

How many GP referrals to dermatology outpatients are really necessary?

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Summary

In a survey of patients referred to the dermatology outpatients department of a British teaching hospital, 26% of referrals were considered unnecessary by a senior house officer with three months practical dermatological experience. We conclude that better undergraduate and postgraduate education in dermatology is essential. A period spent in dermatology should be included in all vocational training schemes for general practice.

Introduction

The introduction of general management into the hospital service has focused attention on the cost-effectiveness of all our activities. Recent months, in particular, have shown an increased interest in the ways in which outpatient services could be better utilized¹⁻⁵. In one of these papers, it was suggested, for example, that dermatologists should not be involved in the routine management of warts¹. We felt that we were also seeing other categories of skin disorder in our outpatients which could have been handled by adequately trained general practitioners. We therefore undertook a short survey of the patients referred to our dermatology outpatients, in order to assess how many were really necessary.

Methods

The notes and records of all new patients attending the general dermatology outpatients department of The Leicester Royal Infirmary during the month

Table 1. Common examples of 'unnecessary' and 'necessary' referrals

'Unnecessary'

Benign lesions requiring diagnosis only and where no suspicion of malignancy was raised by GP

Eczema where no emollients or appropriate topical steroids had been used

Psoriasis where no appropriate topical applications had been given before referral

Warts and verrucae, acne and rosacea where appropriate therapy had been given for less than three months

Hair loss due to male pattern alopecia; urgent referrals for alopecia areata

Fungal infections not treated with appropriate antifungal agents

'Necessary'

All suspected malignancies and pre-malignancies

Any patient requesting removal of lesion, whether benign or malignant

Any patient specifically requesting a specialist referral

of September 1987 were reviewed retrospectively. Records of patients attending research clinics were excluded, as were the details of patients attending a special, once-weekly pigmented lesion clinic, set up to screen for malignant melanoma, which is funded by the Cancer Research Campaign. This review was carried out by one of us (MJS) after finishing a three month attachment to the skin department as part of a Vocational Training Scheme for general practice.

Underlying this, one simple criterion was established for the necessity or otherwise of referral: a judgement was made as to whether, in the opinion of one of us (MJS), the patient could have been managed satisfactorily by a general practitioner with three months experience of working in a skin department. All the new referrals for the month of September 1987 were examined and categorized as either 'necessary' or 'unnecessary'. Table 1 shows examples of the way in which typical referrals were categorized. Similar criteria applied for the less common referrals.

Results

A total of 490 sets of case notes were studied. Of these 266 (54%) were female and 224 (46%) male. Ages ranged from early childhood to old age. Of these patients, 129 (26%) were considered to have been referred unnecessarily and could have been managed satisfactorily in general practice. Certain disorders were seen particularly frequently and those which occurred in more than 5% of the patients are listed in Table 2. Table 2 also shows the number of these disorders that were deemed unnecessary. These seven disorders alone accounted for 69% of all referrals, and six of them represented 97 of the 129 'unnecessary' referrals (75%).

Forty-six of the patients included in this survey were referred as emergencies for an urgent opinion,

Table 2. Commonest presenting disorders

Disorder	Number of cases	Percentage		Unnecessary Number	Unnecessary (%)
		of total (n=490)			
Warts/verrucae	91	18.6		20	22.0
Eczema	90	18.4		35	38.9
Melanocytic naevi	37	7.6		16	43.4
Basal cell carcinoma	36	7.4		0	0.0
Acne vulgaris	31	6.3		12	38.7
Psoriasis	27	5.5		5	18.5
Seborrhoeic warts	27	5.5		9	33.3

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Table 3. Patients referred as emergencies for urgent opinion

Disorder	Number of cases	Unnecessary Number	(%)
Eczema	27	6	22.2
Warts/verrucae	7	4	57.1
Urticaria	3	1	33.3
Porphyria	2	0	0.0
Others (one each)	7	4	57.1

Total number referred=46

and these were also analysed as a separate group. Table 3 shows the results of this analysis. Fifteen patients in this group were considered unnecessary referrals (32.6%). Within these were a considerable number of patients with eczema and also several with warts, of whom less than half were considered to have been referred appropriately.

In addition to the patients seen, 77 further individuals had been sent appointments to be seen during the month under review, but did not attend.

Discussion

All clinicians in hospital medicine are being asked to examine their activities in order to enable limited resources to be maximized. Some of this attention has been focused on outpatient activities. Specialists from departments of dermatology¹, urology², general surgery³ and rheumatology⁴ have, in recent months, offered possible solutions to the problem of growing waiting lists and increasing deterioration in quality of service. It has also been pointed out that referral by a general practitioner is a very expensive option for the health service, costing approximately six times as much as prescribing⁵.

Dermatological problems are common in general practice, accounting for approximately 6-8% of all consultations^{6,7}. However, dermatological education represents only a tiny fraction of the undergraduate curricula of most medical schools, and many general practitioners are never exposed to postgraduate appointments involving dermatological work under the supervision of a dermatologist. We expected that this would result in a large number of patients being seen in our outpatients who could have been managed adequately in general practice if education were better. We therefore undertook a review of our clinics to see if this was, indeed, the case.

Our results confirmed our suspicions, clearly showing that a very large number of patients were referred to the skin department unnecessarily. It was considered by a trainee general practitioner with three months' dermatological experience that more than a quarter of all patients who attended could have been managed in general practice. A further 77 patients did not attend for their appointments and, while some of these will have gone elsewhere (for example, to the private sector), many are likely to have had trivial or self-limiting problems. A further,

striking, finding in our study was the fact that only six disorders accounted for 75% of all the unnecessary referrals.

It is, of course, impossible to define precisely what is an 'unnecessary' referral and criteria that we have chosen to use are clearly open to debate and criticism. For example, some clinicians would certainly not deem some of our chosen categories 'unnecessary'. However, we have specifically allowed as 'necessary' patients who were known only to require reassurance by a specialist, no matter how apparently trivial the problem. Furthermore, some dermatologists will not see some categories of warts at all and others would not consider requests for removal of benign moles 'necessary'. Such judgements must inevitably be subjective, but we consider that the measure we chose to use (the training and experience gained by one of us as a senior house officer in dermatology for three months) to be a reasonable one. We consider this especially to be the case because it suggests that, if such a level of training and experience could be achieved throughout general practice, approximately a quarter of all new patients referred to dermatology clinics would no longer be necessary.

We would therefore argue that all general practitioners would benefit greatly from a three month attachment to a dermatology department during their postgraduate training. We do, however, recognize that there are considerable problems in introducing such a level of postgraduate dermatology. As an interim measure, therefore, we feel strongly that levels of dermatological education in medical schools should be increased substantially, and that there should be more postgraduate education in dermatology. In view of the fact that, in our survey, six disorders accounted for 75% of the unnecessary referrals, it should also be possible to target such education towards these specific areas.

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