

Service Specification for Community Management of low risk Basal Cell Carcinoma including Excision (2016-19)

1. Introduction

This service specification describes a service to manage low-risk basal cell carcinomas and some pre-malignant skin lesions in primary care by suitably trained and accredited GPs in accordance with the current NICE recommendations as defined in an update in May 2010 **NICE Guidance on Cancer Services: Improving Outcomes for People with Skin Tumours including Melanoma**.

2. Aims & Objectives

This specification details a primary care service to manage low-risk basal cell carcinomas (BCCs) and some pre-malignant conditions such as solar keratoses causing concern for patients who are registered with GPs in Oxfordshire.

The aims of such a service are:

1. To provide a service closer to patient's homes
2. To provide opportunities to extend equality of access to a timely service
3. To provide a high-quality appropriately-skilled service in the community and reduce planned care referrals in dermatology

It should be noted that, although the number of actual excisions of low-risk basal cell carcinomas in the community is not estimated to be large, the opportunity to manage pre-malignant lesions without hospital referral provides the greatest scope for savings in numbers of referrals.

2.1 General Overview

A specialist skin service to be delivered closer to the patients' home, with appropriate access to secondary care, clinical support and investigations. Its aim is to ensure the future provision of high quality, effective care that is patient focussed and achieved through collaborative and multi-disciplinary working across Oxfordshire CCG

2.2 Objectives

Specific objectives:

- Deliver a high quality skin service within a primary care setting
- Improve patient access to skin care and treatment
- Improve patient choice
- Ensure provision of a positive patient experience
- Meet national targets for access to diagnosis and treatment of skin conditions

3. Service Description

3.1 Scope of the service

Only those low-risk BCCs in anatomical sites where excision is easy and in patients who do not have other associated risk factors should be managed by GPs with no special interest or training in skin cancer. Superficial BCCs may be managed with topical treatments by the patient's own GP but treatment failures may be referred into this service.

3.2 Criteria for inclusion

Low-risk BCCs appropriate for treatment under this service are defined as follows:

The patient is not:

- aged 24 years or younger (that is, a child or young adult)
- immunosuppressed or has Gorlin's syndrome.

The lesion:

- is located below the clavicle (that is, not on the head or neck)
- is less than 1 cm in diameter with clearly defined margins
- is not a recurrent BCC following incomplete excision
- is not a persistent BCC that has been incompletely excised according to histology
- is not morpheic, infiltrative or basosquamous in appearance
- is 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)
 - in an area where difficult excision may lead to a poor cosmetic result or at another highly visible anatomical site (for example, anterior chest or shoulders) where a good cosmetic result is important to the patient.

If the BCC does not meet the above criteria, or there is any diagnostic doubt, following discussion with the patient they should be referred to the hospital dermatology department. Incompletely excised BCCs should be discussed with the hospital dermatology department.

Pigmented lesions and squamous cell carcinomas are out of scope and require direct referral to a hospital dermatology department.

Solar keratosis is common and increasing in prevalence due to an ageing population with a history of sun exposure. The condition may be managed in primary care, based on clinical diagnosis but a proportion may give rise to clinical concern about malignant change and lead commonly to onward referral to secondary care. This service specification will provide an option for treatment when prior appropriate management in primary care has not led to resolution.

3.3 Requirements of the service

GPs advising patients about definite or suspected BCCs should explain there are a range of management options for BCC. The choice offered to the patient will depend on the anatomical location, size, clinical appearance, histological diagnosis and ease of access to treatments. The ultimate decision should be taken by the patient having been fully informed about the advantages and disadvantages of management options, including outcomes in terms of likelihood of complete cure.

This service will accept suitable referrals for Oxfordshire patients from defined practices but usually those within the locality and, with agreement, practices from other localities. Referrals must meet the criteria for being a possible low-risk BCC or a premalignant lesion such as a solar keratosis or Bowen's disease that has not responded to treatment. All potential referrals should be triaged by sending the referral with high-quality images of both a macroscopic and dermatoscopic image along with the clinical history and examination. If the lesions do not meet the scope of this service specification, the appropriate advice should be relayed. This may include management by usual GP, e.g. a superficial BCC which could be treated topically unless already tried and not tolerated or not responded.

All lesions that are excised should be sent for histology in the name of the Provider. The provider is responsible for providing a copy to the patient's usual practice and conveying the result to the patient both of which should be filed in the patient record. The Provider should keep a copy of the histology report and add the result to a database of all referrals seen and treated.

The service must operate from suitable GP premises that meet the requirements for provision of minor surgery and are compliant with CQC requirements. Minor surgery instruments should either be disposable or acquired through a Central Sterilising Services Department.

Only those low-risk BCCs in anatomical sites where excision is easy and in patients who do not have other associated risk factors should be managed under this service specification.

3.4 Accreditation

The service must be provided by accredited GPs, with practice nurse assistance for surgical procedures.

GPs providing this service must:

- have specialist training in the recognition and diagnosis of skin lesions appropriate to their role such as accreditation gained from a hospital consultant dermatologist or the Cardiff Diploma of dermatology or similar;
- demonstrate competency in performing local anaesthesia, punch biopsy, shave excision, curettage and elliptical excision using the direct observation of procedural skills (DOPS) assessment tool or accreditation provided by a consultant dermatologist e.g. through working some sessions in hospital dermatology clinics;
- send all skin specimens removed to histology for analysis;
- provide information about the site of excision and provisional diagnosis on the histology request form;
- maintain a 'fail-safe' log of all their procedures with histological outcome to ensure that patients are informed of the final diagnosis, and whether any further treatment or follow-up is required;
- provide quarterly feedback to OCCG on the histology reported as required by the national skin cancer minimum dataset, including details of all proven BCCs;
- provide evidence of an annual review of clinical compared with histological accuracy in diagnosis for the low-risk BCCs they have managed;
- attend, at least annually, an educational meeting (organised by the Skin Cancer

Network Site Specific Group or Hospital dermatology monthly skin club meeting and including dermatology MDT meetings), which should:

- present the 6-monthly BCC network audit results, including a breakdown of individual practitioner performance
- include one CPD session (a total of 4 hours) on skin lesion recognition and the diagnosis and management of low-risk BCCs to be run at least twice a year.

. 3.5 Expected Outcomes

- The service Provider must achieve an average score of 84% in the patient satisfaction questionnaire in agreed surveys
- 90% or more of attendances should be managed in a single, first appointment.
- The service Provider must demonstrate that waiting times for treatment meet, as a minimum, the 18 week referral to treatment national targets. Patients who do not attend an appointment will not be counted in this target.
- The rate of patients not attending booked appointments should be less than 5%.
- The number and rate of diverted referrals should be provided, broken down by referring clinician and practice, and those that are recommended for either onward referral under the 2 week wait system, routine dermatology referral, or management by own GP.
- The data provided to OCCG quarterly should demonstrate 100% compliance with histology results for excisions (excluding punch biopsies and shave excisions) and that 60% or more of excised lesions should be for BCC.
- The rate of incompletely excised lesions should not be more than 2%.
- The rate of onward referrals following face to face clinical assessment by service Provider to dermatology should be less than 10%.
- There should be a reduction in the locality rate of rise of dermatology referrals to hospital (NB. rates may still rise as the burden of skin cancer in the older population is expected to continue to rise).

4. Whole System Relationships

Providers should demonstrate how clinical and supervisory links with local secondary care dermatology departments will be achieved.

5. Clinical Governance Arrangements

- 5.1** The Provider will provide details of systems for clinical governance and notify the CCG of any changes in these.
- 5.2** All clinicians involved (including the clinician undertaking the procedure and the assistant clinician) must hold relevant qualifications and medico-legal insurance. Copies of relevant certificates etc. must be submitted to the CCG on request.
- 5.3** The service will have robust risk management processes in place. This should include screening of all referrals into the service within 5 working days to ensure referrals are appropriate and to notify referrers where there is any break in service provision.
- 5.4** The service will comply with the NHS information governance standards. This includes using NHS.net for all emails containing patient-identifiable information. All communications between referring practices and service Provider should be electronic using nhs.net email. If the usual patient clinical

record on EMIS is to be made available to the service Provider, patient permission should be recorded.

6. Assessment Process

- 6.1** The Provider will clinically assess all referrals remotely before an appointment is offered to ensure that they are clinically appropriate to be seen and treated by the service.
- 6.2** The Provider will return referrals which are excluded from treatment supplying the appropriate advice and feedback.
- 6.3** The Provider will return referrals that do not meet the criteria for the service for referral to an appropriate service to meet the patient's need, whilst feeding back to the referring clinician i.e. patients who for clinical reasons require the procedure in secondary care including those who meet the criteria for 2-week wait referral.
- 6.4** The need for an assessment appointment will be at the discretion of the Provider.
- 6.5** The assessment will ensure that the patient is appropriate for treatment in this service.
- 6.6** Written information will be given to the patient, if not already supplied by the referring GP, containing general information about the procedure as well as potential complications in a format suitable for the patient including:
 - Treatment
 - Potential complications
 - Post-operative arrangements
 - Contact details for matters of concern or emergency
- 6.7** The Provider will be required to have processes in place to evidence that valid consent, including from those who have communication or language support needs, is obtained by suitably qualified staff for all treatments / procedures. This will also include evidencing that where a patient lacks the mental capacity to give consent, the principles of the Mental Capacity Act 2005 Code of Practice have been adhered to.
- 6.8** Patients seen by the service and assessed as requiring the procedure but not suitable for treatment via the service will be offered referral into an appropriate service arranged via their usual GP through Choose and Book. The patient should be advised they will be sent the necessary documentation to book an appointment of their choice and will not need another appointment with their usual GP.

7. Post Op Procedures

- 7.1** Any routine post-operative care of wounds, changing of dressings and removal of sutures will be the responsibility of the referring GP. If the patient has sutures for removal, the details regarding the timescale for removal of the sutures will be included in the discharge summary.
- 7.2** If the referring practice has concerns about the wound e.g. they do not feel it has healed adequately for suture removal, advice should be sought from the clinician who carried out the procedure.

8. Pathology

8.1 All tissue removed will be sent routinely for histological examination unless there are exceptional or acceptable reasons for not doing so and the results must be documented in the clinical record.

8.2 If samples are sent to pathology:

- The Provider is responsible for sending off the histology form.
- The Provider is responsible for ensuring results are received from pathology.
- All results will be copied to the referring GP for their records only.
- It will be the responsibility of the Provider to ensure that a robust process is in place to track the specimen through the system and to ensure processes are in place for this to continue in the absence of the Provider e.g. during times of planned and unplanned absence.
- The Provider will set up a positive reporting mechanism with the pathology laboratory where the histology examination is to take place.
- A written protocol will include details of how all specimens are tracked, results reported on and action taken if necessary.
- The written protocol will detail how any results requiring urgent referral are reported back to the requesting clinician immediately.
- If the results indicate an alternative skin cancer (i.e. not a BCC), the clinician who performed the procedure is responsible for making telephone contact with a GP at the referring practice to advise of the need for 2-week wait/appropriate urgent referral to a secondary care Provider, as appropriate, for ongoing management. This telephone contact will be followed immediately by confirmation of histology in writing.

9. Equipment

9.1 The Provider will be responsible for maintenance, repair and replacement of equipment including appropriate equipment for resuscitation.

9.2 All equipment shall conform to Health and Safety regulations and nationally accepted CQC standards.

9.3 Materials and drugs customarily used in delivering surgical procedures will be supplied by the Provider.

9.4 All clinical waste must be disposed of in accordance with local policy.

9.5 The Provider is expected to use all equipment provided in an appropriate manner and follow national and local clinical guidelines.

9.6 It is expected that the Provider will keep appropriate electronic records and maintain appropriate reporting databases.

10. Decontamination and Infection Control

10.1 The service Provider/s will be responsible for ensuring that all aspects of the service are compliant with current infection and disease control guidance.

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

- 10.3** Unannounced audits may take place of all Provider sites to monitor compliance and patient safety, as required, through the year.

11. Referral, Access and Acceptance Criteria

11.1 Geographic coverage/boundaries

The service will cover the registered patients of GP practices who are members of South West Oxfordshire Locality in Oxfordshire CCG and any other patients resident in Oxfordshire and registered with GPs in neighbouring OCCG localities at the discretion of the Provider.

11.2 Location(s) of Service Delivery

11.2.1 The service will be located in South West Oxfordshire in an area that is reasonably accessible by members of the local community and should have good public transport links.

11.2.2 The premises should have good disabled access in line with current legislation.

11.2.3 It is envisaged that the service will be delivered from one or more premises with suitable treatment rooms and minor surgery facilities. The locations will have patient waiting areas and appropriate levels of receptionist cover. The premises must be well-maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for NHS premises.

11.2.4 Providers must ensure that all locations are accredited for performing minor surgical procedures, comply with advice given by Oxfordshire CCG infection control team and are registered with the CQC.

11.3 Days/Hours of operation

The service will be provided at times agreed between the Commissioner and the Provider.

11.4 Referral criteria & sources

11.4.1 The Provider will see patients aged 25 and over only.

11.4.2 Referrals will be accepted from all GPs from practices covered by the service agreement.

11.4.3 Referrals will contain full patient clinical details and allow the Provider to determine if referral to the Community Dermatology Service is appropriate or if onward referral to secondary is necessary. If this information is not available via EMIS Clinical Viewer, as a minimum the following information should be provided by the referring GP:

- Full patient details, including NHS number
- Contact details of referrer
- Nature and duration of symptoms, suspected diagnosis if applicable and treatment/management to date.
- Accompanying macroscopic and dermatoscopic images of sufficient quality.
- Reason for referral e.g. advice, diagnosis, removal
- Past medical history including any management already provided.
- Drug history including recent changes and allergies
- Recent pathology results where appropriate (e.g. INR if on Warfarin).

- Explanation given to patient. This may include a pro forma approved by the service Provider to supply in advance and taken by the patient to their appointment and which may contain the blank consent form which the Provider will require to be signed following assessment.

11.4.4 Referrals for patients sent to the service who are in the excluded list of patients will be returned to the referring GP.

11.5 Referral route

11.5.1 Referrals will be made by the patients GP using a dedicated nhs email address email with either the patient permission for access to their record using Emis Clinical Services or a remote login facility supplied by the referring practice accompanied by the appropriate patient consent (which must be gained verbally by the referring GP and logged in the patient record) or using an agreed proforma.

11.5.2 On acceptance of referral all patients must be offered a suitable appointment.

11.5.3 The Provider will manage the booking and administration process for patients choosing to be seen and treated, including managing calls from patients who telephone to book their appointment. The Provider should require that all those referred are supplied with written information about their appointment including directions, how to change their appointment and consequences of non-attendance.

11.5.4 It is expected that referred patients will be able to contact the Provider by telephone, in order to discuss appointment times and for other advice.

11.5.5 For patients who do not attend an appointment, the service will notify the referring GP by nhs email. Patients who default their appointment will not usually be eligible to be referred back into the community service and will be offered referral to secondary care instead. The service will not receive a payment for any DNAs.

11.6 Exclusion criteria

All adult patients with a dermatological lesion or minor surgery requirement will be eligible for treatment in the clinic unless they fall into one of the exclusion criteria below:

- Patients with suspected high risk skin cancers, complex pathology or non cancer lesions for excision or incision will be excluded.
- Patients who have been referred for cosmetic skin procedures such as skin tags and moles of only cosmetic importance will be referred back to their GP.
- Referrals which are not permitted as defined by current lavender statements as agreed by the Oxfordshire Priorities Forum.
- Services contained within the scope of essential and additional services.
- Patients who are not registered with a GP practice which is a member of Oxfordshire CCG.

11.7 Response time & detail and prioritisation

The waiting time standards below will be met:

- Assessment of referral will be done within 5 working days of receipt. This will ascertain whether the patient should appropriately receive treatment under this service.
- The patient will be seen, assessed and treated within the 18 weeks target. It is anticipated that the wait time from referral to first appointment/treatment will be within 12 weeks.

- Treatment will be carried out at the clinical discretion of the Provider but absolutely in no longer than 18 weeks from GP referral.

12. Discharge Criteria and Planning

- 12.1** On discharge, a computer-generated clinic proforma / discharge note will be completed to be sent by nhs email to the referring practice, with a printed copy to be given to the patient for information at the time of the procedure
- 12.2** Discharge information will contain as a minimum:
- Named clinician carrying out assessment/procedure.
 - Nature of procedure
 - Primary and where appropriate, secondary diagnosis and/or procedure
 - Full management plan and follow up arrangements and proposed further treatments, which could if necessary be added by the GP should the patient fail to respond to initial therapy.
 - Any medication recommended for the patient stating dose, frequency and duration plus arrangements for review
 - Telephone contact number for ease of communication and query
 - Website info/hyperlinks for any relevant/appropriate clinical guidelines/protocols
- 12.3** In the event of an unexpected complication occurring with care provided by the Provider, the referring GP should alert the service Provider and agree the most appropriate course of action which may include referral into secondary care.

13 Self-Care and Patient and Carer Information

The Provider will offer appropriate patient information including leaflets and website links to promote patient education/self-management of their skin problems where appropriate. Information produced will be in accordance with local guidance and should be made available in different languages as required (to be identified by the Equality Impact Assessment).

14. Quality and Performance Standards

14.1 Quality reporting schedule

Quality Performance Indicator	Threshold	Method of measurement	Report due
Infection Control	95% compliance with infection control audit standards.	Evidenced Report. Reviewed by NHS Infection Control Team and to implement actions as specified within set timescales.	6 Monthly
Service User Experience	85% Treated within 3 months.	Waiting times from referral to treatment	Quarterly
Improving Service Users & Carers Experience	Patient satisfaction levels relating to the following experiences	Postal / email satisfaction survey of a 20% representative sample of all patients.	Annually

Quality Performance Indicator	Threshold	Method of measurement	Report due
	exceed 85%: <ul style="list-style-type: none"> • Ease of access to the service • Experience better or worse than experience in hospital (where appropriate) • Post-operative complications • Patients treated with respect and dignity 		
		Number of complaints (written and verbal) and lessons learnt.	Quarterly
		Report on Significant Adverse Events, including numbers, type and lessons learnt.	Quarterly
		Attendance at LSMDT meetings	6-monthly
Activity Monitoring		Number of new appointments.	Quarterly
		Number of follow up appointments	Quarterly
		New to follow up ratio	Quarterly
		Number of Did not attends	Quarterly
		Total number of treatments identified by READ Code.	Quarterly
	80% within 2 working days	Time for the production of discharge letters	Quarterly
	98% to be looked at within 2 working days	Pathology results to be reviewed within 24 hours of receipt and appropriate action taken.	Quarterly
Access		Source of each referral, split by practice	Quarterly
Care Management		No of patients recommended for onward referral to secondary care	Quarterly
		No of patients referred back for management by own GP	
Outcomes	<9%	Numbers of post-Operative Infection by clinician	Quarterly
		Numbers of incomplete excisions by clinician including diagnosis, site and excision margins for all excised skin lesions	Quarterly

Quality Performance Indicator	Threshold	Method of measurement	Report due
		Histology results indicating number of BCCs excised and number of solar keratosis and number and type of other lesions.	Quarterly

14.2 Clinical Audit

The Provider/s will regularly audit and peer review surgery work and present these audit at 6 monthly intervals at one of the dermatology department skin club meetings or similar event.

14.3 Responding to Patients

- 14.3.1** The Provider will ensure that Significant Events Requiring Investigation (SIRI) are analysed and reported to the CCG in line with the commissioner's Incident Reporting Procedure and to the National Patient Safety Agency as appropriate. The process should include the following as a minimum:-
- A mechanism to identify events.
 - Regular Significant Events meetings (multidisciplinary, chaired and minuted.
 - Follow up of decisions to include description of event, learning outcome and action plan.

- 14.3.2** The Provider will also have systems in place to record patient safety incidents in line with national and OCCG guidance and ensure that learning can be demonstrated.

14.4 Monitoring Arrangements

The Provider agrees to:

- Submit results of activity on a quarterly basis in the agreed format (attached below).
- Provide any information as reasonably required by the CCG for the purposes of monitoring the contract



Low risk BBC service
monitoring template.x

15. Activity

15.1 Contract Volumes.

Providers are asked to note that the CCG does not guarantee any volume of activity.

15.2 Activity Monitoring

Activity data should be submitted quarterly on the agreed template and should include as a minimum.

Number of:
Referrals + source
DNAs
Attendances-1st
Attendances-FU

Version 1 2017-18

Diagnosis at 1st attendance

Treatments in the following categories:

- No action required
- Topical treatment advised
- Minor procedure including shave excision, curettage and cautery excision or punch biopsy
- Enhanced minor surgery excision of suspected BCC

Histology reports

BCCs excised confirmed by histology

Unexpected histology reports eg squamous cell carcinoma, malignant melanoma.

16 Coding

	Excision of suspected BCC	New OP including simple procedure (e.g. cryotherapy)	New OP including minor procedure (e.g. shave, C&C or punch biopsy)	Follow up OP
Codes	9NJA In-house dermatology first appointment or 9JNB In-house dermatology follow up appointment + 7G033 Excision of lesion of skin NEC	9NJA In-house dermatology first appointment	9NJA In-house dermatology first appointment + 7G0B Shave biopsy of skin or 7G0A1 Punch biopsy of lesion of skin NEC	9JNB In-house dermatology follow up appointment + 7G0B Shave biopsy of skin 7G0A1 Punch biopsy of lesion of skin NEC
Comments	Two codes needed	This code used on its own is enough to cover simple procedures	Shave biopsy will be sufficient to cover C&C as well	9JNB may be sufficient on its own but the others codes may be added if appropriate

17. Communication and Record Keeping

- 17.1** The Provider is responsible for all marketing of the community dermatology service and must abide by the NHS Code of Practice for NHS Funded Services.
- 17.2** The Provider shall ensure the maintenance of full, accurate, legible and contemporaneous records utilising IT systems for all patients attending for treatment as detailed in GMC “Good Medical Practice”.
- 17.3** The Provider shall ensure that in each case the patient will be fully informed of the treatment options and the treatment proposed.
- 17.4** The patient will give written consent, using the agreed service consent form, for the procedure to be carried out and the completed consent form will be filed in the patient’s lifelong medical record.

18. Training and Development

18.1 All staff involved in delivery of the service will undertake annual appraisal.

18.2 All service clinicians and support staff will attend approved CPR and anaphylaxis training sessions every 12 months.

19. Succession Planning

The clinicians and the service should be willing to provide teaching and training opportunities for future clinicians.

20. Business Continuity

The service Provider should have systems in place to maintain continuity of service and mechanisms to alert patients/referrers in the event of a loss of continuity.

21. Payment

21.1 Tariff

The tariff for the service is as set out below:

Assessment of referrals	Basic attendance (First or Follow-up)	Excision	Minor procedure	Excision plus Minor Procedure(s)
£30	£48	£109	£80	£137

21.2 Financial Arrangements

21.2.1 Payment will be made quarterly in arrears on submission of invoice, supported by the activity data to be provided by 15th of the month following the end of the quarter.

21.2.3 Payment will not be made in cases where there is failure to comply with CCG Lavender Statements.

21.2.4 The provision, on-going maintenance and replacement of equipment is the Provider's responsibility of the Provider and is covered by the tariff.

21.2.5 The tariff covers all aspects of patient care, including but not limited to:

- Service provision and patient consultation; diagnosis, treatment and excision
- Consumables and other overheads including rent etc.
- All diagnostic testing, investigation and reporting

21.2.6 The Provider is responsible for any costs incurred in relation to general professional training by the Provider or his/her directly employed staff providing services under the locally enhanced service. This includes the cost of providing cover during training absences.

21.2.7 Assessment & follow-up are at the Provider clinician's discretion. A maximum of one follow up per patient is allowable without reference to the referring clinician.

21.2.8 Payment under this contract will not be made for provision of GMS services or those covered under existing Oxfordshire CCG locally commissioned service agreements.

22. Termination

This service will terminate on 31st March 2019. Either party must give 6 months, notice of change or earlier termination of this agreement unless otherwise agreed by both Commissioner and Provider.