

Directed Enhanced Service (DES) for 'Minor Surgery'

Service Level Agreement

PRACTICE

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1. Financial Details

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

This agreement is to cover the 12 months commencing 1 April 2005.

On agreeing a service plan with the PCO for the 12 months commencing 1 April 2005 practices will receive the following:-

Treatments under this directed enhanced service will be priced depending on complexity of procedure, involvement of other staff and use of specialised equipment. **Cryotherapy, curettage and cauterisation are not part of this enhanced service.**

In 2005/06 payment for an injection, for example joint injection, will be £42.62 and for cutting surgery the fee will be £85.24. The PCO will agree with the practice the basis on which the DES will be funded in light of the procedures to be carried out and the volume to be carried out, including setting an upper cap.

The prices quoted above will apply to activity during the first quarter of the financial year only ie until 30 September 2005. Actual activity from the first quarter ie until 30 June 2005, should be submitted to the PCO during the first week of July 2005 where it will be analysed on a pan Highland basis, during the second quarter, in order to ascertain whether or not future activity/prices will have to be capped.

Payment for the first quarter's activity will be paid at the end of July provided the information is received on a timely basis.

Estimated Activity from Data Collection Exercise

Annual number of injections	
Annual number of cutting procedures	
Upper cap on activity	

Claims for Payment

All claims for payment should be submitted to the PCO. . Payments will be made on a quarterly basis.

Claims more than 3 months out of date will only be paid for at the discretion of the PCO.

Payment Verification

Practices entering into this contract must participate fully in the verification process determined by the PCO and LMC. Practices should ensure that they keep proper records to ensure a full and proper audit trail.

It is anticipated that Practice computer systems will be utilised to enable this condition to be met.

Practices must be able and willing to evidence service delivery if required/requested by the PCO.

Annual Review of Contract

This contract will be reviewed annually, and will be in line with the annual review of the GMS Contract set out in the NHS (General Medical Services Contracts)(Scotland) Regulations, or other legislation as appropriate.

Practices will be expected to return to the PCO their end of year evaluation/results, in order to confirm compliance with the contract.

PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THIS SIGNED CONTRACT, INCLUDING DETAILS OF PRACTICE PLANS AS INDICATED

2. Signature Sheet

This document constitutes the agreement between the practice and the PCO in regards to this directed enhanced service.

PRACTICE.....

Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the PCO:

Signature	Name	Date

3. Service Aims

This directed enhanced service, which must be commissioned by every PCO, 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

Cryotherapy, curettage and cauterisation will continue to be provided by general practitioners as an additional service (payment being made under the Global Sum) and practices wishing to opt out of providing these treatments will be obliged to apply to do so in the prescribed manner (Global Sum will be reduced accordingly). Procedures in the categories below and other procedures, which the practice is deemed competent to carry out, will be covered by a directed enhanced service. These procedures have been classified into the following three groupings for payment:

- (i) injections (muscles, tendons and joints)
- (ii) invasive procedures, including incisions and excisions
- (iii) injections of varicose veins and piles.

Eligibility to provide the service

A practice may be accepted for the provision of this directed enhanced service if it has a partner, employee or sub-contractor, who has the necessary skills and experience to carry out the contracted procedures in line with the principles of the generic GPs with Special Interests (GPwSI) guidance or the specific examples as they are developed. Clinicians taking part in minor surgery should be competent in resuscitation 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 demonstrate a continuing sustained level of activity, conduct regular audits, be appraised on what they do and take part in necessary supportive educational activities.

Where a PCO believes a doctor carrying out minor surgery is not complying with the terms of the contract it should invoke a remedial notice according to the procedure laid out in the appropriate Regulation. There is considerable guidance available on techniques and facilities for conducting minor surgery in general practice.

4. Criteria

The Directed Enhanced Service Specification details the following criteria.

The following pages contain some further guidance from the PCO 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 PCO.

1. Satisfactory Facilities
2. Staff competence
3. Sterilisation and Infection Control (see guidance attached including checklist)
4. Consent
5. Pathology
6. Audit
7. Patient Monitoring

*** Please note that these criteria are nationally determined and are not subject to negotiation.**

Criteria One : Satisfactory Facilities

Details

- Practices carrying out minor surgery should have such facilities as are necessary to enable them to provide minor surgery services properly.
- Adequate and appropriate equipment should be available for the doctor to undertake the procedures chosen, and should also include appropriate equipment for resuscitation. National guidance on premises standards has been issued
- All personnel providing the service through the contract have appropriate indemnity cover to meet in full claims made against them as individuals.

Practice Plans for Year 05/06

(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results

(at the end of the year please detail below the practice's results for this criteria)

Criteria Two: Staff Competence

Details

- The GP(s) 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.
- 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

Practice Plans for Year 05/06 (please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results (at the end of the year please detail below the practice's results for this criteria)

Criteria Three: Sterilisation and Infection Control

Details

- Although general practitioner minor surgery has a low incidence of complications, it is important that practices providing minor surgery operate to the highest possible standards. Practices should take advantage of any of the following arrangements:
 - disposable sterile instruments
 - approved sterilisation procedures that comply with national and local guidelines.
- General practitioners are 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

Practice Plans for Year 05/06 (please detail below your practice's plans for this criteria)

(please attach your completed infection control and decontamination checklist)

Practice Evaluation at end of Year / results (at the end of the year please detail below the practice's results for this criteria)

Criteria Four : Consent

Details

- In each case 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

Practice Plans for Year 05/06 (please detail below your practice's plans for this criteria)

(please refer to model consent form)

Practice Evaluation at end of Year / results (at the end of the year please detail below the practice's results for this criteria)

Criteria Five : Pathology

Details

- All tissue removed by minor surgery should be sent routinely for histological examination unless there are exceptional or acceptable reasons for not doing so

Practice Plans for Year 05/06 (please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results (at the end of the year please detail below the practice's results for this criteria)

Criteria Six : Audit

Details

- 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. Possible topics for audit include:
 - A** clinical outcomes
 - B** rates of infection
 - C** unexpected or incomplete excision of basal cell tumours or pigmented lesions which following histological examination are found to be malignant.

Practice Plans for Year 05/06

(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results

(at the end of the year please detail below the practice's results for this criteria)

Criteria Seven : Patient monitoring

Details

- Practices must ensure that details of the patient's monitoring as part of the NES 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.

Practice Plans for Year 05/06 (please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results (at the end of the year please detail below the practice's results for this criteria)

5. Ongoing Measurement & Evaluation

The ongoing measurement is outlined in the various criteria in the previous section.

In addition the practice is required to agree with the PCO this service specification/plan at the start of the year and to submit the completed document at the end of the year for evaluation purposes.

6. Dispute Resolution

Every attempt will be made to resolve any dispute informally between the Practice and the PCO. Failing that, the Dispute Procedure contained within the sections 464 to 474 of the Scottish General Medical Services Contract 2004 will apply.

7. Variation and Termination of Contract

Any variation to the terms and conditions contained herein requires to be agreed between the Practice and the PCO.

Any termination of services, or any part of the services covered by this contract, requires to be agreed between the Practice and the PCO before any termination takes place.