**PRIOR APPROVAL REQUEST**

**Surgical Removal of Benign Skin Lesions**

Hertfordshire and west Essex Evidence Based Intervention policies can be viewed at

<https://www.hweclinicalguidance.nhs.uk/clinical-policies>

Where there is suspicion of malignancy these patients should follow a cancer 2 week wait or
62-day pathway or the local basal cell carcinoma (BCC) pathway if suspected.

**Please complete and return this form along with clinic letter/supporting evidence to:**

For west Essex patients priorapproval.hweicb@nhs.net Tel: 01992 566150

For Hertfordshire patients priorapproval.hweicb@nhs.net Tel: 01707 685354

|  |  |  |
| --- | --- | --- |
| Patient consent | This application has been discussed with the patient and the patient consents to relevant information being shared with the ICB. | Please tick |

|  |  |
| --- | --- |
| Date form completed |  |
| Urgency  | Routine (5 working days turnaround time) Urgent (2 working days turnaround time)**Note: An urgent request is one in which a delay may put the patient’s life at risk.****Turnaround times commence the working day after receipt of the funding application** |
| Patient Name |  |
| DOB |  |
| NHS No. |  |
| Hospital No. |  |
| Patient’s GP and practice |  |

|  |  |
| --- | --- |
| Applying Clinician’s Name |  |
| Job title |  |
| Contact details (including email) |  |
| Declaration  | I declare that the information provided is, to the best of my knowledge, true and I am aware that this procedure may be subject to clinical audit.  |

|  |
| --- |
| 1. **The below mentioned benign skin lesions are usually treated in primary care by GPs or commissioned community dermatology services. If you are applying from secondary care please state why this treatment needs to be performed in secondary care.**
 |
|  |

|  |  |  |
| --- | --- | --- |
| 1. **Type of lesion**
 | **Location**  | **Size in cm** |
| Benign moles (excluding large congenital naevi) |  |  |
| Solar comedones |  |  |
| Corn/Callous |  |  |
| Dermatofibroma |  |  |
| Lipomas |  |  |
| Milia |  |  |
| Molluscum contagiosum (non-genital) |  |  |
| Epidermoid & pilar cysts (sometimes incorrectly called sebaceous cysts) |  |  |
| Seborrhoeic keratoses (basal cell papillomata) |  |  |
| Skin tags (fibroepithelial polyps) including anal tags |  |  |
| Spider naevi (telangiectasia) |  |  |
| Non-genital viral warts in immunocompetent patients |  |  |
| Xanthelasmata |  |  |
| Neurofibromata |  |  |

|  |  |
| --- | --- |
| 1. **Criteria**
 | **Yes/No** |
| The lesion is unavoidably and significantly traumatised on a regular basis with evidence of this causing regular bleeding or resulting in infections such that the patient requires 2 or more courses of antibiotics (oral or intravenous) per year.(Evidence must be attached) |  |
| There is repeated infection requiring 2 or more antibiotics per year |  |

|  |
| --- |
| **If yes to either of the above criteria please state date of infections and antibiotics prescribed**1. Date: …………………. Antibiotic: ……………………..
2. Date: …………………. Antibiotic: ……………………..
 |

|  |  |
| --- | --- |
| The lesion causes regular pain, bleeds in the course of normal everyday activity, or significantly impacts on function eg: restricts joint movement. (Evidence of this must be attached)  |  |
| The lesion is obstructing an orifice or impairing field vision |  |
| The lesion causes pressure symptoms e.g. on nerve or tissue |  |
| If left untreated, more invasive intervention would be required for removal |  |
| Facial viral warts |  |
| Facial spider naevi in children causing significant psychological impact |  |
| Lipomas on the body > 5cms, or in a sub-facial position, with rapid growth and/or pain |  |

|  |
| --- |
| **For patients where the criteria are not met and it can be demonstrated that there is an exceptional healthcare need, an Exceptional Case Request Form can be submitted to the IFR team.** |

|  |  |
| --- | --- |
| **Shared decision making** | Patients should be supported with their decisions. Resources that can support implementation of shared decision making can be found on the NHS England website:<https://www.england.nhs.uk/shared-decision-making/guidance-and-resources/> |

 **HWE ICB Fitness for Elective Surgery policy criteria**

|  |  |
| --- | --- |
| **Planned anaesthetic**  | [ ]  Local (stop here)[ ]  General or spinal / epidural (complete smoking and BMI data below) |

|  |  |
| --- | --- |
| **Smoking status** | [ ]  Never smoked [ ]  Current smoker [ ]  Ex-smoker – date last smoked: - - / - - / - - For patients who currently smoke or have stopped smoking less than 8 weeks ago, please tick to show that you have made your patient aware that they will need to have stopped smoking or switched to e-cigarettes for at least 8 weeks prior to surgery [ ]  |
| **Measurements**  | Height: ……….cm Weight: …………kg BMI ……….. kg/m²  **BMI >40 –** Patientsare expected to reduce their weight by 15% or BMI <40 (whichever is greater).**BMI 30-40 -** Patients are expected to lose 10% of their weight or reduce BMI to <30. [ ]  If the patient has already achieved their target weight loss in the last 9 months, please give details of previous recorded measurements and the date recorded by clinician or, attach referral coversheet from GP or community provider. Previous Weight: ………..kg Previous BMI ………… kg/m²  Date measured - - / - - / - - - - % weight reduction = ………….[ ]  For surgery other than hip, knee or spinal, where the patient’s BMI is 30 to 40 and metabolic syndrome has been actively excluded in the last 18 months, please attach copy of evidence from GP or Community referral form.At 9 months, if the patient has not met their target weight and/or stopped smoking, they should be reassessed for their need for- and fitness for- surgery. See the Fitness for Elective Surgery policy at <https://www.hweclinicalguidance.nhs.uk/clinical-policies/fitness-for-surgery/>  |