



Clinical Thresholds

Condition or Treatment	Acne
Commissioning Threshold	<p>Referral Guidance Only</p> <p>Referral to Secondary Care Services Patients should be referred to a specialist service such as GPwSI in dermatology, or to secondary care if they:</p> <ul style="list-style-type: none"> • have a severe variant of acne such as acne fulminans or gram-negative folliculitis <p>Consider referring to the GPwSI/secondary care if they have any of the following:</p> <ul style="list-style-type: none"> • severe or nodulocystic acne and could benefit from oral isotretinoin • severe social or psychological problems, including a morbid fear of deformity (dysmorphophobia) • are at risk of, or are developing, scarring despite primary care therapies • moderate acne that has failed to respond to treatment which has included two courses of oral antibiotics, each lasting three months Failure is probably best based upon a subjective assessment by the patient • are suspected of having an underlying endocrinological cause for the acne (such as polycystic ovary syndrome) that needs assessment <p>Prior to referral</p> <p>Referral of patients with mild acne should only be made if patients have undergone treatment in primary care with benzoyl peroxide and/or topical retinoids and (if no response) an oral antibiotic.</p> <p>Referral of patients with moderate acne should only be made if patients have undergone treatment in primary care with oral antibiotics or (if appropriate in some women) dianette combined anti-androgen/oral contraceptive.</p>
Referral guidance	Referral guidance only.
Effective from	April 2013
Summary of evidence / rationale	<p>Referral criteria for acne vulgaris are based on <i>Referral advice: A guide to appropriate referral from general to specialist services</i>, published by the National Institute for Health and Care Excellence (NICE). For patients requiring referral 'immediately' or 'soon', NICE specify that 'Health authorities, trusts, and primary care organizations should work to local definitions of maximum waiting times in each of these categories.</p> <p>The multidisciplinary advisory groups considered a maximum waiting</p>

	time of 2 weeks to be appropriate for the urgent category' [NICE, 2001].
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References:

Acne Vulgaris Clinical Knowledge Summary September 2014 <http://cks.nice.org.uk/acne-vulgaris>