

**REPORT TO THE PBC GOVERNANCE COMMITTEE
TO BE HELD ON: 11th NOVEMBER 2009**

Enclosure:							
Subject:	Cannock Chase LES for the provision of Minor Injury Services						
Lead Director:	Geraint Griffiths						
Lead Officer:	Nicky Brooks						
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">For Approval</td> <td style="width: 5%; text-align: center;">x</td> <td style="width: 25%;">For Discussion</td> <td style="width: 5%;"></td> <td style="width: 20%;">For Information</td> <td style="width: 20%;"></td> </tr> </table>	For Approval	x	For Discussion		For Information	
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PURPOSE OF THE REPORT:

Cannock Chase Commissioning Consortia have expressed a desire for the MIU LES to be offered to all practices within the consortium. The PCT Locality Team has some reservations about how this should be managed and seeking guidance from PBC governance on the most appropriate way to proceed.

KEY POINTS:

- Currently MIU services are provided by the PCT provider services in Cannock and by Horsefair Practice for the population of Rugeley, Brereton and Armitage (during surgery opening hours).
- This financial year the provider changed its charging mechanism from block payment to cost per case. If activity levels remain the same as 2008/09 the consortia could incur up to an additional £300k this financial year.
- The consortia in light of this change in payment have expressed a desire for all practices to be eligible to offer this service. In response to this the existing NES has been adapted to become a LES. This has been undertaken with out any material changes to the NES; hence this has not been shared with the LMC.
- The locality concerns are:
 1. Horsefair Practice has taken on additional capacity to provide the service for part of the locality and may be materially disadvantaged if other practices sign up to the LES. The service may become more fragmented and confusing for patients if other local practices sign up to the LES and retain their opening hours (1/2 day closures etc).
 2. Within central Cannock there is a fully staffed MIU on the patient's doorstep. It's uncertain whether patients would prefer to attend their practice rather than a purpose staffed MIU which has a strong presence in the local community.
 3. The area where there is a potential gap is Great Wyrley / Cheslyn Hay areas where there are no local facilities on the doorstep the only alternative being to come to Cannock MIU or to attend A/E at Walsall Manor.
 4. From a finance point of view the LES may not have any impact upon the MIU and may simply create additional spend for the locality on MIU services.
 5. From a quality point of view MIU are staffed with appropriately trained staff whose main business is to provide these services. The PBR charge is £59.00 per patient. Practices who may sign up to the LES will not be as skilled as MIU staff and potentially be able to deal with

<p>the breadth of cases. The payment is £53.127 per episode. Also having reviewed the numbers of patients attending the Horsefair Practice under the NES there were 279 episodes for 2008/09. If multiple practices agree to offer the LES it is not clear how they would maintain their competence.</p>
<p>▪</p>

IMPLICATIONS:

Legal and/or Risk	N/A
Standards for Better Health	N/A
Financial	Part of Cannock Chase FURs allocation
Training	N/A
PBC	Supported by Cannock Chase Commissioning Consortia
Other	N/A

RECOMMENDATIONS / ACTION REQUIRED:

<p>To recommend an appropriate way forward.</p>

**LOCAL ENHANCED SERVICE FOR
THE PROVISION OF MINOR INJURY SERVICES IN CANNOCK
CHASE**

Service Level Agreement

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INTRODUCTION

All practices are expected to provide essential services and those additional services they are contracted to provide to all their patients. They are also encouraged to provide the Directed, National and Local Enhanced services to the populations they serve. The specification for this service is designed to cover the enhanced aspects of clinical care of the patient, which is beyond the scope of essential services.

SERVICE OUTLINE

This agreement is to cover the period commencing 1st April 2009 to 31st March 2010.

This Local Enhanced Service will provide a minor injury service for patients registered with GPs in the Cannock Chase Consortium.

It will provide:

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

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 to provide care and support to patients undergoing minor injury services

Maintenance of infection control standards

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.

Transmission of all tissue removed by minor surgery for histological examination where appropriate

Maintenance of records of all procedures

Audit of minor surgery list work at regular intervals.

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 non 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

CRITERIA

This Local Enhanced Service Specification details the following criteria. The following pages contain some further guidance from the PCT on expected processes, outcomes and deliverables based on this process. On aspiring to provide this service practices are required to submit a Practice Plan (Appendix 1). The Practice Plan will need to be submitted and approved by the PCT prior to the practice being able to commence the service.

The practice plan will need to provide the practice's details regarding the following areas:

- (i) Facilities
- (ii) Referral Policies

- (iii) Record Keeping
- (iv) Training and Staffing
- (v) Untoward Events
- (vi) Review/Audit

Criteria One: Facilities

Details

- This service will be carried out in approved practice premises
- Minimum facilities necessary to enable the service to be provided properly e.g.
 - Operating room – should have adequate light source e.g. an adjustable examination light, should be large enough to approach the couch from both sides if necessary and have adequate space for the instrument trolley and assistant, should be clean and easily cleaned to a high standard i.e. non permeable floor and wall coverings, should contain adequate hand washing facilities
 - Operating couch – must be large enough for a large adult
- Adequate and appropriate equipment should be available for the doctor to undertake the procedures chosen, and should also include appropriate equipment for resuscitation.

Criteria Two: Referral Policies

Details

Where appropriate to refer patients promptly to other necessary services using locally agreed guidelines where these exist.

Patients in the following categories are not appropriate for treatment by the Minor Injury Service. The practice must ensure 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

Criteria Three: Record Keeping

Details

- To maintain records of all procedures
- To provide full details to other practices when their registered patients are treated under this scheme.

Criteria Four: Training and Staffing

Details

- Professionals undertaking this service should have undertaken appropriate training.
- The practice must ensure that all staff involved in providing any aspect of care under this scheme have the necessary training and skills to do so
- 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 audit data and take part in appropriate educational activities.
- 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.
- 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.
- All personnel providing the service through the contract have appropriate indemnity cover to meet in full claims made against them as individuals.

Criteria Five: Untoward Events

Details

- It is a condition of participation in this NES that practitioners will give notification to the PCT Clinical Governance Lead of all emergency admissions or deaths of any patient covered under this service. This must be reported within 72 hours of the information becoming known to the practitioner, preferably using the PCT incident reporting form. This is in addition to the practitioner's statutory obligations.

Criteria Six: Review/Audit

Details

- The services delivered by this NES will be subject to clinical audit and monitoring will be carried out as part of the annual review of the contract and as part of review of this NES
- An audit of minor surgery list work should be performed 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/audits of this work could:
 - examine patient satisfaction
 - compare preoperative diagnosis with the histology reports where relevant
 - examine complications arising from surgical procedure
 - include clinical outcomes, rates of infection and unexpected or incomplete excision of basal cell tumours or malignant pigmented lesions.

ONGOING MEASUREMENT & EVALUATION

The ongoing measurement is outlined in the various criteria in the previous section. The services provided and scope of this LES will be reviewed with the practice as part of the annual contract monitoring process.

In addition the practice is required to agree with the PCT this service specification/plan at the start of the year.

FINANCE

This agreement is to cover the 12 months commencing 1st April 2008.

The Practice will receive:

- £53.27 per patient episode.

The type of procedures and volumes will be reviewed periodically by the PCT.

