

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications (Short Form Contract)

<b>Service Specification No.</b>	11J/0229
<b>Service</b>	Community Based Surgery (WEST)
<b>Commissioner Lead</b>	Dorset Clinical Commissioning Group
<b>Provider Lead</b>	Primary Care Team - Service Delivery
<b>Period</b>	1 <sup>st</sup> April 2018 – 31 <sup>st</sup> March 2019
<b>Date of Review</b>	<i>If you wish to review the specification mid-contract, then a date by which the specification is to be reviewed should be inserted here.</i>

#### 1. Population Needs

##### 1.1 National/local context and evidence base

There is evidence from within the UK and abroad that minor surgical procedures carried out by general practitioners in general practice premises have high levels of patient satisfaction and are highly cost-effective. This specification seeks to ensure that within Dorset there is the opportunity to provide a range of minor surgery procedures in the primary care sector.

All practices are expected to provide essential and core services to all of their registered patients. However, historically there has been a huge variation in the range of procedures undertaken at practice level. The core GP contract requires GPs to offer cryotherapy, curettage and cauterisation as part of core services. It should be noted that there is also Wessex Minor Surgery enhanced service specification which also outlines procedures undertaken which are beyond essential and those additional services.

#### 2. Outcomes

##### 2.1 NHS Outcomes Framework Domains & Indicators

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

##### 2.2 Local defined outcomes

- Offer a range of minor surgery within primary care;
- Improve access to high quality, cost effective and locally provided services;
- Reduce the number of patients attending secondary care.
- Integration with relevant partners i.e. community and acute.

#### 3. Scope

##### 3.1 Aims and objectives of service

Dorset CCG aims to commission the provision of community based surgery in the primary care sector, to enable patients across Dorset having access to a range of effective, efficient and high quality services.

This specification outlines the requirements around community based surgery procedures that practices shall provide beyond core service provision.

The overall aims of this specification are to:

- Ensure equitable access for all patients to community based surgery provided in primary care across the county;
- Identify the quality outcomes against which the service will be monitored;

### 3.2 Service description/care pathway

This enhanced service covers community based procedures delivered, as listed below, which the practitioner is deemed competent to carry out:

- Lesions which are subject to repeated trauma, bleeding or cause functional impairment due to size or location which are not excluded (please see exclusion criteria);
- Excision of Low Risk Basal Cell Carcinoma by GP.

#### Eligibility to Provide the Service

The following eligibility is required for:

A Practitioner who meets the eligibility criteria to perform excisions to:

- Lesions which are subject to repeated trauma, bleeding or cause functional impairment due to size or location which are not excluded, by GP.

#### Eligibility Criteria

The Practice/ Practitioner shall:

- Ensure that any health care professional involved in providing this service shall adhere to the appropriate skills required to perform or assist;
- Demonstrate a continuing sustained level of activity, conduct regular audits, be appraised on what they do and take part in necessary supportive educational activities;
- 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. This includes having appropriate infection control and decontamination in premises where surgical procedures have taken place;
- Demonstrate competency in resuscitation and that these skills are regularly updated;
- Demonstrate competency in performing local anesthesia, punch biopsy, shave excision and elliptical excision.
- Follow current best practice guidelines where clinically appropriate, in the ceasing and recommencement of anticoagulation.
- Offer a chaperone.

#### Histology

- Ensure that all tissue removed by surgical procedures is sent for histological examination together with information about the site of excision and provisional diagnosis on the histology request form (unless there are exceptional or acceptable reasons for not doing so).
- Maintain a 'fail safe' log of all procedures performed. This should include the histological outcome to ensure that patients are informed of the final diagnosis and whether any further follow up is required.

#### Clinical Records

- Ensure that details of the patient's treatment under this enhanced service are included in his or her lifelong medical record. These should include:
  - patient's diagnosis;
  - clinical history;
  - read code for procedure;
  - problems / significant events experienced during the procedure;
  - follow up arrangements;
  - complications experienced.

A Practitioner who meets the eligibility criteria to perform excisions to:

- Low risk basal cell carcinomas 1cm or under below the clavicle;

**Eligibility Criteria**

As stated for lesions which are subject to repeated trauma, bleeding or cause functional impairment due to size or location **plus** the following if excising low risk basal cell carcinomas 1cm or under below the clavicle;

The Practice/ Practitioner shall:

- Demonstrate competence in recognition and diagnosis of BCC appropriate to their role;
- Skin cancer clinical practice audit is encouraged.

**Histology and Clinical Records**

As stated for lesions which are subject to repeated trauma, bleeding or cause functional impairment due to size or location

**Patients not registered with the practice**

If the patient is not registered with the practice providing the service, the practice performing the procedure shall send any information to the patient's registered practice for inclusion in their patient notes within 5 working days of carrying out the procedure. The read codes that are required to be entered onto the patient's lifelong record.

**Consent**

In each case the patient shall 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. Written consent to the surgical procedure must be obtained before it is carried out (where a person consents on a patient's behalf, that person's relationship to the patient must be recorded on the consent form), and take all reasonable steps to ensure that the consent form is included in the lifelong medical records held by the patient's general practitioner.

**Referrals and Discharge**

Referrals shall be made using a referral format agreed between the referring and accepting practice. This shall include name, address, NHS number and clinical details.

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

**3.3 Population Covered**

This service is offered to patients registered with relevant GP practices within Dorset.

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.**

Procedure	Inclusion Criteria	Exclusion Criteria
Lesions which are subject to repeated trauma, bleeding or cause functional impairment due to size or location.	The patient is age 18 or older.	<ul style="list-style-type: none"> <li>• Removal of asymptomatic benign skin lesions.</li> <li>• Treatment of skin lesions that require cryotherapy, curettage or cautery.</li> </ul>
Low risk basal cell carcinomas 1cm or under below the clavicle;	<p>The patient is age 25 or older.</p> <p>The lesion:</p>	<ul style="list-style-type: none"> <li>• Patient 24yrs or younger</li> <li>• Patient is immunosuppressed or has Gorlin's syndrome.</li> <li>• Superficial BCCs that can be managed non surgically</li> </ul>

	<p>- is located below the clavicle (that is, not on the head or neck).</p> <p>-is less than 1 cm in diameter with clearly defined margins</p> <p>If the BCC does not meet the above criteria, or there is any diagnostic doubt, following discussion with the patient they should be referred to a community or specialist dermatology service.</p>	<p>The lesion is:</p> <ul style="list-style-type: none"> <li>• Greater than 1cm.</li> <li>• Recurrent BCC following incomplete excision.</li> <li>• BCC that has been incompletely excised according to histology.</li> <li>• Morphoeic, infiltrative or basosquamos in appearance.</li> <li>• Has poorly defined margins.</li> </ul> <p>The lesion is located:</p> <ul style="list-style-type: none"> <li>• Above the clavicle</li> <li>• Over important underlying anatomical structures for example, <ul style="list-style-type: none"> <li>○ Major vessels or nerves</li> <li>○ In an area where primary surgical closure may be difficult (for example, digits or front of shin)</li> <li>○ In an area where difficult excision may lead to a poor cosmetic result.</li> <li>○ At another highly visible anatomical site (for example, anterior chest or shoulders) where a good cosmetic result is important to the patient.</li> </ul> </li> </ul>
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**Further Exclusions:**

- Procedures listed in the Wessex Minor Surgery Enhanced Service as listed in Appendix A

### 3.5 Interdependence with other services/providers

Dermatology Services

## 4. Applicable Service Standards

### 4.1 Applicable national standards (eg NICE)

NICE Guideline NG12 – Suspected Cancer: Recognition and Referral

<https://www.nice.org.uk/guidance/ng12/evidence/full-guideline-pdf-74333341>

NICE Guidance on cancer services – Improving outcomes for people with skin tumours including melanoma (update)

<https://www.nice.org.uk/guidance/csg8/resources/improving-outcomes-for-people-with-skin-tumours-including-melanoma-2010-partial-update-773380189>

Department of Health – Health Building Note 00-09: Infection Control in the built environment

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/170705/HBN\\_00-09\\_infection\\_control.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170705/HBN_00-09_infection_control.pdf)

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

Revised guidance and competences for the provision of services using GPs with Special Interests (GPwSIs)

[https://www.pcc-cic.org.uk/sites/default/files/articles/attachments/revised\\_guidance\\_and\\_competences\\_for\\_the\\_provision\\_of\\_services\\_using\\_gps\\_with\\_special\\_interests\\_0.pdf](https://www.pcc-cic.org.uk/sites/default/files/articles/attachments/revised_guidance_and_competences_for_the_provision_of_services_using_gps_with_special_interests_0.pdf)

### 4.3 Applicable local standards

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

The Provider shall carry out a quarterly audit of the service unless otherwise stated and report to the NHS Dorset CCG by the end of the month following the quarter end.

The quarterly (unless otherwise stated) audit shall include:

#### All Procedures

- The type of procedure undertaken;
- Number of procedures undertaken for practice patient;
- Number of procedures undertaken on behalf of another practice and name of referring practice;
- The number of histological specimens sent to pathology as a percentage of relevant procedures carried out;
- Complications of surgery e.g. infections and anaphylaxis;
- Analysis of punch biopsy reports;
- Details of learning and actions taken as a result of audit finding;

For Low risk basal cell carcinomas 1cm or under below the clavicle;

- Provide evidence of an **annual review** of clinical compared with histological accuracy in diagnosis of low-risk BCC managed;
- Adequate excision margins as assessed by community skin MDT;
- Appropriateness of follow up arrangements made for those with a malignant histological diagnosis;
- Sample Patient satisfaction survey undertaken on an **annual** basis. *(To be discussed at contract assurance visit)*;
- Lesion recognition audit e.g. pre-operative diagnosis v histology results.

#### Sub-Contracting Arrangements

In the situation whereby the Provider is unable to maintain one or all of the services commissioned under this enhanced service, they may if they wish enter into a sub-contracting arrangement with another suitably qualified provider able to provide services to patients under the terms of this enhanced service.

The minimum applicable requirements for sub-contracting arrangements shall be:

- The sub-contractor must already be providing the service under this enhanced service as a provider;
- The providers' patients should not be expected to travel more than **7.5 miles** in rural areas or **2.5 miles** in urban areas, depending on the service being sub-contracted
- The provider will be responsible for submitting the returns performed by the sub-contractor to the CCG in accordance with the terms of this agreement.
- Prior to entering into any agreement with a sub-contractor, approval of the proposed arrangements is required from the Commissioner.
- The Provider agrees that the responsibility for any monetary arrangement is between themselves and the sub-contractor and not the Commissioner.

#### 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)

**6. Location of Provider Premises**

**The Provider's Premises are located at:**

*Where it is considered important to specify that a service is provided from a particular location, this may be specified here.*

**7. Individual Service User Placement**

N/A