

Provision of Wound Care, Removal of Sutures & Minor Injuries Local Enhanced Service Specification

Version Control		
Version	Date Amended	Summary of amendments
WC, ROS, MI LES Specification 2013-14	May 2023	Fees amended
Wound care & minor injuries Spec LES 2023-24	July 2023	GMPI added

1. Introduction

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.

2. Definition of Service

The service includes the provision of wound care, removal of sutures and treatment of minor injuries within primary care to patients registered with the practice and where applicable and agreed, to patients registered with other practices through collaborative agreements.

3. Background

This local enhanced service specification (LES) for wound care, removal of sutures and minor injuries is designed to:

Recognise the need for a consistent approach to rewarding General Practitioners (GPs) equitably for providing wound care, removal of sutures and minor injuries services to their own patients and where agreed to patients registered with other practices through collaborative agreements.

Reduce unnecessary attendance at A&E departments and reduce unnecessary attendance at secondary care for post operative wound care and removal of sutures.

Injuries and wounds over **5 days old** should 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. Patients treated under this service would generally be those that would be referred to another provider in the absence of this service.

4. Service Outline

This local enhanced service will fund:

- (i) History taking, assessment, relevant clinical examination, treatment and documentation
- (ii) Adequate facilities including premises and equipment, as are necessary to enable the proper provision of the services detailed
- (iii) **Sterilisation and infection prevention and control.** Maintenance of infection control standards to include single use instruments. Practices must have infection control policies that are compliant with national guidelines including the handling of used instruments, aseptic technique and the disposal of clinical waste.
- (iv) The collection of activity related to the provision of these services including type of activity, number of contacts and who provides the service
- (v) To maintain adequate records of the service provided, incorporating all known information relating to any significant events e.g. hospital admissions, wound infections
- (vi) Each practice must ensure that all staff involved in providing any aspect of care under this scheme has the necessary training and skills to do so
- (vii) It is a condition of participation in this LES that practices will give notification, in addition to their statutory obligations, within 72 hours of the information becoming known to him/her, to the UHB Clinical Governance manager of all emergency admissions or harm/potential harm to patients under this service i.e. as part of the UHB's commitment to Adverse Event Reporting contained in its Clinical Governance plan.
- (viii) **Consent** The clinician will ensure the process for obtaining informed patient consent is in line with Welsh Assembly Government Guidance.
- (ix) **Geographic coverage/boundaries** This local enhanced service (LES) is aimed at practices contracted by Cardiff and Vale UHB wishing to provide or that are already providing a wound care, removal of sutures or minor injuries service to their own patients as well as those wishing to provide a service to patients who are registered with other practices contracted by Cardiff and Vale UHB.

(x) **Location(s) of Service Delivery** The service will be provided from the practice premises, including branch surgeries, health centres and outreach clinics as appropriate.

(xi) **Referral criteria and sources** The service will be available to patients who meet the service outline and present for treatment. Those wishing to provide a service to patients who are registered with other practices contracted by Cardiff and Vale UHB must have in place auditable processes and written procedures to ensure timely and responses to referrals and effective reporting.

(xii) Those procedures described below

5. Procedures Included

This local enhanced service covers the following surgery-based services for ambulatory patients:

a) Requests for removal of sutures or staples, following attendance at A&E for suturing **or** stapling or where the operation is carried out outside general medical practice, where it is either inconvenient for or undesirable for the patient to attend hospital or A&E for removal.

b) Requests for wound dressing in respect of ambulatory patients where the operation was carried out outside general medical practice, where it is either inconvenient for or undesirable for the patient to attend at hospital.

c) A minor injury service would cover the following treatments for injuries or wounds less than **5 days old**:

(i) lacerations capable of closure by simple techniques

(ii) Removal of foreign bodies from eyes, noses etc (excluding foreign bodies impacted in bodily orifices, especially children)

(iii) Non penetrating superficial ocular foreign bodies

(iv) Following blows to the head where there has been no loss of consciousness

(v) Partial thickness thermal burns or scalds

(a) Not burns with broken skin involving the hands, feet, face, neck, genital areas

(vi) foreign bodies superficially embedded in tissues

(vii) minor trauma to hands, limbs or feet where it is suspected that there is a sprain or strain

Any patient presenting with a minor injury over 5 days old should be treated as part of routine primary medical services. Practices will be eligible to claim for dressings of **traumatic leg ulcers** as a result of a minor injury up to 6 weeks from the initial injury. (* The practice will still be eligible for the payment if a consultation/assessment is undertaken in primary care, it is documented in the patient's life long record and following assessment, the patient is referred on to secondary care or A&E for further treatment.

6. Details of Service Monitoring, Evaluation and Review

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

The practice will be required to undertake an annual audit as agreed in advance with the UHB and provide the monitoring data to the UHB Primary Care team for annual review of the LES. This information will inform service planning and allow identification and sharing good practice and/or areas for improvement where the service outline have not been met.

This enhanced service will be subject to post payment verification (PPV) checks.

7. Quality Targets and Continual Improvement

The practice must ensure that they contribute to the wider patient safety agenda including, but not exclusively, the control of infection agenda and the identification, reporting and investigation of incidents and complaints. Participation in clinical audit and implementation of changes arising from audits should take place. The service should be able to demonstrate learning and improvement across the quality agenda and in response to local and/or national policy guidance.

It is the responsibility of the Practice to:

- . Continually improve the quality of service delivery, for example, in response to audit (undertaking and completing the audit cycle), user and staff feedback (complaints, compliments, suggestions) and incidents.
- . Continually review and be aware of relevant new and emerging guidance and recommendations and take the appropriate steps to assess and improve services to achieve current best practice

Ensure that appropriate professional standards are maintained updated and validated through clinical supervision and provision of relevant training to support reflective practice and CPD.

- . During the term of this specification fully co-operate in reviewing and improving/redesigning services at the request of the UHB, to include improving quality and performance monitoring.

8. Accreditation

UHBs are responsible for ensuring that enhanced services are delivered by professionals who are properly qualified to do the job and accreditation of the service should be based upon consideration of the enhanced service specification. This Local Enhanced Service has been classified as requiring

General Accreditation.

An Enhanced Service that requires General Accreditation is defined as a named GP who has the necessary skills and experience to carry out a contracted specific service or procedure. It provides a means whereby **accredited persons will be responsible and accountable** for the delivery of the enhanced service on behalf of the practice. This enhanced service does not have to be delivered by the accredited GP however where components of the service are delivered by somebody other than the accredited GP, the accredited GP is responsible for ensuring that the appropriate skills are available to deliver the service safely.

Persons providing minor injury services would be expected to have:

- (i) experience in the provision of minor injury work, or
- (ii) current minor surgery experience, or
- (iii) recent accident & emergency experience, or
- (iv) equivalent training that satisfies relevant appraisal and revalidation procedures.

Persons 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. Persons 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 wound care and 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.

9. Practice responsibilities

Practices signing up to this LES must check and provide a general accreditation application to the UHB Primary Care team and include the names of all clinicians who undertake the service. The application must identify a lead clinician who will take over all accountability for the service.

10. Clinical and Corporate Governance

It is a condition of participation in this Locally Enhanced Service that practices will give notification, in addition to their statutory obligations, within 72 hours of the information becoming known to him/her, to the UHB clinical governance manager of all emergency admissions or harm/potential harm to patients under this service, where such events may be due to administration/usage of drug(s) or attributable to the relevant underlying medical condition using the standard Incident Reporting form.

Service Providers must ensure that they adhere to all relevant legislation and best practice

11. Pricing

Practices participating in the LES will be paid the agreed capitation fee, £0.87 per patient per annum to provide services in line with section 4 and 5 of the service specification.

All agreements to enter into these arrangements must be in writing.

12. Disputes

Any disputes arising will be dealt with in the prescribed way. UHBs and contractors should make every effort to resolve the dispute locally before formally submitting it through the NHS dispute resolution procedure.

13. General Medical Practice Indemnity

This Enhanced Service is covered by the scheme for General Medical Practice Indemnity (GMPI) which falls under the GMS Contract Wales.

This scheme relates to potential or actual clinical negligence claims arising from incidents on or after 1 April 2019, and captures all General Medical Practice (GP practice) staff undertaking NHS 'primary medical services' as defined in The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019

The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019, sets out the scope of the scheme, namely "primary medical services" which are defined as health services provided under a contract, arrangement or agreement made under or by virtue of the following sections of the National Health Service Wales Act 2006:

- (a) section 41(2) (primary medical services);
- (b) section 42(1) (general medical services contracts);
- (c) section 50 (arrangements by Local Health Boards for the provision of primary medical services).

The GMPI will include clinical negligence liabilities for NHS work arising from the activities of all GP practice staff, including: GP partners; salaried GPs; locum GPs, if on the All Wales Locum Register; Practice Pharmacists; Practice Nurses; Practice Healthcare assistants; and any other member of staff providing clinical services. GP trainees and trainee nursing students delivering general medical services will also be covered. The GMPI will also cover any healthcare professionals providing the delivery of NHS Primary Care through Primary Care cluster arrangements and any vicarious liability to practices where a cluster-based health professional is providing direct care to the practice's registered patients.

GP Locums who are registered with and working to the terms of the All Wales Locum Register (AWLT) for Wales have access to the scheme for GMPI.