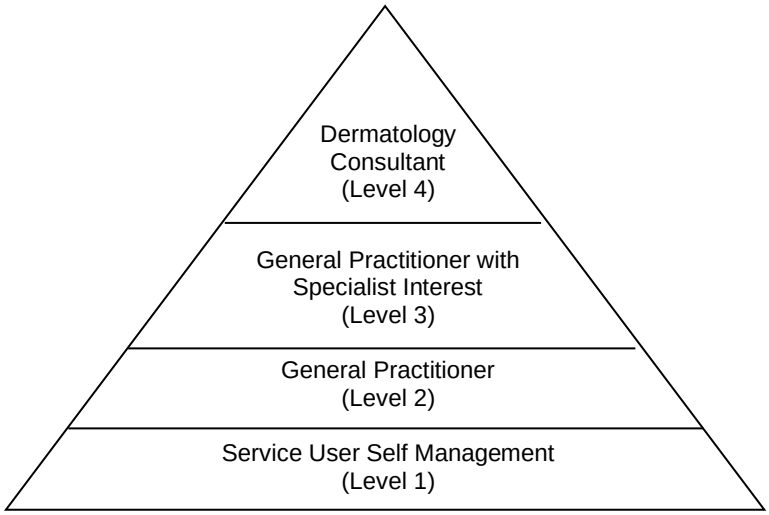
NHS Somerset Clinical Commissioning Group

Service Specification No.	11X-16-V3
Service	Dermatology service for group 3 and Skin Lesion GPs with Extra Responsibility (GPwER): Skin Lesions and Skin Surgery including Skin Cancer Community Services.
Commissioner Lead	As per the Particulars of the NHS Standard Contract
Provider Lead	As per the Particulars of the NHS Standard Contract
Period	01 April 2021 – 31 March 2024
Date of Review	October 2021

1. Population Needs

National/local context and evidence base

1.1 People with a skin condition should have their care managed at a level appropriate to the severity and complexity of their condition, which may vary over time. The principles of care can be described in relation to the level of care required by the service users**:**



1.2 This service is commissioned to provide primary care dermatology at Group 3 and Skin Lesion GPs with Extra Responsibility (GPwER) level, as shown in Appendix 1. It will include assessment, investigation and treatment of service users suffering from skin conditions and a community skin cancer service for low-risk basal cell carcinomas, in line with the level of accreditation.

1.3 Service users who cannot be managed within this service will be referred to and treated by secondary care consultants.

1.4 Appendix 1 provides an overview of GPwER in dermatology services accreditation requirements and services which may be provided.

1.5 The Provider will take appropriate referrals from General Practitioners, in Somerset, based on the agreed referral pathway in Appendix 2.

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**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

2.2 Local defined outcomes

- More equitable access and treatment of dermatology service users across Somerset.
- A reduction in referrals to secondary care services and a reduction in the number of follow ups across all levels of care.
- Increased Service User satisfaction with dermatology services.
- Early access to treatment with resulting improved health outcome.
- Care provided closer to the service users' homes.
- Integrated care pathway resulting in improved communication between specialist clinicians and general practitioners.
- Improved quality of care within primary and community settings.
- Increased Service User choice.
- Improved access to advice and information and increased knowledge and awareness of dermatology referral pathways within Somerset.

3. Scope

Aims and objectives of service

3.1 The aim of this specification is to equip commissioners, Providers and practitioners with the necessary knowledge, service and implementation details to safely deliver a high quality, Dermatology Service. The specification is a means of improving Service User's health and quality of life by providing Service User-centred, systematic and ongoing support.

3.2 Primary care and commissioners have a responsibility to improve access for service users by providing alternatives to traditional hospital-based services. In line with the principles of Implementing Care Closer to Home (timely, efficient, effective, equitable, Service User-centred and safe care) in Somerset, the service can be accessed via referral from a general practitioner (from within the county) to a choice of local providers.

(Implementing care closer to home: Convenient quality care for service users - Department of Health (DH) (April 2007) (Gateway Reference: 7954))

3.3 The service will provide the following elements:

- Appointment system and review/triage of referrals.
- Assessment, investigation and treatment of service users referred to the service.
- Provision of a range of clinical interventions, including skin surgery, liquid nitrogen cryotherapy, and the use of oral and topical treatments as indicated (on the occasion that a Service User has been referred for a surgical procedure that should have been undertaken under the Minor Surgery Directed Enhanced Service, the Provider will be expected to refer the Service User back to their GP as appropriate).
- Access to full range of diagnostics including phlebotomy, histology, microbiology and reporting of results.

- Service User advice and education including Service User information leaflets and signposting to other support services including local and national Service User support groups.

- Initial treatment if required

- Follow up services as appropriate to service users seen in the service.

- Follow up letters to referring general practitioners including treatment plan, after-care and follow-up.

- Links with other services in order that the full holistic needs of the Service User will be met (for example psychological support, podiatry, cosmetic camouflage services).

- Provision of informal occasional advice and support to local practitioners through non face-to-face contact (e.g. telephone, internet or other means) in the management of those dermatological conditions within the expertise of the Provider. Note the Provider is not expected to provide a full advice and guidance service as part of this service specification.

- Liaison with and provide support for other dermatology GPwERs in the area.

- Referral to consultant care (including fast track) for service users who require specialist management.

- Maintenance of a full clinical register and record of all service users seen within the service.

Service description/care pathway

3.4 GPwERs will deliver the appropriate group of dermatology service in line with their accreditation.

3.5 This specification distinguishes the requirements for Group 3: Dermatology, skin surgery and skin cancer and the requirements for skin lesion GPwER: skin lesions and skin surgery including skin cancer community services.

3.6 The content and requirements of the service specification applies to both levels of accreditation, unless stated otherwise.

SERVICE OUTLINE

Referrals and Booking of Appointments

3.7 All referrals, regardless whether from the Provider Practice, should be received via the Choose and Book system.

3.8 Upon receipt of the referral the Provider will review the referral for any information that may indicate that the procedure is not appropriate either for this setting or for the Service User.

3.9 If the referral is received from an out of county GP practice then the Provider will notify the Commissioner immediately. The Commissioner will need to liaise with the respective organisation to ensure that this is agreed and a funding process is put in place. The Service User cannot be booked for the consultation/procedure until this has been confirmed – the Provider should advise the referring GP that this process is being undertaken.

The Service

3.10 The service will include:

- Diagnosis and management of non-malignant and pre-malignant skin lesions and low risk basal cell carcinomas including those which can be managed by ‘Model 1 Practitioners’ (for the purpose of this specification to be known as extended low risk BCCs) in line with NICE

Guidance. Where there is doubt about the lesion being low or high risk, these service users should be directly referred to a secondary care Dermatology Consultant.

- Cryotherapy to non-malignant (where appropriate) and pre-malignant skin lesions where appropriate.
- Excision of non-malignant (where appropriate) and pre-malignant skin lesions, and selected low risk and extended low risk basal cell carcinomas in line with NICE Guidance.
- Assessment and treatment of skin lesions that would otherwise have been referred into secondary care.

In addition for providers commissioned to provide a group 3 accredited service:

- Assessment of rashes for diagnosis and/or treatment.
- Assessment of other skin disorders for diagnosis/management if there has been no response to treatment in general practice.

Conditions

3.11 Practices commissioned to provide a group 3 GPwER accredited service will provide the following services:

- Psoriasis
- Eczema
- Acne (excluding roaccutane treatment)
- Urticaria
- Rosacea
- Keratoses
- Common skin lesions (excl. malignant melanoma and squamous cell carcinoma)
- Low-risk BCCs and extended low risk BCCs) in line with the NICE Guidance inclusion/exclusion criteria detailed in Appendix 3 and 4.

3.12 Practices commissioned to provide a Skin lesion and skin surgery including skin cancer GPwER (Skin lesion GPwER) accredited service will provide the following services:

- Common skin lesions (excl. malignant melanoma and squamous cell carcinoma)
- Low-risk BCCs and extended low-risk BCCs in line with the NICE Guidance inclusion/exclusion criteria detailed in Appendix 3 and 4.

Training and Education

3.13 The Provider will support and educate GPs and members of the primary healthcare team in the management of common skin conditions to enable other clinicians to develop, maintain and improve their level of competency in the management of skin conditions.

3.14 The Provider will support and train GPs, as requested by the Commissioner, for the purpose of succession planning.

Records

3.15 Providers must ensure that details of the Service User's treatment under this enhanced service

are included in his or her lifelong record. If the Service User is not registered with the Provider providing this enhanced service, then the Provider must send this information to the Service User's registered Practice for inclusion in the Service User notes.

3.16 The Provider should maintain records of:

- All referrals received recorded by Service User name and referring practice
- Details of any onward referrals and the reason for referring
- The Service User's medical history, including consent received from the Service User (see Section 3.70 and 3.71)
- Clinical indications for carrying out the procedure
- Procedures completed (where skin surgery sessions are performed, documentation of lesions, including photographic records as appropriate, are recommended – taken and recorded following national guidelines)
- Any procedure or post-operative complications
- Any adverse incidents or near misses

Suggested Read Codes

3.17 Some suggested Read Codes have been included in Appendix 5.

3.18 The referring Practice should be notified when the procedure is complete.

3.19 Records should be kept by the provider for a minimum of eight years.

3.20 The Provider must ensure the service has administrative support and appropriate staff to ensure the clinic runs efficiently, an adequate means of record keeping including a failsafe record to ensure that all results are actioned appropriately and reported to the Service User in a timely fashion (particularly important for histopathology reports).

Consent

3.21 In each case the Service User should be fully informed of the treatment options, risks and the treatment proposed.

3.22 National guidelines suggest that written consent should be obtained from service users. The Commissioner wishes the Providers to note that their interpretation of 'written consent' in this context is the recording of consent by Read Code. Where the provider Read Codes consent given, the Commissioner will take this to mean that the Service User has been fully informed of the treatment options and risks, has been offered written information and has given consent.

3.23 The Commissioner would expect that there would be exceptions to this interpretation in certain circumstances (for example, if a Service User was not competent or appeared uncertain) and or for certain procedures, where actual written consent would be required. It would be for the individual clinician to make the judgment as to what should be deemed necessary. Due consideration should be given to obtaining written consent where risks of dissatisfaction are higher, for where visible scarring is likely. Please refer to the Somerset Clinical Commissioning Group Policy for further guidance/consent forms if needed.

3.24 The indication for surgery should be recorded, alongside advice given with regard to possible adverse outcomes, this may obviate the need to provide written information mentioned in paragraph 3.22. However, as noted in paragraph 3.23, where risk of dissatisfaction is higher clinicians should consider this carefully.

TRAINING/ACCREDITATION

3.25 To be accredited General Practitioners providing the dermatology service are to demonstrate that they have core competencies and have completed recognised training. The core competencies are both knowledge-based and practical.

3.26 Acquisition of the knowledge may be demonstrated in different ways :

- Diploma in Practical Dermatology (recommended)
- Evidence of experience in a Dermatology department, under direct supervision with a Consultant Dermatologist in secondary care. The number of sessions should be sufficient to ensure that the doctor is able to meet the requirement and skills needed for the service.
- Self directed learning, with evidence of the completion of individual tasks
- Attendance at recognised meetings/lectures in relevant topics

3.27 Acquisition of practical skills may be demonstrated in different ways:

- Evidence of prior experience in a dermatology department
- Formal assessments undertaken during a GPwER programme, for example, mini clinical examinations (Mini-CEX), direct observation of procedural skills (DOPS), case-based discussion (CbD), objective structured clinical examination (OSCE), etc.

Expected Knowledge Base

3.28 Practices commissioned to provide a group 3 GPwER accredited service must have recognition and management of common non-malignant, pre-malignant and malignant lesions, including:

- Benign melanocytic naevi
- Dermatofibroma
- Haemangioma
- Epidermoid/pilar cysts
- Seborrhoeic keratoses (basal cell papilloma)
- Pyogenic granuloma and blood vessel derived tumours
- Hypertrophic scars
- Actinic keratosis
- Bowen’s disease
- Keratoacanthoma
- Basal cell carcinoma (BCC)
- Lentigo maligna
- Melanoma
- Squamous cell carcinoma

- Rarer solitary skin lesions, for example: sebaceous naevi, calcified pilomatrixoma, glomus tumour and the commoner adnexal tumours (e.g. syringomas, cylindromas)
- The link between skin lesions and other systemic conditions (e.g. family cancer syndromes, skin secondaries, long term immune-suppression)
- The importance of skin type
- An understanding of the psychosocial issues that affect many service users with skin conditions and their management, including referral pathways

3.29 Practices commissioned to provide a skin lesion GPwER accredited service must have recognition and management of the following:

- Actinic keratosis
- Bowen's disease
- Basal cell carcinoma (BCC)
- The importance of skin type
- An understanding of the psychosocial issues that affect many service users with skin conditions and their management, including referral pathways

3.30 Practices commissioned to provide a group 3 GPwER accredited service must have recognition and holistic management of common dermatoses and their symptoms, including:

- Eczema
- Psoriasis
- Acne
- Urticaria/angio-oedema
- Rosacea
- Pruritus
- Granuloma annulare
- Infections and infestations
- Leg ulcers and gravitational disease
- Drug rashes
- Lichen planus
- Pigmentary disorders including vitiligo
- Hyperhidrosis
- Hirsutism
- Hair, nail and scalp disorders
- Skin manifestations of systemic diseases

- An understanding of photodermatoses

3.31 Evidence of the above requirements should be provided to the Somerset Clinical Commissioning Group.

On-going Professional Development

3.32 On-going professional development will include:

- a minimum of a weekly dermatology session to maintain their competency to deliver the service
- a monthly case discussion, via email, telephone or telemedicine, with the Consultant Dermatologist to ensure continued training and support
- a minimum of 15 hours per year of CPD in the specialist field, in accordance with the requirements of the British Dermatology Society
- attendance at two Somerset Dermatology Group Meeting per year, to present case reviews and participate in peer review and audit
- active membership of a primary care dermatology organisation, such as Primary Care Dermatology Society, British Association of Dermatologists or Association for Surgeons in Primary Care (for skin lesion GPwERs)

3.33 It is expected that the General practitioner will have ongoing significant commitment to general practice in order to retain excellent generalist skills.

Specific requirements for GPwERs performing surgery

3.34 The Provider must maintain a logbook record of a minimum of 40 surgical procedures for skin surgery each year.

Specific requirements for community skin cancer GPwERs

3.35 In addition to paragraphs 3.32 to 3.34, accredited community skin cancer clinicians are required to:

- undertake 15 hours (two days) of CPD relating to skin cancer, attendance at MDTs is included in these 15 hours
- be linked to a named local skin cancer MDT and attend four local skin cancer MDT meetings per year, one of which should discuss audit
- attend, at least annually, an educational meeting organised by the skin cancer network site specific group, in line with NICE Guidance. (Improving Outcomes for People with Skin Tumours *including Melanoma (update): The Management of Low-Risk Basal Cell Carcinomas in the Community – NICE Guidance (May 2010).*

Re-accreditation

3.36 Accreditation is valid for three years, after this time the General Practitioner will be required to undertake the re-accreditation process in order to continue to provide the service under this service specification.

3.37 The ongoing competence of the individual practitioner will need to be regularly re-assessed to ensure that the high standards they have demonstrated at initial accreditation are sustained and to incorporate any ongoing developments in their particular field.

3.38 Re-assessment will be undertaken as a minimum every three years and more frequently if there are changes to the service provided, for example new premises, or if there are complaints or concerns raised by individuals about the service provided or the individual practitioner.

Applications for reassessment will need to be made to the accreditation panel, and a timetable for planned reassessments will be made available six months in advance of the reassessment deadline. (*Guidance for the Accreditation and Re-accreditation Process for General Practitioners with a Extra Responsibility (GPwERs) in Dermatology (February 2009, NHS Somerset))*

CLINICAL GOVERNANCE (MAINTAINING GOOD CLINICAL PRACTICE)

3.39 The GPwER will maintain a portfolio of Continuous Professional Development to include evidence of how the competencies, required for the service, have been met and maintained. This will be reviewed annually by the Consultant Dermatologist at a clinical skills review session.

3.40 All GPwER will be subject to an annual appraisal of their GPwER role by the Consultant Dermatologist, including the completion of a Personal Development Plan. The appraisal will take the form of a review of clinical skills and performance and review of the portfolio of continuous professional detailed above.

3.41 The GPwER is responsible for completion of appraisal summary document for the specialist aspect of their role, which should form part of the General Practitioner appraisal discussion.

3.42 The annual review of clinical skills will include two joint clinical sessions with the Consultant Dermatologist per annum, one of which undertaken at a general clinic in an Acute Trust and one of which undertaken at a primary care clinic.

Specific requirements for community skin cancer GPwERs

3.43 The annual review of clinical skills will also include a joint skin cancer clinic with the Consultant Dermatologist in an Acute Trust.

AUDIT AND PERFORMACE MONITORING

3.44 The Provider is expected to monitor service delivery and is required to provide activity data to the Commissioner at quarterly intervals. Details of the information required and a proforma can be found in Appendix 6.

3.45 The GPwER is required to complete an annual declaration of on-going accreditation using the form in Appendix 7, supported by submission of evidence as required. The completed form should be signed by the Clinical Supervisor and returned to the Commissioner.

3.46 The Provider will undertake a Service User satisfaction and feedback survey and provide an annual report to the commissioner.

3.47 The GPwER is required to undertake an annual audit of the service in accordance with the audit programme agreed by the Commissioner.

Specific requirements for GPwERs performing surgery and community skin cancer GPwERs

3.48 In addition to the audit in paragraph 3.47, GPwERs performing surgery and community skin cancer GPwERs are required to undertake an annual audit of clinical compared with histological diagnosis. For community skin cancer GPwERs this should be in relation to the diagnosis of the low-risk BCCs they have managed.

PREMISES

3.49 The premises for the service need to include:

- consultation room with good lighting and adequate facilities for diagnosis, treatment procedures and equipment that meets the requirements necessary to undertake skin surgery
- access to liquid nitrogen if cryotherapy is to be performed with attention to Health and

Safety Guidance in relation to its storage and use

- access to histology services and arrangements for collection of specimens and the receipt of results

- the premises must comply with the Disability Discrimination Act 2005 comply with the requirements of the infection control requirements set out within the Hygiene Code DH 2006

3.50 Additionally, for surgical procedures:

- access to suitable assistance and appropriate resuscitation equipment

3.51 The Provider is expected to keep their facilities up to date, in keeping with national guidance, and ensure that their service users have access to any innovations in dermatology treatment suited to the primary care setting.

3.52 The facilities are to be accredited and should take account of the Department of Health Standards for Better Health; this is particularly important in the context of providing skin surgery services where specific national standards need to be met.

(DEPARTMENT OF HEALTH (DH). (April 2006) Standards for Better Health (Gateway Reference: 6405))

INFECTION CONTROL

3.53 The Provider must have infection control policies that are compliant with the requirements of better Standards for Health and the Hygiene Code and other national guidelines, which include:

- disposal of clinical waste

- needle stick incidents

- environmental cleanliness

- standard precautions, including hand washing.

3.54 The Provider should use single use equipment for any part of the procedure where the skin is broken.

3.55 Accreditation of facilities as suitable for delivering the service may be required by the prospective provider/s prior to awarding of contracts.

SIGNIFICANT/ADVERSE EVENTS

3.56 The Department of Health emphasizes the importance of collected incidents nationally to ensure that lessons are learned across the NHS. A proactive approach to the prevention of recurrence is fundamental to making improvements in Service User safety.

3.57 The Provider should be aware of the various reporting systems such as:

- The National Reporting and Learning System (NRLS). Reports to NRLS can be submitted electronically via the General Practice Patient Safely Incident report Form, or the national GP e-form. If using the GP e-form please check the box to share your report with Somerset CCG

- the Medicines and Healthcare products Regulatory Agency reporting systems for adverse reactions to medication (yellow card system), and accidents involving medical devices

- the legal obligation to report certain incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

3.58 In addition to any regulatory requirements the Commissioner wishes the Provider to use a Significant Event Audit system (agreed with the Clinical Commissioning Group) to facilitate the dissemination of learning, minimising risk and improving patient care and safety. Providers shall:

- Report all significant events to the CCG within 2 working days of being brought to the attention of the Provider via somccg.significentevents@nhs.net
- Undertake a significant event audit (SEA) using a tool approved by the CCG and forward the completed SEA report to the CCG within one month of the event via https://www.somersetccg.nhs.uk/for-clinicians/general-practice-significant-event-sea-and-serious-incident-support/

3.59 In addition to their statutory obligations, the Provider will notify the Commissioner within 72 hours of being aware of the hospital admission or death of a patient being treated by the Provider under this enhanced service, where such admission or death, is or may be due to, the Providers treatment of the relevant underlying medical condition covered by this specification via the email address above.

COMPLAINTS

3.60 The Provider is required to have a complaints procedure in place. Any Service User complaint should be acknowledged within three working days and it is recommended that the Department of Health's guidelines "Listening Responding Improving: A Guide to Better Customer Care" are followed.

3.61 Details of any complaints and the response made should be recorded by the Provider and discussed as part of the review process.

(DEPARTMENT OF HEALTH (DH). (February 2009) Listening Responding Improving: A Guide to Better Customer Care Available via www.dh.gov.uk gateway reference: 11215)

PERFORMANCE STANDARDS

3.62 All referrals to the service will be made through the Referral Management Centre and Choose and Book.

3.63 Suspected high risk basal cell carcinomas will be sent using the fax referral system to secondary care consultant dermatologists and the Service User's own general practitioner informed. If the case presents significant concern then the Service User's own general practitioner should be asked to send a two week referral direct to secondary care.

3.64 All letters to general practitioners must be sent within one week of Service User's appointment with a GPwER.

3.65 All medication requirements will be prescribed by the Service User's own general practitioner.

3.66 Where skin surgery sessions are performed appropriate documentation will be made including:

- photographic records
- surgical log of all excisions and histology results

3.67 The Provider should endeavour to see all referrals to the service within six to eight weeks. This will allow service users, who require onward referral to a secondary care provider, to be seen

within the maximum referral to treatment time commissioned by the Commissioner.

3.68 The performance standard for new to follow ups is expected to be 3:1 to ensure maximum capacity for new service users.

3.69 GPwERs are expected to monitor service delivery, which incorporates the following::

- clinical outcomes and quality of care
- follow-up rates
- referral rates of service users to specialists by the GPwER
- access times to the GPwER service
- Service User experience questionnaires

SERVICE USER AND PUBLIC INVOLVEMENT

3.70 The service will conform to professional and legal requirements especially clinical guidelines and standards of good practice issued by the National Institute for Clinical Excellence (NICE) and professional regulatory bodies, and legislation prohibiting discrimination. It is anticipated that for the majority of enhanced services translated information will be available via the Department of Health. If a Service User wishes to communicate via a language that is not covered via these leaflets please let the Commissioner know and use the commissioned interpretation and translation service[1] to facilitate the consultation and provision of information to the Service User. Use of the interpretation/translation service should be recorded in the Service User's lifelong medical record including confirmation of the first language of the Service User.

3.71 Practices should encourage, consider and report any Service User feedback (positive and negative) on the service that they provide and use it to improve the care provided to service users, particularly if there are plans to alter the way a service is delivered or accessed.

3.72 **Population covered**
A registered patient of any Somerset GP practice.

3.73 **Any acceptance and exclusion criteria and thresholds**

3.74 **Interdependence with other services/providers, GP practice or acute trusts.**

4. Applicable Service Standards

Applicable national standards (e.g. NICE)

4.1 Our Health, Our Care, Our Say; A New Direction for Community Services (Department of Health: January 2006)

4.2 Improving Outcomes for People with Skin Tumours including Melanoma (Update) (NICE 2010)

4.3 Guidelines for the appointment of General Practitioners with Extra Responsibility in the Delivery of Clinical Services – Dermatology (DoH, April 2003)

4.4 Guidance and Competencies for the Provision of Services using GPs with Extra Responsibility (GPwERs) – Dermatology and Skin Surgery (DoH, April 2007)

4.5 Implementing Care closer to home: Convenient Quality care for Service users – Part 3: The

[1] Somerset CCG Interpretation and Translation Service – the PIN for accessing this service has been given to each provider, for queries please email: translations@somerset.nhs.uk

Accreditation of GPs and Pharmacists with Extra Responsibility (DoH, April 2007)

4.6 Revised Guidance and Competencies for the Provisions of Services using GPs with Extra Responsibility (GPwERs) – Dermatology and Skin Surgery (DoH, 2011)

Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

4.7 British Association of Dermatologists

4.8 Model of Integrated Service Delivery in Dermatology (2007)

4.9 Quality Standards for Dermatology: Providing the Right Care for People with Skin Conditions

4.10 Manual for Cancer Service: Draft Revised Community Skin Measures (National Cancer Action Team, December 2011)

Applicable local standards

4.11 Not applicable

5. Applicable quality requirements

5.1 Applicable Quality Requirements (See Schedule 4A-D)

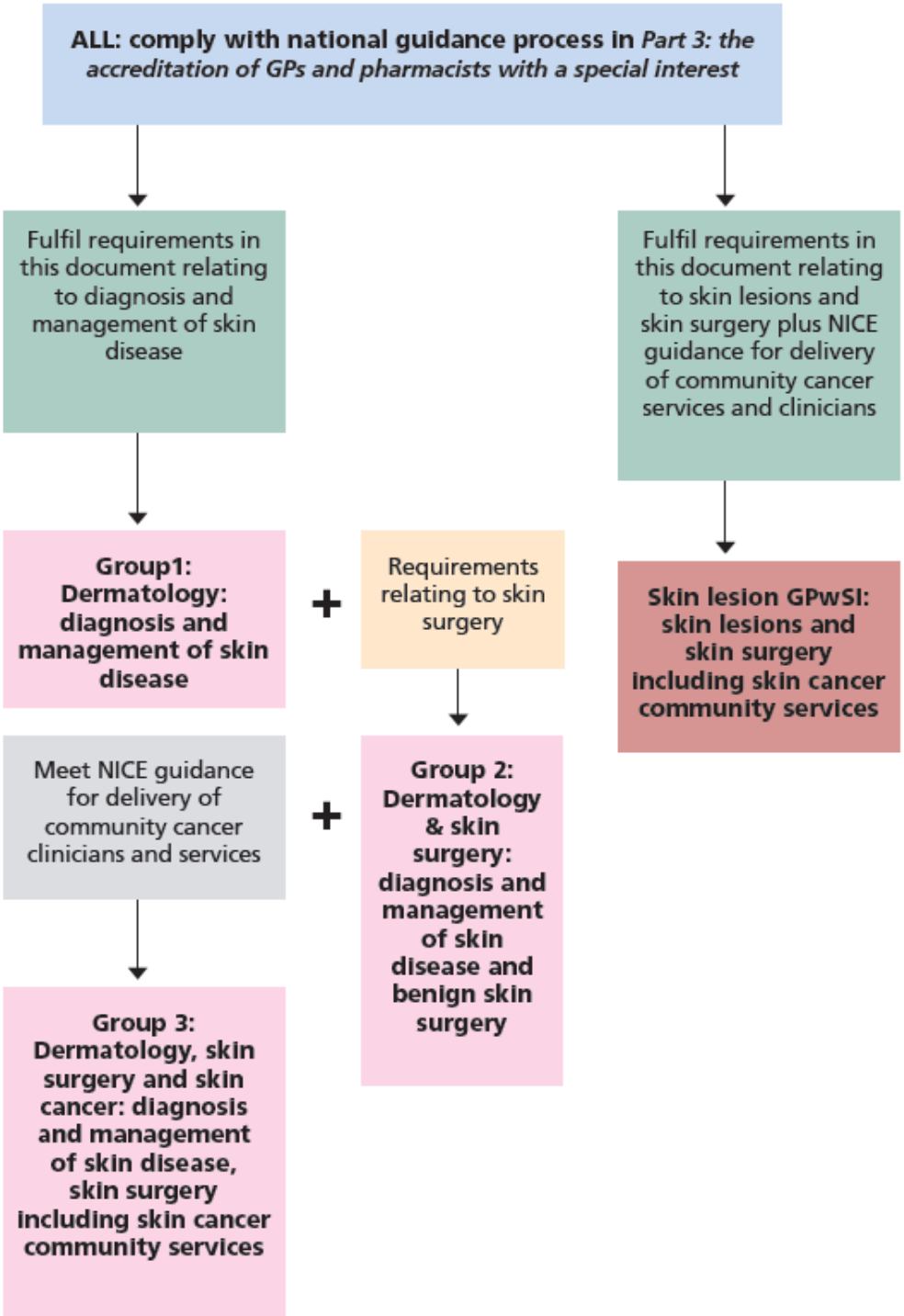
6. Location of Provider Premises

6.1 The Provider's Premises are located at:

As per the Particulars of the NHS Standard Contract

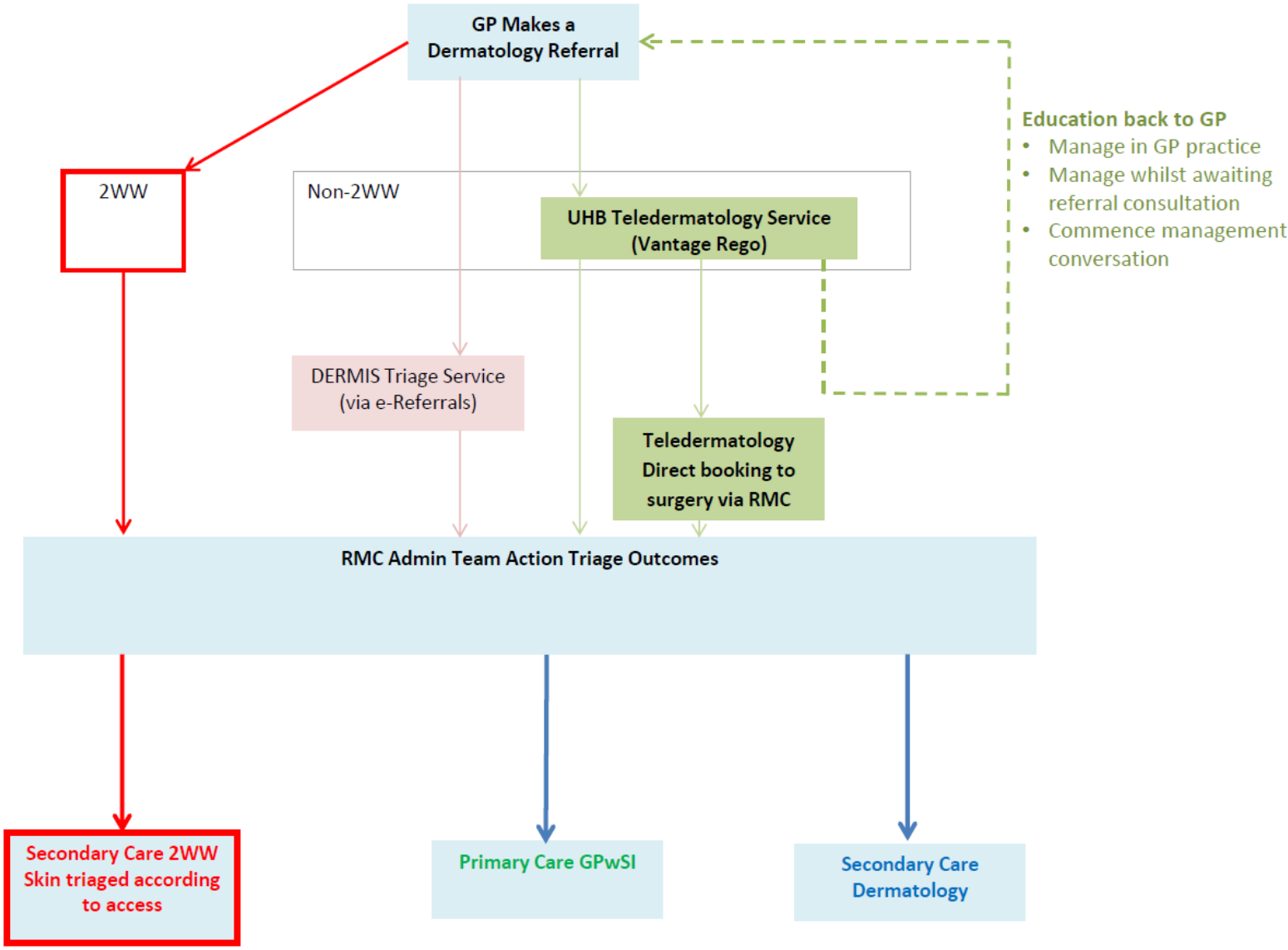
APPENDIX 1

OVERVIEW OF GPwER IN DERMATOLOGY SERVICES AND ACCREDITATION REQUIREMENTS



APPENDIX 2

THE PATHWAY FOR DERMATOLOGY REFERRALS IN SOMERSET



APPENDIX 3

INCLUSION CRITERIA FOR THE MANAGEMENT AND EXCISION OF LOW RISK AND EXTENDED LOW-RISK BASAL CELL CARCINOMAS

Latest NICE guidance, 'Improving Outcomes for People with Skin Tumours including Melanoma (update): The Management of Low-Risk Basal Cell Carcinomas in the Community', issued in May 2010 recommends the following inclusion criteria for the management and excision of low risk and extended low-risk BBC by accredited GPs performing Skin Surgery under this enhanced service.

	Low risk	**Extended Low Risk**
Service users who are:	Aged 25 and Over Not immunosuppressed or have Gorlin's syndrome	Aged 25 and Over Not immunosuppressed or have Gorlin's syndrome
Lesions that are:		
Position	Below the clavicle (that is not on the head or neck)	On the face (not on the nose and lips (including nasofacial sulci and nasolabial folds), or around the eyes (periorbital) or ears are less than 1 cm in diameter with clearly defined margins)
Size	Are less than 1 cm in diameter with clearly defined margins	Are less than 2 cm in diameter if below the clavicle (unless they are superficial BCCs see below) Are less than 1 cm in diameter if above the clavicle (unless they are superficial BCCs see below).
Type	Are not recurrent BCCs following incomplete excision Are not persistent BCCs that have been incompletely excised according to histology Are not morphoeic, infiltrative or basosquamous in appearance	Does not have poorly defined margins Are not morphoeic, infiltrative or basosquamous in appearance
Lesions that are not 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)	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	In an area where excision may lead to a poor cosmetic result
	At another highly visible anatomical site (for example, anterior chest or shoulders) where a good cosmetic result is important to the Service User	

If the BCC does not meet the above criteria, or there is any diagnostic doubt, following discussion with the Service User they should be referred to secondary care.

If the lesion is thought to be a superficial BCC the GP should ensure that the Service User is offered the full range of medical treatments (including, for example, photodynamic therapy) and this may require referral to secondary care.

Incompletely excised BCCs should be discussed with a secondary care Consultant.

APPENDIX 4

EXCLUSION CRITERIA FOR THE MANAGEMENT AND EXCISION OF LOW RISK AND EXTENDED LOW-RISK BASAL CELL CARCINOMAS

Latest NICE guidance, 'Improving Outcomes for People with Skin Tumours including Melanoma (update): The Management of Low-Risk Basal Cell Carcinomas in the Community', issued in May 2010 recommends the following exclusion criteria for the management and excision of low-risk BBC by accreditated Group 3 GPwERs in Dermatology and Skin Surgery and GPwERs in Skin Lesions and Skin Surgery.

Service users who are:	Aged 24 or younger (that is, a child or young adult) Immunosuppressed or have Gorlin's syndrome
Lesions that:	
Position	Are on the nose and lips (including nasofacial sulci and nasolabial folds), or around the eyes (periorbital) or ears
Size	Are greater than 2cm in diameter below the clavicle or greater than 1cm in diameter above the clavicle unless they are superficial BCCs that can be managed non-surgically
Type	Are morphoeic, infiltrative or basosquamous in appearance Have poorly defined margins
Lesions that are 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 Service User they should be referred to secondary care.

If the lesion is thought to be a superficial BCC the GPwER should ensure that the Service User is offered the full range of medical treatments (including, for example, photodynamic therapy) and this may require referral to secondary care.

Incompletely excised BCCs should be discussed with a secondary care Consultant.

APPENDIX 5

SUGGESTED READ CODES

Read Code	Description
72122	Cryotherapy to lesion of eyelid
7G081	Cryotherapy to lesion of skin of head or neck
7G091	Cryotherapy to lesion of skin NEC
7G033	Excision of lesion of skin NEC
7G03C	Excision of lesion of skin of head or neck NEC
7G03J	Excision of melanoma
987D.	Minor surgery done - cryotherapy
892..	Informed consent for procedure
8920	Consent for operation given
8921	Consent for operation refused
8923	Consent given for minor surgery procedure
8H43.	Dermatological referral
8HHX.	Referral to dermatology nurse specialist
8Hkq.	Referral to community dermatology service
8HVI.	Private referral to dermatologist
B76..	Benign neoplasm of skin
B760.	Benign neoplasm of skin of lip
B761.	Benign neoplasm of eyelid including canthus
B7610	Benign neoplasm of canthus
B762.	Benign neoplasm of skin of ear and external auditory meatus
B7620	Benign neoplasm of skin of auricle
B7621	Benign neoplasm of skin of external auditory meatus
B762z	Benign neoplasm skin of ear or external auditory meatus NOS
B763.	Benign neoplasm of skin of face NEC
B7630	Benign neoplasm of skin of forehead
B7631	Benign neoplasm of skin of nose
B7632	Benign neoplasm of skin of cheek
B7633	Benign neoplasm of skin of eyebrow
B7634	Benign neoplasm of skin of temple
B7635	Benign neoplasm of skin of chin
B763z	Benign neoplasm of skin of face NOS
B764.	Benign neoplasm of scalp and skin of neck
B7640	Benign neoplasm of scalp
B7641	Benign neoplasm of skin of neck
B764z	Benign neoplasm of scalp or skin of neck NOS
B765.	Benign neoplasm of skin of trunk, excluding scrotum
B7650	Benign neoplasm of skin of axilla
B7651	Benign neoplasm of skin of breast
B7652	Benign neoplasm of skin of chest
B7653	Benign neoplasm of skin of abdomen
B7654	Benign neoplasm of skin of umbilicus
B7655	Benign neoplasm of skin of groin
B7656	Benign neoplasm of skin of perineum
B7657	Benign neoplasm of skin of buttock
B7658	Benign neoplasm of perianal skin
B7659	Benign neoplasm of skin of back
B765z	Benign neoplasm of skin of trunk, excluding scrotum, NOS
B766.	Benign neoplasm of skin of upper limb and shoulder
B7660	Benign neoplasm of skin of shoulder
B7661	Benign neoplasm of skin of upper arm
B7662	Benign neoplasm of skin of fore-arm
B7663	Benign neoplasm of skin of hand
B766z	Benign neoplasm of skin of upper limb or shoulder NOS
B767.	Benign neoplasm of skin of hip and lower limb

Read Code	Description
B7670	Benign neoplasm of skin of hip
B7671	Benign neoplasm of skin of thigh
B7672	Benign neoplasm of skin of knee
B7673	Benign neoplasm of skin of lower leg
B7674	Benign neoplasm of skin of foot
B767z	Benign neoplasm of skin of hip or lower limb NOS
B768.	Melanocytic naevi of skin
B7680	Melanocytic naevi of lip
B7681	Melanocytic naevi of eyelid, including canthus
B7682	Melanocytic naevi of ear and external auricular canal
B7683	Melanocytic naevi of other and unspecified parts of face
B7684	Melanocytic naevi of scalp and neck
B7685	Melanocytic naevi of trunk
B7686	Melanocytic naevi of upper limb, including shoulder
B7687	Melanocytic naevi of lower limb, including hip
B7688	Benign naevus of sole of foot
B7689	Atypical mole syndrome
B768X	Melanocytic naevi, unspecified
B769.	Reticulohistiocytoma
B76A.	Naevoxanthoendothelioma
B76B.	Xanthogranuloma
B76C.	Birt Hogg Dube syndrome
B76D.	Multiple self-healing epithelioma of Ferguson-Smith
B76y.	Benign neoplasm of other specified skin sites
B76z.	Benign neoplasm of skin NOS
M16..	Psoriasis and similar disorders
M111.	Atopic dermatitis/eczema
M114.	Allergic (intrinsic) eczema
M119.	Discoid eczema
M11A.	Asteatotic eczema
M260.	Acne varioliformis
M2600	Acne frontalis
M260z	Acne varioliformis NOS
M261.	Other acne
M2610	Acne vulgaris
M2611	Acne conglobata
M2612	Bromine acne
M2613	Chlorine acne
M2614	Iodine acne
M2615	Colloid acne
M2616	Cystic acne
M2617	Acne neonatorum
M2618	Infantile acne
M2619	Occupational acne
M261A	Pustular acne
M261B	Steroid acne
M261C	Tropical acne
M261D	Acne urticata
M261E	Acne excoriee des jeunes filles
M261F	Acne fulminans
M261G	Acne agminata
M261H	Acne keloid
M261J	Acne necrotica

Read Code	Description
M261K	Acne keloidalis
M261X	Acne, unspecified
M261z	Other acne NOS
M28..	Urticaria
M280.	Allergic urticaria
M281.	Idiopathic urticaria
M282.	Urticaria due to cold and heat
M2820	Cold urticaria
M2821	Thermal urticaria
M282z	Urticaria due to cold and heat NOS
M283.	Dermatographic urticaria
M284.	Vibratory urticaria
M285.	Cholinergic urticaria
M286.	Contact urticaria
M287.	Physical urticaria
M28y.	Other specified urticaria
M28y0	Urticaria geographica
M28y1	Menstrual urticaria
M28y2	Urticaria persistans
M28yz	Other specified urticaria NOS
M28z.	Urticaria NOS
M153.	Rosacea
M103.	Parakeratosis
M2117	Hyperkeratosis
M2119	Keratosis pilaris
M21y7	Acquired keratosis follicularis
M21yB	Porokeratosis of Mibelli
M221.	Senile hyperkeratosis
M223.	Seborrhoeic keratosis
M224.	Leukokeratosis NEC
M226.	Solar keratosis
M22B.	Keratosis
M22D.	Stucco keratosis
M2z0.	Skin lesion
2FY..	O/E - skin lesion

APPENDIX 6

DERMATOLOGY PERFORMANCE REVIEW OF ACTIVITY

The Provider is required to submit a performance review of activity to the Commissioner on a quarterly monthly basis, as detailed in Section 9 of the service specification.

Provider Name	
Name of accredited GP(s)	
Period covered by this review	

REFERALS FROM OTHER PRACTICES

Audit information may be requested on the details of referring practices or the number of inappropriate referrals received to help inform the development of the service. The Provider should ensure that this information is recorded as appropriate should it be requested.

ONWARD REFERRALS

	Onward referral to where	**Reason for onward referral**
1		
2		
3		
4		
5		
Total number of onward referrals		

SIGNIFICANT EVENTS AND COMPLAINTS MONITORING

Number of procedural or post-operative complications	
Number of significant events	
Number of Service User complaints received	

APPENDIX 7

GPwER
ANNUAL DECLARATION OF ON-GOING ACCREDITATION

DERMATOLOGY

Requirement	Achieved Yes/No	Date Achieved	Evidence Required
Provision of weekly GPwER clinic			
Monthly case discussion, via email telephone or telemedicine with clinical supervisor			
15 hours of CPD in specialist field			Yes
4 Multi Disciplinary Team Sessions per year			Yes
Twice yearly attendance at Somerset Dermatology Group Meetings			Yes
Active Membership of a primary care dermatology organisation, such as Primary Care Dermatology Society, British Association of Dermatologists, or Association for Surgeons in Primary Care (for skin lesion GPwERs)			Yes
Annual Appraisal with Clinical Supervisor			Yes
Personal Development Plan (identified learning needs for GPwER role to be discussed at GP Appraisal)			Yes
Annual general clinics with consultant, one in each of the following locations:- - Acute Trust Clinic - Primary Care Clinic			Yes
Annual Service User Survey			Yes
Audit Programme over the next 3 years as agreed with the commissioner			Yes

SPECIFIC REQUIREMENTS FOR GPwERs PERFORMING SURGERY AND COMMUNITY SKIN CANCER GPwERs

Additional Requirements	Achieved Yes/No	Date Achieved	Evidence Required
Annual log of 40 skin surgery cases			Yes
Annual Audit of Comparisons of Clinical and Histological Diagnosis. For community skin cancer GPwERs this should be in relation to the diagnosis of low-risk BBCs			Yes

ADDITIONAL SPECIFIC REQUIREMENTS FOR COMMUNITY SKIN CANCER GPwERs

Additional Requirements	Achieved Yes/No	Date Achieved	Evidence Required
Additional 15 hours of CPD relating to skin cancer (Attendance at MDTs can be included in these 15 hours)			
Link to and attend 4 local skin cancer MDT Meetings (one of which should discuss audit)			Yes
Attend annual education meeting organised by the skin cancer network site specific group			Yes
Annual general joint skin cancer clinic with consultant in an Acute Trust			Yes

Name of GPwER _____

Signature of Clinical Supervisor _____

Name of Clinical Supervisor _____

Position of Clinical Supervisor _____

Date _____