

NHS England / NHS Dorset Clinical Commissioning Group

Removal of Benign Skin Lesions (Surgical Excision or Cryotherapy) Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

**NHS DORSET CLINICAL COMMISSIONING GROUP
REMOVAL OF BENIGN SKIN LESIONS (SURGICAL EXCISION OR CRYOTHERAPY)
CRITERIA BASED ACCESS PROTOCOL**

1. INTRODUCTION AND SCOPE

1.1 Removal of benign skin lesions is not offered for cosmetic or psychological reasons - please refer to NHS Dorset Clinical Commissioning Group Cosmetic Treatments (including Laser Treatment) Criteria Based Access Protocol. It should only be offered in situations where the lesion is causing symptoms according to the criteria outlined in paragraph 3.1 below. Risks from the procedure can include bleeding, pain, infection, and scarring.

1.2 Removal of benign skin lesions is the treating of asymptomatic lumps, bumps or tags on the skin that are not suspicious of cancer. Treatment carries a small risk of infection, bleeding or scarring and is not usually offered by the NHS if it is just to improve appearance. In certain cases, treatment (surgical excision or cryotherapy) may be offered if certain criteria are met. A patient with a skin or subcutaneous lesion that has features suspicious of malignancy must be treated or referred according to NICE skin cancer guidelines. This protocol does not apply to premalignant lesions and other lesions with potential to cause harm.

1.3 This protocol applies to the following benign lesions when there is diagnostic certainty and they do not meet the criteria listed in Section 3:

- benign moles (excluding large congenital naevi)
- solar comedones
- corn/callous
- dermatofibroma
- lipomas
- milia
- molluscum contagiosum (non-genital)
- epidermoid & pilar cysts (sometimes incorrectly called sebaceous cysts)
- seborrhoeic keratoses (basal cell papillomata)
- skin tags (fibroepithelial polyps) including anal tags
- spider naevi (telangiectasia)
- non-genital viral warts in immunocompetent patients
- xanthelasmata
- neurofibromata

1.4 The following are outside the scope of this protocol's recommendation:

- Lesions that are suspicious of malignancy (should be treated or referred according to NICE skin cancer guidelines).
- Any lesion where there is diagnostic uncertainty, pre-malignant lesions (actinic keratoses, Bowen disease) or lesions with pre-malignant potential should be referred to community or secondary care or where appropriate treated in primary care in line with Dorset Clinical Commissioning Group's skin lesion pathway.

- Removal of lesions other than those listed above.

1.5 For referrals made to dermatology or plastic surgery services:

- The decision as to whether a patient meets the criteria is primarily with the referring clinician. If such lesions are referred, then the referrer should state that this policy has been considered and why the patient meets the criteria.
- Referrers are advised to make use of the Advice and Guidance Tele-dermatology services with accompanying photograph(s) wherever possible in advance of any non-2WW referral.
- Requests for treatment where a patient meets the criteria do not require prior approval or an IFR.
- This policy applies to all providers, including general practitioners (GPs), GPs with enhanced role (GPwer), independent providers, and community or intermediate services.

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 Benign skin lesions, which are listed above in Section 1, **MUST** meet at least **ONE** of the following criteria to be referred:

- The lesion is unavoidably and significantly traumatised on a regular basis with evidence of this causing regular bleeding or resulting in infections such that the patient requires 2 or more courses of antibiotics (oral or intravenous) per year
- There is repeated infection requiring 2 or more antibiotics per year
- The lesion bleeds in the course of normal everyday activity
- Painful lesion that regularly affects daily activity
- The lesion is obstructing an orifice or impairing field vision
- The lesion significantly impacts on function e.g. restricts joint movement
- The lesion causes pressure symptoms e.g. on nerve or tissue If left untreated, more invasive intervention would be required for removal Facial viral warts
- Facial spider naevi in children causing significant psychological impact
- Lipomas on the body > 5cms, or in a sub-facial position, with rapid growth and/or pain. These should be referred to Sarcoma clinic

4. EXCLUSIONS

4.1 There are no Exclusions to the above

4.2 There is little evidence to suggest that removing benign skin lesions to improve appearance is beneficial. Risks of this procedure include bleeding, pain, infection and scarring. Though in certain specific cases as outlined by the criteria above, there are benefits for removing skin lesions, for example, avoidance of pain and allowing normal functioning.

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 NHS Dorset Clinical Commissioning Group recognises that there will be occasions when patients may have good clinical reasons for being treated as exceptions to the above. The Individual Patient Treatment Policy is available on the NHS Dorset Clinical Commissioning Group website or upon request. 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. CONSULTATION

6.1 This protocol is updated in line with NHS England Evidence Based Interventions Policy (11th January 2019) following national consultation July 2018 to November 2018 and was reviewed by local acute clinicians in March 2019.

6.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7 RECOMMENDATION AND APPROVAL PROCESS

7.2 This access protocol has been approved on behalf of the Clinical Reference Group in line with processes agreed by the CCG's Governing Body.

8 COMMUNICATION/DISSEMINATION

8.2 Following approval each Criteria Based Access Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

9 IMPLEMENTATION

- 9.2 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.

10 DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 10.2 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			168		
Author (Name and Job Title)			Tracey Hall, Head of Service, Elective Care		
Date of approval by CRG			April 2019		
Version			1.0		
Review frequency			Every 3 years		
Review date			February 2022		
B CONSULTATION PROCESS					
Version No	Review Date	Author and Job Title	Level of Consultation		
1.0	February 2019	Tracey Hall, Head of Service, Elective Care	NHSE Consultation July 2018 to November 2018		
C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
January 2019	1.0	February 2022	Changed in line with national policy (January 2019); separated from Cosmetic Treatments Policy to add clarity	April 2019	CRG
D ASSOCIATED DOCUMENTS					
<ul style="list-style-type: none"> NHS England Policy for Evidence Based Interventions, January 2019 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	
NICE Guidance NICE Guidance Other evidence and information can be found at p24 NHSE Evidence Based Interventions – Guidance for CCGs		https://www.nice.org.uk/guidance/csg8 https://www.nice.org.uk/guidance/ng12 https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf			
F DISTRIBUTION LIST					
Internal CCG Intranet	CCG Internet Website	GP Communications Bulletin	External (Trusts, ISPs) stakeholders		
✓	✓	✓	✓		