



## **MINOR SURGERY SERVICE SPECIFICATION**

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# Contracts for Enhanced Services 1 October 2024- 31 March 2030

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# MINOR SURGERY IN PRIMARY CARE SERVICE SPECIFICATION

## 1 INTRODUCTION

This Service Specification along with the Contract Details forms the Local Enhanced Service (LES) for Minor Surgery services delivered in primary care.

This service Specification works towards meeting the Scottish Government priorities and NHS Local Delivery Plan (LDP): Outcome 3, Stay well and Outcome 4, Anchor well.

## 2 CLINICAL SPECIFICATION

### Purpose

To ensure that a range of minor surgical procedures are made available within a primary care setting.

### Service Aims

Minor surgery procedures listed below, which the practitioner is deemed competent to carry out, will be covered by this LES. These procedures have been classified into the following three groupings for payment:

#### 1. Injections (for muscles, tendons and joints) and Aspirations

- Capsulitis
- Bursitis
- Enthesopathy / Tendinitis
- Tenosynovitis
- Osteoarthritis (noting limited evidence of long-term benefit, and consideration of alternative more suitable management such as physiotherapy/joint replacement)
- Aspiration for diagnostic or therapeutic reasons; and where such intervention is likely to improve clinical outcomes

#### 2. Invasive procedures, including incisions and excisions

- Toes with chronic or recurrent in-growing nails or nail deformity requiring surgical removal of part, or all, of the nail along with nail bed; including ablation where appropriate.
- Surgical drainage of abscesses and haematomas where this is deemed best treatment.
- Removal of foreign bodies only where local anaesthetic and incision is required as part of procedure.

#### 3. Suspected cancer

##### Inclusion:

- Keratoacanthoma / low risk squamous cell carcinoma (SCC) - diameter <2cm; slow growing with a keratotic surface and regular features. Note relevant guidance on defining low/high risk, cancer MDT referral and excision margins:
  - SIGN Guideline 140 – [sign140.pdf](#)
  - British Association of Dermatology Squamous Cell Carcinoma – [British Association of Dermatologists guidelines for the management of people with cutaneous squamous cell carcinoma 2020\\* | British Journal of Dermatology | Oxford Academic \(oup.com\)](#)
  - TAM – [Squamous Cell Carcinoma | Right Decisions \(scot.nhs.uk\)](#)

- Low-risk Basal Cell Carcinomas (BCCs), as defined in current TAM Guidance on BCCs. Note relevant guidance on defining low/high risk:

[Basal Cell Carcinoma | Right Decisions \(scot.nhs.uk\)](https://www.scot.nhs.uk)

- Pre-malignant biopsy where diagnosis is unclear (e.g. Bowen's Disease / actinic keratosis)

Exclusion:

NHS Highland **DOES NOT** commission the surgical removal of suspected melanoma in primary care within this LES.

- Skin lesions with atypical behaviour such as bleeding (more than 4 weeks), growth, change in colour, etc. should be referred to dermatology as Urgent Suspicion of Cancer (USC) as per Scottish Cancer Referral Guidelines.

[Skin Cancers \(scot.nhs.uk\)](https://www.scot.nhs.uk)

- High risk SCC should be referred to Dermatology USC
- High risk BCC should be referred to Dermatology routinely (exceptions as per Scottish Cancer Referral Guidance where USC would be more appropriate).

When referring any lesions to secondary care good quality photographic imaging is extremely helpful.

#### 4. Symptomatic benign lesions

NHS Highland **DOES NOT** commission the surgical removal of asymptomatic benign lesions. However, it is recognised that exceptions do apply; therefore a cap of 3 procedures per 1000 registered patients will apply per practice.

Inclusion:

- Lipoma or Epidermoid (sebaceous) cysts that are symptomatic and/or have been inflamed on more than one occasion at the time of consultation
- Diagnostic biopsy for non-cancerous/inflammatory skin changes/conditions to support diagnosis and management
- Refer to TAM guidance on Benign Lesions, to ensure treatments offered in primary care are consistent with local and national guidance

[Benign Lesions | Right Decisions \(scot.nhs.uk\)](https://www.scot.nhs.uk)

Exclusion:

- Excision of benign lesions for purely cosmetic reasons are not commissioned through this LES.
- Treatment of skin lesions that require treatment using cryotherapy, curettage or cautery will not be funded under this Minor Surgery LES; but may still be carried out, if clinically appropriate, by appropriately trained and skilled clinicians within the primary care setting.

#### Service Criteria

##### Enhanced service requirement

**By 1 October 2024, the practice must:**

Complete and submit the annual audit for providers of minor surgery in primary care.

Ensure the correct clinical coding and template is used to ensure compliance with the recording and monitoring requirements of the LES.

Provide appropriate verbal and written information about all surgery options available at the time of counselling to ensure informed choice. Understanding regarding minor surgery should be reinforced at surgery appointment with information on post-operative symptoms that require urgent/further assessment.
Good record keeping. Production of an appropriate clinical record using appropriate read codes, adequate recording should be made, to include the patient's clinical history, consent and clinical procedures are documented.
The patient should give written consent for the procedure to be carried out and the completed consent form should be scanned into the patient's electronic medical record (please note injections only do not require written consent).
All tissue removed by minor surgery should be sent routinely for histological examination unless there are exceptional or acceptable reasons for not doing so (these reasons should be clearly recorded). All results should be recorded and actioned appropriately. Note that primary care histology may take longer to be processed than secondary care (dermatology) pathology specimens.
Provision of appropriate and timely referral and/or follow up arrangements.
Provision of adequate equipment. This includes an appropriate room fitted with a couch and with adequate space and equipment for resuscitation.
Sterilisation and infection prevention and control. It is important that practices providing the minor injury LES operate to the highest possible standards. Practices must have infection control policies that are compliant with national guidelines including the handling of used instruments, aseptic technique and the disposal of clinical waste.

## Training

Doctors providing minor surgery cutting service would be expected to:

- I. have either current experience of provision of minor surgery work, or
- II. have completed an accredited (UK) minor surgery course and currently working under supervision of an experienced minor surgery GP, or
- III. have completed the GPwER in Dermatology framework or equivalent training

Doctors providing minor surgery joint injections would be expected to:

- I. have either current experience of provision of joint injections work, or
- II. have completed the RCGP joint injection course or equivalent; and retained competencies

A record demonstrating sustained level of activity or logbook should be maintained by the practitioner, for example, a copy of the practice audit data from the clinical system and should be available upon request by NHS Highland.

All practitioners must demonstrate on-going competency to perform the designated procedure(s) by attendance at refresher / update workshops.

Auditing the outcomes at this level will generate evidence for revalidation and reaccreditation.

Clinicians taking part in minor surgery should be competent in resuscitation with evidence of a resuscitation update within the last 18 months and, as for other areas of clinical practice, have a responsibility for ensuring that their skills are regularly updated.

Doctors carrying out minor surgery should conduct regular audits (including review of any histology), be appraised on what they do and take part in necessary supportive educational activities.

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.

### Recording of information

All 4 codes must be used for cutting procedures to meet the requirements of the LES. 3 codes to be used for injections/aspirations.

1. Minor surgery enhanced service claim
2. Consent for treatment - either informed or written depending on procedure
3. Coding of procedure (1 option, as appropriate, required)
4. Histology (or histology not indicated) – if cutting/biopsy procedure

Read codes 08.07.24	Screen description	Read code description	When to be used
9kC	Record inj/asp/cutting	Minor surgery - enhanced services administration	For all minor surgery procedures - <b>claim</b>
892	NA - automated	Informed consent for procedure	Automated when recording minor surgery procedure using Escro - <b>claim</b>
9877	Injection – minor surgery done	Minor surgery done - injection	When applicable <b>Not claimable if administered by FCP</b>
9878	Aspiration – minor surgery done	Minor surgery done - aspiration	When applicable
8923	NA - automated	Consent given for minor surgery procedure	Automated when recording minor surgery procedure using Escro - <b>claim</b>
9879	Incision – minor surgery done	Minor surgery done - incision	When applicable
987A	Excision – minor surgery done	Minor surgery done – excision	When applicable
7G0A	Punch biopsy done	Punch Biopsy of Skin	When applicable
987B	Other – minor surgery done	Minor surgery done – other	When applicable
4K12	Specimen sent for histology	Specimen sent for histology	For all cutting / biopsy procedures - <b>claim</b>
8IB1	Histology not indicated	Histology not indicated	As appropriate

Additional codes to be used to support clinical audit:

Read codes	Screen description	Read code description	When to be used
4K16	Incomplete excision	Excision - incomplete margin	If required following histology results
SP255	Post op wound infection	Postoperative wound	If required for post-op

		infection, unspecified	infection
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### 3 QUALITY

Full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible for lawful purposes and to facilitate regular audit and peer review by the contractor of the performance of surgical procedures under the LES. Possible topics for audit include:

- (a) Clinical outcomes;
- (b) Rates of infection
- (c) Unexpected or incomplete excision of SCC or BCC or pigmented lesions which following histological examination are found to be malignant

<sup>2</sup> Revised guidance and competences for the provision of services using GPs with Special Interests (GPwSIs): Dermatology and skin surgery Part 2 GPs performing skin surgery.

### 4 FINANCE & SERVICE PRICING

#### Contract value

Payment per registered patient treated for minor surgery under the LES in primary care. The payment for patients being treated in general practice will be:

Injection/aspiration/biopsy - **£66.62**  
Cutting - **£167.32**

Consumables are included within the item of service fee.