionnaire.

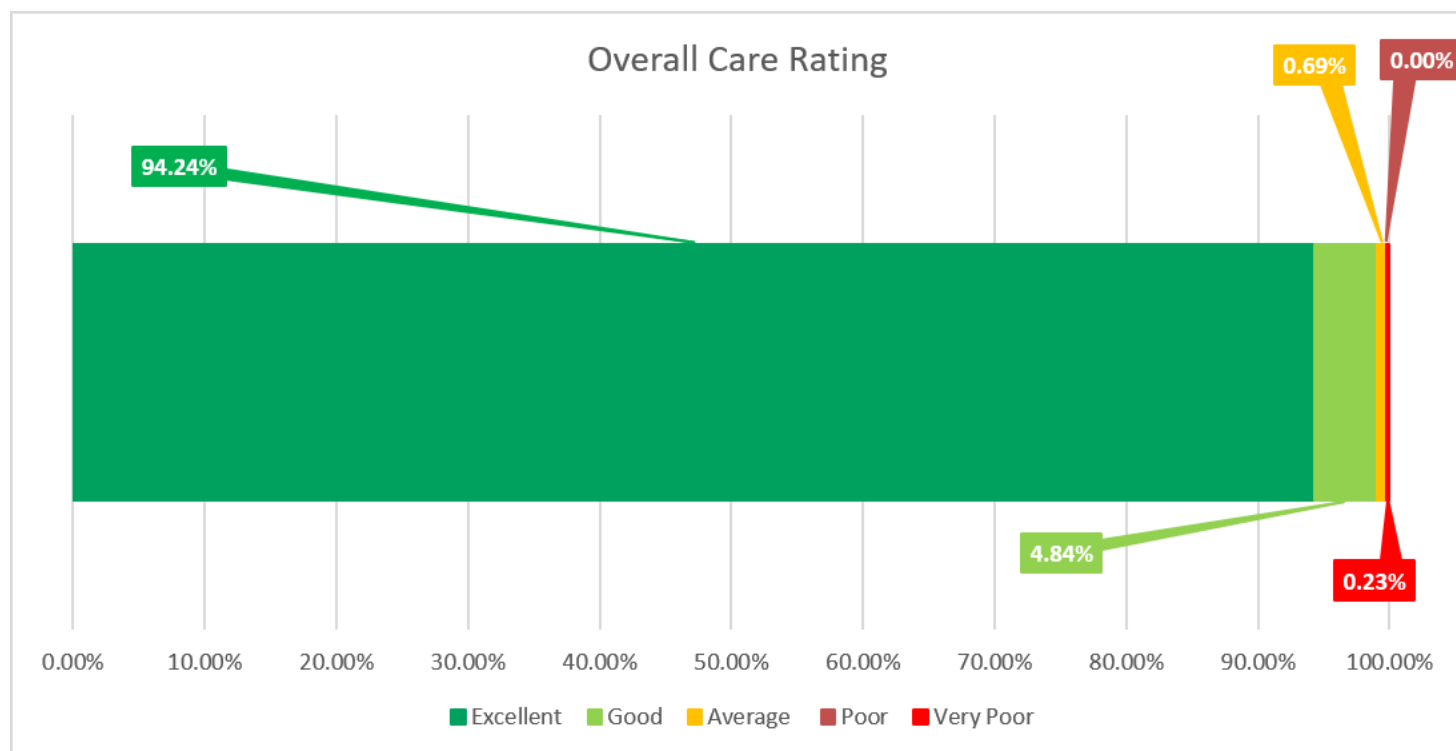


Figure 4

Strategic Needs Assessment

During 2025/26, NSD commenced work on a Strategic Needs Assessment (SNA) for phototherapy services in Scotland. The assessment is being developed in line with Scotland's approach to population-based planning and will provide a comprehensive review of service demand, activity, workforce, quality, patient experience and future need. Once completed, it will help identify opportunities to improve access to services, strengthen data quality, support workforce sustainability and inform future service delivery models. Completion of the assessment and development of associated recommendations will be a priority for 2026/27.

Incident Reporting

Safety standards across Scotland's phototherapy services remain high, with very low rates of treatment-related adverse events and continued adherence to Photonet's national quality standards. These arrangements help to ensure that patient safety is monitored consistently and that opportunities for learning are shared across the Network.

Photonet maintains a national incident reporting process through a secondary risk register, which captures incidents and near misses that may have relevance beyond an individual health board. The purpose of the register is to support a culture of continuous improvement by enabling learning to be shared and embedded across all phototherapy services in Scotland. Incidents are reviewed by the Photonet Steering Group, where recommendations, learning points and any required actions are discussed and disseminated nationally.

During the period April 2025 to March 2026, 7 incident reports were received. The continued reporting and review of incidents supports ongoing quality assurance, strengthens governance arrangements, and contributes to the delivery of safe, effective and consistent phototherapy care across Scotland.

Photonet Annual Meeting

The annual Photonet education event was held on 22 May 2025 at Perth Royal Infirmary, with Approx. 60 people attending and 29 people providing Feedback. (Figure 5)

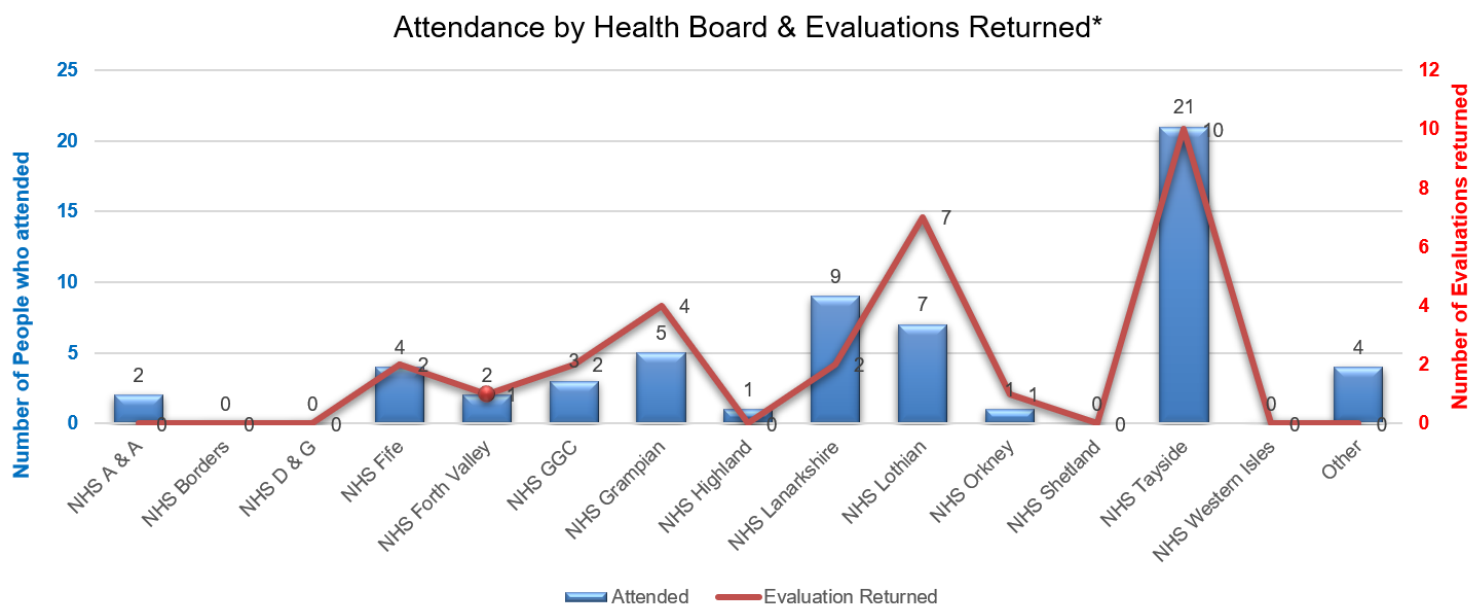


Figure 5

Overall feedback reflected the programme to be very well received by attendees.

The common themes highlighted from the event was the positive impact the presentations would have on attendees' future practice and improved knowledge across the various areas, which in turn would benefit patient experience and outcomes.

- 96% strongly agreed or agreed that the event met the objective of keeping people up to date on Photonet and phototherapy
- 96% strongly agreed or agreed that the event was relevant to their educational needs
- 86% indicated their practice would or may change as a result of the learning

Overall, the event was rate successful with 67% rating it Very good/Excellent (Figure 6)

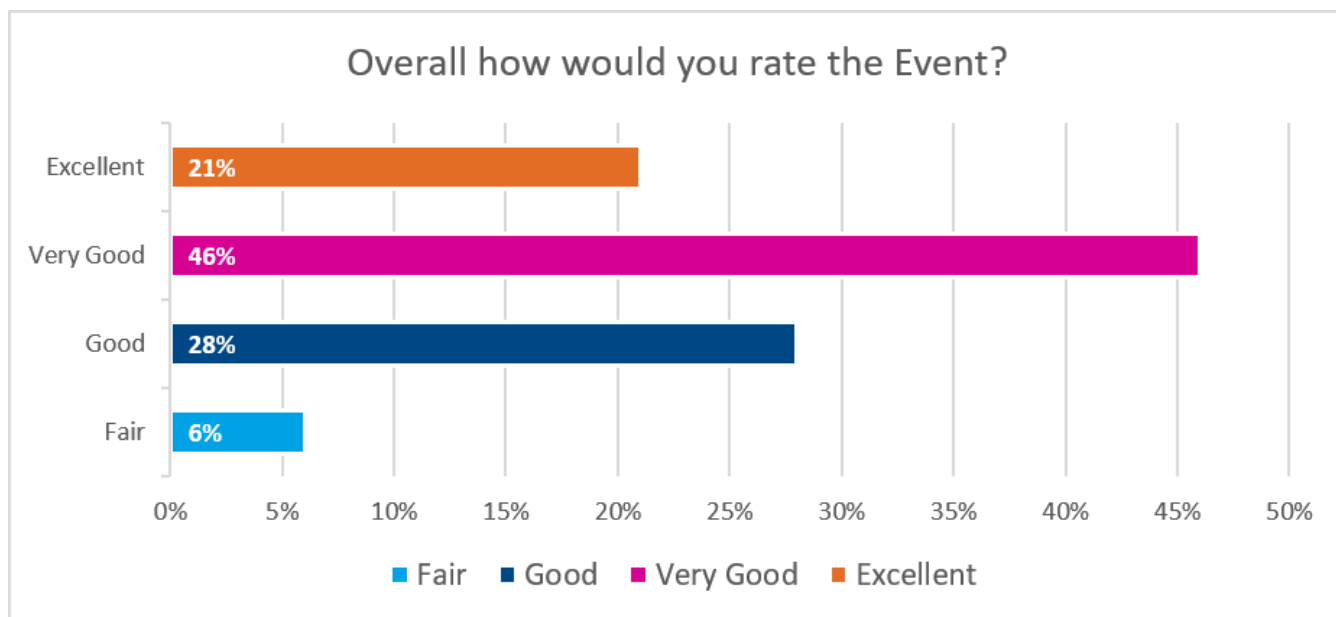


Figure 6

The 2026 Annual Meeting was planned for 14 May 2026, to be held via Microsoft Teams.

Identifying Skin Clearance Poster

Photonet has two posters to assist staff in identifying skin clearance at the end of a course of treatment for psoriasis and atopic eczema. This will support more consistent data entry across Scotland.

Clearance of Psoriasis

No change / worse

Appears as if the area is "untreated". There has been no improvement from prior to 1st treatment

Minimal improvement

Treatment has had some effect but the area is very similar to "untreated" skin

Moderate Clearance

Clearly better result than "untreated" skin

Clearance / minimal residual activity

MRA: thin plaques below knees or on sacrum only. Clearance: No disease left on skin

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Clearance of Atopic Eczema

No change / worse

Appears as if the area is "untreated". There has been no improvement from prior to 1st treatment

Minimal improvement

Treatment has had some effect but the area is very similar to "untreated" skin

Moderate Clearance

Clearly better result than "untreated" skin

Clearance / minimal residual activity

Some lichenification and redness on exterior elbows and knees. Clearance: No disease left on skin

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There has been discussion during the Steering Group meeting around Eye Protection and having some visual notification for patients, which is currently in discussion.

Review & Development of Guidelines and Supporting Documentation

Photonet maintains a programme of regular review to ensure that its guidelines, protocols and supporting documentation remain up to date, evidence based and aligned with current clinical practice.

During 2025/26, the following documents were reviewed by the appropriate Photonet groups and submitted for progression through the Network's governance process:

- Photonet Education Strategy
- Phototherapy Incident Form
- Photonet Communication Strategy
- Photonet Quality Assurance Programme
- Protective Eyewear for Oral PUVA Photochemotherapy
- Photosys User guide
- Photosys - referral for phototherapy/PUVA
- Oral PUVA Treatment Professionals Leaflet
- Topical PUVA Treatment' Professionals
- UVB Treatment' Professional
- Oral PUVA Treatment Patient Q&A
- Topical PUVA Treatment' Patient Q&A
- UVB Treatment' Patient Q&A
- Photonet Dosimetry Protocols

Following review by the relevant Photonet groups, all revised documents are submitted through NSD governance arrangements for formal consideration and approval. Once approved, documents are published in the appropriate locations to support the consistent delivery of safe, effective and evidence-based phototherapy care.

Climate Sustainability

The Network continued to make use of technology and remote communications to progress work this year. This has continued to be effective, saving time on travel and promoting economic and climate friendly practices.

Phototherapy and Photochemotherapy Turas Course

The Photonet National Managed Clinical Network-developed Phototherapy and Photochemotherapy TURAS course continues to support the development of a competent and skilled phototherapy workforce across Scotland.

Since April 2025, 40 members of staff have enrolled on the course and 30 have successfully completed it. Since its launch in 2021, a total of 281 staff have successfully completed the programme.

Developed by Photonet as part of its commitment to workforce development, education and quality assurance, the course provides a standardised approach to phototherapy training across Scotland. In addition, all new phototherapists are required to complete a structured mentoring

programme alongside the TURAS course. Competency-based mentoring can be recorded and signed off electronically by designated mentors, supporting a consistent approach to training and assessment across NHS Scotland.

The course is also available to NHS colleagues from other parts of the UK, enabling wider sharing of best practice and supporting the delivery of high-quality phototherapy services beyond Scotland.

Photonet Audit Cycle 2025/26

Photonet continues to implement a comprehensive audit cycle (Figure 7), including capturing and processing data within the annual reporting year using the Photonet dashboard.

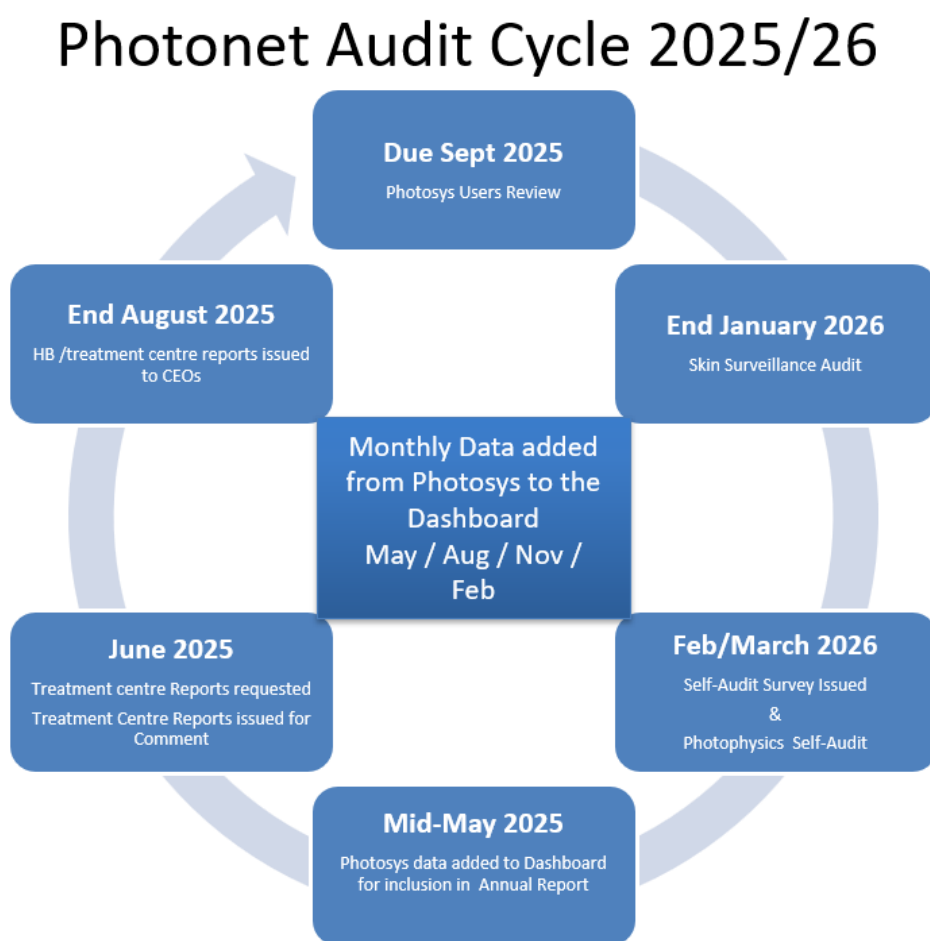


Figure 7

Medical Physics Audit

The Network audits against the endorsed medical Photophysics standards every year. Results were submitted by all medical physics departments across Scotland and have been shared with the Photophysics group.

Medical physics engagement in the Network continues to be high, with excellent communication and information sharing between health boards.

Photonet Specialist Technologist Update

One of the reasons for setting up Photonet was the marked variation in dosimetry around the country. Improving this has depended on yearly Photonet dosimetry visits undertaken by the Photonet Technician.

A report highlighting the results from these visits is available in **Appendix A**.

Skin Surveillance Audit

25 Treatment centres were sent the annual list of patients generated from Photosys who met the minimum Photonet criteria for skin monitoring. These are reviewed by the Treatment Centres, and any necessary updates are made in Photosys. Including patients who are deceased and their records have not been updated.

Phototherapy Dashboard Data

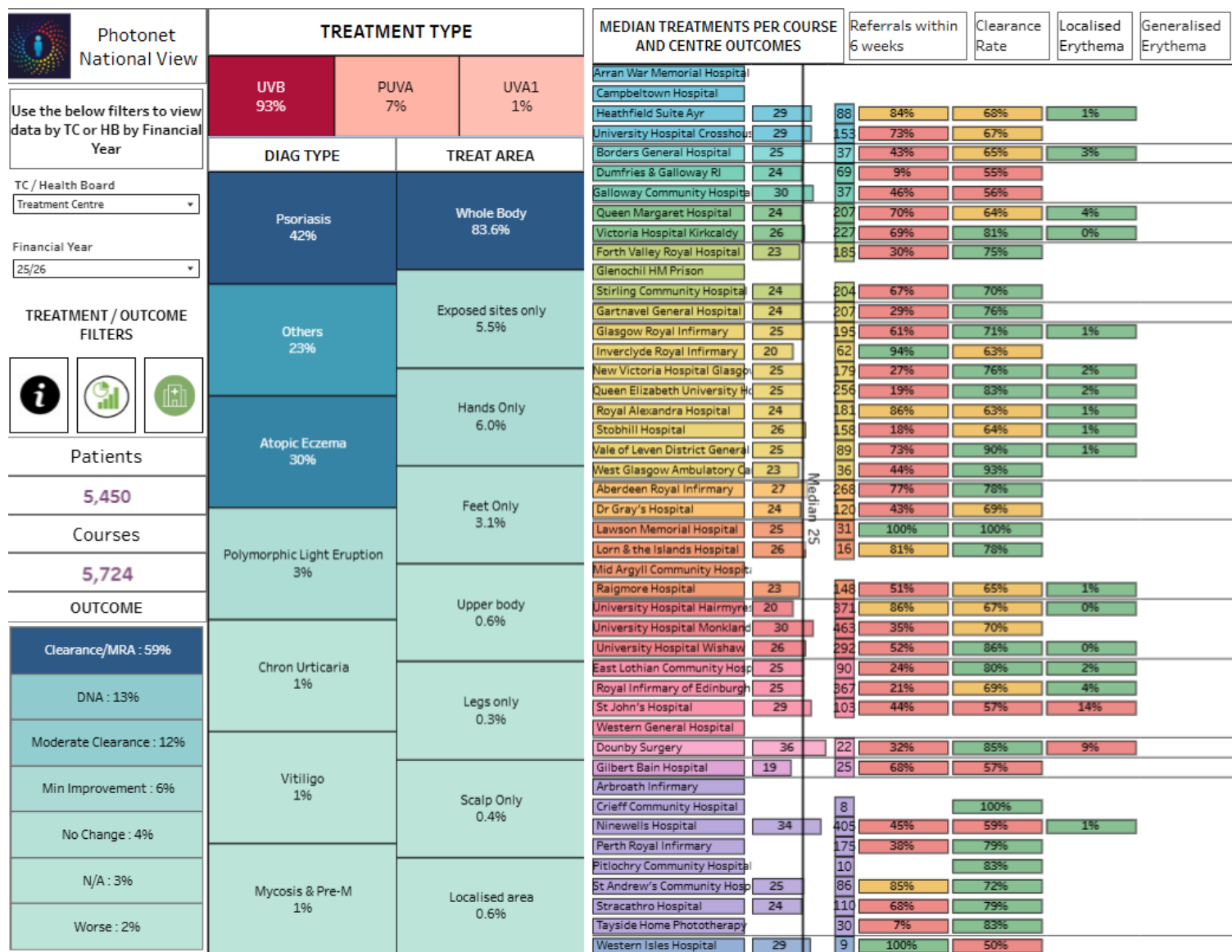
Data entered to Photosys continues to be presented using the Photosys Dashboard, which is available to all treatment centres in Scotland.

The Network supports Boards to use this data by providing individual reports of how their treatment centre has performed, including information on treatment numbers of how their area compares against others in Scotland. They are encouraged to investigate any amber or red results to determine why a target has not been achieved and are signposted to the dashboard for more detailed information.

39 Units completed the audit, and all units took the opportunity to comment on their 2025/26 reports. Their feedback was incorporated into the final reports sent to Health Board Chief Executives.

Figure 8 below shows the types of phototherapy, conditions and areas treated, along with treatment outcomes. There have been no significant changes in the Treatment or Diagnosis Type or the Treatment Area.

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Median whole body UVB treatments for psoriasis with outcome of clearance or MRA <30

90% of all referrals should start treatment within six weeks of referral from Dermatology Outpatients. (Over 90% Green) (Between 80%-89% Amber) (Under 80% Red)

Clearance/near-clearance of whole body UVB psoriasis is the outcome of greater than 70% of completed courses (>70%:Green) (>60%:Amber) (<60%: Red)

Localised Erythema percentage above 4% will trigger a Red Status.

Generalised Erythema percentage above 2% will trigger a Red Status.

Figure 8

National outcomes against 4 Quality Standards for 2025/26 by Health Board Area

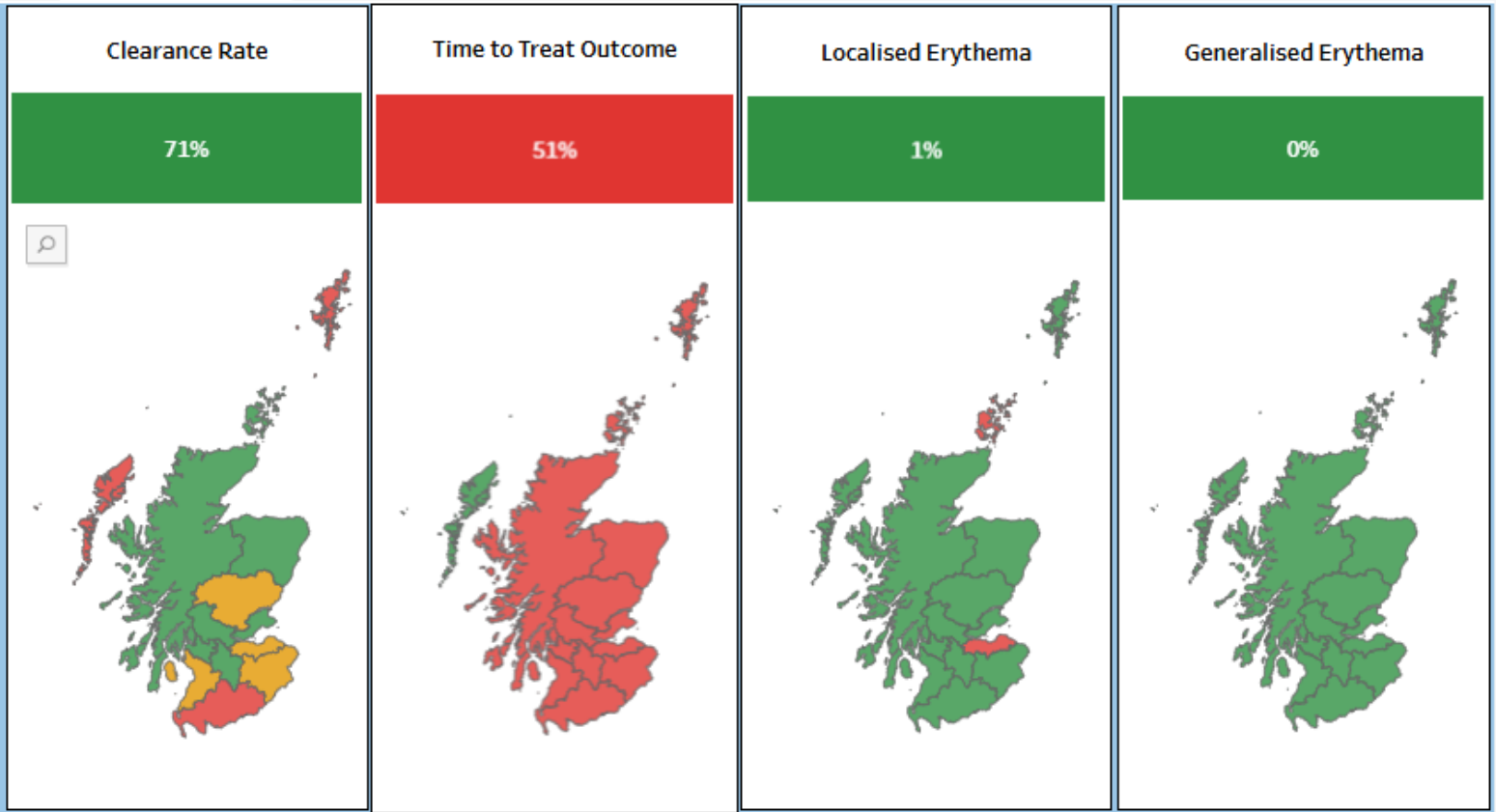


Figure 9

Looking forward – 2026/27

Priorities will include:

- Annual Photonet conference
- Delivering the annual audit cycle for Photonet
- Development of Phototherapy page for NHS Inform
- Complete the Strategic Needs Assessment (SNA) for Photonet and updated Workplan
- Use SNA findings to inform future service planning.

Finance

Spend for 2025/26 to provide one serving of Tea/Coffee for attendees to the Annual Education event at Perth Royal Infirmary, total cost of this was £125.

Risks & Issues

The Network continued to deliver its core audit, quality assurance, governance and education functions throughout 2025/26. Some development activities were paused pending the outcome of the ongoing Network Review, with priorities to be revisited once the review is complete. The Strategic Needs Assessment, initiated during the year, will help inform future service priorities and work planning.

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The Network has operated without a Lead Clinician during the reporting period, which has presented some challenges. Despite this, the support and engagement of Steering Group members, Photophysics Members and local clinical leads have enabled the Network to maintain delivery of its key programmes of work.

While some delays were experienced in issuing reports and communications, annual audit and reporting cycles were completed as planned.

Appendix A

Photonet Specialist Technician Report 2025/26

In the 2025/26 year 92% of sites were visited, against a target of 80%. This encompassed 86% of the UVB cabinets, 74% of the UVA cabinets, 77% of the UVB hand and foot units and 68% of the UVA hand and foot units. The absolute median percentage difference between Photonet and local measurements for UVB cabinets was 4.4%, identical to 4.4% achieved for the previous year. Similarly, the difference was 5.17% for UVA cabinets, compared to 13.15% for 2024/25. For hand and foot units, the difference was 6.74% for UVB units, compared to 17.1% for 2024/25 and 9.88% for UVA units, compared to 9.14% for 2024/25. It should be noted that the UVB result for 2024/25 was the result of the low number of units surveyed that year.

The overall absolute median percentage difference between Photonet and local centres for all cabinets surveyed this year was 4.64%, compared with 8.1% for the cabinets surveyed in the previous year. Testing of non-reflective materials was carried out, to try and lower the systematic difference that had been seen with the UVA cabinet results over the four years that the UV dosimetry phantom has been in service. However, due to promising results with the early cabinet surveys in 2025/26, the decision was made to postpone any alteration to the phantom. This decision proved to be the correct course of action, as evidenced by the dramatic improvement in the overall average for the UVA cabinets. At present, the working theory for this improvement, is that the reflective properties of the black cloth that was used to cover the phantom have altered, due to continual exposure to UV radiation.

The hand and foot results are also showing fair consistency at a unit-by-unit level. However, systematic issues still remain with both the Photonet template and in the measurement methods between the Photonet technologist and some regions. These issues are will be a focus for improvement, now that the results for the UVA cabinets have improved to an acceptable level.

Phase two of the phantom development project is still on hold. This is due to the closure of West Glasgow Ambulatory Care Hospital; where the Glasgow MDU was based. A decision is still to be made regarding the pursuit of this project.

Iain Foggarty

Photonet Specialist Technologist