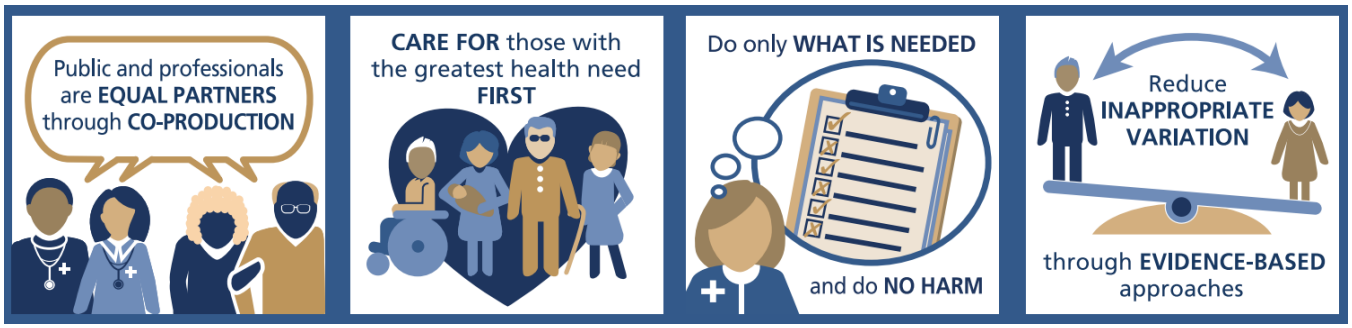
Minor Surgery Directed Supplementary Service Scheme

1. Introduction / Background

There is a long history of minor surgery occurring outside of hospitals, and this service has been popular with both patients and general medical practitioners. However, there is evidence of unwarranted variation in commissioning and/or provision of minor surgery, or schemes have promoted lower value interventions over higher value ones. This Minor Surgery Directed Supplementary Service (DSS) is designed to promote a flexible and rational approach to managing dermatological lesions by promoting higher value procedures being delivered as close to home as possible.

Minor surgery undertaken by appropriately trained practitioners can be beneficial to patients, practitioners, and hospital services. Health Boards in conjunction with GPC Wales encourage the development of these services within Primary Care. This also aligns with Care Closer to Home approach in the Primary Care Model for Wales, Prudent Healthcare principles, and is consistent with the clinical pathways approach recommended in the National Clinical Framework.



2. Aims

The aims of this DSS scheme are to:

1. support **quality planning** of minor surgery for dermatological lesions across clusters and communities;
2. ensure **premises** used for minor skin-surgery meet or exceed minimum standards;
3. ensure delivery of minor skin-surgery is **sustainable** and achieved through **collaboration** across collaboratives and clusters;
4. support practitioners to perform **high value procedures** within a locally agreed clinical pathway; and
5. support patients to **experience high value** care closer to home.

3. Summary of Minor Surgery Directed Supplementary Service Scheme

This DSS specification describes:

- how the minor surgery service is delivered clinically;
- how Health Boards will contract services;
- how premises are accredited;
- how practitioners are accredited;
- procedures NOT covered by this DSS; and
- agreed proforma for purposes of audit and claims.

The model for delivery of minor skin surgery has three tiers, with each successive tier providing an increasing complexity of surgery.

The Health Board will contract with a contractor ('*the lead engaged provider*') to provide the clinical services levels 1, 2a and/or 2b, and/or 3 to a defined population. This population may be either:

- the registered population of a single GMS contractor; or
- the registered populations of one or more GMS contractors within a cluster or collaborative, locality or Health Board.

Any practitioner must meet the eligibility criteria for the tier at which they are operating. The practitioner need not be a partner nor employee of the lead engaged provider.

Any premises must meet accreditation criteria for any minor skin surgery to be allowed.

The following are **not** included in the DSS:

- lesions covered by the Health Board *Interventions Not Normally Undertaken* (INNU) policy, unless the exclusion criteria are clearly recorded in the clinical record;
- procedures undertaken for purely cosmetic reasons;
- endometrial sampling;
- cervical polypectomy;
- injecting varicose veins or haemorrhoids;
- multiple excisions at one consultation may only be claimed for with clear clinical justification and in line with agreed remuneration for multiple excisions (see appendix B).

All procedures will be recorded by the engaged provider on the agreed proforma, together with histology, complications and claims.

4. How the minor skin-surgery service is delivered clinically

Level 1: Minor Skin-Surgery (simple)

- **Incision** +/- drainage (cyst, abscess). Including wound care
- **Punch / shave biopsy** including procedures requested by local dermatology team
- **Curettage and cautery** where specifically requested by local Dermatology service
    - Includes wound care and suture removal resulting from these procedures
- This level can function at GMS practice or cluster level

Level 2: Minor Skin-Surgery (moderate) - This level can function at GMS practice or cluster level

Level 2a

- **Elliptical excision** (of appropriate skin lesions with closure by suturing)
    - Includes wound care and suture removal resulting from these procedures
    - Does NOT include punch biopsies even if they require stitching
    - Engaged providers of level 2a services are expected to also be providing level 1 procedures to their registered population
- This level can function at GMS practice or cluster level

Level 2 b: Minor skin surgery (moderate) WHERE LOCALLY COMMISSIONED

- Toenail removal (partial or complete) with or without phenolisation;
- This level can function at GMS practice or cluster level

Level 3: Low-risk BCCs for removal within the framework of the Minor Surgery DSS under General Medical Services.

These are outreach community skin cancer services commissioned by Health Boards and should have the opportunity to link to the Local Skin Cancer MDT (LSMDT) when appropriate. Only those low-risk BCCs in anatomical sites where excision is easy and in patients who do not have other associated risk factors should be managed by GPs with no specialist training in skin cancer. The types of low-risk BCC that these GPs can excise and the requirements for their accreditation by the Health Board are detailed below.

- Services should be commissioned from these GPs where there is no diagnostic uncertainty that the lesion is a primary low-risk BCC and it meets the following criteria:
    - The patient is not:
        - Under 18
        - Severely immunosuppressed or has Gorlin's syndrome,
    - The lesion:
        - is located below the clavicle (that is, not on the head or neck)
        - is 1 cm or less in diameter with clearly defined margins unless prior discussion has occurred with local dermatology team

- is not a recurrent BCC following incomplete excision unless prior discussion has occurred with local dermatology team
- is not a persistent BCC that has been incompletely excised according to histology
- is not morphoeic, infiltrative or basosquamous in appearance

If the BCC does not meet the above criteria, or there is any diagnostic doubt, following discussion with the patient they should be referred to a member of the LSMDT. If the lesion is thought to be a superficial BCC the GP should ensure that the patient is offered the full range of medical treatments as well as surgical options and this may require referral to a member of the LSMDT. Incompletely excised BCCs should be discussed with a member of the LSMDT prior to considering a wider local excision.

The level 3 service specification:

- This level can function at GMS practice or cluster;
- Includes wound care and suture removal resulting from these procedures;
- This level can function at GMS practice or cluster level;
- For removal of doubt this level is intended to follow the guidelines agreed with NHS Dermatology Clinical Implementation Network and Skin Cancer Site Group; and
- Engaged providers of level 3 services are expected to also be providing level 1 and level 2 a procedures to their registered population.

5. How Health Boards will contract services

Engaged Provider

The Health Board will commission this DSS with a contractor (the '*engaged provider*') to provide specified levels (1, 2a and/or 2b, and/or 3) of minor skin-surgery to a defined population, including its own registered population, but which may also include the registered patients of GMS practices in a cluster/professional collaborative. The Health Board will determine the volume of service that the contractor will provide.

The engaged provider of level 2a and or level 2b services is also expected to also provide level 1 services to their registered population. The engaged provider of level 3 services is expected to also provide level 1 and level 2 a services to their registered population. (NOTE: Level 2 b is specifically excluded from this stipulation due to the various locally commissioning arrangement for level 2b services.).

The engaged provider will ensure that in delivering this DSS, it only uses accredited venues and accredited practitioners as agreed with the Health Board.

Eligibility to perform this DSS

The engaged provider must ensure that:

i) any practitioner must meet the accreditation standards required for the level at which they are claiming;

ii) any venue for minor surgery must meet minimum standards to be accredited; and
iii) any procedures performed under this scheme are limited to the tiers and volume of activity specifically contracted by the Health Board.

6. Accreditation of Practitioners

Practitioners will be accredited by Health Boards to perform minor skin-surgery **at specific levels** of this DSS. Accreditation will allow practitioners to operate at those specific levels **at any accredited premises**. Practitioners will only receive payment when they undertake procedures within this accreditation level at accredited premises.

A practitioner could apply for accreditation for any level, as long as they can satisfy the criteria. Applications are welcome from members of any clinical profession with the necessary skills, not just GPs.

Accreditation requires the practitioner to submit personal data on every procedure they undertake on the agreed proforma. This report can be used to support ongoing accreditation for minor skin surgery, and annual appraisal/revalidation or equivalent according to profession. The proforma will also be used as the basis of making a claim for payment under this DSS.

Accreditation will be valid for up to 5 years, whereupon the practitioner will need to resubmit evidence for re-accreditation to the health board. Practitioners are free to apply for accreditation at higher levels of the DSS at any time.

The following accreditation requirements apply to **ALL practitioners at ALL levels of the DSS**

i) **<u>Practitioner</u>**
   a. **Evidence of annual training** in management of clinical emergencies (including CPR and anaphylaxis), and infection prevention & control**.**
   b. **Evidence of compliance with the required staff immunisation programme** as per the Green Book Chapter 12;

ii) **<u>Clinical Audit & Claims</u>**
   a. **Agreement to submit and share data** on all procedures (including clinical diagnosis, histology, any complications, or associated complaints) with the Health Board, for clinical audit and claiming purposes.
   b. **Agreement to share reports on personal performance** with appraiser at annual appraisals, and also with Health Board if requested.

iii) **<u>Laboratory Diagnoses</u>**
   a. Agreement that <u>all</u> tissue removed by surgical procedures must be sent for histological examination. Procedures where lesions are excised and <u>not</u> sent for histology will <u>not</u> be paid unless there are exceptional and

duly justified reasons for not doing so and this is recorded in the lifelong medical records held by the patient's general practitioner.

b. **Agreement that they accept it is the responsibility of the accredited practitioner to follow-up and take action on any histology, analysis or complications** from a procedure they performed under this DSS.

iv) **<u>Activity</u>**

a. Agreement to perform a mean of at least 10 procedures at each level of accreditation per year (calculated over a rolling 3 years), or undertake a directly observed procedural skills assessment if activity is low.

v) **<u>Agreement to Follow Best Practice</u>**

i. Contemporaneous record-keeping
ii. Use of **Chaperones**
iii. Use of **assistants** during procedures
iv. Management of **Needle-stick** injuries
v. **Reporting serious incidents or near misses** using the Once for Wales concerns management system (Datix RL) within 72 hours, including deaths or admissions to hospital related to the procedure
vi. Duties of Professional and Organisational **Candour**
vii. Written **Consent**: this should be obtained for the surgical procedure before it is carried out, with documentation of risks, and then stored in the lifelong medical records held by the patient's general practitioner
viii. Ensure clear and robust protocols and processes in place to ensure that the results for all specimens sent to the laboratory are reviewed and the patients are made aware of the result (**Fail-safe** mechanisms).

The following are additional requirements for specific practitioner groups:

<u>Levels 1 and 2</u>: Accreditation of practitioners who are <u>not</u> currently providing minor skin-surgery:

vi) **Evidence of Training:** evidence of completion of training in minor skin-surgery to the appropriate level on a course recognised by the commissioning Health Board, for this purpose within the last 2 years.
or

vii) **Evidence of supervised practical experience** using an assessment tool such as DOPS (Direct Observation of Procedural Skills) signed off by a clinician currently accredited to perform Minor Surgery through the previous enhanced service, within the preceding 12 months and agreed as a suitable alternative option by the LHB.

<u>Levels 1 and 2:</u> Accreditation of practitioners who <u>are</u> currently providing minor skin-surgery:

viii) **Evidence of Training:** evidence agreed by their appraiser at annual appraisals, that they have such continuing medical experience, training and competence as is necessary for the relevant levels of this DSS.

Level 3: Accreditation of practitioners

ix) **Practitioners** applying to perform at level 3 must already be offering services at level 1 and 2, and so must already meet the criteria in paragraphs i) to v), and viii).

x) GPs performing skin surgery on low-risk BCCs within the framework of the DSS under General Medical Services should:

- provide quarterly feedback to their HB on the histology reported as required by the national skin cancer minimum dataset
- provide details to their HB of all types of skin cancer removed in their practice as described in the 2006 NICE guidance on skin cancer services, including details of all proven BCCs
- provide evidence of an annual review of clinical compared with histological accuracy in diagnosis for the low-risk BCCs they have managed and should not knowingly remove skin cancers other than low-risk BCCs
- if available, GPs should attend, an educational meeting (organised by the HB's LSMDT) which might include:
    - present the 6-monthly BCC network audit results, including a breakdown of individual practitioner performance
    - include one CPD session (a total of 4 hours) on skin lesion recognition and the diagnosis and management of skin lesions including low-risk BCCs

7. Withdrawal of Accreditation

Practitioners: Ordinarily, a practitioner would be accredited for up to 5 years. However, where the Health Board believes a doctor carrying out Minor Surgery is not complying with the terms of the accreditation agreement, or there is significant cause for concern, it will take the necessary steps to investigate any concerns under usual professional performance procedures, withdrawing accreditation if necessary.

Premises: Once accredited, premises will not normally need to be revisited by the Health Board unless there is refurbishment, change of location or new building. If concerns arise before these triggers, then a Health Board is entitled to visit to assess premises. and if necessary, withdraw accreditation and serve a remedial notice under the contract.

8. Accreditation of Premises

In approving a venue that an organisation wishes to provide minor skin surgery from, the Health Board must be satisfied that the rooms proposed have adequate facilities and arrangements for any approved practitioner to operate from.

Health Boards should use agreed national standards for accrediting premises where minor skin-surgery is to be performed. These standards refer to the physical and organisational arrangements in the specific rooms to be used, rather than the entire campus. They are detailed in **Appendix B**.

For contractors making new applications, the Health Board should assess the premises prior to approval by means of a physical visit if necessary. Once accredited, contractors do **not** need to reapply for accreditation unless there are significant changes with the accredited room: For example:

- the room to be used for minor surgery changes within the building,
- or there is a significant refurbishment of the room with structural changes,
- or if a practice moves to a new building

The Health Board may wish to undertake a further visit prior to re-approval of the new premises for Minor Surgery provision.
Branch surgeries and main surgeries each require individual applications and approvals.

The accreditation of premises is fully independent of the accreditation of practitioners. It is **not** necessary for an owner or tenant of GMS premises to be accredited to perform minor surgery in order for the GMS Contractor premises to be accredited.

Any serious incidents or near misses associated with the procedures conducted under the DSS should be reported to the Health Board using arrangements in place under the Duty of Candour.

9. Data recording requirements

- All procedures are to be recorded on the agreed proforma at the time of operation by the accredited minor surgeon,
- All complications are to be recorded and reviewed within 14 days of being noted,
- Histology/analysis will be recorded within 12 weeks, or sooner if available.
- It will also as act as a fail-safe mechanism for reconciling histology with the operation note.
- Information to be submitted with claims on the agreed proforma for each procedure:
    - Accredited Practitioner GMC number
    - Engaged Provider
    - Premises
    - NHS Number
    - Date of procedure
    - Level of service
    - Procedure name / Technique used
    - Consent obtained

    - Chaperone offered/provided (name & qualification)
    - Assistant (name & qualification)
    - Site of procedure (with laterality)
    - Anaesthetic used (if any)
    - Closure technique (if any)
    - Biopsy sent for histology/analysis
    - Operative comment (if necessary)
    - After 6 weeks (may be delayed due to the availability of histology):
        - Histology/Analysis findings
        - Complications (haemorrhage, infection, dehiscence etc.)
        - Complaints
        - Claim submission
        - Patient informed of result in respect of level 3 procedures
- Data entry should be by the use of Read codes (or SNOMED-CT codes when available) onto the GP system.

10. Pricing

The **Health Board** will agree with the **engaged provider:**

- The specified levels (1, 2a and/or 2b, and/or 3) of minor skin-surgery to be provided to a defined population, including the practice's own registered population, but which may also include the registered patients of GMS practices in a cluster/professional collaborative.
- The volume of service that the contractor will provide.
- Where patients are to be referred should the maximum number of procedures be reached

The **engaged provider** must inform the Health Board in advance of any potential increased or decreased demand in commissioned activity. The Health Board must agree to vary any commissioning volumes in advance otherwise payment will not be made.

Description	**Payment**
Level 1	**£100**
Level 2a	**£110**
Level 2b	**£130**
Level 3	**£150**

These prices will be reviewed annually and where applicable updated in line with the national guidance.

11. Audit and Quality Improvement

Engaged providers and accredited practitioners will be expected to review their own reports and reflect on performance and take any necessary steps to improve performance. This should be done yearly and shared with the commissioning Health Board and shared at annual appraisal.

12. Decommissioning

a) **Notice period and duration**
The notice period for ending the agreement for service provision will be three calendar months for either the Commissioner or the Provider. The notice will be in writing setting out the reasons.

b) **Disputes**
Any disputes arising will be dealt with in the prescribed way. LHBs and contractors should make every effort to resolve the dispute locally before formally submitting it through the NHS dispute resolution procedure.

13. Supportive Documents

Appendix A	**Practitioner Accreditation Application**
Appendix B	**Minimum Requirements for Minor Operation Room**
Appendix C	**Premises Accreditation Application**
Appendix D	**Engaged Provider Application**

Appendix A

Application to Join the Service List as an Accredited Minor Surgeon

Background

This form is to be used by a person wishing to join the minor surgery service list as an accredited minor surgeon.

Definition

A “minor surgeon” for the purpose of the Minor Surgery DSS means any person 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 (see www.gpwsi.org) or as deemed appropriate by the Local Health Board (LHB).

Accreditation

Health Boards (HB) are responsible for ensuring that the DSSs are delivered by professionals who are properly qualified to do the job.

Doctors carrying out minor surgery must have the necessary skills and experience to carry out the contracted procedures, be competent in resuscitation and demonstrate a continuing sustained level of activity, conduct regular audits, be appraised on what they do and take part in necessary supportive educational activities.

Doctors carrying out the Minor Surgery DSS should be able to provide evidence of 1 training course in minor surgery within the last 5 years, and will be required to attend regular dermatology updates.

It is expected that the level of training required for a GP and other health professionals providing the a DSS is identified in that persons’ continuous personal development plan (CPD) and, where additional training is required, local mechanisms are found to address this.

Accreditation of the service should be based upon a consideration of the DSS plan, as set out in the application for approval, and should be determined by the Health Board upon the advice of the medical and nursing directors. Practice visits will provide the opportunity to explore in more detail any issues which might arise in the provision of the service.

All doctors directly involved in the provision of the DSS are required to identify that responsibility within their CPD plans and discuss the related professional development with their appraiser. They need to assure the medical director of the HB that this has been done and the appraisal signed off. A similar model will apply for any practice nursing staff supporting the provision of any DSS.

Objective

To provide a means whereby only accredited persons will actually provide Minor Surgery Directed Supplementary Services on behalf of the practice.

DETAILS OF MINOR SURGEON

Dr/Mr/Ms* _____ Forenames: _____
* Delete as appropriate

Date of first full registration
with a professional body _____ Registration Number _____

Name of Professional Body _____

POST GRADUATE QUALIFICATIONS

Title of Qualification Date Awarded

_____

_____

RELEVANT EXPERIENCE*

Please give information about all relevant experience in the last five years (N.B. any references held should be supplied)

In hospital and/or community posts

From To Post Employing Authority

_____

_____

_____

_____

Providing minor surgery services in general practice. (Please give full details of services provided on a separate sheet)

From To Practice Address

_____

_____

_____

RELEVANT COURSES*

From	To	Title of Course	Organiser

APPRAISAL, REVALIDATION AND CONTINUOUS PERSONAL DEVELOPMENT PLAN

Please attach any relevant documentation to support this application.

Appendix B

Minimum Requirements for Minor Operation Room

Practice Self Assessment

Practice: _____

Location/Address for treatment room assessed

_____

Practice Code: **W**_____

Requirement	**Tick to confirm compliance**
Treatment Room	
A room of at least 17.5m2 used exclusively as a treatment or minor operation room	
Couch in a central position to be accessed on both sides	
Adequate lighting, ventilation and heating	
Room for a dressing trolley	
Privacy – conversation should not be overheard	
Sheets – disposable – or roll paper available for each patient	
Adjustable lighting – suitable for minor operations	
Electrical sockets – sufficient for any electrical equipment	
Hand basin – preferably with elbow taps, paper towels, liquid cleanser dispenser or antiseptic hand wash	
Step-stool / or electric couch	
Washable floor covering (non-slip)	
Good access for stretcher	
Preparation Area/Room	
May either be part of the Treatment Room or an adjoining room	

Sinks for instrument cleaning, specimen disposal and hand washing, with provision for instrument cleaning equipment, soap and paper towels	
Autoclave or Hot Air Sterilizer which cannot be opened during cycle if not using disposable instruments	
Sharps disposal box (As provided by an accredited Hygiene System, or a local hospital arrangement details to be notified to the LHB)	
Clinical waste bin	
Clean waste bin	
Easily cleaned, hygienic working surfaces and floor covering (non-slip)	
Dressings trolleys/trays	

Basic Equipment	
CSSD packs where available	
Resuscitation kit including oxygen and airways	
Instruments for the procedure e.g. – dressing forceps, scissors, sinus forceps, artery forceps, stitch holders, scalpels, stitch cutters Bowls and receivers Instrument trays Sutures Steristrips Sterile dressings, strapping, slings Syringes Needles Gloves Appropriate specimen pots	

PLEASE COMPLETE ONE FORM FOR EACH TREATMENT ROOM AND SUBMIT, TOGETHER WITH YOUR PRACTICE APPLICATION/RE-REGISTRATION TO YOUR LOCAL PRIMARY CARE CONTRACTS OFFICER

Completed by (Name and position): ……..……..…

……..……..

Signature: …….. Date: ……..

Appendix C

PREMISES ACCREDITATION APPLICATION FOR MINOR SURGERY DIRECTED SUPPLEMENTARY SERVICES

It is a requirement that the contractor ensures that it has appropriate arrangements for infection control and decontamination in premises where surgical procedures are undertaken, and for these purposes. Practices should take advantage of any of the following arrangements

(i) the use of sterile packs from the local CSSD

(ii) disposable sterile instruments

Practices must have:

(i) an infection control policy with version number control that is compliant with national guidelines including inter alia that handling of used instruments, excised specimens and the disposal of clinical waste. There must be a named infection control lead within the practice.

(ii) there must be a documented Cleaning Policy and Schedule for the minor operations area, with documented cleaning records. The Infection Control Policy and Cleaning Policy must be updated annually with fully documented version control, i.e. version number, date revised, date of next revision, reviewed by, revised by etc in the footer. Each new version must be signed by the Senior Partner/Accredited "Minor Surgeon" and Practice Nurse(s).

(iii) Minor operating room must adhere to the minimum requirements (appendix B)

AGREEMENTS AND DECLARATIONS

As provider of premises for the delivery of the Minor Surgery Directed Supplementary Service, I agree:

- That I have read and will assist in meeting the requirements of the Practice under the Directed Supplementary Services Directions.
- To submit reports and records as and when required

I declare:

- That I have read and will have regard to minimum requirements for minor operation room - accommodation and equipment;
- The information on this form is correct and I seek accreditation to provide facilities for the purpose of the Minor Surgery Directed Supplementary Service;
- That I understand that initially, unless agreed otherwise with the HB, the overhead costs for provision of this facility is covered within the claimable fees laid out for the delivery of Level 1, 2 (a and b) and Level 3 minor surgery.
- The practice has suitable premises and equipment to provide the services outlined in the Minor Surgery Directed Supplementary Service Specification.

Applicants / Practice Signature: _____

Date: _____

Practice Stamp:

Please email this form to: nwssp-primarycareservices@wales.nhs.uk

APPLICATION PROCESS

Upon receipt of a completed application to join a service list and/or individual accreditation to provide a service, NWSSP will process the paperwork and review any necessary accreditation criteria. This process will routinely take between 5 and 20 days to process the application. Where additional information is required to support a completed application, NWSSP will reject the application if the additional information is not received within three weeks of the request. After this time the practice will need to reapply to NWSSP once all the necessary information is gathered.

Practices are unable to provide or claim for services under any Directed Supplementary Service specification until they have received confirmation that the application to join a service list has been approved, and where applicable have at least one performer accredited to provide the service.

OFFICIAL USE ONLY

Application checked by: _____ Date: _____

Application approved ☐

(✓) Tick as appropriate

Not approved ☐

Approved By: _____ Date: _____

When not approved, reason for non-approval:

_____

_____

Appendix D

Minor Surgery Directed Supplementary Service Engaged Provider Application

Health Boards(HB) are responsible for ensuring that Directed Supplementary Services are delivered by professionals who are properly qualified to do the job, in premises and facilities that are fit for purpose.

The Health Board will contract with a contractor ('*the lead engaged provider*') to provide the clinical services levels 1, 2a and/or 2b, and/or 3 to a defined population. This population may be either:

- the registered population of a single GMS contractor, or
- the registered populations of one or more GMS contractors within a cluster or collaborative, locality or Health Board.

Accreditation

The engaged provider will ensure that all minor surgeons providing services under the Minor Surgery Directed Supplementary Service are suitably accredited.

The engaged provider will ensure that rooms used for minor surgery under the Directed Supplementary Service are compliant with minimum operating room standards and that premises are approved.

The engaged provider will provide all relevant information to the Health Board in order to demonstrate compliance with all elements of the delivery of the service and in support of claims for service provision. When required to do so, the engaged provider will be willing to explore in more detail any other issues which might arise in the provision of the service.

The engage provider will provide an annual declaration of compliance with all elements.

DETAILS OF MINOR SURGEONS

Title	Surname	Forename	Date of first full registration with a professional body	Registration number	Date of most recent training update

AGREEMENTS AND DECLARATIONS

I agree:

- To carry out the Minor Surgery Directed Supplementary Service according to the specification and/or as may be agreed with the HB
- That I have read and will assist in meeting the requirements of the Practice under the Directed Supplementary Services Directions.
- To submit reports and records as and when required
- To give notification immediately of the information becoming known to me to my employing practice of all emergency admissions or deaths of any patient covered under this scheme, where such admission or death is or may be due to the performance of the minor surgical procedure in question or attributable to the underlying medical condition.

I declare:

- That I have read and will have regard to minimum requirements for minor operation room - accommodation and equipment;
- The information on this form is correct and I seek accreditation to be approved as an engaged provider for the purpose of the Minor Surgery Directed Supplementary Service;
- That I understand that initially, unless agreed otherwise with the Health Board, this scheme will be restricted to payments in respect of delivery of levels 1,2 and 3 of the Directed Supplementary Service.
- The practice has suitable premises and equipment to provide the services outlined in the Minor Surgery Directed Supplementary Service specification.

Applicants/ Practice Signature:_____

Date: _____

Practice Stamp:

Please email this form to: nwssp-primarycareservices@wales.nhs.uk

APPLICATION PROCESS

Upon receipt of a completed application to join a service list and/or individual accreditation to provide a service, NWSSP will process the paperwork and review any necessary accreditation criteria. This process will routinely take between 5 and 20 days to process the application.

Where additional information is required to support a completed application, NWSSP will reject the application if the additional information is not received within three weeks of the request. After this time the practice will need to reapply to NWSSP once all the necessary information is gathered.

Practices are unable to provide or claim for services under any Directed Supplementary Service specification until they have received confirmation that the application to join a service list has been approved, and where applicable have at least one performer accredited to provide the service.

OFFICIAL USE ONLY

Application checked by: _____ Date: _____

Application approved ☐

(✓) Tick as appropriate

Not approved ☐

Approved By: _____ Date: _____

When not approved, reason for non-approval:

_____

_____