

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4. Mandatory but detail for local determination and agreement
 Optional headings 5-7. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	02_GMS_59
Service	Minor Surgery across Bournemouth and Poole localities
Commissioner Lead	General Medical and Surgical CCP
Provider Lead	
Period	1 st April 2014 – 31 st March 2017
Date of Review	30 th September 2016

1. Population Needs

1.1 National/local context and evidence base

Minor surgery in primary care has long been held to be cost-effective and popular with patients. Patients are more satisfied if their procedure is performed in primary care, largely because of convenience. Furthermore this service supports Government policy of providing care close to the patient's home.

A Community-Based Surgery Audit (CBSA) has been established to enable practitioners of community-based surgery to collect evidence on the quality of the surgery they undertake in order to monitor and improve the quality of service provided and to give an over view of community based surgery practice. <http://www.hscic.gov.uk/cbsa>. Currently in pilot phase this should be available widely during 2014.

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	
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	
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2.2 Local defined outcomes

To offer the maximum range of minor surgery within primary care

Improve access to high quality, cost effective and locally provided services

Reduce number of patients attending secondary care

3. Scope

3.1 Aims and objectives of service

The Minor Surgery service aims to commission the provision of the maximum range of minor surgery in the primary care sector so that patients across Dorset can access a range of high quality, cost effective, locally provided services.

There is a need for a consistent approach to rewarding GPs equitably for providing minor surgery services within their own practice.

The provider is expected to provide essential and those additional services they are contracted to provide to all their patients. Focused on the more specialised services to be provided this specification is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services and the Quality and Outcomes Framework or funded under other Enhanced Service provision. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

3.2 Service description/care pathway

The Minor Surgery service covers the invasive procedures: nail bed ablation and sigmoidoscopy. (Other minor surgery procedures are covered by NHS England contracts)

If the patient is not registered with the practice providing the service, the practice performing the procedure must send any information to the patient's registered practice for inclusion in their patient notes within 5 working days of carrying out the procedure. It is recommended that the referring practice should give each patient an information sheet explaining the treatment options and treatment proposed at the time of referral. This should be documented in the patient's record by the referring practice.

The practice must ensure that details of the patient's treatment are included in his or her lifelong record. Adequate consent is essential: the patient should give informed consent for the procedure to be carried out and in each case the patient should be fully informed of the treatment options and the treatment proposed. The practices should ensure that the patient's consent to a minor surgical procedure is always recorded in the patient's medical record.

Histology

All tissue removed by minor surgery should be sent routinely for histological examination. The practices should have robust systems for handling the histology results and ensuring they are actioned, if necessary, and patients informed of the results.

Referrals and Discharge: Information for subcontracting practices

Referrals should be made using a referral format agreed between the referring and accepting practices.

Referrals should only be accepted where there is a confirmed patient diagnosis and the minor service procedure required is specified. If this is in doubt then referral to the Dermatology Department in secondary care may be more appropriate. If this is the case, it is the responsibility of the receiving practice to return the referral to the referring practice for onward referral with the advice "refer to secondary care". All potential malignancies should be referred via the 2 week wait process.

The practice carrying out the procedure should notify the referring practice of the outcome using a discharge notification format agreed between the referring and providing practices.

3.3 Population covered

This service is offered to patients registered with relevant GP practices within Bournemouth and Poole localities.

With prior agreement with NHS Dorset CCG the provider may accept appropriate referrals for patients registered with other practices across Dorset..

3.4 Any acceptance and exclusion criteria and thresholds

Cryotherapy, curettage and cauterisation are provided by general practitioners as additional services and do not form part of this specification. Providers providing additional services should not refer patients requiring any of these services on to another provider.

The service does not include incisions, excisions and injections (muscles, tendons and joints) and the insertion or removal of HRT implants or Zoladex injections.

NHS Dorset CCG does not commission or fund cosmetic procedures except in exceptional circumstances.

NHS Dorset CCG does not commission the surgical removal of certain lesions unless exceptions apply and, therefore, the following conditions are excluded from this agreement:

- viral warts and molluscum
- benign moles, for which the only reason for removal is cosmetic
- seborrhoeic warts/keratoses
- skin tags, except in cases of recurrent infection or bleeding, greater than 1cm and associated with significant pain
- Naevii and other benign haemangiomas

- thread veins
- thrombosed piles
- suspected malignant lesions

3.5 Interdependence with other services/providers

Acute providers

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

NICE Clinical Guideline 2. Infection Control (2003) - Prevention of healthcare-associated infection in primary and community care:

<http://www.nice.org.uk/nicemedia/pdf/cg2fullguidelineinfectioncontrol.pdf>

NICE Clinical Guideline 27 – Referral Guidelines for suspected cancer. Section 1.10 Skin Cancer:

<http://publications.nice.org.uk/referral-guidelines-for-suspected-cancer-cg27/guidance#skin-cancer>

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

4.3 Applicable local standards

The provider shall:

Ensure that staff providing the service are suitably qualified and competent and that there are in place appropriate arrangements for maintaining and updating relevant skills and knowledge and for supervision.

The clinician carrying out the procedures it has been agreed the provider will provide, must be able to demonstrate the relevant competencies to do so in line with the latest NICE guidelines for minor surgical procedures in primary care.

Ensure that lines of professional and clinical responsibility and accountability are clearly identified.

A practice may be accepted to provide this service if it has a partner, employee or sub-contractor, who has the necessary skills and experience to carry out the contracted procedures.

Clinicians undertaking minor surgical procedures should be competent in resuscitation and, as for other areas of clinical practice, have a responsibility for ensuring that their skills are regularly updated. They should be able to demonstrate this to their appraiser. Doctors carrying out minor surgery should:

- demonstrate a continuing sustained level of activity
- conduct regular audits

- be appraised on what they do
- take part in necessary supportive educational activities

Appropriately trained and competent nurses can provide care and support to patients undergoing minor surgery. The training of nurses should take into consideration nurses' professional accountability and the Nursing and Midwifery Council guidelines on the scope of professional practice.

Ensure that all premises and equipment used for the provision of the enhanced service are at all times suitable for the delivery of those services and sufficient to meet the reasonable needs of patients or clients.

Demonstrate a robust information service/source for patients and review regularly based on patient feedback.

Ensure that patients are able to contribute to the planning of their own care and that opportunities for feedback are easily available.

Ensure that treatment, care and information provided is culturally appropriate and is available in a form that is accessible to people who have additional needs, such as people with physical, cognitive or sensory disabilities, and people who do not speak or read English.

Each episode must be recorded in the lifelong patient record.

The service should be available during the practice's contracted hours (i.e. 8.00am to 6.30pm) for 52 weeks of the year and evidence should be provided that appropriate plans have been devised for cover of leave (both anticipated and unanticipated) and succession planning for staff turnover.

The Provider must inform NHS Dorset CCG at the earliest opportunity, if there is a significant disruption to the service in order that continuity can be maintained through an alternative provider.

The Provider must ensure an appropriate record of activity is developed and maintained for audit and payment purposes.

The provider shall provide quarterly activity data to NHS Dorset CCG in respect of this service within 1 calendar month following the end of each quarter during the year. Activity data will include:

- Number and type of procedures performed for practice patients
- Number and type of procedures performed on behalf of another practice and name of referring practice

The provider will carry out a quarterly audit of the service. The audit will be reported to NHS Dorset CCG by the end of the month following the quarter end. The audit will include:

- the type of procedure undertaken
- the number of histological specimens sent to pathology as a percentage of relevant procedures carried out

- complications of surgery e.g. infections and anaphylaxis
- histological diagnosis at significant variance to clinical provisional diagnosis
- unexpected malignancies found following histological examination: number and type
- incomplete excision of basal cell tumours or pigmented lesions which, following histological examination, are found to be malignant
- appropriateness of follow up arrangements made for those with a malignant histological diagnosis i.e. compliance with Multi-disciplinary team recommendations
- analysis of punch biopsy reports
- details of learning and actions taken as a result of audit findings

In addition, in order to help improve services and provide feedback, a patient satisfaction survey should also be undertaken on an annual basis.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

N/A

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement