

Appendix 1 - Minor surgery and Dermatology service scope

- Minimum age range of 18 years
- No cosmetic procedures to be included
- Location on body to be taken into account; facial, large neck lesions, large lesions, lesions in extremities -procedures - refer to 2° plastics,
- All eye procedures refer to ophthalmology
- IFR - Clinical evidence must be provided to demonstrate clinical exceptionality and demonstrate how the referral meets the criteria for IFR referrals

PROCEDURE	DETAIL	PRIMARY CARE	SECONDARY CARE	IFR	OTHER
Urticaria/angio-oedema	Primary care – mild to moderate cases Secondary care - Moderate to severe cases and uncertain diagnosis	√			
Wedge resection of toenails: excision of wedge of nail and removal of toenail	Primary care	√			
Acanthosis nigricans	Biopsy if diagnosis is uncertain	√			
Bashckitis – Lichen striatus	Biopsy if diagnosis is uncertain	√			
Pigmentary disorders including vitiligo	Primary care – mild to moderate cases	√			
Rosacea	Primary care – mild to moderate cases Secondary care - Moderate to severe cases and uncertain diagnosis	√			
Cryotherapy	Primary care as part of core contract	√			
Benign melanocytic naevi	Primary care if accurate diagnosis following IFR and for small lesions at low risk site Secondary care following IFR, if above criteria is not met	√		√	
Seborrhoeic keratoses (basal cell papilloma)	Primary care – cryotherapy for Small lesions Primary care following IFR if needs excised and accurately diagnosed	√		√	

PROCEDURE	DETAIL	PRIMARY CARE	SECONDARY CARE	IFR	OTHER
Malignant Melanoma (2 week pathway)	Secondary care only		√		
Squamous Cell Carcinoma (SCC) including extensive premalignant changes to the lip (2ww)	Secondary care only		√		
Lentigo Maligna	Secondary care only		√		
Naevus Sebaceous	Secondary care only		√		
Keratin Horn: ? underlying SCC	Secondary care only		√		
Pyogenic Granuloma	Secondary care only – diagnostic uncertainty		√		
Drug rashes	Secondary care - specialist advice		√		
Keratoacanthoma: ?SCC	Secondary care only		√		
Solar Lentiginos	Secondary care only - diagnostic uncertainty or changes in the lesions		√		
Bullous disorders			√		
Benign Apocrine	Secondary care only		√	√	
Haemangioma / Vascular lesions	Secondary care following IFR		√	√	
Aspirations of joint where clinically appropriate	Secondary care		√	√	
Pigmented Naevi	Secondary care - if history of change e.g. size and colour, itching or bleeding, following IFR		√	√	

PROCEDURE	DETAIL	PRIMARY CARE	SECONDARY CARE	IFR	OTHER
Punch Biopsies	Primary care. To diagnose rashes/certain conditions that can be managed in primary care. As a level 2 procedure Refer to secondary care for suspected cancer	√	√		
Cautery for nose bleed	Primary care for low risk cases / chronic epistaxis Secondary care for complex / emergency	√	√		
Injection to; shoulder, ankle, knee, wrist, finger, thumb and plantar fascia	Primary care following guidance on types of steroid, injection site etc.	√	√		
Benign Moles	Primary care following IFR approval – low risk sites / small lesions Secondary care if above criteria is not met	√	√	√	
Skin Tags	Primary care following – small skin tags – cryotherapy, electrocautery Primary care following IFR approval for excisions Secondary care dependant on size, number and location on body	√	√	√	
Lipoma	Primary care - following IFR approval - low risk sites and small lesions Secondary care – high risk if above criteria is not met	√	√	√	
Verrucae, Wart & Callouses	Primary care following IFR approval for small lesions Secondary care for C&C or excision of large lesions if indicated / suggested by specialist	√	√	√	
Sebaceous (Epidermoid, pilar) cyst (Benign)	Primary Care - following IFR approval - low risk sites and small lesions Secondary care if above criteria is not met	√	√	√	
Dermatofibroma and Histiocytoma	Primary care following IFR approval (and correct diagnosis) for small lesions at low risk sites Secondary care following IFR, if above criteria is not met	√	√	√	
Basal Cell Carcinoma – low risk (BCC)	Primary care by GPwSI at level 3, following NHS E guidance Secondary care – for high risk lesions, completion of excision	√	√		
Dermatofibroma and Histiocytoma	Primary care following IFR approval (and correct diagnosis) for small lesions at low risk sites Secondary care following IFR, if above criteria is not met	√	√	√	
Actinic / Solar Keratoses	Primary care; topical treatment and cryotherapy following accurate diagnosis Secondary care referral if not responding to treatment	√	√		

PROCEDURE	DETAIL	PRIMARY CARE	SECONDARY CARE	IFR	OTHER
Bowen's Disease (Biopsy only – then refer to 2°)	Primary care – topical treatment and cryotherapy following accurate diagnosis Large patches at low risk sites can be biopsied for confirmation of diagnosis Secondary care if not responding to treatment or doubt in diagnosis	√	√		
Eczema, Psoriasis	Primary care for mild to moderate cases Secondary care for severe, resistant for systemic treatment or phototherapy	√	√		
Acne	Primary care – mild to moderate cases Secondary care - if Roaccutane is indicated	√	√		
Rash - uncertain diagnosis	Primary care – biopsy if diagnosis is uncertain after trial of treatments Secondary care - Moderate to severe cases and uncertain diagnosis	√	√		
Pruritus	Primary care – mild to moderate cases and following appropriate investigation and ruling out secondary cause Secondary care - Moderate to severe cases and uncertain diagnosis	√	√		
Granuloma annulare	Primary care – to manage once diagnosis made Punch biopsy can be done at low risk sites in primary care Secondary care referral if diagnosis uncertain / atypical presentation	√	√		
Infections and infestations	Primary care - relevant investigations then managed accordingly Secondary care - for severe cases or those resistant to treatment	√	√		
Amyloid skin disease	Biopsy can be done to confirm diagnosis and managed in primary care if no systemic involvement	√	√		
OTHER DERMATOLOGICAL CONDITIONS	DETAIL	PRIMARY CARE	SECONDARY CARE	IFR	OTHER
Mastocytosis	Biopsy if diagnosis is uncertain	√	√		
Morphea	Biopsy if diagnosis is uncertain or confirmation	√	√		
Nodular Prurigo	Biopsy if diagnosis is uncertain	√	√		
Female Pattern Hair Loss (FPHL)	Secondary care (following investigations) if diagnosis in doubt or underlying hormone imbalance		√		
Spider Naevi	Secondary care – laser treatment following IFR		√	√	

Chalazion cysts	Ophthalmology only				√
Cyst of Moll or Zeiss	Ophthalmology - :if diagnostic uncertainty, otherwise IFR only				√
Pyodermatitis-pyostomatitis vegetans skin manifestation of UC	Biopsy if diagnosis is uncertain		√		
Diabetic dermopathy, myxoedema, erythema nodosum	Biopsy if diagnosis is uncertain		√		
Polymorphic light eruption	Biopsy if diagnosis is uncertain		√		
Scarring alopecia's	Biopsy for diagnosis before deciding treatment		√		
Lichen planus	Primary care- onward management (mild to moderate) Biopsy can be done to confirm diagnosis Secondary care referral for resistant cases - Maxillofacial referral for severe oral lesions	√	√		√
Lichen sclerosis	Extra genital lesions may need biopsy if diagnosis is uncertain Genital lesions – refer Gynaecology / Urology	√	√		√
Leg ulcers and gravitational disease	Leg Ulcer clinic (Vascular service HEYHT)				√

References

1. Primary Care Dermatology Society – Skin Surgery Guidelines 2007 - http://www.pcds.org.uk/images/downloads/skin_surgery_guidelines.pdf
2. S George, et al. (2008) A prospective randomized comparison of minor surgery in primary and secondary care. The MiSTIC trial. *Health Technology Assessment* 2008; Vol. 12: No 23. http://www.journalslibrary.nihr.ac.uk/_data/assets/pdf_file/0006/64905/FullReport-ha12230.pdf
3. Information for Commissioners – Referrals and Guidelines in Plastic Surgery. NHS Modernisation Agency <http://www.bapras.org.uk/downloaddoc.asp?id=425>
4. A Guide to Dermatology (v15) (HEYHT) <http://www.hey.nhs.uk/herpc/guidelines/dermatologyAGuideTo.pdf>
5. Clinical Knowledge Summaries - http://cks.nhs.uk/warts_and_verrucae