NHS
Central London
Clinical Commissioning Group

Benign Skin Lesions

- The removal of a benign skin lesion, wherever it appears on the body, is regarded as a procedure of low clinical priority. Surgery to improve appearance alone is not provided
- NHS funding is deemed to be inappropriate for this procedure. Clinical Commissioning Groups may fund through the exceptions process

The list below gives examples of lesions which not are covered by the policy. This list is **not exhaustive**:

- Benign pigmented melanocytic naevi (moles);
- Dermatofibromas (skin growths);
- Hair Removal;
- Lipomata (fat deposits underneath the skin);
- Molluscum Contagiosum;
- Port wine stains;
- Post acne scarring;
- 'Sebaceous' cysts (pilar and epidermoid cysts);
- Seborrheic keratoses (benign skin growths, basal cell papillomas, warts);
- Skin tags;
- Spider naevi.
- Telangectasia;
- Thread veins;
- Warts and Plantar Warts; (genital and anal warts are excluded)
- Xanthelasmas (cholesterol deposits underneath the skin).
- Anal skin tags

Indications for direct referral include:

Diagnostic Uncertainty

- Suspected malignancy (should be referred through via the 2ww suspected cancer system with the exception of suspected basal cell carcinoma). Skin lesions are often referred for specialist opinion because of concerns that there may be malignancy
- Once it is established that a skin lesion is not malignant its removal will not normally be funded by the NHS though a clinician may request exceptional funding. ***Clinicians referring on this basis should make the patient explicitly aware that removal of the lesion may not occur.***

Liposarcoma

- If liposarcoma is suspected referrals should be made using the 2 week wait service. Patients with a previous history of malignancy (excluding Basal Cell Carcinoma) are at greater risk of developing lipo-sarcoma, therefore clinical judgement should be used in these cases. Prior approval to make a referral under this service is not required.

- Lipomas which are considered to be at higher risk of malignancy are those where one or more of the following criteria applies:
    - Measured diameter exceeds 4cm;
    - Significant persistent pain that is not solely pressure related;
    - Rapid growth over a short period of time;
    - Deep fixity to muscle or facia; or
    - Prior malignancy – other than Basal Cell Carcinoma.
- Once it is established that a skin lesion is not malignant its removal will not normally be funded by the NHS though a clinician may request exceptional funding. ***Clinicians referring on this basis should make the patient explicitlyaware that removal of the lesion may not occur.***

Port Wine Stains (Capillary Malformations) and Capillary Haemangiomas in Children

- Spider Naevi should NOT be referred

1) Port Wine Stains are vascular malformations which are always present at birth and consist of malformed dilated blood vessels in the skin.

- Children with Port Wine Stains (capillary malformations) should be referred early to a Paediatric Dermatologist for a confirmation of the diagnosis/prognosis.
- Cosmetic treatment of Port Wine Stains is not routinely commissioned and will not normally be funded by the NHS though a clinician may request exceptional funding.

Clinicians referring on this basis should make the patient explicitly aware that removal of the lesion may not occur.

2) Capillary haemangioma are benign proliferative angiomas which normally develop shortly after birth – they usually grow to 80% of maximum size in the first three months and most stop growing at about 5 months. However, they may keep growing for up to 18 months. After that, they undergo regression or involution.

- Children with large capillary haemangiomas at risk of causing significant cosmetic or functional impairment should be referred **urgently** to a paediatric dermatologist for confirmation of the diagnosis and consideration of early propranolol therapy.

Pyogenic Granulomas

Pyogenic Granulomas – if due to pregnancy usually settle after delivery, otherwise they tend to persist. Those cases not amenable to treatment in General Practice (usually by curettage and cautery, silver nitrate, or cryotherapy) or those cases where there is diagnostic uncertainty should be referred.

Genital and Anal Warts

- Genital and anal warts should be referred to the Genito-urinary medicine service and are outside the scope of this policy
- These referrals are subject to monitoring through the Referral Management Centre. Referrals which do not meet the guidelines will be returned to the referrer.
- Procedures undertaken as EXCEPTIONS will be subject to retrospective audit and therefore will require clear documentation in the patient's records.

Sebaceous Cysts

- Removal of sebaceous/epidermoid/pilar cysts is considered by the CCG to be a procedure of limited clinical benefit.

Additional Information

- Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes there is an exceptional clinical need that warrants a deviation from the rule of this policy

In making a case for exceptional clinical need it should be demonstrated that

1. *the patient is significantly different to the general population of patients with the condition in question and*
2. *the patient is likely to gain significantly more health benefit from the intervention than might be normally expected for patients with that condition*

- The fact that a treatment is likely to be efficacious for a patient is not in itself a basis for exceptionality
- An application cannot be considered from patients personally