

## **SERVICE SPECIFICATION FOR MINOR SURGERY DES**

### **1. Introduction**

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. Since 1 April 1990, general practitioners on Health Authority minor surgery lists (and their equivalents) have been able to receive payment for undertaking a range of minor surgery procedures on their patients.

There has been significant variation in the range of procedures undertaken at practice level. Many practices have provided cryotherapy, curettage and cauterisation, as an additional service under their GMS/PMS/APMS contract, whilst referring other minor surgery into the secondary sector. This Directed Enhanced Service seeks to ensure that there is opportunity to provide the maximum appropriate range of minor surgery that can be safely provided in the primary care sector.

All practices (whether PMS, GMS or APMS) wishing to provide invasive minor surgery and injection procedures under this DES will need to have their participating GPs accredited by NHS England (London Region). Applicants will, in addition, need to complete an 'Application Form to Provide Minor Surgery Enhanced Service' (Annex B) and return this to the NHS England (London Region) Primary Care Commissioning department. As part of this application practices will be required to declare compliance with the Essential Quality and Minor Surgery Requirements within the Infection Prevention Audit Tool (Annex C).

GP providers may register their interest in providing this Minor Surgery DES for both their existing registered practice population and to other practices' registered populations (see section 5 below for further details).

The scope and exclusions within this DES are based on criteria within the South East London Treatment Access Policy, modified following a review of NICE guidelines and in consultation with local stakeholders and the RCGP Clinical Lead for Minor Surgery.

### **2. Scope of Services to be Provided**

Minor surgery procedures listed below, which the practitioner is deemed competent to carry out, will be covered by this enhanced service. These procedures have been classified into the following two groupings for payment:

- (i) Injections (muscles, tendons and joints) and aspirations
- (ii) Invasive procedures, including incisions and excisions.

Group (i) includes treatment of the following:

- Capsulitis
- Bursitis
- Enthesopathies / Tendinitis
- Tenosynovitis
- Compression

- Aspiration indications: diagnostic or therapeutic and where such treatment will be likely to improve clinical outcomes

Group (ii) includes:

- Pigmented and vascular lesions where histology is required (**excluding suspected melanomas**)
- Lesions with atypical behaviour such as bleed or change in colour, where histology is required. These might include, for example, papilloma, dermatofibroma or seborrhoeic keratosis.
- Lesions that are **symptomatic and/or have been inflamed on more than one occasion at the time of consultation**
- Epidermoid cysts **that are symptomatic and/or have been inflamed on more than one occasion at the time of consultation**
- Keratoacanthoma
- Toes with chronic or recurrent in-growing nails or nail deformity requiring surgical removal of part or all of the nail along with nail bed ablation where appropriate.
- Surgical drainage of abscesses and haematomas where this is deemed best treatment
- Removal of foreign bodies **only where local anaesthetic and incision is required** as part of procedure
- low-risk Basal Cell Carcinomas (BCCs), as defined in current Nice Guidance on Cancer Services<sup>1</sup>. For **BCCs which do not meet the low-risk criteria or where there is any diagnostic doubt a referral should be made as per NICE guidelines** .

## Exclusions

The following procedures will not normally be funded under the Minor Surgery DES. :

Excision of benign skin lesions

- (i) removal of obviously clinically benign moles should not be done on cosmetic grounds. In most cases the distinction between suspicious and purely benign moles is clear cut, but suspicious pigmented lesions should always be referred for an opinion.
- (ii) Other benign skin lesions: e.g. skin tags and seborrhoeic warts should not be removed on cosmetic grounds and will not be funded under this DES.
- (iii) Treatment of skin lesions that require treatment using cryotherapy, curettage or cautery will not be funded under this Minor Surgery DES. Procedures carried out using cryotherapy, curettage or cautery are funded under Additional Minor Surgery services, within the GP contract. Practices need to have opted into this Additional Service in order to be able to carry out and get remunerated for provision of this service under their contract.
- (iv) Removal of sutures

Procedures undertaken under this DES must comply with the relevant NICE Guidance. Practices should note that procedures carried out that are not included in the NHS England (London Region) Minor Surgery DES approved procedures list and/or contravene NICE guidance will not be funded by NHS England (London Region).

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<sup>1</sup> NICE Guidance on cancer services: Improving Outcomes for People with Skin Tumours including Melanoma (update): The Management of Low-risk Basal Cell Carcinomas in the Community (May 2010)

### 3. Eligibility

A practice may be accepted for the provision of this Directed Enhanced Service if it has a partner, employee or sub-contractor who is accredited by NHS England (London Region) as having the necessary skills and experience to carry out the contracted minor surgery procedures.

NHS England (London Region) will maintain a record of those practitioners accredited to perform minor surgery at the relevant level. Only practitioners accredited by NHS England (London Region) via this approved process will be able to provide minor surgery under this DES. GPs providing services under this DES must undergo 3-yearly re-accreditation in order to continue to provide services under this DES.

Practitioners carrying out invasive minor surgical procedures must meet the standards laid out in the relevant DH Guidance<sup>2</sup>. This document requires that:

- New minor surgery practitioners must be able to evidence that they have demonstrated competency to perform the designated procedure(s) to a suitably qualified external body using objective evidence and competency based assessment tool, i.e. Direct Observation of Procedural Skills, (DOPS).
- Existing minor surgery practitioners wishing to be re-accredited either demonstrate competency to a suitably qualified external body using Direct Observation of Procedural Skills, known as DOPS within the preceding three years or the practitioner continues to perform skin surgery with a regular, sustained and audited level of activity (100 or more skin surgery procedures per annum<sup>3</sup>). Auditing the outcomes at this level of activity will generate evidence for revalidation and reaccreditation. Details of recognised course providers is provided in the accreditation documentation.
- In addition all practitioners wishing to practice at Level 2 and 3 should be able to demonstrate training and ongoing medical education in the recognition and management of skin lesions appropriate to their level.
- Level 3 Practitioners, in addition, are required to meet the specific requirements under NICE (see below).

A record demonstrating sustained level of activity or Log book should be maintained by the practitioner, for example, a copy of the practice audit data from the clinical system and should be available upon request by NHS England (London Region). All Level 2 and 3 practitioners whose activity levels fall below the guidance level, i.e. 100 procedure per year, must demonstrate on-going competency to perform the designated procedure(s) by completion of further DOPS assessments at three yearly intervals.

Clinicians taking part in minor surgery should be competent in resuscitation with evidence of a resuscitation update within the last 18 months and, as for other areas of clinical practice, have a responsibility for ensuring that their skills are regularly updated. Doctors carrying out minor surgery should conduct regular audits, be appraised on what they do and take part in necessary supportive educational activities.

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<sup>2</sup> Revised guidance and competences for the provision of services using GPs with Special Interests (GPwSIs): Dermatology and skin surgery Part 2 GPs performing skin surgery.

<sup>3</sup> This is an indicative figure and practitioners that fall slightly below this level may be re-accredited at the discretion of NHS England (London Region), taking into account the range of procedures performed and audit outcomes

Practitioners wishing to provide minor surgery for low risk Basal Cell Carcinomas (BCCs) must ensure they are fully accredited to do so according to the current NICE Guidance and maintain performance in accordance with this guidance. Appropriately accredited GPs can excise low risk BCCs in line with NICE Guidance, (see Annex A 'NICE Criteria for Low-risk BCCs for DES/LES').

There is considerable guidance available on techniques and facilities for conducting minor surgery in general practice. In assessing suitability for the provision of this enhanced service, practices will need to demonstrate that they meet the following requirements:

- (i) **Satisfactory Facilities.** NHS England (London Region) will need to be satisfied that practices carrying out minor surgery have 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 include appropriate equipment for resuscitation, to include: airway management, oxygen, suction and drugs to treat anaphylaxis. National guidance on premises standards was issued as part of the GMS contract. NHS England (London Region) will visit the practice to inspect the proposed facilities, if deemed necessary.
  - (ii) **Nursing Support.** Registered nurses and appropriately trained Health Care Assistants can provide care and support to patients undergoing minor surgery provided this is explicitly included within their scope of practice. .
  - (iii) **Infection Control.** Although general practitioner minor surgery has a low incidence of complications, it is important that practices providing minor surgery operate in accordance with the essential requirements as specified in the NHS England (London Region) 'Infection Prevention Audit Tool (Annex C)'. Practices applying to provide this service will be required to declare compliance with the Essential Quality and Minor Surgery Requirements within this document.
- The Minor Surgery DES requires disposable minor surgery equipment to be used. In order to comply with European Legislation on decontamination and the national decontamination strategy, practices must use non-linting, non-woven swabs in all minor surgery and dressings procedures. It is up to practices to select and order the disposable instruments/dressings of their choice.
- (iv) **Patient Consent.** In each case the patient should 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.
  - (v) **Pathology.** All tissue removed by minor surgery should be sent routinely for histological examination unless there are exceptional reasons for not doing so. The reasons for not sending a specimen for histology should be documented in the patient's record.
  - (vi) **Patient Monitoring.** Practices must ensure as part of the DES that follow up arrangements, confirmation on pathology results is included in the patient's lifelong record.

## Monitoring and Audit

### (vii) **Monitoring of & Claims for Procedures.**

- Full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible to authorised persons, if requested.
- Practices providing the Minor Surgery DES are required to submit quarterly claim forms as set out in Schedule B, together with their quarterly minor surgery audit report..

(viii) **NHS England (London Region) Audit.** A random selection of accredited DES practices will be audited by NHS England (London Region) to verify that minor surgery procedures are being undertaken in accordance with the approved list of procedures and full Minor Surgery DES criteria. In addition practices may be selected for audit based on ratio of procedures/list size where practices have comparatively high activity for their own registered population.

(ix) The audit will include checking the following requirements under NICE Guidance:

- that all skin specimens removed are sent to histology for analysis
- that information about the site of excision and provisional diagnosis is provided on the histology request form
- that a 'fail-safe' log of all their procedures with histological outcome to ensure that patients are informed of the final diagnosis, and whether any further treatment or follow-up is required is maintained by the practitioner

(x) **Those GPs performing skin surgery on low-risk BCCs** should be able to evidence:

- competency in performing local anaesthesia, punch biopsy, shave excision, curettage and elliptical excision using the direct observation of procedural skills (DOPS) assessment tool in the Department Health Guidance for GpWSts in dermatology and skin surgery<sup>4</sup> and then follow a programme of revalidation
- specialist training in the recognition and diagnosis of skin lesions appropriate to their role.
- attendance, at least annually, an educational meeting (organised by the Skin Cancer Network Site Specific Group), which should:
  - present the 6-monthly BCC network audit results, including a breakdown of individual practitioner performance
  - include one CPD session (a total of 4 hours) on skin lesion recognition and the diagnosis and management of low-risk BCCs
  - be run at least twice a year.

## Data Requirements

In addition to the monitoring, audit and accreditation requirements at paragraphs (vi-x), GPs performing skin surgery on low-risk BCCs must:

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<sup>4</sup> Department of Health (2007) Guidance and competencies for the provision of services using GPs with special interests (GPWSts): dermatology and skin surgery. Available from [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_074665](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074665)

- provide quarterly feedback to NHS England (London Region) on the histology reported as required by the national skin cancer minimum datasets<sup>5</sup>, including details of all proven BCCs
- provide details to NHS England (London Region) of all types of skin cancer removed in their practice as described in the 2006 NICE guidance on skin cancer services<sup>6</sup> and should not knowingly remove skin cancers other than low-risk BCCs
- provide evidence of an annual review of clinical compared with histological accuracy in diagnosis for the low-risk BCCs they have managed

#### 4. Practices signing up to this Directed Enhanced Service will need to:

- Complete an 'Application Form to Provide Minor Surgery Directed Enhanced Service' (Annex B) and return this to the NHS England (London Region) Primary Care Commissioning department. As part of this application practices will be required to declare compliance with the Essential Quality and Minor Surgery Requirements within the Infection Prevention Audit Tool (Annex C).
- **Practices** should import the agreed minor surgery clinical template for recording minor surgery activity and providing quarterly audit reports. The relevant system template will be provided by NHS England together with instructions on how to upload and create quarterly searches.

Practices are advised that in order to qualify for payment for any procedure all relevant fields must be completed. For all minor surgery procedures the 'place of procedure' field must be completed; in addition for injections the 'treatment' and 'related condition' fields must be completed, for excisions and incisions the 'treatment' and 'reason' fields must be completed and for aspirations, the 'treatment' field must be completed . Procedures that have been carried out in hospital cannot be claimed for by the practice.

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<sup>5</sup> Available from the National Cancer Intelligence Network (NCIN): [www.ncin.org.uk/index.shtml](http://www.ncin.org.uk/index.shtml)

<sup>6</sup> National Institute for Health and Clinical Excellence (2006) Improving outcomes for people with skin tumours including melanoma. Available from [www.nice.org.uk/CSGSTIM](http://www.nice.org.uk/CSGSTIM)

## **5. Minor Surgery Service referrals (for Practices providing services for other Practices' registered patients)**

All non minor surgery DES practices will be provided with a list of accredited minor surgery DES practitioners to whom referrals can be made, together with referral criteria. It is the responsibility of any non minor surgery DES practice/practitioner referring a patient for an excision procedure to the accredited DES practitioner to ensure that patients who are referred meet the referral criteria.

If clinically appropriate, the DES practice may refer the patient to Community services or secondary care, or offer another appointment for treatment. In these cases the accredited practitioner may claim an assessment fee using the Minor Surgery DES Quarterly Claim Form, Schedule B

Follow-up activity will normally be undertaken by the patient's registered GP. Practices that are taking referrals from other practices will need to record the details of the minor surgery procedure and other relevant information and must send a full clinical report, including any follow up requirements back to the patient's home practice for inclusion in the patient's record. Guidance on how to create a new patient type and how to amend the EMIS/Vision/SystemOne template to include the additional assessment field will be provided to DES practices providing services to unregistered patients.

The practice is responsible for organising a waiting list, if necessary. Practices providing this enhanced service for other practices patients that are not able to complete treatment within 6 weeks from referral may have their suitability to deliver the DES re-assessed.

**6. Organisation of Minor Surgery Activity/** It is recommended that practices identify specific sessions within which to undertake the Minor Surgery DES.

## **7. Pricing**

In 2014/15 payment for an injection or aspiration, will be £44.02 and for approved invasive surgery the fee will be £88.04 inclusive of Employers and Employees Superannuation contributions.

## **8. Payments and Reporting**

Payment arrangements are set out in Schedule A. These will be made on submission of quarterly claims using the agreed claim form template at Schedule B, together with the quarterly minor surgery audit activity report.

## **SCHEDULE A**

### **PAYMENT ARRANGEMENTS FOR MINOR SURGERY DES**

In 2014/15 payment for Minor Surgery will be for invasive and injection procedures as defined in the 'The Service Specification'.

#### **PAYMENT WILL ONLY BE MADE UPON RECEIPT OF A CLAIM FORM**

All practices will submit quarterly minor surgery activity audit reports and claims for invasive and injection procedures under the DES as at Schedule B. Practices are strongly advised to ensure they complete the relevant procedure information fields in order to avoid payment disputes and delays.

Payment for approved invasive procedures will be £88.04 per procedure, and for each injection, £44.02.

#### **Practices providing Services to other Practices' registered Patients**

Practices providing minor surgery services to other practices' patients will receive the payment tariff as detailed above for invasive and injection procedures.

Practices may claim an Assessment fee of £20.00 for incoming referrals<sup>7</sup> which are subsequently referred on to secondary care or to another appointment for treatment, where clinically appropriate to do so.

All claims should be submitted to NHS England (London Region) Primary Care Commissioning team.

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<sup>7</sup> This assessment fee payment will be introduced at the same time as the unregistered patient component of this DES goes live, which is anticipated to be July 2014.



**SCHEDULE B**

**MINOR SURGERY DES QUARTERLY CLAIM FORM**

**Claim form (Schedule B) will be sent to participating practices as a separate Microsoft Excel file attachment**

**PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THIS CLAIM FORM (SCHEDULE B), which should be sent to NHS England (London Region) Primary Care Commissioning team.**

## ANNEX A

### **Extract from NICE Guidance on Cancer Services: Improving Outcomes for People with Skin Tumours including Melanoma (update) The Management of Low-risk Basal Cell Carcinomas in the Community (May 2010)**

#### NICE Guidance 'Models of Care' Low-risk BCCs for DES/LES

Services for the removal of low-risk nodular BCCs that can be commissioned from GPs within the framework of the DES and LES under General or Personal Medical Services. Services should be commissioned from these GPs where there is no diagnostic uncertainty that the lesion is a primary nodular low-risk BCC and it meets the following criteria.

The patient is not:

- aged 24 years or younger (that is, a child or young adult)
- immunosuppressed or has Gorlin's syndrome.

The lesion:

- is located below the clavicle (that is, not on the head or neck)
- is less than 1 cm in diameter with clearly defined margins
- is not a recurrent BCC following incomplete excision
- is not a persistent BCC that has been incompletely excised according to histology
- is not morpheic, infiltrative or basosquamous in appearance
- is not located:
  - over important underlying anatomical structures (for example, major vessels or nerves)
  - in an area where primary surgical closure may be difficult (for example, digits or front of shin)
  - in an area where difficult excision may lead to a poor cosmetic result
  - at another highly visible anatomical site (for example, anterior chest or shoulders) where a good cosmetic result is important to the patient.

If the BCC does not meet the above criteria, or there is any diagnostic doubt, following discussion with the patient they should be referred to a member of the LSMDT.

If the lesion is thought to be a superficial BCC the GP should ensure that the patient is offered the full range of medical treatments (including, for example, photodynamic therapy) and this may require referral to a member of the LSMDT.

Incompletely excised BCCs should be discussed with a member of the LSMDT.

**ANNEX B**

**APPLICATION FORM TO PROVIDE  
MINOR SURGERY DIRECTED ENHANCED SERVICE**

**Please complete this form and return to: Primary Care Commissioning Department**

Please note that this is not an agreement between the practice (s) and NHS England (London Region) to deliver minor surgery enhanced services. The practice is required to be formally contracted by NHS England (London Region) to undertake enhanced minor surgery service provision.

<b>Section 1 – Practice details</b>		
Practice Name:		
Practice Code:		
Area CCG:		
Practice Address:		
Name of practitioner/s who will be providing minor surgery services for the practice. Please confirm practitioner/s have been accredited to provide minor surgery DES procedures by the NHS England (London Region)		
Name	GMC Number	Date of accreditation / Date of submission of application (if pending)
Further Comments		
Contact Name:		
Contact E-mail:		
Contact Telephone:		
Signed on Behalf of Practice:		
Name Printed:		
Date:		

Section 2 – Supporting evidence to provide Minor Surgery Enhanced Service	
1) Individual clinicians taking part in minor surgery must:	Please confirm that you meet each requirement by indicating a 'yes' below
a. Be competent in resuscitation and ensure that their skills are regularly updated a minimum of every 18 months	
b. Be accredited by NHS England (London Region) to provide minor surgery DES services . <b>If application is pending, please state 'Pending' in the adjacent box.</b>	
c. Work in compliance with the NHS England (London Region)'s Minor Surgery DES list of approved procedures and full DES criteria.	
2) practices will need to demonstrate that they meet <u>all</u> of the following requirements:	
a. <b>Satisfactory Facilities.</b> Practices carrying out minor surgery must have 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, to include: airway management, oxygen, suction and drugs to treat anaphylaxis. National guidance on premises standards was issued as part of the GMS contract. <b>Please confirm that you will comply with this requirement:</b>	
b. <b>Nursing Support.</b> Registered nurses and appropriately trained Health Care Assistants can provide care and support to patients undergoing minor surgery provided this is explicitly included within their scope of practice. The practice is responsible for ensuring its staff meet the above criteria and receive appropriate training and updating in minor surgery <b>Please confirm that you will comply with this requirement:</b>	
c. <b>Infection Control.</b> Practices providing minor surgery must be able to declare compliance with the Essential Quality and Minor Surgery Requirements as specified within the NHS England (London Region) Infection Prevention	

<p>Audit Tool (Annex C). <b><i>Please indicate in the adjacent box that you meet this requirement.</i></b></p>	
<p><b>d. Patient Consent.</b> Patients should give written consent for minor surgery procedure to be carried out and the completed NHS consent form should be filed in the patient's lifelong medical record. <b><i>Please indicate in the adjacent box confirmation that written consent forms will be used for all minor surgery DES procedures undertaken.</i></b></p>	
<p><b>Section 3 - Minor Surgery Services on behalf of other Practices' registered patients</b></p> <p><b>Please tick the appropriate box below to indicate whether you wish to apply to provide this service to other practices' registered patients</b></p>	
<p><b>YES</b></p>	<p><b>NO</b></p>
<p><b>Section 4</b></p> <p><b>Please indicate below the Level of Minor Surgery service the practice would like to provide (the practitioner/s who will be providing minor surgery services for the practice will need to be accredited at the appropriate level).</b></p>	
<p><b>Level 1</b></p>	<p><b>YES / NO</b></p>
<p><b>Level 2</b></p>	<p><b>YES / NO</b></p>
<p><b>Level 3</b></p>	<p><b>YES / NO</b></p>
<p><b>Section 5 - Declaration</b></p> <p><b>Please confirm that practice will be compliant with all DES requirements at the point of commencement of this service</b></p>	
<p><b>YES</b></p>	<p><b>NO</b></p>

**Action:**

**Please submit a SIGNED copy of this completed form to your Area Team at NHS England (London Region) for approval.**

**THE PRIMARY CARE COMMISSIONING TEAM WILL ASSESS ALL APPLICATIONS AND NOTIFY YOU OF THE OUTCOME OF YOUR APPLICATION**

**ANNEX C**

**NHS England (London Region) Infection Prevention Audit Tool**

**Agreement to provide the Minor Surgery Directed Enhanced Service 2014/15**

Practice Name: .....

Signed on Behalf of the Practice .....

Name printed .....

Dated .....

Signed on Behalf of NHS England (London Region) .....

Name printed .....

Dated .....