Programme Title: Clinical Policies
Clinical Policies aim to prevent avoidable harm to patients by only offering treatments on the NHS that are evidence-based, clinically safe and effective, as well as cost effective and a good use of resources.

NHS
Central East
Integrated Care Board

Cambridgeshire, Peterborough, Bedfordshire, Luton, Milton Keynes and Hertfordshire

Title of policy and version:	**Dermatology – Benign Skin Lesions** Version: v1.0
Commissioning position:	Criteria Based Access

Scope:	**Covers**
	
	• Removal of benign skin lesions through excision, cryotherapy, curettage or diathermy
	
	• All benign (non-malignant) skin lesions where there is diagnostic certainty, including, but not limited to:
	
	  ○ benign moles (excluding large congenital naevi)
	  ○ corn/callous
	  ○ dermatofibroma
	  ○ epidermoid & pilar cysts (sometimes incorrectly called sebaceous cysts)
	  ○ lipomas
	  ○ milia
	  ○ molluscum contagiosum (non-genital)
	  ○ neurofibromata
	  ○ non-genital viral warts in immunocompetent patients
	  ○ seborrhoeic keratoses (basal cell papillomata)
	  ○ skin tags (fibroepithelial polyps) including anal tags
	  ○ solar comedones
	  ○ spider naevi (telangiectasia) – although multiple lesions may be a sign of underlying disorders in adults and children best initially addressed through advice and guidance
	  ○ xanthelasmata
	
	• This policy applies to all providers, including general practitioners (GPs), GPs with enhanced role (GPwer), independent providers of NHS care, community or intermediate NHS services, and secondary care.
	
	Out of Scope:
	
	• Suspected malignancy
	
	  ○ Any skin lesion suspicious of malignancy should be treated or referred according to NICE suspected cancer guidelines
	
	  ○

	○ Any subfascial soft tissue lump with concerning features (rapidly/significantly increasing in size, >5cm, painful or deep) should be investigated as per NICE suspected cancer guidance, British Sarcoma Group ultrasound guidance and London and South East Sarcoma Network suspected sarcoma pathway and referral guidance. • Any skin lesion where there is diagnostic uncertainty after appropriate primary care investigation and/or dermatology advice and guidance i.e. genetic diseases • Premalignant lesions (actinic keratoses, Bowen disease) and lesions with premalignant potential. These should be referred or, where appropriate, treated in primary care.
Cohort:	Adults and children with benign skin lesion(s)
Other relevant Clinical Policy	• ***Central East ICB*** CosmeticPlastics – Scar Revision Policy Scar Revision - Central East ICB • ***Bedfordshire, Luton and Milton Keynes ICB*** Cosmetic Treatments and Surgery v2.2 Nov 2023 Cosmetic treatments and surgery BLMK policy v2.2.pdf • ***Cambridgeshire and Peterborough ICB*** Cosmetic/Aesthetic Procedures Policy v22 Sept 2024 Cosmetic-Sept-2024-V22.docx • ***Hertfordshire and West Essex ICB*** Cosmetic Procedures Policy v3.0 March 2025 - Cosmetic Procedures

Treatments routinely funded:	Benign skin lesions must meet at least **ONE** of the following criteria to be considered for removal: • The lesion is unavoidably and significantly traumatised by everyday activities (i.e. not due to picking) on a regular basis, which is evidenced by one of the following: ○ The patient or clinician can provide documented evidence of regular bleeding or minor discharge occurring, on average, at least twice weekly for a minimum of four weeks, for example through a patient diary ○ Documented evidence of bleeding occurring 3 or more times within a year of sufficient severity to require a dressing for 24 hours ○ A significant episode of bleeding requiring treatment by cautery or suturing **OR**

	• There is repeated infection requiring 2 or more antibiotic courses per year, or one infection requiring admission and IV antibiotics in the last year **OR** • The lesion is obstructing an orifice, impairing field of vision or causing significant visual ocular irritation **OR** • The lesion significantly impacts on function e.g. restricts joint movement **OR** • The lesion causes pressure symptoms (e.g. on a nerve or tissue) which are unavoidable and cannot be managed conservatively. Examples include neuropathic pain, atrophy and visible soft tissue irritation. Verruca on the feet do not normally meet this criterion as they can be pared back to avoid pressure symptoms **OR** • The lesion prevents or materially interferes with the safe and effective use of essential prescribed medical equipment, devices or aids, such as prescription glasses, hearing aids, respiratory equipment or mobility and positioning equipment. **OR** • The lesion causes occupational functional impairment by directly preventing safe use of mandatory PPE, uniform or occupational safety equipment essential to the individual's paid or unpaid employment. This must be evidenced by occupational health or employer documentation. Removal will only be funded where reasonable adjustments have been tried and failed, or are formally documented as unsuitable, and where the request is not primarily cosmetic or related to non-mandatory clothing or appearance. ***Note:*** *Where the regional sarcoma centre has confirmed that a lipoma or other soft tissue mass is benign and has advised or recommended that it may be excised locally, this does not in itself establish eligibility for NHS-funded removal under this policy.* ***The lesion must also meet at least one of the clinical criteria above.***

Treatments not funded:	Surgical removal of benign skin lesions for cosmetic purposes. Removal of a benign skin lesion is not routinely funded solely on the basis of psychological distress or a mental health condition associated with the lesion's appearance.

Rationale:

These criteria are based on the Academy of Medical Royal Colleges (AoMRC) Evidence Based Interventions guidance, with some changes adopted from local legacy ICB policies.There is little evidence to suggest that removing benign skin lesions to improve appearance is beneficial.
Risks of this procedure include bleeding, pain, infection and scarring and anaesthetic risks.

However, in certain specific cases as outlined by the criteria above, there may be benefits for removing some skin lesions. Surgery to remove a benign or harmless skin lesion is a procedure that should only be carried out when specific criteria are met, to ensure most appropriate use of health care resources.

IFR Statement Clinical Exceptionality:

Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process.

Coding list:

Policy document record:	Dermatology – Benign Skin Lesions Version: v1.0.
Ratification date:	11th September 2026
Record of significant change:	v1.0 – New harmonised policy for Central East ICB, based on predecessor ICB policies (C&P, HWE, BLMK).
Planned review date:	TBC

Document Environmental Impact statement:
Neutral environmental impact. Policy to be shared and stored electronically where possible; if printed, use double-sided printing and minimal copies.