CBSA Newsletter March 2014

Dear fellow community surgeons,

Welcome to the third CBSA newsletter. A great deal has been going on behind the scenes with the audit tool, I will highlight the changes that have happened and mention those that are going to take place soon. Most significantly due to popular demand we have expanded the database to include toenail surgery.

As soon as we have all the user guides updated we also intend to open up the audit tool to more community surgeons. If you know anyone who is very keen to start using the system please ask them to email cbsa@RCGP.org.uk we will announce more in the medical press shortly.

I will be travelling to Ireland in April to the Primary Care Surgical Association annual conference to network with our colleagues in the Emerald Isle (they are developing their own CBSA like audit tool). Back in the UK on the 16th & 17th May at Ettington Chase I will be presenting the CBSA to the Association of Surgeons in Primary Care at their annual conference www.aspc-uk.net/2014conference along with an update on reaccreditation and the role the college will be taking via a pilot with dermatology. Between the two will be a debate at the Association of Surgeons of GB & Ireland annual conference about the GP and community based surgery. They don’t have anything like the CBSA in secondary care!

Below you can find details of the changes that have been completed and those that are in the pipeline:

**Completed Changes:**
The HSCIC have been able to implement all the changes we had requested to the audit tool and those who have been entering data over the last week will have already noticed them. They involve patient consent, basis of diagnosis, allowing “other” diagnoses & histology results, and as mentioned above nail surgery!

- **Patient Consent?**
The default has been changed to yes, this is both logical & a time saver!

- **Basis of Diagnosis:**
The ‘Is diagnosis based on existing histology?’ data item has been changed to ‘Basis of diagnosis’, with options:

  01: Own clinical opinion - no dermoscopy
  02: Own clinical opinion - with dermoscopy
  03: Specialist opinion
  04: Pre-existing histology report

  This allows us to more accurately record how the lesion was diagnosed.
The Diagnosis:

The likely/differential/histological diagnosis options have been modified to allow “other” for all the relevant options:

Choosing “03: Benign”, then “03.5: Other” also has the option “03.5.18: Other rare lesion”. This means that you no longer need to struggle to find a suitable clinical diagnosis or unusual histological diagnosis. When “other” is chosen you can add your own free text details.

Surgery Details:

You can now record where and on whom you are operating:
If operating in your own practice you can choose between an “own” patient and a referred one.
If operating elsewhere you can choose between one of six locations (labeled A to F).
This will greatly simplify using the data when you Extract (via the Reporting page) and download records.

Toe-nail surgery:
Following your requests the dataset has been expanded to enable the recording of in-growing toe-nail surgery:

Choosing the diagnosis, “03: Benign”, then “03.5: Other” now gives you the option “03.5.17: Ingrowing nail”

On the Surgery Details page you have the option:
07: Partial nail avulsion or 08: Complete nail avulsion
When the diagnosis of Ingrowing nail is chosen the lesion size becomes blanked out.
It is also highly unlikely you will have anything to send for histology so for “Was a sample sent for histological diagnosis” simply choose “No” and for the reason “02: Clinically not required”
**Planned Changes:**
Shortly records that have been completed (where both the minor and major

Please keep emailing any comments or feedback you may have.

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