

**POLICIES AND PROCEDURES FOR THE COMMISSIONING OF APPROPRIATE,
EFFECTIVE AND PRIORITY HEALTHCARE**

POLICY NUMBER 30

**POLICY FOR THE SURGICAL MANAGEMENT OF REMOVAL OF BENIGN SKIN
LESIONS**

Policy/Procedure Number	F&WCCG/COMM/29
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FYLDE AND WYRE CLINICAL COMMISSIONING GROUP

Policies for Commissioning Health and Healthcare

Policy for commissioning interventions to remove Benign Skin Lesions

1. Introduction

- 1.1 This document is part of a suite of policies adopted by the Clinical Commissioning Group to drive its commissioning of health and healthcare. Each policy in that suite is a separate public document in its own right, but will be applied with reference to policies in that suite.
- 1.2 This policy relates to the commissioning of interventions to remove benign skin lesions. Such interventions include:
- Surgical excision
 - Cauterisation
 - Cryosurgery
 - Cryotherapy
 - Electrodesiccation and curettage
 - Keratolysis
 - Chemical peeling
 - Laser destruction
 - Dermabrasion

2. Definition

- 2.1 The removal of a benign skin lesion may have the following intended outcomes
- To relieve pain, disability or physical discomfort
 - To eliminate/diagnose suspected malignant transformation
 - To improve the cosmetic appearance of the body
- 2.2 “Benign skin lesions” covered by this policy include:
- Lipomata
 - Epidermoid Cyst
 - Sebaceous Cyst
 - Pilar Cyst
 - Xantheslasmata
 - Seborrhoeic Keratoses
 - Dermatofibromata
 - Milia
 - Skin tags
 - Warts
 - Veruccas
 - Naevi
 - Vascular naevi (haemangioma, port wine stain, spider naevus, telangiectasia)
 - Dermal neurofibromas
 - Molluscum contagiosum lesions
 - Scars, Keloid Scars
 - Stretch marks

- 2.2 The Clinical Commissioning Group recognises that a patient may:
- suffer from a benign skin lesion,
 - wish to have a service provided for their condition,
 - be advised that they are clinically suitable for the treatment, and
 - be distressed by their condition, and by the fact that that that they may not meet the criteria specified in this commissioning policy.

Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

3. Appropriate Healthcare

3.1 The Clinical Commissioning Group considers that the removal of benign skin lesions with the intended outcome of relieving pain, disability or physical discomfort places the intervention within the category of services that are appropriate for commissioning under Category 1¹. Therefore it will be commissioned by the Clinical Commissioning Group if it also satisfies the criteria for effectiveness, cost effectiveness and ethical delivery.

3.2 The Clinical Commissioning Group considers that the removal of benign skin lesions in which malignant transformation is suspected places the intervention within the category of services that are appropriate for commissioning under Category 1. Therefore it will be commissioned by the Clinical Commissioning Group if it also satisfies the criteria for effectiveness, cost effectiveness and ethical delivery.

3.3 The Clinical Commissioning Group considers that the removal of benign skin lesions with the sole intended outcome of improving cosmetic appearance places the intervention within the category of services that are appropriate for commissioning under Category 2. This is because their intended outcome (i.e. to improve cosmetic appearance) is other than those listed under Category 1 (i.e. to preserve life, prevent or relieve pain, disability or physical discomfort, directly address the distress or disability associated with a diagnosed mental health condition or maintain dignity at the time of death.) While the Clinical Commissioning Group wishes to commission this service, it is unable to do so on the basis of competing priorities.

4. Effective Healthcare

4.1 The Clinical Commissioning Group considers that interventions to remove benign skin lesions satisfy the criterion of effectiveness.

4.2 The Clinical Commissioning Group recognises that removal of benign skin lesions may result in scarring and will rely on the judgement of the clinician responsible for managing the patient's condition as to whether the benefits of the procedure are likely to outweigh the harm.

5. Cost Effective Healthcare

5.1 The Clinical Commissioning Group considers that interventions to remove benign skin lesions satisfy the criterion of cost effectiveness.

¹ Lancashire Principles for Commissioning Health and Health Care 030211

6. Ethical Healthcare

- 6.1 The Clinical Commissioning Group considers that interventions to remove benign skin lesions satisfy the criterion of ethical healthcare within the Principles for the Commissioning of Health and Healthcare document.

7. Policy

- 7.1 The Clinical Commissioning Group will not normally commission the removal of benign skin lesions except in the following circumstances:

- a) Malignant transformation is suspected
- OR
- b) The benign skin lesion is causing pain, disability or physical discomfort
- OR
- c) the clinical opinion is that the lesion is at high risk of becoming infected
- AND
- d) the clinical opinion is that the benefit of the procedure in terms of symptom resolution for the individual patient outweighs the risk of harm (scarring).

- 7.2 In the case of 7.1a (suspicion of malignant transformation) the procedure should always be undertaken by an accredited General Practitioner, General Practitioner with Specialist Interest in Dermatology or a Consultant Dermatologist

- 7.3 The Clinical Commissioning Group does not commission procedures to remove benign skin lesions for cosmetic purposes only.

8. Exceptions

- 8.1 The Clinical Commissioning Group will consider exceptions to this policy. This policy is based on criteria of appropriateness, effectiveness, cost effectiveness and ethical issues. A successful request to be regarded as an exception is likely to be based on evidence that the patient differs from the usual group of patients to which the policy applies, and this difference substantially changes the application of those criteria for this patient.

Requests for funding for removal of benign skin lesions under exceptional circumstances may be submitted to the Clinical Commissioning Group's Individual Funding Request Panel. (See Policy for Individual Funding Requests for guidance on exceptionality and application process.)

9. Force

- 9.1 This policy remains in force for a period of four years from the date of its adoption, or until it is superseded by a revised policy, whichever is sooner.

Date of adoption: 1 October 2012

Date of review: 30 September 2016