

Directed Enhanced Service for Minor Surgery

Reference: DES 04

This Service will be commissioned to this specification from April 2009 to March 2010.

The service will be between:

Barking and Dagenham Primary Care Trust (PCT)

&

.....Practice

Date:.....

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1. Introduction

This directed enhanced service, which must be commissioned by every PCT, seeks to ensure that there is the opportunity to provide the maximum range of minor surgery in the primary care sector.

Procedures provided under the DES have been classified into the following groupings for payment:

- (i) injections (muscles, tendons and joints,)
- (ii) invasive procedures, including incisions and excisions

Specific procedures under each category and for minor surgery paid for under additional services are shown in appendix 1. This information is for guidance only, and will need to be revised and agreed before becoming formally part of the specification.

2. Service Aims

Scope of service to be provided

This service specification follows the principles and pricing structure of the national specification for the provision of minor surgery. It is divided into two sections detailed below. Practices may be commissioned to provide the procedures included in either section or both. This will be clearly specified in the service level agreement agreed between the PCT and practice.

- (i) Invasive procedures, including incisions and excisions
- (ii) Injections of muscles tendons and joints

Cryotherapy, curettage and cauterisation will continue to be provided by general practitioners as an additional service and practices wishing to opt out of providing these treatments will need to forward an opt out notice to the PCT for consideration.

3. Criteria

Eligibility to provide the service

A practice may be accepted for the provision of this enhanced service if it has a partner, employee or sub-contractor, who has the necessary skills and experience to carry out the contracted procedures in line with the principles of the generic GPs with Special Interests (GPwSI) guidance.

Clinicians taking part in minor surgery should be competent in resuscitation and, as for other areas of clinical practice, have a responsibility for ensuring that their skills are regularly updated.

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.

Where the PCT believes a doctor carrying out minor surgery is not complying with the terms of the contract it will invoke a remedial notice according to the procedure laid out in the new GMS Contract Regulations. In assessing suitability for the provision of this enhanced service, the PCT will consider the following:

Satisfactory facilities The PCT will need to be satisfied that practices carrying out minor surgery have a facility for performing minor surgical procedures which comply with “Infection Control Guidance for General Practice” published jointly by the Community Infection Control Nurses Network and the Royal College of General Practitioners. Any practice which intends to relocate to new premises will be required to ensure that the facility for minor surgery complies with the more rigorous guidelines produced by the Royal College of Nursing “Good Practice in Infection Control”

Adequate and appropriate equipment should be available for the doctor to undertake the procedures chosen, and should also include appropriate equipment for resuscitation.

Nursing support Registered nurses can provide care and support to patients undergoing minor surgery. Nurses assisting in minor surgery procedures should be appropriately trained and competent, taking into consideration their professional accountability and the Nursing and Midwifery Council guidelines on the scope of professional practice.

Sterilisation and infection control Although general practitioner minor surgery

has a low incidence of complications, it is important that practices providing the procedures listed in group A of this specification operate to the highest possible standards.

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.

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.

4. Finance

Treatments under this enhanced service will be priced depending on complexity of procedure, involvement of other staff and use of specialised equipment.

(i) Payment Schedule

In 2009/10 payment for incision/excision procedures will be £86.72, and payment for injections will be £43.36.

Where practitioners utilise minor surgery facilities off-site from their practices (i.e. PCT minor surgery suites) a reduction in tariff price will not now be made, depending on whether they provide their own nursing support and/or consumables or not.

(ii) Tariff Structure

Procedure	Generic Tariff
Injections	£43.36
Incisions / Excisions	£86.72

5. Accreditation

A practice may be accepted for the provision of this directed enhanced service if it has a partner, employee or sub-contractor, who has the necessary skills and experience to carry out the contracted procedures in line with the principles of the generic GPs with Special Interests (GPwSI) guidance or the specific examples as they are developed. Clinicians taking part in minor surgery should be competent in resuscitation and, as for other areas of clinical practice, have a responsibility for ensuring that their skills are regularly updated. Doctors carrying out minor surgery should demonstrate a continuing sustained level of activity, conduct regular audits, be appraised on what they do and take part in necessary supportive educational activities.

Where the PCT believes a doctor carrying out minor surgery is not complying with the terms of the contract it should invoke a remedial notice according to the procedure laid out in Regulation. There is considerable guidance available on techniques and facilities for conducting minor surgery in general practice.

Minimum Volumes of Activity In order for the PCT to be satisfied that a practitioner is maintaining their skills, they will be expected to perform a minimum of 12 procedures per year for incisions/excisions and/or injections (dependant on which group of procedures are included in the contract with the practice). If an individual practitioner falls below the threshold of 12 in two consecutive years the PCT may expect evidence of re-training to accredit the practitioner.

6. Ongoing Measurement and Evaluation

Audit Full records of all procedures should be maintained in such a way that aggregated data and details of individual patients (including histology reports) are readily accessible. Practices should regularly audit and peer review minor surgery work. The PCT will need to develop details of the audit protocol and the timescales for submission of an audit report during the financial year.

Patient monitoring Practices must ensure that details of the patient's monitoring is included in his or her lifelong record. If the patient is not registered with the practice, then the practice must send this information to the patient's registered practice for inclusion in the patient notes.