

OCCG SERVICE SPECIFICATION (2020-21) ASSESSMENT AND TREATMENT OF MINOR INJURIES

1. Background

The minor injuries service is an item of service payment agreement for the treatment of specified minor injuries in primary care by general practices. This service may be delivered by any general practice in Oxfordshire to patients who are either permanently or temporarily registered with them and is aimed at reducing attendance at emergency departments (EDs) and minor injury units (MIUs).

No part of this specification by commission, omission or implication defines or redefines essential or additional services.

2. Service outline

The following lists give the injuries and conditions which will be covered by the service, and the restrictions and exclusions for circumstances under which practices will not be able to claim

Injuries and conditions covered by this service:

- Assessment and treatment of lacerations, including suturing, gluing, steristrips (cleaning and dressing alone will not be claimable).
- Assessment and management of minor head injuries (head injuries that do not meet the NICE 2007 (updated 2012) guidelines for referral to ED; see the NICE guidelines or Appendix 1, below).
- Assessment and management of foreign bodies in the skin, ear and nose (including local anaesthetic as needed) and non-penetrating foreign bodies in the eye.
- Assessment and management of joint sprains.
- Assessment and management of superficial burns

Restrictions and exclusions – injuries and conditions not covered by this service:

- Injuries and conditions over 48 hours old. 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
- Overdose, poisoning, head injury associated with loss of consciousness, penetrating eye injury, partial and full thickness burns, traumatic contusions, fractures, tendon and artery injuries.
- Any injury or condition for which the patient is subsequently referred to ED or MIU by the Provider.

The list of SNOMED / Read codes attached as Appendix 2 identifies qualifying conditions and treatments.

Suture removal: No longer included in this specification. This element is now included in the specification for **Completing of an Episode of Surgical Care** where relevant coding and payment arrangements are set out in full.

3. Accreditation

Health Care Professionals 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.

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. Health Care Professionals 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 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 this service shall be deemed professionally qualified to do so.

4. Audit

The practice will be required to provide an audit of minor injury patients including information on attendance at MIUs or A&E. It is important therefore that practices record both category and consultation codes.

5. Payment

Payment will be made quarterly one month after the end of the quarter based on the activity recorded and accessed using Quest. NB. Payment will only be made where practices record both consultation and category codes.

Payment for the assessment and treatment of minor injuries will be **£30.60**

6. Monitoring

Data will be extracted from the EMIS practice system by SCWCSU around the 15th of the month following the end of each quarter to monitor activity. Vision practices are requested to submit the necessary evidence for payment in the form of the search output from the clinical system and submit to SCWCSU by the 15th of the month following the end of each quarter. (Deadlines to be confirmed each quarter by SCWCSU).

7. Termination

This service will terminate on 31st March 2021. For termination ahead of this 3 months written notice must be given

8. Contact

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Appendix 1: Summary of NICE 2012 guidelines for head injuries requiring referral to ED

- Glasgow Coma Scale (GCS) < 15 on initial assessment
- Any loss of consciousness as a result of the injury
- Any focal neurological deficit since the injury (e.g. problems understanding/speaking or reading/writing, loss of feeling in any part of the body, any changes in vision, or difficulty balancing or walking)
- Any suspicion of skull fracture or penetrating head injury
- Amnesia for events before or after the injury
- Persistent headache after the injury
- Any vomiting after the injury
- Any seizure since the injury
- Any previous history of cranial neurosurgical interventions
- High-energy head injury (e.g. pedestrian struck by car, diving accident, fall or more than 1m, high-speed collision)
- History of bleeding or clotting disorders
- Currently on anticoagulation, such as warfarin
- Current drug/alcohol intoxication
- Age 65 or over, unless clinically stable and no further investigation is needed
- Suspicion of non-accidental injury
- Continuing concern by clinician about the diagnosis

Appendix 2 Minor Injury Service Codes 2020-21

Please note SNOMED Codes are currently indicative, subject to data quality checks

	Item	Read Code and Description	SNOMED Codes	Notes
Search Population	Patients with any codes shown in this section at any time during the fiscal year NB: In order to qualify for payment practices must record both a consultation code and a site of injury code to qualify for payment. E.g. consultation (9Na1) + head injury (S6460). A patient may have more than one Minor Injury treated in the payment period however if two or more minor injuries are assessed/ treated in the same consultation, only one claim should be made.			
For payment	Lacerations	7G21% Suture of skin of other site 7G20% Suture of skin of head or neck 8BC7 Glueing of wound 7G1M2 Glue closure of skin wound 8BC8. Application of adhesive skin closure	391906003 265681006 284182000 427546003 225153000	
For payment	Head Injury	S6460 Minor head injury	274164006	
	Superficial burns	SH11% Superficial burn of the face, head or neck SH31% Superficial burn of the arm SH41% Superficial burn of the wrist and hand SH21% Superficial burn of the trunk SH51% Superficial burn of the leg	211684007 62242007 269243001 111716006 70250009	For payment Practices must record both a consultation code and a site of injury code to qualify for payment. E.g. consultation (9Na1) + for head injury (S6460)
	Joint sprains	S50% Sprain of shoulder and upper arm S51% Sprain of elbow and forearm S52% Sprain of wrist and hand S53% Sprain of hip and thigh S54% Sprain of knee and leg S55% Sprain of ankle and foot	123536004 269134004 209436000 17883008 269137006 209529003	
	Foreign body – orifice	SG1% Foreign body in ear SG2% Foreign body in nose	75441006 74699008	
	Foreign body – skin	7G23% Removal of other inorganic substance from	303244009	

		skin 7G24% Removal of other foreign body from skin	302421003	
	Foreign body – eye	SG0% Foreign body on external eye 72745 Examination of eye under anaesthetic	55899000 91177008	
	Consultations for minor injury	9kB.. Minor injury - enhanced services administration 9Na1. Consultation for minor injury	16636000000106 113011000000100	

Data extraction is cumulative throughout the fiscal year taken at the end of each quarterly period. In all cases, patients who have died or left during the reporting period, but who have received a service within the practice will be included. Temporary residents will be included.