

Service Specification No.	
Service	General Practice Minor Injuries Service
Commissioner Lead	
Provider Lead	
Period	1 st July 2018 to 30 th June 2019
Date of Review	1 st April 2019

1. Population Needs

1.1 National/local context and evidence base

This specification is based on the Minor Injuries National Enhanced Service published in circa 2003 with the new GMS contract.

This specification sets out an in-hours service applicable to the same hours as included in the practice's GMS, PMS or APMS contract.

This service will be commissioned in the context of reforming urgent care services and reducing pressure on Emergency Departments.

2. Outcomes

2.1 NHS Outcomes Framework Domains and Indicators

Domain 1	Preventing people from dying prematurely	x
Domain 2	Enhancing quality of life for people with long-term conditions	x
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 Outcome

One clinical audit per annum to include numbers of patients treated, type of injury, follow up treatment, infection rates and which will be developed in collaboration with the LMC.

3. Scope

3.1 Aims and objectives of service

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.

The following list gives guidance on the types of injuries and circumstances that lead to the use of minor injury services and is not comprehensive:

- (i) lacerations capable of closure by simple techniques (stripping, gluing, suturing)
- (ii) bruises
- (iii) minor dislocations of phalanges
- (iv) foreign bodies
- (v) non-penetrating superficial ocular foreign bodies
- (vi) following advice to attend specifically given by a general practitioner, NHS 111 or other appropriate qualified health professional (e.g. nurse practitioner). Patients may also self-refer.
- (vii) following recent injury of a severity not amenable to simple domestic first aid
- (viii) following recent injury where it is suspected stitches may be required
- (ix) following blows to the head where there has been no loss of consciousness
- (x) recent eye injury
- (xi) 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
- (xii) foreign bodies superficially embedded in tissues
- (xiii) minor trauma to hands, limbs or feet.

3.2 Service description/care pathway

This service will fund:

- (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 and timely referral and/or follow up arrangements
- (v) adequate facilities including premises and equipment, as are necessary to enable the proper provision of minor injury services including facilities for cardiopulmonary resuscitation
- (vi) registered nurses. To provide care and support to patients undergoing minor injury services.
- (vii) maintenance of infection control standards
- (viii) information to patients on the treatment options and the treatment proposed. The patient should give consent for the procedure to be carried out and the completed consent form should be filed in the patient's lifelong medical record.
- (ix) maintenance of records of all procedures
- (x) audit of minor injury list work at regular intervals.

Those episodes not requiring material intervention by a healthcare professional, that might reasonably be dealt with by an untrained individual, do not fall within this service specification.

3.3 Population covered

Practices with premises located more than 10 miles from an open Minor Injuries Unit (or Emergency Department if the ED is closer) are eligible to be commissioned to provide this service to patients registered with the practice; for practices providing services from more than one location (i.e. a practice with one or more branch surgeries) only those patients who are usually seen in the practice premises which are located more than 10 miles from an open Minor Injuries Unit (or ED) will be funded through this service. Temporary residents of the practice may also be treated under this service. For the avoidance of doubt it is not expected that patients of other local practices will be treated under this service although separate contracting arrangements may apply if appropriate with a view to ensuring equity for patients.

3.4 Any acceptance and exclusion criteria and thresholds

Patients in the following categories are not appropriate for treatment under this Minor Injuries Service - all practices are expected to make the appropriate and safe signposting of these patients elsewhere as part of core primary medical responsibilities:

- (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, circulatory 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
- (x) full thickness burns
- (xi) 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 anybody 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, abdomen
- (xviii) lacerating/penetrating injuries involving nerve, artery or tendon damage.

3.5 Interdependence with other services/providers

Of particular note are:

- NHS 111
- Emergency department
- Community provided minor injury unit

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

Head Injury (CG176) - <http://publications.nice.org.uk/head-injury-cg176>

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

Doctors or other healthcare professionals providing minor injury services would be expected to:

- (i) have either current experience of provision of minor injury work, or
- (ii) have current minor injury experience, or
- (iii) have recent accident & emergency experience, or
- (iv) have equivalent training which satisfies relevant appraisal and revalidation procedures.

Doctors or other healthcare professionals carrying out minor injury services must be competent in resuscitation and, as for other areas of clinical practice, have a responsibility for ensuring that their skills are regularly updated. Doctors or other healthcare professionals carrying out minor injury activity should demonstrate a continuing sustained level of activity, conduct audit data and take part in appropriate educational activities.

Nurses assisting in minor injury procedures should be appropriately trained and competent taking into consideration their professional accountability and the Nursing and Midwifery Council (NMC)

guidelines on the scope of professional practice.

Those doctors who have previously provided services similar to the proposed enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.

4.3 Applicable local standards

Individuals presenting for this service should be seen within a maximum of four hours, with clinical triage within the practice and all service provision in line with good, safe practice.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality requirements (See schedule 4 Parts A – D)

None.

5.2 Applicable CQUIN goals (See schedule 4 Part E)

None.

6. Location of Provider Premises

The Provider's Premises are located at:

Main surgery and any branch sites as per GMS, PMS or APMS agreement.

7. Funding for 2017-18

7.1 Fee per episode

£ 64.99