Service Specification

Minor Surgery Service Specification

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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. This specification seeks to ensure that within Derbyshire there is the opportunity to provide the maximum range of minor surgery procedures in the primary care sector.

All practices are expected to provide essential and core services to all of their registered patients. However, historically there has been a huge variation in the range of procedures undertaken at practice level. The core GP contract requires GPs to offer cryotherapy, curettage and cauterisation as part of core services. This document describes the system for other surgical interventions.

This specification outlines the requirements around minor surgical and minor procedures that practices will provide above and beyond core service provision. The specification also highlights those areas which should not be attempted within Primary Care and must be referred to specialist care providers.

This specification is designed to ensure that patients in Derbyshire have access to safe, high quality care and that local primary care surgical services will deliver the outcomes set out within:

- Our Health, Our Care, Our Say
- Commissioning for Health and Wellbeing Framework
- Achieving Balanced Health

All practices delivering this service will be expected to meet CQC requirements in relation to the essential standards for quality and patient safety. All Practices will be expected to register with the CQC in April 2012.

2 Definition of Service:

Procedures have been classified into two groupings.

**Group 1** - invasive procedures, including incisions and excisions

Referrals should also adhere to the NICE Referral guidelines for suspected cancer (www.nice.org.uk/CG027).

**Group 2** - injections (muscles, tendons and joints)

3 Overall Aims and Objectives:

3.1 The overall aims of this specification are to:

- Ensure equitable access for all patients to minor surgical services provided in primary care across the county.
- Enable patients where possible to choose a location convenient to them to receive care
- Ensure that this service is developed within the principles of 'no delays' and the 18 week referral to treatment standards.
- Identify the quality outcomes against which the service will be monitored.
Practices are expected to observe the guidance for management of benign skin lesions and in doing so only provide minor surgery for such lesions which meet the agreed criteria.

3.2 This specification will result in the following outcomes:

- Local Access.
- Convenient for patients.
- Reduce unnecessary hospital attendances.
- Strengthen continuity of care.
- Make best use of NHS resources ensuring value for money.
- High levels of patient satisfaction and improved patient experience.
- Equity in service provision for surgical procedures in primary care across Derbyshire.

4 National Context:

Various national drivers and agendas including care closer to home, 18 week referral to treatment times and skin cancer improving outcomes guidance have placed an increased emphasis on PCTs to review the way in which dermatology services are provided.

5 Local Context, Demographics, Needs:

Derbyshire County PCT has recently invested additional funds in Dermatology services at Chesterfield Royal Hospital Foundation Trust following an increase in referrals from General Practice during 2007/08. The GP Local Enhanced Service (LES) for minor surgery activity was capped for a year because of increasing demand for minor surgical skin excisions and incisions. This cap was removed in October 2008 pending further review.

There is also a national requirement for all GPwSIs to be fully accredited by the PCT by March 2009 and all existing or potential GPs have been contacted accordingly.

6 Service Outline:

- A high quality, primary care based service for all Derbyshire patients that ensures an equitable, effective, efficient, responsive and affordable service that contributes to the health and well being of the people of Derbyshire.
- Safe, appropriate and timely onwards referral to secondary care.
- Referrer education.
- The need to work within multi-agency safeguarding guidelines for adults and children (Children's NSF, 2004; Safeguarding Adults, 2008).

7 Model for the Service – Pathways / Interfaces:

Practitioners providing this service will be expected to have the necessary skills and experience to carry out the contracted procedures.
Clinicians taking part in this specification should be competent in resuscitation and, as for other areas of clinical practice, have a responsibility for ensuring that their skills are regularly updated. Generally, doctors carrying out minor surgical procedures or joint injections 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.

Where appropriate all tissue removed by minor surgical procedure should be sent routinely for histological examination.

**Practices should ensure that there is a robust system for ensuring all histology results are reviewed within an appropriate timeframe.**

Practices should have protocols in place to ensure effective follow up with patients.

### 8 Client Group Served / Eligibility / Access Criteria:


A guideline for the management of skin lesions is attached as Appendix 2.

Criteria for joint injections are under development.

### 9 Quality Targets:

The facilities and standards required for the delivery of this service will depend on the type of procedures carried out. Adequate and appropriate equipment should be available for the doctor to undertake the procedures chosen, and should also include appropriate equipment for resuscitation. While it is understood that not all premises may currently meet the standards detailed in local guidance, NHS Derbyshire County expects that when premises are refurbished it is to the standard outlined. Practices must also meet infection control standards as stated in the new guidance from the NPSA “National specifications for cleanliness in the NHS”

The following are minimum requirements for all procedures:

- Patient meet and greet/waiting area.
- Procedure room.
- Appropriate equipment/instruments for use by the clinicians delivering this service including adequate learning.
- Appropriately staffed recovery area.
- Appropriately qualified supporting staff.
- Appropriate resuscitation equipment.

**Nursing support**

Registered nurses can provide care and support to patients undergoing minor surgical procedures. Nurses assisting in minor surgical 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.

**Infection Prevention and Control**

Although general practitioner minor surgical procedures have a low incidence of complications, it is important that practices providing minor surgical procedures operate to the highest possible standards.

Practices must have a written infection prevention and control policy that is compliant with national and local guidelines, including inter alia the handling of used instruments, excised specimens and the disposal of clinical waste.

Practices for the purposes of providing this service must use disposable, single use, sterile instruments or reusable devices which are decontaminated at an accredited Central Sterilisation Unit.

Practices must comply with the infection control self assessment audit programme and will achieve an agreed standard. Practices failing to achieve an agreed standard will be deemed to be noncompliant and may be decommissioned as a provider of the Minor Surgery specification until the PCT is satisfied that standards have been met.

**Consent and follow up for Group 1 (Invasive procedures)**

In each case the patient should be fully informed of the treatment options and the treatment proposed. The patient should give signed consent for the procedure to be carried out and the completed NHS consent form should be filed in the patient's lifelong medical record. This should be in line with GMC guidance for informed consent.

Practices must have clear protocols in place for ensuring effective and timely communication and follow up with patients if required.

**Serious Untoward Incidents (SUI)**

Any SUI needs to be reported into the Primary Care Clinical Quality Team within 24 hours as per PCT guidelines, using the PCT incident form. This is in addition to the practitioner’s statutory obligations.

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**10 Details of Service Monitoring, Evaluation and Review Process / Timescales:**

Full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible and linked to named clinicians. Practices should regularly audit and peer review minor surgical procedures.

Practices should submit any significant event reports relating to this service to the PCT.

**Patient Monitoring**

Practices must ensure that details of the patient’s monitoring as part of the specification is included in his or her lifelong record.
Activity Monitoring

Practices will not be required to submit activity reports to the PCT. However, the PCT and the GP Commissioners will monitor the level of referrals to Dermatology, General Surgery, and Rheumatology and will investigate any changes to referral patterns.

11 Workforce / Staffing:

Training

Doctors providing minor surgery will be expected to have either current experience of provision of minor surgery or have current minor surgery experience or have equivalent training which satisfies relevant appraisal and revalidation. Doctors carrying out this service must be competent in resuscitation and as with other clinical skills have a responsibility for ensuring that their skills are kept up to date. Doctors carrying out minor surgery should demonstrate a continued level of activity, conduct audit and take part in appropriate educational activities.

12 Clinical and Corporate Governance:

Any GP practice delivering this service will be expected to be working towards the Care Quality Commission (CQC) registration and be compliant with the essential standards for quality and safety.
## Appendix 1: NHS Derbyshire County Prior Approval / Procedures of Limited Clinical Value Schedule - Dermatology

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Procedure</th>
<th>Commissioning Position/Approved indications or thresholds</th>
<th>Evidence Base</th>
<th>Status/ Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology</td>
<td>A. Hair depilation (removal) for excessive hair growth (Hirsutism)</td>
<td>A, B &amp; C These procedures will not be commissioned</td>
<td>Not commissioned in primary or secondary care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B. Laser treatment for facial hyperpigmentation</td>
<td>The PCT will not commission the surgical removal, laser treatment, or cryotherapy of benign skin lesions unless there is significant pain, recurrent infection, recurrent bleeding, rapid growth or other features suspicious of dysplasia/malignancy.</td>
<td>East Midlands Adult Cosmetic Procedures Policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C. Electrolysis for any condition</td>
<td></td>
<td>These procedures will only be commissioned in primary or secondary care if funding has been approved by the NHS Derbyshire County Plastics Clinical Assessment Service</td>
<td></td>
</tr>
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<td></td>
<td>Surgical removal of Benign Skin Specifications including:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Seborrhoeic warts</td>
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<tr>
<td></td>
<td>- Molluscum contagiosum</td>
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<tr>
<td></td>
<td>- Telangiectasia</td>
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<td></td>
<td>- Spider angiomas (spider veins)</td>
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<td></td>
<td>- Cherry angiomas or Campbell de Morgan spots</td>
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<td></td>
<td>- Skin Tags and papillomas</td>
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<tr>
<td></td>
<td>- Naevi (moles) and other benign haemangiomas</td>
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<td></td>
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<tr>
<td></td>
<td>- Xanthelasma</td>
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<tr>
<td></td>
<td>- Lipomas</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>- Viral Warts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lipomas</td>
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<tr>
<td></td>
<td>Please note: treatment of viral warts on the margins of the eyelids is problematic and these should be referred to an Ophthalmic plastic Surgeon for treatment</td>
<td></td>
<td>Theses procedures will only be commissioned in primary or secondary care if funding has been approved by the NHS Derbyshire County Plastics Clinical Assessment Service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lipomas located on the body that are over 5 cms in diameter, or in a sub-fascial position, which have also</td>
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<table>
<thead>
<tr>
<th>Procedure</th>
<th>Criteria</th>
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| Epidermoid/Pilar (Sebaceous) Cysts             | shown rapid growth and/or are painful should be referred to an appropriate skin cancer clinic. Lipomas that are under 5 cm should be observed only using soft tissue sarcoma guidelines (SIGN 2003). Only funded if one or more of the following criteria are met:  
  - On the face (not scalp or neck) and greater than 1 cm in diameter  
  - Greater than 1 cm in diameter on body (including scalp and neck) and associated with significant pain or loss of function  
  (please see attached criteria in policy) |
| Laser Treatment                                |                                                                          |
| Botulinum Toxin Treatment for Axillary Hyperhidrosis |                                                                          |
|                                                | (please see attached criteria in policy)                                 |
Appendix 2:

Guideline for the Management of Skin Lesions

Patient presents to GP

Definite Benign Skin Lesion
- Non-symptomatic/Non disfiguring
- Examples include:
  - Benign melanocytic naevi (moles)
  - Seborrhoeic warts
  - Skin tags
  - Xanthelasma
  - Dermatofibromas
  - Lipomas
  - Viral warts and molluscum contagiosum

Definite Benign Skin Lesion With Symptoms
- (eg disfiguring, catching) or at risk of problems eg infection

Definite Premalignant or Early Malignant Skin Lesion
- Eg Actinic Keratosis

Diagnostic uncertainty and/or suspicion of malignancy

Treatment in Primary Care

Treatment in Primary Care

Refer to Dermatology

Malignant Lesion or diagnostic uncertainty

Treatment in Secondary Care

Treatment not indicated on NHS

Referred to Dermatology

If there is diagnostic uncertainty over the skin lesion, or suspicion of malignancy, the referral should be made to dermatology regardless or where the lesion is found. For example, if the lesion is located near to the eyes, the referral should still be made to dermatology as opposed to Ophthalmology. The exception is when the lesion involves the upper lid or lid margin.

Patient discharged from Secondary Care or referred back to GP as appropriate. Treatment in Secondary Care if it can be done that day eg Cryosurgery