THRESHOLD POLICY T28
MANAGEMENT OF BENIGN SKIN LESIONS IN SECONDARY CARE

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Subsequent reviews
March 2014
June 2017

Next review date: April 2020

1. Policy Summary

1.1 Three broad management options exist for patients presenting to their GP with a benign skin lesion:

1. No treatment needed at present – e.g. reassurance and/or surveillance only
2. Treatment possible in primary care or community setting, e.g. straightforward excision or cryotherapy
3. Referral to secondary care specialist for assessment and/or treatment

All suspected malignant lesions are excluded from this policy – these should be managed via the 2 week wait referral pathway, with the exception of Basal Cell Carcinoma (BCC), which should be managed in line with NICE recommendations¹.

GPs are reminded to refer to the 7 features suspicious of malignancy, as per NICE guidance on skin cancer⁴.

This policy applies to patients of all ages, including children.

2. Eligibility Criteria

2.1 As only a minority of patients presenting with benign skin lesions will derive benefit from specialist referral, the CCG will only offer funding if criteria 1 is met AND any one of criteria 2-4.

1. There is documented evidence that primary/community management has been sufficiently tried and failed to resolve the condition and there is continued clinical need. Primary/community management may include minor surgery in either setting or primary care-based dermatological services where appropriate and available.

AND any of the following general criteria:
2. 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 \textbf{must not} be purely cosmetic.

\textbf{OR}

3. The lesion is on or very near to the eye\(^***\) or other orifice and is painful/infected or impinges on vision/hearing/smell and cannot be safely removed in primary care/community setting. Removal \textbf{must not} be purely cosmetic.

\textbf{OR}

4. Viral warts in the immunosuppressed.

*NICE recommend\(^2\) GPs use a suspected cancer pathway referral (for an appointment within 2 weeks) for melanoma if they have a suspicious pigmented skin lesion with a weighted 7-point checklist score of 3 or more. Major features score 2 points each, and minor features score 1 point each. If there is a strong clinical suspicion, the patient may be referred on the basis of one feature alone.

\textbf{Major features:}
- change in size
- irregular shape
- irregular colour

\textbf{Minor features:}
- diameter 7mm or more
- inflammation
- oozing
- change in sensation

\(^*\) Significant functional impairment is defined by the BNSSG Health Community as:
  i. Symptoms preventing the patient fulfilling routine work or educational responsibilities
  ii. 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

3. \textbf{Background to the Condition and Treatment}

3.1 Skin lesions are very common, with around 8.4% of GP consultations pertaining to skin complaints\(^3\). The majority are harmless and self-limiting, and those which are not self-limiting are often easy to treat in a primary care setting\(^4,5\). Lesions which cause no harm to the patient do not require treatment at all, although people may desire treatment for cosmetic reasons. Given the finite resources available, and lack of clinical need, it is important not to offer treatment for cosmetic problems either in primary or secondary care. This ensures time and resources are allocated to those with clinical need, i.e. possible malignancies.

4. \textbf{Rationale to the Decision}
This policy is designed to ensure that limited healthcare resources are put to the best possible use, benefitting patients in clinical need, which includes streamlining referrals to Dermatology. It is NOT intended to discourage clinicians from using the referral pathway appropriately, for those patients in whom they suspect a malignancy, or those who cannot be safely treated in a primary care setting.

In the past, a variety of conditions have fallen under the heading ‘benign skin lesions’. These include non-endocrine hirsuitism (see separate policy), male pattern baldness and hyperhidrosis. It is beyond the scope of this policy to cover all specific conditions; however, it is worth noting that the NHS does not fund hair regrowth treatments, and the CCG does not routinely fund botulinum toxin or surgery for hyperhidrosis.

The primary function of a cosmetic procedure is to improve appearance – it is not undertaken to improve functionality (be that mobility, the senses, pain reduction or psychosocial wellbeing) and is by definition nonessential. It can sometimes be difficult to discern whether there is clinical justification for a procedure as it may be extremely important to the individual patient. In order to be fair and try to standardise the care patients can expect to receive both county wide and across the UK, we can try to use objective measures to decide if a procedure is purely cosmetic.

5. References