

Referral Guidelines for Surrey Heath CCG

The Surrey 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 and our contact details can all be found at the bottom of this page.

Please contact us on 01903 703 276 if you wish to clarify any particular issue with regards to a referral.

Skin Rash Referrals

We are more than happy to see patients with **skin rashes** or **general skin problems** in our community dermatology clinics.

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)

An urgent referral to a dermatology department is considered more appropriate for these categories of patients. Most NHS Trusts also operate an on-call service for advice. All other cases may be referred urgently to the community service and will generally be triaged to a Consultant or combined Consultant/GPwSPI clinic.

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.
- Any suspected SCC should be referred urgently on a 2-week proforma to secondary care.

Skin Lesion Referrals

We are more than happy to see patients with skin lesions, including **Basal Cell Carcinoma**. 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.

WE CAN SEE...

We can see patients with skin lesions provided that any of the following conditions apply:

- 1) Skin lesions where there is a diagnostic doubt and a referral is warranted to exclude a skin cancer or underlying inflammatory process.
- 2) Basal Cell Carcinoma (Low-Risk triaged to GPwSPI doctors and High-Risk to Consultants)
- 3) Benign skin lesions that cause acute severe symptoms which interfere 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

EXCEPTIONS: URGENT SKIN CANCER REFERRALS (TWO WEEK RULE)

Any patients with suspected **squamous cell carcinoma** or **malignant melanoma** should be referred directly into two-week referral clinics.

Referrals should be made using the standard two week proforma forms. If we receive a referral in error then we will upgrade the referral and send it on to the local hospital as an urgent referral. Under these circumstances, we will let both the GP and the patient know that this course of action has been considered necessary.

EXCEPTIONS: Benign Skin Lesions & Cosmetic Low Priority Procedures

Asymptomatic benign lesions should be considered cosmetic and the patient should be advised that treatment is not routinely available via the NHS. There are a range of treatments and procedures that we are unable to fund including the following:

- Viral warts - All referrals for viral warts will be rejected, as funding does not cover this.
- 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
- Laser hair removal
- Removal of benign asymptomatic skin lesions (Includes papillomas, seborrhoeic keratosis, lipomas and sebaceous cysts)