Minor Injury Services

A National Enhanced Service under the New contractual arrangements

Proposal to offer services from {surgery name} based on the national specification and benchmarking

Proposal date:

Introduction

1. All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification for the provision of minor injury services outlines a more specialised service to be provided. 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.

2. This specification sets out an in-hours service which will offer a convenient efficient service to local patients and help reduce pressure on already stretched Accident and emergency services

Local factors

2a Include any special local factors to support your case eg {surgery name} cover very rural population with a widely dispersed population over **sq km. patients have to travel over **miles to reach their nearest hospital outpatients or laboratory. Within this setting, one of the PCT priorities is equity of provision and we would submit that our patients should not need to travel large distances to hospital care if the service can be provided efficiently and safely within primary care. Patients living close to hospital laboratory 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.

Consider a patient survey:

Consultation with patients who need this service has strongly suggested they would prefer to have this service through the surgery rather than hospital attendance which would required in the absence of this enhanced service.

Background

3. This National Enhanced Service recognises the need for a consistent approach to rewarding GPs equitably for providing minor injury services within their own practice.

4. This service is intended to be commissioned by PCTs in the context of reforming emergency care services and reducing pressure on A&E departments.

5. Outside the conurbations and those towns having a District General Hospital based Accident & Emergency service, local general practitioners for historical and professional ethical reasons have had to provide Minor Injury Services (MIS) usually at their surgery. This service will no longer be funded within the new base GMS or PMS contracts in place from April 2003 and needs to funded as an enhanced service. If the service is not commissioned from the practice it is likely to lead to further pressure on the accident and Emergency department for cases which could be effectively treated in Primary care.

6. 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.

7. 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
(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.

Service outline

8 This national enhanced service covers provision of the following service:
(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 will give written consent any procedure to be carried out and the completed consent form will be filed in the patient's lifelong medical record. Appropriate self care and aftercare leaflets will be provided
(ix) transmission of all tissue removed by minor surgery for histological examination where appropriate
(x) maintenance of records of all procedures
(xi) audit of minor injury work at regular intervals. Reviews of this work would include patient satisfaction. Significant events such as any complications arising from the surgical procedure would be recorded.

9. Patients in the following categories are not appropriate for treatment by the Minor Injury Service but the enhanced service covers the appropriate referral of these patients elsewhere:
(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 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, abdomen
(xviii) lacerating/penetrating injuries involving nerve, artery or tendon damage.

Accreditation

10. Doctors providing minor injury services within the practice would be expected to:
(i) have either current experience of provision of minor injury work, or
(ii) have current minor surgery experience, or
(iii) have recent accident & emergency experience, or
(iv) have equivalent training which satisfies relevant appraisal and revalidation procedures.

11. Doctors carrying out minor injury services within the practice would be competent in resuscitation 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 within the practice would demonstrate a continuing sustained level of activity, conduct audit data and take part in appropriate educational activities.

12. Nurses assisting in minor injury procedures would 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.

Costs

14. In 2003/04 the proposed costing is an annual retainer of £1,000 plus £50 per patient episode.

Volume: **surgery would expect to deliver this service for (estimate total per year) funded patients in the first year. The contract would be monitored on a quarterly basis and the PCT alerted to significant overperformance. However, during the first year of operation the practice would continue to offer the minor injury service if the allocated funding cap was reached and this over- performance would be used to inform contract negotiations for the subsequent year.

Total contract value = £**,000 per year

This contract would run from 1st April 2004 to 31st March 2005.

15. All drugs, dressings and appliances will be funded and supplied separately by the PCT.

For further information or queries about this proposal please contact: