

ANAL SKIN TAG REMOVAL INDIVIDUAL FUNDING REQUEST POLICY

Version:	1819 v1.1a
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Application Form	Generic IFR Application

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VERSION CONTROL

Document Status:	Current policy
Version:	1819 .v1.1a

DOCUMENT CHANGE HISTORY

Version	Date	Comments
V1	2010	Updated "Guidance for Clinicians Policy" doc.
V8e	October 2015	Reviewed by the SCCG CCPF no amendments
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

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	April 2018
Quality Impact Assessment QIA. Date:	March 2018
Sponsoring Director:	Sandra Cory
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1 GENERAL PRINCIPLES

- 1.1 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
- 1.2 Funding approval must be secured by primary care/secondary care prior to referring/treating patients seeking surgery
- 1.3 The CCG does not commission surgery for cosmetic purposes alone
- 1.4 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
- 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
- 1.6 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
- 1.7 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
- 1.8 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
- 1.9 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)
- 1.10 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)
- 1.11 Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year

2 POLICY

2.1 Anal skin tag removal is not routinely commissioned by the CCG

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 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
- 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 INDIVIDUAL FUNDING REQUEST APPLICATION PROCESS

- 4.1 Individual cases may be reviewed at the Commissioner's Individual Funding Requests Panel where there is full support from a GP or Consultant for a treatment which is not commissioned by the Commissioner or where a patient is not eligible for a treatment under a specific policy
- 4.2 Completion of a **Generic IFR Application Form** by a patient's GP or Consultant is required
- 4.3 Applications cannot be considered from patients personally
- 4.4 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
- 4.5 IFR applications are reviewed and considered for clinical exceptionality
 - For further information on 'clinical exceptionality' please refer to the NHS England IFR policy

https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-indivdual-funding-requests.pdf

- 4.6 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

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 Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somccq.pals@nhs.net

6 REFERENCES

The following sources have been considered when drafting this policy:

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