Skin Surgery performed under DES and LES

Introduction
There are many GPs who do not consider themselves dermatology or surgical GPwSI, but who would like to provide (or are already providing) skin surgery services within their practices as part of primary medical care contracts using the Directed Enhanced Service or under a Local Enhanced Service (DES/LES).

For those who are thinking of becoming involved in such work it is important to have a natural flair for skin surgery, as not everyone is a good surgeon. Attending a beginner’s course in skin surgery is a good way to find out if you have what it takes. For more information on surgical courses please refer to the following sections on the PCDS website:

- **PCDS Educational Events**
- **Skin Surgery & Cryosurgery – Surgical Training**

It is also useful to talk to and observe experienced colleagues who perform skin surgery on a regular basis, this may be an accredited GPwSI in Skin Surgery, a plastic surgeon or a dermatologist (not all dermatologists do skin surgery). Once you have been comfortable with observing surgical procedures then you can be observed, but start with simple cases and gradually build up your skills.

Quality of GP-based surgical services
Reviews of these services have shown great variations in the training and standards delivered by the individuals working within them. While there are some individuals who work to a high standard, some do not. As a result, a number of important issues have been highlighted by the professional and patient representative groups that have contributed to relevant guidelines. Some of the issues are as follows:

- There is often limited training in skin lesion diagnosis:
  - Cases of misdiagnosis of skin cancer
  - Benign lesions being cut out that need not have been, resulting in unnecessary scars

- There is often limited training in skin surgery eg individuals tend to rely on skin surface sutures as opposed to subcutaneous sutures, the latter produces better healing with less scarring
• Adverse impacts on patient choice

• Cherry picking - by concentrating on less complex cases and moving these out from secondary care, some DES and LES services have the potential to destabilise GPwSI and secondary care-based services. Although the surgical tariffs for GPwSI and secondary care services are higher, there are clear reasons as to why this is:

   - Surgical tariffs used in dermatology services are needed to support the dermatological aspect of care eg good skin lesion diagnosis, which avoids the need for skin surgery in many cases, and also the management of eczema and many other inflammatory skin conditions
   - Surgical tariffs in plastic surgery are needed to support the higher complexity of work

Guidance for the delivery of DES and LES services
As a result of the concerns highlighted above, guidance for DES and LES services have been developed, some of the key points are as follows:

• Training and assessment is required
• Lesions managed should be pre-diagnosed – any lesion of uncertain diagnosis must be referred to a service that has had recognised training and accreditation in lesion diagnosis (GPwSI or a dermatology department)
• Lesions treated in DES should be low risk eg skin tags, moles that catch, small cysts etc
• Audit of work to include histological findings, patient experience questionnaires and cosmetic outcomes
• Service development must not destabilise existing services

For the most recent guidelines on DES and LES services please refer to p22 onwards of the document: Revised guidance and competences for the provision of services using GPs with Special Interests (GPwSIs) - Dermatology and Skin Surgery (the links can be found in this chapter of the website).

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