Maximising the Role of Community Urgent Care

Health and Adult Care Scrutiny Committee, Devon County Council

13 September 2022

1. Introduction

The "Maximising the Role of Community Urgent Care" programme is a key part of delivering a sustainable future for urgent care in Devon and aims to provide patients with high-quality, accessible and consistent services at a lower acuity than Emergency Departments. It is understood that this programme is to deliver a long-term strategy (2-5 years) and it does not offer short-term solutions to current issues which are being managed by our providers in collaboration with our locality teams.

In the urgent care sector, Emergency Departments (also known as Accident and Emergency), based in the county's four main hospitals, are there for the people with the most serious cases, including life threatening emergencies.

This paper focusses on Community Urgent Care services, which encompass all the services that provide care for people with urgent, but less serious, needs. This includes a wide range of services, including Urgent Treatment Centres, Minor Injury Units and many more.

Change is needed to make our Community Urgent Care services more consistent and easier to understand and access for patients. In making plans for the future, we need to design services that are affordable and sustainable from a workforce point of view.

This paper sets out the challenges facing our existing services, the reasons why we need to change them, how services are currently used, future aspirations and service models, the constraints we have, and our plans for talking to local people about the shape of future services.

2. Why look at community urgent care?

Emergency departments (EDs) nationally and locally have seen increased demand, leading to concerns surrounding delays in care and overcrowding. National strategy seeks to reduce emergency care demand with more patients being treated earlier in lower acuity settings.

An initial review suggests that approximately £8.5 million is currently spent on community urgent care each year across Devon. This financial resource is neither currently proactively distributed equitably nor strategically aligned with the needs of the population of Devon and does not explicitly and consistently take into consideration access issues in rural and remote areas and communities with high rates of deprivation.

Although there are no specific safety and quality concerns about existing community urgent care services, service sustainability has been identified as a risk in a number of services. Services have struggled to maintain consistent staffing levels, which has resulted in ad hoc and planned closures. This leads to frustration and confusion, and it is understood this in turn leads people to go to ED instead. In addition, recruitment and retention have been highlighted as a significant challenge for community urgent care services across Devon.

The introduction of the Think 111 First programme, and its focus on 111 as a pivotal route into the health system, offers a potential opportunity to direct an increasing number of patients to alternative settings to ED.

The COVID-19 pandemic greatly impacted the delivery of community urgent care within Devon. This included:

- The closure and relocation of some services to allow COVID-safe patient care
- A drop in face-to-face activity levels and
- An increase in the use of technology to support patients.

COVID-19 may also have long-term impacts on the health needs of the Devon population. Although many of these changes will be temporary, they provide an opportunity to re-evaluate current practices, embed successful digital working and identify changes in future health needs.

For all the reasons outlined above, it is therefore important that community urgent care development is underpinned by a Devon-wide approach to ensure community urgent care activity in all parts of Devon fits together as a cohesive set of arrangements across the county and can be effectively and efficiently accessed. Proceeding in this way will ensure shared understanding of the needs of the population of Devon and how these will change in the coming 20 years, and make best use of available resources, including estates, clinical expertise and workforce.

3. Current provision

The table below shows the current urgent and emergency care provision across Devon, which includes:

- Emergency Departments (EDs), also known as Accident and Emergency (A&E)
- Urgent Treatment Centres (UTCs) diagnose and treat non-life-threatening conditions with X-ray, plastering and prescribing
- Minor Injuries Units (MIUs) provide a range of services for less serious conditions, and can also offer X-ray service on a limited basis
- Minor Injuries Services (MISs) are community-based services, normally via GP practices, treating minor injuries
- Walk-in Centres (WICs) are community-based services for less serious conditions
- One ‘Resource Centre’, an integrated service with a GP practice

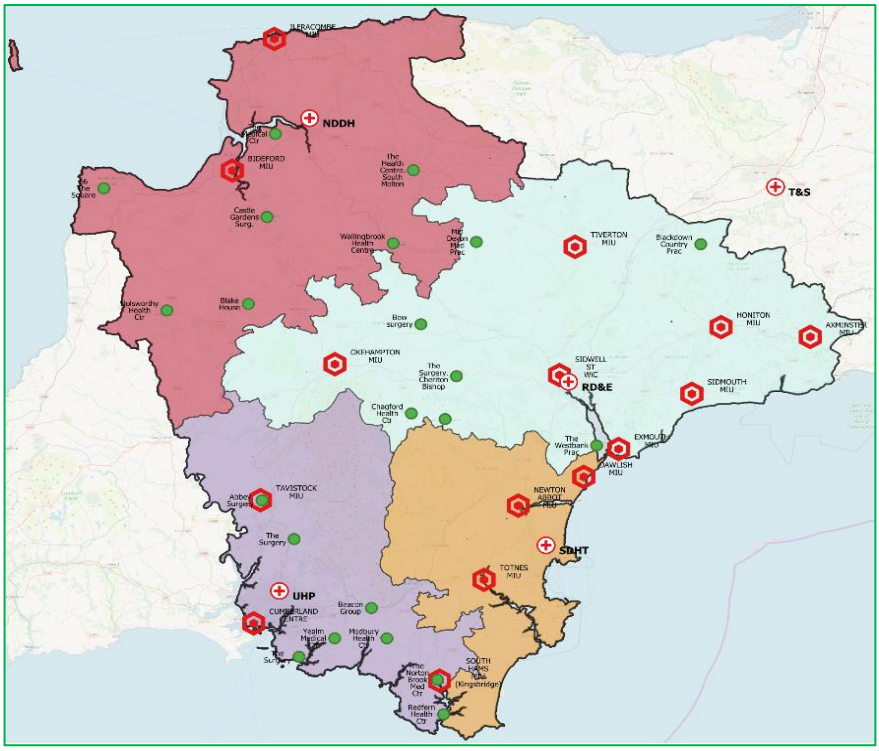
- GP Practices paid for on a per-visit basis:
    - commissioned by primary care (NHS Devon), delivering the Minor Injuries Local Enhanced Services (LES). Only practices that are more than 10 miles from a UTC can claim for these treatments.
    - commissioned by the local trust to deliver minor injuries following closure of an MIU.

Note: We refer to all services 'below' (in terms of level of seriousness of case) Urgent Treatment Centre level as Community Minor Injuries Services.

Provision Type	East	North	South	Western	No of Services (excl. ED)
ED	Royal Devon and Exeter Hospital	North Devon District Hospital, Barnstaple	Torbay Hospital, Torquay	Derriford Hospital, Plymouth	
UTC	1		1	1	3
MIU	2	2[1]	2[2]	2	8
MIS	3				3
WIC	1[3]				1
Resource Centre		1			1
GP Minor Injuries LES	11	7		14	32
GP providers commissioned by the local trust		4	2		6
No of Services (excl. ED)	18	14	5	17	54

A high-level overview of Devon services suggests the nature of community urgent care provision is hugely inconsistent across the Devon footprint both within and between localities. There is different nomenclature for services that provide similar care and even where services share a name, it does not necessarily mean that they share the same specification, availability of diagnostics or opening hours. This variation confuses people. It should be noted that there are some units that are temporarily closed. While there is some link between the closures and the Covid-19 pandemic, some of these services experienced periods of closure before the pandemic.

[1] Bideford & Ilfracombe MIUs were closed at the start of Covid. Ilfracombe is open for 4-day weekends over summer 2022
[2] Totnes & Dawlish MIUs were closed at the start of Covid. Totnes re-opened on 1 July 2022
[3] Wonford WIC site is closed. That area has been re-purposed as children's ED



Key:

= emergency department

= urgent treatment centre or minor injury unit

= minor injuries service

The map above shows the location of current Urgent and Emergency Care (UEC) provision. EDs are located in the highest population density areas of the county (Plymouth, Torbay and Exeter) and the largest density area of North Devon (Barnstaple). In addition, Plymouth has a UTC located five miles from the ED (the Cumberland Centre).

4. Facing our challenges

4.1 Workforce Challenges

Workforce availability

Underpinning all workstreams is the availability and skill set of the workforce in Devon. At present, there is a Devon-wide shortage of clinicians which leads to medical and non-medical staffing gaps in all healthcare settings. This is also evident in urgent care services, particularly UTCs and EDs. At time of writing, 1 in 15 posts is vacant in Devon's NHS; it is a similar picture for the care sector. Challenges include:

- Recruitment of suitably qualified and experienced workforce (in particular, enhanced clinical practitioners and radiographers)
- Retention of the workforce
- Maintaining consistency of opening times when smaller services are vulnerable to temporary, often short notice closure as a result of staff sickness where no alternative cover can be sourced at short notice; lack of available and suitably skilled and experienced agency staff limits use of agency staffing as a solution to the issue
- Ensuring the competency of staff delivering community urgent care, particularly those services who are delivering limited numbers of interventions

4.2 Patient behaviours

Patient behaviours are hard to change. Where a patient lives close to an ED, they will often naturally present to the service, regardless of whether there is a more appropriate service a short distance away.

Challenges for patients and staff include:

- Digital inequalities in Devon – particularly affecting the elderly and homeless
- Access via public transport to ED sites and other options
- Turning people away from ED or redirecting them when they have already arrived and paid for parking etc is considered challenging for staff

Changing patient behaviour will require:

- A simple, clear offer
- The services to be open and available
- Consistency of service delivery at the re-directed service to encourage confidence in it
- Effective navigation and, wherever possible, booking into services by 111
- Management of the patient concerns listed above

4.3 Service availability

4.3.1 Service closures

Any shortening of the usual opening hours is counted as an episode of 'unforeseen closure'. These unforeseen closures predominantly reflect the workforce challenges of recruitment and retention of staff, and the lack of available agency workforce to cover periods of staff sickness.

Since 2019, there have been 763 unforeseen closures of units across Devon, Plymouth and Torbay.

The following is noted:

- 2019: Tavistock closed for a prolonged period of time
- 2020: Bideford, Dawlish, Ilfracombe and Totnes closed owing to Covid and staffing issues
- 2021: Cumberland Centre closures take into account formally reduced hours from 20 December 2021
- 2022:
    - Totnes MIU reopened on 1 July 2022
    - Ilfracombe MIU is open Friday to Monday over summer 2022.

4.3.2 Service opening hours

Current service availability is variable. At present, Tiverton is open until 9pm and The Cumberland Centre until 6pm – there are plans in place to increase this later in the year. Newton Abbot is open 8am-8pm and is the only site that routinely has no closures.

Of the other open services, most open fewer than 12 hours per day every day, with two sites, Okehampton and Sidmouth, open only five days per week.

4.4 Diagnostic availability

The UTC standards describes that:

- *Bedside diagnostics and plain X-ray facilities, particularly of the chest and limbs, are desirable and considerably increase the assessment capability of an urgent treatment centre, particularly where not co-located with ED*

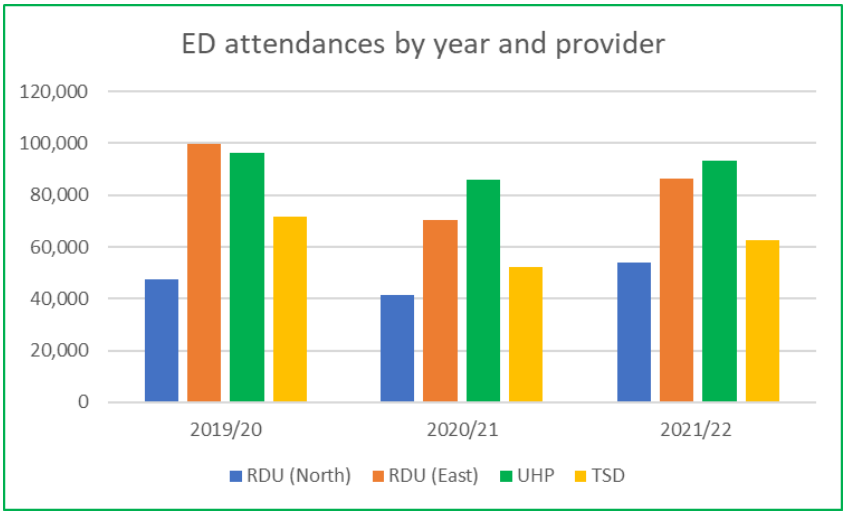
At present, where sites have X-ray services, there is variation in the availability of this service; diagnostics staffing across Devon has similar issues with workforce recruitment and retention as all other parts of the health system.

5. Current activity in Emergency Departments and Community Urgent Care

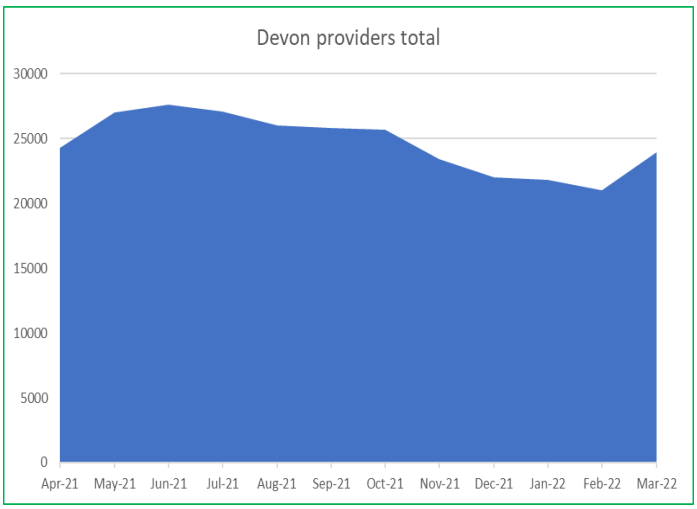
5.1 Current Activity in EDs

Activity levels in Devon's EDs vary across the four acute sites, with Plymouth and Exeter seeing the highest demand. However, Devon, as a significant tourist area, has up to a 31% variation in seasonal activity centred over the months from April to September with Northern Devon having the highest influx of visitors during the summer. Exeter has the lowest seasonal variation even though it has a university.

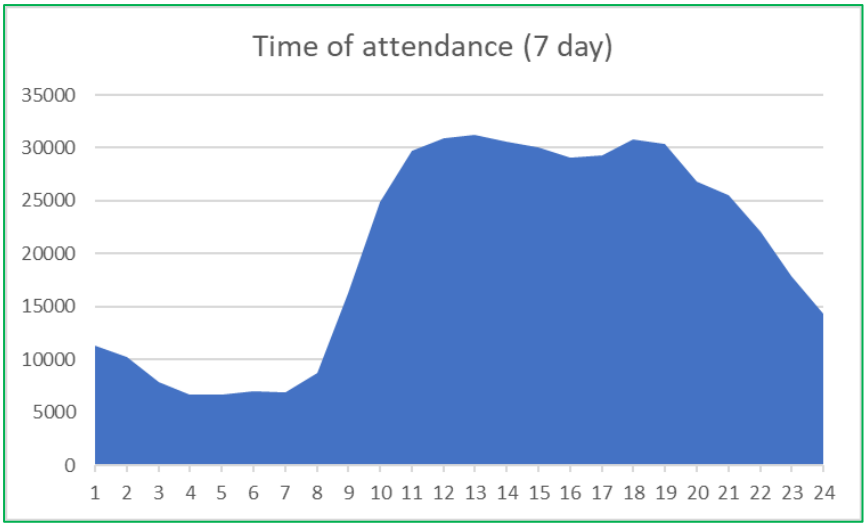
The activity volumes and annual activity profile are shown below.



The table, left, shows that activity in EDs has been affected by the Covid-19 pandemic and has not yet returned to pre-Covid levels.

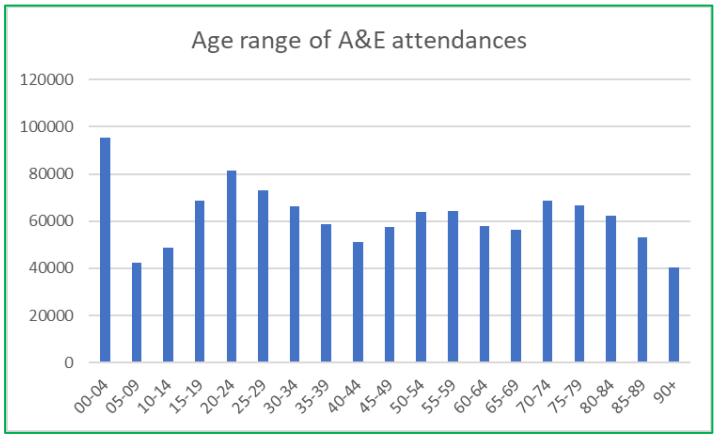


The Devon ED Activity Profile, left, shows that the annual profile for all EDs for 2021-22 which clearly demonstrates the summer seasonal variation. It has remained generally in line with those seen in the years before Covid.



Time of attendance at ED, left, shows the ED attendance profile during the day. This profile is consistent across all days of the week and all providers in Devon.

ED attendances typically start to increase from 8am, peak in late-morning and stay high until 8pm with a second peak between 6pm and 7pm. 80% of attendances occur between 8am and 10pm.



Age range of attendances at ED, left, demonstrates that a significant proportion of attendances at ED is for children and young people.

A reasonable planning baseline, allowing for the variation in activity as a result of the Covid-19 pandemic, has been set based on the 2019/20 activity levels (adjusted for March 2020 when Covid first had an impact) plus expected demographic growth. This has led to an average growth of 1.77% per year, which, when applied to the 2019/20 adjusted baseline, leads to an increase in demand and activity of around 15% over 10 years.

Activity during 2020/21 and 2021/22, as seen above, is below the modelled demand; however, growth planning requirements see this as a blip and continue to forecast using the growth figure. This can be adjusted in future if the demand does not recover to the expected levels; however, the difference and its impacts on this programme are quite small in comparison with the size of the changes required.

Analysis of ED activity gives a baseline of 339,000 ED attendances for 2021/22. Cumulative growth between 2022 and 2030 is likely to be around 51,000 attendances to 390,000. On average this is 928 attendances per day in 2022, rising to 1,068 per day by 2030.

5.2 Current activity in UTCs

Activity levels in Devon's UTCs vary across the sites, with the Cumberland Centre being the busiest as it is in Plymouth and an area of deprivation. Confirmed activity for the UTCs has not been available since Covid, so the attendance numbers below have been profiled using the same 1.77% growth rate described above.

Service	Attendance Numbers pa		
	19/20	Profiled to 20/21	Profiled to 21/22
Tiverton UTC	21,500	21,881	22,268
Newton Abbot UTC	25,660	26,114	26,576
Cumberland Centre UTC	34,454	35,064	35,684
Total	**81,614**	**83,059**	**84,539**

Cumulative growth between 2022 and 2030 is likely to be around 15,000 attendances to approximately 100,000 attendances annually. On average this is 231 attendances per day for 2022, rising to 274 per day by 2030.

5.3 Current Activity in Minor Injuries

5.3.1 Minor Injuries Services

Current UEC provision, as set out above, shows that there is a range of minor injuries services across Devon. Services are mostly provided by the local acute trust, except in the Eastern locality where there is a number of different providers.

Locality	Minor Injuries attendances
Northern	0
Eastern	47,009
Southern	9,497
Western	7,975
Total	**64,481**

Minor Injuries Services Activity

Prior to closure, the Northern locality had approximately 12,000 activities per year across Ilfracombe and Bideford MIUs; the Southern locality had approximately 15,000 per year across Dawlish and Totnes MIUs.

It is noted that, as of this report, Totnes MIU has re-opened, hence, the 2019-20 annual activity level has been assumed for Southern in the table above; this may need to be adjusted for the new footfall, the current volume is approximately 15% of the total.

Ilfracombe MIU is currently open four days per week over summer 2022, but, as this is temporary, no activity has been assumed; this needs to be re-visited should there be a plan for long-term reopening of it or any of the other closed units.

5.3.2 GP Minor Injuries LES

The current Local Enhanced Service (LES) has a specification based on the Minor Injuries National Enhanced Service published contract. It sets out an in-hours service applicable to the same hours as included in the practice's GMS, PMS or APMS contract.

There is an agreement in place in all localities, that GP practices with premises located more than ten miles from an open minor injuries facility (or UTC/ED if closer) are eligible to claim reimbursement under the Minor Injuries LES for treating patients who would otherwise go to a minor injuries facility. There are no GP Minor Injuries LES contracts in

operation in the Southern locality as there are no GP practices further than 10 miles from a minor injuries facility. It is acknowledged that some practices within 10 miles of a minor injuries facility choose to offer minor injuries treatments to their practice population despite not being eligible to sign up to deliver the LES contract.

At the beginning of the pandemic, MIUs in the Northern and Southern localities were temporarily closed; the LES was updated on a temporary basis to reflect this. The amendments made extended the number of eligible practices for the period of time in which these MIU services are closed. In addition, RDUH (North) and TSD, who deliver the closed MIU services, commissioned some additional GP practice based minor injuries activities to replace the service from the closed MIUs.

LES activity is not being reliably reported since Covid; however, using the data from 2019-20, combined with activity from the practices commissioned by RDUH (North) and TSD, suggests an annual activity figure of 5,600 attendance per year. As this activity is only during weekdays, this is 21 per day; however, over seven days this becomes approximately 15 per day.

6. Looking to the Future

A key objective of the Devon Long Term Plan (LTP) is to deliver a 30% reduction in ED attendance. It is planned that 20% of this work will be delivered through the development of a new Community Urgent Care offer (15%) and improved navigation to all CUC services (an additional 5%).

The impacts of this change should:

- Improve **Patients' experience** and outcomes
    - People with urgent care needs get the right care in the right place, first time
    - Reduced requirement for multiple visits
    - Reduced duplication
    - Reduced waiting time in ED for those who truly need ED
    - Fewer people presenting to ED who could be better clinically treated elsewhere
    - Fewer patients are admitted for conditions that do not require a hospital stay
- Ensure equity of **access**
    - Deliver equity of service provision across Devon
    - Access to quality urgent care services for rural and remote communities
    - Access to services of consistent quality and safety across Devon
- Improve **quality** of service
    - Quality of care for patients is maintained and where possible improved
    - Reduced crowding in ED and associated risk of infection
    - Improved continuity of care - a patient's registered GP should always be notified about the clinical outcome of a patient's encounter with community urgent care

Activity projections have been made based on gross assumptions i.e. 20% of ED activity will move to UTCs and 30% of UTC activity can move to community minor injuries services. Although it is clear that some ED activity will be more suited to transfer to a low acuity, community or primary care service or possibly self-care, for ease of analysis, this activity move has been projected through the UTC activity move. No assumptions have been made about what percentage of this volume could go to other community services.

6.1 Moving activity from ED

The LTP ambition is to move 20% of ED activity to new or improved Community Urgent Care services. With a profile volume of 345,000 (945 per day) for 2022-23, moving 20% of activity is 69,000 attendances a year.

To maximise the impact of activity transfer on Devon's busy EDs, the transfer needs to be in line with the busy part of the ED day, which is between 8am and 8pm. This means that **UTCs need to be open from 8am to 10pm** to support the LTP ambition.

6.2 Moving activity to and from UTC

Transferring 69,000 of ED activity to UTCs is an 81% increase in activity across Devon's three UTCs. This is a significant challenge to meet.

The UTC case mix audits suggest that 30% of activity could be more appropriately managed in a lower acuity service or, indeed, through self-care. Modelling a transfer of 30% of the new gross UTC activity (current activity + ED activity transfer) would lead to approximately 46,000 UTC activity moving to a community minor injuries service.

6.3 Moving activity to Community Minor Injuries Services

The combined activity provision by current minor injuries services and the LES is around 69,000 per annum. Adding the transfer from UTC of 46,000 is a 66% increase in provision in community minor injury services.

The total projected volume of activity for the Community Minor Injuries service is 115,600. This is approximately 316 per day.

6.4 Summary of activity movement

	Emergency departments	Urgent treatment centres	Minor injuries services
Current activity	**345,000**	**85,000**	**69,600**
Plus additional activity	-	69,000 (from ED)	46,000 (from UTC)
Minus reduced activity	69,000 (20% to UTCs)	46,000 (30% to Minor injuries)	-
Total activity	**276,000**	**108,000**	**115,600**
Plus 15% growth	41,400	16,200	17,400
Total activity by 2030	**317,400**	**124,200**	**133,000**

7. Model of Care Outline

Our future service model for community urgent care will consist of:

- A consistent UTC offer for Devon delivered by highly qualified clinicians who can deliver a rounded, sub-ED offer, treating and discharging the majority of their patients, seven days a week, at least 12 hours a day
- Consistent community minor injuries services which are open seven days per week, 12 hours a day and can treat patients who present with minor injuries.

The detail of the proposals can be found in Appendix 1 – UTC Proposal, and Appendix 2 – Community Minor Injuries Proposal.

7.1 UTC service offer

Devon's UTCs will be (either through their own decision making or via direction from 111) the default first point of call for patients intending on self-presenting to an emergency department. The majority of patients should be assessed, treated and discharged from the UTC.

The new service model will be led operationally by ACPs (salary band 8a or above), staffed primarily by Band 7 clinical practitioners with physical assessment and prescribing qualifications, supporting Band 6 clinicians who are looking to progress and using Band 4 associate practitioners who will work under supervision.

The model will comply with the national specification and include the following:

a) Patients of all ages can be seen in the UTC; those who present with very specific criteria may require onward referral to specialist services after assessment
b) UTCs must be open and accepting patients from 8am to 10pm in order to provide an ED alternative during the busiest periods of ED
c) The clinical workforce will be supported by X-ray services with radiographers available from 10am to 10pm
d) Staff must be able to:
    - Perform a full physical assessment and clinical review of the patient
    - Treat patients within the scope of the UTC model
    - Be able to refer patients to a more appropriate service for treatment through, as necessary, a clinician-to-clinician conversation
    - Prescribe for minor illness presentations
e) UTCs must be able to provide service to the diversity of patients who may present, including, but not restricted to:
    - Children and young people, including those who are under two
    - Awareness of additional needs of patients with learning disabilities, neurodiversity or physical disabilities
    - People with reduced cognition owing to dementia, acquired brain injury, stroke etc.

The service will not provide chronic disease management or repeat prescriptions; these remain the responsibility of General Practice.

7.2 Pan-Devon community minor injuries services

Community minor injuries services must be available to all patients in Devon in community locations. The service will provide support for lower acuity injury presentations. There is no

expectation of significant additional interventions such as X-ray – patients needing these interventions will be re-directed to UTCs, or, in extremis, ED.

The service will be structured to allow direct booking from 111 and other services and must provide to all patients in Devon, including temporary residents (holiday makers etc.) and workers.

We are undertaking further work on what shape community minor injuries services will take and will be engaging with local people to help inform this work.

8. Next Steps

The next steps involve further development of the service model and development of options for delivery including financial and workforce models. To inform this development public engagement is required.

8.1 Public and stakeholder engagement

A masterclass has been undertaken with the Health and Social Care Overview and Scrutiny Committees (OSC) from all three Local Authorities to provide support and underwrite the move to public engagement. This has been agreed to, including use of all members to test out the public engagement questionnaire as part of the process.

The public engagement is expected to be in two phases:

Phase One: Behavioural insights and understanding barriers to access - Focus groups and surveys with questions such as (these have been tested with Devon County Councillors):

- Your experience
    - Have you used an NHS service for an injury or urgent need in the last 12 months?
    - Where did you go?
    - Can you describe your experience (i.e. what made you chose where you went, what was good about it, what was not so good?)
    - What was your outcome?
    - Based on your experience would you use that service again or would you go somewhere else?
- Accessing services
    - What helped you decide on where to go when you have an injury or urgent need?
    - What difficulties have you experienced when trying to access urgent and emergency care?

Phase Two: Developing configurations of a community urgent care model for Devon
Using the insights, work with a representative stakeholder reference group and elected members to consider how the two service models could be configured in a way that will meet the needs of all of Devon's communities.

8.2 Parameters for future model

When considering the possible options for the future, any future model will need to:

- Deliver level of acuity required to move attendances from ED to community
- Be affordable and within financial envelope

- Be consistent and simple to navigate for local people
- Consider the national recommendation to co-locate UTCs with EDs
- Deliver on the aims:
    - Improve patient experience and outcomes
    - Ensure equity of access
    - Improve quality of service
- Contribute to reducing health inequalities and improve equity in:
    - Outcomes
    - Access
    - Experience
- Enable improved recruitment and retention
- Be able to be staffed consistently within current workforce

9. Recommendation

This report forms part of the continuous engagement and consultation with Devon County Council's Health and Adult Care Scrutiny Committee on Maximising the Role of Community Urgent Care.

The committee is asked to:

- Note the contents of the report
- Recognise that committee members and wider councillors have had the opportunity to respond to the test public engagement questions.
- Note the next steps

Appendices

Appendix 1

Urgent Treatment Centre Service Model

Devon UTCs will be commissioned to assess and manage patients who require urgent treatment which cannot wait for primary care review and do not require emergency treatment. This will span:

- A walk-in service
- A range of booked slots which are used by other services to refer patients into the UTC and
- Accepting patients conveyed by ambulance subject to agreed medical criteria (see below).

Patients will be assessed, managed, and treated by a non-medical workforce qualified and experienced in diagnosing and treating a range of injuries and illness presentations in a non-hospital setting, supported by a range of diagnostic facilities.

Where a patient has been assessed as requiring secondary care input e.g. further tests or, say, an X-ray determines that the patient has a broken hip, the patient will be referred to ED, or an alternative setting as appropriate, following a clinical conversation between staff at both sites to arrange the transfer. Transport may be arranged for a patient to facilitate the transfer; this can include an ambulance, where appropriate.

Patients referred to ED will present directly to the referral service using a shortened pathway, bypassing the usual ED triage and/or assessment service.

While patients who walk in will be assessed and treated in line with need, should they be more suitable for a lower acuity service e.g. a local minor injury service location or their own GP practice, UTC staff can provide information on/redirect patients to these services.

General Criteria

Inclusion Criteria
Patients of all ages can be seen in the UTC; those who present with very specific criteria may require onward referral to specialist services after assessment.

Devon's UTCs will be the default first point of call for patients intending on self-presenting to an emergency department. This will through walking in or being directed or booked to the service by the 111 service. The expectation is that the majority of patients is assessed, treated and discharged from the UTC. Patients will be triaged into one of three categories:

1. Patients suitable for UTC treatment
2. Patients able to seek assessment with their own or another primary care provider, including community pharmacies
3. Patients requiring a specialist referral or emergency attendance.

Exclusion Criteria
The service does not provide chronic disease management or repeat prescriptions; these remain the responsibility of General Practice.

In addition, UTCs are not equipped to manage patients as follows:

- All women presenting in pregnancy will be reviewed and, following a full consultation, an onward referral to a midwife or appropriate specialty may be necessary depending on the context e.g. women presenting reduced foetal movements or heavy vaginal bleeding and
- Patients presenting with an open fracture

Imaging
Clinicians will work within Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) guidelines and may request imaging where appropriate.

Devon UTCs will not accept non-urgent requests for imaging; this is an urgent service only. Routine requests should be made through normal channels.

Appendix 2

Community Minor Injuries Proposal

The Primary Care Enhanced Minor Injuries sub-group has defined and agreed a high-level service model, including the suggested service hours, service access and a clinical specification.

The information from the model is detailed below.

Service Specification

Service Hours

In order to support transition of activity away from ED, lower acuity injury activity at both EDs and UTCs will need to be directed into lower acuity services.

This proposed opening hours for the pan-Devon, community minor injuries service should be:

- 8am-8pm Monday-Sunday and Bank Holidays

Data analysis needs to be completed as part of the overall programme to confirm the optimum hours to be covered in order to best meet the LTP ambition.

Service Access Criteria

The pan-Devon Minor Injuries service needs to be available to all patients in Devon; this will include patients who are:

- Registered with practices in Devon
- Temporary residents, including holiday makers and
- Workers in Devon

Patients should be able to:

- Walk in
- Be referred by 111 and 111 On-line including booking an appointment slot in the service.

Clinical Specification

For the purposes of this specification, recent injury is defined as injuries and wounds that were sustained no more than seven days previously. Injuries and wounds sustained more than seven days ago should be dealt with through the normal primary care services as should any lesion of a non-traumatic origin.

Referrals into the service may be via patient self-presentation, NHS 111, SWASFT or another appropriate qualified health professional in the practice/PCN.

The following list gives guidance on the types of injuries that are likely to be clinically appropriate for management in a generalised, minor injuries enhanced primary care service:

- Lacerations capable of closure by simple techniques (stripping, gluing, suturing)
- Soft tissue bruising following recent injury
- Foreign bodies superficially embedded in tissues
- Recent minor eye injury e.g. corneal abrasion and non-penetrating superficial ocular foreign bodies
- Recent injury of a severity not amendable to simple domestic first aid e.g. traumatic wound management
- Blows to the head where there has been no loss of consciousness and in the absence of high-risk features
- Partial thickness burns or scalds involving broken skin:
- Not over 2.5 cm/1” diameter
- Not involving the hands, feet, face, neck or genital areas
- Minor trauma to limbs, hands, feet or ribs e.g. potential sprains or rib fractures.

An average appointment time to deliver these activities is likely to be 20 minutes.

ENDS