T28: Management of Benign Skin Lesions in Secondary care

Instructions for Use:
To GPs: Please refer to the above policy and complete the following form prior to referral and provide evidence to support the criteria.
To Consultants: Please complete the box below and ensure there is evidence that the criteria are met.

This policy applies to patients of all ages, including children.
The vast majority of patients are expected to be managed in the primary/community care setting. However, some patients may need referral to a specialist.

In ordinary circumstances*, referral should not be considered unless the patient meets two or more of the following criteria. Please consider all avenues for management in Primary care (including referral to locally enhanced services) prior to referral to Secondary care

<table>
<thead>
<tr>
<th>In ordinary circumstances*, referral should not be considered unless the patient meets two or more of the following criteria. Please consider all avenues for management in Primary care (including referral to locally enhanced services) prior to referral to Secondary care</th>
<th>Please tick if criteria met</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is documented evidence that primary/community management has been sufficiently tried and failed to resolve the condition and there is <strong>continued clinical need</strong>. Primary/community management may include minor surgery in either setting or primary care-based dermatological services where appropriate and available.</td>
<td>☐</td>
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<tr>
<td><strong>AND any of the following general criteria:</strong></td>
<td></td>
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<tr>
<td>The lesion is painful, bleeds in the course of normal everyday activity or impairs function** or movement and warrants removal, but it would be unsafe to do so in primary care/community setting, for example because of location (e.g. face or breast) or bleeding risk. Removal must not be purely cosmetic. OR</td>
<td>☐</td>
</tr>
<tr>
<td>The lesion is on or very near to the eye*** or other orifice and is painful/infected or impinges on vision/hearing/smile and cannot be safely removed in primary care/community setting. Removal must not be purely cosmetic. OR</td>
<td>☐</td>
</tr>
<tr>
<td>Viral warts in immunosuppressed patients</td>
<td>☐</td>
</tr>
</tbody>
</table>

*If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to NHS Suffolk’s Individual funding request policy for further information.
**Significant functional impairment is defined by the BNSSG Health Community as:
  - Symptoms preventing the patient fulfilling routine work or educational responsibilities
  - Symptoms preventing the patient carrying out routine domestic or carer activities
*** Please note the referral should be made to the appropriate department depending on the complexity of the case
Consultant use only

Referral criteria is met and the patient will benefit from the proposed treatment: yes / no

Signature........................................

Consultant name: .............................. Please print

Hospital: ...................... Date.........

GP use only

Practice stamp/address

Referring clinician: ............................

Date: .............................................

Commissioner’s use only

Criteria met as per policy: yes / no

Compliance with notes: yes / no

Audit date: .................................

Audited by: ...................................... Please print

(GP/Cons)

Information Governance Statement for West Suffolk CCG Patients only

All Prior Approval Requests must be reviewed by the clinical commissioning group (CCG) as the statutory body responsible for funding decisions. This application form and other supporting information supplied may be shared with the CCG. If so, personal information will be retained only for the purposes of this Prior Approval Request and, in some cases, may be used for invoicing and payment reconciliation. The patient’s medical records may be used for the purpose of clinical audit which will be completed by a clinician. Anonymised information may also be shared as part of the CCG reporting process.

Does the patient consent to the sharing of their personal information?

Y/N

Refusal of consent will not preclude application of this referral. However, the referring body must ensure that all personal identifiable data is redacted from this application.