NHS Standard Contract - SCHEDULE 2 – THE SERVICES

Minor Surgery Service Specification

Service Specification No.	
Service	Minor Surgery Enhanced Service
Commissioner Lead	Dr Sophie Holden, GP Lead for Primary Care
Provider Lead	As signed
Period	1 April 2025 to 31 March 2026
Date of Review	March 2026

1. Population Needs

1.1 National/local context and evidence base

NHS England contracts for minor surgery procedures through the Directed Enhanced Service (DES) for Minor Surgery. PMS practices have not been eligible to sign up to the DES for Minor Surgery as it has been deemed to be within contract. The purpose of this specification is to commission a primary care based minor surgery service for patients as part of the reinvestment of PMS premium. This service is intended to improve access to patients by offering an alternative to secondary care that is closer to home, as such patient consultation has not been undertaken.

As per the Rotherham Place Quality Contract, if practices do not wish to deliver this service it must be sub-contracted to another practice following discussions with Rotherham Place. All patients must have access to this service.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	N/A
Domain 2	Enhancing quality of life for people with long-term conditions	N/A
Domain 3	Helping people to recover from episodes of ill-health or following injury	Yes
Domain 4	Ensuring people have a positive experience of care	Yes
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Yes

3. Scope

3.1 Aims and objectives of service

The service is intended to provide within primary care, access to assessment, operative intervention and aftercare for patients with lesions suitable for minor surgery. The core element of this service will include Joint Injections (excluding facet joint injections for lower back pain), and Minor Dermatology work for the following:

- In growing toe nail (IGTN)

- Incision and drainage
- Paronychia

For clarity, Cautery, Curettage and Cryotherapy procedures (3C's) are already funded as an additional service of the national contract and therefore not eligible for further payment.

Surgical treatment of benign skin lesions will not be routinely commissioned by the NHS for cosmetic reasons. The NHS Evidence Based Interventions Policy sets out criteria under which benign skin lesions (i.e. asymptomatic lumps, bumps or skin tags that are not suspected of being cancerous) may be removed either under surgical excision or 3C's:

https://ebi.aomrc.org.uk/interventions/removal-of-benign-skin-lesions/#:~:text=Removal%20of%20benign%20skin%20lesions%20means%20treating%20lumps%2C%20bumps%20or,is%20just%20to%20improve%20appearance.

Benign skin lesions therefore are excluded from this arrangement unless they meet the criteria set out within Appendix A.

All procedures must be fully documented, clearly identifying why the procedure is required, and the treatment undertaken. Written informed consent must also be taken, including the risks and benefits of surgery. Any tissue removed should be sent for Histological examination.

3.2 Service description/care pathway

Patients can be seen by the practice themselves or referred to a practice with which a sub-contract is held if applicable. If a sub-contract is in place adequate arrangements must be made for the transfer of patient information; it is necessary to ensure the secure transfer of appropriate patient information between clinical systems, taking account of consent and Information Governance legislation and guidance, and clear pathways of care must be in place to ensure all parties are aware of their responsibilities.

3.3 Population covered

This service specification covers all adults (patients aged 18 and over) requiring minor surgery.

3.4 Any acceptance and exclusion criteria and thresholds

Each new practitioner performing minor surgery must have the competency to undertake the procedures confirmed (via Direct Observation of Procedural Skills DOPS assessment). We would expect each minor surgery practitioner to be able to evidence the following:

- Competence in resuscitation
- Regular update of skills
- Ability to demonstrate a continuing and sustained level of activity via a self-declaration and discussion at appraisal
- Evidence of conducting regular audits.
- Participation in appraisal of minor surgery activity
- Participation in supportive educational activities

In assessing suitability for the provision of this enhanced service practices should pay particular attention to the following:

- **Satisfactory facilities:** The practice must have premises which fully meet the required standards for treatment rooms as specified by NHS England, and will work to infection control policies that fully meet the requirements of, and comply with infection prevention and control regulations, legislation and guidance.

- **Clinical support:** Nursing and other relevant clinicians can provide care and support to patients undergoing minor surgery. Staff assisting in minor surgery procedures should be appropriately trained and competent, taking into consideration their professional accountability and relevant professional scope of practice.

- **Sterilisation and infection control:** Although GP minor surgery has a low incidence of complications, it is important that practices providing minor surgery operate to the highest possible standards. Use of single-use instruments or decontamination of instruments by CSSD or equivalent service is required. No instruments are to be sterilised on site. Practices should have instrument sets that are not single use should be traceable. Practices should also be compliant with the European Directive 93/42/EEC. Practice should also regularly undertake Infection Control audits and take action to cover any gaps in control. A sample Infection Control audit is available from NHS England / Public Health England.

- **Associated Procedures:** The practice will need to have in place all relevant associated procedures i.e. managing sharps, body fluid spillage, and needlestick / sharps injuries.

- **Consent:** At each appointment, 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. Practices will be required to evidence consent against claim records during contract/quality reviews.

- **Pathology:** All tissue removed by minor surgery should be sent routinely for histological examination unless there are exceptional or acceptable reasons for not doing so. If tissue is not sent for examination, no claim for payment can be made. Practices will be asked to evidence histology against claim records during contract/quality reviews.

- **Audit:** 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.

3.5 Interdependence with other services/providers

If practices do not wish to deliver this service, the service can be sub-contracted to another practice following discussions with Rotherham Place that the sub-contact provider meets competence requirements.

4. Applicable Service Standards

4.1 Reporting Achievement

Practices will submit a quarterly data report to Rotherham Place via the Ardens manager system when requested by the Primary Care Team. As a minimum, the dataset will include the numbers, diagnosis, reason for the procedure and procedure undertaken.

4.2 Remuneration

Upon receipt of the quarterly activity report, practices will be paid £48.41 per joint injection and £96.81 per minor dermatology procedure.

Total annual activity will be capped at the 2024/25 activity outturn. This will be agreed with the practice.

Should your cap require an increase you must undertake an audit and provide evidence and a rationale to Rotherham Place. This information will be considered by the team who will advise the practice of a decision. If agreed a contract variation will be issued. Practices should not exceed activity caps prior to any increased being approved.

For the 2025/26 reporting period activity has been agreed and capped at:

Injections XX Procedures / £

Excisions / Incisions / XX Procedures / £

Any suspicions of fraud will be referred to the ICBs Counter Fraud Specialist for further investigation. It is important to recognise that claiming for procedures that do not fall within the service specification may constitute fraud and will be referred to the ICBs Counter Fraud Specialist for further investigation

Consequences for late submission of activity data:

- 1 – 7 days: 5% of payment
- 8 – 14 days: 10% of payment and payment won't be released until the next payment run
- 15 – 21 days: 50% of payment and payment won't be released until the next payment run
- Submissions received after 21 days (3 weeks) will receive no payment.

A reminder by email will be sent out at least one week prior to submission date. It is the responsibility of the practice to ensure that any changes to contact details for the Practice lead/ practice manager are notified to the Contracting team.

In the event of unforeseen exceptional circumstances e.g. unplanned admission to hospital, there is scope for Rotherham Place to process a payment without precedent. It is however a practice responsibility to put in place sufficient contingency arrangements to ensure activity is submitted by the date specified.

If Rotherham Place makes a payment to a practice under the LES and:

a) The practice was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment **or because the payment was calculated incorrectly** (including where a payment on account overestimates the amount that is to fall due);or
b) Rotherham Place was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money has already been paid,

then Rotherham Place is entitled to repayment of all or part of the money paid.

4.3 Audit – Compliance with the Scheme

Practices may be selected at random for audit (and also if the GP for Primary Care identifies any potential irregularities). Practices selected for audit are required to work with the auditors to demonstrate to them that all parts of the scheme have been complied with.

4.4 Termination of agreement

This service forms part of the basket of enhanced services of the Rotherham Quality Contract, and is therefore subject to the terms outlined in the Quality Contract.

All Local Enhanced Services will be subject to regular review in line with the development of Primary Care Networks (PCNs). Three months' notice will be given to Providers if services are to transfer to PCN delivery and/or payment.

The Practice and/or Rotherham Place may give three months written notice to terminate the service for reasons other than those outlined above.

Appendix A

The Evidence Based Intervention policy refers to the following benign lesions when there is diagnostic certainty and they do not meet the criteria listed below:

- benign moles (excluding large congenital naevi)
- solar comedones
- corn/callous
- dermatofibroma
- lipomas
- milia
- molluscum contagiosum (non-genital)
- epidermoid & pilar cysts (sometimes incorrectly called sebaceous cysts)
- seborrhoeic keratoses (basal cell papillomata)
- skin tags (fibroepithelial polyps) including anal tags
- spider naevi (telangiectasia)
- non-genital viral warts in immunocompetent patients
- xanthelasmata
- neurofibromata

The benign skin lesions, which are listed above, must meet at least **ONE** of the following criteria to be removed:

- The lesion is unavoidably and significantly traumatised on a regular basis with evidence of this causing regular bleeding or resulting in infections such that the patient requires 2 or more courses of antibiotics (oral or intravenous) per year
- There is repeated infection requiring 2 or more antibiotics per year
- The lesion bleeds in the course of normal everyday activity
- The lesion causes regular pain
- The lesion is obstructing an orifice or impairing field vision
- The lesion significantly impacts on function e.g. restricts joint movement
- The lesion causes pressure symptoms e.g. on nerve or tissue
- If left untreated, more invasive intervention would be required for removal
- Facial viral warts
- Facial spider naevi in children causing significant psychological impact
- Lipomas on the body > 5cms, or in a sub-facial position, with rapid growth and/or pain. These should be referred to Sarcoma clinic.

The following are *outside* the scope of this policy recommendation:

- Lesions that are suspicious of malignancy should be treated or referred according to NICE skin cancer guidelines
- Any lesion where there is diagnostic uncertainty, pre-malignant lesions (actinic keratoses, Bowen disease) or lesions with pre-malignant potential should treated in primary care, where appropriate, or be referred
- Removal of lesions other than those listed above.

Referral to appropriate speciality service (e.g. dermatology or plastic surgery):

- The decision as to whether a patient meets the criteria is primarily with the referring clinician. If such lesions are referred, then the referrer should state that this policy has been considered and why the patient meets the criteria
- This policy applies to all providers, including general practitioners (GPs), GPs with enhanced role (GPwer), independent providers, and community or intermediate services.