

National Enhanced Service (NES) for 'Minor Injury Services'

Service Level Agreement

PRACTICE

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1. Financial Details

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 agreement is to cover the 12 months commencing 1 April 2005.

On agreeing a service plan with the PCO for the 12 months commencing 1 April 2005 practices will receive the following:-

The PCO will agree with the practice the basis on which the NES will be funded in light of the procedures to be carried out and the volume to be carried out. Activity capping is outlined on the 2nd page.

In entering into this service level agreement the Practice agrees to carry out the whole range of minor injury services as detailed below ie it is not acceptable to carry out treatment for some but exclude others.

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.

This specification sets out an in-hours service.

In 2005/06 each practice contracted to provide this service will receive an annual retainer of £1,065.54 plus £53.28 per patient episode. The PCO will agree with the provider the basis on which the NES will be funded in light of the procedures to be carried out and the volume to be carried out, including setting an upper cap. This should be reviewed by the PCO and the practice when the practice is approaching the number of procedures set by the upper cap. The PCO may wish to consider the impact that the practice's service provision is having on the reduction of demand on other services.

Claims for Payment

All claims for payment should be submitted to the PCO.

The prices quoted above will apply to activity during the first quarter of the financial year only ie until 30 September 2005. Actual activity from the first quarter ie until 30 June 2005, should be submitted to the PCO during the first week of July 2005 where it will be analysed on a pan Highland basis, during the second quarter, in order to ascertain whether or not future activity/prices will have to be capped.

Where a practice has shown above average activity during the data collection period, discussion will take place with regard to the type of activity and the setting of an upper cap.

Payment for the first quarter's activity will be paid at the end of July provided the information is received by the PCO by 7th July 2005.

Any necessary drugs or dressings required for the provision of this services should be ordered on non stock order requisition forms.

Estimated Activity from Data Collection Exercise

Annual number of injuries treated	Annual Fee
Upper cap on activity	

Actual activity information should be submitted to the PCO on a quarterly basis.

Payment Verification

Practices entering into this contract must participate fully in the verification process determined by the PCO and LMC. Practices should ensure that they keep proper records to ensure a full and proper audit trail.

It is anticipated that Practice computer systems will be utilised to enable this condition to be met.

Practices must be able and willing to evidence service delivery if required/requested by the PCO.

Annual Review of Contract

This contract will be reviewed annually, and will be in line with the annual review of the GMS Contract set out in the NHS (General Medical Services Contracts)(Scotland) Regulations, or other legislation as appropriate.

Practices will be expected to return to the PCO their end of year evaluation/results, in order to confirm compliance with the contract.

**PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THIS SIGNED CONTRACT,
INCLUDING DETAILS OF PRACTICE PLANS AS INDICATED**

2. Signature Sheet

This document constitutes the agreement between the practice and the PCO in regards to this directed enhanced service.

PRACTICE.....

Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the PCO:

Signature	Name	Date

3. Service Aims

This NES 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.

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:

- 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.

This national enhanced 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.

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.

Eligibility to provide the service

.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 injury** 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 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. Criteria

The Directed Enhanced Service Specification details the following criteria.

The following pages contain some further guidance from the PCO on expected processes, outcomes and deliverables based on this process. On aspiring to this service practices are required to submit plans under each of these items to the PCO.

- (i) Initial triage, assessment and treatment**
- (ii) Staff competence**
- (iii) Facilities, Sterilisation and infection control**
- (iv) Maintenance of Records**
- (v) Patient Monitoring**
- (vi) Audit**

*** Please note that these criteria are nationally determined and are not subject to negotiation.**

Criteria One : INITIAL TRIAGE, ASSESSMENT AND TREATMENT

Details

- initial triage including immediately necessary clinical action to staunch haemorrhage and prevent further exacerbation of the **injury**
- history taking, relevant clinical examination, documentation
- wound assessment to ascertain suitability for locally based treatment and immediate wound dressing and toilet where indicated
- appropriate and timely referral and/or follow up arrangements

Practice Plans for Year 05/06

(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results

(at the end of the year please detail below the practice's results for this criteria)

Criteria Two: STAFF COMPETENCE

Details

- The GP(s) can provide evidence that they have the experience and qualifications to undertake the procedure/s and all personnel providing the service are competent to provide those aspects of the service for which they are responsible and will keep their skills up to date.
- Registered nurses can provide care and support to patients undergoing treatment for a minor injury. Nurses assisting in minor injury procedures should be appropriately trained and competent, taking into consideration their professional accountability and the Nursing and Midwifery Council guidelines on the scope of professional practice

Practice Plans for Year 05/06

(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results

(at the end of the year please detail below the practice's results for this criteria)

Criteria Three: FACILITIES, STERILISATION AND INFECTION CONTROL

Details

- ✓ Practices should have adequate facilities including premises and equipment, as are necessary to enable the proper provision of **minor injury** services including facilities for cardiopulmonary resuscitation
- ✓ It is important that practices providing minor injury services operate to the highest possible standards. Practices should take advantage of any of the following arrangements:
 - disposable sterile instruments
 - approved sterilisation procedures that comply with national and local guidelines.
- General practitioners are responsible for the effective operation and maintenance of sterilizing equipment in their practices. Practices must have infection control policies that are compliant with national guidelines including inter alia the handling of used instruments, and the disposal of clinical waste

Practice Plans for Year 05/06

(please detail below your practice's plans for this criteria)

(please attach your completed infection control and decontamination checklist)

Practice Evaluation at end of Year / results

(at the end of the year please detail below the practice's results for this criteria)

Criteria Four : Maintenance of Records

Details

✓ maintenance of records of all procedures

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(at the end of the year please detail below the practice's results for this criteria)

Criteria Five : Audit

Details

- Full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible.
- Practices should regularly audit minor injury work.

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(at the end of the year please detail below the practice's results for this criteria)

Criteria Six: Patient monitoring

Details

- Practices must ensure that details of the patient's monitoring as part of the NES is included in his or her lifelong record. If the patient is not registered with the practice providing the NES, then the practice must send this information to the patient's registered practice for inclusion in the patient notes.

Practice Plans for Year 05/06 (please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results (at the end of the year please detail below the practice's results for this criteria)

5. Ongoing Measurement & Evaluation

The ongoing measurement is outlined in the various criteria in the previous section.

In addition the practice is required to agree with the PCO this service specification/plan at the start of the year and to submit the completed document at the end of the year for evaluation purposes.

6. Dispute Resolution

Every attempt will be made to resolve any dispute informally between the Practice and the PCO. Failing that, the Dispute Procedure contained within the sections 464 to 474 of the Scottish General Medical Services Contract 2004 will apply.

7. Variation and Termination of Contract

Any variation to the terms and conditions contained herein requires to be agreed between the Practice and the PCO.

Any termination of services, or any part of the services covered by this contract, requires to be agreed between the Practice and the PCO before any termination takes place.