

## ANAL SKIN TAG REMOVAL EVIDENCE BASED INTERVENTIONS (EBI) POLICY

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Target audience:	<p><b>NHS Somerset ICB:</b></p> <ul style="list-style-type: none"> <li>• NHS Providers</li> <li>• GP Practices</li> <li>• Contracts Team</li> </ul> <p><b>Medical Directors:</b></p> <ul style="list-style-type: none"> <li>• Somerset NHS Foundation Trust</li> <li>• Royal United Hospitals Bath NHS FT</li> </ul>
Application Form	Generic EBI Application

**ANAL SKIN TAG REMOVAL  
EVIDENCE BASED INTERVENTIONS (EBI) POLICY**

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**VERSION CONTROL**

<b>Document Status:</b>	Current policy
<b>Version:</b>	2425.v2

**DOCUMENT CHANGE HISTORY**

<b>Version</b>	<b>Date</b>	<b>Comments</b>
1516.v1	April 2017	Change of policy template from SWCSU template to SCCG. Amendment to General Principles wording
1516.v1.1	December 2018	Updated PALS email address, move to new SCCG template
1819 v1.1a	April 2022	Rebranding from IFR to EBI, update template,
2223.v1.1b	July 2022	3-year review
2223.v1.1c	March 2023	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v1.1d	June 2024	Wording change 4.6
2425.v1.1e	January 2025	3-year review. No clinical amendments. Wording amendment to general principles and EBI pathway

<b>Equality Impact Assessment EIA</b>	April 2018
<b>Quality Impact Assessment QIA</b>	March 2018
<b>Sponsoring Director:</b>	Dr Bernie Marden
<b>Document Reference:</b>	2425.v2

## 1 GENERAL PRINCIPLES EBI (Evidenced Based Intervention)

- 1.1 Funding approval must be in place prior to treating patients for this prior approval treatment

*Please note:* Funding approval is given where there is evidence that the treatment requested is clinically effective and the patient has the potential to benefit from the proposed treatment

- 1.2 Receiving funding approval for the specified treatment requested, DOES NOT confirm that the patient will receive treatment or surgery. The patient MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken

- 1.3 The policy does not apply to patients with suspected malignancy who should continue to be referred under the NHS '2 week wait pathway' rules for assessment and testing as appropriate

- 1.4 Patients with an elevated BMI of 30 or more MAY experience more post-surgical complications including post-surgical wound infection and should be encouraged to lose weight further prior to seeking surgery

<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>  
(Thelwall, 2015)

- 1.5 Patients who are smokers should be referred to a smoking cessation service to reduce the risk of surgery and improve healing

- 1.6 Prior approval funding is available for one year commencing the date of approval

## 2 POLICY CRITERIA NOT COMMISSIONED

- 2.1 Anal skin tag removal is **not routinely commissioned**

- 2.2 All benign skin lesion removals, other than those requiring removal because of features suspicious of dysplasia/malignancy are not routinely funded by the ICB

- 2.3 A referral through the local 2-week pathway should be made where there is a concern of features suspicious of dysplasia/malignancy

## 3 BACKGROUND

- 3.1 Anal skin tags, or rectal skin tags, are common and usually harmless growths that hang off the skin around the outside of the anus. They may be mistaken for warts or piles (haemorrhoids)

- 3.2 Anal skin tags may also be called hypertrophied papillae or fibroepithelial polyps
- 3.3 They are not contagious, but may be due to inflammation, a lesion, anal injury or skin left behind after treatment for a haemorrhoid
- 3.4 Anal skin tags are not a risk to health
- 3.5 Anal skin tags may be checked by a doctor to make sure they are harmless and not a malignant or cancerous growth

#### **4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS**

- 4.1 Patients who are not eligible for surgery under this policy may be considered for surgery on an individual basis where the 'CLINICIAN BEST PLACED' believes exceptional circumstances exist that warrant deviation from the rule of this policy

'THE CLINICIAN BEST PLACED' is deemed to be the GP or Consultant undertaking a medical assessment and/or a diagnostic test/s to determine the health condition of the patient.

- 4.2 Completion of a **Generic EBI Funding Application Form** must be sent to the EBI team by the 'clinician best placed' on behalf of the patient

**Note.** Applications CANNOT be considered from patients personally

- 4.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted
- 4.4 It is expected that clinicians will have ensured that the patient, on behalf of whom they are forwarding the funding application, has given their consent to the application and are made aware of the due process for receiving a decision on the application within the stated timescale
- 4.5 Generic EBI Funding Applications are considered against '**clinical exceptional**ity'. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.

For further information on 'clinical exceptional

ity' please refer to the NHS Somerset ICB / EBI webpage Evidence Based Interventions - [Evidence Based Interventions - NHS Somerset ICB](#) and click on the section titled **Generic EBI Pathway**

- 4.6 Photographs can be forwarded with the funding application form to further support the clinical evidence provided where appropriate

## 5 ACCESS TO POLICY

5.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

5.2 **Or write to us:** NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: [somicb.pals@nhs.net](mailto:somicb.pals@nhs.net)

## 6 REFERENCES

The following sources have been considered when drafting this policy:

6.1 <https://www.nhs.uk/conditions/skin-tags/>