

SERVICE SPECIFICATION (2020/21)

Minor Surgery

1. Introduction

All Practices are expected to provide essential services and those additional services they are contracted to provide to their patients. Practices are also encouraged to provide enhanced services to the populations they serve. The specification of this enhanced service for the provision of minor surgery is designed to cover the enhanced aspects of clinical care of the patient, which is beyond the scope of essential and additional services. It is based on the requirements set out in Direction 9 of the Primary Medical Services (Directed Enhanced Services) (England) Directions 2020.

Scope of the Enhanced Service for Minor Surgery

NHS Commissioning Board seeks to ensure that, under this enhanced service, Practices provide high quality clinical care, use appropriate surgical techniques, and focus on effective procedures where the patient is likely to derive significant clinical benefit. Good record keeping is essential.

Procedures which are of unproven efficacy or solely for cosmesis or for the treatment of lesions which are obviously benign (unless symptomatic) are not commissioned under this enhanced service.

Some Minor Surgery is commissioned as part of the GMS Contract (Additional Services) as follows:

Standard General Medical Services Contract (April 2019)

9.8 Minor surgery

9.8.1. The Contractor must make available to patients where appropriate curettage and cautery and, in relation to warts, verrucae and other skin lesions, cryocautery.

9.8.2. The Contractor must record in the patient's record: (a) details of the minor surgery provided to the patient; and (b) the consent of the patient to that surgery.

Practices contracted to deliver this Minor Surgery enhanced service will provide the full range of minor surgery specified in the GMS contract as an Additional Service, and no extra payments will be made for these services (i.e. cautery, curettage and cryocautery of skin lesions). The interventions commissioned as part of this enhanced service are detailed in section (3) below.

2. Appropriate clinical care

Minor surgery procedures which are excluded from this enhanced service should not necessarily be referred to secondary care for assessment or treatment. Treatments and procedures not normally commissioned by NHS Commissioning Board are described in Clinical Commissioning Policies – available at <https://www.oxfordshireccg.nhs.uk/professional-resources/policies.htm> in signing up to this enhanced service; Practices confirm that they will follow local 'low priority' policies. Specifically relevant to this enhanced service is that aesthetic treatments are not funded in primary or secondary care. Treatments for aesthetic treatments, ganglions, carpal tunnel

syndrome, trigger finger (other than injections) and Dupuytren's contracture are also subject to local commissioning policies. Links to relevant policies are provided in **Appendix 2**.

Applications for funding as an exception to these policies may be submitted prospectively to the IFR Manager at the CCG: e-mail: OCCG.priorities-oxfordshireccg@nhs.net

3. Minor Surgery services commissioned in 2020/21

Under this enhanced service, the following interventions will be commissioned additionally from Practices.

(NB the fact that a procedure is not paid for under an Enhanced Service does not mean that a doctor may not provide it under GMS).

1. **Injections:** specifically shoulder, wrist, thumb, trigger finger, knee, heel, ankle and hip
2. **Excisions:** specifically lipomata and sebaceous cysts
3. **Incisions:** specifically wedge incisions or full nail removal and formal incision and drainage of an abscess
4. **Punch biopsy:** Punch biopsy - to aid in the diagnosis of skin lesions and rashes, **only where this has been recommended in writing by a dermatologist** via letter or email advice (new for 2020/21) – refer to **Appendix 5**

Please refer to **Appendix 1** for specific diagnoses, interventions and their associated Read /Snomed codes that need to be recorded for payment purposes - see *Section 9 Payment* for details.

4. Interventions excluded from payment under the Minor Surgery DES

The following will **not** be commissioned or paid for as part of the Minor Surgery DES:

(a) Interventions included in the GMS additional services contract

- In the treatment of benign lesions, curettage and cautery and, in relation to warts, verrucae and other skin lesions, cryocautery.

(b) Interventions expected under standard contract

- Injections into muscle
- Insertion of ring pessaries

(c) Interventions that are not commissioned

- Destructive interventions to treat benign, asymptomatic skin lesions, including: seborrhoeic keratoses; benign pigmented naevi (*moles*); dermatofibromas (*skin growths*); 'sebaceous' cysts (*pilar and epidermoid cysts*); lipomata (*fat deposits underneath the skin*); xanthelasma (*cholesterol deposits underneath the skin*)
- Aspiration of ganglia (with or without steroid injection)
- Acupuncture

(d) Interventions included in the minor surgery payment under *Additional Services*

(e) Interventions usually requiring referral to secondary care

- Injection of sclerosant into varicose veins
- Injection of sclerosant into haemorrhoids

5. Suspected skin cancer

The process for managing cases of suspected skin cancer is described in **Appendix 3**. (See section 4 of this specification re punch biopsy)

6. Service specification

The Practice is required to:

Obtain patient consent

In each case the patient should be fully informed of the treatment options, risks and the treatment proposed, and must give written consent for any procedure using the NHS consent form (Appendix 3). Completed forms must be filed in the patient's medical record.

Ensure sterilisation and infection control

The Practice is responsible for sterilisation and infection control within this service, as part of the agreement, and should take advantage of any of the following arrangements:

- Sterile packs from the accredited CSSD
- Disposable sterile instruments
- Follow approved sterilisation procedures that comply with current guidelines

For further details, see Section 7 below, *Quality Standards*.

Pathology

All tissue removed by minor surgery should be sent routinely for histological examination.

Keep adequate records

Practices should code all activity as outlined in Appendix 1 to support their payment claim. The SCWCSU will extract the data on a quarterly basis for Emis practices around the 15th of the month following the end of a quarter. Vision practices must supply the data by the same date to the SCWCSU for inclusion into the report supplied to the NHS Commissioning Board which is used to monitor activity and for payment purposes.

If the patient is not registered with the Practice who have provided the minor surgery, the providing Practice must ensure that the patient's registered Practice is given copies of all relevant clinical and consent information, for inclusion in the patient's records.

7. Quality standards

Qualifications

Clinicians (here meaning a partner, employee or sub-contractor of the Practice) who have previously carried out the minor surgical procedures specified in this specification and who, upon appraisal and revalidation, satisfy the condition that they have such previous and continuing medical experience, training and competence shall be deemed to be professionally qualified to carry out such minor surgical procedures.

The Practice must ensure that any clinician who is involved in performing or assisting in any surgical procedure has resuscitation skills and receives training at an appropriate frequency.

Nursing Support

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

Continual Professional Development

All clinicians from the Practice involved in the provision of minor surgery are to undertake regular, continual professional development.

Provision of adequate equipment and facilities

The Practice will have facilities that enable minor surgery to be properly provided. Adequate and appropriate equipment should be available for the clinician to undertake the specified procedures, including a suitable room with sufficient space, and appropriate equipment for resuscitation.

Sterilisation and infection control

The Practice must be compliant with the NICE Clinical Guideline *Infection control: prevention and control of healthcare-associated infection in primary and community care* (see <http://guidance.nice.org.uk/CG139/NICEGuidance/pdf/English>) and adhere to protocols for and hygiene and the handling of used instruments, excised specimens and the disposal of clinical waste.

8. Review/Audit

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

- Number and complexity of procedures undertaken
- Sterilisation and infection control efficacy
- Suitability of premises and equipment
- Peer review of minor surgery
- Complications or significant events
- Clinical outcomes
- Unexpected or incomplete excision of basal cell tumours or pigmented lesions which, following histological examination, are found to be malignant.

9. Payment

In 2020/21 NHS Commissioning Board will pay Practices for minor surgery undertaken in accordance with the specification above, on provision of activity data that includes:

Payment will only be made where practices record both consultation and procedure codes as outlined in Appendix 1.

(a) The total number of procedures performed for each of the following as listed in section 4 of this specification.

- Injections
- Excisions
- Incisions
- Punch biopsy

AND

(b) Details of the specific procedures (site) performed using the diagnosis/intervention codes as shown in **Appendix 1**

In 2020/21 payment under this enhanced service is as follows:

- £87.08 per excision or incision (cutting) procedure, or punch biopsy and
- £43.54 per injection.

Payment will be made quarterly in arrears by the end of the month following receipt of activity data each quarter.

10. Notice

Either party must give three months' notice of change or termination of this agreement unless otherwise agreed by both Commissioner and Practice.

Appendix 1

NHS Commissioning Board

Data Collection Specification for Enhanced Services Minor Surgery DES 2020/21

In all cases patients who have died or left during the period and temporary residents will be included in the Search Populations. Data collection is quarterly (as outlined in section 6: keep adequate records)

Injections			
Search Population	Patients with any codes shown in this section at any time during the fiscal year NB: In order to qualify for payment practices must record codes for both a minor surgery – injection and a site of injection code to qualify for payment. A patient may have more than one injection given in the payment period however if more than two occur on the same date for any individual category, practices should inform the SCWCSU by email.		
	Item	Read Code and Description	SNOMED Codes
For payment (site of injection)	Shoulder Rotator cuff; impingement syndrome; frozen shoulder or acromioclavicular joint disease [cortisone injection]	7K6Z5 Injection of steroid into shoulder joint 7K6Z9 Injection of hydrocortisone acetate into shoulder joint	308028008 309704005
	Wrist Carpal tunnel syndrome [cortisone injection] De Quervain's tenosynovitis [cortisone injection]	85BE. Injection of carpal tunnel 7H487 Steroid injection for tenosynovitis	182641004 378521000000107
For payment (site of injection)	Thumb Basal osteoarthritis [cortisone injection]	7K6ZG Injection of steroid into carpometacarpal joint of thumb	429518005
	Trigger finger [cortisone injection]	85B3. Tendon injection	90203006
	Knee Injection into knee joint [cortisone injection only - intra-articular hyaluronan injection not funded] Aspiration	7K6Z7 Injection of steroid into knee joint 7K6ZB Injection of hydrocortisone acetate into knee 7K6Z8 Aspiration of fluid from knee joint	301877006 309706007 281810004

	Heel Plantar fasciitis [cortisone injection]	7G2A1 Injection of steroid into subcutaneous tissue 7G2A7 Subcutaneous injection of hydrocortisone acetate 7L19C Injection of steroid into plantar fascia	177624004 309701002 414504000
	Ankle Rheumatoid arthritis – single, inflamed joint [cortisone injection]	7K6Z6 Injection of steroid into ankle joint 7K6ZA Injection of hydrocortisone acetate into ankle joint	308026007 309705006
For payment (site of injection)	Hip Injection of steroid for trochanteric bursitis [cortisone injection]	7H394 Injection into bursa	178123009
For payment this code MUST be used with a relevant site code on the same date	Consultations for minor surgery - injections	9877. Minor surgery done – injection	270224008

Excisions/Incisions			
Search Population	Patients with any codes shown in this section at any time during the fiscal year NB: In order to qualify for payment practices must record codes for both a minor surgery – excision/incision and a site code to qualify for payment. A patient may have more than one excision/incision given in the payment period however if more than two occur on the same date for any individual category, practices should inform the SCWCSU by email.		
	Item	Read code and Description	SNOMED codes
For payment (site of excision/incision)	Lipomata which are symptomatic (eg episodes of infection, bleeding or persistent pain)	7G03P Excision of lipoma of subcutaneous tissue [not head or neck] 7G03N	438811009 450668002

		Excision of lipoma of subcutaneous tissue of head or neck	
For payment (site of excision/incision)	Sebaceous cysts which are symptomatic (eg episodes of infection, bleeding or persistent pain)	7G037 Excision of sebaceous cyst [not head or neck] 7G03B Excision of sebaceous cyst of head or neck	300589005 177274009
	Wedge incisions or full nail removal for ingrowing toenails	7G326 Removal of toenail	275090004
	Formal incision and drainage of an abscess , including packing and dressing	7G257 Incision and drainage of abscess	284181007
For payment this code MUST be used with a relevant site code on the same date	Consultations for minor surgery – incision/excision	987A. Minor surgery done – excision	184477002
		9879. Minor surgery done - incision	184476006

Punch Biopsy			
Search Population	<p>Payment is eligible for punch biopsy to aid in the diagnosis of skin lesions and rashes, only where this has been recommended in writing by a dermatologist via letter or email advice – refer to appendix 5 - if more than one is advised by OUH on the same lesion/rash only one is payable</p> <p>Patients with both codes shown in this section at any time during the fiscal year will qualify for payment as per the advice above.</p>		
	Item	Read Code and Description	SNOMED Code
For payment	Punch biopsy	7G0A. Punch biopsy of skin	87697008
For payment this code MUST be used with the punch biopsy code on the same date		987B. Minor surgery done - other	314471005

Appendix 2

The list below includes Oxfordshire Clinical Commissioning Groups 'Low priority' or treatment threshold policies that are most relevant to the Minor Surgery Enhanced Service 2020-21.

- **006k Aesthetic treatments for adults and children**
<https://www.oxfordshireccg.nhs.uk/policies-and-procedures/006k-aesthetic-treatments-for-adults-and-children/105495>
- **137c Interventions to treat wrist ganglions**
<https://www.oxfordshireccg.nhs.uk/policies-and-procedures/137c-ganglion-cyst/30322>
- **172c Surgery for carpal tunnel syndrome**
<https://www.oxfordshireccg.nhs.uk/policies-and-procedures/172c-carpal-tunnel/30328>
- **175d Surgery for trigger finger** (stenosing tenovaginitis)
<https://www.oxfordshireccg.nhs.uk/policies-and-procedures/175d-trigger-finger/98451>
- **174c Dupuytren's contracture**
<https://www.oxfordshireccg.nhs.uk/policies-and-procedures/174c-dupuytren-contracture/30332>

Referral to secondary care services

Guidance for the following is available on Clinox at the following links:

- referral for **musculoskeletal problems**
<https://clinox.info/-referral-forms/-form-msk-assessment-triage-and-treatment-service-matt/60155>
- referral for **carpal tunnel syndrome**
<https://clinox.info/Search/?indexname=supportSystem&task=search&sitekit=true&search=carpal+tunnel>
- referral to specialist **dermatology services**
https://clinox.info/clinical-support/services/?custom_in_SupportArea=51989

Appendix 3

All GPs undertaking the removal of skin lesions within the *Directed Enhanced Service for Minor Surgery* must comply with NICE *Improving Outcomes Guidance for people with Skin Tumours including Melanoma*: <https://www.nice.org.uk/guidance/csg8>

The guidance describes the expected standards of care for patients with suspected and diagnosed skin cancers, including a framework for patients with low risk Basal Cell Carcinoma's (BCCs) to be diagnosed, treated and followed up under the management of clinicians working in the community through the development of community skin cancer clinics delivered by appropriately qualified clinicians.

Only General Practitioners who have had their skin cancer diagnostic skills and skin surgery skills assessed and been accredited by a representative of the Local Skin Multidisciplinary Team will be approved to remove low risk BCCs. It will be the responsibility of NHS England to maintain a register of accredited clinicians.

A 'low risk BCC' is considered to be any BCC **other than the following**:

- Located on the face, scalp or ears **OR**
- 2 cm or greater in size **OR**
- Have the following clinical indicators:
 - Immunocompromised patient
 - Genetically predisposed patient (eg, Gorlins Syndrome)
 - Previously treated lesion
 - Flat lesion, hard thickened skin (appearance of morpoeic BCC)

All other suspected skin cancers, with the exception of 'low risk' BCCs, must be referred for specialist assessment via the 2 week wait cancer referral route.

Appendix 4

NHS Commissioning Board

MINOR SURGERY CONSENT FORM
(procedures where consciousness not impaired)

Patient's name

NHS Number/DoB

Proposed procedure or course of treatment
.....

MRSA screened **Yes / No**

Statement of health professional

I have discussed the procedure and any available alternative treatments (including no treatment) with the patient. In particular, I have explained:

- The nature of the procedure proposed (including what it is likely to involve)
- The need and intended benefits
- The use of local anaesthesia as necessary
- Postoperative care
- Serious or frequently occurring risks including:

.....
.....

The following leaflet/tape has been provided:

Signed: Date:

Name (PRINT) Job title

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient/parent to the best of my ability and in a way which I believe s/he can understand

Signed..... Date.....

Name (PRINT).....

Statement of patient/person with parental responsibility for patient

I confirm that the nature, benefits and risks of the proposed treatment have been discussed with me as above and I agree to proceed.

Signed: Date:

Name (PRINT)

Appendix 5

Advice and Guidance (A&G) where outcome = Requires Punch Biopsy

