

LOCAL ENHANCED SERVICE
for
MINOR SURGERY ON REFERRAL
(Cannock Chase Commissioning Consortium)

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.

This inter-practice Local Enhanced Service will allow practices within the Cannock Chase Commissioning Consortium to provide minor surgery for patients referred from GPs within the consortium area. This is in keeping with recommendations made in the White Paper that suggests that it is in the best interest and convenience for patients if services that are offered in secondary care can be provided locally. The provision of minor surgery is one such service that can be offered locally thereby reducing waiting times, offering easy access and convenience for patients. In order to provide such services, it is important that Clinical Governance issues are dealt with and that service provision is adhered to.

SERVICE AIMS

Minor surgery in Primary Care includes removal of small “lumps and bumps” by surgical removal, curettage and/or cauterisation and includes nail avulsion, injection into a joint, muscle or tendon and cryotherapy. The person performing the procedure must be competent in minor surgery procedures and be continually updating their knowledge and skills as previously agreed in the DES Service Level Agreement (SLA) as previously contracted with the Primary Care Trust (PCT). They will be providing such services from appropriate premises, which has the provision of equipment required and in strict guidance with Infection Control. **Initially the minor surgery to practices in the consortium area will commence with “cutting services” and once reviewed will be expanded to include joint injections and other minor surgery services. Of note, removal of skin tags is not included in consortium service provision. If skin tags need to be removed they should be done privately as these are regarded as benign lesion and removal is often for cosmetic reasons.**

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

CRITERIA

This Local Enhanced Service specification details the following criteria.

- (i) Satisfactory Facilities
- (ii) Staff Competence
- (iii) Sterilisation and Infection Control
- (iv) Patient Consent
- (v) Pathology
- (vi) Post-operative Care

- (vii) Clinical Monitoring
- (viii) 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.
- As this service is for patients from other consortium practices, sufficient space should be available for these patients to wait pre and post procedure with sufficient sign posting as necessary.

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 the 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 sterilizing 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. Ensures that the patient is fully aware of what procedure is to be carried out.
- ii. 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.
- iii. Ensures that a copy of the consent form is forwarded to the patients registered general practitioner, for inclusion in the patient's lifelong medical records.

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. This needs to be documented with the patient consent form.

Upon receipt of histology returns, the contractor must forward it to the patients GP either by post or fax, for the GP's attention.

If histology suggests the need for onward investigation/referral in the case of identification of malignant lesions then urgent communication between the GP carrying out the procedure and the referring GP needs to take place to ensure that the patient concerned is contacted and advised regarding the onward referral.

The onward referral for further care by the referring GP is part of the agreement allowing minor surgery to be carried out by other service providers. If the referring GP is not happy to do onward referral, then the service provider has the right to refuse any future referrals.

Histological reports received must be kept along with patient consent forms for audit and indemnity purposes for completeness.

Criteria Six: Post-operative Care

That the contractor must ensure that following procedures, the patient is advised of what to do if any complications arise. Any suture material that needs removal will be carried out by the patient's own GP practice nurse, with dressings changed as appropriate.

Any complications that occur post-operatively must be documented and forwarded to the GP that performed the procedure for audit and appraisal/teaching purposes.

Criteria Seven: Clinical Monitoring

That the contractor must ensure that all minor surgery provided under this LES are recorded to include the date, time, persons involved and a list of patients seen.

All associated documents, including the patient consent form, histology reports and complication notification must be retained for audit and indemnity purposes for at least a minimum of ten years.

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 LES 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.

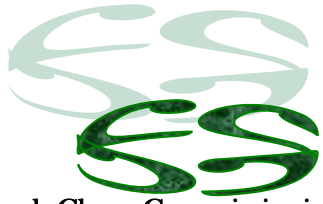
In 2009/10 payments will be -

- Invasive procedures, including incisions and excisions; £85.24

The PCT will agree with the practice/consortium the basis on which the LES will be funded in light of the procedures to be carried out and the volume to be carried out.

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.



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South Staffordshire 
Primary Care Trust

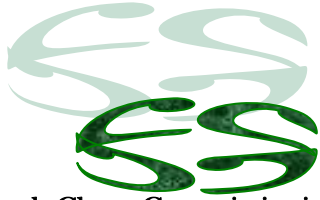
Appendix

- **List of Practices that provide Minor Surgery**
- **Minor Surgery Referral Form**
- **Minor Surgery Consent Form**
- **Minor Surgery- Post operative Information**
- **Data and Audit requirements**

Practices providing Minor Surgery

Practices that perform minor surgery and who have agreed to perform minor surgery for Consortium patients

| Provider Practice | Contact Details | Invasive |
|-------------------|--|---|
| Dr J Chandra | Hednesford Valley Health Centre Station Street Hednesford WS12 4DH | Tel: 01543 870560 Fax: 01543 870565 Y |
| Dr Dey | Horsefair Medical Practice Sandy Lane Rugeley Staffordshire WS15 2LB | Tel: 01889 582244 Fax: 01889 582244 Y |
| Dr Y Gupta | Heath Hayes Health Centre Gorsemoor Road Heath Hayes Cannock Staffordshire WS12 5TG | Tel: 01543 278461 Fax: 01543 271199 Y |
| Dr L Hulme | Hednesford Street Surgery 60 Hednesford Street Cannock Staffordshire WS11 1DJ | Tel: 01543 503121 Fax: 01543 468024 Y |
| Dr T Murty | 441 Cannock Road Hednesford Staffordshire WS12 4AE | Tel: 01543 422531 Fax: 01543 428531 Y |
| Dr A Selvam | 45 Princess Street Off Pye Green Road Staffordshire WS11 5JT | Tel: 01543 571650 Fax: 01543 462304 Y |
| Dr Woo | Rawnsley Surgery Rawnsley Road Rawnsley Cannock WS12 1JF | Tel: 01543 877842 Fax: 01543 423037 Y |



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Minor Surgery Referral Form

Patient Detail

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DoB

Patient tel. No.

Mobile tel. No.

NHS Number

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Reason for Referral

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Site

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Location

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Referrer Details

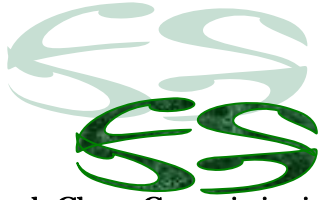
Practice Stamp

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Referrer Signature

Referrer Name (Capitals Please)

Date



Cannock Chase Commissioning Consortium

Minor Surgery Consent Form

Patient Detail

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DoB

Patient tel. No.

Mobile tel. No.

NHS Number

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Name of proposed procedure or course of treatment

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Statement of Health Professional

I have explained the procedure to the patient. In particular, **I have explained** the intended benefits, serious or frequent complications and any extra procedures that may become necessary during the procedure. **I have** also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

This procedure will involve local anaesthesia Yes No ***Please Tick***

Name (please print)

Signature

Date

Confirmation of Consent

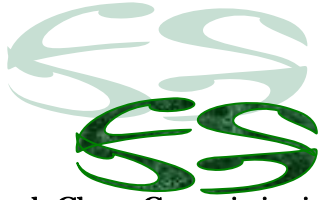
I agree to the procedure or course of treatment described on this form.

I understand the above procedure and have been advised of the complications and the need for further procedures if they are required.

Patients Name (please print)

Patients Signature

Date



Cannock Chase Commissioning Consortium

Minor Surgery- Post operative Information

Patient Detail

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DoB

Patient tel. No.

Mobile tel. No.

NHS Number

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Any immediate complications?
(Please Circle)

Yes

No

If YES, please indicate

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| |
| |

Any further treatment needed: Suture removal ChangeDressing Patient to rtn
(Please Circle)

Any samples to histology?

Yes

No

(Please Circle)

If YES,

Results will be forwarded in

weeks

(Please indicate)

Minor Surgery Surgeon (print)

Signature

Date

Complications

If any complications occur post operatively (this includes post operative wound infection), please complete box below and fax back to site where procedure was carried out for audit purposes.

Complications Post operatively

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GP (please print)

Signature

Date

Data and Audit Requirements

All practices performing minor surgery on other patients in the consortium area should retain a copy of the referral form, patient consent form and post operative information form along with a copy of histology report if samples sent. These can simply be photocopied from original with original information sent back to referring GP. If sample sent for histology please indicate when histology report will be available.

Please indicate on copy of histology report when results were forwarded/faxed to patients GP with signature and date.

If histology returns indicating malignancy, urgent contact needs to be made to the referring GP. The referring GP will discuss with the patient the results and refer for further treatment as indicated via the use of cancer proforma. If the referring GP is unhappy to discuss the result with his patient then the minor surgery provider needs to be notified to ensure adequate further treatment is provided. The Cannock Chase Commissioning Consortium (CCCC) will be notified of such an event.

The above data needs to be kept on premises for at least 10 years due to any possible future medico-legal claims.

If any complications following procedure, the referring GP will fax back post operative information sheet, if clarification needed please contact referring GP. Number of complications audited and reviewed by practice providing service and discussed in multidisciplinary team meeting to review how if any of these complications could be reduced and/or avoided.

The audited information should be made available to the Cannock Chase Commissioning Consortium (CCCC) for review every 6-12 months to ensure appropriate Risk Assessment. If any concerns arise then at the first instance CCCC will arrange review with service provider to address issues.

If there are any complaints from a patient following a procedure, please could an incident form be completed and any copies of correspondence forwarded to CCCC, this is to ensure that the complaint is dealt with as quickly as possible and to allow CCCC to offer support and advice as needed. Complaints need to be handled in the usual way as per Practice Complaints protocol. Please ensure that appropriate communications have also been forwarded to your indemnity provider.

Review

The following agreement will be due for a review in October 2009. The review will look at all audit information and modify the revised document as necessary. If any immediate amendments or updates are needed prior to review date the CCCC will forward the reviewed documentation as necessary.