

A. Service Specifications (Short Form Contract)

Service Specification No.	11J/248
Service	Minor Injury and Minor Illness Service in Lyme Regis
Commissioner Lead	Primary and Community Care and Urgent and Emergency Care – Dorset CCG
Provider Lead	
Period	1st June 2019
Date of Review	31/03/2021

1. Population Needs

1.1 National/local context and evidence base

Dorset CCG are ambitious about our health and care system and we believe that to realise our ambitions, some services need to change to enable us to transform the way in which care is delivered.

Our local populations health is changing. People are living longer and have different and in some cases complex long-term conditions and health needs that require ongoing support and management.

If we deliver the best outcomes for our patients and maintain and improve the quality of health care, we need to significantly change these services to reflect the changing needs of our population.

This would involve releasing resources from our existing service models to enable us to increase and develop services that are available in a community setting so that more people can be cared for at or close to home.

Growth in the number of people attending Emergency Departments 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.

This specification allows the treatment of specific injuries and ailments to be carried out within a Primary Care setting. This service is not a replacement for existing Urgent Treatment Centres (UTC's)/ Minor Injury Units (MIU's) or Emergency Departments (ED's).

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

- Reduced attendances at Emergency Departments;
- Improved access for patients living in rural areas who can struggle to access urgent care services.

3. Scope

3.1 Aims and objectives of service

This specification is for the provision of an Integrated Minor Injury and Minor Illness Service which shall complement the Urgent Treatment Centre Provision and prevent inappropriate presentations into Emergency Departments.

The aim of the service is to improve access to the Dorset population on the appropriate urgent and emergency provision for their need.

UTC's/ MIU's are available for the patients in Dorset in the towns of Swanage (MIU), Blandford (MIU), Bridport (MIU), Wimborne (MIU), Weymouth (UTC), Shaftesbury (MIU), Sherborne (MIU), Poole (UTC) and Bournemouth (UTC) ***Subject to UTC Review.* Emergency Departments are based in the acute trusts in Dorchester, Poole and Bournemouth.

Wounds over 48 hours should be dealt with through the normal primary care service as should any lesion of a non-traumatic origin.

Ambulance conveyances will not be accepted to this service.

The scope of the service includes all people appropriately requiring the service.

The practice is expected to provide essential and those additional services they are contracted to provide to all people **over 1years old.**

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:

- **Promotion of health and social wellbeing for patients**, providing self-care and general advice, signposting to other services, as well as opportunistic advice on smoking cessation, sexual health and accident prevention across all ages.
- **Initial triage**, to prevent further exacerbation of the presenting problem;
- **History taking, relevant clinical examination, assessment and documentation**;
- **Appropriate management and treatment**;
- **Provision of medication, dressings etc as required for the treatment of the patient**;

- **Timely onward referral**, where appropriate to specialist services, outpatients, community services, psychiatric services, child or adult safeguarding services, diagnostic services, sexual health services or any other service as required;
- **Follow up appointments**, follow up may be a return appointment for further treatment given as necessary, including wound dressings
- **Information to patients**, on the treatment options and the treatment proposed. The Service shall provide all patients with condition specific self-care advice in the form of verbal and written information. All patient information leaflets will be evidence based and provide up to date information to patients and their carers. The Service shall advise patients of the most appropriate route to follow if symptoms persist or worsen;
- **Liaison with other agencies**, facilitate the provision of appropriate and 'seamless' services.
- **Informed consent**, given for any procedure to be carried out and the completed consent form should be filed in the patient's lifelong medical record. These patients are not usually registered in the service therefore all consent forms will be forwarded to the patient's registered GP.
- Patients shall either be discharged to self-care or /referred on to appropriate secondary care services in primary and secondary care in accordance with clinical need.

The Service shall develop and maintain close links with members of the extended primary/community care team as well as urgent care services, ambulance service Contractors, acute trusts, local GPs, community hospitals, specialist nursing teams, local schools and school nursing service, voluntary agencies and community groups.

The service provided shall be within the skills and competencies of the Minor Injury and Minor Illness Nursing staff and in line with available NICE guidance/best evidence.

Opening Times

The Service shall:

- Provide sustainable provision throughout the year excluding weekends and Bank Holidays (This may be reviewed once the service is established);
- Open between the hours of 08:00 – 18:30 with the last patient seen at 18:00;
- Be a Nurse led service, however onsite GPs will have oversight and support the service;
- Walk in access no appointment required;
- The provider shall place in writing proposed amendments to the service to the CCG for consideration and approval via the appropriate governance process

3.3 Any acceptance and exclusion criteria.

Service for all of the population **over 1 year old** requiring the service

The following list gives guidance on the types of injuries and conditions that will be seen in the service. The list is not comprehensive:

- Allergic Reaction->PC assessment and management capability, minor condition;

- Ankle or Foot Injury, Blunt->PC full Primary Care assessment and prescribing capability;
- Ankle or Foot Injury, Penetrating->PC full Primary Care assessment and prescribing capability;
- Lacerations capable of closure by simple techniques (stripping, gluing),
- Removal of foreign bodies;
- Following blows to the head where there has been no loss of consciousness (defined by NICE guidance);
- Recent superficial eye injury;
- Minor burns and scalds - not greater than 1% total body surface area; not involving the **face, hands, arms, feet, genitals, perineum or joints**,
- Minor trauma to hands, limbs or feet - sprains and strains;
- Insect bites and stings including tick removal;
- Dog/cat bites;
- Epistaxis;
- Minor illnesses;
- Ear and throat infections;
- Minor skin infections/rashes;
- Stomach upsets;
- Coughs, colds and flu like symptoms;
- Breathlessness/exacerbation of asthma/chest pain.

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

- Abdominal Pain, Pregnant, Over 20 Weeks->PC full Primary Care assessment and prescribing capability;
- Abdominal Pain, Pregnant, Over 20 Weeks->PC suspected pre-eclampsia;
- Abdominal Pain, Rectal Bleeding, Pregnant Over 20 Weeks->PC full Primary Care assessment and prescribing capability;
- Abdominal Pain, Rectal Bleeding, Pregnant Over 20 Weeks->PC full obstetric assessment and management capability;
- Abdominal Pain, Rectal Bleeding, Pregnant Over 20 Weeks->PC severe illness assessment capability;

- Abdominal or Flank Injury, Blunt->PC full Primary Care assessment and prescribing capability;
- Abdominal Pain->PC suspected pre-eclampsia;
- Abdominal or Flank Injury, Penetrating, Pregnant->PC full Primary Care assessment and prescribing capability;
- Abdominal, Flank, Groin or Back Pain or Swelling->PC severe illness assessment capability;
- Absent or Missed Period->PC full Primary Care assessment and prescribing capability;
- Alcohol Intoxication->PC full Primary Care assessment and prescribing capability;
- Ankle or Foot Pain or Swelling->PC severe illness assessment capability;
- Behaviour Change->PC postnatal mental health problem;
- Behaviour Change->PC relationship breakdown;
- Behaviour Change->PC severe illness assessment capability;
- Behaviour Change->PC social services referral required;
- Bringing Up Blood->PC full Primary Care assessment and prescribing capability;
- Bringing Up Blood->PC viral haemorrhagic fever;
- Any patient who cannot be discharged home after treatment;
- Any patient with airway, breathing or neurological compromise;
- Actual or suspected overdose;
- Accidental ingestion, poisoning, fume or smoke inhalation;
- Blows to the head with loss of consciousness;
- Sudden collapse;
- Penetrating eye injury;
- Chemical, biological, or radioactive contamination injured patients:
- Full thickness burns;
- Burns caused by electric shock;
- Partial thickness burns over 1% or involving:
 - Injuries to organs;
- Significant injuries to the body; new or unexpected bleeding from anybody orifice if profuse;

- Foreign bodies impacted in bodily orifices;
- Foreign bodies deeply embedded in tissues;
- Trauma to any part of body substantially affecting function;
- Penetrating injuries to the head, torso, and abdomen;
- Lacerating/penetrating injuries involving nerve, artery or tendon damage;
- Infants 0 – 11 months;
- Falls from a significant height;
- Non- accidental injury;

3.5 Interdependence with other services/providers

UTCs
MIUs
EDs
South West Ambulance Trust service

4. Applicable Service Standards

4.1 Applicable national standards (e.g. 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 (e.g. Royal Colleges)

4.3 Applicable local standards

The provider shall:

Record the following data:

- all patients will be triaged within 15 minutes of arrival
- 80% of patients will be seen, treated and discharged within 2 hours
- 100% of all patients will be seen, treated and discharged within 4 hours
- 100% Percentage of patients time to treatment decision within 1 Hour
- Percentage of patients unplanned readmission rate
- Percentage of patients left without being seen

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.

Compliance with relevant guidance and policy and legislation

The service must comply with the guidelines produced by the following organisations (where applicable):

- (a) Codes of Professional Conduct
- (b) NICE Guidance and recommended pathways <http://guidance.nice.org.uk/>
- (c) Care Quality Commission registration requirements.

Clinical qualifications

The Service shall ensure that clinicians providing minor injury services shall be competent in Basic Life Support, Defibrillation and Anaphylaxis resuscitation skills and, as for other areas of clinical practice, have a responsibility for ensuring that their skills are regularly updated.

Doctors carrying out minor injury activity should demonstrate a continuing sustained level of activity, conduct audit data, e.g. RCGP audit and take part in appropriate educational activities.

Staff involved in the delivery of this service will be appropriately trained and competent in the provision of the services offered. The services provided and scope of this service will be reviewed with staff as part of the annual appraisal process and revalidation.

Staff will have ongoing professional development. Minor injury staff will participate in wider professional networks established across the provider's Urgent care services, sharing best practice. All Minor Injury nurses will have an ongoing documented competency framework which will reflect the service users' needs.

The service provider must provide evidence that their healthcare professionals have the appropriate knowledge, skills, experience, qualifications and competency to provide the service. This must include but would not be limited to the following requirements:

- (a) Enhanced Disclosure and Barring Service (DBS formally Criminal Records Bureau CRB) checks have been completed;

- (b) Where applicable staff will be fully registered with the appropriate Professional Body;
- (c) All staff will be able to provide documented evidence of their continuing professional development post qualification. Staff involved in the delivery of this service will be appropriately trained and competent in the provision of the services offered.
- (d) All safeguarding referrals will be reviewed to ensure that the outcome of the referral has been recorded. Safeguarding support will be available at all times by the provider organisation and the local safeguarding boards.
- (e) Audits will be undertaken using National Audit tools on a regular basis which will be quarterly.

The Provider must inform 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.

5. Applicable quality requirements and CQUIN goals

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

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

None

Location of Provider Premises

The Provider's Premises are located at:

Lyme Regis

Individual Service User Placement