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 NHS Foundation Trust • Royal United Hospitals Bath NHS FT
Application Form	Prior Approval Form Generic EBI Application

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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
2425.v5e	October 2025	3-year review, inclusion of additional conditions under 2.5 & 2.8 & inclusion of AoMRC. Section Prior Approval 3.1a) – Reduction to number of antibiotics

Equality Impact Assessment EIA	March 2016
Quality Impact Assessment QIA	October 2018
Sponsoring Director:	Dr Bernie Marden
Document Reference:	2526.v6

1 GENERAL PRINCIPLES PA (PRIOR APPROVAL)

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

- **Point 2.4-2.12 - 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 point 4)

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.

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

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) those listed below.

- Accessary Auricle Tag
- Actinic Keratosis
- Chalazion
- Cherry angiomas or Campbell de Morgan spots
- Chondrodermatitis helicis nodularis 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)
- Non-genital viral warts in immunocompetent patients
- Neurofibromata
- Milia
- Nasal Polyps
- Moles (benign pigmented naevi)
- Molluscum contagiosum
- Ostraceous psoriasis
- Perineal or Vulvar Cysts
- Rheumatoid Nodules
- Seborrheic Keratosis
- Skin tags
- Solar comedones
- Spider naevi
- Thread veins
- Xanthelasmas (cholesterol deposits underneath the skin)
- Warts - Viral /Plantar

2.9 The benign skin lesions, listed above in 2.8, must meet at least **ONE** of the following criteria to be considered for removal.

a) The lesion is unavoidably and significantly traumatised on a regular basis with evidence of this causing regular bleeding (more than twice weekly for at least four weeks caused by everyday activities i.e. not due to picking)

b) There is repeated infection requiring 2 or more antibiotic courses per year

c) The lesion is obstructing an orifice or impairing field vision

d) The lesion significantly impacts on function e.g. restricts joint movement

e) The lesion causes pressure symptoms which are unavoidable, cannot be managed conservatively and cause atrophy. Verruca on the feet do not normally meet this criterion as they can be pared back to avoid pressure symptoms

2.10 NHS Somerset commission the following intervention for Ganglion or Mucus cyst.

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

- 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.**

2.11 Lipomas presenting with any of the following features may warrant further clinical evaluation.

- Size greater than 5 cm
- Sub-facial location
- Rapid growth
- Associated pain

Clinical consideration should be given for referral to a Sarcoma clinic or a direct access ultrasound clinic to exclude malignancy and ensure appropriate clinical management.

2.12 Patients who are not eligible for treatment under this policy, please refer to Item 4 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) 2 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 4 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 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 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**

4.6 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

6 REFERENCES

The following sources have been considered when drafting this policy:

6.1 NHS Choices
https://www.nhs.uk/conditions/lumps/

6.2 BNSSG ICB https://bnssg.icb.nhs.uk/

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
https://ebi.aomrc.org.uk/interventions/removal-of-benign-skin-lesions/

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