NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

MINOR INJURY SERVICES 2019-20

1. Purpose of Agreement

This Agreement outlines the service to be provided by the Provider, called a Minor Injury Service, as a Local Commissioned Service which has been established to offer an alternative to patients who would have otherwise attended an A&E department.

2. Duration of Agreement

This agreement is for a period of six months, commencing from **1st April 2019** and ending on the **30th September 2019**.

3. Background

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

This service will be commissioned in the context of reforming emergency care services and reducing pressure on A&E departments.

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) either at their surgery premises or in a Minor Injury Unit (MIU) usually attached to a community hospital.

4. Aim 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.

This local commissioned service will fund minor injury consultations provided by the practice. In order to be eligible to provide the service, practices will be required to:

a) Actively promote and advertise the Minor Injury Service via the surgery waiting room and website

b) To appear on the NHS 111 Directory of services "DOS" to accept patients registered with your practice with minor injuries during core hours, making reasonable effort to accommodate these patients and offer the next available minor injury/illness appointment.

c) Provide adequate facilities including premises and equipment, as are necessary to enable the proper provision of minor injury services including facilities for cardiopulmonary resuscitation and regular staff training

d) Provide appropriate care and support to patients undergoing minor injury services

e) Maintain infection control standards as agreed locally

At the discretion of the practice some patients, for clinical or organisational reasons, will not be seen under this Minor Injury Service, but this service covers the appropriate referral of these patients elsewhere.

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.

5. Service Outline

A **"minor injury consultation"** is defined, for the purpose of this agreement, as

a consultation, arranged at request of a patient after an injury, completed within 48 hours of that injury, face to face with the appropriate practice clinician. It would include the usual clinical pattern of history taking, examination, assessment, diagnosis, treatment or referral as necessary, record keeping and follow up arrangements.

The following list outlines the types of injuries that the Commissioner will commission from practices.

- Lacerations
- Bruises
- Minor Dislocations
- Foreign Bodies
- Minor Head Injury
- Eye Injury
- Burns and Scalds
- Minor Trauma to Body including hands/limbs/feet
- Bites
- Falls
- Whiplash/RTA injuries.

Exclusions

- Injuries sustained outside of the 48hr window
- Telephone Consultations
- Follow ups to Minor Injury consultations initiated elsewhere (i.e. A&E/MIU)
- Repetitive strain injuries
- Sunburn

6. Accreditation

Doctors providing minor injury services 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.

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 data audit 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 national 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.

7. Pricing and Payment Arrangements

- **Pricing**

Practices will be commissioned based on previous year's activity and will be paid **£20.20** per eligible patient consultation as defined in the service outline above.

- **Payment Arrangements**

Practices will be commissioned in the first instance against their commissioned levels of activity and the indicative budget for the provision of each service for the forthcoming year. Practices will receive 6 monthly payments based on the total indicative budget for the year with any adjustments to be made at year end if necessary.

8. Activity Reporting

Practices are required to submit the number of minor injury consultations undertaken on a quarterly basis via the Practice Commissioning Statement to capccg.enhancedservices@nhs.net by the 15th day of the following month, following Quarter end.

Practices will need to record each minor injury consultation by the agreed read code.

This should be recorded with any relevant clinical coding entries and any other relevant data to ensure that compliance with this Service Level agreement can be demonstrated. Practices are encouraged to ensure that a clear audit trail exists to support post payment verification.

The presence of a minor injury diagnosis is not synonymous with a minor injury consultation (as it may have been made outside the agreed definition); occasionally, where examination excludes a suspected injury, a minor injury consultation will have properly happened without a clinical diagnosis of injury being made.

Electronic Patient Record

Practices must clearly record the events of the injury and specifically when the injury was sustained.

If Practices require help or advice on clinical recording, coding and reporting, please contact The Primary Care Information team via the following email address: capccg.primarycareinformation@nhs.net

9. Payment Verification

Practices entering into this contract agree to participate fully in the post payment verification/validation process determined by the Commissioner and LMC. Practices should ensure that they keep accurate records to ensure a full and proper audit trail is available and Practices are encouraged to utilise Practice computer systems to enable this condition to be met.

10. Performance

The CCG reserves the right to suspend the commissioning of this service where there are concerns around compliance and patient safety.

11. Safeguarding Adults

It is important that practices protect adults from avoidable harm (as defined in Safeguarding Adults guidelines) including safeguarding training, training on the Mental Capacity Act and Deprivation of Liberty. A Safeguarding lead should be identified in each practice.

12. Care Quality Commission (CQC)

The provider must meet CQC standards and where appropriate be registered with the Care Quality Commission (CQC). The standards and the relevant services are contained in the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2014.

13. Termination

Should either party wish to terminate this agreement, a minimum period of 3 months notice must be provided in writing.

14. Signatories to the Agreement

Practices wishing to provide this service are required to complete and sign the application form, and return to the Commissioner for consideration