BENIGN SKIN LESIONS

PRIOR APPROVAL (PA) & EVIDENCE BASED INTERVENTIONS (EBI) POLICY

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Target audience:	**NHS Somerset ICB**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Somerset Foundation Trust • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT
Application Form	Prior Approval Form

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VERSION CONTROL

Document Status:	Current policy
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DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
2012.v1	2012	CBA Policy removed from Guidance for Clinicians Policy Document to an individual policy document.
1516.v2a	March 2016	No longer routinely commissioned
1516.v3	March 2017	Change of policy template SWCSU to SCCG; Ganglion Aspiration not commissioned
1516.v.3	December 2018	IFR amendment to PA, inclusion of internal skin lesions, amendment to layout
1819.v4	March 2019	'Regard' to Section 14Z8 of the NHS Act 2006. IFR replaced with EBI name change
1819.v4a	March 2021	3-year review/no amendments to clinical criteria, additional inclusion of conditions not within remit of this policy 3.5
2021.v5	February 2022	Correction to reference to EBI application process
2021.v5a	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v5b	November 2022	Update to aspiration treatment following CCPF October 2022
2223.v5c	March 2023	Clinical wording change 5.7
2425.v5d	July 2024	3-year review, inclusion of giant cell tumours/pilonidal sinus/Tendon Sheath Fibroma/ amendment to website link and clinical exceptionality wording on 4.6

Equality Impact Assessment EIA	March 2016
Quality Impact Assessment QIA	October 2018
Sponsoring Director:	Dr Bernie Marden
Document Reference:	2425.v5e

1 GENERAL PRINCIPLES (PRIOR APPROVAL)

1.1 Funding approval must be secured by primary care/secondary/community care prior to referring/treating patients for this prior approval treatment

1.2 Funding approval must be secured prior to a referral for an assessment/surgery. Referring patients without funding approval secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment

1.3 On limited occasions, we may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patient meets the criteria to access treatment in this policy

1.4 Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed

1.5 Receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment

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

1.7 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery. https://www.sciencedirect.com/science/article/pii/S1198743X15007193 (Thelwall, 2015)

1.8 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

1.9 Where prior approval funding is secured by the EBI service it will be available for a specified period of time, normally one year

2 POLICY CRITERIA

- **POINT 2.4/13 - EVIDENCE BASED INTERVENTIONS (EBI)**
- **POINT 3 - PRIOR APPROVAL (PA)**

2.1 **Where there is a clinical concern of features suspicious of dysplasia /malignancy a referral through the local 2WW pathway should be made**

2.2 Where patients have been referred within the local 2-week pathway and are subsequently cleared of any clinical concern, further surgery/treatment to the lesion is not routinely commissioned. An EBI application may be put forward for consideration (refer to item 5)

2.3 Any excision removed to be sent for histology

2.4 This policy relates to all treatments proposed in secondary/community care including all forms of surgical excision, laser treatment and cryotherapy

2.5 The lesions detailed below **do not fall within the remit of this BSL policy**. Where evidence of a clinical need for surgery/treatment is within the clinical records NHS treatment would be commissioned:

- Fibroadenomas of breast
- Thyroglossal cysts
- Scrotal epididymal cyst (testicular)
- Genital warts
- Bartholin's cyst
- Pyogenic granuloma
- Giant Cell Tumours
- Tendon Sheath Fibroma
- Dermatological conditions
    - Eczema
    - Psoriasis
    - Lichen Sclerosus

2.6 **Pilonidal sinus**

Please refer to the Hair Depilation Treatment (including laser therapy and electrolysis) Evidence Based Interventions (EBI) Policy

NHS Somerset ICB does not commission:

2.7 Surgery is not commissioned to any Benign Skin Lesion(s) due to the cosmetic appearance to:

- improve appearance
- sunbath
- swim
- take part in recreational activities

2.8 This policy refers to **all benign skin lesions** on the body including those which are cutaneous, subcutaneous and within the mouth or other orifices such as the ear canal or genitals including (but not exclusively):

- Accessary Auricle Tag
- Actinic Keratosis
- Perineal or Vulvar Cysts
- Chalazion
- Cherry angiomas or Campbell de Morgan spots
- Cold sores/Herpes Simplex Virus
- Comedones (black/white heads)
- Corn/Callus
- Cysts ('sebaceous' Cysts, pilar and epidermoid cysts)
- Dermatofibromas (skin growths)
- Ganglion
- Hypertrophic lichen planus
- Lipomas (lipomata) (fat deposits underneath the skin) Moles (benign pigmented naevi)
- Nasal Polyps
- Molluscum contagiosum
- Ostraceous psoriasis
- Rheumatoid Nodules
- Seborrheic Keratosis
- Skin tags
- Spider naevi
- Thread veins
- Xanthelasmas (cholesterol deposits underneath the skin)
- Warts - Viral /Plantar

2.9 NHS Somerset will commission the following intervention for Ganglion or Mucus cyst:

One aspiration/puncture with or without local anaesthetic as an outpatient procedure only if causing

- Pain
- tingling/numbness or
- clinical concern but not for cosmetic reasons

Repeat aspiration/puncture of recurrent ganglion/mucus cyst at the same site is not routinely commissioned

2.10 Patients who are not eligible for treatment under this policy, please refer to Item 5 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

3 Benign Skin Lesion <u>with</u> infections
POLICY Criteria to Access Treatment – PRIOR APPROVAL

3.1 Prior Approval funding can be sought for treatment where there is documented evidence recorded in the Primary Care Records of infected lesion(s) as detailed below;

Where the following clinical circumstances can be evidenced completion of the Prior Approval Application form is required

a) 3 or more infections treated with antibiotics in the previous 12 months (evidence to be provided with the PA form) **OR**

b) infected lesion(s) having to be incised and drained in secondary care as an urgent/emergency case in the preceding 6 months

3.2 Patients who are not eligible for treatment under this policy, please refer to Item 5 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

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

4.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required

4.3 Applications cannot be considered from patients personally

4.4 Only electronically completed EBI applications will be accepted to the EBI Service

4.5 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBI Panel. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context

4.6 EBI funding application are considered against clinical exceptionality. To eliminate discrimination for patients, **social, environmental, workplace, and non-clinical personal factors cannot be taken into consideration.**

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB EBI webpage Evidence Based Interventions - NHS Somerset ICB and click on the section titled Generic EBI Pathway.

4.7 Where appropriate photographic supporting evidence can be forwarded with the application form

4.8 An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question

- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

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

6 REFERENCES

The following sources have been considered when drafting this policy:

6.1 NHS Choices
http://www.nhs.uk/conditions/lumps-swellings/Pages/Introduction.aspx
https://www.nhs.uk/conditions/nasal-polyps/

6.2 BNSSG Clinical Commissioning Group

6.3 National Rheumatoid Arthritis Society
https://www.nras.org.uk/rheumatoid-nodules

6.4 British Association of Dermatologists - BAD Patient Information Leaflets
British Association of Dermatologists - Patient Information Leaflets (PILs) (bad.org.uk)

6.5 NICE. (2010, May). Improving outcomes for people with skin tumours including melanoma (update) - The management of low-risk basal cell carcinomas in the community. Retrieved May 12, 2016, from NICE: https://www.nice.org.uk/guidance/csg8/resources/improving-outcomes-forpeople-with-skin-tumours-including-melanoma-2010-partial-update-773380189

6.6 NHS England EBI List 1 wrist ganglion
NHS England » Evidence-Based Interventions Programme
Home - aomrcebi Retired data

6.7 Removing of Moles and Warts Removing Moles and Warts | Scientific American

6.8 Pilonidal sinus laser treatment
https://publishing.rcseng.ac.uk/doi/10.1308/rcsann.2022.0005