

PRESENTATION 2

Identification of GP Referral Patterns in which Malignant Melanomas were Referred as Non-Urgent

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Background

Cutaneous malignant melanoma is the deadliest form of skin cancer, thus early detection and prompt referral is pivotal to improve prognosis. A recent audit has revealed that ~50% of GPs refer melanomas as “Routine” as opposed to “Urgent Suspected Cancers” (USC), potentially resulting in late management. We aimed to identify reasons why GPs are discouraged from using the USC referral route for clinically obvious melanomas.

Methods

Analysis of all “routine” referrals sent by GPs through Teledermatology between August 2017 and July 2018 was carried out using the Welsh Clinical Portal. Questionnaires were sent to these GPs for enquiry.

Results

42% of melanomas (n=120) were referred routinely by GPs. From the 15 GP responses received, the consensus was that because referrals are reviewed, and if needed, re-prioritised within two days by a Consultant Dermatologist, the referral priority (Routine, Urgent or USC) chosen is given minimal consideration. Additionally, some GPs lacked the confidence to suspect malignancy in difficult-to-identify lesions. Overall, using the routine channel has no effect on the outcome of the referral as both referral routes are given equal priority. Malfunctions in the referral system, however, have resulted in a referral backlog thus forcing USC referrals to be reviewed as priority. Consequently, routine referrals were reviewed twenty days later than usual, potentially delaying urgent management.

Key messages

Encouraging GPs to refer skin lesions accurately and educating them about melanoma subtypes is necessary to guarantee undelayed management in secondary care. Subsequently, an education tool was produced to install confidence in GPs to enthuse their index of suspicion.

