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| **SKIN LESION REMOVAL** | | | | | | | | | | |
| **PRIOR APPROVAL REQUIRED** | | | | | | | | | | |
| 1. **Patient Information** | | | | | | | | | | |
| **Name** |  | | | | | | Male |  | Female |  |
| **Address**  **Post Code** |  | | | | | | | | | |
| **Date of Birth** |  | | **NHS Number** | | | |  | | | |
| **B. Referrer’s Details (GP/Consultant/Clinician)** | | | | | | | | | | |
| **Name** |  | | | | | | **Patient requested referral** | | | |
| **Address**  **Post Code** |  | | | | | | | | | |
| **Telephone** |  | | | **Email** |  | | | | | |
| **GP Details (if not referrer)** | | | | | | | | | | |
| **Name** |  | **Practice** | | | |  | | | | |
| By submitting this form, you confirm that the information provided is, to the best of your knowledge, true and complete and that you have:   * Discussed all alternatives to this intervention with the patient. * Had a conversation with the patient about the most significant benefits and risks of this intervention. * Informed the patient that this intervention is only funded where criteria are met, or exceptionality demonstrated. * Checked that the patient is happy to receive postal correspondence concerning their application where appropriate. * Checked that the patient understands spoken and written English.   I understand that it is a legal requirement for fully informed consent to be obtained from the patient (or a legitimate representative of the patient) prior to disclosure of their personal details for the purpose of a panel/IFR team to decide whether this application will be accepted, and treatment funded. By submitting this form, I confirm that the patient/representative has been informed of the details that will be shared for the purpose and consent has been given.  Signed: …………………………………………………………. Date: ……………………………………… | | | | | | | | | | |
| **Submission**  The completed form(s) should be sent electronically (from a nhs.net email address) in confidence with any other supporting documents to [BSWICB.EFR@nhs.net](mailto:BSWICB.EFR@nhs.net)  To **comply with information governance standards, emails containing identifiable patient data should only be sent securely, i.e., from an nhs.net account.** | | | | | | | | | | |

**THIS PAGE MUST BE COMPLETED FOR ALL REQUESTS**

This policy applies to all BSW patients regardless of age, therefore prior approval is required for both adults and children. However, all patients under the age of eighteen are referred to secondary care (acute trusts) only; under IOG guidelines, Dermatology/minor surgery GPwER’s do not treat patients under the age of twenty-four.

All referrals for treatments or conditions covered by this policy will require funding approval prior to referral. However, if there is concern re diagnostic uncertainty including, suspicion of malignancy or pre-malignancy, the referrer should consider whether it is appropriate to refer under the 2WW pathway.

**Wherever there is diagnostic uncertainty and any query regarding suspicion of cancer or benign lesion, referrers are strongly recommended to use Cinapsis teledermatology, with dermatoscopic images, to request consultant advice and guidance in the first instance.**

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| **CRITERIA BASED ACCESS**  **IF ANY OF THE FOLLOWING 3 CRITERIA ARE MET PRJIOR APPROVAL FUNDING IS NOT REFUIRED** |
| 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. |

**C. Clinical Criteria to be read in conjunction with the “Benign Skin Lesion” Policy**

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| **CLINICAL CRITERIA FOR SURGERY** | | | | | | |
| Type of lesion: | | | Location: | | | |
| Size: | | | Photographs attached Choose an item. | | | |
| Left Choose an item. | | Right Choose an item. | | Bilateral Choose an item. | | |
| BCC Yes  Please refer to the BCC policy statement. | | | | | | |
| **Please refer to the following list of indications and acknowledge if first line treatments have been attempted. Documented evidence to support must be included with the application.** | | | | | | |
| Actinic Keratosis | Has remained unresponsive despite two courses of topical Efudix cream (4 weeks duration) and reviewed 6-8 weeks after completion of the two courses of treatment. | | | | Choose an item. | |
| Mild to Moderate Eczema | Has failed to respond to treatment with emollients, appropriate topical steroids, and oral antihistamines for of at least 4 weeks duration. | | | | Choose an item. | |
| Mild to Moderate Psoriasis | Has failed to respond to treatment with emollients, appropriate vitamin D analogue and topical steroid combination in adults and appropriate topical steroids in children. | | | | Choose an item. | |
| Seborrhoeic Dermatitis | Has failed to respond to treatment with Ketoconazole administered as a cream or shampoo or to clotrimazole-hydrocortisone cream in adults.  In the case of children has failed to respond to treatment with emollients and topical mild steroids in infancy. | | | | Choose an item.  Choose an item. | |
| Mild to Moderate Rosacea | Has failed to respond to 6 months of standard systemic therapy with Tetracycline or Erythromycin and a licensed topical treatment | | | | Choose an item. | |
| Mild to Moderate Acne Vulgris | Has failed to respond to 3 months of conventional treatment with systemic Tetracycline or Erythromycin at the correct dose for acne, in combination with a prescribed retinoid or other non-antibiotic topical therapy. | | | | Choose an item. | |
| Have all appropriate conservative measures been attempted – have details been included in the application.  Supporting information attached | | | | | Choose an item.  Choose an item. | |
| The following lesions and conditions are **NOT** normally funded by BSW ICB | | | | | | |
| Benign Naevi, Comedones, Corns and calluses, Congenital Vascular lesions, Dermatofibroma, Fungal infections of toenails, Epidermoid, pilar or sebaceous cysts unless symptomatic due to severe recurrent infections requiring multiple courses of oral antibiotics, Milia, Seborrhoeic Keratosis, Skin tags (including Anal/Rectal), Xanthelasma | | | | | | |
| The following lesions and conditions are **NOT** normally funded by BSW ICB unless the following applies: | | | | | | |
| **Condition** | **Exception** | | | | | Choose an item. |
| Melasma/chloasma | Unless thought to be due to Addison’s disease of other systemic disease | | | | | Choose an item. |
| Molluscum Contagiosum | Except in immunosuppressed in children and adults | | | | | Choose an item. |
| Vascular lesions  Telangiectasia, spider naevi and small haemangiomas. | Unless thought to be part of systemic syndrome (i.e., Fabry’s) in adults.  **OR**  Proliferative haemangioma in children associated with obstruction/associated symptoms (requiring beta-blocker treatment) | | | | | Choose an item. |
| Viral warts | Except if immunosuppressed | | | | | Choose an item. |
| Referrals for any of the above lesions and conditions from Primary to Secondary Care should **ONLY** be initiated if at least **ONE** of the following criteria are met, evidence must be provided in addition to the tick box form to support the funding request. | | | | | | |
| The lesion causes regular pain | | | | | | Choose an item. |
| The lesion is facially disfiguring | | | | | | Choose an item. |
| The lesion bleeds repeatedly in the course of normal everyday activities | | | | | | Choose an item. |
| The lesion significantly impacts on function e.g., restricts joint movement | | | | | | Choose an item. |
| The lesion causes pressure symptoms on nerves or tissue | | | | | | Choose an item. |

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| What is the patient unable to do because of their condition? Is the patient unable to fulfil any vital work/educational activities? Is the patient unable to conduct essential domestic/carer activities? What is the degree of pain and any related medication? Please provide as much clinical information as possible to support the application. | |
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| * Pre-malignant lesions (actinic keratoses, Bowen disease) or lesions with pre-malignant potential – Only after all options have been fully attempted in primary care should a Prior Approval request be considered. * Any request will need to provide evidence of all options having been attempted, and for the appropriate duration. * For AK as detailed in the AK treatment guidelines at <https://bswtogether.org.uk/medicines/wp-content/uploads/sites/3/2022/04/Actinic-Keratosis-pathway-Jan-2022-update-1.0.pdf> and for Bowens, per the funding application.   If diagnostic uncertainty - the GP is recommended to make use of existing teledermatology advice and guidance | | |
| BSW Service Provision – Benign Skin Lesions | | |
| An A&G response recommending referral to:   * Secondary care, * Independent sector * GPwER,   Does not, by default, represent funding approval and is subject to funding approval being requested by the GP before referral and to funding approval subsequently being agreed. | | |
| B&NES GP’s | Via RSS and BEMS Derm triage to:  BEMS GPwER - funding approval required; (above age 24)  **OR**  ID Medical - funding approval required; (above age 18)  **OR**  RUH - funding approval required; (all ages)  **OR**  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 Derm triage to:  CSP@RWB - funding approval required; (above age 18)  **OR**  GWH - funding approval required; (all ages)  **OR**  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)  **OR**  CSP@Spa - funding approval required; (above age 18)  **OR**  CSP@RWB – funding approval required; (above age 18)  **OR**  GWH – funding approval required; (all ages)  **OR**  RUH - funding approval required; (all ages)  **OR**  SFT – funding approval required; (all ages)  **OR**  Out of area trust e.g., UH Southampton (all ages) – under that provider or that ICB’s access rules | |
| \*Significant functional impairment is defined as:  Symptoms preventing the patient fulfilling activities of daily living or conducting vital domestic or carer activities | |
| Exceptional Funding | |
| Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes there are clinical circumstances in place that warrant deviation from the rule of this policy.  Individual cases will be reviewed by the BSW CCG’s Exceptional funding Committee upon receipt of a completed application form from the patient s GP, Consultant, or clinician. Applications will not be considered from the patient personally. | |