

Dermatology and Minor Surgery Service

Patient presents at GP Surgery

Group 1

- Acne that meets the criteria for roaccutane
- Psoriasis for second line therapy
- Blistering disorders
- Allergic contact dermatitis
- Connective tissue disorders
- Cutaneous Vasculitis
- A widespread rash and patient is systemically unwell
- Venous leg ulcers not responding to appropriate community treatment
- Dermatological conditions of the genitalia
- Hyperhidrosis



Refer to DMH (Dermatology)

Group 2

- All suspected cases of skin cancer - **Refer as urgent**
- Pre-malignant skin conditions
- Benign skin lesions of the face
- Large symptomatic cysts / lipoma anywhere on the body (more than 2cm in diameter)
- Resistant warts on hands, feet and face that have not responded to adequate paring and repeated courses of cryotherapy.
- Keloid scars that are facial or result from a medical procedure
- All other dermatological conditions not mentioned in group 1*
- All laser referrals*
- All other plastic referrals*
- *Excluded Conditions for NHS Treatment not to be referred. (see over)



Refer to Primary Care Skin Team

Referrals to the primary care skin service must be as follows:

- Please address generically to 'Dear Doctor'.
- Routine referrals to be posted to the Primary Care Skin Team.
- Please include up-to-date patient home and mobile phone numbers.
- If the patient referred to DaMSS is triaged to hospital, either at the initial referral stage or for subsequent management of their condition, they will be contacted by the DaMSS.
- Urgent referrals for patients with suspected skin cancer must be marked '**Urgent**' and **NOT '2 week rule'**.

Urgent referrals must be phoned through or faxed within 24 hours of the decision to refer with a copy of the letter to follow in the post. The only exception to this rule are those patients with low risk BCC, which can simply be posted. All patients will be seen within 2 weeks, the majority will be seen within 1 week.

Excluded Conditions

The following conditions are **NOT** to be referred to any primary or secondary care NHS service:

1. Most benign lumps and bumps

The following conditions are to be managed either within the GP Surgery or the patient must seek private health care:

- Lesions known to be benign affecting the trunk and limbs. The only exceptions to this are large symptomatic cysts, lipomas and other large lumps (over 2cm in size) that can be referred to the primary care skin service.

2. Laser therapy

The following will no longer be treated on the NHS:

- Facial telangiectasia
- Spider naevi
- Campbell de Morgan spots
- Photo-age lines and wrinkles
- Sclerotherapy for deeper leg veins
- Skin peels that may help hyperpigmentation
- Benign haemangiomas in adults
- Hirsuties unless caused by drug therapy or medical conditions
- Tattoos
- Leg thread veins
- Xanthomata
- Collagen injections
- Botox for cosmetic purposes
- Melasma
- Freckles/lentigines
- Venous lakes on the lips

Conditions requiring private treatment should be directed to either:

•‘Lasercare’ at The James Cook University Hospital in Middlesbrough.

telephone 01642 854418 / 854420

•‘Laserase’ at Freeman Hospital, Newcastle. telephone 0191 2130666

PS: Details of laser conditions that can be treated on the NHS can be found on the electronic guidelines or the PCT website. www.darlingtonpct.nhs.uk

3. Other plastic surgical conditions

The following conditions have been removed from the NHS contract and must be referred on a private basis to a plastic surgeon.

- Breast Augmentation
 - Breast Reduction
 - Abdominoplasty (Tummy Tuck)
 - Liposuction
 - Limb recontouring
- } Unless related to pre-existing medical condition or disease
- } Unless where previous surgery leads to very poor appearance
- } Unless Post-traumatic or diabetic lipodystropes

PS: Details of plastic surgical conditions that can be treated on the NHS can be found on the electronic guidelines or the PCT website. www.darlingtonpct.nhs.uk