

SCHEDULE 2 – THE SERVICES

A. Service Specifications (B1)

Mandatory headings 1-4. Mandatory but detail for local determination and agreement
 Optional heading 5-7. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	02_GMS_58
Service	Minor Injury
Commissioner Lead	General Medical and Surgical CCP
Provider Lead	
Period	1 ST April 2014 to 31 st March 2017
Date of Review	30 th September 2016

1. Population Needs

Growth in the number of people using urgent and emergency care is leading to mounting costs and increased pressure on resources. Overall fragmentation of the system means that many patients may not be able to access the most appropriate urgent or emergency care service to suit their needs, leading to duplication and over-use of the most expensive services, at significant cost to the NHS.

During 2012/13 nationally there have been 21.7 million attendances at A&E departments, minor injury units and urgent care centres and 5.2 million emergency admissions to England's hospitals. During 2013 a national and local review of urgent care is being undertaken.

A study by Kings Fund (2010) highlighted that rural patients were less likely to attend an A&E department or an urgent care centre: this was likely to be due to reduced access to these services. Evidence suggests that in primary care, a higher continuity of care with a GP is associated with lower risk of admission.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	x
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2 Local defined outcomes

Reduced attendances at Accident and Emergency services

Improved access for patients living in rural areas whom can struggle to access hospital services

3. Scope

3.1 Aims and objectives of service

The aim of the service is to improve equity of provision. Patients living close to hospital have the advantage of easier access to services compared to our very rural population, some of whom might need ambulance transport to get to hospital care. Therefore in the more rural locations of Dorset where access to the hospital services can be difficult for patients, it is appropriate for a Minor Injury Service to be provided within general practices.

Minor Injury services are also available for the patients in Dorset through the Minor Injury Units situated in the Community Hospitals in the towns of Swanage, Blandford, Bridport, Wimborne, Weymouth, St Leonards, Shaftesbury, Sherborne and on the island of Portland. Accident and Emergency Units are based in the acute trusts in Dorchester, Poole and Bournemouth.

It has been recognised the need for a consistent approach to rewarding GPs equitably for providing Minor Injury Services within their own practice where treatment is beyond the scope of Immediately Necessary Treatment, as defined in the GMS Regulations (15.6 – 15.10)

Professional consensus indicates that injuries and wounds over 48 hours old should usually be dealt with through normal primary care services, as should any lesion of a non-traumatic origin. By definition such cases are usually the self-presenting "walking wounded" and ambulance cases are not usually accepted except by individual prior agreement between the doctor and the attending ambulance personnel.

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This includes the provision of Immediately Necessary Treatment of any person to whom the contractor has been requested to provide treatment owing to an accident or emergency at any place within the practice area.

This specification for the provision of a Minor Injury Service outlines a more specialised service to be provided over and above that required through Immediately Necessary Treatment. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

3.2 Service description/care pathway

This service will provide:

- (i) **initial triage**, including immediately necessary clinical action to staunch haemorrhage and prevent further exacerbation of the injury;
- (ii) **history taking, relevant clinical examination, documentation;**

- (iii) **wound assessment**, to ascertain suitability for locally based treatment and immediate wound dressing and toilet where indicated;
- (iv) **appropriate treatment**, including definitive wound toilet and dressing, suturing, removal of foreign bodies, tetanus vaccination etc;
- (v) **follow up arrangements** as required;
- (vi) **adequate facilities** including premises and equipment, as are necessary to enable the proper provision of minor injury services, including facilities for cardiopulmonary resuscitation;
- (vii) **registered nurses** to provide care, treatment and support to patients undergoing minor injury services;
- (viii) **maintenance of infection control standards**; practices are responsible for the effective operation and maintenance, ensuring all equipment used meets the national decontamination strategy outlined in the Health and Social Care Act (2008), being either single use or sent for central sterilisation. The practice also needs to have in place policies as outlined in the Health and Social care Act, Code of Practice (2010);
- (ix) **information to patients on the treatment options and the treatment proposed** - the patient should give informed consent for any procedure to be carried out and the completed consent form should be filed in the patient's lifelong medical record;
- (x) **maintenance of records of all procedures**;
- (xi) **audit/review** of minor injuries work at regular intervals

3.3 Any acceptance and exclusion criteria and thresholds

Service for registered practice patients

The following list gives guidance on the types of injuries and circumstances that lead to the use of Minor Injury Service. The list is not comprehensive:

- (i) lacerations capable of closure by simple techniques (stripping, gluing, suturing);
- (ii) minor dislocations of phalanges;
- (iii) foreign bodies;
- (iv) following advice to attend specifically given by a general practitioner;
- (v) following recent injury of a severity not amenable to simple domestic first aid;
- (vi) following recent injury where it is suspected stitches may be required;
- (vii) following blows to the head where there has been no loss of consciousness;

- (viii) recent eye injury;
- (ix) partial thickness thermal burns or scalds involving broken skin:
 - a. not over 1 inch diameter
 - b. not involving the hands, feet, face, neck, genital areas;
- (x) foreign bodies superficially embedded in tissues;
- (xi) minor trauma to hands, limbs or feet.

Patients in the following categories are **not appropriate** for treatment by the Minor Injury Service:

- (i) 999 call (unless attending crew speak directly to the doctor);
- (ii) any patient who cannot be discharged home after treatment;
- (iii) any patient with airway, breathing or neurological compromise;
- (iv) actual or suspected overdose;
- (v) accidental ingestion, poisoning, fume or smoke inhalation;
- (vi) blows to the head with loss of consciousness or extremes of age;
- (vii) sudden collapse or fall in a public place;
- (viii) penetrating eye injury;
- (ix) chemical, biological, or radioactive contamination injured patients:
 - a) full thickness burns;
 - b) burns caused by electric shock;
- (xii) partial thickness burns over 3cm diameter or involving:
 - (a) injuries to organs of special sense,
 - (b) injuries to the face, neck, hands, feet or genitalia;
- (xiii) new or unexpected bleeding from any body orifice if profuse;
- (xiv) foreign bodies impacted in bodily orifices, especially in children;
- (xv) foreign bodies deeply embedded in tissues;
- (xvi) trauma to hands, limbs or feet substantially affecting function;
- (xvii) penetrating injuries to the head, torso, and abdomen;
- (xviii) lacerating/penetrating injuries involving nerve, artery or tendon damage.

3.5 Interdependence with other services/providers

Accident and Emergency Departments
South West Ambulance Trust services

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

NICE Clinical Guideline 2. Infection Control (2003) - Prevention of healthcare-associated infection in primary and community care

<http://www.nice.org.uk/nicemedia/pdf/cg2fullguidelineinfectioncontrol.pdf>

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.3 Applicable local standards

The provider shall:

Ensure that staff providing the service are suitably qualified and competent and that there are in place appropriate arrangements for maintaining and updating relevant skills and knowledge and for supervision.

Ensure that lines of professional and clinical responsibility and accountability are clearly identified.

Ensure that all premises and equipment used for the provision of the enhanced service are at all times suitable for the delivery of those services and sufficient to meet the reasonable needs of patients or clients.

Demonstrate a robust information service/source for patients and review regularly based on patient feedback.

Ensure that patients are able to contribute to the planning of their own care and that opportunities for feedback are easily available.

Ensure that treatment, care and information provided is culturally appropriate and is available in a form that is accessible to people who have additional needs, such as people with physical, cognitive or sensory disabilities, and people who do not speak or read English.

Each episode must be recorded in the lifelong patient record.

The Provider must ensure an appropriate record of activity is developed and maintained for audit and payment purposes.

The service should be available during the practice's contracted hours (i.e. 8.00am to 6.30pm) for 52 weeks of the year and evidence should be provided that appropriate plans have been devised for cover of leave (both anticipated and unanticipated) and succession planning for staff turnover.

The Provider must inform NHS Dorset CCG at the earliest opportunity, if there is a significant disruption to the service in order that continuity can be maintained through an alternative provider.

The provider will carry out an annual audit of the service. The report will include, as a minimum:

- Patient number.
- Type of injury.
- Date of injury.
- Date of treatment
- Place of treatment i.e. practice/home.
- Treatment provided.
- Patient outcomes:
 - i.e. definitive treatment provided;
 - onward referral;
 - any Complications/infections/misdiagnosis;
 - follow-ups in practice.
- Comments.
- Review of patient feedback.
- Findings from audit/action plan.

5 Applicable quality requirements and CQUIN goals

a. Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

none

6 Location of Provider Premises

The Provider's Premises are located at:

Dorset West, Maiden Newton Surgery
 Dorset West, Portesham Surgery
 Mid Dorset, Puddletown Surgery

7 Individual Service User Placement