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Bwrdd Iechyd Prifysgol  
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University Health Board

## Specification for a Local Enhanced Service Treatment Room

### 1. Introduction

All practices are expected to provide the essential and additional services they are contracted to provide to all their patients. This specification outlines a more specialised service to be provided. The specification of this service is designed to cover enhanced aspects of clinical care of the patient, that go beyond the scope of essential services. No part of this specification by commission, omission or implication defines or redefines essential or additional services.

### 2. Background

This Local Enhanced Service (LES) recognises the need for a consistent approach to rewarding GPs equitably for providing minor injuries services and post operative wound care within their own practice.

This service will be commissioned in order to encourage medical practices to undertake the above services for the benefit of patients. In doing so, patients will benefit from receiving their care locally.

This service specification is intended to replace any previous agreement pertaining to minor injury and post operative wounds care services.

### 3. Requirements of Service Delivery

Medical practices agreeing to join this LES scheme will be expected to provide the listed procedures during the normal working day that is weekdays between 8.00am and 6.30pm (excluding Bank Holidays).

Practices providing these services must have sterilization and infection control procedures to a standard acceptable to the Health Board (HB).

The practice must ensure that they have an appropriate system to ensure that appropriate informed consent is obtained and recorded in the patient's lifelong medical record.

Patients who attend the practice with an injury or wound which has occurred within **5 days** of attending the practice should be treated under the Treatment Local Enhanced Service.

Injuries and wounds over **5 days old** should be dealt with through routine primary care services.

Equipment and accessories must be provided for by the practice and not via an NHS prescription

List of procedures included in the Treatment Room Local Enhanced Service:

**TABLE 1**

Group	Task	Inclusions/Examples	Cost
1	<b>Minor Injury Service</b>	<p>Lacerations capable of closure by simple stripping and suturing and follow up appointments</p> <p>Lacerations capable of closure by simple gluing and follow up appointments</p> <p>Reduction of minor dislocation</p> <p>Removal of foreign bodies from eye and follow up appointments</p> <p>Removal of foreign body from skin and follow up appointments</p> <p>Assessment of injury with no intervention or onward referral</p> <p>For example:</p> <p>Following advice to attend specifically given by a general practitioner</p> <p>Following recent injury of a severity not amenable to simple domestic first aid and follow up appointments</p> <p>Following recent injury where it is suspected stitches may be required and follow up appointments</p> <p>Following blows to the head where there has been no loss of consciousness and follow up appointments</p> <p>Minor trauma to hands, limbs or feet not requiring intervention or requiring onward referral</p> <p>Partial thickness thermal burns or scalds that don't require specialist intervention and follow up appointments</p> <p>Creature bites – including human and dog bites and follow up appointments</p>	<p>██████ per appointment</p> <p><b>(Within 5 days)</b></p>
2	<b>Post operative wound care following intervention by a <u>Secondary Care</u> provider</b>	<p>Redressing of wounds following intervention by a Secondary Care provider</p> <p>Removal of sutures and clips from uncomplicated wounds arising from secondary care procedures.</p>	<p>██████ per procedure/visit for treatment</p>

**Practices can claim for multiple appointments in order to provide follow up care of the original injury**

Patient's lifelong record should be kept up to date with all procedures claimed for.

#### **4. Facilities**

The medical practice should have satisfactory facilities including premises and equipment necessary to enable the proper provision of treatment room services including facilities for cardiopulmonary resuscitation.

In terms of treatment room fittings, the following **must** be provided by the medical practice:

- (i) An appropriate sized room, fitted with adequate units (some lockable), with work surfaces over;
- (ii) A dedicated drug fridge;
- (iii) An adequate treatment couch;
- (iv) Good quality overhead examination lamp;
- (v) Hand basin with elbow taps, soap dispenser, and alcohol gel;
- (vi) Paper towel dispenser.
- (vii) Oxygen source.

Instruments used must either be single-use, disposable instruments or appropriately cleaned and sterilised reusables.

The medical practice should hold in stock an appropriate range and quantity of consumables to deal with treatment room procedures.

## 5. Accreditation

A medical practice should only perform and claim for procedures where those performing the procedures have the appropriate skills and competencies to do so.

Practitioners providing treatment room services would be expected to:

- (i) Have either current experience of provision of wound management; 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.

Practitioners carrying out treatment room 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. Practitioners carrying out treatment room activity should demonstrate a continuing sustained level of activity, conduct audit data and take part in appropriate educational activities.

Nurses assisting in treatment room 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.

**Please register your Practice's intention to provide this LES via the Annual Return.**

## 6. Audit

Practices must have a system in place to enable the auditing of procedures undertaken and the monitoring of clinical outcomes.

Medical practices should use the READ code system for ease of documentation and audit. The HB will from time to time audit claims for payment made under this LES. This will require a medical practice being able to readily substantiate the identity of individual patients, details

of the procedure undertaken, and the name of the person performing the procedure in respect of all claims for payment which have been made.

## 7. Pricing

Payment will be on an item of service basis for the specific items listed in Table 1. The practice will be required to submit monthly data to the HB using the form detailed in Appendix 1. Payments will be made on a monthly basis in arrears.

Group 1	██████ per procedure
Group 2	██████ per procedure

## **Child Protection Arrangements**

Each medical practice will ensure it has access to the following:

- 'Working Together to Safeguard Children' 2000;
- All Wales Child protection Procedures 2008;
- Social Services Child Protection Phone numbers;
- Contact details of HB 'named' Nurses and Doctors;
- Contact details for Paediatric advice;
- A system to notify the Health Visitor/School Nurse of all <16 child attendances;
- A nominated lead General Practitioner for Child Protection.

For each child attendance, the medical practice will record:

- Date and time of attendance;
- Full name (including any other surname in use) and address, date of birth, telephone number;
- Name of parent or primary carer;
- Person with 'Parental Responsibility' (including who is giving consent) if under 16;
- Name and details of person accompanying, if not above;
- Details of 'care' status (ie any known legal orders in place)

The medical practice must always be vigilant in the history taking and examination of children and be prepared to consider child abuse as a possible cause in all presentations.

Practitioners involved in this scheme must be familiar with the Child Protection process and ensure they receive Child Protection training to at least level 2.

Staff involved in the delivery of this scheme must be aware of how to make a Child Protection referral to the Social Services Department.

It is the responsibility of the attending General Practitioner to make the referral. Any telephone Child Protection referral must be followed up in writing within 48 hours.

General Practitioners must be aware that where there are Child Protection issues, even if the Police are already involved, a Child Protection referral should still be made to the Social Services Department.

General Practitioners must be fully aware of when and how to check the Child Protection Register.

## Task Key:

<b>1</b>	<b>Minor Injury Service</b>	<b>Read Code</b>
1.	Lacerations capable of closure by simple stripping and suturing	7G214
2.	Lacerations capable of closure by simple gluing	8BC7
3.	Reduction of minor dislocation	7K6G
4.	Removal of foreign bodies from eye	72743
5.	Removal of foreign body from skin	7G23
6.	Assessment of injury with no intervention For example: <ul style="list-style-type: none"> <li>▪ Following advice to attend specifically given by a general practitioner</li> <li>▪ Following recent (within 5 days) injury of a severity not amenable to simple domestic first aid.</li> <li>▪ Following recent (within 5 days) injury where it is suspected stitches may be required</li> <li>▪ Following blows to the head where there has been no loss of consciousness.</li> <li>▪ Minor trauma to hands, limbs or feet not requiring intervention</li> </ul>	ZQ3I; 9Na1
7.	Partial thickness thermal burns or scalds that don't required specialist intervention	SH
8.	Creature bites – including human and dog bites	TE6z; TLxy0
<b>2</b>	<b>Post Operative Wound Care</b>	<b>Read Code</b>
9.	Redressing of wounds following intervention by a secondary care provider	Z174O; 9N6K
10.	Removal of sutures and clips from uncomplicated wounds arising from secondary care procedures.	7G22; 9N7H; #Z1K1100; #Z1K1300

For follow-up consultations you may use either the same code as above or else a specific code for follow-on consultations such as: #9Na3



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## **APPENDIX 3**

### **Guidance to Support the Implementation of the Treatment Room Local Enhanced Service (LES)**

- 1) A practice can sign up to undertake both elements of the LES; or only one element of the LES. Practices must indicate the level of participation through the Annual Return.
- 2) Should a patient be treated for a minor injury and require subsequent appointments, these can be claimed under the Treatment Room Local Enhanced Service. Multiple claims per patient are therefore allowed.
- 3) 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