

## Skin Referral Programme (GPSI programme)

The WellSouth Skin Referral programme is available for all practices to refer into now, including Invercargill. All skin lesions which meet the criteria in Health Pathways should be referred to this programme as the single point of entry to the service. (If secondary services are required, we will triage and refer on).

We understand that some referrers have experienced frustrations with aspects of the programme and so we hope these tips will be useful in ensuring a smooth flow for you and your patient through the service.

### Summary of Key Points:

- Anatomical location and close up pictures are essential.
- Dermoscopic pictures are not required but greatly appreciated.
- Punch biopsies are only required for NON pigmented lesions.
- Non pigmented lesions can be referred for excision without prior biopsy but there must be compelling clinical or dermoscopic evidence of malignancy.
- Referrals must be sent via the WellSouth portal: Skin Lesions Programme – New Referral

Also the courses below may be good introductory options if you would like to expand your knowledge:

<https://www.skincancercollege.org/introduction-skin-cancer/>

<https://www.skincancercollege.org/certificate-of-skin-cancer-medicine/>

### Photos:

- Photos are required for all referrals. This ensures the triager and receiving GPSI can plan for the excision without needing a pre excision appointment with the patient.
- Minimum requirement of 2 photos of each lesion showing the anatomical location of the lesion and macro shot/close up of lesion in question with measurement.
- Dermoscopic photo showing clear signs of underlying malignancy are highly appreciated, but not required. However, in **non-pigmented lesions a punch biopsy (patient funded) will be required if no dermoscopic photo (showing clear dermoscopic evidence of underlying malignancy) is provided**. This is particularly important in anatomically difficult areas, which might require more advanced reconstruction for closure (flap / graft). Referrers who are trained in Dermoscopy are encouraged to specifically mention features of concern to assist triagers to understand your clinical reasoning.
- Many practices have a shared dermatoscope which attaches to a mobile phone. These can be purchased from a range of providers but one that we have had recommended by local GPs is Molescope II  
<https://www.molescope.com/molescope2/>
- Photos unrelated to the lesion will lead to a declined referral.
- To attach photos, you will need to know where your photos are saved in your system, this differs from practice to practice.

### Multiple lesions:

- Maximum of 3 lesions per individual referral, but additional referrals can be done for further lesions if required.
- Each lesion which requires surgery needs to be documented separately by photos (see above). Please ensure your photo relates to the lesion it is attached to, rather than putting all photos into one lesion tab

## **Reason for Referral section:**

### **Reason for Referral**

Requesting

Please specify

3 options are available:

- Referral to self - please only use this if you are a GPSI. Small lesions not covered under the programme can be removed by you, at patient cost if you wish to without the need to refer into this programme.
- Referral to other GPSI – this is the most common option.
- Advice only – this option allows for advice from the triage team only so please ensure you include as much information as possible and good photos.
  - We are not able to refer the patient to a GPSI to have a lesion checked in person as there is no funding for advice only consults at present.

### **Punch Biopsy:**

Punch biopsy is only required for non-pigmented lesions. If there is a compelling reason not to biopsy, such as classic appearance of BCC on Dermoscopy then biopsy is not required.

At present all available funding for the programme is directed to excision of lesions. We understand that the cost of a punch biopsy can be a barrier for some patients. We are working hard to find ways to ensure this can be funded in the future, and we are hopeful that with plans for national consistency of programmes this may be covered.

### **Further Training:**

An online Certificate of Dermatoscopy is available in NZ via Skin Cancer Symposiums. This can be completed by both GPs and Nurses. The cost of the course is \$995 NZD and includes a complementary Dermatoscope. The course is designed to be done over 8 weeks but can be spread across a longer period of time – up to 12 months.

There is also an in-person option, with dates in 2024 to be confirmed.

<https://www.skincancersymposiums.com/store>

For a GP wishing to become a GPSI provider, we would be happy to welcome anyone who has completed the following:

1. Completion of the Advanced Clinical Certificate of Skin Cancer Medicine and Surgery  
<https://www.skincancercollege.org/course/advanced-clinical-certificate-skin-cancer-medicine-surgery/>
2. Completion of the Certificate of skin cancer medicine AND the advanced Skin surgery workshop  
<https://www.skincancercollege.org/course/advanced-skin-surgery-workshop/>
3. Equivalent training and skills obtained elsewhere e.g. outside of Australasia

### **General Information:**

Adequate history is appreciated in the referral along with good clinical reasoning. This greatly assists triage decisions especially if a photo is of suboptimal quality.

Please see clinical GPSI skin lesion triage table on Health pathways:

<https://southern.communityhealthpathways.org/Resources/SouthernDHBClinicalGPSkinLesionTriageTable.pdf>

Referrals received in the portal are unable to be deleted, as is usual with referrals to any system. We therefore ask that you send only information relevant to a lesion, and do not use it as a platform for general discussions.

For complaints, compliments or questions please use the GPSI email [gpsiskin@wellsouth.org.nz](mailto:gpsiskin@wellsouth.org.nz)