

**DIRECTED ENHANCED SERVICE
for
MINOR SURGERY**

Service Level Agreement

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INTRODUCTION

All practices are expected to provide essential services and those additional services they are contracted to provide to all their patients. They are also encouraged to provide the Directed, National and Local Enhanced services to the populations they serve. The specification for this service is designed to cover the enhanced aspects of clinical care of the patient, which is beyond the scope of essential services.

SERVICE AIMS

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.

This agreement is to cover the period commencing 1st April 2009 to 31st March 2010.

This Directed Enhanced Service seeks to ensure that there is the opportunity to provide the maximum range of minor surgery in the primary care sector.

Scope of service to be provided

Procedures in the categories below and other procedures, which the practice is deemed competent to carry out, will be covered by this directed enhanced service. These procedures have been classified into the following groupings for payment:

- (i) injections (muscles, tendons and joints)
- (ii) aspirations on bursae and effusions of major joints
- (ii) invasive procedures, including incisions and excisions

CRITERIA

This Directed Enhanced Service specification details the following criteria –

- (i) Satisfactory Facilities
- (ii) Staff Competence
- (iii) Sterilisation and Infection Control
- (iv) Patient Consent
- (v) Pathology
- (vi) Patient Monitoring
- (vii) Review/Audit

The following pages contain some further guidance from the PCT on expected processes, outcomes and deliverables based on this process. On aspiring to this service practices are required to submit plans under each of these items to the PCT.

Criteria One: Satisfactory Facilities

That the contractor will ensure that this service is carried out in approved practice premises.

Practice carrying out minor surgery should have such facilities as are necessary to enable them to provide minor surgery services properly e.g.

- Operating room – should have adequate light source e.g. an adjustable examination light, should be large enough to approach the couch from both sides if necessary and have adequate space for the instrument trolley and assistant, should be clean and easily cleaned to a high standard i.e. non permeable floor and wall coverings, should contain adequate hand washing facilities
- Operating couch – must be large enough for a large adult

Adequate and appropriate equipment should be available for the doctor to undertake the procedures chosen, and should also include appropriate equipment for resuscitation.

Criteria Two: Staff Competence

That the contractor ensures that any healthcare professional who is involved in performing or assisting in any surgical procedure has –

- i. Any necessary experience, skills and training with regard to that procedure.
- ii. Resuscitation skills.

Those doctors who have previously provided services similar to the proposed enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.

General Practitioners 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.

General Practitioners carrying out 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.

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.

All personnel providing the service through the contract have appropriate indemnity cover to meet in full claims made against them as individuals.

Criteria Three: Sterilisation and Infection Control

That the contractor ensures that it has appropriate arrangements for infection control and decontamination in premises where surgical procedures are undertaken, and for these purposes, the PCT may stipulate –

- i. The use of sterile packs from the local Central Sterile Service Departments, disposable sterile instruments or approved sterilisation procedures.
- ii. The use of particular infection control policies in relation to, for example, the handling of used instruments and excised specimens, and the disposal of clinical waste.

The contractor is responsible for the effective operation and maintenance of sterilising equipment in their practices. Practices must have infection control policies that are compliant with national guidelines including inter alia the handling of used instruments, excised specimens and the disposal of clinical waste.

Criteria Four: Patient Consent

That the contractor –

- i. Obtains written consent to the surgical procedure before it is carried, including the recording of the relationship to the patient where consent is given on their behalf.
- ii. Takes all reasonable steps to ensure that the consent form is included in the lifelong medical records held by the patient's general practitioner.

Criteria Five: Pathology

That the contractor ensures that all tissue removed by surgical procedures is sent for histological examination, unless there are acceptable reasons for not doing so.

Criteria Six: Patient Monitoring

That the contractor must ensure that details of the patient's monitoring as part of the DES is included in his or her lifelong record. If the patient is not registered with the practice providing the DES, then the practice must send this information to the patient's registered practice for inclusion in the patient notes.

Criteria Seven: Review/Audit

That the contractor ensures that all records relating to all surgical procedures are maintained in such a way –

- i. That aggregated data and details of individual patients are readily accessible for lawful purposes.
- ii. As to facilitate regular audit and peer review by the contractor of the performance of surgical procedures under the plan. Possible topics for audit include –
 - Clinical outcomes.
 - Rates of infection.
 - Unexpected or incomplete excision of basal cell tumours or pigmented lesions which following histological examination are found to be malignant.

The contractor will be required to supply the PCT with such information as it may reasonably request for the purposes of monitoring the contractor's performance of its obligations under the plan.

ONGOING MEASUREMENT & EVALUATION

The ongoing measurement is outlined in the various criteria in the previous section. **The services provided and scope of this DES will be reviewed with the practice as part of the annual contract monitoring process.**

In addition the practice is required to agree with the PCT this service specification/plan at the start of the year.

FINANCE

This agreement is to cover the 12 months commencing 1st April 2009.

Treatments under this directed enhanced service will be priced depending on complexity of procedure, involvement of other staff and use of specialised equipment.

2009/10 payments:

- injection, for example joint injection £42.62
- aspirations on bursae and effusions of major joints £42.62
- cutting surgery £85.24.

**PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THE PRACTICE
SIGNATURE SHEET**

SIGNATURE

The practice will need to sign a combined single signature sheet for all Enhanced Services provided. This will constitute the agreement between the practice and the PCT in respect of all Enhanced Service, as specified within each individual Service Level Agreement.