(If there is any uncertainty whether the lesion may be malignant in nature, refer your patient via the 2 week wait referral route. This refers to suspected squamous cell carcinoma and malignant melanoma lesions and not basal cell carcinoma.)

Policy Statement - Benign Asymptomatic Skin Lesion

The removal of a benign asymptomatic skin lesion in secondary care is NOT routinely funded by the Commissioner. Surgery to improve appearance alone is not provided for normal changes such as those due to aging.

This policy includes:
- warts and plantar warts
- seborrhoeic keratoses (benign skin growths, basal cell papillomas, warts)
- spider naevi
- thread veins
- benign pigmented naevi (moles)
- dermatofibromas (skin growths)
- granulomatous skin lesion
- rosacea
- scars-keloid & hypertrophic
- venous flares
- telangiectasia
- skin tags to include anal skin tags
- ‘sebaceous’ cysts (pillar & epidermoid cysts)
- lipomata (fat deposits underneath the skin)
- xanthelasmas (cholesterol deposits underneath the skin)
- port wine stains
- actinic keratosis
- cysts of Zeis & Moll
- “lesion of eye lid”
- papillomas

If the removal of the skin lesion cannot be carried out in the GP practice PRIOR APPROVAL is required for onward referral.

Requests for the removal of benign skin lesions will be considered for funding for the following:

**OR**
- Sebaceous cysts where there has been more than one documented episode of infection
**OR**
- Lesions which cause significant functional impairment*
**OR**
- Lesions on the face where the extent and size of the lesion can be regarded as disfigurement. (Provide photography to demonstrate the level of disfigurement.)

* Significant functional impairment is defined as:
- Symptoms preventing the patient fulfilling routine work or educational responsibilities
- Symptoms preventing the patient carrying out routine domestic or carer activities

Smoking cessation is recommended for all patients considering the possibility of a procedure.
Policy Statement - Basal Cell Carcinoma- Adults
Where suspicion of SCC/MM refer on 2ww pathway. All patients aged 24 years and below, with a suspected skin cancer, including BCC, should be referred to the skin cancer MDT regardless of suspected lesion diagnosis, size or anatomical location.

The surgical removal of basal cell carcinomas is funded on the following basis, and is informed by the NICE Guidance on Cancer Services May 2010, The Management of Low-Risk Basal Cell Carcinomas in the Community:

<table>
<thead>
<tr>
<th>Type</th>
<th>Criteria</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary location</td>
<td>Size</td>
<td>Secondary location</td>
</tr>
<tr>
<td>Superficial BCC</td>
<td>Any</td>
<td>Any</td>
</tr>
<tr>
<td>Low Risk BCC</td>
<td>Below clavicle</td>
<td>Below 20mm</td>
</tr>
<tr>
<td>Low Risk BCC</td>
<td>Below clavicle</td>
<td>Greater than 20mm</td>
</tr>
<tr>
<td>Low Risk BCC</td>
<td>Above clavicle</td>
<td>Up to 10mm</td>
</tr>
<tr>
<td>Low Risk BCC</td>
<td>Above clavicle</td>
<td>Greater than 10 mm</td>
</tr>
<tr>
<td>Low Risk BCC</td>
<td>Above clavicle</td>
<td>Greater than 10 mm</td>
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<tr>
<td></td>
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<td>On ears, eyes, nose, lips</td>
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<td></td>
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<td>On ears, eyes, nose, lips</td>
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<tr>
<td></td>
<td></td>
<td>On ears, eyes, nose, lips</td>
</tr>
</tbody>
</table>

Prior Approval will be required for any BCC to be treated as Day Case:
- where the BCC is above the clavicle and not in a high risk area (ears, eyes, nose, lips)
- where the BCC is below the clavicle

All Criteria Based Access is subject to regular audit for compliance.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.