

NHS Dorset Clinical Commissioning Group

Benign Skin Lesions and Cosmetic Treatments

Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP
BENIGN SKIN LESIONS AND COSMETIC TREATMENTS
CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 This protocol describes the exclusions and access criteria in respect of benign skin lesions and cosmetic treatments.
- 1.2 Cosmetic procedures and treatments (including creams) are not usually commissioned, this includes skin conditions which, although they may be medical conditions, only cause cosmetic side effects and are not a risk to a person's health.
- 1.3 This protocol does not apply to patients who are covered under the following criteria based access protocols or specialist commissioning pathway:
- Apronectomy/Abdominoplasty;
 - Breast Surgery;
 - Circumcision;
 - Labiaplasty;
 - Varicose Veins.
- 1.4 This protocol is applied in accordance with the Policy for Individual Patient Treatments.

2. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

- 3.1 Prior approval is not required in the following circumstances where these procedures are undertaken in primary care or are already part of commissioned secondary care services:
- actinic keratosis;
 - sebaceous cysts where there is recurrent infection and which are greater than 0.5cm in diameter and causing nuisance;
 - lesions which are subject to repeated trauma, bleeding or cause functional impairment due to size or location;
 - pigmented naevi where there is uncertainty as to whether the lesion is malignant in nature.

3.2 Prior approval is not required for the following procedures where the clinical criteria outlined are met:

- Rhinoplasty, Septoplasty, and Septorhinoplasty:
 - post-traumatic cases or congenital abnormality where there is airway obstruction and where the treatment would alleviate the problems;
 - complications following previous surgery to the nose where the airway is being obstructed and where treatment would alleviate the problems. All of which will be clearly documented in patient notes to confirm compliance with these guidelines.
- Blepharoplasty and Ptosis repair:
 - Visual impairment where there is dermatochalasis up to or over the eyelashes on the upper lid and the visual field is reduced to 120 laterally and/or less superiorly. All of which will be clearly documented in patient notes to confirm compliance with these guidelines.

4. EXCLUSIONS

4.1 The following is a list of specific conditions for which treatments and procedures are not commissioned by NHS Dorset Clinical Commissioning Group, although some may be treated within the Cryotherapy and Caustery element of the GP contract:

- warts and plantar warts;
- seborrhoeic keratoses (benign skin growths, basal cell papillomas);
- spider naevi;
- pigmented naevi for cosmetic reasons;
- dermatofibromas;
- skin tags;
- pre-auricular skin tags;
- simple 'sebaceous' cysts (pilar and epidermoid cysts);
- lipomata;
- thread veins;
- xanthelasma;
- aesthetic facial surgery (for cosmetic reasons only) including face lift and brow lift;
- buttock/thigh/arm lift, excision of redundant skin or fat;
- elective ear lobe repair;
- elective surgery for ear deformity;
- pinnoplasty;
- hair grafting;
- laser hair depilation;
- laser surgery to correct visual acuity;
- liposuction (removal of fat deposits);
- resurfacing procedures: including dermabrasion, chemical peels, laser scar revision;
- tattoo removal;
- facial blushing/Erythrophobia (addition);
- correction of chest wall deformity for cosmetic purposes.

5. CASES FOR INDIVIDUAL CONSIDERATION

- 5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.
- 5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:
- significantly different to the general population of patients with the particular condition; and
 - they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition
- 5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. LASER TREATMENTS

- 6.1 Laser Treatments are mainly specialised and many cases will require prior approval through an Individual Patient Treatment (IPT) request. Where appropriate, patients may be referred to a Laser Clinic for medical photography and assessment as part of the IPT process.
- 6.2 Vascular Lesions and red Skin Marks:
- Some treatments, including paediatric cases and complex adult cases, are routinely funded by NHS England. Other cases may require an individual funding request (prior approval) and may be funded locally or regionally

Indication	Dorset CCG	NHS England
Acne (inflammatory)	Laser Treatment not routinely commissioned	
Acne scarring (red)	IPT required. Disfiguring facial lesions only (as judged by supporting photography)	
Burns scars	Routinely funded	

Campbell de Morgan spots	Laser Treatment not routinely commissioned	
Epistaxis	IPT required. Most of our patients have been diagnosed with HHT*.	
Haemangiomas	IPT required. It is usually necessary for these to be symptomatic (e.g. bleeding) or in a position where they cause significant disruption to daily living	Routinely funded (Children only)
Necrobiosis lipoidica	Laser Treatment not routinely commissioned	
Port Wine Stain	IPT required. Disfiguring facial lesions only (as judged by supporting photography)	Routinely funded
Psoriasis	Laser Treatment not routinely commissioned	
Rosacea	Laser Treatment not routinely commissioned	
Scars (where redness or pruritus persists)	IPT required. If symptomatic or significantly disfiguring (photographic support required)	
Spider Naevi	Laser Treatment not routinely commissioned	
Strawberry Naevi	IPT required. If patient older than 5 years and lesion is disfiguring or if lesion is symptomatic (e.g. occluding vision/feeding)	Routinely funded (Children only)
Telangiectasia and thread veins	IPT required, e.g. for symptomatic (bleeding) facial vessels	
Warts	Laser Treatment not routinely commissioned	
Other vascular/lymphatic malformations or ecstasies	IPT required (adults and children)	

*HHT – Hereditary haemorrhagic telangiectasia (or Osler-Weber-Rendu Syndrome)

6.3 Pigmented Lesions and Brown Skin Marks

Indication	Dorset CCG	NHS England
Age spots, liver spots, freckles, etc.	Laser Treatment not routinely commissioned	
Becker's Naevi	IPT required. Facial only (with supporting photography)	Routinely funded (Children only)
Congenital Melanocytic Naevi	IPT required. Facial only (with supporting photography)	Routinely funded (Children only)
Epidermal Naevi	IPT required. Facial only (with supporting photography)	Routinely funded (Children only)

Melanoma	Routinely funded (referral via Plastic Surgery or Dermatology)	
Melasma, Chloasma	IPT required.	Routinely funded (Children only)
Mucosal Melanocytic Macule (lips)	Laser Treatment not routinely commissioned	Routinely funded (Children only)
Naevus of Ota	IPT required.	Routinely funded (Children only)
Naevus of Ito	Laser Treatment not routinely commissioned	Routinely funded (Children only)
Seborrhoeic Keratosis	IPT required. Facial only (with supporting photography)	Routinely funded (Children only)
Naevus Spilus	IPT required. Facial only (with supporting photography)	Routinely funded (Children only)
Post Inflammatory Hyperpigmentation	Laser Treatment not routinely commissioned	

6.4 Tattoos - Traumatic tattoos (facial only) have been funded previously. These include 'Rape Tattoos' (administered against the will of the patient) and tattoos following trauma (such as imbedded asphalt). A number of radiotherapy tattoos have been treated, which may be funded in exceptional circumstances. All such tattoos would require an Individual Funding Request.

6.5 Hair Reduction

Indication	Dorset CCG	NHS England
Folliculitis	IPT required	
Naevomelanocytic Naevi	IPT required	
Pilonidal Sinus	IPT required	
Resulting from PCOS	IPT required (usually face/neck only)	
Skin grafts	Routinely funded	
Stoma site	Routinely funded	
Trichiasis	Routinely funded (referral through Salisbury Hospital Ophthalmology department)	

6.6 Resurfacing Work

Indication	Dorset CCG	NHS England
Acne scarring (pitted)	IPT required	
Angiofibroma	IPT required	Routinely funded
Cylindromatous Lesions	IPT required	Routinely funded

Burns Scars	Routinely funded	
Dermatofibroma	IPT required	
Neurofibroma	IPT required	Routinely funded
Rhinophyma	IPT required	Routinely funded
Scarring	Laser Treatment not routinely commissioned	Difficult Keloids only
Sebaceous Keratosis	IPT required	
Syringoma	IPT required	Routinely funded
Trichoepithelioma	IPT required	Routinely funded
Tuberous Sclerosis	IPT required	Routinely funded

7. CONSULTATION

- 7.1 This protocol includes minor amendments to reflect interventions which were not routinely commissioned. Prior to approval of the original document by Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed by the Planned and Specialist Services which included commissioners, clinicians and other relevant stakeholders.
- 7.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

8. RECOMMENDATION AND APPROVAL PROCESS

- 8.1 This Criteria Based Access Protocols was previously formally recommended by the Clinical Delivery Group responsible for the protocol at that time, prior to formal approval by the Clinical Commissioning Committee. This version incorporates minor amendments to formally include interventions which were not routinely commissioned and has subsequently been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCG's Governing Body.

9. COMMUNICATION/DISSEMINATION

- 9.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

10. IMPLEMENTATION

- 10.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

11. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 11.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

FREQUENTLY ASKED QUESTIONS

N/A

GLOSSARY

N/A

A DOCUMENT DETAILS	
Procedural Document Number	95
Author (Name and Job Title)	Jenny Jones, Programme Officer
Clinical Delivery Group (recommending group)	Planned and Specialist
Date of recommendation by CDG	N/A
Date of approval by CCC	10 April 2017
Version	3.0
Review frequency	3 Years
Review date	April 2020

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
3.1	April 2020	Jenny Jones, Programme Officer	Planned and Specialist CDG which includes commissioners and local clinicians

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
May 2016	3.1	June 19	Inclusion of a small number of interventions previously omitted to reflect the fact that they were not routinely commissioned by the CCG.	April 2017	CCC

D ASSOCIATED DOCUMENTS	
<ul style="list-style-type: none"> Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group 	

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date

G DISTRIBUTION LIST			
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
✓	✓	✓	✓