

NHS Standard Contract - SCHEDULE 2 – THE SERVICES

Minor Surgery Service Specification

Service Specification No.	
Service	Minor Surgery Enhanced Service
Commissioner Lead	Dr Jason Page, Strategic Clinical Executive
Provider Lead	As signed
Period	1st April 2017 to 31st March 2019
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.

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

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 their 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

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.

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 programme of questionnaires that practices will need to distribute to patients. When the practice needs to take part, they will be supplied with a number of paper questionnaires and pre-paid envelopes – patients will return their questionnaires directly to the CCG and the practice will ensure they are encouraged to complete them. The CCG will ensure the practice receives the resulting data analysis for their information, as well as a copy of an annual overview.

4.2 Reporting Achievement

Practices will submit a quarterly data report to the CCG via Smartsurvey when requested by the Quality Assurance 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 £42.62 per joint injection and

£85.24 per minor dermatology procedure.

Total annual activity will be capped at the higher of either actual 2015-16 activity or the Rotherham average rate per 1000 (see note *) multiplied by practice weighted list size.

* For Joint Injections the average rate per 1000 has been set at 3.49

* For minor dermatology surgery the average rate per 1000 has been set at 7.57

These averages have been calculated based on actual data across all practices during 2015-16.

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

Late Submission:

- 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.

4.4 Termination of agreement

3 months written notice is required by either party if they wish to terminate this agreement unless a concern (clinical or financial) is identified in which case an agreement can be suspended whilst the investigation is concluded.