

ENHANCED SERVICE SPECIFICATION FOR MINOR SURGERY

1st April 2018 to 31st March 2019

1 Introduction and Background

There is evidence from within the UK and abroad that minor surgical procedures carried out by general practitioners in general practice premises have high levels of patient satisfaction and are highly cost-effective.

The purpose of this agreement is to set out an Enhanced Service (ES) for Minor Surgery. The agreement is in respect of the period 1st April 2018 to 31st March 2019, but may be extended subject to the agreement of both parties and may be subject to review in line with national guidance.

The specification for the Minor Surgery ES does not include provision of additional minor surgery services (cryotherapy, curettage or cauterisation) and practices should ensure that these services continue to be provided as part of their core GMS, PMS or APMS contract.

2 Aims

The aim of this agreement is to ensure that practices have the opportunity to provide a wider range of minor surgery procedures within a primary care setting.

This Enhanced Service sets out the process for practices to:

- Undertake minor surgical procedures for patients from their own practice.
- Monitor minor surgical activity.

3 Eligibility to Provide the Service

All providers holding a GMS, PMS or APMS contract with NHS England are entitled to provide services under this agreement, as long as they meet all of the eligibility criteria. Once this agreement has been signed, it will become an extension to the main contract for primary medical services held.

Providers of this service must be able to evidence compliance with the requirements (relevant to their service) of the Code of Practice for Infection Prevention and Control as part of the Health and Social Care Act 2008 and CQC registration standards.

A practice may be accepted for the provision of this enhanced service if it has a partner or

employee who has the necessary skills and experience to carry out the procedures outlined in section 4.

Clinicians providing this Enhanced Service will have had sufficient surgical training either by previous experience in general surgery **or** through a relevant post-graduate qualification, for example:

- Certificate of Competence in Minor Surgery from a Vocational Training Scheme
- Higher degree or diploma in a surgical specialty
- Evidence of completion of an approved course of training in minor surgery

All clinicians taking part in minor surgery should be competent in resuscitation and, as for other areas of clinical practice, have a responsibility for ensuring that their skills are regularly updated. Clinicians carrying out minor surgery should demonstrate a continuing sustained level of activity, conduct regular audits, be appraised on what they do and take part in necessary supportive educational activities.

There is considerable guidance available on techniques and facilities for conducting minor surgery in general practice. In assessing suitability for the provision of this ES, practices should pay particular attention to the following:

- **Satisfactory facilities** – The Commissioner must be satisfied that the practice has such facilities as are necessary to enable them to provide minor surgery services properly. Adequate and appropriate equipment should be available for the doctor to undertake the procedures chosen, and should also include appropriate equipment for resuscitation. National guidance on premises standards has been issued¹.

- **Nursing support** - registered nurses can provide care and support to patients undergoing minor surgery. Nurses assisting in minor surgery procedures should be appropriately trained and competent, taking into consideration their professional accountability and the Nursing and Midwifery Council guidelines on the scope of professional practice.

- **Sterilisation and infection control** - although general practitioner minor surgery has a low incidence of complications, it is important that the practice operates to the highest possible standards. In view of this, equipment used to perform procedures under this ES must be:

- sterile packs from the local SSD
- single use disposable sterile instruments

Practices should note that local decontamination of sterile instruments is no longer permitted in General Practice

Practices must have infection control policies that are compliant with national guidelines including inter alia the handling of used instruments, excised specimens and the disposal of clinical waste

Consent - in each case the patient must be fully informed of the treatment options and the treatment proposed. The patient should give written consent for the procedure to be carried out and the completed NHS consent form should be filed in the patient's lifelong medical record ¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122604

Pathology - all tissue removed by minor surgery should be routinely sent for histological examination.

Audit - full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible. The Practices should regularly audit and peer review minor surgery work. Possible topics for audit include:

- i. clinical outcomes
- ii. rates of infection
- iii. unexpected or incomplete excision of lesions which following histological examination are found to be malignant

• **Patient monitoring** – the practice must ensure that details of the patient’s monitoring as part of the ES is included in his or her lifelong record.

Where The Commissioner believes a clinician carrying out minor surgery is not complying with the terms of this agreement, and then The Commissioner will issue a remedial notice in accordance to the procedure laid out in the Regulations.

In exceptional circumstances where compliance is not achieved by the issuing of a remedial notice, this agreement will be terminated with immediate effect.

4 Service Outline

Cryotherapy, curettage and cauterisation will continue to be provided by practices as an Additional Service and are therefore outside the scope of this Enhanced Service. Practices wishing to opt-out of providing these treatments either temporarily or permanently should notify The Commissioner.

Procedures covered by this agreement are:

- Injections (muscles, tendons and joints)
- Invasive procedures, including incisions and excisions
- Injections of varicose veins and piles

Joint aspiration will not be funded under this agreement as there is a lack of evidence of joint aspiration alone as a treatment.

5 Exclusions

There are certain surgical procedures that carry a higher risk and that also may require further training, skills and competency to be carried out safely in primary care.

These procedures should not be carried out in primary care and are **not** covered under this agreement:

Exclusion	Rationale
High risk basal cell carcinomas (BCC)	Higher level of training/competency required. Routine referral to secondary care.
Low risk basal cell carcinomas (BCCs) not categorised below	Higher level of training/competency required (NICE Guidance 2010) Refer to primary care provider accredited to do procedure list will be provided by NHS England
Low risk BCCs above the clavicle, larger than 1 cm or recurrent	Higher level of training/competency required. Routine referral to secondary care
Low risk BCC in patients under 24 years of age	Higher level of training/competency required. Routine referral to secondary care
Low risk BCC in patients who are immunosuppressed	Higher level of training/competency required. Routine referral to secondary care
Low risk BCC in patients with Gorlin's syndrome	Higher level of training/competency required. Routine referral to secondary care
Malignant melanoma (MM) or query MM, squamous cell carcinoma or query (SCC)	Higher level of training/competency required Refer to secondary care via 2 week cancer referral
Excisions of moles, cysts, lipomas, neuromas, and papilomas of the neck that are 1" in diameter and above	Higher level of training/competency required
Endometrial biopsies	Higher level of training/competency required

Treatments, which are primarily for cosmetic purposes, other than in exceptional circumstances, are considered a low priority. Therefore, treatments for cosmetic purposes that do not result from trauma or burns or those that do not form part of the clinical management of a disease (e.g. cancer) will not be funded under this agreement.

An indicative list of the types of conditions, which would **not** normally be funded as an enhanced service (or a secondary care service other than in exceptional circumstances) is detailed below:

Exceptional clinical circumstances would include:

Exclusion	Rationale
Skin tags	Provided as part of Additional Service (Cryotherapy, curettage and cauterisation)
Wart	Provided as part of Additional Service (Cryotherapy, curettage and cauterisation)
Seborrhoeic keratosis	Provided as part of Additional Service (Cryotherapy, curettage and cauterisation)
Spider naevus	Cosmetic
Verucca	Provided as part of Additional Service (Cryotherapy, curettage and cauterisation)
Scar	Cosmetic
Xanthamata	Cosmetic
Paronychia	Too minor

- Current or recurrent infections necessitating incision or excision (at clinician's discretion)
- Suspicion of malignancy (at clinician's discretion)
- Functional impairment due to the lesion, including pain (at clinician's discretion)
- Significant psychological distress (approved by NHS England under its Service Restriction Policy)

Injections

This service specification aims to reward practices for more complex local /intra-articular treatment required by injection and does not include (not exhaustive):

- Routine vaccinations and immunisations.
- Contraceptive injections.
- Neuroleptic injections e.g. Haldol Decanoate
- Sustanon, Kenalog or other steroid injections given by simple IM injection for **systemic** indication (for the avoidance of doubt use of **KENALOG** or any other brand of depot steroid injection as an alternative to Depomedrone for local/intra-lesional indications IS included within the specification)

Exclusion – systemic injections for treatment of general medical conditions affecting the whole body.

6 Payment for Service

Under the agreement, NHS England will pay practices based on actual procedures performed and not per injection, incision or excision undertaken during the minor surgery consultation into the same joint/area required, e.g. for a lignocaine and steroid injection into the same area only one payment of £43.54 will be claimable.

Treatments under this ES are priced according to the complexity of procedure, involvement of other staff and use of specialised equipment. Payment is also inclusive of any dressings and any post procedure follow up that may be required.

Pricing for this service is based on the directions of the Department of Health and are:

- £43.54 for injections (muscles, tendons, joints)
- £43.54 Injections of varicose veins and piles
- £87.08 for incisions and excisions

On completion of the minor surgery service, practices are required to complete the Minor Surgery claim form and return to NHS England on a quarterly basis.

Claims should be submitted to: bx.contractsteam@nhs.net

Failure to submit claims regularly may result in non-payment as it is important for The Commissioner to monitor financial expenditure, to ensure that all payments are attributed to the appropriate financial year.

7 Monitoring and Evaluation Purposes

Clinicians providing minor surgery services as part of this ES shall ensure that the information, records and documentation of this SLA are maintained at all times, to effectively monitor their performance. The data to be collected by the practice will include:

- The total number of minor surgery procedures performed per quarter
- An analysis of diagnosis and evidence of clinical audit
- The number of minor surgery procedures referred onto Secondary Care

The Commissioner may periodically review the practice's arrangements for complying with this agreement including visiting the practice and reviewing clinical notes. Patient satisfaction surveys may also be utilised to inform NHS England on the value of these services.

8 Protecting Patient Confidentiality

Caldicott Guardianship is based upon being thoughtful about the way in which patient information is handled, protecting data, using it appropriately and minimising or eliminating the risk of inappropriate disclosure.

9 Termination of Agreement

Both the practice and The Commissioner may terminate this agreement by giving not less than one month's notice in writing to the other party.

10 Variation of Agreement

The Commissioner may vary this agreement by giving not less than one month's notice in writing to the provider, unless required to do so under national policy.

11 For Further Information

For further information regarding this Enhanced Service, Providers should send their questions or enquiries to the following email addresses:

Appendix 1:

List of named Practitioners – Minor Surgery DES

Practice Name/stamp			
Practice Code			
Signed on behalf of practice			
Date			
The below named General Practitioners will be providing the Minor Surgery Directed Enhanced Service for patients registered with this provider			
General Practitioner name / Nursing Support name and role (print)		Signed	Date
1			
Qualifications and date obtained/updated			
2			
Qualifications and date obtained/updated			
3			
Qualifications and date obtained/updated			

The above signed General Practitioners declare that they have read and understood the relevant clinical guidelines associated with this specification.

Declaration

The Practice has completed the Infection Prevention Audit: **(see appendix 3)** and a copy has been retained in the Practice records. Date completed _____

(to be returned with Participation Agreement)

Appendix 3

Infection Prevention Audit: Practice Checklist for Minor Surgery

Questions	Compliance (if applicable)	Comments	Rationale
There is a room designated for minor surgery			Expert Guidance
The minor surgery environment is uncluttered with adequate storage space.			Best Practice
The minor surgery room floor covering is intact, washable, non-slip with coved edges and able to withstand chemical disinfection.			Best Practice
The minor surgery room walls have smooth, washable surfaces (no ceramic tiles)			Best Practice
The ceilings in the minor surgery room have smooth washable surfaces.			Best Practice
The window in the minor surgery room ensures privacy with opaque glass (no curtains).			Best Practice
The ceiling light in the minor surgery room is covered.			Best Practice
There is adequate ventilation in the minor surgery room by natural or mechanical means			Expert Guidance
Mechanical extract/ventilation in the minor surgery undergoes routine cleaning.			Best Practice
The heat source in the minor surgery room e.g. the radiator (and pipework) is contained in a smooth-surfaced washable box			Best Practice

The work surfaces in the minor surgery room are smooth, impervious and able to withstand chemical disinfectants			Best Practice
There is no open shelving in the minor surgery room.			Best Practice
The treatment couch is intact with a washable, impervious surface.			Expert Guidance
The couch is protected with disposable paper towel changed between service users.			Best Practice
There is a cleaning schedule for privacy curtains			Best Practice
Clinical hand wash basins conform to current recommended guidance (HTM 64): <ul style="list-style-type: none"> - Elbow, foot or infra-red operated mixer taps - No swan-neck fittings on taps - Thermostatically controlled hot water - Free from sink plugs and overflow - Water faucet extends over the drainage outlet 			Expert Guidance
The minor surgery room has a wall mounted dispenser containing disposable paper hand towels and a liquid soap dispenser.			Best Practice
The minor surgery room's clinical hand wash basin is free from reusable nail brushes.			Expert Guidance

<p>Skin antiseptics (e.g. Chlorhexidine, Betadine) are available for aseptic hand washing. Antiseptics are wall mounted and dispensed by a plunger or infra-red</p>			Best Practice
<p>Antiseptic aqueous based skin preparations available i.e. Chlorhexidine, iodine</p>			Best Practice
<p>Single use, powder-free sterile surgeons gloves available if required.</p>			Legislation PPE Regulations
<p>The following are available when splashing of body fluids is anticipated: Plastic goggles OR, Fluid repellent face mask/goggles/visor.</p>			Best Practice
<p>The use of disposable equipment is recommended or Sterile instrument packs are available and supplied by SSD</p>			Best Practice
<p>The minor surgery room has disposable sterile drapes available.</p>			Best Practice
<p>The minor surgery room has a designated stainless steel procedure trolley</p>			Expert Guidance
<p>Dressing trolleys in the minor surgery room are cleaned with detergent and water before each session and with detergent and water or 70% alcohol between cases.</p>			Expert Guidance
<p>The minor surgery room has access to an adjacent dirty utility area</p>			Best Practice
<p>The minor surgery room has a designated decontamination sink in the dirty utility</p>			Best Practice

Waste bags are not attached to cupboard/trolley etc.			Best Practice
The minor surgery room has a foot operated, lidded clinical waste bin with yellow/orange bag.			Best Practice
The minor surgery room has a securely positioned sharps container which conforms to BS7320/UN3291			Best Practice
Clinical areas in the minor surgery room are cleaned at the beginning and end of each minor surgery clinic with an appropriate detergent			Expert Guidance
The minor surgery room has a domestic cleaning schedule that documents twice daily cleaning.			Best Practice
Following minor surgery, service users should return within two weeks for a follow up appointment following a minor surgical procedure if clinically appropriate.			Best Practice
The minor surgery clinic has a surveillance system for post-operative wound infection			Best Practice

Signature: _____

Date: _____