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Welsh Health Specialised
Services Committee (WHSSC)

SPECIALISED SERVICES POLICY: CP 42

TREATMENT OF BENIGN SKIN CONDITIONS

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Policy Statement

<p>Background</p>	<p>Skin procedures are undertaken for a variety of reasons. This can include the repair and reconstruction of significant damage to skin and tissue resulting from, injury including burns, infection, cancer and other diseases.</p> <p>This policy excludes patients presenting with a skin or subcutaneous lesion that has features suspicious of malignancy. Patients with this presentation <u>MUST</u> be referred to an appropriate specialist for urgent assessment.</p> <p>Treatment of benign skin lesions undertaken with the sole purpose of cosmetic improvement will not be routinely funded by NHS Wales.</p>
<p>Statement</p>	<p>This policy is written in recognition of the service agreements which exist for the provision of skin procedures and describes the eligibility criteria for these procedures.</p> <p>Patients may satisfy the criteria or may be deemed to have clinically exceptional circumstances in which case funding will need to be considered in line with the All Wales Policy: Making Decisions on Individual Patient Funding Request (IPFR).</p>
<p>Responsibilities</p>	<p>Managers are responsible for ensuring that all relevant staff are aware of NHS Wales policies and adhere to them.</p> <p>Managers are responsible for ensuring that systems are in place for their areas of responsibility to enable staff to keep up to date with new policy changes.</p> <p>NHS Wales staff are responsible for ensuring that they are familiar with policies pertaining to their area of work, know where to locate the documents and seek out every opportunity to keep up to date with NHS Wales policies.</p> <p>Independent contractors are expected to identify a lead individual to be responsible for ensuring that all staff employed within their practice are aware of and adhere to NHS Wales policies.</p>

Algorithm

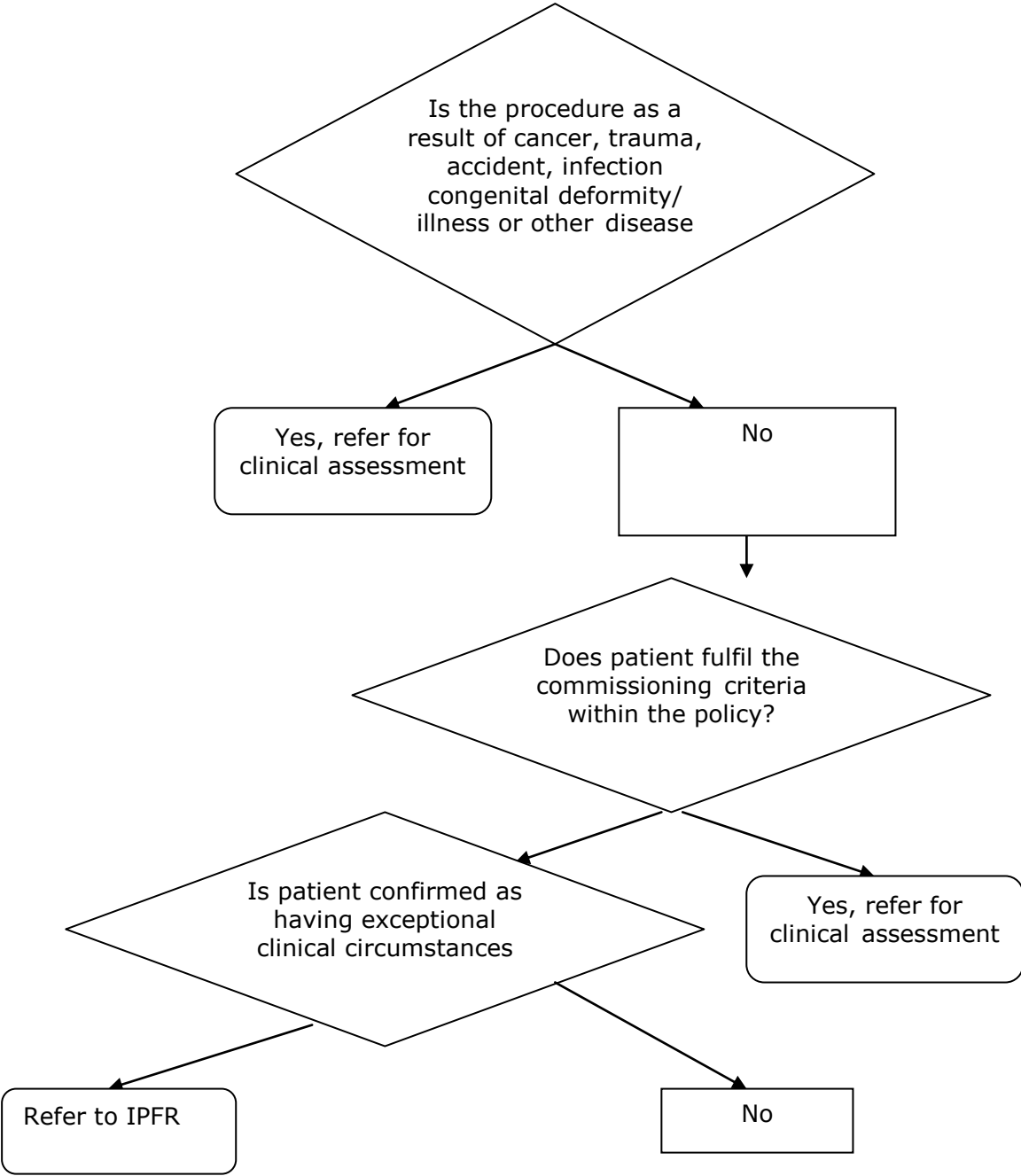


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1. Aim

1.1 Introduction

This document has been developed as the policy for the non-medical treatment of benign skin conditions for Welsh patients.

The purpose of this document is to:

- Clearly set out the circumstances under which patients will be able to access treatment;
- Clarify the referral process; and
- Define the criteria that patients must meet in order to be referred.

The treatment of benign skin condition with the sole purpose of improving cosmetic appearance will not be routinely funded by NHS Wales.

1.2 Relationship with other Policy and Service Specifications.

This document should be read in conjunction with the following documents located at

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=898&pid=46592> :

- Commissioning policy for access criteria and service specification for specialised Gender Identity Services CP21.
- Commissioning Policy: CP 43 Facial Surgery Procedures
- Commissioning Policy: CP 44 Body Contouring
- All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)
- WHSSC Referral Management policy

2. Scope

2.1 Definition

Skin procedures are undertaken for a variety of reasons. Skin procedures involve the repair and reconstruction of damaged skin and tissue where the damage may result from accident, injury including burns, infections, cancer and other diseases.

A range of skin conditions can affect the appearance of the skin. Where this is significantly disfiguring, particularly where this impacts on function, NHS treatment may be available. Skin procedures undertaken with the sole purpose of cosmetic improvement will not be routinely funded by NHS Wales.

2.2 Criteria for eligibility:

Patients with a skin or subcutaneous lesion that has features suspicious of malignancy **MUST** be referred to an appropriate specialist for urgent assessment.

Circumstances in which the treatment of benign skin condition may be funded by NHS Wales:

- The repair and reconstruction of damaged skin arising from accident, injury including burns, infection, cancer or other diseases;
- Procedures undertaken with the aim of improving the function of a body part; or
- Procedures which are medically necessary and where conservative treatment options have been exhausted.

This policy provides clarification regarding the access criteria agreed by NHS Wales for skin procedures. It represents the current commissioning priorities in NHS Wales and aims to provide clarification to GPs, specialist clinicians, service providers and patients alike.

2.3 Codes

Procedure	ICD10	OPCS4
Lipomata	D17	
Viral Warts		S04-,S05-;S06-;S09-; S10-;S11-
Other benign skin lesions		
Xanthelasma		
Skin hypo pigmentation		
Vascular skin lesions		
Acne vulgaris		
Rhinophyma		
Scar revision		
Skin resurfacing		S60.1; S60.2; S09-; S10.3; S11.3
Tattoo removal	L81.8	S60.1; S60.2; S60.3

3. Access Criteria

3.1 Clinical Indications

3.1.1 Patients presenting with a skin or subcutaneous lesion that has features suspicious of malignancy **MUST** be referred to an appropriate specialist for urgent assessment.

With regards to all other referrals for the treatment of benign skin lesions NHS Wales will not routinely fund unless:

- Treatment is required to repair or reconstruct damaged skin arising from accident, injury including burns, infections, cancer, other diseases and congenital anomalies; **AND**
- Treatment is deemed medically necessary and conservative treatment options have been exhausted; **AND**
- There is evidence of significant impaired ability to perform activities of daily living which has been formally assessed.

3.1.2 Patients with the problems/conditions listed in section 3.2 of this policy should only be referred to a Consultant/Specialist **after a clinical assessment** is made by the GP and there is a symptomatic or functional requirement for surgery.

3.1.3 Psychological distress alone will normally not be accepted as a reason to fund treatment. Applications which cite psychological distress will need to be evidenced with a current psychological assessment which specifically addresses the cause for the application.

In exceptional circumstances psychological distress alone will be considered as a reason for surgery if it may alleviate severe and enduring psychological dysfunction. In these cases an NHS psychiatrist or psychologist must provide demonstrable evidence of treatment(s) used to alleviate /improve the patient's psychological well being, including the impact and duration of treatment(s). Patients should be currently engaged or have undergone appropriate psychological or psychiatric treatment. Patients should NOT be referred to mental health services specifically to support a referral for skin surgical procedures.

Clinicians are asked to refer to NICE guideline 31 on Obsessive Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDS) prior to referring on psychological grounds alone.

The indicative criteria/guidelines for skin procedures are detailed in section 3.2 below.

3.2 Criteria for Treatment

3.2.1 Lipomata

Removal of lipoma is considered cosmetic surgery and will only be considered for treatment by the NHS in the following circumstances:

- The lipoma (-ta) is / are symptomatic; **OR**
- There is functional impairment; **OR**
- The lump is rapidly growing or abnormally located (e.g. sub-fascial, sub-muscular).

Patients with multiple subcutaneous lipomata may require biopsy to exclude neurofibromatosis.

3.2.2 Viral Warts

Rationale

Most viral warts will clear spontaneously or following application of topical treatments.

Eligibility criteria

Surgical treatment will only be funded in the following circumstances:

- Viral warts are painful and persistent; **OR**
- Extensive warts (particularly in the immuno-suppressed patient)

Patients with the above symptoms may need specialist assessment, by a dermatologist. For a small proportion surgical removal (cryotherapy, cautery, laser or excision) may be appropriate.

3.2.3 Other Benign Skin Conditions

The removal/treatment of the following benign skin lesions are not routinely commissioned:

- Sebaceous cyst (pillar and epidermoid);
- Skin tags;
- Milia;
- Molluscum contagiosum;
- Seborrhoeic keratoses (basal cell papillomata);
- Spider naevus (telangiectasia);
- Dermatofibromas; or
- Benign pigmented moles (naevi).

Exceptions where prior approval is **NOT** required:

Prior approval is not required when the following criteria are met. The expectation is that the majority of these procedures are undertaken in primary care; practice or locality services:

- Actinic Keratoses; **OR**
- Sebaceous cysts subject to recurrent infection and which are greater than 0.5 cm in diameter; **OR**
- Lesions which are subject to repeated trauma, bleeding or cause functional impairment due to size or locations.

3.2.4 Xanthelasma

Rationale

Xanthelasma (yellow fatty deposits around the eyelids) may be associated with abnormally high cholesterol levels and this should be tested for. Surgery can require blepharoplasty-type operations and / or skin grafts.

Patients with xanthelasma should always have their lipid profile checked before referral to a specialist.

Subject to specialist clinical assessment, larger lesions or those that have not responded to other treatments may benefit from surgery if the lesion is disfiguring. Supporting clinical evidence detailing previous attempts at treatment must be provided with the referral.

3.2.5 Tattoo removal

Tattoo removal is not routinely commissioned NHS Wales. Prior approval for tattoo removal may be considered in the following cases:

- In cases of severe allergy to pigments; **OR**
- Iatrogenic e.g. radiotherapy; **OR**

- Where the tattoo is the result of trauma, inflicted against the patient's will; **OR**
- The patient was not Fraser (formally Gillick competent) and therefore not responsible for their actions at the time of the tattooing.

3.2.6 Skin hypo pigmentation

The recommended NHS suitable treatment for hypo-pigmentation is Aesthetic Camouflage. Access to a qualified camouflage beautician should be available on the NHS for this and other skin conditions requiring camouflage.

3.2.7 Port wine stains/vascular skin lesions

Port wine stains on the face will be funded for removal. Funding for removal of port wine stains on other parts of the body that are causing physical discomfort or are resulting in tissue hypertrophy will be available.

The threshold for agreeing funding will be lower in patients under the age of 19 years.

Treatment should be considered for other haemangiomas or vascular lesions if:

- There are physical problems such as bleeding or ulceration; or
- The lesion is on the face and is unusually prominent and is getting bigger.

Funding will not be allowed for small benign, acquired vascular lesions such as thread veins and spider naevi.

3.2.8 Acne Vulgaris

The treatment of active acne vulgaris should be provided in primary care or through a dermatology service.

3.2.9 Rhinophyma

The first line treatment for this condition is medical. However, surgery or laser treatment for particularly severe cases or where medical treatment has failed may be commissioned in individual cases on an IPFR basis.

3.2.10 Scar Revision

Eligibility criteria

- Revision surgery for scars following complications of surgery;
- Keloid formation or other hypertrophic scar formation where there is obvious deformity or to restore normal function; or
- Scar revision for aesthetic improvement may be commissioned for the face will be considered by treating clinician.

Scar revision will only be offered after two years to allow the natural healing process to complete.

Removal of scars as a result of self harm will only be supported when there has been no self- harm for a minimum of three years and there is a supporting assessment report from a psychiatrist indicating that such behaviour would be unlikely to recur.

3.2.11 Skin "resurfacing" techniques

All resurfacing techniques, including laser, dermabrasion and chemical peels may be considered for post-traumatic scarring (including post surgical) and severe acne scarring once the active disease is controlled.

These treatments are not available for the treatment of facial ageing or excessive wrinkles.

3.3 Referral Pathway

Treatment of benign skin lesions are undertaken by specialities including amongst others plastic surgery, dermatology and general surgery. The access criteria specified in this policy should be applied to all referrals for the treatment of benign skin lesions. Referrals for procedures within this policy should be made using the relevant pro forma, annex ii- iii.

3.4 Exclusions

Referral under this policy does not include the following groups:

- Patients presenting with a skin or subcutaneous lesion that has features suspicious of malignancy **MUST** be referred to an appropriate specialist for urgent assessment.

3.5 Exceptions

If the patient does not meet the criteria for treatment, but the referring clinician believes that there are exceptional grounds for treatment an Individual Patient Funding Request (IPFR) can be made to WHSS under the All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

If the patient wishes to be referred to a provider out of the agreed pathway, an IPFR should be submitted.

Guidance on the IPFR process is available at www.whssc.wales.nhs.uk and Local Health Board web sites.

3.6 Responsibilities

Referrers should:

- Inform the patient when treatment is not routinely funded or outside the criteria in this policy; and
- Refer via the agreed pathway

The clinician considering treatment should:

- Discuss all alternative treatments with the patient;
- Advise the patient of any side effect and risks of the potential treatment;
- Inform the patient when treatment is not routinely funded or outside of the criteria in the policy; and
- Confirm that NHS Wales has a contractual agreement in place for the treatment.

In all other circumstances an IPFR will need to be made and approval given before assessment/treatment can proceed.

4. Putting things right raising a concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided. The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern:

- When a patient or their representative is unhappy with the decision that the patient does not meet the criteria for treatment further information can be provided demonstrating exceptionality. The request will then be considered by the All Wales IPFR Panel.
- If the patient or their representative is not happy with the decision of the All Wales IPFR Panel the patient and/or their representative has a right to ask for this decision to be reviewed. The grounds for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated. The review should be undertaken, by the patient's Local Health Board;
- When a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for NHS Putting Things Right. For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure, with a copy of the concern being sent to WHSSC.

5. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment. The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken. In respect of transgender, it reflects the necessary links to the Gender Dysphoria Pathway and the findings of the EQiA has been taken into account.

Annex (i)– Checklist

Specialised Services Policy CP42 – Treatment of benign skin lesions.

The following checklist should be completed for every patient to whom the policy applies:

- i) Where the patient meets the criteria **AND** the procedure is included in the contract **AND** the referral is received by an agreed centre, the form should be completed and retained by the receiving centre for audit purposes.
- ii) The patient meets the criteria **AND** is received at an agreed centre, but the procedure is not included in the contract. The checklist must be completed and submitted to WHSSC for prior approval to treatment.
- iii) The patient meets the criteria but wishes to be referred to a non contracted provider. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration.
- iv) The patient does not meet criteria, but there is evidence of exceptionality. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration for treatment.

To be completed by the referring gatekeeper or treating clinician

The following checklist should be completed for **all patients to whom the policy applies**, before treatment, by the responsible clinician.

Please complete the appropriate boxes:

Patient NHS No:		
Patient is Welsh Resident	Post Code:	
Patient is English Resident registered with NHS Wales GP	GP Code:	
Patient meets following access criteria for treatment:	Yes	No
Lipomata please refer to section 3.2.1		
Viral Warts please refer to section 3.2.2		
Other Benign Skin Conditions see section 3.2.3		
Xanthelasma see section 3.2.4		
Tattoo removal see section 3.2.5		
Skin Hypo Pigmentation see section 3.2.6		
Port Wine Stains/Vascular Skin Lesions see section 3.2.7		
Acne Vulgaris see section 3.2.8		
Rhinophyma see section 3.2.9		
Scar Revision see section 3.2.10		
Skin "Resurfacing" Technique see section 3.2.11		
Patient wishes to be referred to non-contracted provider		
<i>If the patient wishes to be referred to a non-contracted provider an Individual Patient Funding Request (IPFR) must be completed and submitted to WHSSC for approval prior to treatment. The form must clearly demonstrate why funding should be provided on the basis of exceptionalty. The form can be found at http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&id=181455</i>		
Patient does not meet access criteria but is exceptional		
<i>An Individual Patient Funding Request (IPFR) must be completed and submitted to WHSSC for approval prior to treatment. The form must clearly demonstrate why funding should be provided as an exception. The form can be found at http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&id=181455</i>		

Name: _____ **Designation:** _____

Signature: _____ **Date:** _____

	Name (printed):	Signature:	Date:	Yes	No
Authorised by TRM Gatekeeper					
Authorised by WHSSC Patient Care Team					
Patient Care Team/IPFR/TRM Reference number:					



Annex (ii)– Pro forma benign skin condition

Referral form for services not usually available on the NHS in Wales

Cosmetic surgery (surgery undertaken exclusively to improve appearance) will not normally be commissioned in the absence of previous trauma, disease or congenital deformity. Referrers will need to provide clinical detail with regards to the possible effect surgery will have in restoration of function.

Benign Skin Condition

Patient Surname		
Patient Forename(s)		
Patient DOB		
Patient NHS No:		
Patient Hospital No:		

Clinical diagnosis	
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Indication	Yes(✓) / No(x)	Comments, please include all clinical detail
Location & size (cm)		
Pigmented		
Recent change		
Congenital		
Previous infection		
Vascular lesion		

Other (state)		
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Other factors to be considered	
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Referrer Signature		Date	
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Sent date	Return date	Case officer	Decided date	Decision



Annex (iii)– Pro forma benign skin condition “resurfacing”

Referral form for services not usually available on the NHS in Wales

Cosmetic surgery (surgery undertaken exclusively to improve appearance) will not normally be commissioned in the absence of previous trauma, disease or congenital deformity. Referrers will need to provide clinical detail with regards to the possible effect surgery will have in restoration of function.

**SKIN ‘RESURFACING’ TECHNIQUES
(Laser, dermabrasion, chemical peels)**

Patient Surname		
Patient Forename(s)		
Patient DOB		
Patient NHS No:		
Patient Hospital No:		

Indication	Yes (✓) / No (x)	Please provide all clinical detail	
Post traumatic scarring			
Post NHS surgery or other treatment			
Severe facial post acne scarring.		D	

Other factors to be considered	
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Referrer Signature		Date	
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Sent date	Return date	Case officer	Decided date	Decision