

## National Enhanced Service for Minor Injuries

Reference: NES08

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## 1. Financial Details

This agreement is to cover the period between 1<sup>st</sup> April 2009 and 31<sup>st</sup> March 2010.

Participating practices will receive a payment of £21.69 per episode of minor injury care. This service is based on a local definition of an appropriate level of service to be provided by general practice for incidence of minor injury. This applies for all incidents where a patient has urgently attended the practice and immediate treatment is required.

Onward referral to the PCT Walk-in Centre (Minor Injuries Unit) should take place for all adults or where the level of injury is more serious. Activity will be reported as and when an episode of minor injury-type care is completed. A brief anonymised report should then be faxed or emailed to a designated PCT lead for verification and payment will be generated the following calendar month.

The operation of this service forms part of a continuum of minor injuries and immediate care and will be reviewed. This is likely to include the development in the early part of the financial year of PCT service guidelines that give greater clarity about which conditions come under this specification and which conditions should be referred on for more specialist minor injury care.

## **2. Service Aims**

### **Introduction**

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services 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.

This specification sets out an in-hours service and is commissioned in the context of reforming emergency care services and reducing pressure on A&E departments.

### **Background**

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

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
- (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. Service Criteria

This national enhanced service will fund:

1. initial triage including immediately necessary clinical action to staunch haemorrhage and prevent further exacerbation of the injury
2. history taking, relevant clinical examination, documentation
3. wound assessment to ascertain suitability for locally based treatment and immediate wound dressing and toilet where indicated
4. appropriate and timely referral and/or follow up arrangements
5. adequate facilities including premises and equipment, as are necessary to enable the proper provision of minor injury services including facilities for cardiopulmonary resuscitation registered nurses.
6. To provide care and support to patients undergoing minor injury services.
7. maintenance of infection control standards
8. information to patients on the treatment options and the treatment proposed.
9. 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.
10. maintenance of records of all procedures
11. audit of minor injury list work at regular intervals.

Patients in the following categories are not appropriate for treatment by a Minor Injury Service but the enhanced service covers the appropriate referral of these patients elsewhere:

- 999 call (unless attending crew speak directly to the doctor)
- any patient who cannot be discharged home after treatment
- any patient with airway, breathing, circulatory or neurological compromise
- actual or suspected overdose
- accidental ingestion, poisoning, fume or smoke inhalation
- blows to the head with loss of consciousness or extremes of age
- sudden collapse or fall in a public place
- penetrating eye injury
- chemical, biological, or radioactive contamination injured patients
- full thickness burns
- burns caused by electric shock
- 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

- new or unexpected bleeding from any body orifice if profuse
- foreign bodies impacted in bodily orifices, especially in children
- foreign bodies deeply embedded in tissues
- trauma to hands, limbs or feet substantially affecting function
- penetrating injuries to the head, torso, abdomen
- lacerating/penetrating injuries involving nerve, artery or tendon damage.

#### **4. Accreditation**

Doctors providing minor injury services would be expected to:

- have current, or recent, experience of provision of minor injury work, or
- have recent accident & emergency experience, or
- have equivalent training which satisfies relevant appraisal and revalidation procedures.

Doctors 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 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.

#### **5. Monitoring & Evaluation**

As the number of incidents of minor injury treatment occurring in Barking & Dagenham practices is likely to be low, the PCT expects practices to submit an anonymised treatment report per episode of care. This should include similar details to that required when referring patients to the Walk In Centre, including condition, treatment and onward referral or discharge status. Submission of this information will trigger a per episode payment by the PCT.