Assessment and Removal of Benign Skin and Subcutaneous Lesions

NHS Devon

Commissioning policy

Removal of a benign skin or subcutaneous lesion for cosmetic purposes using surgery, cryotherapy or laser treatment is not routinely commissioned.

Assessment or removal of a benign skin or subcutaneous lesion is routinely commissioned only in the following circumstances:

- Recurrent (2 or more documented episodes) or persistent infection of a lesion which has required treatment with systemic antibiotics.
- Children with port wine stains (capillary malformations) should be referred early to a paediatric dermatologist for confirmation of the diagnosis and prognosis. Cosmetic treatment of port wine stains is not routinely commissioned and will not normally be funded by the NHS though a clinician may request exceptional funding. **Clinicians referring on this basis should make the patient and parent/carer explicitly aware that treatment of the lesion may not occur.**
- Children with large, complex or facial capillary haemangiomas at risk of causing significant disfigurement or functional impairment or a haemangioma which is ulcerating should be referred **urgently** to a paediatric dermatologist for confirmation of the diagnosis and consideration of early propranolol therapy.
- Vascular anomalies (including capillary malformations, capillary haemangiomas, venous and arterial malformations) in children can cause diagnostic uncertainty in primary care. Referral to a paediatric dermatologist is recommended if there is diagnostic uncertainty, particularly for head and neck anomalies, in children. **Clinicians referring on this basis should make the patient and parent/carer explicitly aware that treatment of the lesion may not occur.**

- Pyogenic granuloma should only be referred if the lesion is persistent and has not responded to treatment in primary care (curettage and cautery and sending for histological confirmation of diagnosis) and if recurrently bleeding.

Where the original referral was for suspected malignancy, once it is established that a skin lesion is not malignant its removal will not normally be funded by the NHS though a clinician may request exceptional funding. **Clinicians referring on this basis should make the patient explicitly aware that removal of the lesion may not occur.**

Clinicians referring patients for assessment or removal of a benign skin or subcutaneous lesion should note that any digital images sent with referrals will not be reviewed by the ICB in the process of determining whether the referral meets the policy criteria.

Rationale for the decision

The routine removal of a benign (non-cancerous) skin or subcutaneous lesion for cosmetic purposes is not considered to represent value for money for the NHS. There are a number of circumstances outlined above in which assessment and/or removal of a lesion is routinely commissioned.

Port wine stains (or capillary malformations) are caused by abnormal development of blood vessels in the skin. Port wine stains are usually present at birth and do not usually cause any symptoms but can hypertrophy over time. Capillary malformations involving the face, scalp, or eyelids can be associated with glaucoma, or in rare cases, epilepsy (Sturge-Weber syndrome).

Capillary haemangiomas are soft raised vascular swellings on the skin caused by an overgrowth of blood vessels in the skin. They usually appear after birth and may grow rapidly in the first few months. Most haemangioma (80%) reach their final size by 3-6 months. Usually after 6-9 months the increase in size slows and the haemangioma slowly shrinks over several years. Most haemangiomas do not require treatment as they resolve spontaneously. A small number of haemangioma require treatment usually for one of three reasons: because of ulceration, because it may cause disfigurement or because it is causing or may cause impairment of development of hearing or vision or interfere with breathing, feeding or passing urine or stools. The treatment is aimed at inducing rapid shrinkage.

Pyogenic granuloma is a vascular lesion which can cause profuse bleeding after minor knocks. Pyogenic granuloma due to pregnancy usually settles after delivery. In other cases, the lesions persist and may recur despite treatments available in primary care (curettage and cautery and sending for histological confirmation of diagnosis).

This policy has been reviewed with regard to guidance for removal of benign skin lesions published by NHS England in November 2018. It is expected that adoption of the NHS England recommendations would increase the expenditure on the removal of benign skin lesions in Devon by increasing the number of procedures performed.

Increasing expenditure on the removal of benign skin lesions is considered to be a low priority for the use of healthcare funds.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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20.01.2020	Policy agreed by NHS Devon CCG following consideration of NHS England Evidence Based Interventions Guidance for CCGs Updated for governance purposes to clarify the position in respect of digital images sent with referrals, 04.01.2022 Policy adopted by NHS Devon ICB on 01.07.2022