**REMOVAL OF BENIGN SKIN LESIONS**

**- PRIOR APPROVAL FORM**

**(for Asymptomatic Skin Lesions please complete an IFR form)**

**Please ensure all sections are completed and any requested supporting information is provided to ensure a prompt decision. Unless the patient fully meets the criteria, funding will not be approved unless there are exceptional reasons.**

**PART A – MUST BE COMPLETED FOR ALL REQUESTS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **GP/CONSULTANT DETAILS** | | | | | | |
| Name: | |  | | GP Practice Code: | |  |
| Address: | |  | | Trust: | |  |
| Preferred Contact (Email) - Only NHS.NET addresses are acceptable: | | @nhs.net | | | | |
| **PATIENT’S DETAILS** | | | | | | |
| NHS No: |  | | MRN (if applicable): | |  | |
| Date of Birth: |  | | | | | |

**Requesting clinician – please confirm the following**

|  |  |  |
| --- | --- | --- |
| Patient Consent: The Patient hereby gives consent for disclosure of information relevant to their case from professionals involved and to the ICB. | Yes | No |
| I have informed the patient that this intervention will only be funded where the criteria are met. | Yes | No |
| I confirm that I have reviewed the patient against the commissioning criteria and that the information provided within this application is accurate. | Yes | No |

**PART B – MUST BE COMPLETED FOR ALL REQUESTS**

|  |  |  |
| --- | --- | --- |
| **ACCESS CRITERIA** | | |
| **Symptomatic Skin Lesions – Please provide further information as relevant** | | |
| Removal cannot be undertaken in Primary Care under the Minor Surgery Direct Enhanced Service because it is beyond GP surgical care or the Practice is not signed up to the Enhanced Service or the GP is unable to make an inter-practice referral. **(GP to provide further information at the time of application)** **AND** | Yes | No |
| There is documented evidence of significant recurrent infection.  **OR** | Yes | No |
| Unavoidable trauma in the course of normal daily activities causes the lesion to frequently bleed.  **OR** | Yes | No |
| The skin lesion is causing obstruction of an orifice to the extent that function is significantly impaired.  **OR** | Yes | No |
| The lesion is causing continuous pressure symptoms in the course of daily activities such that pain is now restricting normal daily life. | Yes | No |

**Please provide evidence below to support the information provided. Without evidence your application may be rejected. If you prefer you can attach supporting information, such as a clinic letter, rather than completing the box below.**

|  |
| --- |
| Supporting information: |

|  |
| --- |
| **FOR ASYMPTOMATIC SKIN LESIONS PLEASE USE THE IFR FORM** |

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| **Biopsies** |
| Biopsies are not covered by this policy and may be undertaken as required at the discretion of the managing clinician. |

How to complete:

* Add GP/Consultant details
* Add Patient details
* Tick to answer yes or no to criteria listed under the procedure being requested
* Provide supporting information to evidence assessment in the free text area or attach supporting information such as clinic letter
* Email form to [glicb.ifr@nhs.net](mailto:glicb.ifr@nhs.net)
* Response will be sent from Gloucestershire ICB to the preferred contact for reply within a maximum of 10 working days.
* Please complete the form in typeface.

February 2024