

## BENIGN SKIN LESION REMOVAL USING SURGERY, CRYOTHERAPY OR LASER TREATMENT

### Policy Statement - Benign Skin Lesions

Removal or treatment of benign skin lesions is not routinely funded. This is in line with the Academy of Medical Royal Colleges publication (2019) on Evidence Based Interventions, at <https://ebi.aomrc.org.uk/interventions/removal-of-benign-skin-lesions/>

**However, the following fall outside of the scope of this policy:**

- Lesions that are suspicious of malignancy should be treated or referred according to NICE skin cancer guidelines and referred via the 2ww pathway.
- Any lesion where there is diagnostic uncertainty – the GP is recommended to make use of existing teledermatology advice and guidance or refer via the 2ww pathway.
- Pre-malignant lesions - Actinic Keratoses – Follow the link to AK Policy: <https://bswtogether.org.uk/medicines/wp-content/uploads/sites/3/2022/04/Actinic-Keratosis-pathway-Jan-2022-update-1.0.pdf>

### CRITERIA BASED ACCESS

If any of the following criteria are met, then the patient may be referred to the most appropriate provider i.e., GPwER, Community Dermatology Clinic or Secondary care Provider

- Repeated infection requiring 2 or more courses of antibiotics in the previous 12 months
- The lesion is obstructing an orifice or impairing the patients' field of vision
- Lipomas on the body > 5cms, with rapid growth and/or pain. These should be referred to a Sarcoma clinic.

### PRIOR APPROVAL

Where a lesion is benign and the clinician wishes to refer, funding approval is required, Primary care must obtain funding before referring patients to secondary care providers and secondary care providers must satisfy themselves that the patient has funding secured prior to seeing the patient. This is to ensure inappropriate out-patient appointments are avoided and patient expectation is effectively managed.

For all benign skin lesions that do not meet the above CBA criteria, prior approval is required, this should always be **following referral to Advice and Guidance**:

- The lesion causes regular pain
- Facially disfiguring lesions
- The lesion bleeds repeatedly in the course of normal everyday activity
- The lesion significantly impacts on function e.g., restricts joint movement
- The lesion causes pressure symptoms on nerve or tissue

This applies to all providers, including secondary care, general practitioners (GPs), GPs with enhanced role (GPwER), independent providers, and community or intermediate services.

## BSW Service Provision – Benign Skin Lesions requiring prior approval

Please note that all requests that fall outside of the CBA Criteria and where an A&G response recommending referral to: Secondary care, independent sector providers or a GPwER will still require funding approval before the patient can be referred on via the referral services.

### B&NES GP's

#### Via RSS and BEMS Dermatology triage to:

- BEMS GPwER - funding approval required; (above age 24)
- ID Medical - funding approval required; (above age 18)
- RUH - funding approval required; (all ages)
- Out of area trust e.g., UH Bristol (all ages) – under that provider or that ICB's access rules

### Swindon GP's

#### Via RSS and GWH Community Dermatology triage to:

- CSP@RWB - funding approval required; (above age 18)
- GWH - funding approval required; (all ages)
- Out of area trust e.g., OUH (all ages) – under that provider or that ICB's access rules.

### Wiltshire GP's

#### Via Devizes or Sarum RSS to:

- SMP GPwER – funding approval required; (above age 24)
- CSP@Spa - funding approval required; (above age 18)
- CSP@RWB – funding approval required; (above age 18)
- GWH – funding approval required; (all ages)
- RUH - funding approval required; (all ages)
- SFT – funding approval required; (all ages)
- Out of area trust e.g., UH Southampton (all ages) – under that provider or that ICB's access rules.

Information that can be shared with patients has been produced by the EBI programme, this can be downloaded, and printed locally for patient information.

#### The aims of this policy include:

- Ensuring the right patients receive the right treatment in the right place, first time.
- Ensuring treatments for patients with conditions that BSW does **NOT** fund are **NOT** conducted.
- Ensuring the number of applications for funding are reduced as currently the majority of requests are refused. This:
  - Wastes GP time in raising the funding request.
  - Unfairly raises the expectations of the patient.
  - Wastes further GP time advising the patient of the funding rejection, and therefore increasing the time required to create an alternative management plan.