

Coventry and Warwickshire VTS, CRN West Midlands and Warwick Medical School  
**‘Primary Care Research and Audit in Coventry and Warwickshire’**  
 11<sup>th</sup> July 2019

<b>PRESENTER’S DETAILS</b>					
<b>Title</b> Mr	<table border="1"> <tr> <td><b>First Name</b> Calum</td> <td><b>Surname</b> Grant</td> </tr> <tr> <td>Karl</td> <td>Fuchs</td> </tr> </table>	<b>First Name</b> Calum	<b>Surname</b> Grant	Karl	Fuchs
<b>First Name</b> Calum	<b>Surname</b> Grant				
Karl	Fuchs				
<b>Place of work/study: University of Warwick (Warwick Medical School)</b>					
<b>PRESENTATION DETAILS</b> (total max 250 words - not including title)					
<b>Co-Authors</b> Calum Grant + Karl Fuchs	<b>Title of Study</b> <b>Minor surgery in primary care: a re-audit comparing outcomes and infection rates</b>				
<b>What’s the problem you are tackling? (Background)</b> <p>Minor surgical procedures are a routine part of primary care practice in the UK; the transfer of these procedures into the community reduces waiting times in secondary care and serves patient convenience. This is part of the Department of Health drive to move health provision into local settings. This should not come at the expense of procedural quality or patient safety.</p> <p>GPs carrying out minor procedures are able to do so as Enhanced Services GPs (ESGPs), GPs with special interest (GPwSIs), and Model 2 GPs.</p> <p>This audit aims to compare two years of minor surgical procedures carried out by a single ESGP in a General Practice in the West Midlands with the national standard set out in a national audit by Botting <i>et al.</i> (2016).</p> <p>We also aim to evaluate recommendations from both the MiSTIC trial and previous audits to improve the safety of minor surgical procedures in primary care.</p>					

### **How did/will you do it? (Method)**

A search of the patient records was carried out looking for patients who have undergone minor surgical procedures. The following parameters were assessed:

- Surgical site: Head/Neck vs Other parts of the body
- The use of prophylactic antibiotics
- If there was a post-operative infection
- If the lesion was sent to histological analysis
- The provisional diagnosis by the GP
- The histological diagnosis of the lesion
- If the GP's diagnosis matched the findings on histology.

This was done between April 2018 and April 2019.

### **What did you find? (Results)**

In the study period 137 minor surgical procedures were carried out by one ESGP. Of these 37.2% were on the head/ neck with 62.8% being on another part of the body.

5 of these patients had a post- operative infection

In the study period no prophylactic antibiotics were used by the ESGP.

40% of lesions were sent for histological analysis, from these 1.9% were found to be malignant, 1.9% were pre-malignant and 96.2% were benign.

### **Why does this matter? (Conclusion)**

The post-operative infection rate at this practice was found to be 3.6% compared to the national standard of 0.4% ( $p < 0.001$ ).

Despite a recommendation for prophylactic antibiotics to be used in previous audits this has not been implemented. The infection rate was also significantly different compared to the previous audit at the practice of 2.6% ( $p < 0.001$ ).

Reasons why samples were not sent for histology were also unclear due to lack of documentation. We recommend the use of a register of surgery in primary care that uses photographs of the surgical site immediately after the procedure and during instances of patient wound care consultations. This would result in more clarity and understanding of why lesions were sent to histological examination.

We also recommend a form of WHO safer surgery checklist to be used in primary care, this could improve the rates of post-operative infection and provide a safer environment for surgery in primary care. Since this is reducing workloads for secondary care it is paramount that GPs can delivery safe surgery.