

Oldham Total Skin Service Inclusion and exclusion – Levels of care



Benign conditions not normally requiring referral	Treatment Options
Benign naevi/ moles	Not commissioned (EUR policy)
Molluscum contagiosum	Not commissioned (EUR policy)
Seborrhoeic warts/ keratosis	Not commissioned (EUR policy)
Skin tags	Not commissioned (EUR policy)
Solar lentigines	Not commissioned (EUR policy)
Spidernaevi/ Cambell de Morgan spots/ vascular angiomata	Not commissioned (EUR policy)
Viral warts	Not commissioned (EUR policy)
Actinic Keratosis	Grade I (see PCDS guidance) may be managed in primary care. Higher grades may be referred, especially if concerns about diagnosis/malignancy
Dermatofibroma/ histiocytoma	Not commissioned (EUR policy). Refer only if doubts about diagnosis/malignancy
Epidermoid/ pilar (sebaceous cysts)	See GM EUR policy. May be referred is repeated infection or significant pain.
Lipoma	Do not refer to dermatology. Excision of small lipomata excluded under EUR. For lesions over 5cm, refer to general or plastic surgery.
Pyogenic granuloma	Refer to dermatology as clinical diagnosis not reliable
Solar comedones/ giant comedones	Not commissioned (EUR policy)
Acne, including patients requiring isotretinoin	Refer if first line therapies fail
Congenital naevi	Not commissioned (EUR policy). Refer only if doubts about diagnosis/malignancy
Diagnosis, investigation or management of mild/moderate/non-worrying dermatoses and skin lesions in children	Refer if initial therapy (e.g. wet wraps/ occlusive dressings for eczema) are unsuccessful.
Diagnosis, investigation or management of other chronic rashes of diagnostic uncertainty (where malignancy is not suspected)	Refer to dermatology if required
Inflammatory disorders not responding to primary care treatment, e.g. lichen planus, mild hidratenitis, genital dermatology	
Keloid scars	Minor lesions not commissioned (EUR). Larger, numerous or painful lesions may be referred
Low risk basal cell carcinoma (BCC)	Excision biopsy
Occupational dermatoses and contact dermatoses	Refer to dermatology if required

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Premalignant skin lesions, e.g. actinic keratoses or Bowen's disease	Refer if doubts about diagnosis/malignancy
Rashes, e.g. psoriasis, eczema and other skin rashes not responding to treatment/management in primary care	Refer to dermatology if required
Skin lesions likely to be benign but of diagnostic uncertainty	Refer if doubts about diagnosis/malignancy
Urticaria (for 1st/ 2nd line treatment only).	Refer to dermatology if required
Keratin horn	2WW referral if any suspicion of malignancy
Keratoacanthoma	2WW Referral
Naevus sebaceous	Should be excised in adulthood due to long-term risk of malignancy. Refer when adult.
Suspected BCC	Refer to Dermatology but 2WW not necessary
Conditions requiring specialised treatment	Refer to Dermatology for possible onward referral <ul style="list-style-type: none"> · Laser treatment · Photo-investigation and specialised photo-dermatology · Specialised skin surgery/ surgical procedures considered plastic surgery
Malignant melanoma/ any suspicious mole(s)	2WW referral
Squamous cell carcinoma	2WW referral