

Dermatology

Referral advice

- The Community Dermatology Service will triage all dermatology referrals (except 2ww) into both the GPwSI service and the acute service.
- Please consult the Community Dermatology Referral Guidelines before referring a patient to the service.
- Use 2ww pathway for suspected melanoma /SCC not BCC.

Please do not refer

- Unchanging or asymptomatic benign melanocytic naevi
- actinic keratoses
- seborrhoeic keratoses
- warts of the hands / feet – if you feel the patient has exceptional clinical need please consider making an individual funding request
- skin tags
- corns
- physiological androgenetic alopecia
- fungal infections of the toe nails. Always send scrapings for culture
- telangiectasiae and spider naevi
- comedones
- tattoos
- small asymptomatic lipomata
- small asymptomatic epidermal cysts
- molluscum contagiosum
- childhood vitiligo
- anal skin tags
- keloids

Mole Mapping

The Community Dermatology Service is not able to undertake mole mapping but following triage will consider referring patients to secondary care for a consultant opinion. Appropriate cases will then be referred to the mole mapping clinic by the consultant. If concerned about a specific mole please refer to the Multiple Moles (melanocytic naevi) guidance.

Leg Ulcers

Please refer to the Tissue Viability Nurse or vascular surgeons as detailed in leg ulcer section

Photography

It is often helpful if photographs are attached to the letters, especially with lesions that may need excision.