

**Clinical Commissioning Groups** 

## **Dermatology Referrals Commissioning Statement**

Responsible GP – Drs Shaun O'Connell and Dan Cottingham – York CCG

Responsible Consultant – Drs Julia Stainforth and Kathryn Thompson

Responsible Pharmacist – n/a

Background	NHS Scarborough and Ryedale CCG (SRCCG) & NHS Vale of York CCG (VOYCCG) are responsible for commissioning activity in secondary care and for enabling rapid review of patients with suspected cancer. This policy sets out the referral criteria for dermatology referrals.  The CCGs want to support acute providers manage demand for dermatology services so that patients who need specialist support are not subject to longer waits. In particular the CCGs are keen that patients referred in to 2WW clinics only receive 2WW appointments if there is good evidence that they may have skin cancer. This should increase the identification of skin cancer in such clinics. To support these aims this commissioning statement defines the expectations of all primary care dermatology referrals into secondary care.  In order to standardise the approach to dermatology referrals there is an expectation that three photographs should be attached with all				
<b>Definition Essential</b>	It is the policy of NHS Vale of York and NHS Scarborough and Ryedale CCG that <a href="three">three</a> specific photograph views (an overview, a close up and a dermatoscopic picture as detailed below) must be attached to <a href="all">all</a> dermatology referrals, unless exceptions apply.  The <a href="three">three</a> photograph technique with high quality images should enable accurate triage and diagnosis. This means that patients can be triaged to the right place at the right time and some of the benign lesions can be confidently diagnosed as such with advice provided to the GP, saving patients from unnecessary hospital visits and other patients waiting longer than necessary.				
Information to	All three	photographs must b	e high-quality: Sha	rp and In-Focus	
include with	Device	Camera	<u> </u>	Dermatoscope	
the referral	Views	1: Overview	2: Close-up	3: Dermoscopy	
letter	Exampl es		The second control of		
	Aim	Enables correct anatomical location	Facilitate diagnosis by naked-eye	Facilitate diagnosis by Dermatoscope	
	Tips	Entire limb, Head or Torso should be visable	Lesion centrally located & detail eg: scaling/crusting in focus	Use alcohol gel (or lubricating jelly if near eye or on mucosal surface). Vary pressure until vessels and pigment in sharp focus.	
Dermatoscopy helps to enable accurate diagnosis, but only if the image					

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is high quality and this requires the use of either alcohol lubricating jelly. A video on use of Schuco Handyscope derm provided by York Against Cancer is <a href="here">here</a> .  Please note rashes require only the first two photographs over					
	Please note, rashes require only the first two photographs <b>overview</b> and <b>close-up</b> and exceptions are noted below.				
	Where photos are not attached GPs should detail which exception applies or referrals will be returned to GPs to clarify.				
	Further details of the requirements can be found here.				
Exceptions	<ul> <li>An area the patient deems too sensitive to photograph (e.g. genitalia, breasts)</li> <li>Dermatoscopic equipment is broken (normal overview and close up photos should still be sent)</li> <li>Dermatoscopic equipment is unavailable for other reason (normal photos should still be sent)</li> <li>Patient declines to have photographs taken even when referrer has explained the benefits to them and other patients of doing so. A patient leaflet on medical photography is available here. (LINK NEEDS ADDING)</li> <li>Any exceptions and the reason for them must be included in the referral.</li> </ul>				
Effective from	July 2019				
Review Date	July 2021				
Contact for this policy	Scarborough & Ryedale CCG: <a href="mailto:scrccg.rssifr@nhs.net">scrccg.rssifr@nhs.net</a> Vale of York CCG: <a href="mailto:VOYCCG.RSS@nhs.net">VOYCCG.RSS@nhs.net</a>				

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Responsible Pharmacist – n/a	NHS Scarborough & Ryedale Clinical Commissioning Group	

New Version	Created by	Nature of Amendment	Approved by	Date
1.0	S Bennett	Initial drafts		
1.2	S O'Connell	Amendments to initial draft		
2.0	S O'Connell	Consultation Draft		
3.0	S Bennett/S O'Connell	Near Final draft for Executive	Executive Committee	05/06/2019
4.0		Final draft for Governing Body		
5.0	S Bennett/S O'Connell	Final version for publication to providers	Scarborough & Ryedale Business Committee	03/07/2019

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