



WBOP PHO

Western Bay of Plenty
Primary Health Organisation

Tungia te Ururuā, kia tupu
Whakaritorito te tupu
O te harakeke

SKIN SURGERY SERVICE BRIEFING NOTES

July 2012

Introduction

The WBoP PHO has an agreement with the BoP District Health Board to deliver the Skin Surgery Service. The current period will expire on 30 June 2012 and the new period will be 01 July – 30 June 2014.

Eligible Patients

An eligible patient:

- a) Has one of the identified skin lesions;
- b) Is referred by a General Practitioner; and
- c) Resides in one of the following locations:
 - Tauranga District
 - Western Bay of Plenty District
 - Mayor or Motiti Island

Previously it was a person enrolled in a Bay of Plenty Primary Health Organisation.

Entitled Lesions

Lesions entitled under the service are:

Pigmented when histology indicates the following types:

- Melanoma
- Melanoma in situ
- Dysplastic naevus
- Other pigmented cutaneous malignancy

Non-Pigmented when biopsy testing indicates the following types:

- Basal cell carcinoma
- Squamous cell carcinoma including in situ
- Other non-pigmented cutaneous malignancies including keratoacanthoma

Suspicion Lesions

Excision of any suspicious pigmented or non-pigmented lesions not of a type set out under exclusions below:

Exclusions

The following lesions are **NOT** entitled under the Skin Surgery Service:

- Seborrhoeic Keratoses
- Lipomas
- Sebaceous cysts
- Warts
- Solar Keratoses
- All other non-malignant lesion not listed above

Referral Pathway

All referrals for skin cancer lesions must be made to the Skin Surgery Service and not the Tauranga Hospital Referral Centre. Referrals will be delayed as they will be sent back to the referring GP if they are sent to the Tauranga Hospital without being referred to the Skin Surgery Service.

July 2012

Punch Biopsies / Full Skin Assessment

Patients pay for their own Punch Biopsy and Full Skin Assessment.

Two variations to this rule apply:

1. Where a doctor seeks a **second opinion**, they may refer the patient to the Skin Surgery Service who will arrange a GPSI to provide that opinion. The Skin Surgery Service shall pay for the second opinion.
2. Where a doctor does not feel competent to assess the patient they may refer the patient to the Skin Surgery Service who will arrange for an assessment to occur. The patient will be expected to pay for any Punch Biopsy or Full Skin Assessment arising from this assessment.

All Lesions Require Approval

All lesions require Skin Surgery Service approval if funding is to be assigned. Approval is lesion by lesion. Any surgery undertaken without approval will not be funded.

Three Lesions per Day

Each patient may receive surgery up to a maximum of three approved lesions per day.

GPSIs are encouraged to undertake up to this limit each day, where it is clinically appropriate to do so. Phasing surgery over a longer period without clear clinical grounds was an issue under the previous agreement.

Referral Process

This is now electronic using Best Practice. It is important that this process is fully understood. While five referral pathways exist, Pathway 1 (see diagram) will be the most commonly utilised.

Processing Referrals

The Skin Surgery Service has engaged an independent clinician to assist in the processing of referrals. At the end of each month, referrals shall be considered and scored against the Surgical Priority Schedule and the General Scoring Criteria. Lesions will be placed in descending order of priority. Funds will be assigned going down the schedule until the funds are fully assigned.

Where a referral is of particular clinical urgency, consideration may occur more immediately. This will be an exception to the rule however. The referrer will need to justify this in the 'Clinical Lesion Notes' section of the electronic referral form.

Invoicing / Histology Reports

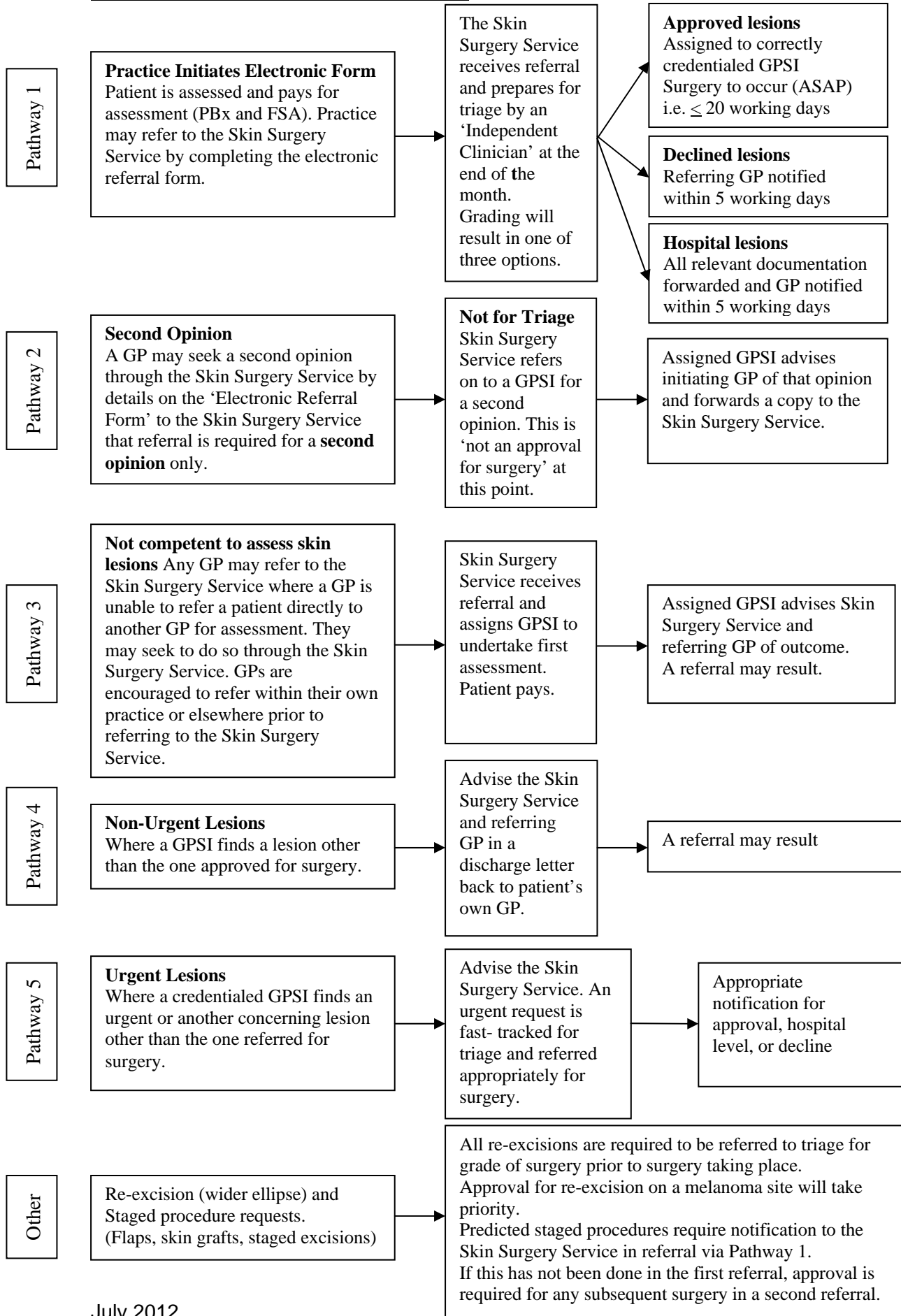
An invoice should be forwarded at the completion of the surgical process. It should be submitted to the Skin Surgery Service by the 10th of the following month. This allows for timely payment and better financial management.

All invoices shall include GST.

Histology Reports

It should be noted that payment shall not occur until histology reports have been received on all relevant lesions.

WBoP PHO Skin Surgery Referral Process



Surgical Priority Schedule

As referred to in previous section

Skin Surgery Service		30 July 2009
Surgical Priority Schedule		
<i>Cancer</i>	Histology	Score
Suspected Melanoma	MMI, MMR, MMV	100
Rare Malignant Tumours	OPM or ONPM	100
High Risk Invasive SCCs	SCCO	100
Keratoacanthoma	KA	100
Lower Risk Invasive SCCs Head/Neck	SCCO	100
Aggressive BCC (micronodular, sclerosed, infiltrating) Head/Neck	BCCO	100
SCC in situ and BCC Head/Neck	SCCI, BCCN, BCCS	60
Lower risk SCC and aggressive BCC Trunk/Limbs	SCCO, BCCN	60
Nodular BCC Trunk and limbs > 10mm Hands and feet > 5mm	BCCN	60
All other BCCs Trunk/Limbs	BCCO, BCCN, BCCS	40
SCC insitu Trunk/Limbs	SCCI	40

General Scoring Criteria

As referred to in previous section

It is important that referrers place brief notes where information relevant to the General Scoring Criteria may be pertinent. Please place these in the '**Clinical Lesion Notes**' box please.

General Scoring Criteria	
Life Threatening	Score
Likely to Progress to Major Complication	40
Likely to Continue to Deteriorate	20
Likely to Remain Stable	10
Score	
Likely Potential to Benefit	Score
High	30
Moderate	10
Low	0
Score	
Social Participation / Independence	
Intermediately Threatened	30
Not Threatened but Difficult	10
Score	

Post Assessment

Once the assessment and placing of lesions in descending order of priority has occurred, the referring doctor, and assigned GPSI shall be notified (refer Skin Surgery Service Referral Processes Flow Diagram).

Where a lesion **has been** approved for surgery, the referring doctor and assigned GPSI surgeon will be notified. The relevant documentation shall be forwarded to the GPSI.

Where a lesion has **not been approved** for surgery, the referring doctor and patient shall be notified within five (5) working days of the assessment. The notification shall indicate the assigned score as well as the score at which the funds expired that month.

Re-Excisions and Incompletes

All Re-excisions and Incompletes are required to be referred to the Skin Surgery Service by GPSIs. In most cases, surgery will be approved immediately.

Grading Lesions by Location and Size

The following parameters shall apply. Please note changes do exist from the previous contract. These arise as the method of measurement changes from size of ellipse to lesion diameter.

The changed method of measurement means GPSIs undertaking BASIC surgery will have a slightly larger range of surgical activity. An adjustment in fees has been made to account for this.

Skin Surgery Service		30 July 2009
Grading of Lesions by Location and Size		
Anatomical Location	Lesion Size (diameter)	
<u>Head and Neck</u>	Intermediate Advanced Advanced Plus Hospital	≤ 5 mm 6 to 10 mm ≥ 11 to 15mm ≥ 16 mm
<u>T Zone</u>	Advanced Advanced Plus Hospital	≤ 4 mm 5 to 8 mm ≥ 9 mm
<u>Below the Knee</u>	Intermediate Advanced Advanced Plus Hospital	≤ 5 mm 6 to 10 mm 11 to 15 mm ≥ 16 mm
<u>Elsewhere</u>	Basic Intermediate Advanced Advanced Plus Hospital	≤ 5 mm 6 to 10 mm 11 to 15 mm ≥ 16 to 20mm ≥ 21 mm