General Commissioning Policy

Treatment	**Minor Surgery in Secondary Care**
For the treatment of	**Skin lesions**
Background	The responsibility for the commissioning of minor surgery delivered by general practices transferred from Primary Care Trusts (PCTs) to NHS England Area Teams in April 2013. Within the North Yorkshire and the Humber Area Team different service specifications are in place reflecting the different local arrangements that were in place in the former PCTs. In June 2014 the Area Team issued a new single service specification for minor surgery services across the whole of North Yorkshire and the Humber for primary care. NHS Hull CCG has issued a new Minor Surgery specification form GPs in primary care in July 2015. This identifies treatments which can be undertaken in a primary care setting only. NHS Hull CCG is responsible for commissioning activity in secondary care, and this policy sets out the criteria for referral to secondary care for minor surgery, as this is not always routinely commissioned.
Commissioning position	Treatment of any condition for purely cosmetic reasons is not commissioned. NHS Hull CCG only commissions referrals to secondary care Dermatology / Ophthalmology / Plastic Surgery in the following circumstances : • where there is diagnostic uncertainty or a possibility of malignancy OR • a lesion has been excised in primary care and a re-excision has been subsequently recommended on clinical grounds by the histopathologist OR • after individual approval by the NHS Hull CCG Individual Funding Request (IFR) Panel or Clinical Triage. The following conditions should **always** be referred **direct** to secondary care Dermatology / Plastic Surgery (IFR approval not required): • Malignant Melanoma *(2 week pathway)* • Squamous Cell Carcinoma (SCC) including extensive premalignant changes to the lip *(2 week pathway)*

	• Basal Cell Carcinoma (BCC) • Benign Apocrine / Eccrine Tumours • Lentigo Maligna • Naevus Sebaceous **NHS Hull will only commission, after approval via the IFR process, the removal/excision of the indications listed below:** • Benign Sebaceous and Chalazion cysts • Benign Moles, Skin Tags, Lipomas, Warts and Verrucae • Spider Naevi, Solar Keratoses, Dermatofibroma and Histiocytoma Clinical evidence must be provided to demonstrate clinical exceptionality and demonstrate how the referral meets the following criteria: - Exact measurements of raised area, width, depth in mm/cm/inches, and the size significantly impacts on vision, functionality or location deemed unsuitable for removal in primary care - Has rapidly increased in size, evidenced by measurements and date of original size, rate of growth and measurement at the time of submission to IFR process. - There is a confirmed diagnosis and any diagnostic uncertainty has been investigated and deemed benign - Conservative treatments to date have been provided which includes effectiveness, period of time benefit experienced, and have been declared ineffective or not clinically appropriate - There is significant pain experienced that been confirmed as the result of the indication diagnosed, despite the use of analgesics and other conservative measures - It is symptomatic (recurrently infected, bleeding due to accidental trauma, discharging etc). - Reported recurrent infections are frequent, and either do not completely resolve despite use of antibiotics, or only resolve when antibiotics are prescribed often and likely to result in an immunity - It is deep-seated and if symptoms experienced such as tingling and reduced grip, has been confirmed as the cause following an ultrasound - It has reoccurred despite previous excision or removal and conservative managements have been exhausted.
	The following conditions <u>may be referred directly</u> to secondary care with the subsequent provisions:

	• Keratin Horn: Refer as SCC may be a possibility • Keratoacanthoma: Refer as SCC may be a possibility • Chloasma/Melasma: Refer only if diagnostic uncertainty • Solar Lentigines: Refer only if diagnostic uncertainty • Pyogenic Granuloma: Refer only diagnostic uncertainty • ActinicKeratoses/Bowen'sDisease/Intraepidermal carcinoma : Refer to Dermatology if these are difficult to treat, these are pre-malignant conditions with a recognized rate of transformation to SCC • Viral Warts/Molluscum: Refer only if significant and patient is on immunosuppressant's, otherwise IFR only • Pigmented Naevi: Refer only if there is history in change of size or colour, itching or bleeding, otherwise IFR only. • Cyst of Moll or Zeiss: Refer to Ophthalmology only if diagnostic uncertainty, otherwise IFR only.
Effective from	August 2015 *(This policy supercedes Hull PCT policies T12b-10 v2 dated June 2011,T12c-10 v3 dated Jan 2012, and T12d-10 v 4 dated Oct 2013)*
Summary of evidence / rationale	Minor surgery should only be carried out when clinically necessary and after assessing the risks and benefits. The risks of carrying out minor surgery on skin lesions include: damage to nerves, haemorrhage; failure to achieve wound closure; wound infection; wound dehiscence; over granulation; incomplete excision rate; unsatisfactory scar formation; and distortion to local anatomy. (Ref 1) A comparison of minor surgery in primary and secondary care carried out in the South of England suggested that the quality of minor surgery carried out in general practice is not quite as high as that carried out in hospital, but patients prefer the convenience of treatment in General Practice. However, there may be clear deficiencies in GPs' ability to recognise malignant lesions, and there may be differences in completeness of excision when compared with hospital doctors. (Ref 2)
Date	August 2015
Review Date	August 2017
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References:

1. Primary Care Dermatology Society – Skin Surgery Guidelines 2007 - http://www.pcds.org.uk/images/downloads/skin_surgery_guidelines.pdf
2. S George, et al. (2008) A prospective randomized comparison of minor surgery in primary and secondary care. The MiSTIC trial. *Health Technology*

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http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0006/64905/FullReport-hta12230.pdf

3. Information for Commissioners – Referrals and Guidelines in Plastic Surgery. NHS Modernisation Agency http://www.bapras.org.uk/downloaddoc.asp?id=425
4. A Guide to Dermatology (v15) (HEYHT) http://www.hey.nhs.uk/herpc/guidelines/dermatologyAGuideTo.pdf
5. Clinical Knowledge Summaries - http://cks.nhs.uk/warts_and_verrucae