

Appendix 1 - Evidence Based Threshold Checklists

Patient Name:
Address:
Date of Birth:
NHS Number
Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Removal of Benign Skin Lesions

Instructions for use:

Please refer to policy for full details.

Primary Care clinicians need to complete the checklist and submit with referral via eRS / Secondary Care complete the checklist and file for future compliance audit.

The SY ICB will only fund management of benign skin lesions when **one or more** of the following criteria are met*:

Where it is safe to do so, every attempt should be made to manage benign skin lesions in primary care/community setting <u>provided removal would not be purely cosmetic.</u>	Delete as appropriate	
Diagnostic uncertainty exists and there is suspicion of malignancy (please refer as appropriate).	Yes	No
The lesion is painful or impairs function and warrants removal, but it would be unsafe to do so in primary care/community setting, for example because of large size (>10mm), location (e.g. face or breast) or bleeding risk. Removal would not be purely cosmetic.	Yes	No
Viral warts in immunosuppressed patients.	Yes	No
Patient scores >20 in Dermatology Life Quality Index** administered during a consultation with the GP or other healthcare professional.	Yes	No

** If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the individual funding requests policy for further information. If patient meets the above criteria then prior approval is not required.*

***See <http://www.dermatology.org.uk/quality/dlqi/quality-dlqi.html> for information on the use of the Dermatology Life Quality Index.*

This policy does not apply to treatment of benign skin lesions in the perianal area.