

# Service Specifications

<b>Service Specification No.</b>	
<b>Service</b>	Minor Injury
<b>Commissioner Lead</b>	NHS Lincolnshire Integrated Care Board (ICB)
<b>Period</b>	1 <sup>st</sup> April 2023 – 31 <sup>st</sup> March 2024
<b>Date of Review</b>	March 2023

## 1. Population Needs

### 1.1 Local Context

#### Lincolnshire's Integrated Care System and Integrated Care Board

The NHS Lincolnshire Integrated Care System (ICS) was created on 1 July 2022 following an amendment of the Health and Social Care Act 2006.

The ICS is a partnership that brings together providers and commissioners of NHS services across Lincolnshire with local authorities and other local partners (such as the voluntary sector), to collectively plan health and care services to meet the needs of their population.

The 4 aims of the ICS are:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

NHS Lincolnshire Integrated Care Board (ICB) is the statutory body within Lincolnshire ICS responsible for the provision of health services, in accordance with the Health and Care Act 2022.

Lincolnshire ICB will use its resources and powers to collaboratively tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as the population ages
- getting the best from collective resources so people get care as quickly as possible

#### Lincolnshire ICB statistics

- Lincolnshire ICB has 82 practices
- The total registered population is 813,240 (as of January 2023)
- The registered population live in 7 different lower tier Local Authorities
- As of 2021, the male average life expectancy in Lincolnshire (78.3 years) is slightly lower than the national average (78.7 years). The average Lincolnshire life expectancy for females is 82.8 years, which is the same as the national average
- The 2021 overall premature mortality rate in Lincolnshire (deaths <75 years per 100,000) is 366.3, which is slightly higher than the national figure of 363.4
- The average level of deprivation in England as of 2019 was 21.7. Lincolnshire ICB as a whole is slightly less deprived than this, at 20.2. However, there are pockets of deprivation across the county that are within the national 20% most deprived areas (mainly around coastal and inner urban areas)

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm	X

### 2.2 Local defined outcomes

It has been recognised that the provision of a Minor Injury Service within some localities will be of benefit to patients which include:

- Improved patient convenience, often with minimal travel requirements
- Timely service
- Available expertise already present within primary care
- Holistic approach to patient care

The specification sets out an in-hours service but must be provided between 08.30 to 18.30 Monday to Friday (excluding Public Holidays)

The Commissioner recognises the need for a consistent approach for the provision of practice based minor injury services. This service will be commissioned in the context of reforming emergency care services and reducing pressure on A&E departments to support achievement of the 4-hour target.

## 3. Scope

### 3.1 Aims and objectives of service

Any injury or 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 aims of this service are to provide

- a) Initial triage including immediately necessary clinical action to staunch hemorrhage and prevent further exacerbation of the injury
- b) History taking, relevant clinical examination and documentation
- c) Wound assessment to ascertain suitability for locally based treatment and immediate wound dressing
- d) Appropriate and timely referral and / or follow up arrangements
- e) Adequate facilities including premises and equipment, as are necessary to enable the proper provision of minor injury services including facilities for cardiopulmonary resuscitation
- f) GP's and registered nurses will provide care and support to patients undergoing minor injury services, HCSW's may support as necessary.
- g) Information to patients on the treatment options and the treatment proposed. The patient should give written consent for the procedure to be carried out and the completed consent form should be filed in the patient's lifelong medical record

- h) Maintain records of all procedures
- i) Audit of minor injury treatments at regular intervals. This audit should include an element of peer review by conducting it in collaboration with a local specialist or GP colleague working in the same field or with audit groups. Reviews of this work could examine patient's satisfaction

### **3.2 Service description/care pathway**

The following list gives guidance on the types of injuries and circumstances that lead to the use of Minor Injury Services:

- a. Lacerations capable of closure by simple techniques (stripping, gluing and suturing)
- b. Bruises
- c. Minor dislocation of phalanges
- d. Foreign bodies
- e. Non penetrating superficial ocular foreign bodies
- f. Following advice to attend specifically given by a general practitioner
- g. Following recent injury of a severity not amenable to simple domestic first aid
- h. Following recent injury where it is suspected stitching may be required
- i. Following blows to the head where there has been no loss of consciousness
- j. Recent eye injury
- k. Partial thickness burns or scalds (not involving the hands, feet, face genital areas, clinical judgment must apply)
- l. Foreign bodies superficially embedded in tissues
- m. Minor trauma to hands, limbs or feet.

Patients in the following categories are not appropriate for treatment by the Minor Injury Service but this service does cover the appropriate referral of these patients elsewhere:

- a. 999 call (unless attending crew speak directly to the doctor)
- b. Any patient who cannot be discharged home after treatment
- c. Any patient with airway, breathing, circulatory or neurological compromise
- d. Actual or suspected overdose
- e. Accidental ingestion, poisoning, fume or smoke inhalation
- f. Blows to the head with loss of consciousness or extremes of age
- g. Sudden collapse or fall in a public place
- h. Penetrating eye injury
- i. Chemical, biological or radioactive contamination injured patients
- j. Full thickness burns
- k. Burns caused by electric shock
- l. Partial thickness burns over 3cm diameter or involving:
  - Injuries to organs of special sense
  - Injuries to the face, neck hands, feet or genitalia
- m. New or unexpected bleeding from anybody orifice if profuse
- n. Foreign bodies impacted in bodily orifices which are not readily removable, especially in children
- o. Foreign bodies deeply embedded in tissues
- p. Trauma to hands, limbs or feet substantially affecting function
- q. Deep penetrating injuries to the head, torso or abdomen, clinical judgement should be used regarding appropriateness of treatment or requirement for ongoing referral (e.g. A&E).
- r. Lacerating / penetrating injuries involving nerve, artery or tendon damage

#### **3.2.1 Data Collection and Record Keeping**

The provider must ensure that details of the patients monitoring as part of this service is included in his or her lifelong record. If the patient is not registered for primary medical services with the provider of this service, the provider must send this information to the patients registered General Practitioner for inclusion in their lifelong medical record.

- The Provider must also supply accurate detailed information on a 6 monthly basis consisting of: Presenting referral e.g. self, school or NHS 111
- the type of injury presenting
- actual diagnosis
- onward referral data, including those to secondary care
- Number of follow-ups seen or referred back to the GP

The provider must supply the number of patients presenting for Minor Injuries onto the quarterly Minimum Data Set (MDS), using the appropriate read code detailed below. In addition to this Providers will be expected to provide a 6 monthly audit report, to support future service review. There will be a requirement for providers to submit this report to the Commissioner by the end of October for Quarters 1 and 2, and April for Quarters 3 and 4.

It is recommended that the practice use the following code when recording the delivery of this enhanced service.

PROCEDURE	SNOMED CODE	READ CODE
Consultation for minor injuries	113011000000100	XaJme

### 3.2.2 Reporting and Audit

The provider will conduct an annual review which should include as a minimum

- a) The number and details of the injuries treated
- b) Details of any short- and longer-term complications and the remedial actions taken
- c) Complaints
- d) Serious untoward incidents

This should be for both registered patients and for patients registered at other Practices (where applicable)

### 3.3 Population covered

Any attending patient.

### 3.4 Any acceptance and exclusion criteria and thresholds

#### Acceptance:

- Patients must be temporarily or permanently registered with a General Practice within the geographical boundary of Lincolnshire ICB.
- Any patient presenting with any of the areas detailed in Section 3.2. This list is not exhaustive and clinical judgement should be used.

#### Exclusions:

- Patients not appropriate for treatment by the Minor Injury Service have been previously detailed in Section 3.2.

### 3.5 Interdependence with other services/providers

This is an attending service but, in some cases, contact with the following may be required:

- Lincolnshire Community Health Services (LCHS)
- United Lincolnshire Hospitals NHS Trust

- GPs

Providers are expected to cooperate and share information with others involved in a patient's care, treatment and support while having regard to the patients' rights to confidentiality.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (e.g., NICE)**

This specification intends and expects compliance with the relevant standards of quality and safety across all provided regulated activities. This will be through registration with the Care Quality Commission. The new system is focused on outcomes and places the views and experience of people who use services at the centre. The new regulations are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 and the Care Quality Commission (Registration) Regulations 2009. These regulations replace:

- 1) National Minimum Standards, and
- 2) Standards for Better Health.

### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

### **4.3 Applicable local standards**

#### **4.3.1 Facilities**

Practices must have policies in place that comply with current national guidelines. This should include:

- a. Provision of an appropriate room fitted with a couch.
- b. Infection control.
- c. Disposal of clinical waste.
- d. Provision of an appropriate room fitted with a couch and adequate space for resuscitation.
- e. Equipment for resuscitation.
- f. Facility for local anaesthesia
- g. Provision of sterile surgical equipment and other consumables.

#### **4.3.2 Staffing**

The provider will ensure that its employees and agents comply with all relevant legislation; codes of practice and regional and national Guidance; and when required provide evidence of such compliance and the providers documentation.

The Provider will be responsible for employing adequate numbers of suitably trained and qualified staff to execute this contract and involve continuing professional development and registration.

#### **4.3.3 Protocol**

The provider should have in place a protocol which outlines the actions and systems necessary to undertake the minor injury service. This should define the roles and responsibilities of everyone involved in the programme and the timescales for delivery.

#### **4.3.4 Accreditation and Training**

Health Care Professionals providing minor injury services would be expected to:

- a. Have either current experience of provision of minor injury work, or
- b. Have current minor surgery experience, or
- c. Have recent accident and emergency experience, or
- d. Have equivalent training which satisfies relevant appraisal and revalidation procedures.

Health Care 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.

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 Health Care Professionals who have previously provided services similar to this 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. Applicable quality requirements and CQUIN goals**

- 5.1** Practices which take part in the scheme must demonstrate that service provision is of high quality, evidence based, safe and effective, with robust governance systems and safeguards in place, staff have received appropriate training and equipment is maintained to the highest standard. Practices may be required to provide commissioners with assurance that services provided are within the criteria of the contract general conditions, service conditions and particulars.
- 5.2** The Service Provider will notify the ICB Quality Services Team, Cross O'Cliff Court, Bracebridge Heath, Lincoln, LN4 2HN directly or by email [licb.clinicalriskincidents@nhs.net](mailto:licb.clinicalriskincidents@nhs.net) of all serious incidents. These must be reported by the service provider within one working day of the information becoming known to them. The service provider will participate in a review of any serious incidents notified to the Head of Quality Services and demonstrate that any learning from the incident is acted upon to minimise future risk.
- 5.3** CQUIN goals will not be applied.

## **6. Location of Provider Premises**

It is the obligation of the provider to secure premises for service delivery. The provider has the opportunity to use their own facilities within a practice or access current NHS accommodation in Lincolnshire managed and accessed through NHS Property Services (to include premises owned by Lincolnshire Community Health Services, United Lincolnshire Hospital Trust and certain GP practices).

## **7. Individual Service User Placement**