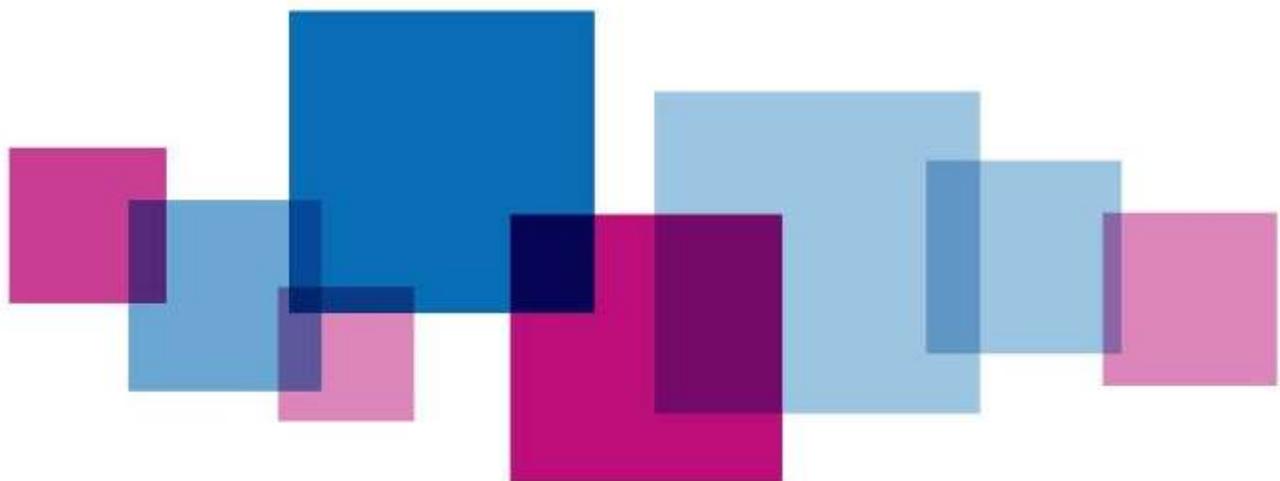


Commissioning Policy

Benign Skin Lesion

Prior Approval



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1617.1.01	26/03/2018	IFR Coordinator	Rebranded to BNSSG CCG
1819.2.00	26/10/2018	Commissioning Policy Development Support Officer	Smoking and BMI references updated, BNSSG branding refreshed, PALS update. Approved on 14 th February 2019 by Commissioning Executive.

**TREATMENT UNDER THIS POLICY REQUIRES PRIOR APPROVAL FROM THE ICB'S
EXCEPTIONAL FUNDING TEAM**

THIS POLICY RELATES TO ALL PATIENTS

Benign Skin Lesion

General Principles

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

- 1. The policy does not include patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate. Where it is subsequently confirmed that a suspect lesion is benign, funding approval will be required before further treatment or surgery is offered and provided to patients.**
2. The ICB does not commission surgery for cosmetic purposes alone (NHS Choices).
3. Funding approval must be secured by the patient's treating clinician prior to referring patients for surgical opinions. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
4. On limited occasions, the ICB may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patient meets the criteria to access treatment in this policy.
5. Where funding approval is given by the Exceptional Funding Panel, it will be available for a specified period of time, normally one year.
6. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
7. Patients with an elevated BMI of 30 or more may experience more post surgical complications including post surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>(Thelwall, 2015)
8. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (ASH, 2016)

9. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

Background

Scope of this Policy

This policy covers all benign skins lesions on the body including those which are cutaneous, subcutaneous and within the mouth or other orifices such as the ear canal or genitals.

Conditions

This policy refers to all benign skin lesions including (but not exclusively):

If you have any concern that the lesion may be malignant then you should refer via the 2WW pathway.	
<ul style="list-style-type: none"> • Accessory Auricle Tag (Ear Tag) (S. Jones, 1996) • Actinic Keratosis • Bartholin's, Perineal or Vulvar Cyst ^{1,2,} • Benign Pigmented Naevi (Moles) including Becker's Naevus (British Association of Dermatologists - BAD) • Cold Sore / Herpes Simplex Virus ¹ • Comedones (Blackheads or Whiteheads) ¹ • Corn / Callus ¹ • Chondrodermatitis nodularis helioides (DermNet NZ) • Cutaneous horn (Tambe, 2012) (DermNet NZ Cutaneous horn) • Dermatofibromas (Skin Growths) ¹ • Pilomatricoma (pilomatrixoma, trichomatricoma or a 'calcifying epithelioma of Malherbe') ¹ • Poroma (DermNet NZ) • Pyogenic Granuloma (DermNet NZ) • Sebaceous Cysts (Pilar & Epidermoid Cysts)¹ • Seborrhoeic Keratoses ¹ • Skin Haemangioma¹ • Skin Tags ¹ Spider Naevi ¹ 	<ul style="list-style-type: none"> • Digital Myxoid Cyst (Mucoid Cyst) ¹ • Lipoma / Lipomata (fat deposits underneath the skin) (Patient.Info) • Hydrocystoma or Moll's gland cyst (DermNet NZ) • Hidradenoma papilliferum (DermNet NZ) • Milia (small superficial often multiple cysts) (DermNet NZ) • Mucous Cyst or Mucocoele including Benign Oral Lesions (DermNet NZ) • Neurofibroma ¹ • Penile Papules or Hirsuties Coronae Glandis (Sonnex C1, 1999) • Perineural or Tarlov cysts (Ellis) • Spiradenoma (DermNet NZ) • Syringoma (DermNet NZ) • Thread Veins ¹ • Vascular Birthmarks (including Haemangiomas, Port Wine Stain, Salmon patches and Strawberry Naevi) ¹ • Warts And Plantar Warts (Veruccas) (British Association of Dermatologists - BAD) Xanthelasma (Cholesterol Deposits Underneath The Skin around the eyes) (British Association of Dermatologists - BAD)

Management of Patients

All referrals for treatments or conditions covered by this policy will require funding approval before referring. However, if there is some concern with diagnostic uncertainty including a suspicion of malignancy or pre-malignancy, the referrer should consider whether it is appropriate to refer under the 2ww pathway. Where patients are subsequently cleared of any concerns, funding approval will be required to be secured prior to subsequent treatment and the responsibility to secure funding approval will rest with the clinician recommending the treatment.

Cutaneous Horns (DermNet NZ Cutaneous horn)

Cutaneous horns (cornu cutaneum) are hard conical projections from the skin, made of compact keratin. They are so named as they resemble an animal’s horn. They arise from benign, premalignant or malignant skin lesions and clinical evidence suggests that between 38.9% (Yu, 1991) to 58.5% (Mantese SA, 2010) of cases are premalignant or malignant.

Whilst no certain features can confidently confirm or exclude malignant lesions, malignant lesions are more common in older patients and in males compared to females. Squamous cell carcinoma is also likely if the horn has the following features:

- Pain
- Large size
- Induration at the base
- Anatomic site on the nose, ears, backs of hands, scalp, forearms, face and penis
- Wide base or low height to base ratio
- Redness at the base of the horn base
- Lack of terrace formation, due to rapid unorganised growth

Skin conditions associated with cutaneous horns and potential for malignancy:

If you have any concern that the lesion may be malignant then you should refer via the 2WW pathway.	
Benign	Premalignant or malignant
<ul style="list-style-type: none"> • seborrhoeic keratosis • epidermal naevus • viral wart • molluscum contagiosum • ostrateous psoriasis • hypertrophic lichen planus 	<ul style="list-style-type: none"> • intraepidermal carcinoma • keratoacanthoma • squamous cell carcinoma • malignant melanoma (rare)

Where there is a concern that Cutaneous Horns are premalignant or malignant, referrals should be made under the 2ww pathway. Cutaneous Horns confirmed as benign will be assessed to consider whether they should be removed in line with other benign skin lesions.

**If you have any concern that the lesion may be malignant
then you should refer via the 2WW pathway**

POLICY CRITERIA – COMMISSIONED

PRIOR APPROVAL REQUIRED

Policy - Criteria to Access Treatment – PRIOR APPROVAL REQUIRED

This policy relates to all treatments proposed in secondary care including all forms of surgical excision, laser treatment and cryotherapy. Funding approval for treatment will only be funded by the ICB for patients meeting criteria set out below:

All Benign Skin Lesions (excluding Lipomas and Accessory Auricle Tag)

1. There is documented evidence that conservative management has been sufficiently tried and failed to resolve the condition. Conservative management includes minor surgery in primary care or primary care dermatological services where appropriate and available,
AND
2. Lesions or conditions cause significant functional impairment. Significant functional impairment is defined by the BNSSG Health Community as:
 - Symptoms preventing the patient fulfilling routine work or educational responsibilities
 - Symptoms preventing the patient carrying out routine domestic or carer activities

Note: Being unable or unwilling to sunbathe, swim or take part in other recreational activities due to the cosmetic impact of a benign skin lesion is unlikely to satisfy the ICB that the patient is suffering from significant functional impairment.

Cysts (including Bartholin's, Digital Myxoid and Sebaceous Cysts)

In addition to criteria 1 and 2 above, treatment in secondary care will be funded where:

3.1. There has been more than one clinically significant, documented and treated episode of infection in the last 6 months prior to an application,

OR

3.2. There is documented evidence recorded in the Primary Care Records of infected lesions having to be incised and drained in secondary care as an urgent/emergency case in the preceding 6 months,

Pyogenic Granuloma

In addition to criteria 1 and 2 above, treatment in secondary care will be funded where:

4. There has been more than one episode of bleeding as documented in the Primary Care Records

AND

5. Treatment in primary care including primary care dermatological services is either unavailable or contraindicated.

Lipoma

Rarely Lipoma can have characteristics consistent with malignant Liposarcoma (Patient.Info).

Treatment in secondary care will be funded where:

6. The Lipoma is greater than 5 cm in diameter (Costea R, 2011 May 25),

Note: if the Lipoma is exhibiting malignant behavior (i.e. rapid growth or invasion into nerve or bone) then referral should be made via the 2ww pathway to exclude malignancy.

Accessory Auricle Tag (Ear Tag)

Accessory auricles can be found in around 1.5% of the population (S. Jones, 1996) and the majority of patients or their parents will be concerned with the cosmetic appearance of the tag or the potential for the child to pull at or aggravate the tag, despite the ear normally being a larger and more significant appendage.

Accessory auricles in infants and small children can be removed surgically under a general anaesthetic which carries a risk for all patients. This policy does however also apply to patients where removal is proposed non-surgically such as by using Titanium Clips. (Phui Yee Wong, 2014)

Funding for the removal of an accessory auricle tag will be provided where:

7. The location of the auricle tag is such that it is reducing the entrance to the ear canal and is having an impact on the hearing of the child which is unlikely to resolve as they grow.

Cutaneous Horns

Where there is a concern that Cutaneous Horns are premalignant or malignant, referrals should be made under the 2ww pathway. (DermNet NZ Cutaneous horn)

Cutaneous Horns confirmed as benign will be assessed under points 1 and 2 above to consider whether they should be removed in line with other benign skin lesions.

Please note:

1. Many of these conditions can and should be self-managed by the patient through advice from a Pharmacist. Advice on using Pharmacies for advice and support is available on the [NHS Choices Website](#).
2. Under the Serious Crime Act 2015, many forms of surgery on female genitalia can now be classed as Female Genital Mutilation and any request for Bartholin's Cyst excision will be carefully considered to ensure that no offence is being proposed or committed

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Exceptional Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.

Connected Policies

Anal Skin Tag Removal: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Chalazion Removal: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Cosmetic Surgery: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Desensitizing Light Therapy in the Management of Severe Polymorphic Light Eruption: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Epididymal Cysts: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Female Genitalia Surgery: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Foot Surgery: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Ganglion Removal: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Hydrocele in Males: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Skin Contouring: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Skin Camouflage: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Surgery of the Face: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Tattoo Removal: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

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OPCS Procedure codes – For completion at a later date
