

NHS Standard Contract - SCHEDULE 2 – THE SERVICES

Minor Surgery Service Specification

Service Specification No.	
Service	Minor Surgery Enhanced Service
Commissioner Lead	Dr Avanthi Gunasekera, Strategic Clinical Executive
Provider Lead	As signed
Period	1st April 2020 to 31st March 2021 <u>1 April 2021 to 31 March 2022</u>
Date of Review	End of contract period

1. Population Needs

1.1 National/local context and evidence base

NHS England contracts for minor surgery procedures through the Directed Enhanced Service (DES) for Minor Surgery. PMS practices have not been eligible to sign up to the DES for Minor Surgery as it has been deemed to be within contract. The purpose of this specification is to commission a primary care based minor surgery service for patients as part of the reinvestment of PMS premium. This service is intended to improve access to patients by offering an alternative to secondary care that is closer to home as such patient consultation has not been undertaken.

As per the NHS Rotherham CCG Quality Contract, if practices do not wish to deliver this service it must be sub-contracted to another practice following discussions with the CCG. All patients must have access to this service.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

3. Scope

3.1 Aims and objectives of service

The service is intended to provide within primary care, access to assessment, operative intervention and aftercare for patients with lesions suitable for minor surgery. The core element of this service will include Joint Injections (excluding facet joint injections for lower back pain), and Minor Dermatology work for the following:

- In growing toe nail (IGTN)
- Incision and drainage
- Needle Aponeurotomy
- Paronychia

For clarity, cautery, curettage and cryotherapy procedures are already funded as an additional service of the national contract and therefore not eligible for further payment.

Surgical treatment of benign skin lesions will not be routinely commissioned by the NHS for cosmetic reasons.

Benign skin lesions therefore are excluded from this arrangement unless:

- The lesion is painful or impairs function and warrants removal. Removal would not be purely cosmetic.
- Viral warts in the immunosuppressed.
- Patient scores >20 in Dermatology Life Quality Index administered during a consultation with the GP.

All procedures must be fully documented, clearly identifying why the procedure is required, and the treatment undertaken. Written informed consent must also be taken, including the risks and benefits of surgery. Any tissue removed should be sent for Histological examination.

3.2 Service description/care pathway

Patients can be seen by the practice themselves or referred to a practice with which a sub-contract is held if applicable. If a sub-contract is in place adequate arrangements must be made for the transfer of patient information; it is necessary to ensure the secure transfer of appropriate patient information between clinical systems, taking account of consent and Information Governance legislation and guidance, and clear pathways of care must be in place to ensure all parties are aware of their responsibilities.

3.3 Population covered

This service specification covers all adults requiring minor surgery.

3.4 Any acceptance and exclusion criteria and thresholds

Each new practitioner performing minor surgery must have the competency to undertake the procedures confirmed (via Direct Observation of Procedural Skills DOPS assessment). We would expect each minor surgery practitioner to be able to evidence the following:

- Competence in resuscitation
- Regular update of skills
- Ability to demonstrate a continuing and sustained level of activity via a self-declaration and discussion at appraisal
- Evidence of conducting regular audits.
- Participation in appraisal of minor surgery activity
- Participation in supportive educational activities

In assessing suitability for the provision of this enhanced service practices should pay particular attention to the following:

- **Satisfactory facilities:** The practice must have premises which fully meet the required standards for treatment rooms as specified by NHS England, and will work to infection control policies that fully meet the requirements of, and comply with infection prevention and control regulations, legislation and guidance.

- **Clinical support:** Nursing and other relevant clinicians can provide care and support to patients undergoing minor surgery. Staff assisting in minor surgery procedures should be appropriately trained and competent, taking into consideration their professional accountability and relevant professional scope of practice.
- **Sterilisation and infection control:** Although GP minor surgery has a low incidence of complications, it is important that practices providing minor surgery operate to the highest possible standards. Use of single-use instruments or decontamination of instruments by CSSD or equivalent service is required. No instruments are to be sterilised on site. Practices should be compliant with Health Service Circular 2000/02 and instrument sets that are not single use should be traceable. Practices should also be compliant with the European Directive 93/42/EEC. Practice should also regularly undertake Infection Control audits and take action to cover any gaps in control. A sample Infection Control audit is available from NHS England / Public Health England.
- **Associated Procedures:** The practice will need to have in place associated procedures i.e. managing sharps, body fluid spillage, and needlestick / sharps injuries.
- **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. Practices will be required to evidence consent against claim records during contract/quality reviews.
- **Pathology:** All tissue removed by minor surgery should be sent routinely for histological examination unless there are exceptional or acceptable reasons for not doing so. If tissue is not sent for examination no claim for payment can be made. Practices will be asked to evidence histology against claim records during contract/quality reviews.
- **Audit:** Full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible. Practices should regularly audit and peer review minor surgery work.

3.5 Interdependence with other services/providers

If practices do not wish to deliver this service the service can be sub-contracted to another practice following discussions with the CCG that the sub-contact provider meets competence requirements.

4. Applicable Service Standards

4.1 Patient Satisfaction

In order to ensure patients are satisfied with the Minor Surgery service, the CCG will undertake a rolling SMART survey to monitor patient satisfaction. GP practices will provide the patient with the appropriate link for completion.

4.2 Reporting Achievement

Practices will submit a quarterly data report to the CCG via the LES data worksheet when requested by the Primary Care Team. As a minimum, the dataset will include the numbers, diagnosis, reason for the procedure and procedure undertaken.

4.3 Remuneration

Upon receipt of the quarterly activity report, practices will be paid £43.26 per joint injection and £86.52 per minor dermatology procedure.

Total annual activity will be capped at the ~~2019-2020~~2020/21-activity outturn. This will be agreed with

the practice.

Caps for ~~2020-21~~2021/22 contract years' are based on ~~2019-20~~2020/21 contract years' activity. Should your cap require an increase you must undertake an audit and provide evidence and a rationale to the CCG. This information will be considered by the CCG who will advise the practice of a decision. If agreed a contract variation will be issued.

For payment for Joint Injections will not exceed: Procedures / £ and payments for Minor Dermatology surgery will not exceed: Procedures / £

Any suspicions of fraud will be referred to the CCG's Counter Fraud Specialist for further investigation. It is important to recognise that claiming for procedures that do not fall within the service specification may constitute fraud and will be referred to the CCG's Counter Fraud Specialist for further investigation

Consequences for late submission of activity data:

- 1 – 7 days: 5% of payment
- 8 – 14 days: 10% of payment and payment won't be released until the next payment run
- 15 – 21 days: 50% of payment and payment won't be released until the next payment run
- Submissions received after 21 days (3 weeks) will receive no payment.

A reminder by email will be sent out at least one week prior to submission date. It is the responsibility of the practice to ensure that any changes to contact details for the Practice lead/ practice manager are notified to the GP Commissioning team.

In the event of unforeseen exceptional circumstances e.g. unplanned admission to hospital, there is scope for the CCG to process a payment without precedent. It is however a practice responsibility to put in place sufficient contingency arrangements to ensure activity is submitted by the date specified.

If the CCG makes a payment to a practice under the LES and :

- a) The practice was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment **or because the payment was calculated incorrectly** (including where a payment on account overestimates the amount that is to fall due);or
- b) the CCG was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money is already been paid,

then the CCG is entitled to repayment of all or part of the money paid.

4.4 Audit – Compliance with the Scheme

Practices will be selected at random for audit (and also if the GP for Primary Care identifies any potential irregularities). Practices selected for audit are required to work with the auditors to demonstrate to them that all parts of the scheme have been complied with.

4.5 Termination of agreement

This service forms part of the basket of enhanced services of the Rotherham Quality Contract, and is therefore subject to the terms outlined in the Quality Contract.

Following the recent publication of the 'Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' the CCG acknowledges that further guidance may influence the future delivery of Local Enhanced Services.

All Local Enhanced Services will be subject to regular review in line with the development of Primary Care Networks (PCNs). Three months' notice will be given to Providers if services are to transfer to PCN delivery and/or payment.

