ESS Primary Care Solutions Referral Criteria
– Developed jointly by ESS & BARTS Consultants

COMMUNITY DERMATOLOGY SERVICE
Service consists of 10 GPSIs and 3 consultants. Total of 15 clinics/week

- Eczema
- Psoriasis
- Rash or lesion of diagnostic uncertainty
- Acne (including Roaccutane)
- Urticaria
- Rosacea
- Pruritis
- Symptomatic benign lesions on the face, e.g., Seborrhoeic keratosis or epidermoid cysts
- Actinic Keratosis + Bowen's disease
- BCCs (BCCs will only be excised by level 3 accredited GPSI
- Infection + infestations, e.g., tinea
- Lichen planus and other inflammatory disorders
- Pigment disorders, e.g., vitiligo
- Alopecia/hair loss
- Hyperhidrosis
- Hirsutism
- Hair/nail/scalp disorders
- Photodermatoses
- Rashes of diagnostic uncertainty
- Keloid scars if symptomatic
- Hidradenitis Suppurativa
- Pyogenic granulomas
- Alopecia with:
    a. Significant scarring
    b. Unresolving alopecia areata
    c. Significant psychological upset
- Patient Choice

POLCV list

Please do not refer the following to either Community Dermatology or Secondary Care. If symptomatic, patients can be referred to the GP-GP Minor Operations Service.

- Benign pigmented moles
- Comedones
- Corns/callouses
- Lipomata
- Milia
- Molluscum contagiosum
- Sebaceous cysts
- Seborrhoeic keratosis
- Skin tags
- Spider naevi
- Warts
- Xanthelasma
- Neurofibromata

GP to GP Minor Surgery Service Criteria

For benign skin lesions the CCG will only routinely fund surgery in patients meeting the following criteria:

· The lesion is unavoidably and significantly traumatised on a regular basis

AND

· This results in significant infections such that the patient requires 2 or more courses of oral or intravenous antibiotics per year

OR

· The lesion is obstructing an orifice **OR** impairing field vision

OR

· The lesion significantly impacts on function e.g. restricts joint movement by >20 degrees.

SECONDARY CARE DERMATOLOGY SERVICE

Suspicion of Melanoma or SCC REFER AS 2 WEEK RULE

- Severe eczema that may need immunosuppressant drugs or phototherapy
- Severe psoriasis that may need phototherapy or 2nd line drug therapy
- Rash with systemic disturbance in any age group
- Second opinion for any rash or lesion from Tier 2 for diagnosis or management
- Target patients – suspect melanoma or SCC
- Confirmed BCC – around the eye, nose, mouth and ears
- Allergic contact dermatitis
- Congenital lesions – vascular or pigmented
- Suspected genodermatoses
- Rashes in pregnancy
- Complex photodermatoses
- Nail tumours/lesions
- Suspected connective tissue disorders
- Cutaneous vasculitis
- Keloid scars on the face
- Resistant hyperhidrosis
- Resistant cases of hidradenitis suppurativa
- Genital dermatosis
- Patient choice