

Commissioning Policy

Removal of benign skin lesions

Prior Approval

Date adopted: 15.02.2024.

Version: 1.2

Authorisation and document control

Name of policy:	Removal of Benign Skin Lesions
Job title of author:	Senior Programme Commissioning Manager – Elective Care
Name of sign off group:	Effective Clinical Commissioning Policies Group

Equality and Engagement Impact Assessment	
Date Equality and Engagement Impact Assessment was completed:	26/01/2024

Consultation	
Name of group	Date considered
Dermatology Consultants – Gloucestershire Hospitals NHS Foundation Trust	April 2022 – October 2023
Clinical and Care Lead GP for Elective Care – Gloucestershire ICB	October 2023
Effective Clinical Commissioning Policies Group (now called Commissioning Policy Review Group)	12 th December 2023

Authorisation	
Name of group	Date approved
Effective Clinical Commissioning Policies Group (now called Commissioning Policy Review Group)	12 th December 2023
System Quality Committee	15 February 2024

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Review date	December 2026
To be reviewed by (job title)	Lead Commissioner for Dermatology

Version control				
Version number	Date	Summary of changes	Author/Editor	Approved by
1.0	September 2020	Skin & Subcutaneous Policy split into three separate policies (1) Removal of benign Skin lesions. (2) Surgical removal of lipomata and (3) Cosmetic skin and subcutaneous procedures.	Senior Programme Manager – Elective Care	Effective Clinical Commissioning Policies Group/Executive Directors
1.1	December 2023	Various changes to access criteria to improve consistency of funding decision making and reduce avoidable referrals for minimally symptomatic lesions.	Senior Programme Manager – Elective Care	Effective Clinical Commissioning Policies Group 12.12.2023 System Quality Committee 15.02.2024
1.2	January 2025	Keloid and hypertrophic scars removed from policy statement.		Senior Programme Manager – Elective Care

1.0 Background

This policy sets out the Gloucestershire Integrated Care Board's position on the removal of benign skin lesions. Benign skin lesions include a wide range of skin disorders. There is no clinical need to remove benign asymptomatic or minimally symptomatic skin lesions, and as such surgical removal is not generally available through the NHS.

The ICB considers lesions to be symptomatic, and therefore appropriate for removal, where they meet at least one of the criteria in this policy. Removal of benign skin lesions can often be undertaken in primary care, under the Minor Surgery Enhanced service. This option provides treatment closer to home, reduces pressure on specialist services, and is more cost effective. Therefore, removal of benign lesions should be undertaken in primary care wherever possible.

2.0 Policy statement

Gloucestershire ICB will **not** routinely fund **referral** to secondary care for the treatment of benign skin lesions, including all the following conditions:

- Warts
- Milia
- Sebaceous hyperplasia
- Seborrhoeic keratoses
- Spider Naevi/ cherry angiomas
- Congenital nevi
- Benign pigmented naevi (moles)
- Dermatofibromas (skin growths)
- Skin tags (note: anal skin tags covered by a separate policy)
- 'Sebaceous' cysts (pillar and epidermoid cysts)
- Xanthelasma (cholesterol deposits underneath the skin)
- Melasma
- Striae

Gloucestershire ICB will only consider funding secondary care assessment and subsequent treatment of benign skin lesions where at least one of the following criteria applies. **Prior Approval** must be granted by Gloucestershire ICB before treatment.

Criteria:

- The skin lesion is causing obstruction of an orifice to the extent that function is significantly impaired.
OR
- The lesion is causing continuous pressure symptoms in the course of daily activities such that pain is now restricting normal daily life.
OR
- Unavoidable trauma in the course of normal daily activities causes the lesion to frequently bleed.
OR
- There is documented evidence of significant recurrent infection.

Where removal of a skin lesion is supported, the ICB expects removal to generally be undertaken in Primary Care through the Minor Surgery Direct Enhanced Service/Inter-practice Minor Surgery Enhanced Service. Treatment in secondary care should only be undertaken where removal is beyond GP surgical care.

Where there is diagnostic uncertainty specialist advice should be sought through the Advice and Guidance service in the first instance.

Note on disfiguring lesions of the face.

Treatment of disfiguring lesions on the face is not routinely commissioned but funding may be granted subject to approval through the IFR route in the case of:

- Severe disfiguring non-malignant lesions of the face
- Severe port wine stains that extend onto the face and neck

Applications must be supported by photographic evidence of confirmation of the extent to which the face is covered, taking into account the patient's normal hairstyle.

3.0 Patients who are not eligible for treatment under this policy

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

4.0 Connected policies

Cosmetic procedures: General principles - <https://www.nhsglos.nhs.uk/wp-content/uploads/2023/07/Cosmetic-Procedures-General-Principles.pdf>

Cosmetic skin and subcutaneous procedures - <https://www.nhsglos.nhs.uk/wp-content/uploads/2024/02/Cosmetic-Skin-and-subcutaneous-procedures.pdf>

5.0 References

Academy of Medical Royal Colleges Evidence Based Interventions Guidance on Benign Skin Lesions - <https://ebi.aomrc.org.uk/interventions/removal-of-benign-skin-lesions/>