

SCHEDULE 2 – THE SERVICES

A. Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.

Service Specification No.	
Service	Minor Surgery Local Enhanced Service
Commissioner Lead	
Provider Lead	GP practices/ Practice groups
Period	
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

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 for Minor Surgery to be carried out in GP practices. The agreement is in respect of the period 1st April 2019 to 31st March 2020, 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 Enhanced Service 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.

Delivery of this Enhanced Service at Practice Group Level

The General Practice 5 Year Forward View is a national response to the challenges that are faced in General Practice. The NHS needs to transform how care is delivered due to demographic changes increasing demand for healthcare services, and the available resources are not increasing at the same rate. Services provided in primary care, and particularly those offered by local GPs, are already under severe pressure. So that local people can continue to receive the same (or better) levels of service than they currently enjoy, the CCG needs to support new ways of working that help GPs and primary care become sustainable in the longer term.

The General Practice Forward View provides the support for practices to build the capacity and capabilities required to meet these needs, including support to adopt new ways of working (at individual, practice and network or federation level) and to develop different ways of managing clinical demand. In addition to increasing self-care, this includes the use of different triage methods and development of the broader workforce, or alternative services.

This service specification promotes the delivery of clinical services through a new way of working, at practice group level.

Practices are expected to work at scale in their relative practice groups in the delivery of this

Enhanced service. Practices will be required to confirm in the sign up process for this Enhanced service that they will deliver Minor surgery interventions to patients registered with other practices within their practice group.

Practices that are taking referrals from other practices will need to record the details of the 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.

It is recommended that practices identify specific sessions within which to undertake the Minor Surgery Enhanced service.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

2.2 Local defined outcomes

This enhanced service specification is aimed at delivering the following outcomes:

- For patients to be able to access a minor surgery procedure within a GP surgery
- For simple procedures to be delivered as part of a consultation
- For patients to be booked to receive a minor surgery procedure at a future date and time convenient to them

3. Scope

3.1 Aims and objectives of service

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 registered with their practice, or those registered with another practice in their New Models of Care Practice Group
- Monitor minor surgical activity

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 CCG.

The procedures within the scope of this Enhanced service are:

Injections (muscles, tendons and joints)

This includes injections for the management of the following presenting conditions/ symptoms:

- Capsulitis
- Bursitis
- Enthesopathies / Tendinitis
- Tenosynovitis
- Compression
- **Osteoarthritis**
- **Carpal Tunnel Syndrome**
- **Tennis Elbow**

Invasive procedures, including incisions and excisions

- 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 Services¹. 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 .

• **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.

3.2 Service description/care pathway

The procedures will be carried out in practices

3.3 Population covered

This service specification covers all patients registered with a practice within the same Practice Group as the practice holding the contract for Minor Surgery.

3.4 Any acceptance and exclusion criteria and thresholds

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 on page 3**.

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 Enhanced service, practices should pay particular attention to the following:

• **Satisfactory facilities to deliver Minor surgery**

– 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 Enhanced service 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

¹http://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 NHS England believes a clinician carrying out minor surgery is not complying with the terms of this agreement, and then NHS England 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.

Payments

Under the agreement, NHS Wolverhampton CCG 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 £43.36 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:

- ☐ £43.36 for injections (muscles, tendons, joints)
- ☐ £43.36 Injections of varicose veins and piles
- ☐ £86.72 for incisions and excisions

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

Claims should be submitted to: WOLCCG.ContractWolvesCCG@nhs.net

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This service specification promotes the delivery of clinical services through a new way of working, at practice group level.

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The practice delivering the intervention will receive the remuneration for the intervention as per the tariffs detailed within the specification.

3.5 Interdependence with other services/providers

Royal Wolverhampton NHS Trust:

Some invasive minor surgery procedures will be carried out in secondary care.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 4D)

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement

Exclusions

There are certain surgical procedures that carry a higher risk and that also may

Exclusion	Rationale
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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:

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 head that are 1" in diameter and above	Higher level of training/competency required Is this written in twice
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

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

circumstances is detailed below:

Exceptional clinical circumstances would include:

- 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 treatment required by injection and does not include:

- Routine vaccinations and immunisations.
- Contraceptive injections.
- Neuroleptic injections e.g. Haldol Decanoate
- Sustanon or kenalog injection