

Dermatology Referral Threshold Guidelines

KEY NOTES:

This document is to aid referral management: it is to help you to refer appropriately & not simply about reducing referrals.

Please consider a second opinion in practice before your referral if you are uncertain.

A GP principal should countersign or otherwise approve, in a clearly identifiable manner, all referrals made by learners (f2, registrars) practice staff, or locums.

Top Tip 1: We need to stop undiagnosed, undertreated cases, causing considerable misery. Prompt diagnosis & effective management saves resources!

1. Do not refer the following low priority items:

- a. Verrucae & warts
- b. Painless cosmetic lesions at any site (unless approved by the low priorities panel) e.g sebaceous cysts on the head & neck. Lesions causing mild irritation or discomfort remain low priority items.
- c. These can be referred privately, via the collative or to the dermatology self pay clinic.

2. Clearly Defined dermatological pathways exist on the **Map of Medicine** for the following 5 conditions:

- A. Dermatitis / eczema
- B. Psoriasis (just being updated on 20 10 2009)
- C. Acne
- D. Alopecia
- E. Urticaria & Angio-oedema , Chronic Urticaria

Top Tip 2 : All Urticaria is not caused by Specific Allergy , most is not! Do not refer for allergy testing unless the clinical history strongly suggests a specific allergen.

Top Tip 3: The most important life threatening allergen is nut allergy please refer these (there are others such as latex).

Referrals should demonstrate that the map of medicine has been used & the threshold for specialist referral has been reached.

The GP & Consultant reviewing referrals may return a referral where the guidelines have not been applied & no explanation has been tendered to help understand why an exception has been made. The Map is faster & way more friendly. The dermatology section is really helpful & even has pictures! It is ideal to discuss with patients & aids management - try it & keep it up on your desk top.

TO GET ON THE MAP YOU NEED AN ATHENS PASSWORD: Google

<http://www.library.nhs.uk/Default.aspx> or enter into the browser (alternatively Google "HEALTH INFORMATION RESOURCES" & click on it). On this page on the left is "REGISTER FOR NHS ATHENS", click on it, a form pops up, type "B " for your organisation (BUCKS PCT POPS UP) write down your details. If you use your nhs e-mailly you get a password straight away. Then go to http://app.mapofmedicine.com/mom/55/login_page.html?next=http%3A%2F%2Fapp.mapofmedicine.com%2Fmom%2F55%2Findex.html then click log in via Athens. If you want the long way type "map of medicine" into Google, click "access the map", click "England", click "southern" then return, then click on "englandmapofmedicine.com" when it appears, then click log in via Athens.

3. Skin cancer

- a) It is imperative that all cases of suspected melanoma skin cancer (pigmented & non pigmented) be referred under the 2 week wait for specialist opinion: no delays, no biopsies, no excisions, and no exceptions! Where there is diagnostic uncertainty refer.
- b) But the biggest waste of patient & specialist time is the large quantity of benign moles seen by the department; we recommend a second opinion in practice before your referral if you are uncertain.

4. Low Priority lesions, cosmetic lesions.

Buckinghamshire General Practitioners are expected to provide diagnostic information with respect to these lesions. The treatment of cosmetic lesions is not the responsibility of the PCTs general practitioners & NHS resource in primary care should be not be used for this purpose.

Examples of these lesions are: skin tags, lipomas, sebaceous cysts, telangiectasia. Treatment of these lesions by excision, electrotherapy, cryotherapy etc should not be undertaken by practitioners as part of general medical services. Privately for Chiltern

Medical & other GP collaborative providers is acceptable. Viral warts are treatable under general medical services.

BHT Lead: Dr Ravi Ratnavel
GP Lead: Dr Muir Ferguson

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