

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	04/MSKT/0004 v3
Service	Minor Injury Units: <ul style="list-style-type: none"> • Blandford • Bridport • Portland • Shaftesbury (Westminster Memorial Hospital) • Sherborne (Yeatman Community Hospital) • Swanage • Wimborne (Victoria Hospital)
Commissioner Lead	Urgent and Emergency Care/System Resilience
Provider Lead	Dorset HealthCare Dorset Locality Director
Period	From 1 st April 2015
Date of Review	TBA

1. Population Needs

1.1 National/local context and evidence base

This specification sets out NHS Dorset Clinical Commissioning Group's commissioning requirements for all of the Minor Injury Units operating in Dorset.

The overarching aims are as follows:

- To contribute to reducing waiting times in Emergency Departments (ED) by preventing the need for patients to access ED with minor injuries. Diverting minor injury patients away from ED freeing up capacity in the department to treat urgent patients.
- To provide the local community with access to a service that can provide a high quality, clinically effective, value for money service for those patients who have suffered a minor injury.

The National context is set out in the following strategic/policy documents:

- Reforming Emergency Care
- Our health, our care, our say
- Our health, our care, our say: making it happen
- Every Child Matters
- National Service Framework for Children, Young People and Maternity Services
- National Service Framework for Older People
- National Service Framework for Coronary Heart Disease
- National Service Framework for Mental Health
- National Service Framework for Stroke Care
- NICE Guidelines relevant to service area
- Royal College of Paediatrics and Child Health (2007 Intercollegiate Committee for Services for Children in Emergency Departments (ED))
- Skills for Health (2006) Emergency Urgent Care Competencies
- A&E Clinical Quality Indicators Data Definitions (D of H Dec 2010)

- Triage Position Statement (CEM,ENCA,FEN,RCN April 2011)
- Urgent and Emergency Care (RCGP Centre for Commissioning 2011)
- Transforming urgent and emergency care services in England (NHS England 2014)
- Five Year Forward View (NHS England, 2014)

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	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2 Local defined outcomes

To be measured using the indicators units must see an average of over 50 patients per week.

1. Time to Initial Assessment

- To reduce the clinical risk associated with the time the patient spends prior to assessment by a trained healthcare professional.
- Patients attending Minor Injury Units are seen on a See and Treat basis; emergency treatment instigated immediately if needed, others prioritised as appropriate.
- In Units where receptionists are employed they will be provided with a red flag list of presentations (initial presentation flow chart as recommended by CEM/ENCA/FEN/RCN Triage Position Statement) to seek immediate assistance of a trained healthcare professional if indicated.
- A healthcare professional will briefly assess the patient as soon as possible after arrival to ensure patients are safe to wait for treatment.
- Patients will be provided with a means of summoning immediate help in single handed Units.
- Each unit has a standard operating protocol for the timely assessment of patients.

This will be recorded on SystemOne, monitored locally and reviewed monthly

2. Time to Treatment

- To reduce the amount of patients who attend the Minor Injury Unit but fail to wait for treatment.
- To reduce the clinical risk and discomfort associated with the time the patient spends before their treatment begins in the unit.

This will be recorded on SystemOne, monitored locally and reviewed monthly

3. Total time spent in Minor Injury Units

- To monitor and reduce the total amount of time spent in the Minor Injury Unit.
- An exception report will be provided for any patient spending longer than a total of four hours in an MIU department.

This will be recorded on SystmOne, monitored locally and reviewed monthly

4. Left without being seen

Aims

- To improve patient experience and reduce the clinical risk to patients who leave the unit before receiving the care they need.

This will be recorded on SystmOne, monitored locally and reviewed monthly.
Follow up attendances will be excluded.

5. Unplanned re-attendance rate

- To reduce avoidable attendances to Emergency Departments by improving the care and communication delivered during the original attendance at a Minor Injury Unit.
- To reduce unplanned re-attendance rates by providing appropriate treatment, advice and signposting at the initial attendance and consultation in the Minor Injury Unit.
- Re attendances are patients presenting with the same condition previously treated.

This will be recorded on SystmOne, monitored locally and reviewed monthly.

6. Service Experience

- To improve the experience of patients and their carers who use the MIU services.
- To offer the Friends and Family test to all patients / carers, to be reported quarterly; April, July, October and January.
- To respond to complaints in a timely manner and take remedial action where necessary, promoting a learning culture within the MIU.

Results from family and friends test will be monitored locally and reviewed quarterly.

Formal, monthly monitoring will be undertaken at the monthly MIU Professional Lead's meeting using a performance dashboard provided by the Business and Performance Team. A root cause analysis will be undertaken on any measures not achieving the targeted performance and improvement actions discussed and agreed. Any issues that cannot be resolved by the MIU Professional Lead will be escalated in line with the Risk Management Policy.

3. Scope

3.1 Aims and objectives of service

The main purpose of the Minor Injury Units is to provide the local community with an alternative choice of service provider to treat minor injuries and to reduce the pressure upon Emergency Departments.

To offer an accessible nurse-led service within opening hours for all patients who self-refer with a minor injury (all units) or ailment which include;

- Injuries to upper and lower limbs; fractures, sprains, and bruising.
- Wounds including wound infections
- Bites; human, animal and insect
- Burns and Scalds
- Foreign bodies in eyes, ears and nose

- Minor head injuries
- Minor asthma attacks
- Urinary tract infections
- Upper respiratory tract infections
- Emergency contraception

To provide a service for any person of any age who walks in without appointment with a minor injury or ailment according to guidelines stated on NHS Choices and Dorset HealthCare's website or triaged via NHS Pathways through NHS 111.

To provide health promotion and education, particularly in relation to smoking cessation, sexual health and accident prevention and to liaise with other agencies, statutory and voluntary, to reduce inequalities in health.

In the event of a patient presenting with a life threatening illness or injury; provide initial emergency care and rapid transfer to an acute care facility.

Follow Trust and Pan Dorset Policy to protect vulnerable children and adults, e.g. situations involving child protection and/or domestic violence, and vulnerable adults.

To provide support for Community Hospital ward teams in the event of a sudden deteriorating patient.

Minor Injury Nurses (Registered Nurses who have completed further training), Emergency Nurse Practitioners (ENP) and Healthcare Practitioners (HCP) are senior staff with Accident and Emergency and /or minor injury experience who have received additional training that enables them to provide treatment for minor injuries and ailments.

- To assess, treat and discharge patients within pre-determined protocols
- To offer support to in-patients with urgent care needs when the situation arises
- Ensure timely referral to appropriate specialist if required
- For patients registered with a Dorset GP, to offer written contact to the GPs of all patients who attend (100%) within 24 hours of admission to the unit. Where the patient lives out of area, written contact will be made within three working days
- Liaise with other agencies to facilitate the provision of appropriate and 'seamless' services
- Support training of pre-registration nursing, paramedic and ECP students
- Provide clinical support for healthcare practitioners as and when required in the area of minor injury and ailment care
- Clinical Peer Supervision
- Mentoring newly qualified staff
- Offering preceptorship for updating skills for existing staff in clinical practice
- Escalate any untoward incident by completing an incident form on Ulysses and follow through with the appropriate action
- Ensure the local risk register is kept up to date with any clinical risks arising in the service areas, and the responsible service manager informed immediately.
- Ensure system resilience measure is in place to support each Minor Injury Unit in times of increased pressure for example staff shortages.

3.2 Service description/care pathway

Minor Injury Units provide a one stop service of assessment, examination, treatment and discharge of patients who self-refer with minor injury or ailment.

Patients who present with an urgent care need e.g. major injury, significant head injury, acute shortness of breath, chest pain, acute abdominal pain will be transferred to the nearest acute care facility.

High quality, evidence based care is provided to patients who attend with minor injury and

ailment needs. Onward referral is made where necessary to associated specialist in primary and secondary care.

Minor Injury Staff promote health and social wellbeing for patients who walk in without an appointment, providing practical help and advice within the scope of this specification.

This service is provided to all age groups across Dorset.

Temporary residents who present are assessed and treated within the units.

X-ray facilities are available at Blandford, Bridport, Shaftesbury, Sherborne, Swanage, , Portland and Wimborne Minor Injury Units.

Patients attending with life threatening injuries/illness will be transferred immediately via 999 to nearest acute care facility.

All patients are assessed within 15 minutes of attendance and treated according to clinical priority.

80% of patients will be seen, treated and discharged within 2 hours.

Patients are expected to be discharged home and where packages of home care are required liaison with other agencies will occur.

All patients will be given self-care advice in the form of verbal and written advice. All leaflets will be evidence based and provide up to date information to patients and their carers.

The provider will advertise and market each Minor Injury Unit and services available.

3.3 Population Covered

All patients registered with an NHS Dorset CCG GP and any temporary residents staying in Dorset.

Referral Sources:

- SWAST
- ECP
- GP
- Nursing and Residential Home
- Intermediate care
- Social Care
- Patient self-referral
- NHS 111

3.4 Any acceptance and exclusion criteria.

Whilst the service operates an open access service for patients who walk in for care and can offer immediate life support for those who require it, the service does not accept patients by Ambulance who require Emergency Care.

Patient who require an overnight stay.

3.5 Interdependence with other services/providers

Minor Injury Staff do not work in isolation there are close links with (list is not exhaustive):

- Ambulance Service
- Acute Care
- GP practices within the locality
- Diabetic, respiratory, heart failure and other Nurse Specialists
- Social Services
- School Health Nursing
- Health Visitors
- Mental Health Teams
- Community Hospital wards and departments
- General Practitioners
- District Nurses
- Community Matrons
- ECPS
- Rapid Response/ Community Rehab/ Intermediate care teams
- Local Schools and Nurseries
- Voluntary Agencies
- Liaison Health Visitor
- Physiotherapy and Occupational Therapy services
- Bournemouth University
- Police

Relevant Clinical Networks and Screening Programmes

- Minor Injury Unit Operational Group
- RCN Minor Injuries Group
- Urgent and Emergency Care Commissioning Board

Sub-contractors

- Radiology
- Pathology Services

Whole System Relationships

- Social Services
- Health Visitors
- District Nurses
- Community Matrons
- ICRT
- South Western Ambulance Service NHS Foundation Trust
- Urgent Care Service
- School Health Services
- Named Nurse Child Protection
- Acute Care Paediatricians
- Acute Care Medical teams
- Acute Care Orthopaedic Specialist
- Acute Care ENT Specialist
- Acute Care Maxillary Facial Specialists
- Accident and Emergency Units
- Acute Care Hand Clinic
- Acute Care Specialist Teams
- GPs

- NHS 111
- Bournemouth University

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

National CQC Standards

Safe

By safe, we mean that people are protected from abuse and avoidable harm.

Effective

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Caring

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Responsive

By responsive, we mean that services are organised so that they meet people's needs.

Well-led

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

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

Refer to section 1.1

4.3 Applicable local standards

Refer to section 1.1

The unit works within a Continuous Quality Improvement model to constantly seek improvements in quality of service.

The provider will continue to train and update staff to provide safe effective treatment and care.

5. Applicable quality requirements and CQUIN goals

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

In addition, the following quality scorecard measures will be reported monthly and discussed at the monthly MIU Professional Lead's meeting. Any concerns will be escalated in line with the Risk Management Policy:

- Compliance with Mandatory Training, including Safeguarding Training for Adults and Children
- Compliance with Annual Appraisals
- Reported Incidents
- Complaints and Compliments
- Friends and Family Test Results

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6 Location of Provider Premises

The Provider's Premises are located at:

- Blandford Community Hospital
- Sherborne at Yeatman Community Hospital
- Shaftesbury Community Hospital
- Bridport Community Hospital
- Swanage Community Hospital
- Wimborne at Victoria Hospital
- Portland Community Hospital

4.1 Days/Hours of operation

These opening hours are correct as of 12/1/2016 and are subject to change

Blandford, Sherborne, Shaftesbury	09.00 -18.00 Monday to Friday 10.00 -16.00 Weekends and BHs
Bridport	09.00 -18.00 Seven days a week
Swanage	08.00 - 20.00 Seven days a week
Wimborne	08.00 -16.30 Monday to Friday
Portland	09.00 - 17.00 Monday to Friday

Note All Units close for half hour period at lunch time and see last patient half an hour prior to closing time

For x-ray opening hours see table at the end of this document.

The provider will ensure that all of the information is kept up to date on the Directory of Services in regards to both demographic information and capacity. The capacity page of the service should be updated at least once a day.

7 Individual Service User Placement

Not applicable

DORSET HEALTHCARE MINOR INJURIES UNITS OPENING TIMES AS OF 12/01/16

Hospital		Mon-Fri	Sat-Sun
Blandford 01258 394032	MIU	0900-1800	1000-1600
	X-Ray	0900-1700 (Mon, Wed, Thu only)	CLOSED
Bridport 01308 426245	MIU	0900-1800	0900-1800
	X-Ray	0900-1700	CLOSED
Portland 01305 860111	MIU	0900-1700	CLOSED
	X-Ray	1400-1700 (Mon & Wed) 0900-1200 (Fri)	CLOSED
Swanage 01929 475009	MIU	0800-2000	0800-2000
	X-Ray	0900-1300	CLOSED
Westminster, Shaftesbury 01747 475251	MIU	0900-1800	1000-1600
	X-Ray	0915-1230 and 1330-1630 (Mon, Tue, Thu, Fri only)	CLOSED
Victoria, Wimborne 01202 856436	MIU	0830-1630	CLOSED
	X-Ray	0830-1600	CLOSED
Yeatman, Sherborne 01305 361582	MIU	0900-1800	1000-1600
	X-Ray	0900-1700	CLOSED