SKIN PATHWAY

Day 0 - start clock
Fast track referral

Day 1-7
Patient seen in clinic

Biopsy done on day of attendance OR within 7 days for clinically suspicious lesions. Lesions with a clinical diagnosis of BCC are removed from the 2ww pathway.

Clinically benign diagnosis
Reassure and discharge
Stop Clock

Definitive treatment in Dermatology?

Yes

Referral for definitive treatment in MaxFax

Day 7 - 38 (max of 31 days from DTT)
Definitive treatment in Dermatology
Stop Clock

No

Definitive treatment in MaxFax?

Yes

Referral for definitive treatment in MaxFax

By day 28
Patient seen with the results to discuss definitive treatment. Treatment to take place in Dermatology or referral to other Trust.

By day 38
Tertiary referral to other Trust for treatment

By day 35-42
Seen in MaxFax and listed for surgery

Definitive treatment in MaxFax?

Yes

Day 35-42
Seen in MaxFax and listed for surgery

Definitive treatment by MaxFax
Stop Clock

No

Referral for definitive treatment in Plastics?

Yes

Day 35-42
Seen in Plastics and listed for surgery

Definitive treatment by Plastics
Stop Clock

Day 21-28
Write with result
Stop the clock

No

Needs further action?

Day 21-28
MDT discussion. If identified as needing MaxFax input, referral is made from MDT.

Day 14-21
Await histopathology

Day 14-21
OPA MaxFax and listed for surgery

Day 14-21
OPA Plastics and listed for surgery

Day 21 - 52 (max of 31 days from DTT)
Definitive treatment in Plastics
Stop the clock

Definitive treatment in Dermatology?

Day 14-21
Definitive treatment in Plastics
Stop the clock

Day 21-52 (max of 31 days from DTT)
Definitive treatment in MaxFax
Stop the clock

Day 28 - diagnosis of cancer confirmed or excluded with patient

D38 - referred to Leeds for treatment (IPT)

D62 - FDT within both 31 and 62 days

Key

Dermatology: Skin cancers above and below clavicle
Maxillofacial: Skin cancers above clavicle
Plastics: Skin cancers below clavicle
Other Trust: Cancers above and below clavicle are managed by the appropriate services

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MDT Clinical Lead: Dr B P Walker