

**ANAL SKIN TAG REMOVAL
INDIVIDUAL FUNDING REQUEST POLICY
1516.V1.1**

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Application Form	Generic IFR Application Form

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ANAL SKIN TAGS INDIVIDUAL FUNDING REQUEST POLICY

VERSION CONTROL

Document Status:	Current policy
Version:	1516.V1.1

DOCUMENT CHANGE HISTORY		
Version	Date	Comments
V1	2010	Updated Guidance for Clinicians Policy Document
V8e	October 2015	Reviewed by the SCCG CCPF no amendments Removed from the SCCG Guidance for Clinicians Policy Document
1516.v1.1	April 2017	Change of policy template from SWCSU template to SCCG. Amendment to General Principles wording

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	August 2015
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ANAL SKIN TAGS INDIVIDUAL FUNDING REQUEST POLICY

Anal skin tag treatment is not routinely funded by the CCG

General Principles

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

1. The CCG does not commission surgery for cosmetic purposes alone.
2. Funding approval must be secured by primary care prior to referring patients seeking corrective surgery.
3. Referring patients to secondary care without funding approval having been 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.
4. On limited occasions, the CCG 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 patients meets the criteria to access treatment in this policy.
5. 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.
6. Patients should be advised that 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.
7. Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)
8. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)
9. Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year.

Background

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).

Anal skin tags may also be called hypertrophied papillae or fibroepithelial polyps.

They are not contagious, but may be due to inflammation, a lesion, anal injury or skin left behind after treatment for a haemorrhoid.

Although anal skin tags are not a risk to health, they may cause problems in maintaining cleanliness after using the toilet. Skin tags may also trap moisture and cause irritation. They may also become irritated through contact (rubbing) with clothing or the movement associated with sitting.

Anal skin tags may be checked by a doctor to make sure they are harmless and not a malignant or cancerous growth.

Policy

1. Anal skin tag removal is not routinely commissioned by the CCG.

Individual cases will be reviewed at the Commissioner's Individual Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician.

Applications cannot be considered from patients personally.

Provided these patients receive the full support of their general practitioner, or clinician, in pursuing their funding request an application may be made to the Individual Funding Request Panel for consideration.

In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that 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.

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 IFRP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context.

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.

Or write to us: NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR

or **Email** us: pals@somersetccg.nhs.uk

References

This policy has been developed with the aid of the following references:

1. <http://www.nhs.uk/conditions/skin-tags/Pages/Introduction.aspx>