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|----------------------------------|---|
| <b>Service Specification No.</b> |   |
| <b>Service</b>                   | <b>Minor Surgery Services in Primary Care</b> |
| <b>Commissioner Lead</b>         | <b>Colin Webb, Commissioning Manager</b>      |
| <b>Provider Lead</b>             | <b>Hull Primary Care</b>                      |
| <b>Period</b>                    | <b>1 April 2021 – 31 March 2026</b>           |
| <b>Date of Review</b>            | <b>January - Annually</b>                     |

## 1. Population Needs

### 1.1 Minor Surgery for GPs

Minor surgery carried out by GPs in the primary care setting has a number of benefits for both doctors and patients. Minor procedures, such as removing skin tags, can be performed on an ad hoc basis during a normal surgery. Generally, minor surgery falls into two distinct groups: Cutting procedures - such as excision followed by suturing; and Injections - into joints, muscles, varicose veins, and piles.

### 1.2 National/local context and evidence base

In May 2016 the BJGP (Br J Gen Pract. 2016 May;66(646)) published the outcome of the Community-Based Surgery Audit (CBSA) "Safety of community-based minor surgery performed by GPs: an audit in different settings (Botting J, Correa A, Duffy J, Jones S, de Lusignan S). This UK wide audit concluded that GP minor surgery is safe and prompt. GPs working within a managed framework (GPwER) performed better.

<https://www.rcgp.org.uk/clinical-and-research/our-programmes/quality-improvement/community-based-surgery-audit.aspx>

### 1.3 Local Activity

Between November 2015 and February 2020 there were 4,339 practice based Minor Surgery procedures recorded in Hull.

| Procedures                    | Total |
|-------------------------------|-------|
| Face to Face Assessments only | 1303  |
| Aspirations                   | 50    |
| Cautery (for nose bleed)      | 195   |
| Excisions                     | 538   |
| Injections                    | 2253  |

### 1.4 In Summary

This specification outlines requirements for practice based minor surgery procedures provided above and beyond core service provision and highlights areas which should be referred to specialist care providers and not attempted within Primary Care, ensuring patients have access to high quality care and surgical services delivered in a safe environment.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

|                 |   |   |
|-----------------|---|---|
| <b>Domain 1</b> | <b>Preventing people from dying prematurely</b>   |   |
| <b>Domain 2</b> | <b>Enhancing quality of life for people with long-term conditions</b>                             |   |
| <b>Domain 3</b> | <b>Helping people to recover from episodes of ill-health or following injury</b>                  |   |
| <b>Domain 4</b> | <b>Ensuring people have a positive experience of care</b>   | ✓ |
| <b>Domain 5</b> | <b>Treating and caring for people in safe environment and protecting them from avoidable harm</b> | ✓ |

## 2.2 Local defined outcomes

- Increased patient choice
- Improved local access, care closer to home
- Reduction in unnecessary hospital attendance
- High level of patient satisfaction and improved patient experience
- Equity of service provision

## 3. Scope

### 3.1 Aims and objectives of service

The service will ensure that a wide range of minor surgical procedures are available as part of the primary care services by Member Practices of NHS Hull Clinical Commissioning Group.

The overall aim of this service is to;

- Provide equitable access for all patients to minor surgical services within the scope of this contract in a General Practice care setting.
- Enable patients to choose a location to receive minor surgical treatment
- Ensure the service is delivered within the principles and guidelines of the NHS England / DoH referral to treatment.

### 3.2 Service description/care pathway

Procedures covered by this specification, are classified into the following

- Intra and peri-articular injections
- Invasive procedures, including incisions and excisions

The following procedures relating to lesions require referral onto an appropriate alternative provider:

- Suspicious of being a squamous cell carcinoma (SCC), a basal cell carcinoma (BCC) or melanoma or any other suspicious lesions suggestive of carcinoma.
- Those that would be appropriate for removal under the service but where the patient has a history of keloid scarring or hypertrophic scarring.
- Benign lesions approved for 'exceptional funding' where there is a history of hypertrophic or keloid scarring or where the lesion lies in a position which not appropriate for removal in primary care (e.g. lies over a major vessel/nerve /on the face or lies too deep for simple excision to be performed). GP's should refer to local guidelines and Individual Funding Request policy for this procedure and those procedures relating to improving cosmetic appearance.

Supporting information can be found at :-

<https://www.aspc-uk.net/> Association of Surgeons in Primary Care

<http://www.pcids.org.uk/> Primary Care Dermatology Society

[Nigel's surgery 49: Consent for minor surgery in GP surgeries | Care Quality](#)

[Commission \(cqc.org.uk\)](http://www.cqc.org.uk) CQC – Consent for Minor Surgery in GP Surgeries.

### 3.3 Procedures Included and excluded from this service:

- Procedures included or excluded from this specification are detailed in *Appendices 1 and 2*
- Where a PCN opts out of providing these services, the CCG will commission this service from another PCN. It is essential the registered practice enables the patient to appropriately engage in this process.

### 3.4 Service Delivery

PCNs are able to deliver this service if they have a clinician who has the skills and experience to carry out minor surgery, they should also be competent in resuscitation or have a competent member of staff on site during the procedure and, as for other areas of clinical practice, have a responsibility for ensuring that their skills are regularly updated.

- NHS Hull CCG recommends that clinicians should attend a one day refresher training session every three years.
- Clinicians and/or Health Care Professionals carrying out minor surgery will demonstrate a continuing level of activity sufficient to enable them to retain their skills.
- Practices that agree to offer this service under the scope of this contract must not claim for the same activity under the Minor Surgery DES

As a guide, doctors undertaking intra-articular injections should:

- undertake a minimum of 10 procedures per year

**As a guide, doctors undertaking excisions should:**

- remove 5 lipoma or sebaceous cysts or other benign lesions per annum.

The following are NHS Hull CCG requirements for practices carrying out minor surgery:

**Clinician evidence** – of appropriate training and presentation of activity in their annual appraisal, supported by annual audits and will include patient feedback. This will also include personal development, audit and reflections within their medical appraisal to demonstrate their scope of practice. An audit summary for each practitioner carrying out minor surgery will be submitted to the commissioner annually.

**Satisfactory facilities** - practices will be CQC compliant and have adequate facilities to enable them to provide the service safely. Appropriate equipment will be available for the clinician to undertake procedures and will also include equipment for resuscitation.

**Nursing support** - will be provided to assist with procedures by an appropriately trained and competent nurse or at the discretion of the clinician a health care assistant, this role will include the provision of appropriate infection control.

**Sterilisation and infection control** - although minor surgery has low incidence of complications, practices will operate to the highest possible standards and utilise either;

- sterile packs from the local CSSD
- disposable sterile instruments

**Consent** - Patients will give consent for the procedure to be carried out and fully informed of the treatment proposed and options, this should be recorded in the patient's lifelong medical record. Practices will adhere to their own Practice Consent Policy.

**Pathology** - all tissue removed will be sent routinely for histological examination.

**Aftercare** - the practice/PCN providing the treatment is responsible for all aftercare, e.g. the removal of sutures. **All aftercare is included within the terms of this specification and cannot be claimed through any other enhanced service.**

**Audit** - Practices will regularly audit and peer-review minor surgery work. Full and accurate record keeping of all procedures will be maintained ensuring aggregated data and details of individual patients are accessible including:-

- clinical outcomes
- rates of infection and other complications
- patient satisfaction

**Patient monitoring** - practices will ensure details of the patient's monitoring as part of the service are included in the patient lifelong record. If the patient is not registered with the practice providing the service, then the information should be sent to the patient's registered practice for inclusion in the patient notes within 2 working days.

**Significant event review and reporting – Learning through Significant Event Analysis should be an integral part of the service in particular,** practices will ensure that all excisions which later result in a referral to secondary care be reviewed through a formative

significant event review and shared with the practice and PCN team and commissioner. ??  
Reported on DATIX as an incident with actions taken and a copy of the SEA.

### **Funding Arrangements and Payment**

The price per procedure at 2021/2022 prices will be:

- |  |        |
|--|--------|
| • Face to Face appointment (assessment only) | £23.00 |
| • Injections and aspirations                 | £43.54 |
| • Invasive procedures/ cutting               | £87.08 |

Practices can only claim for procedures within the scope of this specification (*Appendix 1*).

The payment for the services includes all consumables and aftercare associated with the procedure.

Practices not wishing to provide this service but require their patients to attend a minor surgery service, will be expected to sign up to this specification and then sub-contract/refer this work to another PCN/Practice providing this service. Patients will be referred by way of the Electronic Referral System and also informing NHS Hull CCG.

### **Monitoring and Post Payment Verification (PPV)**

The practice will be subject to routine post payment verification process in respect of delivery of this service. It is intended that practices continue to carry out those procedures currently undertaken within their existing work and keep a record of all enhanced procedures.

The practice will enter the number of patients for whom the service has been provided onto the NHS England Proforma provided and submit to [england.primarycare@nhs.net](mailto:england.primarycare@nhs.net) at the end of each month, broken down by numbers of:

- intra and peri-articular injections and aspirations
- invasive procedures, including incisions, excisions, and drainage.

Payments will be made at the end of each month according to the figures submitted.

Where a practice provides this service on behalf of another practice, the providing Practice will need to submit the appropriate numbers for payment and details of the referring practice using the NHS England Proforma provided and submit to [england.primarycare@nhs.net](mailto:england.primarycare@nhs.net) at the end of each month, broken down by numbers of:

- intra and peri-articular injections and aspirations
- invasive procedures, including incisions, excisions, and drainage.

### **3.5 Population covered**

Patients registered with a GP practice that is a member of NHS Hull CCG.

### **3.6 Any Inclusion and exclusion criteria and thresholds**

See *Appendices 1 and 2*.

### **3.7 Interdependence with other services/providers**

- Other GP practices /PCNs
- Hull University Teaching Hospital Trust

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (e.g. NICE)**

4.1.1 As stated in paragraphs SC2 (Regulatory Requirements) and SC3 (Service Standards) the Provider is required to adhere to all national standards as issued from time to time by any relevant Regulatory and Statutory bodies including guidance issued by appropriate competent bodies (e.g. Royal Colleges).

#### **4.2 Applicable local standards**

- Operational Plan (NHS Hull) 2021/22
- NHS Outcomes Framework (DOH) (2021/22)
- NHS Hull CCG – Clinical Policies <http://www.hullccg.nhs.uk/policies>

### **5. Applicable quality requirements and CQUIN goals**

#### **5.1 Applicable quality requirements**

The Provider will develop and follow a standard operating policy for provision of this service.

The SOP should be shared with all staff and made reviewed annually.

When the CCG is notified of a skin sample excised from GP surgeries which are SCC or melanoma. The CCG will contact the practice to request an SEA be completed.

#### **5.2 Quality Assurance**

All practices undertaking minor surgery will be required to confirm assurance to the CCG that clinicians providing Minor Surgery services meet the following criteria:-

- Evidence of the necessary skills and experience to carry out the contracted procedures
- On-going Continuing Professional Development which may include Training, Audits, Significant Event Analysis and other relevant evidence discussed at annual appraisal and/or regular supervision.
- NHS England require confirmation that each clinicians/HCP aspires to undertake 10 injections and 5 lipoma or sebaceous each year.

#### **For new clinician applicants providing Minor Surgery the following will apply:**

- confirmation that procedures have been observed by a GP who is currently undertaking GP Practice Minor Surgery until a minimum of 2 injections and/or 2 excision procedures have been competently performed
- confirmation of how they intend to maintain their skills and competencies.

NHS England retains the right to audit any practice/clinician if there are concerns regarding the services provided as part of this enhanced service.

### **6. Location of Provider Premises**

#### **6.1 Premises**

6.1.1 The service will be provided from the Provider's Premises located at: Hull GP Practices.

### **7. Individual Service User Placement**

Not applicable

## **Appendix One**

### **Items that are included in the Enhanced Service**

Injections - Joint problems treatable by steroid injections  
Injection of steroid into shoulder joint  
Injection of steroid into ankle joint  
Injection of steroid into knee joint  
Injection of steroid into wrist joint  
Injection of steroid into carpometacarpal joint of thumb  
Injection of steroid into carpometacarpal joint of finger  
Peri-articular injection of the medial and lateral epicondylitis of the humerus  
Inject trigger finger/thumb  
Injection of carpal tunnel  
Injection of steroid into plantar fascia  
Injection into bursa  
Injection of the small joint of the hand and foot

### **Aspirations**

Aspiration of joint  
Aspiration and steroid injection of ganglion  
Aspiration and steroid injection of bursa

### **Surgical Procedures**

Sebaceous cyst

Other skin lesions which appear clinically benign but are causing persistent symptoms e.g. pain/ bleeding/ infection / change in size - including (but not limited to)

- Seborrhoeic keratosis
- Skin tags
- Dermatofibroma/ benign skin tumours
- Papilloma

Nasal cautery: Cauterisation of internal nose

Wedge resection of toenails: excision of wedge of nail

Removal of toenails: removal of toenail

**The symptoms should be clearly documented in patients' records. Lesions should not be removed for cosmetic reasons.**

### **Individual Funding Procedures**

Removal of the following lesions will only be commissioned if they comply with the CCG individual funding requests policy. Practices will be required to confirm on the GP Portal that any procedures removed do comply with the IFR policy and will be subject to audit.

## **Appendix Two**

### **Items not included in this Enhanced Service**

Any procedure that has been requested for cosmetic reasons will not be considered under this Local Enhanced Service.

#### Injections

- Insertion of Hormonal implant (inc Zoladex and Triptorelin)
- Insertion of subcutaneous contraceptive
- Local anaesthesia prior to minor surgery

#### Invasive procedures

Removal of:

- viral warts
- removal of foreign bodies.
- Benign lesions not causing significant symptoms

#### Cryotherapy

For those practices who have opted out of providing this additional service, the CCG will work with those practices to ensure something is in place.