

## **DIRECTED ENHANCED SERVICE MINOR SURGERY – ADDENDUM TO SPECIFICATION 2012-2013**

### **1. Introduction**

This Addendum provides further information and defines what is expected of practices that are commissioned to provide the Directed Enhanced Service (DES) for Minor Surgery.

### **2. Commissioning**

As the Minor Surgery Enhanced Service is a Directed Enhanced Service, the Aneurin Bevan Health Board must commission this service for all the patients within the area. The Aneurin Bevan Health Board may, but is **not** obliged to, commission the service from each and every practice. Practices wishing to be commissioned to perform this service must be able to demonstrate that they:

- a. have at least one General Practitioner member of the practice (not a locum or a registrar) who is accredited as a Minor Surgeon,
- b. have sound clinical governance arrangements and
- c. have premises, facilities and processes (including the procurement of sterile instruments) which are fit for the purpose of providing DES Minor surgery services.
- d. Understand and comply with the Health Board's Policy for Interventions Not Normally Undertaken policy in respect of the removal of Benign Skin Lesions including the application of exceptionality criteria
- e. Have understood the capping of payment for the provision of this service and agree to co-operate with HB officials with regard to the monitoring of activity levels within the financial cap determined by the Health Board

Commissioning will be conditional on compliance. The Aneurin Bevan Health Board 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 Directed Enhanced Service, 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.

### 3. Individual GPs

Service providers must be accredited as “Minor Surgeons” to perform the service, must be a member of the practice (i.e. not a locum or a registrar) and be on the Aneurin Bevan Health Board Performers List.

In order to maintain skills, efficiency, and accreditation, service providers must demonstrate performance of a minimum number of procedures per annum as agreed by the Health Board.

### 4. PROCEDURES

#### 4.1 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.

The following procedures are covered under Additional Services Minor Surgery and are therefore **not** claimable:

#### **No Cryotherapy of any description is claimable including:-**

Warts  
Verrucae  
Solar Keratoses

#### **No Curettage of any description is claimable including:-**

Skin tags/fibro-epithelial polyps/papillomas

#### **No Cauterisation of any description is claimable including:-**

Skin tags/fibro-epithelial polyps, papillomas

Removal of any of the above lesions by alternative methods which are then claimed under the Minor Surgery DES will not be paid.

### 5. ENHANCED SERVICES MINOR SURGERY

Laser treatment is **NOT** included in the Minor Surgery Directed Enhanced Service, and any procedure using a laser cannot be claimed.

It is recognised that practices may not provide all of the following procedure types:

## 5.1 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 Service. **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 HB does not commission and will not pay a practice for any procedure under this section where the condition is being treated primarily for cosmetic purposes. This is in line with HB commissioning policy in respect of *Interventions Not Normally Undertaken*.**

**NB: ANY SUSPECTED MALIGNANCY (except BCCs) MUST BE REFERRED IMMEDIATELY TO THE DERMATOLOGY DEPARTMENT**

**It is inappropriate to biopsy ANY suspected malignancies, including BCCs**

Immediate referral applies to all cases of suspected:-

- Malignant melanoma
- Squamous cell carcinoma
- Lymphoma
- Any lesion where the diagnosis is uncertain with a probability of malignancy including BCC of the head & neck
- All suspected basal cell carcinomas, regardless of size, should be referred to secondary care

Therefore:

- if the lesion is suspicious it should be referred
- if not suspicious and it meets the exceptionality criteria for removal (in accordance with the Health Board's policy for *Interventions Not Normally Undertaken*) it can be removed. The practitioner should clearly document the exceptionality criteria to support Post-payment Verification

Excision is defined in the Minor Surgery Directed Enhanced Service Specification as an invasive procedure for the removal of tissue by a GP using a scalpel or other instrument designed for cutting. The wound would require closure by steri-strips, glue or suturing.

## Examples of lesions **included and claimable** under the Minor Surgery Enhanced Service

Excision of:-

- Lipomata providing their removal is in accordance with the Health Board's policy for Interventions Not Normally Undertaken
- Sebaceous cysts providing their removal is in accordance with the Health Board's policy for Interventions Not Normally Undertaken
- In-growing toenails
- Dermatofibromata (full thickness excision only) providing their removal is in accordance with the Health Board's policy for *Interventions Not Normally Undertaken*
- Shave excisions, where a procedure is undertaken on the anterior chest, neck or face area of a patient. The procedure must be performed in accordance with INNU policy and needs to be appropriately recorded, detailing the reasons for exceptionality.

### **Shave Excision**

Shave excision is defined as a superficially invasive surgical procedure of the skin in which:

- Repair is not required;
- The lesion is from a location where removal by other means would cause a cosmetically unacceptable result - anterior chest, neck or face area of a patient.
- It is usually a single lesion
- Removed in accordance with the Health boards policy for *Interventions Not Normally Undertaken* in respect of benign skin lesions with the clinical exceptionality clearly documented contemporaneously in the patients medical record

### **All 4 of the above criteria must be met for the procedure to be payable under the DES.**

Examples of lesions/procedures **not** included and non-claimable

- Removal of foreign bodies
- 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)
- Solar Keratoses
- Seborrhoeic warts that are traumatised by clothing causing bleeding (curettage recommended)

## 5.2 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
- Aspirations, including aspirations of joints, bursae

**Excluded** examples:-

Drainage of Ganglia  
Vaccinations and immunisations  
Hay fever injections  
Hyaluronic acid infusion  
Vitamin B12 Injections  
Depo-provera Injections  
Zoladex/Gonadorelins  
Gold Injections  
HRT Implants and removals

### **Multiple procedures**

Aneurin Bevan Health Board 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 a different anatomical area and that each lesion is removed in accordance with Health Board policy for Interventions Not Normally Undertaken. Extreme care must be taken in labelling and segregation of histological specimens to avoid risk of confusion/inaccurate identification of site of malignancy, should one lesion be identified as malignant.

## **6. INJECTIONS OF VARICOSE VEINS AND PILES**

Not currently performed in practices in Aneurin Bevan Health Board.

## **7. PAYMENTS**

The cost of procedures will remain the same as specified within the current DES. A funding cap based on 12.5p per registered patient per quarter, will be provided to practices for the provision of the service in relation to dermatological procedures.

In relation to injections and aspirations activity will be capped at either the practice activity for 2010/11 or the 80<sup>th</sup> centile (£1.00) of activity for all practices across ABHB, whichever is the lower.

**END**

Application Service List  
Claim Form