Auditing Minor Surgery in Primary Care

A Compelling Case For National Standards

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Abstract

Minor surgical procedures are an increasingly routine part of primary care in the UK, in line with the Department of Health drive to move health provision to local settings (1). This should not come at the expense of procedural quality and patient safety. Previous studies (2,3) found mixed effectiveness of surgical procedures in primary care.

This re-audit aimed to compare minor surgical outcomes at a primary care practice by a single practitioner with both a previous audit and with national standards. Procedural site, post-operative infection and histological accuracy were assessed.

In the period of May 2018 – April 2019 137 surgical procedures were identified. The audited practice carried out more procedures on the head/neck compared to the national standard ($p<0.001$). The audited practice had a post-operative infection rate of 3.6%, compared to the previous audit finding of 1.5% ($p<0.001$). Histological accuracy by the ESGP far exceeded previous national findings (2,3).

Comparing with national standards revealed both an interesting, yet disturbing picture - there are no meaningful national standards. A self reported national audit in 2016 (2) cite an infection rate of 0.4%, whilst the a 2008 randomised control trial (3) cites a radically different figure of 19.2%.

This audit recommends:
A safer surgery checklist in primary care (figure 3)
A register of surgery done in primary care as described in (2), so as to lay the foundation of a meaningful national standard in minor surgical procedure outcomes..
Implementation of a GP led follow up clinic for operative procedures.

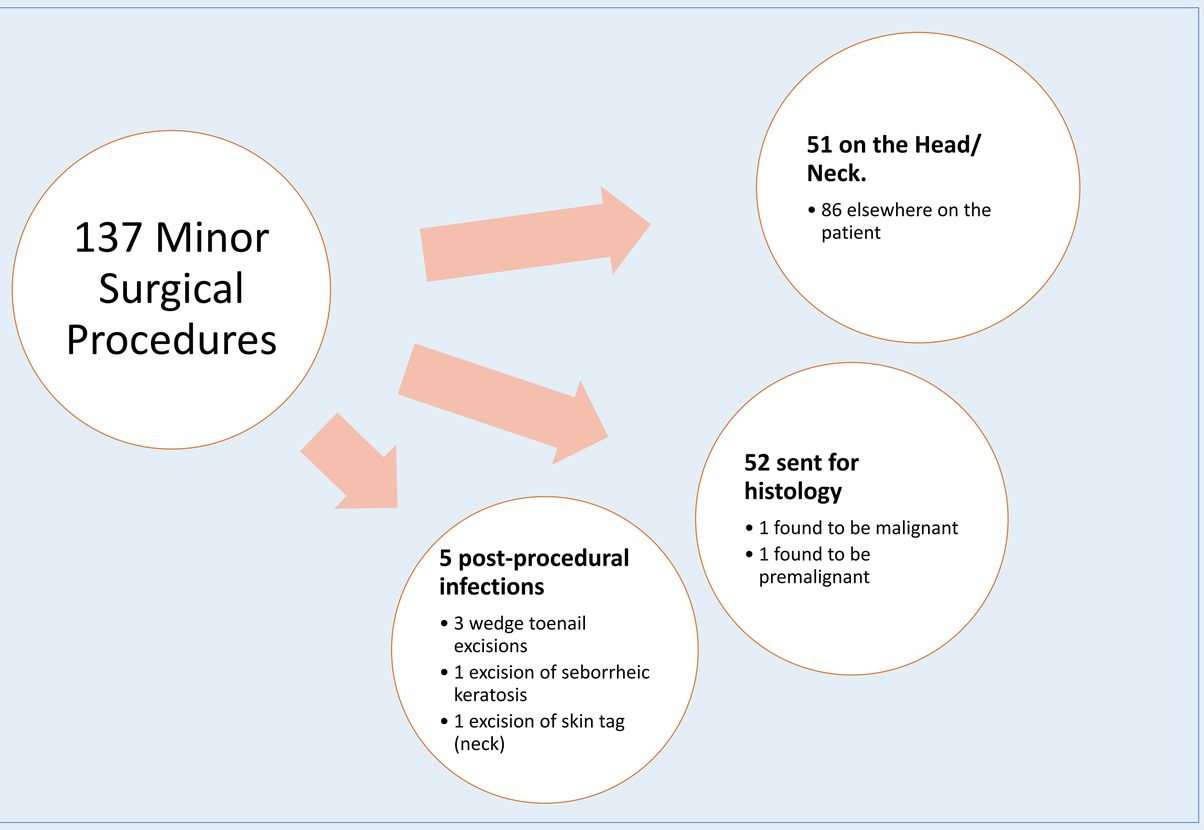
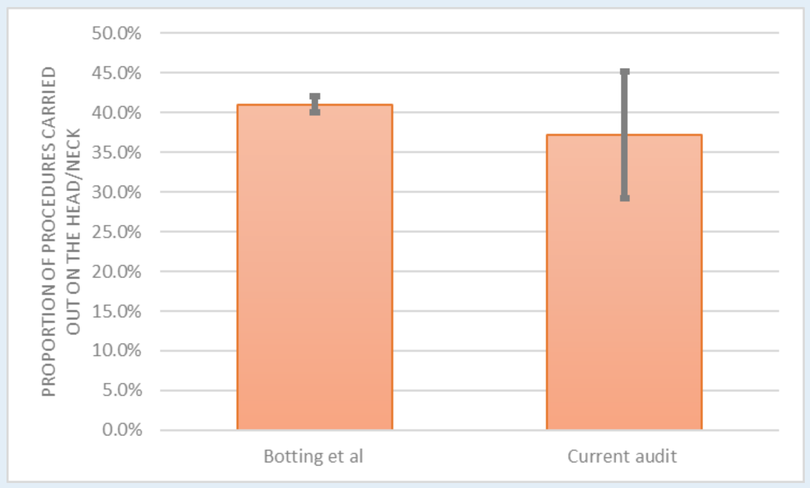
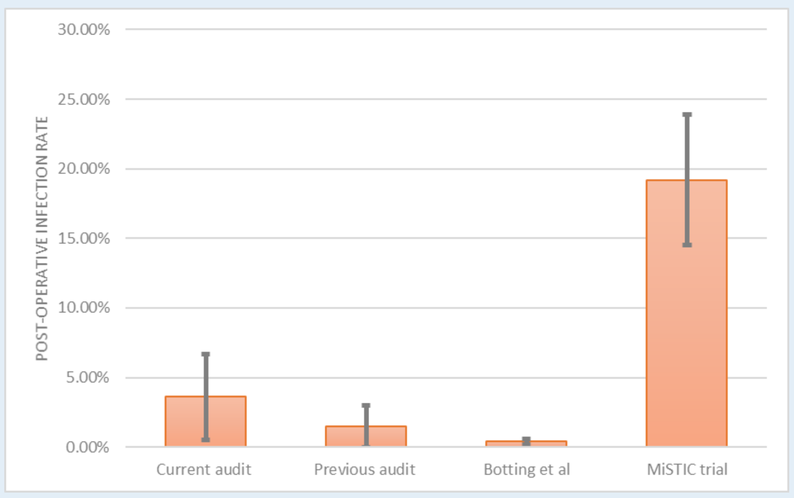


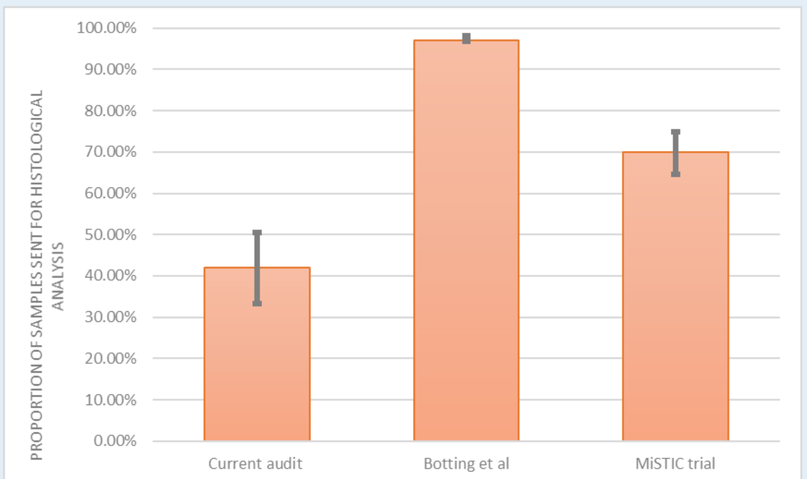
Figure 1: A graphic breakdown of the patient population revealed by running the search of VIsion



Graph 1: Comparison of surgical sites at the audited practice and that at Botting et al (2). Error bars represent 95% confidence intervals.



Graph 2: Comparison of infection rates at the audited practice and peer reviewed papers (2,3). Error bars represent 95% confidence intervals.



Graph 3: Comparison of the proportion of samples sent for histology analysis at the audited practice and peer reviewed papers (2,3). Error bars represent 95% confidence intervals.

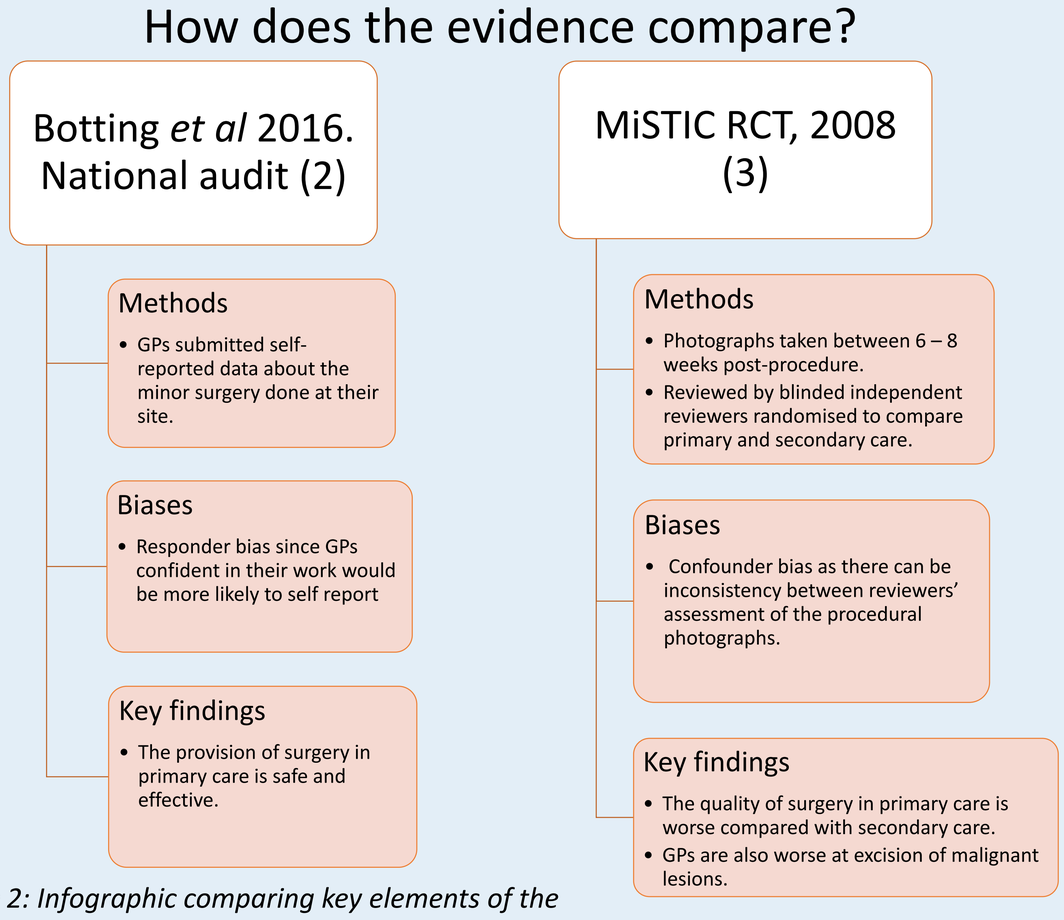


Figure 2: Infographic comparing key elements of the Botting et al national audit and the MiSTIC randomised controlled trial.

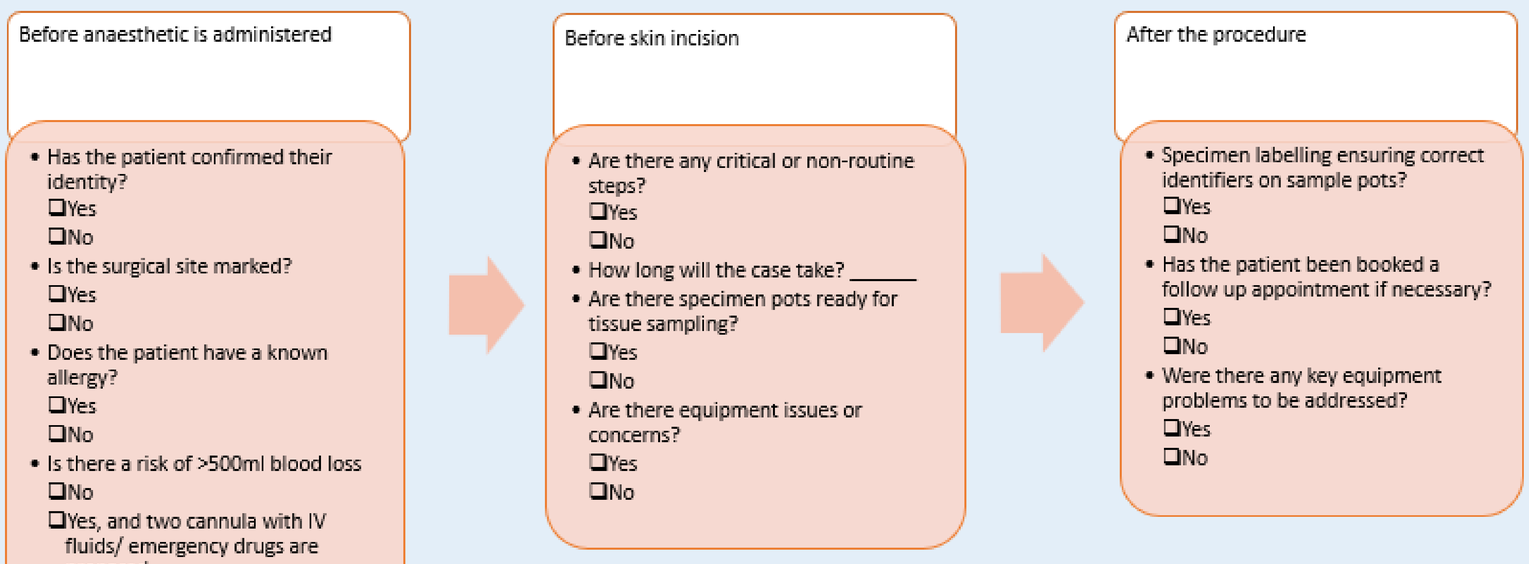


Figure 3: Amended version of the WHO safer surgery checklist for primary care.

Conclusions and further research

The quality of minor surgery at the audited GP differed from national standards. This audit has highlighted an impasse as it is unclear which standard should be used.

We propose that the MiSTIC trial to be more reliable since it uses randomisation and directly compares primary care and hospital settings.

Inline with moving minor surgery to primary care more high quality research into the effectiveness of this needs to be carried out.

References
1. NHS- England. NHS Five Year Forward View. 2014
2. Botting *et al*. (2016),*British Journal of General Practice.* 66 (646): 232 – 233
3. George S. *et al* (2008), *Health technology assessment.* 06;12: iii-iv,ix