

# Policy for the Removal of Benign Skin Lesions

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Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite
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<b>Document control:</b>		
<b>Date:</b>	<b>Version Number:</b>	<b>Section and Description of Change</b>
September 2019	V1.0	Policy ratified by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups (JCCCGs)
July 2022	V1.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant

## **1. Policy**

- 1.1 The ICB will commission the removal of benign skin lesions when one or more of the following criteria are satisfied:
- 1.1.1 The lesion is unavoidably and significantly traumatised on a regular basis with evidence this causes regular bleeding

**OR**

  - 1.1.2 The lesion is unavoidably and significantly traumatised on a regular basis with evidence this results in infections that require 2 or more courses of antibiotics (oral or intravenous) per year

**OR**

  - 1.1.3 There is repeated infection requiring 2 or more courses of antibiotics per year

**OR**

  - 1.1.4 The lesion bleeds in the course of normal everyday activity

**OR**

  - 1.1.5 The lesion causes regular pain

**OR**

  - 1.1.6 The lesion is obstructing an orifice

**OR**

  - 1.1.7 The lesion is impairing the field of vision

**OR**

  - 1.1.8 The lesion significantly impacts on function e.g. restricts joint movement

**OR**

  - 1.1.9 The lesion causes pressure symptoms e.g. on nerve or tissue

## **2. Scope and definitions**

- 2.1 This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
- 2.2 The removal of benign skin lesions encompasses a number of minor surgery procedures used to treat skin lesions, such as skin tags, that are not suspected to be cancerous.

2.3 The scope of this policy includes requests for the removal of the following benign skin lesions, irrespective of gender or age:

- benign moles (excluding large congenital naevi)
- solar comedones
- corn/callous
- dermatofibroma
- lipomas
- milia
- molluscum contagiosum (non-genital)
- epidermoid & pilar cysts (sometimes incorrectly called sebaceous cysts)
- seborrhoeic keratoses (basal cell papillomata)
- skin tags (fibroepithelial polyps) including anal tags
- spider naevi (telangiectasia)
- non-genital viral warts in immunocompetent patients
- xanthelasmata
- neurofibromata

Removal methods within the scope of this policy include but are not limited to:

- Surgical excision
- Cauterisation
- Cryosurgery
- Cryotherapy
- Electrodesiccation and curettage
- Keratolysis
- Chemical peeling
- Laser destruction
- Dermabrasion

2.4 The scope of this policy does not include:

- The treatment of malignant lesions or those suspected of malignancy,
- The treatment of any lesions where there is diagnostic uncertainty,
- The treatment of pre-malignant lesions (actinic keratoses, Bowen disease) or lesions with pre-malignant potential.
- The removal of lesions other than those listed in section 2.3 above.

2.5 The ICB recognises that a patient may have certain features, such as

- having a benign skin lesion,
- wishing to have a service provided for their benign skin lesion,
- being advised that they are clinically suitable for benign skin lesion removal, and
- be distressed by their benign skin lesion, and by the fact 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.

2.6 For the purpose of this policy the ICB defines benign skin lesions as non-cancerous skin growths.

### **3. Appropriate Healthcare**

- 3.1 The purpose of the removal of benign skin lesions is normally to either improve the patient's cosmetic appearance or to resolve symptoms, such as pain or recurrent infections, associated with the presence of the skin lesion.
- 3.2 This policy relies on the Principle of Appropriateness as the ICB recognises that in many cases benign skin lesions cause no functional problems.

The ICB considers that in circumstances where skin lesions are asymptomatic or minimally symptomatic the removal of benign skin lesions does not accord with the criteria of appropriateness in the Statement of Principles, as other services competing for the same ICB resource more clearly have a purpose of preserving life or of preventing grave health consequences.

### **4. Effective Healthcare**

- 4.1 The removal of benign skin lesions carries risks including bleeding, pain, infection and scarring.

This policy therefore relies on the Principles of Effectiveness as the ICB considers that, in the absence of the symptoms outlined in section 1.1 of the policy, the potential risks associated with benign skin lesion removal outweighs the potential benefits.

### **5. Cost Effectiveness**

- 5.1 The ICB does not call into question the cost-effectiveness of benign skin lesion removal and therefore this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be Cost Effective in this patient when considering an application to provide funding.

### **6. Ethics**

- 6.1 The ICB does not call into question the ethics of benign skin lesion removal and therefore this policy does not rely on the Principle of Ethics. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient when considering an application to provide funding.

### **7. Affordability**

- 7.1 The policy criteria at section 1.1 of the policy rely on the Principle of Affordability. The ICB has a limited budget and must make difficult choices regarding the prioritisation of the resources available to ensure their best use. As a result of the need to manage the healthcare of its population within the budget available, access to cosmetic procedures, such as the removal of benign skin lesions, is restricted.

### **8. Exceptions**

- 8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
- 8.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.

## 9. Force

- 9.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
- 9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:
- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
  - If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

## 10. References

NHS England (2018). Evidence-Based Interventions: Guidance for CCGs  
<https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf>