NHS
Somerset
Clinical Commissioning Group

BENIGN SKIN LESION
PRIOR APPROVAL (PA) POLICY

Version:	1819.v4a
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
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Name of Originator/Author:	EBI Team
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Target audience:	**SCCG**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • Somerset Partnership NHS FT
Application Form	Prior Approval Benign Skin Lesion

Benign Skin Lesion PA Policy

VERSION CONTROL

Document Status:	Current policy
Version:	1819.v4a

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 from SWCSU template to SCCG; Inclusion Ganglion Aspiration is 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

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	20160331 1516.v2
Quality Impact Assessment QIA. Date:	August 2018
Sponsoring Director:	Sandra Corry
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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 corrective 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

1.5 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

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 **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 care including all forms of surgical excision, laser treatment and cryotherapy

2.5 This policy does not include internal lesions, where there is a clinical need for surgery/treatment e.g.:

- fibroadenomas of breast
- thyroglossal cysts
- scrotal epididymal cyst

Somerset CCG does not commission:

2.6 Ganglion Aspiration (Removal of the liquid contents of a ganglion cyst with a needle (aspiration) under local anaesthetic)

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

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

3 POLICY Criteria to Access Treatment – PRIOR APPROVAL REQUIRED

3.1 This policy covers all benign skins lesions on the body including those which are cutaneous, subcutaneous and within the mouth or other orifices such as the ear canal or genitals

3.2 Prior Approval funding will be authorised for treatment where there is documented evidence recorded in the Primary Care Records of infected lesion(s) as detailed below;:

3.2.1 3 or more infections treated with antibiotics in the previous 12 months (evidence to be provided with the PA form) **OR**

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

4 BACKGROUND

This policy refers to **all benign skin lesions** including (but not exclusively):

- Accessary Auricle Tag
- Actinic Keratosis
- Bartholin's, 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

4.1 Most lumps and swellings under the skin are harmless and can be left alone

4.2 See your GP if a new lump or swelling develops so that the cause can be identified

4.3 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

4.4 **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)

4.5 **A skin tag** is a harmless, knobbly wart-like growth that hangs off the skin and can be left alone

4.6 **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

4.7 **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

4.8 **Dorsal wrist ganglion cyst.** Typically occurs in young adults and often disappears spontaneously

4.9 **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

4.10 **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

4.11 **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

4.12 **Nasal Polyps.** Painless soft growths inside your nose. Treatment is steroid nose drops, steroid tablets or a spray to shrink the polyps.

4.13 **Rheumatoid nodules.** Rheumatoid nodules are firm lumps that appear subcutaneously (i.e. under the skin) in up to 20% of patients with rheumatoid arthritis. Generally do not advise removal as they invariably recur.

5 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

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

5.2 Completion of a **Generic EBI Application Form** by a GP or Consultant may be put forward

5.3 Applications cannot be considered from patients personally

5.4 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

5.5 EBI 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

5.6 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

6 ACCESS TO POLICY

6.1 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

6.2 **Or write to us**: NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somccg.pals@nhs.net

7 REFERENCES

The following sources have been considered when drafting this policy:

7.1 NHS Choices
http://www.nhs.uk/conditions/lumps-swellings/Pages/Introduction.aspx

https://www.nhs.uk/conditions/nasal-polyps/

7.2 BNSSG Clinical Commissioning Group

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

6.4 British Association of Dermatologists - BAD. (n.d.). Patient Information Leaflets. Retrieved April 26, 2016, from British Association of Dermatologists: http://www.bad.org.uk/for-the-public/patientinformation-leaflets

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