

**PLCV PROTOCOL FOR DERMATOLOGY**

This protocol is to support clinicians and service delivery in dermatology across the pathway from primary, community and secondary care provision.

It is supported by the Lancashire PLCV policy which are available for review on the Clinical Commissioning Groups website, alongside the practice commitment to the DES for minor surgery.

As such it is part of a range of approaches adopted by CCGs to drive its commissioning of effective healthcare interventions and this protocol relates directly to dermatology.

The protocol does not undermine clinical decision making under the general terms of the GMS/PMS/APMS contract Part B section 6.7 Minor Surgery Services where the contractor “**where appropriate**” may provide curettage and cautery and in relation to warts, verrucae and other skin lesions, cryocautery.

**Exclusions: The CCGs will not fund the following treatments and where there will be provision to undertake clinical audit via the DES provision**

- Benign skin lesions including: corns/callosities/dermatofibroma/lipomata
- Benign lumps and bumps which are non-specific
- Epidermoid (or sebaceous cysts)
- Hair epilation
- Lipomata
- Molluscum contagiosum
- Neurofibromata
- Resurfacing in relation to : laser/chemical peels/dermabrasion
- Seborrheic keratosis/basal cell papilloma
- Scarring ; post acne and keloid
- Skin tags
- Tattoo removal
- Vascular lesions ; haemangiomata/port wine stains/salmon patch/ thread veins and telangiectasia
- Viral warts/ verruca : unless immunocompromised/immunosuppressed conditions
- Xanthelasma : see exceptions

**Exceptions will be highlighted in clinical notes and will be subject to audit provision**

- Clinical assessment will be used and documented in patient notes when it is deemed individual circumstances support exceptional .g. facial spider naevi/telangiectasia on children (up to 16 years) who are experiencing bullying and experiencing emotional distress.
- Clinical assessment will be used and documented in patient notes when it is deemed individual circumstances support exceptional circumstances e.g. molluscum contagiosum lesions in immunocompromised patients
- Clinical assessment will be used and documented in patient notes when it is deemed individual circumstances support exceptional circumstances e.g. treatment of head/neck port wine stains in children
- Consideration will be given to individual circumstances e.g. recalcitrant or extensive warts in immunosuppressed patients
- Inflammatory conditions where there is clinical indication that the procedure is of individual patient benefit and this should be evidenced in case notes/referral
- Xanthelasma :exceptions may occur and lipid profiles should be considered before specialist referral or where facial disfiguration is present or lesions where non-surgical treatment has occurred
- The removal of benign skin lesions in which malignant transformation is suspected or is undetermined should be referred via the BCC pathway.
- The removal of benign skin lesions in which infection is present, obstruction of an orifice, is subject to repeat trauma due to anatomical location and where the benefit of symptom resolution outweighs the risk and is documented in the clinical notes.
- Sever telangiectasia and scoring 10 or more on the CLQI associated with inflammatory dermatosis may be considered and limited to 4 treatments

At all times clinical discretion will be undertaken with consideration for the policy, audit requirements and value for money in procedure of limited clinical value.

Advice and guidance can be sought from the intermediate service provision via GPwSI/nursing staffs and via secondary care via Consultant colleagues and Advanced Nurse Practitioner s/Nursing staffs .

Should clinicians accept there is a presentation within the exceptions category and considers the need to refer then please discuss this with the patient to manage expectation and note this on the referral ; including a rationale for the requirement for assessment .

**Supporting clinical options and direction for primary care is available in the Guidelines for Dermatology in Primary Care**

**Individual Funding requests as per policy available on CCG websites**

Where a clinician feels exceptions circumstances occur in an individual case such as post trauma or complex comorbidities and individual funding request (IFR) should be completed. Successful requests are likely to be based on evidence that the patient differs from the usual group of patients to which the policy applies and that this difference substantially changes the application for those patients. The Commissioning organisations recognise that a patient may:

- Suffer from benign skin lesions
- Wish to have an intervention for their condition
- Be advised that they are/are not clinically suitable for treatment
- That the treatment is of limited clinical value
- Be distressed and concerned that they may not meet the criteria specified within the protocol

**Cost effective healthcare**

The Commissioning organisations consider that interventions regarding the above exclusions satisfy the criterion of cost effective service delivery.