NHS
Greater Manchester

Referral of benign skin lesions into secondary care
Commissioning Statement

Version 1.0 (1 April 2026)

Criteria

1. Removal of benign skin lesions * for cosmetic purposes is not routinely commissioned.

2. Referral for assessment of troublesome benign skin lesions is routinely commissioned if any of the following criteria are satisfied:

- There are signs of regular bleeding or oozing caused by trauma which is impacting on normal daily activities.
- There are repeated infections requiring oral antibiotics which are impacting on normal daily activities.
- Persistently painful
- The lesion significantly impacts on function e.g. restricts joint movement or causes significant facial disfigurement.
- Any lesion where the diagnosis is uncertain and there is a reasonable suspicion of malignancy.

3. The majority of pre-cancerous lesions for actinic keratosis and Bowen's disease should be managed in primary care and the removal is not routinely commissioned in secondary care unless there is concern about the diagnosis.

4. Patients should be warned that referral doesn't guarantee treatment as the decision on whether the lesion is to be removed will depend on the diagnosis as confirmed by the specialist.

Please note that benign eyelid lesions are covered by the GM Surgical removal of chalazia and other benign eyelid lesions

*** Examples include: benign moles (excluding large congenital naevi), corn/callous, dermatofibroma, epidermoid & pilar cysts, lipomas, milia, molluscum contagiosum (non-genital), neurofibroma, non-genital viral warts in immunocompetent patients, seborrhoeic keratoses (basal cell papillomata), skin tags, solar comedones, spider naevi (telangiectasia) and xanthelasma (not exhaustive).**

Exclusions

1. Any lesion which is cancerous or premalignant should be referred to the appropriate cancer pathway and is thus excluded from this commissioning statement.

Notes for clinicians:

1. When referring to secondary care for treatment, please ensure you include enough detail for secondary care clinicians to triage against, otherwise referrals could be rejected.

2. Treating clinicians can submit an Individual Funding Request, also known as an IFR, outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester IFR Operational Policy.