



NORTH AND SOUTH ESSEX LOCAL MEDICAL COMMITTEES

Service Level Agreement for Minor Injury Services

1 Purpose of Agreement

This agreement outlines the service to be provided by the Provider, called a Minor Injury Service, as an Enhanced Service under the new GMS Contract.

2 Duration of Agreement

This agreement is for a period of twelve months, commencing 1st April 2004 and ending on 31st March 2005. The service model and price for minor injuries services will be reviewed for 2005/6.

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

3 Introduction

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. Under the GMS contract Minor Injury Services are classified as an Enhanced Service, and this agreement covers aspects of clinical care of registered and temporary patients beyond the scope of Essential Services.

This specification sets out a core hours service.

4 Background

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. As such, these cases are excluded from the agreement.

This agreement covers the provision of a Minor Injuries service by the practice, and the patients treated under this service would generally be those that would be referred to another provider in the absence of this service.

The PCT recognises the need for a consistent approach to rewarding GPs equitably for providing minor injury services within their own practice, and aspires to that aim. Many local GP practices for historical and professional reasons chose to provide a service under previous contracts, though this has not been uniform, as it was not required. This diversity

of provision, and lack of activity data, has caused difficulty in commissioning the National Enhanced Service.

Recognising the value of current practice, South Cambridgeshire PCT, through this agreement, therefore commissions a service from each provider modelled on the service provided by that individual provider in the year to April 2004.

Providers are entitled to use all demand and activity management methods in place in the year to April 2004, but are not entitled to introduce new methods designed to reduce activity.

Through this agreement, as detailed below, providers will collect activity data that will allow the PCT to develop an understanding of the pattern of provision. This will inform the PCTs commissioning plans for 2005/6 whereby the recorded activity will be reflected in next year's agreement.

5 Service outline

This enhanced service will fund minor injury consultations provided by the practice.

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, 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 practice, as part of this agreement, will provide

- a) 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.
- b) registered nurses. To provide care and support to patients undergoing minor injury services.
- c) maintenance of 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.

6 Activity Monitoring

Activity monitoring is important, both for the PCT and Practice, as it will inform and ensure that the 2005/6 agreement and price accurately reflects practice activity.

Practices are required to collect activity data using Read codes supplied by the PCT and to submit activity data to the PCT on a monthly basis. This standardised format will monitor the number of minor injury consultations performed each month; it will be divided to allow recognition of those consultations that take place out of the surgery premises (e.g. in a nursing home).

Practices will need to therefore record each minor injury consultation by the agreed .9xxx code. This will be recorded with any relevant clinical coding entries. 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.

7 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 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 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.

8 Costs

In 2004/05 the price for this service will be £14,000 per annum for an average sized practice.

In most instances the cost of drugs, dressings and appliances used in providing this service will be claimable by the FP10.