



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Specification for a Local Enhanced Service in Extended Minor Surgery (Supplementary)

(To be commissioned in conjunction with the Minor Surgery DES)

1. Service Aims

All practices are expected to provide the essential and additional services they are contracted to provide to all their patients. This specification outlines a more specialised service to be supplied and supports those services provided by General Practitioners who are accredited and have agreed to provide services under the Minor Surgery Directed Enhanced Service.

The specification of this service is designed to cover enhanced aspects of clinical care of the patient, that go beyond the scope of the Minor Surgery DES. No part of this specification by commission, omission or implication defines or redefines essential or additional services.

Scope of service to be provided

Cryotherapy, curettage and cauterisation 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 will be covered by this LES and complement those procedures covered by the DES for Minor Surgery. These procedures have been classified into the following categories:

- (i) Joint Aspiration
- (ii) Toenail Avulsion
- (iii) Punch Biopsy

Eligibility to provide the service

A practice may be accepted for the provision of this LES if it has acceptable premises for the performance of the procedures, and has a partner, employee or sub-contractor, who has the necessary skills and experience to carry out the contracted procedures in line with the principles of the GP with Special Interests (GPwSI) guidance. Clinicians taking part in extended minor surgery should be competent in resuscitation and, as for other areas of clinical practice, have a responsibility for ensuring that their skills are regularly updated. Doctors carrying out extended minor surgery should demonstrate a continuing sustained level of activity, conduct regular audits, be appraised on what they do and take part in necessary supportive educational activities.

There is considerable guidance available on techniques and facilities for conducting the extended minor surgery procedures in general practice.

2. Criteria

On aspiring to this service, practices are required to have been accredited to provide the DES for Minor Surgery and as such have submitted plans under each of these items below* to the HB:

1. Satisfactory Facilities;

2. Staff Competence;
3. Sterilisation and Infection Control;
4. Consent;
5. Pathology;
6. Audit;
7. Patient Monitoring.

Practices will be required to submit end of year evaluation and results for each criteria*. It is suggested that these may be included in the end of year evaluation / results for the DES Minor Surgery

** Please note that these criteria are nationally determined and are not subject to negotiation.*

Criteria One: Satisfactory Facilities

Details

- Practices carrying out minor surgery should have such facilities as are necessary to enable them to provide minor surgery services properly. The minimum recommendations for minor operation rooms are listed below.
- 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.
- All personnel providing the service through the contract have appropriate indemnity cover to meet in full claims made against them as individuals.

Treatment Room

- A room of at least 17.5m² used exclusively as a treatment or minor operation room;
- Couch in a central position to be accessed on both sides;
- Adequate lighting, ventilation and heating;
- Room for a dressing trolley;
- Privacy – conversation should not be overheard;
- Sheets – disposable – or roll paper available for each patient;
- Spot lighting – suitable for eye and vaginal examination and for minor operations;
- Electrical sockets – sufficient for any electrical equipment;
- Hand basin – preferable with elbow taps, paper towels, liquid cleanser dispenser or antiseptic hand wash;
- Step-stool;
- Washable floor covering (non-slip);
- Good access for stretcher.

Preparation Area/Room

- May either be part of the Treatment Room or an adjoining room;

- Sinks for instrument cleaning, specimen disposal and hand washing, with provision for instrument cleaning equipment, soap and paper towels;
- Autoclave or Hot Air Sterilizer which cannot be opened during cycle, or CSSD arrangements (as provided by an accredited Hygiene System, or a local hospital arrangement – details to be notified to the HB);
- Sharps disposal box;
- Clinical waste bin;
- Clean waste bin;
- Easily cleaned, hygienic working surfaces and floor covering (non-slip);
- Dressings trolleys/trays.

Basic Equipment

- CSSD packs where available;
- Resuscitation kit ;
- Sterile dressings;
- Instruments – dressing forceps, scissors, sinus forceps, artery forceps, stitch holders, scalpels, aural forceps, and stitch cutters;
- Speculae;
- Tongue depressors;
- Bowls and receivers;
- Instrument trays;
- Sutures;
- Steristrips;
- Sterile dressings, strapping, slings;
- Sphygmomanometer, stethoscope, auroscope;
- Syringes;
- Needles;
- Thermometer;
- Gloves;
- Lab bottles, slides and swabs, transportation solution;
- Oxygen;
- Airways;
- Sponge holders.

Criteria Two: Staff Competence

Details

- The GP(s) can provide evidence that they have the experience and qualifications to undertake the procedure/s and all personnel providing the service are competent to provide those aspects of the service for which they are responsible and will keep their skills up to date.
- Registered nurses can provide care and support to patients undergoing minor surgery. Nurses assisting in minor surgery 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.

Criteria Three: Sterilisation and Infection Control

Details

Although General Practitioner minor surgery has a 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:

- sterile packs from the local CSSD;
- disposable sterile instruments;
- approved sterilisation procedures that comply with national and local guidelines.

Practices must have infection control policies that are compliant with national guidelines including the handling of used instruments, excised or aspirated specimens and the disposal of clinical waste

Criteria Four: Consent

Details

In each case the patient should be fully informed of the treatment options and the treatment proposed. The patient should give written consent for the procedure to be carried out and the completed NHS consent form should be filed in the patient's lifelong medical record.

(A full guide to obtaining consent, including copies of model consent forms, can be found at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005762 with the following amendments: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103643)

Criteria Five: Pathology

Details

All tissue / aspirate removed by extended minor surgery procedures should be sent routinely for histological examination unless there are exceptional or acceptable reasons for not doing so

Criteria Six : Audit

Details

- 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 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.

Criteria Seven: Patient Monitoring

Details

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 notes.

3. Pricing

The fees will be:

- [REDACTED] per toenail avulsion and punch biopsy
- [REDACTED] per joint aspiration

Claims can be made on completion of the appropriate form and submitted as directed by the Health Board.

4. Accreditation

Accreditation and provision is subject to the practice having been accredited to provide the DES for Minor Surgery by the Health Board's Associate Medical Director for Primary Care (or a nominated representative).

For those GP Contractors, salaried GPs and retainers signing up for the first time to this LES, please use the accreditation form found on the Primary Care intranet pages here: <http://howis.wales.nhs.uk/sitesplus/862/page/56523>. Your GP should fill in this form and sign it before it is sent. **All GP accreditation requests should now be sent to Contracts Management, NWSSP, Swansea.**

In addition, GP Contractors may now locally accredit locum GPs and nursing staff to provide this service by signing up annually to agree to check these individual's ability to safely perform and provide these services (see form on the Primary Care intranet pages here: <http://howis.wales.nhs.uk/sitesplus/862/page/62841>).

I:\Hywel Dda\Combined Primary Care Team\GMS\Enhanced (& Additional) Services (KH)\ES 19-20\ES Specs\Minor Surgery\HDHB Supplementary Minor Surgery LES.docx