

| | |
|--------------------------|---|
| Policy statement: | Benign Skin Conditions |
| Status: | Group Prior Approval/Individual Prior Approval |

M&SECCGs do not fund laser/pulse dye laser/intense pulsed light (IPL) treatment of clinically benign skin lesions/conditions.

M&SECCGs do not commission surgical removal or cryotherapy of clinically benign skin lesions/conditions for purely cosmetic reasons. Surgery or treatments to improve appearance alone is not provided for normal changes such as those due to ageing. The fact that a patient wants to have a lesion removed does not constitute a sound reason for doing so at NHS expense.

M&SECCGs commission surgical removal of benign skin lesions on a restricted basis only when criteria as detailed below are met. **Individual prior approval** is required (except A below). GPs should not refer patients who do not meet the criteria detailed below. Providers will not be funded where patients are treated outside the commissioned service.

GPs providing Minor Surgery as an Additional Service (curettage and cautery and, in relation to warts, verrucae and other skin lesions e.g. seborrhoeic keratosis, cryocautery) or Minor Surgery as a Directed Enhanced Service (DES) under GMS/APMS contracts must adhere to the restrictions as detailed within this service restriction policy. Although these services are commissioned by NHS England, GPs should note that removal of benign skin lesions for purely cosmetic reasons will not be funded by NHS England under this DES and as such should apply this policy.

All suspected malignant lesions are excluded from this policy – these should be managed via the 2 week wait with the exception of Basal Cell Carcinoma (BCC), where low risk BCC may be removed in the community in line with NICE recommendations and high risk BCC should be referred through the usual pathway.

Once it is established that a skin lesion is not malignant its removal will not normally be funded by the NHS though a clinician may request exceptional funding. Clinicians referring on this basis should make the patient explicitly aware that removal of the lesion may not be funded by the NHS.

Examples of lesions covered by this policy include:

- Benign pigmented naevi (moles)
- Comedones
- Corn/Callous
- Dermatofibromas (skin growths)
- Lipomas
- Milia
- Molluscum contagiosum
- Neurofibromata
- Port wine stains
- Rosacea
- Sebaceous cysts (epidermoid and pilar cysts)
- Seborrhoeic keratoses (benign skin growths, basal cell papillomas)
- Skin tags including anal tags
- Spider naevus (telangiectasia)
- Thread veins
- Warts and plantar warts
- Xanthelasma (cholesterol deposits underneath the skin),

Individual prior approval must be obtained before referral in **all** circumstances other than where a patient meets criteria A below.

A. Group Prior Approval-Eye

If a benign skin lesion of the eye obscures vision or is causing a separate ocular problem then the patient can be referred to an appropriate service for removal.

B. Individual Prior Approval

Requests for surgical removal of benign skin lesions will be considered where at least one of the following criteria is met:

- Lesions with confirmed, evidenced history of recurrent infection (3 or more of the same lesion) requiring regular courses of antibiotics.
OR
- Lesions causing significant pain (a direct result of the lesion) requiring regular prescribed strong analgesics.
OR
- Sebaceous cysts where there has been more than one episode of infection requiring treatment with antibiotics;
OR
- Lesions which cause demonstrable severe functional impairment which prevents the individual from fulfilling activities of daily living.
OR
- Lesions on the face where the extent, location and size of the lesion can be regarded as considerable disfigurement, and which sets them apart from the cohort of people with similar lesions.
OR
- Lesions are rapidly growing or abnormally located (e.g. sub-fascial, sub-muscular)
OR
- Lesions where there is clinical evidence that a commonly benign or non-aggressive lesion may be changing to a malignancy, or there is sufficient doubt over the diagnosis to warrant removal.

Evidence that previous treatment has been pursued before referral has been made will be required. For those requiring prior approval this evidence must be provided with the request for funding.

Funding for patients not meeting the defined criteria will only be funded in clinically exceptional circumstances.

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found by clicking the link below.

[Value Based Commissioning Policies](#)

References:



Greater Manchester EUR Policy Statement Common Benign Skin Lesion November 2014

Reference: GM013

<http://northwestcsu.nhs.uk/BrickwallResource/GetResource/587b2fcf-ac0b-4b8c-ae8e-3f900d9649d1>