

| | |
|----------------------------------|---|
| Service Specification No. | 11X-32 V7 |
| Service | East Quay Health – Minor Surgery |
| 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 2019 – 31 March 2021 |
| Date of Review | September 2019 |

1. Population Needs

National/local context and evidence base

- 1.1 There is evidence from within the UK and abroad that minor surgical procedures carried out by General Practitioners (GPs) in general provider premises have high levels of patient satisfaction and are highly cost effective. Since 1 April 1990, GPs on Health Authority minor surgery lists (and their equivalents) have been able to receive payment for undertaking a range of minor surgery procedures on their patients.
- 1.2 There has been a huge variation in the range of procedures undertaken at provider level. Many providers have provided cryotherapy, curettage and cauterisation only whilst still referring other minor surgery into the secondary sector. However, it is recognised that not all GP providers are able to undertake the same range of procedures. This Service seeks to ensure that there is the opportunity to provide the maximum range of minor surgery in the primary care sector.

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

Expected outcomes include:

- Service closer to patient's home
- Reduced waiting times for patient access to more specialist care
- Increased overall patient satisfaction with surgical services

3. Scope

Aims and Objectives of Service

- 3.1 The aim of the Service is to appropriately reduce attendances in secondary care and reduce the time taken for patients to access more specialist services than are currently available in GP practices.

Scope of the service

3.2 The Provider shall provide the following Services described below and more fully in paragraphs 3.57 – 3.60:

- excision biopsy of non-malignant skin lesions
- wedge resection of toenails, removal of toenails and phenolisation of nail bed
- Sigmoidoscopy
- proctoscopy plus ligation as appropriate

3.3 The attention of the Provider is particularly drawn to:

- the requirement for referral to be accepted and managed in accordance with the Commissioner's policy for Evidence Based Interventions
- the management of basal cell carcinomas (Refer to 3.19 and 3.37 – 3.39)

3.4 The Provider may provide the Services to any patient registered with a GP practice in Somerset, following a referral from a GP at that practice.

3.5 The Provider should only accept referrals from practices where conservative management by practices / podiatry service has been unsuccessful. A complete avulsion should be undertaken.

Service Description and Pathway

3.6 Following review of the referral the Provider will contact the referring practice should the referral be inappropriate.

3.7 While it is acknowledged only referrals meeting the requirements of the commissioner's policy on Evidence Based Interventions should be received, the Provider shall return any referrals received that do not meet the policy requirements (Refer to Schedule 2G of the Contract Particulars).

3.8 For accepted referrals an appointment will be booked in the next appropriate and available clinic.

3.9 Clinics are scheduled according to referral activity and surgeon availability and will usually be held on a weekly or two-weekly basis.

3.10 The patient should be seen within six weeks of referral unless the patient exercises choice to wait.

3.11 There is an expectation by the Provider that the patient's registered GP practice will have provided an element of counselling prior to referral.

3.12 Information will be provided to the patient prior to the appointment regarding the service and where possible, the planned procedure.

3.13 At the appointment the service and procedure, where required, will be further explained and consent sought.

3.14 Following the procedure, the patient will be advised of appropriate after-care and any follow-up arrangements.

3.15 The Provider will advise the outcome to the referring GP, including any procedure undertaken, complications and any required follow-up.

3.16 Complications will be managed by the Provider or with the patient's own practice, by agreement.

3.17 Where onward referral is required, the Provider will manage in a timely manner. This may be via the patient's own GP or directly if urgent referral is required, with a copy to the patient's

GP.

Record Keeping

3.18 Providers must ensure that details of the patient's treatment under this Service are included in his or her lifelong record. The Provider must send this information to the patient's GP for inclusion in the patient notes.

3.19 Records kept should include:

- the identity of the clinician carrying out the procedure
- the clinical indication for carrying out the procedure in line with the
- confirmation that the risks of the procedure (including scarring and dehiscence) have been explained to the patient
- confirmation that consent has been obtained
- the site and type of procedure carried out
- the reason for not sending any tissue removed for histology, if applicable
- any subsequent infection or other adverse outcome of the procedure
- any removal of malignant lesions (Refer to 3.9)

Confidentiality, information and complaints

3.20 The Provider abides by the provisions of the Data Protection Act and the NHS Code of Confidentiality at all times, and requires its employees and contractors to also abide by those provisions.

3.21 The Provider shall comply with any reasonable request from the Commissioner for information about the provision of the Services by the Provider, and shall co-operate with any audit or review by, or at the direction of, the Commissioner, of the Provider's records relating to procedures undertaken.

3.22 The Provider shall assist the Commissioner in responding to:

- any request received by the Commissioner under the Freedom of Information Act relating to the agreement or the Services relating to the agreement or the Services
- any complaint received by the Commissioner from a patient in relation to the Services

3.23 The Provider shall have in place a complaints procedure and comply with any further requirements set out in this NHS Standard Contract.

Patient Involvement

3.24 People will be involved in decisions about their treatment and given high-quality information to enable them to make fully informed decisions.

3.25 The Provider will encourage, consider and report any patient feedback (positive and negative) on the service they provide and use it to improve the care provided to patients, particularly if there are plans to alter the way a service is delivered or accessed.

Consent

3.26 In each case the patient should be fully informed of the treatment options, risks and the treatment proposed.

3.27 Providers must ensure valid consent is obtained from the patient in accordance with the Provider's local consent policy. For guidance on developing a consent policy, providers should refer to current Department of Health Guidance (See 4).

3.28 The indication for surgery should be recorded, alongside advice given with regard to possible adverse outcome. This may obviate the need to provide written information mentioned above. However, where risk of dissatisfaction is higher clinicians should consider this carefully.

Training/Accreditation

- 3.29** The Provider will ensure and be able to evidence that those providing the service have the necessary skills and experience to carry out the contracted procedures. This includes being competent in resuscitation and having annual updates.
- 3.30** Each practitioner carrying out procedures under this specification will demonstrate their competence through clinical audits of their practice as described further in 3.4 – 3.49. All clinicians shall read and follow the commissioner's current policy on Evidence Based Interventions (Refer to Schedule 2G of the Contract Particulars)

Nursing support

- 3.31** Registered nurses:
- can provide care and support to patients undergoing minor surgery
 - can assist during cutting 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.

Quality requirements

Staff, Facilities, and Insurance

- 3.32** The Provider is responsible for ensuring that persons responsible for the delivery of the Services are appropriately registered, trained and qualified to do so, that training is maintained and that appropriate supervision/peer review is in place.
- 3.33** The Provider will provide the Services with reasonable care and skill.
- 3.34** The Provider will ensure a sustained level of activity is maintained (minimum of 6 per procedures per annum per practitioner).
- 3.35** The Provider is responsible for ensuring that it has, and the doctors undertaking procedures under the agreement have, adequate professional and public liability insurance with a reputable insurer.
- 3.36** The Provider is responsible for providing such premises, facilities and equipment as are necessary to enable it properly to provide the Service, and for ensuring that premises, facilities and equipment meet appropriate infection control standards.

Basal Cell Carcinomas

- 3.37** As described in 3.60, excision of Basal Cell Carcinomas (BCCs) is excluded from this Service.
- 3.38** If a BCC is inadvertently removed within the Service, its complete removal, with a margin of 2mm to 4mm, should be ensured. If the BCC has not been excised with the necessary margin, the patient shall be referred to secondary care.
- 3.39** A record of any removal of malignant lesions should be kept and provided as part of the annual audit (Refer 3.47).

Infection Control

- 3.40** Providers must have infection control policies that are compliant with national guidelines and current handling protocols, including but not limited to The Health and Social Care Act 2008 Hygiene Code (refer to 4) and which takes into account:
- disposal of clinical waste
 - needle stick incidents
 - environmental cleanliness

- standard precautions, including hand washing

3.41 The Commissioner may carry out inspections of the Provider's premises to assess compliance with the quality and infection control.

Pathology

3.42 All tissue removed by minor surgery should be sent routinely for histological examination unless there are exceptional or acceptable reasons for not doing so (for example pilar/sebaceous cysts), and the reason should be documented in the clinical record.

3.43 In any case where a basal cell carcinoma is inadvertently removed but not fully excised, the patient must be referred to secondary care.

Review, Monitoring, Audit and Reporting

Review

3.44 The Provider shall undertake continuous monitoring of the Service and have processes in place to respond to any identified issues.

Monitoring

3.45 The Provider will provide monthly assurance to the Commissioner that activity submitted meets the terms of this specification, using a template, where provided by the Commissioner.

Clinical Audit

3.46 Full records of all procedures should be maintained in such a way that aggregated data and details of individual patient episodes are readily accessible.

3.47 The Provider will be required to undertake an annual audit on a subject which should be agreed with the Commissioner.—Audit topics may include:

- compliance with infection control or quality standards
- consent, indication, histology, wound dehiscence and infection
- clinical outcomes
- rates of infection
- unexpected or incomplete excision of basal cell tumours or pigmented lesions which following histological examination are found to be malignant
- waiting times for treatment for procedures

3.48 The outcome of this audit should be shared with the Commissioner.

3.49 In accordance with paragraph 3.18, a record of any removal of malignant lesions should be kept and provided as part of the annual audit.

Reporting - Activity

3.50 Activity will be reported monthly using a template, where provided by the Commissioner.

3.51 Within 10 working days of the end of each calendar month, the Provider shall send to the Commissioner the following information about each procedure undertaken during that month:

- date the procedure was undertaken
- type of procedure
- Provider's reference number for the patient
- GP practice which referred the patient
- amount charged for that procedure

Reporting - Significant Events

| | |
|-------------|---|
| 3.52 | The Department of Health emphasises 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 patient safety. |
| 3.53 | <p>The Provider should be aware of (and use as appropriate) the various reporting systems such as:</p> <ul style="list-style-type: none"> • The National Reporting and Learning System (NRLS). Reports to NRLS can be submitted electronically via the General Practice Patient Safety 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; and • the legal obligation to report certain incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) |
| 3.54 | In addition to their statutory obligations, the Provider 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 below |
| 3.55 | <p>In addition to any regulatory requirements the CCG the Provider to use a Significant Event Audit system (agreed with the CCG) to facilitate the dissemination of learning, minimising risk and improving patient care and safety. The Provider shall:</p> <ul style="list-style-type: none"> • Report all significant events to the CCG within 2 working days of being brought to the attention of the Provider via somccg.significantevents@nhs.net • Undertake a subsequent 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/about-us/how-we-do-things/general-practice-significant-event-sea-and-serious-incident-support-professional-page/ |
| 3.56 | <p>Incidence of post operative MRSA and/or Clostridium difficile infection should be regarded as an adverse incident and as such be reported to the CCG Infection Control Team and the individual clinician with peri-operative responsibility.</p> <p>Population covered</p> |
| 3.57 | The service is available to all service users registered with a GP practice located in Somerset. |
| 3.58 | The Provider shall accept referrals in accordance with the Commissioner's policy on the funding of Evidence Based Interventions (Refer to Schedule 2G of the Contract Particulars). |
| 3.59 | <p>Skin Lesions</p> <p>The surgical removal, laser treatment, or cryotherapy of a benign asymptomatic skin lesion is regarded as a procedure of low clinical priority. These procedures are therefore not routinely funded by the commissioner. Refer to Schedule 2G for the Evidence Based Interventions for list of included procedures.</p> <p>Where accepting a referral, the evidence that the patient fulfils the required Evidence Based Interventions Policy criteria, shall be made available to the Commissioner on request. Refer to Schedule 2G for the Evidence Based Interventions for criteria, including any condition specific guidance for example, that relating to the removal of cysts, chalazion, ganglion and lipomas.</p> |
| 3.60 | Basal Cell Carcinomas |

The Commissioner has only accredited GPs with a Specialist Interest (GPwSIs) in Dermatology to excise Basal Cell Carcinomas and accordingly no practitioner is accredited to carry out this procedure under this Service.

Interdependence with other services/providers

3.61 GP Practices

Acute Trusts

4. Applicable Service Standards

Applicable National Standards (eg NICE)

4.1 NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (NICE).Clinical Guideline 27: Referral for suspected cancer. Report published June 2005. Available at <http://www.nice.org.uk/CG027>

4.2 NICE Cancer Service Guideline 8: Improving Outcomes for People with Skin Tumours including Melanoma. Report published February 2006. Available at <http://www.nice.org.uk/Guidance/CSGSTIM/Guidance/>

4.3 NICE Cancer Service Guideline: Improving Outcomes for People with Skin Tumours including Melanoma (Update) – The management of low-risk basal cell carcinomas in the community. Published May 2010. Available at <http://guidance.nice.org.uk/CSGSTIM/Guidance>

4.4 Department of Health (England) Guidance on Consent for Examination or Treatment

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

4.5 The Health and Social care Act 2008: Code of practice on the prevention and control of infection and related guidance <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

Applicable local standards

4.6 Somerset CCGs Evidence Based Interventions available at; <https://www.somersetccg.nhs.uk/about-us/how-we-do-things/individual-funding-requests/>

5. Applicable quality requirements and CQUIN goals

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

5.1 95% of patients to be requested to complete a post appointment patient survey with results reviewed and acted upon.

5.2 95% of accepted referrals will be managed within the Service without onward referrals.

Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:

6.1 As per the Particulars of the NHS Standard Contract