

Primary Care request for specialist opinion

Benign Skin Lesions or Conditions

This procedure is **not routinely funded on cosmetic grounds alone**. Uncomplicated benign skin lesions and other skin conditions should **NOT** be referred to hospital consultants, community services or GPwSIs unless the diagnosis is in doubt. Some GPs may wish to carry out these procedures within their existing GP contract (GMS/PMS).

Note - if there is a suspicion or evidence of **Basal Cell Carcinoma (BCC)** the patient should be referred on a routine referral to Dermatology or, if periorbital, a referral to Ophthalmology.

Note - if there is a suspicion or evidence of **Squamous Cell Carcinoma (SCC)** the patient should be referred immediately using the suspected skin cancer referral form available at: [http://nww.knowledgeanglia.nhs.uk/KMS/NorthNorfolk/Home/Forms/Cancer2WW/NorfolkNorwichHospital\(NNUH\).aspx](http://nww.knowledgeanglia.nhs.uk/KMS/NorthNorfolk/Home/Forms/Cancer2WW/NorfolkNorwichHospital(NNUH).aspx)

Note - for **Actinic/solar Keratoses (AK)** see treatment advice: [North Norfolk \(Dermatology\)](#)

If referral is still required, please complete a pro forma: [North Norfolk GP Referral](#)

Lesions included in this policy but not limited to:

- Skin tags
- Sebaceous cysts
- Milia
- Asymptomatic seborrheic keratosis
- Warts of hands and feet (except if immunosuppressed)
- Skin tags (including anal/rectal)
- Corns/callous
- Physiological androgenetic alopecia (male pattern baldness)
- Asymptomatic dermatofibromata
- Asymptomatic fungal infections of toe nails
- Telangiectasiae, spider naevi, port wine stains (except if occurring on the face of a child who is being teased or bullied)
- Comedones
- Asymptomatic lipomata
- Asymptomatic epidermal cysts (sebaceous cysts)
- Molluscum contagiosum
- Mild or moderate non scarring acne vulgaris which has not been treated with 6 months of systemic therapy
- Xanthelasma
- Any other minor skin lesions

Referrals will only be funded if one or more of the following indications are met for your patient.

Section A: Please select which of the indications below are applicable to your patient

- There is diagnostic doubt (e.g. lipomata >5 cm in diameter)
- Lesions are a manifestation of an underlying syndrome
- The lesion of the eye obscures vision or causes a separate ocular problem (refer to ophthalmologist)
- There is risk of malignancy
- There are pressure symptoms
- The lesion has been recurrently infected and has required documented treatment (please provide details with the referral)

I confirm that this patient meets the criteria as indicated above

Section B: Extenuating circumstances

- If the patient does not fulfil the above criteria an application may still be submitted on the grounds of extenuating clinical circumstances. Please provide details in the box below:

Please note that non-compliant referrals will be clinically reviewed by a CCG clinician, in the first instance, who will make a recommendation as to whether the referral has demonstrated sufficient evidence of extenuating circumstances, or not. For those referrals where sufficient evidence of extenuating circumstances has **not** been demonstrated, the referral will be rejected.

If the patient does not meet the criteria above but has exceptional circumstances that may warrant the procedure, please complete an IFR form providing evidence of exceptionality. The form may be found at [North Norfolk IFR](#)

Clinicians are reminded that appointments for treatment or assessment for which funding is being sought should not be made until approval has been received from the IFR panel.

Patient Name:

Date of Birth:

NHS Number:

Referrer:

Practice name: Mundesley Medical Centre

Date: