

## Referral Guidelines for Brighton & Hove

The Brighton & Sussex Dermatology Service is able to provide a comprehensive dermatology service to patients referred with a skin rash or skin lesion. However there are a few exceptions to this, which have been pre-agreed with commissioning teams. We preferentially accept referrals by Choose & Book.

Please contact us on 01273 665141 if you wish to clarify any particular issue with regards to a referral.

## Skin Rash Referrals

The majority of skin rashes can be seen on a routine basis in either the community or hospital clinics. The GPwSPi team works closely with consultants and we operate a seamless integrated service.

### WE CAN SEE...

Wherever possible, mild/moderate skin rashes should be treated within primary care and only referred:

- 1) If standard treatment fails to treat the problem
- 2) If there is any doubt about the underlying diagnosis

### EXCEPTIONS: SKIN RASHES TO BE REFERRED URGENTLY INTO SECONDARY CARE

The following should be referred urgently to a hospital department rather than a community clinic:

- Acute widespread pustular psoriasis (>70% body surface area)
- Generalised erythroderma (>70% body surface area)
- Severe drug reactions
- Severe erythema multiforme/Steven's Johnson Syndrome
- Severe bullous pemphigoid (>30 blisters)
- Moderate/Severe Vasculitis (systemic symptoms/necrotic skin lesions)

There are daily on-call clinics and SpR's in the department to see patients urgent supervised by the consultant team.

### EXCEPTIONS: Skin Rashes to be managed in Primary Care

Examples of skin rashes that should be routinely managed in primary care include the following:

- Mild/moderate acne not requiring Isotretinoin (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 versicolor
- Urticaria/angioedema
- Alopecia areata (*please refer if there is diagnostic doubt or if there is a significant psychological impact to the patient's quality of life - advice and guidance referrals also welcome as many treatments available in primary care*)
- Androgenic alopecia
- Hirsutism
- Leg ulcers – we can only see patients in the community service to exclude basal cell carcinoma or Bowen's Disease.
- Melasma - should not be referred.
- Vitiligo
- Facial veins

## Skin Lesion Referrals

Patients referred with skin lesions will fall into four groups:

### 1. URGENT SKIN CANCER 2-WEEK REFERRALS - SUSPECTED SCC/MELANOMA

Please refer on the standard 'TWO WEEK WAIT CANCER REFERRAL' forms for suspected SCC/MM/Keratoacanthoma/Pyogenic Granuloma(Age>40, No trauma history), & Lentigo Maligna.

<http://www.brightonandhoveccg.nhs.uk/staff/primary-care/clinical-areas/oncology/two-week-wait-referral-forms>

### 2. HEAD & NECK CANCER REFERRALS - DIAGNOSTIC LESION CLINICS BGH

Diagnosis of suspicious head/neck lesions, clinical BCC's on the head/neck, and non-cosmetic lesions.

### 3. LOW-RISK BCC TRUNK & SYMPTOMATIC FOR EXCISION - DERMATOLOGY LES SERVICE

All low-risk BCC's <2cm diameter and for excisional surgery of symptomatic skin lesions on the scalp, posterior neck, trunk. Anterior neck/face should be referred to secondary care if medical. All LES referrals are now booked through the dermatology service or direct referral to LES practices.

<http://www.brightonandhoveccg.nhs.uk/staff/primary-care/clinical-areas/medicine/dermatology>

### 4. BENIGN SYMPTOMATIC SKIN LESIONS - REFER TO DES SERVICE

All other skin lesions that are non-cosmetic should be referred to the DES service. See website for practices supporting DES services.

<http://www.brightonandhoveccg.nhs.uk/staff/primary-care/clinical-areas/medicine/dermatology>

All LES referrals are now centrally booked via the Dermatology Booking Hub and doctors work closely with the dermatology service. Please send a referral on the dedicated 'LES Referral Proforma'. The service is intended for the diagnosis and treatment of suspected BCC's on the trunk, and highly symptomatic skin lesions requiring excision (eg recurrent infected cysts, painful dermatofibroma). DES practitioners may excise lesions but should not excise low-risk BCC's..

### BENIGN COSMETIC LESIONS - Not funded within the NHS

Cryotherapy, curettage and shaves should be performed within the standard NHS primary care GMS contract and the DES is intended for symptomatic skin lesions. LES minor surgery is for lesions that need excision. LES practitioners are accredited to treat low-risk skin cancers and for the excision of symptomatic skin lesions on the trunk, limbs, scalp and posterior neck. Larger facial/anterior neck lesions should be referred to secondary care. Patients should be advised that benign lesions are not routinely funded in the NHS. Approval for low priority procedures is possible through the CCG's IFR panel for patients who wish to be

<http://www.brightonandhoveccg.nhs.uk/staff/cosmetic-procedures>