



# **GRAMPIAN MODEL** **of** **COMMUNITY SURGERY**

**Dr Douglas Nicol -**  
**Chairman**  
**Grampian MCN**  
**Community Minor Surgery**

# MCN COMMUNITY SURGERY



**Dr Douglas Nicol**



**Chairman**



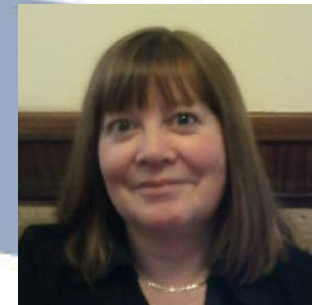
**Mr Graham Cooper**  
**Consultant Community Surgeon**



**Mike Ogg**  
**Senior Manager**



**Wendy Johnston**  
**Planning Officer**



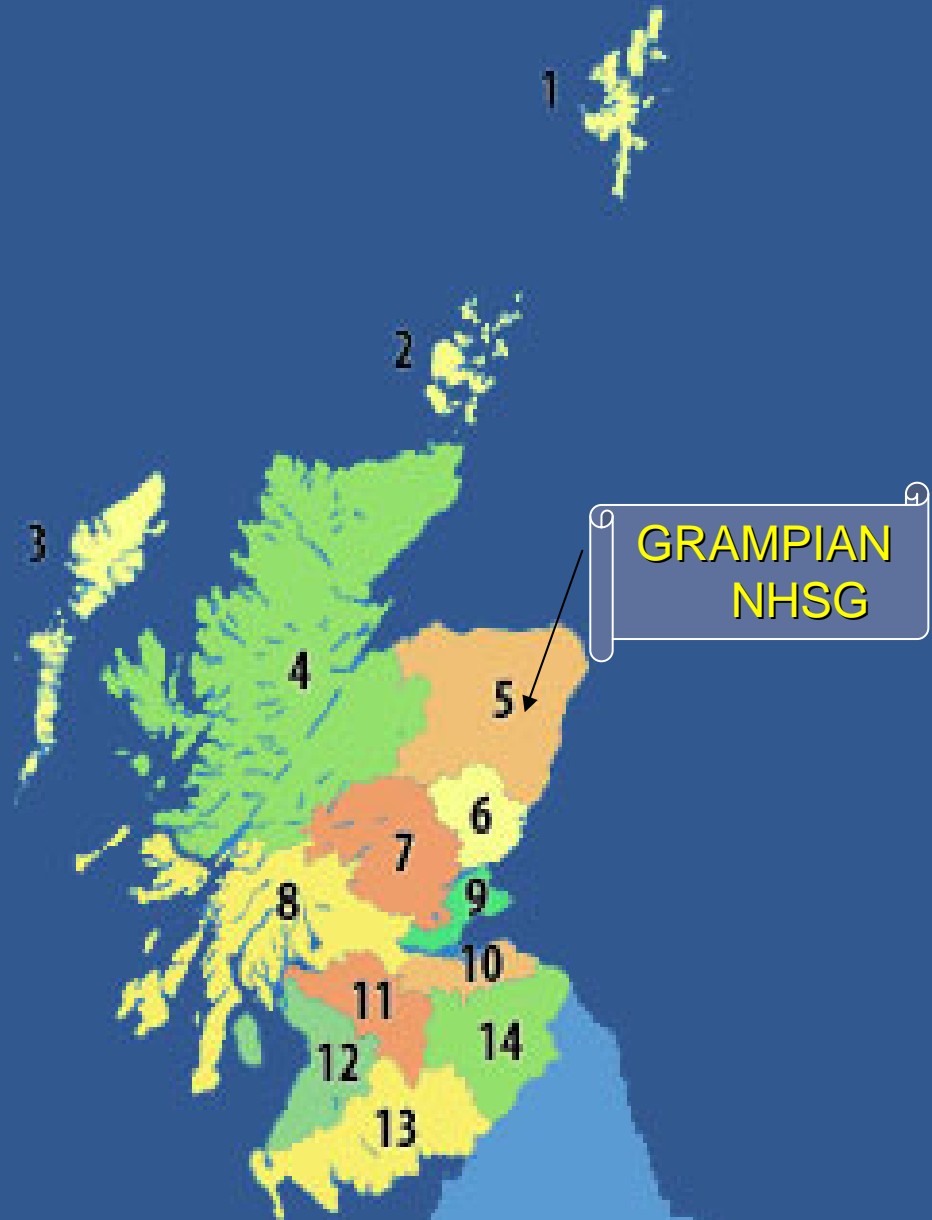
**Sheila Philp-PA**

**MAJOR STAKEHOLDERS**

# SCOTLAND

NHS

1. Shetland
2. Orkney
3. Outer Hebrides
4. Highlands & Skye
5. Aberdeen & Grampian
6. Angus & Dundee
7. Perthshire
8. Argyll, the Isles, Loch Lomond, Stirling & the Trossachs
9. Kingdom of Fife
10. Edinburgh & Lothians
11. Greater Glasgow & Clyde Valley
12. Ayrshire & Arran
13. Dumfries & Galloway
14. Scottish Borders



# **GRAMPIAN STRUCTURE**



- **NHSG is made up of four sectors;**  
**3CHP's and one acute sector**

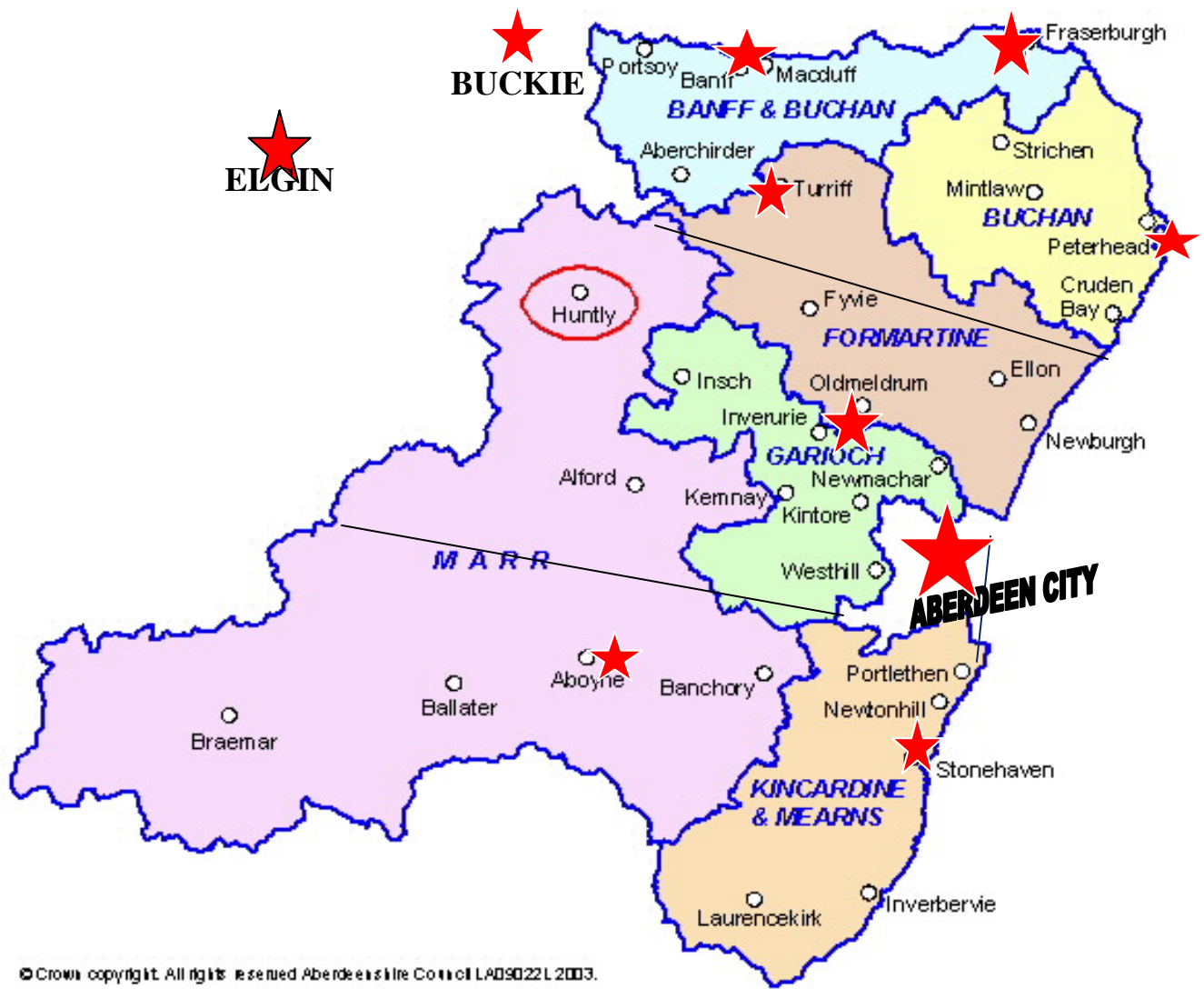
**Total pop 580,000**

➤ **ABERDEEN CITY CHP**  
**Population 250,000**

➤ **ABERDEENSHIRE CHP (3LCHPs)**  
**Population 246,000**

➤ **MORAY CHP**  
**Population 80,000**

➤ **ACUTE SECTOR**



# HISTORY



- **1) Minor Surgery has been carried out in most practices in Grampian since 1948.**
- **2) Some GPs with surgical experience took referrals from other practices during fund holding period (1980's).**
- **3) Minor Surgery Service expanded in several parts of Grampian in 2003 with trained GPs taking referrals from colleagues. Patchy with no common contracts.**
- **4) Each CHP/LCHP did “their own thing”!!!!**

# HISTORY



- By 2004-5 it was recognised that a **co-ordinated** approach to training and accreditation and appraisal as well as management of Minor Surgery Service was needed.
- A Shadow MCN was Formed August 2005.
- Dr Douglas Nicol -appointed as Chairman with task of forming a steering committee of multiple stakeholders (GPs, Surgeons, Managers and others) to promote safe effective Community Surgery in Grampian.



# AIMS & OBJECTIVES of MCN



- To **CO-ORDINATE** Minor Surgery across Grampian.
- To **STANDARDISE** delivery of care including procedures, list lengths , training, appraisal, sterilisation, instruments, payment etc.
- To **REGULATE** Minor Surgery – formalise procedure list , develop training plan/ accreditation /appraisal systems.
- To **STANDARDISE** data recording, pathology and audit.
- To develop **CAPACITY** to deal with increasing demand.
- To act as **LIAISON** between Primary and Secondary Care.
- To ensure an **AFFORDABLE SUSTAINABLE SAFE** service.

# STEERING COMMITTEE



## PERMANENT

- Four Major Stakeholders.
- Representatives from 3 CHPs and from Acute Sector.
- IT Representative.

## INTERMITTENT—

Depending on agenda other specialists could be invited along

- Contributing Surgeons/Mentors—  
Plastics/Dermatology/Orthopaedic/Urology.
- Finance, Infection Control, Referral Management, HR, Others as required.

# MINOR SURGERY FRAMEWORK



- “BETTER HEALTH-BETTER CARE”-Scottish Government Strategic Document.
- Grampian published a “CHANGE & INNOVATION PLAN” –concerned with transfer from Acute to Primary Care – i.e. a shift in the balance of care.
- Development of LOCAL ACCESSIBLE SERVICES — Minor Surgery included. From activity figures we knew this would be Demand Led.
- We deduced that a COLLABORATIVE APPROACH was indicated.
- We needed to ensure a SUSTAINABLE SERVICE .
- We recognised that an Increase GPwSI’s manpower was required i.e. SUCCESSION PLANNING.

# ESSENTIAL REQUIREMENTS FOR FRAMEWORK DEVELOPMENT

- 1) TRAINING/EDUCATION
- 2) ACCREDITATION/
- 3) ON-GOING APPRAISAL /AUDIT
  - Only then can we guarantee;
    - QUALITY ASSURANCE
    - CLINICAL GOVERNANCE
- HOW COULD WE DELIVER THIS?

# WHY DEVELOP A NEW MODEL?



- Criticism of GP Minor Surgery in the comics, NICE and of course Secondary Care Consultants.
- Perception of lack of trust and credibility— “GP’s Howkin?? – “They dinnae ken fit ere daein”!
- Training seen as opportunistic and “charitable”-no consistency.
- “Its nae in ma jobby plan” Training in Consultant job plans only referred to Surgical trainees”.

**TO ADDRESS THE ABOVE AND DEVELOP CREDIBLE TRAINING/ACCREDITATION /APPRAISAL SYSTEMS A SOUND MECHANISM WAS INDICATED.**

## **NEXT STEP???**

- **We explored feasibility of securing the services of an experienced Surgeon.**
- **We wrote a business case to fund the post.**
- **Whilst this was supported by NMSG, there was no identified funding.**
- **HOWEVER..... Such was the ambition and innovation shown by the proposal it was decided to seek central funding from the SCOTTISH Government Health Dept.**

# OUTCOME

- **As a first for Scotland - a post has been funded**
- **First Community Consultant Surgeon appointed in October 2008**



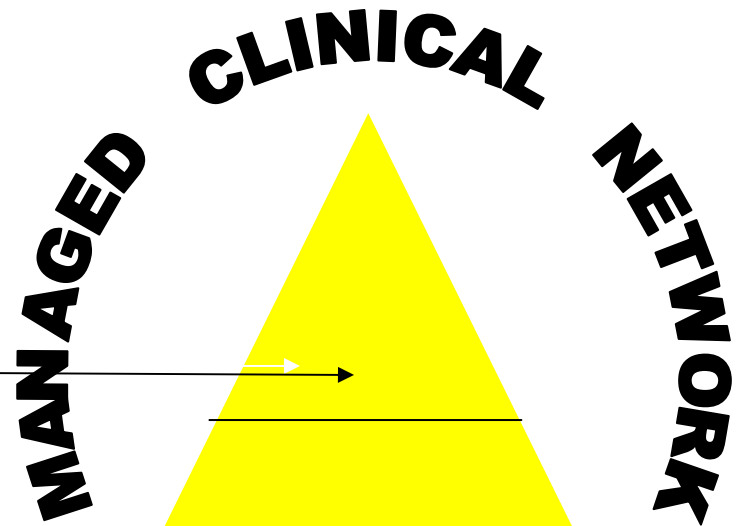
**Mr Graham Cooper**

- **There is a requirement to provide clear evidence of the benefits that the model will bring.**

# THE GRAMPIAN MODEL

## FOUR LEVELS

- Consultant in Community Surgery
- Referral Level Surgeons (GPwSIs)
- Enhanced Level GPs



# COMPONENTS OF A MINOR SURGERY SERVICE



- **ADDITIONAL SERVICES MINOR SURGERY (nGMS CONTRACT)** - Curettage, cautery, cryocautery of warts and verrucae, and other skin lesions.
- **LOCAL ENHANCED SERVICE MINOR SURGERY (ENHANCED SERVICES CONTRACT)** - In practice - Injections (muscles, tendons and joints). Invasive procedures - includes incision and excisions, injections of varicose veins and piles.
- **REFERRED MINOR SURGERY SERVICE /GPWSI** - More complex invasive procedures requires specialist training). E.g. specific procedures - vasectomy, carpal tunnel, haemorrhoid banding.

# THE GRAMPIAN MODEL



## PRINCIPLES

- A degree of clinical judgement and flexibility exists in the decision as to where and who should undertake the procedures.
- Wherever possible, Practices are supported to provide **ENHANCED** Minor Surgery in-house Enhanced Services.
- Contract GPwSI Framework - Onward referral to a **REFERRAL** Surgeon (GPwSI) only when they are unable to deal with the procedure in Practice.
- The Consultant **COMMUNITY SURGEON** is responsible for overall support.

# THE GRAMPIAN MODEL



- Appointment of part time Consultant in Community Surgery has taken the trainer out of ACUTE and located him in PRIMARY CARE.
- Symbolically this move has taken a strategic direction for Minor Surgery from an ACUTE LOCUS to that of PRIMARY CARE.
- MCN Steering Group - Clinical and Managerial and liases between Primary & Secondary Care.
- Training Plan has been developed for Enhanced and Referral Surgeons .
- Ongoing development of criteria for accrediting new Referral Surgeons.
- Appraisal mechanisms also in development. The GPwSI appraisal system will include discussion of referral patterns from Practices

# ENHANCED LEVEL MINOR SURGERY



- The MCN proposes to promote further development of Local Enhanced Service i.e. to **MAXIMISE** “in practice” surgery in NHSG. Database of performers created.
- To **FACILITATE** GPs to undertake less complicated procedures in their own surgeries - help with training and equipment etc.
- Training /mentoring/accreditation by GPwSIs with help from Consultant.
- Run local Basic Course - twice per year; up to 12 candidates per session. Course is being co-ordinated with RCSEd and RCGP Scotland.

# ENHANCED LEVEL

## COURSE CONTENT



- **Theory & Practical - basic surgical practice digital imagery etc.**
- **Training Sessions - joint injections, toenail surgery, eyelid surgery.**
- **Personal Training Log & Supervised Learning by GPwSIs plus contribution from Consultant.**
- **Proposed Peer Support - GPwSIs.**
- **Proposal that any NEW enhanced level practitioner undertakes course and supervised practical experience and has continued mentoring and appraisal. Refresher courses available.**
- **Proposal to include Minor Surgery in annual appraisal.**
- **Bi-annual visit to Practice by Clinical Lead.**
- **To develop a Database for purpose of “Succession Planning” - and to identify future training needs.**

# REFERRAL LEVEL MINOR SURGERY (GPwSI's)



- **Receive referrals from other Practices**
- **12 Operating centres in Grampian - Mainly Community Hospitals.**
- **9 GPwSIs at various stages of skill.**
- **Works ½ to 4 sessions per week plus admin time.**
- **4 additional GPwSIs in training.**

# REFERRAL LEVEL MINOR SURGERY

## (GPWSI FRAMEWORK )



- **Common contract with additional sessions for admin/quality/audit. Clinical Accord defining quality and activity standards.**
- **Must have done Basic Course or equivalent.**
- **Dedicated training with Consultant, with input from other Consultants.**
- **Accreditation through completion of Training Log Book. Signed off copy of log to be retained by GPwSI and Clinical Lead.**
- **PRP element-incentive for best practice. PRP payments depend on completion audit, appraisal.**
- **Accreditation and Appraisal (Clinical & Management).**
- **Log Book is being developed.**

# **REFERRAL LEVEL (GPwSI)**

**(PERFORMANCE MEASURES FOR APPRAISAL)**



- **Agreed Annually.**
- **Review of activity level/caseloads.**
- **Annual audit eg infection/wound breakdown / incomplete excision/ DNA rates.**
- **Review of Pathology.**
- **Referral management appropriateness etc.**
- **PDP.**
- **Training review/ evidence CPD/operating with Consultant.**
- **Waiting times.**
- **Significant Event Analysis and complications etc.**
- **Discussion of support and educational role.**
- **Ongoing discussions at MCN level and with RCSEd, RCGP and NES.**

# **CONSULTANT IN COMMUNITY SURGERY**



## **BASED IN PRIMARY CARE**

- **Part Time – 7 sessions - 3 training, 2 admin, 2 Service Delivery.**
- **Training/Accreditation/Appraisal of GPs with Special Interest.**
- **Assist with training of Enhanced Level.**
- **Mentoring and support at all levels.**
- **Deliver some hands on Clinical Sessions within Primary Care.**
- **Clinical Lead role - assists Chairman in liaising with Secondary Care Consultants.**

# CONSULTANT IN COMMUNITY SURGERY



- **PROMOTES A COLLABORATIVE APPROACH BETWEEN PRIMARY AND SECONDARY CARE**
- **Glens contribution from Secondary Care by liaising with Consultants who give support to training of Community Surgeon.**
- **Secondary Care Consultants also supplements training/mentoring of GPwSIs.**

# FUTURE CONSIDERATIONS



- **Local Minor Surgery Network meetings - educational support/ training issues, discuss service planning (Enhanced and Referral Level).**
- **MCN Annual Events - strong educational focus Guest speakers, Dermatologists, Plastics, Urologists and Managers.**
- **Proposed annual visit to Practices by local Minor Surgery Lead for assessment and support.**

# CONCLUSIONS



- The **KEYSTONE** of our training and accreditation programme is the appointment of a **CONSULTANT SURGEON IN PRIMARY CARE.**
- Promotes a **COLLABORATIVE APPROACH.**
- Graham has prior knowledge of Secondary Care and has formed many relationships within the Acute Sector **SO**-He already has an established acute network.
- His position gives kudos to the whole concept of Primary Care based surgery and guarantees **QUALITY ASSURANCE** in training and appraisal.

# ABOYNE LAUNCH 2008

