MINOR SURGERY
LOCAL ENHANCED SERVICE SPECIFICATION

Version Control		
Version	**Date Amended**	**Summary of amendments**
August 2015	May 2023	Fees updated
Minor Surgery LES specification 2023	July 2023	Claims information reworded Justified

1. Introduction

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[1][2][3]. Since 1 April 1990, general practitioners 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.

There has been a huge variation in the range of procedures undertaken at practice level. Many practices have provided cryotherapy, curettage and cauterisation only whilst still referring other minor surgery into the secondary sector. This local enhanced service seeks to ensure that there is the opportunity to provide the maximum range of minor surgery in the primary care sector.

2. Scope of service to be provided

Cryotherapy, curettage and cauterisation of warts/verrucae and skin tags will continue to be provided by general practitioners as an additional service and practices wishing to opt out of providing these treatments will be obliged to apply to do so in the prescribed manner. Procedures in the categories below and other procedures, which the practice is deemed competent to carry out, will be covered by this local enhanced service. These procedures have been classified into the following two groupings for payment:

i. Invasive procedures, including incisions and excisions
ii. Injections (muscles, tendons and joints) and aspirations

Pathology - <u>ALL</u> tissue removed by minor surgery <u>MUST</u> be sent routinely for histological examination unless there are exceptional or acceptable reasons for not doing so. The reasons must be stated within the patient's life long record.

3. Eligibility to Provide the Service

a. Commissioning

Practices wishing to be commissioned to provide this service must be able to demonstrate that they:

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[1] Lowy A, Brazier J, Fall M, Thomas KJ, Williams BT. Quality of minor surgery by general practitioners in 1990 and 1991. *British Journal of General Practice* 1995: 44; 364-365

[2] Tarraga Lopez PJ, Marin Nieto E, Garcia Olmo D, Celada Rodriguez A, Solera Albero J. [Economi impact of the introduction of a minor surgery program in primary care]. [Spanish] *Atencion Primeria* 2001; 27: 335-8.

[3] Lopez Santiago A, Lara Penaranda R, de Miguel Gomez A, Perez Lopez P, Ribes Martinez E. [Minor surgery in primary care: consumer satisfaction]. [Spanish] *Atencion Primeria* 2000; 26: 91-5.

i. Have at least one General Practitioner member of the practice (not a locum or registrar) who is accredited as a Minor Surgeon
ii. Have sound clinical governance arrangements and
iii. Have premises, facilities and processes (including the procurement of sterile instruments) which are fit for the purpose of providing LES minor surgery services

Commissioning will be conditional on compliance. The UHB will make alternative arrangements for the patients of practices not commissioned to provide the specific components of the service. Please note that it is not essential for a practice to provide all elements of the LES; for example, practices could be commissioned to provide injections only or excisions only. The premises and facilities requirements will depend on the level of service to be provided.

b. Premises and Facilities

The UHB should be satisfied that practices carrying out minor surgery have such facilities as are necessary to enable them to provide minor surgery services properly. Adequate and appropriate equipment should be available for the doctor to undertake the procedures chosen, and should also include appropriate equipment for resuscitation, national guidance on premises standards has been issued.[4]

This section should be reviewed in conjunction with the Minimum Requirements for a Minor Operations Room. It is recognised that many practices currently do not have facilities that would be regarded as compliant with best practice. The UHB will seek to assure itself of compliance with essential requirements and that practices will need to make a commitment to make alterations to their facilities, as far as they are able, to comply with best practice. Practices will be subject to review so that the UHB is assured that facilities and systems continue to be adequate and appropriate for the provision of the service and that clinical risk is reduced to a minimum.

c. Essential requirements

1. Use of disposable sterile instruments, including all ancillary equipment such as bowls.
2. Evidence of Health & Safety and COSHH risk assessments.
3. Clearance around 3 sides of the couch. Positioning against a wall will be acceptable only if: -
   a) The couch is wheeled
   b) Can be moved away from the wall within seconds in the event of an emergency
   c) Can, after being moved, provide access at the head and on both sides to enable resuscitation procedures to be carried out in the event of patient collapse.
4. There is a cleaning protocol which requires the couch to be moved away from the wall to clean the wall and floor.
5. Couch cleaning protocol if same couch used for “clean” and “dirty” activities
6. Foot operated pedal bins
7. There must be a minimum of 2 sinks (one for “dirty” activities and one for hand-washing)
8. Elbow taps or other non-hand touch tap operation
9. Appropriate arrangements/facilities/protocols for sharps disposal

The number, arrangement and location of sinks will depend on whether there is a separate minor operations room and will be subject to inspection. Sufficient sinks for designated purposes will be required, e.g. hand-washing, clean and dirty activities and will depend on the layout of the facilities and whether or not a sluice is available.

d. Accreditation

[4] Welsh Health Building Note (WHBN) 36 General Medical Practice Premises in Wales

The practice will meet the accreditation requirements for the performance of the Local Enhanced Service Minor Surgery if it has the appropriate premises, processes, facilities and systems in place, and has individual GP(s) who are accredited to perform the service. Accreditation, however, will not automatically result in the practice being commissioned to provide the service.

Where the UHB 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).

e. Educational Requirements

Doctors carrying out minor surgery must have the necessary skills and experience to carry out the contracted procedures, be competent in resuscitation and demonstrate a continuing sustained level of activity, conduct regular audits, be appraised on what they do and take part in necessary supportive educational activities

Doctors carrying out the Minor Surgery Local Enhanced Service should be able to provide evidence of 1 training course in minor surgery within the last 5 years.

f. Sterilisation and Infection Control

Although general practitioner minor surgery has low incidence of complications, it is important that practices providing minor surgery operate to the highest possible standards. Practices should take advantage of any of the following arrangements:

- Disposable sterile instruments

Practices must have an infection control policy with version number control that is compliant with national guidelines including inter alia that ishandling of used instruments, excised specimens and the disposal of clinical waste. There must be a named infection control lead within the practice.

There must be a documented Cleaning Policy and Schedule for the minor operations area, with documented cleaning records. The Infection Control Policy and Cleaning Policy must be updated annually with fully documented version control, i.e. version number, date revised, date of next revision, reviewed by, revised by etc in the footer. Each new version must be signed by the Senior Partner/Accredited “Minor Surgeon” and Practice Nurse(s).

Practices should also be aware of, and refer to, the document “Healthcare Associated Infections - A Community Strategy for Wales” which can be found at the following link:
http://howis.wales.nhs.uk/doclib/Infections-English.pdf

g. Viral Transmission

GPC Guidance on “Minor Surgery in General Practice” revised and published in 2001 stated:
“Patients’ safety must be safeguarded by ensuring the health status of the general practitioner and relevant staff with particular reference to immunity to Hepatitis B. The UK advisory panel for healthcare workers with blood-borne viruses (UKAP) have recommended that some minor surgical procedures, including the excision of lipomata and sebaceous cysts, may be exposure prone procedures. Therefore, all those who may perform such procedures must comply with health service guidelines on Hepatitis B. Evidence of Hepatitis B immunisation/responder status will be required”.

h. Consent
Informed written consent must be obtained for all LES minor surgery procedures. The patient should give written consent for the procedure to be carried out and the completed NHS consent form should be filed/recorded in the patient's lifelong medical record. Consent documentation must be in the format laid down nationally and national guidance on consent must be followed. Practices should use the national consent form.

Written patient information must be available for all procedures commonly carried out by the practice, with a space for the recording of additional information appropriate to the individual procedure/individual patient. Any additional information provided to the patient must be recorded (suggest photocopying a dated, signed copy of what is supplied to the patient).

i. Chaperone Policy
The practice should have a Chaperone Policy. Practices should record whether a chaperone is present (or not) in the medical record of all patients undergoing minor surgery, including the name of the chaperone.

j. Nursing Support
Registered Nurses and Health Care Support Workers (HCSWs) may provide care and support to patients undergoing minor surgery provided that they are appropriately trained and competent. Registered Nurses undertaking these tasks must consider their professional accountability and the Nursing & Midwifery Council guidelines on the scope of professional practice. In the case of HCSWs, this work constitutes a delegated task: therefore he/she is required to have completed an appropriate training programme, e.g. basic wound care; care of a patient with a wound; plus, removal of sutures/clips (optional). It is the responsibility of the lead GP within the practice to ensure that any Registered Nurse or HCSW assisting in minor surgery procedures is competent and appropriately trained.

k. Audit
Full records of all procedures should be maintained in such a way that aggregated data details of individual patients are readily accessible. Practices should regularly audit and peer-review minor surgery work. Possible topics for audit include:

a. Clinical outcomes
b. Rates of infection
c. Unexpected or incomplete excision of basal cell tumours or pigmented lesions which following histological examination are found to be malignant.

l. Monitoring
Practices must ensure that details of the patient's monitoring as part of the LES is included in his or her lifelong record. If the patient is not registered with the practice providing the LES, then the practice must send this information to the patient's registered practice for inclusion in the patient's life long record.

All claims will be subject to post payment verification (PPV) checks.

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

Fee A (£91.93) = Invasive procedures, including incisions and excisions
Fee B (£45.97) = Injections (muscles, tendons and joints) and aspirations

The UHB will agree with the provider the basis on which the LES will be funded in light of the procedures to be carried out and the volume to be carried out, including setting an upper cap when necessary.

b. Multiple procedures
For clinical governance reasons the UHB will only pay a fee for removal of one lesion per patient per day. In exceptional circumstances more than one lesion may be removed from a patient on the same day provided each lesion is from an easily differentiated site. Extreme care must be taken in labelling and segregation of histological specimens to avoid risk of confusion or inaccurate identification of site of malignancy, should one lesion be identified as malignant.

c. Claims
Practices are required to make claims by following NWSSP claiming cycle guidelines. Claims must be submitted within 6 months from the end of the quarter in which the drug/service was delivered, to ensure payment.

Please note that the LHB will not pay practices for the following procedures: -

- **Removal of skin tags, papillomas, fibro-endothelial polyps, warts and verrucae, solar keratoses, unless there are exceptional circumstances e.g. instruction from secondary care or Health Board.**

- **Procedures carried out solely for cosmetic reasons**

- **Any procedure performed where the *presumptive* diagnosis was of malignancy including BCC of head & neck but not elsewhere on the body or where the diagnosis was uncertain with a probability of malignancy (these should be referred) –unless following a telederm referral the dermatologist advises that primary care minor surgery is appropriate.**

- **Any procedure where WRITTEN consent was not obtained and filed in the patient's record. This will be subject to post payment verification.**

- **Any excision which has not been examined histologically –except in exceptional or acceptable circumstances as below.**

- **Multiple procedures carried out on the same day on the same patient – only one procedure will be paid.**

5. Review and Updating
This document will be reviewed and updated on an annual basis. The UHB is prepared to consider any appropriate information and submissions which would aid clarification.

6. Termination Period
Should the practice wish to cease providing the Enhanced Service, it will be required to provide 3 months' notice in writing to the Health Board. Should the practice wish to suspend providing the Enhanced Service it should contact the Health Board for guidance prior to any action being taken.

. If, for any reason, a practice terminates/suspends the Enhanced Service and, if claims have been made during the current financial year, any reporting/auditing requirements outlined in the specification must be submitted upon request.

7. General Medical Practice Indemnity
This Enhanced Service is covered by the scheme for General Medical Practice Indemnity (GMPI) which falls under the GMS Contract Wales.

This scheme relates to potential or actual clinical negligence claims arising from incidents on or after 1 April 2019, and captures all General Medical Practice (GP practice) staff undertaking NHS 'primary medical services' as defined in The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019

The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019, sets out the scope of the scheme, namely "primary medical services" which are defined as health services provided under a contract, arrangement or agreement made under or by virtue of the following sections of the National Health Service Wales Act 2006:

(a) section 41(2) (primary medical services);
(b) section 42(1) (general medical services contracts);
(c) section 50 (arrangements by Local Health Boards for the provision of primary medical services).

The GMPI will include clinical negligence liabilities for NHS work arising from the activities of all GP practice staff, including: GP partners; salaried GPs; locum GPs, if on the All Wales Locum Register; Practice Pharmacists; Practice Nurses; Practice Healthcare assistants; and any other member of staff providing clinical services. GP trainees and trainee nursing students delivering general medical services will also be covered. The GMPI will also cover any healthcare professionals providing the delivery of NHS Primary Care through Primary Care cluster arrangements and any vicarious liability to practices where a cluster-based health professional is providing direct care to the practice's registered patients.

PROCEDURES
Surgery can be performed in practices either through additional or enhanced services or in secondary care.

ADDITIONAL MINOR SURGERY
Warts/verrucae and skin tags that are removed are not eligible for payment under the terms of the Enhanced Service Minor Surgery Scheme. Removal of these lesions is funded through the additional services part of the global sum and neither GPs nor their premises need to satisfy any accreditation criteria to continue providing this service. Solar keratoses are best not excised and are therefore not covered by enhanced minor surgery; instead they should be treated by diclofenac 3% gel, 5-fluorouracil ointment or cryotherapy.

Please note: Removal of any of the above lesions by alternative methods which are then claimed under the Enhanced Minor Surgery LES will not be paid.

ENHANCED SERVICE MINOR SURGERY

EXCISIONS
Lesions that can be safely treated in primary care and which need to be excised are eligible for payment under the terms of the Enhanced Minor Surgery Scheme. Excision in this context includes "shave excisions," which generally don't require repair but which may be cauterised for the purposes of haemostasis. **ALL** tissue removed by minor surgery under the enhanced service **MUST** be sent for histological examination unless there are exceptional or acceptable reasons for not doing so. The reasons must be stated within the patient's life long record.

In line with current best practice, and to clarify, the UHB does not commission and will not pay a practice for any procedure under this section where the condition is being treated solely for cosmetic purposes. This is in line with UHB commissioning policy and national guidance in Appendix 1 of the National Public Health Service "Evidence-based advice to inform commissioning decisions on "Interventions not normally funded", September 2007.

NB: ANY SUSPECTED MALIGNANCY (except BCCs) MUST BE REFERRED IMMEDIATELY TO THE DERMATOLOGY DEPARTMENT AS A TELEDERM REFERRAL or ON AN URGENT SUSPECTED CANCER REFERRAL FORM.

It is inappropriate to biopsy ANY suspected malignancies, including BCCs on the head or neck but not elsewhere on the body unless requested to do so following a telederm referral

Immediate referral applies to all cases of suspected: -

a) Malignant melanoma
b) Squamous cell carcinoma
c) Lymphoma
d) Any lesion where the diagnosis is uncertain with a probability of malignancy including BCC of the head & neck
e) All suspected basal cell carcinomas, regardless of size, should be referred as a telederm referral or on a dermatology referral form

Examples of lesions included and claimable under the Minor Surgery LES

Lipomas providing, they have not been removed solely for cosmetic reasons
Sebaceous cysts providing they have not been removed solely for cosmetic reasons
Pilar cysts providing they have not been removed solely for cosmetic reasons
In-growing toenails
Dermatofibromas (full thickness excision only, shave excision not appropriate) not removed solely for cosmetic reasons
Seborrhoeic warts that are traumatised by clothing causing bleeding
Biopsy of query Bowen's or on request following telederm
Shave excision of suspicious lesions as above

Examples of lesions/procedures not included and non-claimable

Removal of foreign bodies (payable under minor injuries)
Sub-dermal implants (payable under contraceptive services ES)
HRT implants/removals (not payable as part of any Enhanced Service)
Keloid (inappropriate for clinical governance reasons)
Hyfrecation unless used as a closure method for an approved excision
Solar Keratoses (but see note below)

Removal of Solar Keratoses has been taken from the payable Enhanced Services minor surgery scheme, and added to the Additional Services procedures (paid under additional services aspect of global sum). The reason for this is dermatologist advice as follows: -
Solar [actinic] keratoses are best managed with cryotherapy or topical application of 5-Fluorouracil [Efudix] or Diclofenac [Solaraze]. These provide a cosmetic outcome
which is superior to excision or curettage. Where there is doubt about the diagnosis the appropriate referral should be made.

INJECTIONS /ASPIRATIONS

This part of the Enhanced Service covers the injection of substances to treat **specific soft tissue conditions** and aspirations; it does not include delivery of therapeutic substances for other conditions. It does not include the injection of local anaesthetic in order to carry out another procedure, e.g. an excision.

Included examples:

Injection of local anaesthetic (e.g. lignocaine) and/or steroids (e.g. depomedrone) into or around muscles, tendons, and their insertions, or joints, to treat a condition of the said muscle, tendon or joint.
Injection of steroid into the carpal tunnel

Injection of Hyaluronidase if indicated by orthopaedic or rheumatology services
Aspirations, including aspirations of joints, bursae, ganglia and hydroceles