Benign Skin Conditions

BEFORE providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes ☐

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

Patient First name		**Patient Surname**		**Hospital**	
NHS No.		**Date of Birth**		**Consultant**	
GP F-code		**CCG**		**UBRN**	
Hospital No.		**Referrer**			

Additional information

Please submit completed forms to the following email addresses:

- **For South Essex patients: fundingrequests.south@nhs.net**
- **For Mid Essex patients: if you are the referring GP/Nurse please send to central.referral@nhs.net**
  If you are the referring consultant please send to MECCG.IFR@nhs.net

A decision will be made and an outcome letter will be sent within 3 working days where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

Mid & South Essex CCGs does not commission surgical removal or cryotherapy of clinically benign skin lesions/conditions for purely cosmetic reasons.

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.

Please refer page 27 of the Mid & South Essex STP Value Based Commissioning Policy, for further detail.

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)

	Patients can only be referred for funding if they meet ONE OR MORE of the following sets of criteria. Please indicate which of the criteria the patient meets:	Please tick ✓
	• Lesions with confirmed, evidenced history of recurrent (3 or more for the same lesion) requiring regular courses of antibiotics. **Please provide evidence of the above in the box below.**	
OR	• Lesions causing significant pain (a direct result of the lesion) requiring regular prescribed strong analgesics. **Please provide evidence of the above in the box below.**	
OR	• Sebaceous cysts where there has been more than one episode of infection requiring treatment with antibiotics. **Please provide evidence of the above in the box below.**	
OR	• Lesions which cause demonstrable severe functional impairment which prevents th individual from fulfilling activities of daily living. **Please provide evidence of the above in the box below.**	
OR	• Lesions are 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. **Please provide evidence of the above in the box below.**	
OR	• Lesions are rapidly growing or abnormally located (e.g. sub-fascial, sub-muscular). **Please provide evidence of the above in the box below.**	
OR	• Lesions where there is clinical evidence that a commonly benign or nonaggressive lesion may be changing to a malignancy, or there is sufficient doubt over the diagnosis to warrant removal. **Please provide evidence of the above in the box below.**	

Please supply full supporting information clearly evidencing how the patient meets policy criteria

CCG USE:	**Invoice ref:**	**Prior Authorisation requested by:**	
Is the procedure approved or declined? **Please indicate:**		**Name of Clinician**	
Name		**Contact number**	

Signature		**Date**	
Date			