NHS Rotherham Clinical Commissioning Governing Body

IN STRICT CONFIDENCE

Operational Executive – 27 February 2017

Strategic Clinical Executive – 29 February 2017 – for information

Primary care sub-group – 15 February 2017

LMC Officers – 27 February 2017

Primary care committee – 8 March 2017

Capping of minor surgical procedures

Lead Executive:	**Chris Edwards**
Lead Officer:	**Jacqui Tuffnell**
Lead GP:	**Richard Cullen**

Purpose:

To approve the recommendations of the primary care sub-group to resolve issues relating to the capping of minor surgery procedures in general practice.

Background:

LMC officers raised concern regarding the capping of minor surgery procedures in October 2016. This followed previous discussion where it was identified that the CCG would be happy to reconsider the cap if there was a corresponding reduction in referral to secondary care. To date, there has not been any evidence of reduction and referrals are continuing to increase to secondary care.

LMC officers expressed concern that the reason for the increase in general practice was because of an increased demand. It was therefore agreed that a records review would be undertaken of those practices who had already hit their caps. Four practices were identified and issues were identified in all 4 practices in relation to the minor surgery claims and/or clinical practice. The review was therefore extended to a further 3 practices to understand if these issues were still isolated or more widespread. From the additional information obtained from the extended review, this is much more widespread. It has therefore been agreed with the Counter Fraud team that we notify practices of the issues we are identifying and allow practices to review claims and notify us if they have been inadvertently claiming and also to provide assurance in relation to quality.

It does however leave the issue of whether the cap is appropriate incomplete. Alongside the audit, the primary care team have been reviewing the current LES not only to ensure that it is robust but also given clinical threshold application in secondary care, to ensure it is equitable. The LES has been significantly revised which it is considered will ensure practices remain within the cap from 2017/18 onwards.

The caps were set based on historical activity or, for practices not previously undertaking minor surgery were calculated on the basis of current Rotherham activity plus 25% of secondary care work for minor procedures transferring to general practice.

Analysis of key issues and of risks

It is acknowledged that per 1000, the cap is less at Dinnington and Brinsworth practices than at other practices where their cap is based on historical activity. On this basis, it is therefore recommended that practices who have exceeded their cap (for valid minor surgery activity as per the LES) be allowed to exceed their cap this financial year however based on the arrangements for the revised minor surgery LES otherwise the practices will be restarting minor surgery and then ceasing some procedures only weeks later.

Some issues have identified performance concerns. The core requirement for performing skin surgery is set out in the Primary Medical Services Directions 2010 which states:

A requirement that the contractor ensures that any health care professional who is involved in performing any surgical procedures has:

1. Any necessary experience, skills and training with regard to that procedure
2. Resuscitation skills

At present the LES states:

It is expected that the practitioner will have appropriate training and experience and be able to demonstrate ongoing activity in this field to maintain competency, be appraised on what they do, and conduct annual audits, a CCG template for which will be created and issued for guidance. Clinicians taking part in minor surgery should be competent in resuscitation.

It is recommended that this is strengthened and that each new practitioner performing minor surgery has 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 – 100 skin surgery procedures per year that leave a scar (excluding cryrosurgery) is recommended if however less than 100 procedures per year are performed each practitioner will be required to perform the designated procedure(s) by completion of further DOPS assessment every 3 years
- Evidence of conducting regular audits.
- Participation in appraisal of minor surgery activity
- Participation in supportive educational activities

Patient, Public and Stakeholder Involvement:

N/A

Equality Impact:

N/A

Financial Implications:

Minimal impact on this financial year.

Human Resource Implications:
N/A
Procurement:
N/A
Approval history:
Primary care sub-group 15 February 2017, OE supported the recommendations 27 February 2017, LMC officers supported the relaxation of the cap but not the competency assessment requirements or activity expectations and these have been amended in the final version of the LES for 2017/18
Recommendations:
To support the recommendation to relax the cap based on the incoming minor surgery LES and for competency assessment of all clinicians.