



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 25 MAY 2023

SUBJECT: PRIMARY CARE MINOR SURGERY

BY: PRIMARY CARE DEVELOPMENT MANAGER

1. REASON FOR REPORT

1.1. To inform the Clinical and Care Governance Committee of the current position regarding the Moray Primary Care Minor Surgery Service.

2. RECOMMENDATION

2.1. It is recommended that the Clinical and Care Governance Committee consider and note:

- i) the current position of Primary Care Minor Surgery Service which is delivered from the Dr Grays site; and**
- ii) the impact on Moray patients.**

3. BACKGROUND

3.1. The situation being faced by the service is due to the lack of access to the GP Referral Minor Operations facility at the Dr Grays site.

3.2. This has been the case now since October/ November 2022 when the service was asked to vacate the facility on a Thursday to allow Ophthalmology to use the space for essential procedures.

3.3. There are 3 GP Referral Surgeons but with a reduced capacity to undertake procedures. As a consequence the services waiting time has gone up significantly.

3.4. The ongoing nature of this problem has several important affects:

- reduced operating capacity;
- escalating waiting lists including for excisions of cancerous skin lesions referred via GP and Dermatology;
- negative affect on morale of staff;

- negative affect on future sustainability planning for the service (for example, the ability to take on another GP Career Start Referral surgeon and ensure future proofing succession planning and potential survival of the service).
- 3.5. It is important to stress that should this important service fail, this workload would not go back to General Practice but to secondary care.
- 3.6. Meantime waiting lists have increased along with complaints, which are being managed verbally at this time.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. The Morayshire GP Referral Surgery Service was commissioned at Dr Gray's Hospital, Elgin in 2003 under the management of Primary Care and has the following key objectives:
- to provide a day case surgical service under Primary Care management to undertake surgical procedures not suitable to be undertaken in GP Practice and to relieve waiting list pressures in Secondary Care.
 - to provide the opportunity for GP Referral Surgeons (GPwSI's) to skill up in surgical assessment and procedures and to offer training and support to other GP Minor Surgeon colleagues in a community setting.
 - to offer basic training and support to medical students attached to surgical specialities at Dr Grays.
 - to offer a training program for trainee GPwSI's through the GP Career Start Program.
 - to work in a Managed Clinical Network with other hospital based specialties including General Surgery, Dermatology, Plastic Surgery, Orthopaedics.
 - to work within accepted guidelines of surgical practice, undertake audit and service review as part of a wider Clinical Governance framework.
- 4.2. The service has developed over the years, now operating out of the Minor Surgical theatre facility on the Grays site every Wednesday, Thursday and alternate Fridays.
- 4.3. Historically, the service had another operating facility at Seafeld Hospital, this was discontinued due to concerns regarding the standard of the operating facility itself (infection control, poor ventilation, lack of store room, non-compliance with Clinical Governance standards and the fact that the facility was situated in a designated non-clinical zone).
- 4.4. Referrals are accepted from Primary Care (GP Practices) and Secondary Care (dermatology, surgery, orthopaedics) and the key emphasis is to undertake a repertoire of procedures suitable for the facility and the skill set of the GP Referral Surgeons. In general terms, the service undertakes Level 3 procedures. These procedures include:
- excision of facial lesions not requiring skin grafting including Basal Cell Carcinoma (a type of skin cancer), excoriated skin lesions and benign lesions causing symptomatic problems. Suspicious pigmented (melanocytic) lesions should ideally be referred to the Dermatology

Multi-Disciplinary Team unless they are being referred directly from that service

- excision of larger sebaceous cysts, lipomas
- vasectomies (Non scalpel technique)
- carpal tunnel assessment, carpal tunnel release and steroid injections

4.5. Strengths:

- well organised, central, locally based service, well trained, motivated and functional team operating within a Managed Clinic Network.
- efficient and well audited service delivering good clinical outcomes to patients
- excellent facility at the Dr Grays site compliant with infection control. Support available from hospital based colleagues for any adverse clinical scenarios.
- high regard for the service from the local GP community and patient users alike.
- delivering training and support to medical students, trainee GP Referral Surgeons, hospital Surgical Specialty Trainee's and community based GP Minor Surgeons.
- relieving waiting list pressures from hospital based, Secondary Care services.
- operating pan-Grampian to relieve waiting list pressures on Community based surgery (e.g. vasectomy waiting list initiative).

Weaknesses/ Challenges:

- lack of understanding of the GP Referral Surgery Service provision in the wider Grampian Secondary Care community.
- variation in the GP Referral Surgery service across including lack of central co-ordination of waiting lists, skill set of individual GP Referral Surgeons, lack of standardisation of facilities.
- significant recent threats to the Operating facility at the Dr Grays site due to competing secondary care service requirements. By implication, a reduction of operating capacity will lead to bigger waiting lists and further workload pressures applied to Secondary Care, and ultimately a direct threat to the long term viability of the Moray based GP Referral Surgery service.
- age spectrum of existing GP Referral Surgeons and lack of succession planning to meet future service demands.
- reduction in operating capacity at the Dr Grays site leading to a reduction in training opportunities to trainee GP Referral Surgeons.

4.5 Table 1 below details the waiting list for the service as at 29 March 2023.

As at	No of Patients	Procedures waiting for				Waiting Time in weeks	
		Vasectomy	Lesions (lumps, bumps, SCCs, BCCs etc)	Carpal Tunnel release	Carpal Tunnel assess		
05/07/2022	137	73	60	4	0	19	
14/09/2022	201	110	82	15	0	19/20	
24/10/2022	242	135	83	6	18	appt from 2020	Grampian WL initiative Vasectomy patients referred from back to 2020
07/12/2022	279	173	80	0	23	appt from Sept 2021	82 Vasectomy referrals from Grampian WL initiative so far
10/02/2023	285	196	85	2	2	appt from Feb 2022	Not receiving Grampian WL Vasectomies at the moment but ARI are regularly assessing our WL times with other services across Grampian
29/03/2023	280	174	98	6	2	34	

4.6 Table 2 below shows the number of appointments that have been lost since the service has been unable to access the Dr Grays facility on a Thursday

Clinic Date	No. of Appointments	
15/09/2022	6	
22/09/2022	6	
29/09/2022	6	
06/10/2022	6	
13/10/2022	6	
20/10/2022	6	
27/10/2022	6	
03/11/2022	6	
10/11/2022	6	
17/11/2022	6	
24/11/2022	6	
01/12/2022	6	
08/12/2022	6	
15/12/2022	6	
22/12/2022	6	
29/12/2022	6	
05/01/2023	6	
12/01/2023	6	
19/01/2023	6	
26/01/2023	6	
02/02/2023	6	
09/02/2023	6	
16/02/2023	6	
23/02/2023	6	
02/03/2023	6	
09/03/2023	6	
16/03/2023	6	
23/03/2023	6	
30/03/2023	6	
	174	

5. **SUMMARY OF IMPLICATIONS**

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”

The policy and approach set out in this report is consistent with the MIJB Strategic Plan.

(b) Policy and Legal

A number of policy and legal implications to be considered

(c) Financial implications

Financial implications regarding the refurbishment at Dr Grays and/or purchase of equipment

(d) Risk Implications and Mitigation

Risks and mitigating factors are outlined within the report

(e) Staffing Implications

There are implications on staffing provision and on staff health and wellbeing

(f) Property

Implications regarding Dr Grays premises or alternative provision

(g) Equalities/Socio Economic Impact

None arising directly from this report

(h) Climate Change and Biodiversity Impacts

None arising directly from this report

(i) Directions

None arising directly from this report

(j) Consultations

Robert Lockhart, Moray GP Clinical Lead
Malcolm Simmons, Moray GP Clinical Lead
Charles Hornsby, Moray GP Referral Surgery Clinical Lead
Sean Coady, Moray Head of Service

All comments have been incorporated into this report.

6. **CONCLUSION**

6.1 Clinical and Care Governance Committee are asked to note the content of this report.

Author of Report: Rosemary Reeve, Primary Care Development Manager
Background Papers: GP Referral Surgery Service

Ref: