Removal of common benign skin lesions Commissioning Statement

Version 4.5

Criteria

1. This commissioning statement covers all benign skin lesions.

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

3. Removal of benign skin lesions is commissioned if **one** of the following applies:

- There is impairment of function or significant facial disfigurement, for example a large lipoma.
- They are rapidly growing or abnormally located, for example sub-fascial or sub-muscular.
- There is significant pain as a direct result of the lesion.
- There is a confirmed history of recurrent infection or inflammation.
- The lesion bleeds in the course of normal everyday activity.
- The lesion causes pressure symptoms for example 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.

4. 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.

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

6**. Please note all suspected malignant lesions are an exclusion to this commissioning statement. These should be managed via the 2 week wait (with the exception of Basal Cell Carcinoma (also known as BCC), where low risk Basal Cell Carcinoma may be removed in the community in line with NICE recommendations and high-risk Basal Cell Carcinoma 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).

Actinic/Solar Keratosis (also known as 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 finger and thumb). The referral should include details of the reasons the referrer has for this suspicion.

Consider referral to secondary care if:

- Actinic/Solar Keratosis fails to respond to standard treatments
- Multiple or relapsing Actinic/Solar Keratosis represent a management challenge

Notes for clinicians:

When referring to secondary care for treatment, please ensure you include enough detail for secondary care clinicians to triage against, otherwise referrals could be rejected.

Treating clinicians can submit an Individual Funding Request, also known as an IFR, outside of this guidance if they feel there is a good case for exceptionality. For more information, please refer to the guidance notes for clinicians on determining exceptionality.