

BENIGN SKIN LESIONS INDIVIDUAL FUNDING REQUEST POLICY

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APPLICATION FORM	Generic IFR Application Form

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CONTENTS

Section		Page
	VERSION CONTROL	i
	GENERAL PRINCIPLES	1
	BACKGROUND	2/3
	POLICY	3
	REVIEW	2019
	MONITORING, COMPLIANCE AND EVALUATION	
	ASSOCIATED DOCUMENTS	
Appendices		
APPENDIX 1	Use Title Case	

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VERSION CONTROL

Document Status:	Current policy
Version:	1516.v3

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	09 March 2016	Not Commissioned
1516.v3	01/03/2017	Change of policy template from SWCSU template to SCCG Inclusion under criteria 'not commissioned' <ul style="list-style-type: none">• Ganglion Aspiration is not commissioned

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	20160331 1516.v2
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The removal of Benign Skin Lesions is not commissioned 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

Most lumps and swellings under the skin are harmless and can be left alone. See your GP if a new lump or swelling develops so that the cause can be identified.

A painful lump or swelling that appears suddenly over a day or two may be caused by an injury or infection. It's likely to be an infection if the skin around the lump is red and warm. Your GP can advise you about how to care for this.

1. **A cyst** is a harmless fluid-filled lump that may disappear on its own without treatment (it will feel like a pea and roll under the skin when you press it)
2. **A skin tag** is a harmless, knobby wart-like growth that hangs off the skin and can be left alone
3. **A lipoma** is a soft, fatty lump that grows under the skin. It's fairly common, harmless and can usually be left alone. When you press a lipoma it should feel soft and "doughy" to touch. It can range from the size of a pea to a few centimetres across
4. **A ganglion cyst** usually appears on the back of the wrist. It's made up of a thick jelly-like fluid and feels like a smooth, soft lump under the skin. It's not clear why ganglions form, but they can be related to ageing or to injury to the joint or tendon
5. **Dorsal wrist ganglion cyst.** Typically occurs in young adults and often disappears spontaneously
6. **Palmar wrist ganglion cyst.** May occur in young adults, but also seen in association with wrist arthritis in older individuals. The risk of recurrence after surgery is around 30%, and problems after surgery include persistent pain, loss of wrist movement and trapping of nerve branches in the scar. For these reasons, many surgeons advise against operation for these cysts
7. **Flexor tendon sheath ganglion cyst.** Typically occurs in young adults, causing pain when gripping and feeling like a dried pea sitting on the tendon sheath at the base of the finger
8. **Dorsal digital ganglion cyst.** Usually in middle-aged or older people and associated with early osteoarthritis of the end joint of a finger. Pressure from the cyst may cause a furrow in the fingernail. Occasionally the cyst fluid leaks through the thin overlying skin from time to time. The risk of recurrence after surgery is around 10% and problems after surgery include infection, stiffness and pain from the arthritic joint.

The surgical removal, laser treatment, or cryotherapy of a benign asymptomatic skin lesion is regarded as a procedure of low clinical priority. These procedures are therefore not routinely funded by Somerset CCG.

Surgery to improve appearance alone is not provided for normal changes such as those due to aging.

This policy covers all benign skin lesions including the following:

- Chalazion
- Cherry angiomas or Campbell de Morgan spots
- Cysts ('sebaceous' Cysts, pilar and epidermoid cysts)
- Dermatofibromas (skin growths)
- Ganglion removal
- Lipomas (lipomata) (fat deposits underneath the skin)
- Moles (benign pigmented naevi)
- Molluscum contagiosum
- Seborrhoeic keratoses (benign skin growths, basal cell papillomas, warts)
- Skin tags
- Spider naevi
- Thread veins
- Xanthelasma (cholesterol deposits underneath the skin)
- Warts and plantar warts

POLICY

1. Where there is a concern of features suspicious of dysplasia/malignancy a referral through the local 2 week pathway should be made

Somerset CCG **does not commission:**

2. Benign skin lesion removals
 - a. other than those requiring removal because of features suspicious of dysplasia/malignancy which have followed the 2 week pathway
3. Ganglion Aspiration (Removal of the liquid contents of a ganglion cyst with a needle (aspiration) under local anaesthetic)

In order for an application to be considered 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.

Individual cases will be reviewed at the Commissioner's Individual Funding Requests 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.

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.

For some procedures, criteria relating to BMI and smoking status have been included. These criteria have been agreed following discussions with plastic surgeons and take into account their impact on clinical outcomes including wound healing.

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

1. The following sources have been considered when drafting this policy:

NHS Choices

<http://www.nhs.uk/conditions/lumps-swellings/Pages/Introduction.aspx>