NHS

Sussex & Surrey Dermatology Service

GP REFERRAL GUIDELINES – Surrey Heath CCG

Please contact us if you wish to clarify any particular issue with regards to a referral
Direct GP Helpline: 01903 703272
Email: gpreferral.sussexcds@nhs.net
Website: www.laserandskinclinics.co.uk/nhs
The Surrey Dermatology Service is able to provide a comprehensive consultant-led community dermatology service to patients referred with a skin rash or skin lesions. However, there a few exceptions to this, which have been pre-agreed with Surrey Heath CCG. Please see as follows:

SKIN RASH REFERRALS – WE CAN SEE AND TREAT:

We are more than happy to see patients with skin rashes or general skin problems in community dermatology clinics. Please telephone our direct GP helpline if you have any specific enquiries about referral.

MILD/MODERATE SKIN RASHES
Wherever possible mild/moderate skin rashes should be treated within practice and only referred:
1) If standard treatment fails to treat the problem
2) If there is doubt about the underlying diagnosis

Examples of skin rashes that should be routinely managed in primary care include the following:
- Mild/moderate acne not requiring Roaccutane
- Mild/moderate childhood atopic eczema
- Mild discoid eczema, xerosis, or generalised pruritus
- Plaque psoriasis confined to discrete areas
- Recurrent bacterial infections/tinea including pityriasis versiculor
- Urticaria/angioedema
- Alopecia areata (always refer if there is diagnostic doubt or if scarring is present)
- Androgenic alopecia
- Hirsuitism
- Leg ulcers – we can only see patients in the community service to exclude basal cell carcinoma or Bowen's Disease. Any suspected SCC should be referred urgently on 2-week proforma to secondary care.

SKIN RASH EXCEPTIONS – TO BE REFERRED TO SECONDARY CARE:

PATIENTS REQUIRING SYSTEMIC TREATMENT FOR THE LONG TERM MANGEMENT OF SYSTEMIC INFLAMMATORY SKIN DISEASE WITH CICLOSPORIN, AZATHIOPRINE, CYCLOSPHOSPHAMIDE, ALTRETINOIN AND BIOLOGICS

PATIENTS WITH LIFE-THREATENING SEVERE INFLAMMATORY SKIN DISEASE
- Generalised erythroderma (>70% body surface area)
- Severe drug reactions
- Severe pustular psoriasis
- Severe bullous pemphigoid (>30 blisters)
- Moderate/severe vasculitis (necrotic skin lesions/systemic symptoms)

The initial assessment of a patient with a stable inflammatory skin disease can be made in a community clinic. For those patients who have previously received systemic treatment, direct referral to hospital clinics at St. Richards, Worthing or Southlands may be more appropriate.

PHOTOTHERAPY
SDS does not currently provide phototherapy services in the Camberley area therefore patients requiring PUVA/UVB treatment will be referred into secondary care.

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SKIN LESION REFERRALS – WE CAN SEE AND TREAT:

We are happy to see patient with skin lesions, provided that any of the following conditions apply:

1) Skin lesions where there is diagnostic doubt and referral is warranted to exclude a skin cancer or underlying inflammatory process
2) Low risk Basal Cell Carcinoma
3) Benign skin lesions that cause severe symptoms interfering with quality of life. Examples would include:

- a recurrent discharging cyst
- recurrent bleeding from a vascular angioma
- recurrent infection/bleeding from an irritated seborrhoeic keratoses

Any referral letter must state that referral is warranted because of diagnostic doubt or medical symptoms. Under these circumstances, we can accept and treat patients in the community service.

SKIN LESION EXCEPTIONS:

URGENT TWO-WEEK SKIN CANCER REFERRALS – *REFER TO SECONDARY CARE*
Any patients with suspected Squamous Cell Carcinoma (SCC) or Malignant Melanoma (MM) should be referred directly to hospital rather than the community service. Referrals are made using the standard 2-week proforma forms. If we receive a referral in error or we feel that the patient is at risk of an SCC or MM, we will automatically upgrade the referral and send it on to the local hospital as a 2WW Consultant upgrade. If this is considered necessary, we will notify you on the same day and will also let the patient know that they will be seen in the hospital department.

REFERRALS FOR TREATMENT OF HIGH RISK BASAL CELL CARCINOMA (BCC) – ***REFER TO SECONDARY CARE***
Any patients with BCC involving difficult sites on the face including the eyelids, nasal alar, lips and external auditory meatus should be referred into secondary care. We can see all other skin sites including low-risk BCC's on the trunk and limbs. All head and neck lesions will be directly triaged to consultant dermatologists within the service if there is diagnostic doubt.

BENIGN ASYMPTOMATIC SKIN LESIONS AND LOW PRIORITY PROCEDURES
Asymptomatic benign lesions should be considered cosmetic and the patient either advised that treatment is not routinely available via the NHS or an application should be made to the CCG "Exceptions Panel". In addition, there is a list of 'Low Priority Procedures' that would not normally attract NHS funding because of limited resources:

Dermatology 'Low Priority' Procedures

- Acne Scarring
- Chemical Peels
- Dermabrasion of Skin
- Electrolysis
- Hirsutism Treatments
- Botulinum Toxin Therapy for Hyperhidrosis
- Laser Therapy/Laser Treatment for Aesthetic Reasons
- Laser Tattoo Removal
- Removal of Benign Asymptomatic Skin Lesions (Includes: papillomas, seborrhoeic keratosis, lipomas and sebaceous cysts)

We are more than happy to see patients for treatment if funding has been approved by the PCT "Exceptions Panel".