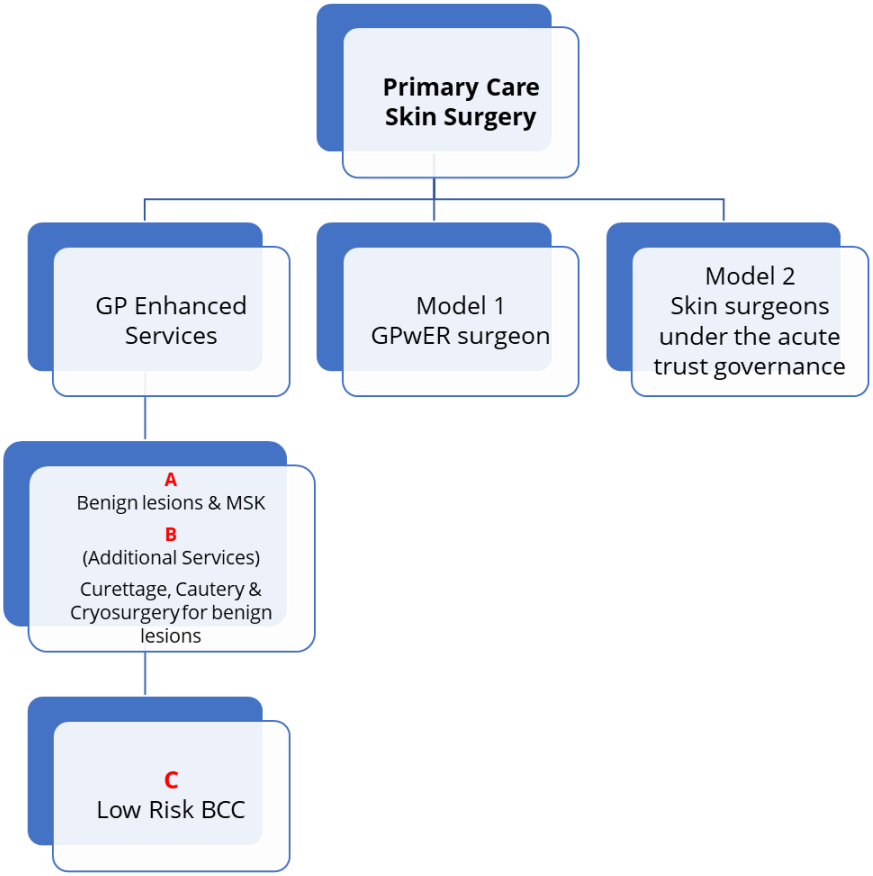
BRITISH ASSOCIATION OF DERMATOLOGISTS
HEALTHY SKIN FOR ALL

PCDS
PRIMARY CARE DERMATOLOGY SOCIETY

Guide to GP Skin Surgery Services

This document covers the current scope of surgical practice, and procedures carried out by GPs providing enhanced services[1] for minor surgery (non-diagnostic) within primary care or GPs with Extended Roles (GPwER) providing specialist practice in the community. Other healthcare professionals undertaking practical procedures in Primary Care should be assessed in the same way. There is much variation in the level of skin surgery practice in Primary Care and the lack of national guidance has been a barrier to growth in these services. To assist the safe commissioning and provision of appropriate primary care skin surgery, it is important to define what service models can be implemented locally/nationally (see the Minor Surgery Model of Services diagram below).

Minor Surgery Model of Services Flowchart



The development of these service models is underpinned by existing service specifications for skin cancer surgery and by existing NHS service contracts for primary care and the community.[2] [3] These are set out under the headings below:

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[1] Enhanced Services (ES) are services or activities provided by GP practices that have been negotiated nationally and at an enhanced service level above what is required by the core General Medical Services (GMS) contract.

[2] Minor Surgery DES

[3] As set out under the NICE IOG for Melanoma and non-Melanoma skin cancer (2006 and 2010).

GP Enhanced Service - Minor Surgery (General Medical Services Contract)

While primary medical services contract regulations do not require an enhanced service schedule to be included in contracts, NHS England's standard GMS contract and PMS agreements all include an enhanced service section. This allows the details of such services and relevant specifications to be included, where the parties agree that the contractor is going to provide such services. APMS contracts can include enhanced services in the main service specification or could equally introduce a new enhanced service schedule.

For clarification, we have divided GP enhanced surgical services (non-diagnostic) into three groups:

A: Traditionally, Minor Surgery in primary care is provided by GPs who meet local service specifications, who can provide services for patients registered with the practice as well as neighbouring practices. The services are funded on a cost per case basis for musculoskeletal injections, incision & drainage, toenail surgery and minor surgery for benign skin and subcutaneous lesions.

B: Some GPs may wish to opt in to provide additional services if they have the necessary facilities to provide treatments such as curettage, cautery & cryosurgery for benign lesions. The service is currently funded at a fixed annual fee irrespective of the volume of activity.

C: In addition, some local GPs will have the necessary competencies for carrying out excisions on pre-diagnosed low-risk BCC lesions[4] of less than 1cm below the clavicle. This service is on a cost-per-case basis.

As a minimum, all GPs and primary care health professionals undertaking skin procedures should have knowledge of using a dermatoscope appropriate to their role and when managing the patient.

Any skin tissue removed during surgery must be sent in individual specimen pots for histological examination except under exceptional circumstances and where a clinical diagnosis has been made by a dermatology doctor.[5]

Traditionally, GP enhanced services provide care for in-house patients and those referred from other local GPs. These GP enhanced services should link in with local dermatology and plastic surgical departments to better integrate treatment pathways for patients.

Model 1 – GPwER skin cancer surgeon (diagnostic and treatment)

Outside of the GMS contract, NHS service contracts are used for GPs with extended roles (GPwERs) providing 18-week wait community services restricted to receiving referrals for local patients. GPs who

[4] Services for the removal of low-risk nodular BCCs that can be commissioned from GPs within the framework of the DES and LES under General or Personal Medical Services. Services should be commissioned from these GPs where there is no diagnostic uncertainty (NICE IOG).

[5] Any GP providing enhanced services or as a Model 1 needs to follow these standards. All skin specimens must be sent off for histological examination except under exceptional circumstances and where a diagnosis has been provided by a dermatology clinician. The GP surgeons must incorporate histology costs. Failure to provide an accurate diagnosis could result in harm to the patient.

have successfully completed a national accreditation process[6] as a Group 2 or Group 3 GPwER can offer a Model 1 skin cancer service.

This service model recognises that the accredited Group 2 & 3 GPwERs possess the skills (including dermoscopy) to diagnose all skin cancers and to provide a surgical service for low risk BCCs which is linked with their local skin cancer MDT. For these GPwERs, low risk BCCs (along with other restrictions) means less than 1cm in diameter above the neck (excluding high risk facial sites) and less than 2cm below it, where surgical excision is the preferred treatment option. National skin cancer community service specifications reflect the level of GPwER practice within the NHS service contract. These standards are also applicable to all grades of doctors providing skin cancer community services.

Prior to GPwER national accreditation, GPs who met the training and service delivery specified in the Department of Health's 2007/2011 Guidelines for Dermatology GPs with Specialist Interest (GPwSI) could be formally accredited locally to deliver a similar service model. Both GPwERs and GPwSIs should be named extended members of their patients' local skin multidisciplinary teams to provide and integrated service. Further information on obtaining and maintaining accreditation as a GPwER/GPwSI, are contained in the GPwER curriculum.

Model 2 Service

The Model 2 skin cancer service allows experienced skin surgeons in primary care (such as LES/DES skin surgeons or GPwER skin surgeons) operating under their local acute trust's governance and the direction of the skin MDT to provide surgery care closer to home for patients and or/where access to hospital services is difficult. The surgeon is employed by the Trust under an SLA contract to operate on pre-diagnosed lesions with the treatment plan provided by the MDT (for excision or curettage).

Training, competency assessment, and appraisal

The British Association of Dermatologists and the Primary Care Dermatology Society advocate that best practice for any healthcare professional undertaking skin surgery in the primary care settings (or private practice) specified above includes:

- A surgical course appropriate to an individual's scope of practice
- A structured period of training relevant to scope of practice
- Assessment of competencies before undertaking surgical procedures autonomously – for GPs this can be local (including in-house), for GPwERs this requires national accreditation – see Model 1 above
- A knowledge of clinical and dermoscopic skills at a level appropriate to an individual's scope of practice
- A reflection on surgical care in the whole scope of practice appraisal, including a periodic audit examining complication rates, histological correlation, and complete excision rates.

[6] RCGP/BAD Accreditation of GPwERs.