

Skin Lesions (Removal of common benign) v4.4

Last reviewed:	20/03/2019	This policy statement will be reviewed 5 years from the date of the last review, unless new evidence or technology is available sooner.
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Policy exclusions (Alternative commissioning arrangements apply)

All suspected malignant lesions are excluded from this policy – these should be managed via the 2 week wait with the exception of Basal Cell Carcinoma (BCC), where low risk BCC may be removed in the community in line with NICE recommendations and high risk BCC should be referred through the usual pathway.

If a soft tissue sarcoma is suspected :

- **Consider an urgent direct access ultrasound scan**, to be performed within 2 weeks, to assess for soft tissue sarcoma in adults with an unexplained lump that is increasing in size (new NICE recommendation for 2015).
- **Consider a suspected cancer pathway referral**, for an appointment within 2 weeks, for adults if they have ultrasound scan findings that are suggestive of soft tissue sarcoma *OR* if ultrasound findings are uncertain and clinical concern persists (new NICE recommendation for 2015).

This policy does not apply to minor surgery undertaken in primary care which is outside of the remit of this policy as it falls under the commissioning responsibility of NHS England.

Policy Statement

This policy covers all benign skin lesions including those listed in the NHSE EBI category two criteria for benign skin lesions. [Removal of benign skin lesions - EBI \(aomrc.org.uk\)](http://aomrc.org.uk)

Benign skin lesions

The removal of benign skin lesions is **not** commissioned for purely aesthetic reasons

Removal of benign skin lesions is commissioned if **ONE** of the following applies:

- Impairment of function or significant facial disfigurement, e.g. large lipoma.
- Rapidly growing or abnormally located (e.g. sub-fascial, sub-muscular).
- There is significant pain as a direct result of the lesion.
- There is a confirmed history of recurrent infection / inflammation.
- The lesion bleeds in the course of normal everyday activity
- The lesion causes pressure symptoms (e.g. on nerves)
- There is reason to believe that a commonly benign or non-aggressive lesion may be changing to a malignancy, or there is sufficient doubt over the diagnosis to warrant removal.

The following additional criteria are also applicable to the lesions listed below. If the patient meets the criteria for that specific lesion **AND / OR** the criteria above removal is commissioned.

Lipoma (fatty lump)

- The lump is rapidly growing then referral should be made for ultrasound assessment to rule out liposarcoma.
- Where there are any concerns, the soft tissue guidelines should be followed.

Warts

- The diagnosis is uncertain.

OR

- There are multiple recalcitrant warts and the person is immunocompromised.

OR

- The person has areas of skin that are extensively affected, for example, mosaic warts.

Verrucas

- The person has diabetes.

Actinic/Solar Keratosis (AK)

If there is any reason to suspect that it is one of the small percentage at high risk of undergoing malignant change and transforming into a squamous cell carcinoma (e.g. if they are (i) bleeding, (ii) painful or (iii) thickened with substance when held between figure and thumb). The referral should include details of the reasons the referrer has for this suspicion.

Consider referral to secondary care if:

- AK fails to respond to standard treatments
- multiple or relapsing AKs represent a management challenge

AK occurs in the long-term immunosuppressed

Please see ‘Advice and Guidance’ for what information needs to be submitted if applying for IFR (exceptional case) approval.

Clinical Exceptionality:	Clinicians can submit an Individual Funding Request (IFR) outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester (GM) IFR Operational Policy. Link to GM IFR Operational Policy .
Advice and Guidance:	For further advice and guidance please click here
Links to Funding Request Forms:	IFR Non-Drug Form IFR Drug Form IFR Reconsideration Form