

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_61
Service	Specialist Minor Surgery
Commissioner Lead	General Medical and Surgical CCP
Provider Lead	Review Design and Delivery (West/Medical and Surgical)
Period	1 st April 2014 – 31 st March 2016
Date of Review	30 th September 2015

1. Population Needs

1.1 National/local context and evidence base

The importance of basal cell carcinoma (BCC) is underestimated, probably because it is rarely fatal. However, BCC is the commonest type of cancer in England and Wales. The incidence of BCC in the South West region is 2.9 times higher than that of lung cancer and places a significant burden on NHS resources. Furthermore, the current number of registered cases is likely to be a significant underestimate of the true incidence of BCC, with modelling estimates indicating that the number of new cases per year is likely to be between 55,000 and 60,000 nationally.

Patients want their low-risk BCCs to be treated effectively the first time, with minimal risk of recurrence and the best cosmetic result possible. Should surgery be required, patients want their healthcare professionals to ensure that the risk of damaging important, proximate anatomical features, such as nerves, is kept to a minimum if possible.

Evidence from within the UK and abroad suggests that minor surgical procedures carried out in general practice have high levels of patients satisfaction and are highly cost effective.

This service is commissioned in the context of ensuring patients are appropriately treated in primary care rather than attending secondary care but that any low priority procedures are minimized and are only undertaken for sound clinical reasons.

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	

2.2 Local defined outcomes

- To offer specialist minor surgery procedures within primary care
- Improve access to high quality, cost effective and locally provided services
- Reduce the 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.

It is recognised that the site on the body sometimes presents particular risks, or that multiple lesions may need to be treated at a single appointment and more specialist skills and time on the part of the surgeon are therefore required. Updated NICE guidance: Improving Outcomes for People with Skin Cancer Including Melanoma (and the subsequent 2010 update on low risk BCCs) has supported the excision of 'low risk BCCs' by suitably qualified and experienced GP Surgeons in primary care.

<http://www.nice.org.uk/nicemedia/live/10901/48878/48878.pdf>

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 Specialist Minor Surgery service covers the following specialist excision procedures:

- Incisions/excisions on the face, ears, eyelids, neck and low risk BCCs as performed by Model 1 practitioners
- Multiple incisions / excisions done in a single appointment

Low risk B basal cell carcinoma (BCCs) which meet the criteria as specialist minor surgeon are:

- Patients aged 25 years or older
- Lesions that are clearly defined and up to 2cm in diameter below the clavicle or up to 1cm in diameter above the clavicle
- The patients and lesions defined above can be managed and excised by Model 1 practitioners in the community i.e. existing GP with Special Interest (GPwSI) in Dermatology and Skin Surgery or new GPwSI in Skin Lesions and Skin Surgery

If the lesion is thought to be a superficial BCC the GP should ensure that the patient is offered the full range of medical treatments (including, for example, photodynamic therapy) and this may require referral to a member of the Local Hospital Skin Cancer Multidisciplinary Team (LSMDT).

Incompletely excised BCCs should be discussed with a member of the LSMDT.

Through prior agreement with NHS Dorset CCG the service may accept appropriate referrals both for patients registered with the practice and for patients registered with other practices across Dorset. If the patient is not registered with the practice providing the service, then the practice performing the procedure must send this information to the patient's registered practice for inclusion in the patient notes within five 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 practice 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 practice should have robust systems for handling the histology results and carrying out all appropriate consequent action, and informing patients of the results.

Referrals and Discharge: Information for subcontracting practices

Referrals should be made using a referral form agreed between the referring and accepting

practice.

Referrals should only be accepted where there is a confirmed patient diagnosis and the minor surgery 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 (apart from BCCs) should be referred via the 2 week wait process.

3.3 Population covered

With prior agreement with NHS Dorset CCG the provider may accept appropriate referrals both for patients registered with the practice and for patients registered with other practices in Dorset.

3.4 Any acceptance and exclusion criteria and thresholds

The following patients and lesions, or if there is any diagnostic doubt, are specifically **excluded** from management in primary care:

Patients who are:

- aged 24 years or younger
- immunosuppressed or have Gorlin’s syndrome

Lesions that are:

- on the nose and lips, or around the eyes or ears
- greater than 2 cm in diameter below the clavicle or greater than 1 cm in diameter above the clavicle unless they are superficial BCCs that can be managed non-surgically
- morphoeic, infiltrative or basosquamous in appearance
- poorly defined at the margins

Located:

- over important underlying anatomical structures (for example, major vessels or nerves)
- in an area where primary surgical closure may be difficult (for example, digits or front of shin)
- in an area where excision may lead to a poor cosmetic result

If any of the above exclusion criteria apply, or there is any diagnostic doubt, following discussion with the patient they should be referred to a member of the Local Hospital Skin Cancer Multidisciplinary Team (LSMDT).

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

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 (unless causing discomfort or where there is diagnostic uncertainty)
- 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 (except low risk BCCs if the criteria in the NICE guidance is met)

3.5 Interdependence with other services/providers

Local Hospital Skin Cancer Multidisciplinary Team

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

NICE Guidance: Improving Outcomes for People with Skin Tumours including Melanoma (update):

<http://www.nice.org.uk/nicemedia/live/10901/48878/48878.pdf>

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 Contractor shall have adequate mechanisms and facilities, including premises and equipment, as are necessary to enable the proper provision of this service. NHS Dorset CCG should be satisfied that practices carrying out minor surgery have such facilities as are necessary to enable them properly to provide minor surgery services. Adequate and appropriate equipment should be available for the doctor to undertake the procedures chosen. Appropriate equipment for resuscitation should be available. National guidance on premises standards has been issued and is available on the Department of Health website. Providers should be aware that as from April 2013 all Contractors of NHS primary medical services will be required to meet the Care Quality Commission's

requirements outlined in the Health and Social Care Act 2008.

A practice may be accepted for the provision of this service if it has a partner, employee or sub-contractor, who has the necessary skills and experience to carry out the contracted procedures and has completed a formal accreditation process to carry out these procedures.

Provision of this service requires accreditation of the whole service and covers clinicians, facilities, equipment and administration. In general the requirements address the following issues:

- Clinicians - Evidence of Continuing Professional Development, Clinical Supervision, Audit Design and interpretation of results, Number of procedures needed to maintain competence
- Facilities - Meet all current primary care standards for floor, wall and ceiling finishes, lighting and ventilation
- Equipment - Fit for purpose with sufficient sets for CSD sterilisation or single use
- Infection Control - Meets all current standards applicable to primary care
- Audit - Systems and protocols for effective clinical audit exist
- All excised tissue sent for histological analysis, reports scrutinised and appropriate actions taken on the results.

The clinician, carrying out the procedures 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.

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 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.

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

Ensure that all premises and equipment used for the provision of the service are at all times suitable for the delivery of those services and sufficient to meet the reasonable needs of patients or clients. This includes provision of a suitable room with couch and sufficient space and equipment for resuscitation if required. Suitable equipment for the

insertion and removal (single use) needs to be provided as well as facility for local anaesthesia to be administered.

Practices must follow infection control policies that are compliant with national and local guidelines. All infection control, decontamination measures and sterilisation of equipment must meet the standards within the Health and Social Care Act (2008) and its associated "Code of Practice for Health and Social Care on the Prevention and Control of Infections and related guidance".

Practices should take advantage of any of the following arrangements:

- (a) sterile packs from the local CSSD
- (b) disposable sterile instruments
- (c) approved sterilisation procedures that comply with national guidelines

Practices are responsible for the effective operation and maintenance of sterilising equipment in their premises.

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

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 shall provide quarterly activity data to NHS Dorset CCG in respect of this service within one calendar month following the end of each quarter during the year using the electronic enhanced services monitoring return provided. 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 shall carry out an annual audit of the service using the audit profoma embedded within this document. The audit will be reported to the NHS Dorset CCG by the end of the month following the end of the fourth quarter. The audit will include, as a minimum:

- the type of procedure undertaken
- any complications
- 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 arrangement 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