

Referral Support Service

General Surgery

GP Minor Surgery and Joint Injections

Practices signed up to the Vale of York CCG Minor Surgery Enhanced Service may perform (by trained clinicians on the Performers' Register) the following procedures:

- i) Injections – Joint problems treatable by steroid injections
 - Injection of steroid into shoulder joint
 - Injection of steroid into ankle joint
 - Injection of steroid into knee joint
 - Injection of steroid into wrist joint
 - Peri-articular injection of the medial and lateral epicondylitis of the humerus
 - Inject trigger finger/thumb
 - Injection of carpal tunnel
 - Injection of steroid into plantar fascia
 - Injection into bursa
 - Peri-articular injection of the greater trochanteric bursa
 - Injection of the small joint of the hand and foot

- ii) Aspirations
 - Aspiration of joint
 - Aspiration **and** steroid injection of ganglion
 - Aspiration **and** steroid injection into a bursa

- iii) Invasive procedures:

Procedures which can be routinely performed:

1. Removal of low risk BCC (defined as <1cm and below the clavicle).
2. Recurrently Infected Sebaceous Cyst (defined as more than one infection).
3. Ingrowing Toenail Wedge or Complete Excision.

4. Incision and drainage of an abscess requiring Local Anaesthetic.
5. Removal of cervical polyp (sending specimen for histology as per RSS guidance [Click Here](#))
6. Incision and Curettage of Meibomian Cysts (as per RSS guidance [Click Here](#))

Procedures requiring Dermatology Permission to Biopsy/ Excise (obtained via the CCG's Referral Support Service which may include the following):

1. Excision or Biopsy of any lesion of diagnostic uncertainty for histological assessment.
2. Curettage/ Excision of Actinic Keratoses.

Items NOT routinely included in this Enhanced Service

The CCG **does not commission** the removal of benign skin lesions for **cosmetic reasons** (see link for [PNRC's](#))

Procedures to **Remove Benign Lesions** (causing persistent symptoms such as bleeding/ infection and functional impairment) **all require prior IFR panel approval** for NHS funding.

When IFR approval is given then surgery may be performed in Primary or Secondary care setting depending on clinical need.

Examples include:

1. Seborrhoeic keratosis
2. Skin tags
3. Dermatofibroma/ benign skin tumours
4. Eyelid Papilloma

This list is not exhaustive and providers should check with the IFR panel before undertaking any surgery

Practice audit figures for minor surgery will be validated with their IFR funding approval data and RSS Permission to Biospy codes and the CCG will only fund procedures adhering to these standards.

Items not included in the Minor Surgery Enhanced Service

Responsible GP: Dr Emma Broughton
Senior Innovation and Improvement Manager:
Mr Shaun Macey

Clinical Research & Effectiveness approved: Sep 2016
Date published: Sep 2016
Next Review: Mar 2018

Any procedure that has been requested for cosmetic reasons will not be considered under this Local Enhanced Service.

i) Injections

- Insertion of Hormonal implant (inc Zoladex and Triptorelin)
- Insertion of subcutaneous contraceptive (available through the LARC Enhanced Service)
- Local anaesthesia prior to minor surgery

ii) Invasive procedures

Removal of:

- viral warts
- removal of foreign bodies.

For Full details of the competencies to perform minor surgery and joint injections, along with the reporting and audit standards, please refer to the [Minor Surgery Enhanced Service Specification 2016/17](#)