

Anal Skin Tag Removal

Exceptional Funding Request

All Patients

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk/) or consider use of advice and guidance services where available.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Anal skin tag removal is not routinely commissioned.

Any unexplained anal mass or unexplained anal ulceration should be referred through the 2WW pathway to rule out anal cancer.

BNSSG ICB is responsible for making the best use of the NHS funds allocated to us to meet the health needs of our local population. The demand for services is greater than the resources available and therefore we have to prioritise the use of funds carefully. Our approach is to prioritise commissioning treatments, operations or drugs that are most effective in meeting the health needs of the population. All operations carry significant risks and where symptoms are mild or moderate it is likely that the risks outweigh the benefits. Not all conditions progress and when symptoms can be managed conservatively, that is the safest option.

The ICB does not commission the removal of Anal Skin Tags; the ICB has determined that the value provided by the removal outweighs the risks of the procedure.

Anal Skin Tag Removal – Plain Language Summary

Anal skin tags, or rectal skin tags, are common and usually harmless growths that hang off the skin around the outside of the anus. They may be mistaken for warts or piles (haemorrhoids). Anal skin tags may also be called hypertrophied papillae or fibroepithelial polyps. They are not contagious but may be due to inflammation, a lesion, anal injury or skin left behind after treatment for a haemorrhoid. Although anal skin tags are not a risk to health, they may cause problems in maintaining cleanliness after using the toilet. Skin tags may also trap moisture and cause irritation. They may also become irritated through contact (rubbing) with clothing or the movement associated with sitting. Anal skin tags may be checked by a doctor to make sure they are harmless and not a malignant or cancerous growth.(1)

This policy has been developed with the aid of the following references:

1. National Health Services (2023) Health A to Z: Skin Tags [Online]
www.nhs.uk/conditions

Connected Policies

Benign Skin Lesion Policy in Patients 16 years and over / Benign Skin Lesion Policy in Patients under the age of 16 - These policies relate to all treatments proposed in secondary care including all forms of surgical excision, laser treatment and cryotherapy.
Benign Skin Lesion Policy in Patients under the age of 16.

Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Commissioning Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED), and NHSE Evidence-Based Interventions (EBI). This applies to all the activities for which the ICBs are responsible, including policy development and review.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):

H482,H488,H489,H491,H492,H493,H498,H499,H558,H559,H568,H569

Support

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