SCHEDULE 2
THE SERVICES
PURLEY / PARKWAY
GP LED
MINOR INJURY WALK-IN CENTRE
PRE FINAL VERSION
SHEDULE 2 – THE SERVICES

- Mandatory Headings (1-5): Mandatory, but detail is for local determination and agreement.
- Optional heading (6): Optional to use, but detail is for local determination and agreement.
- All sub headings are for local determination and agreement.

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<th>Service Specification No.</th>
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<td>Primary Care (GP Led) Minor Injury Walk in Centre</td>
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SECTION A – SERVICE SPECIFICATION

1. Population Needs

1.1 Definitions

Urgent and Emergency Care

Urgent and Emergency Care is the range of healthcare services available to people who need medical advice, diagnosis and/or treatment quickly and unexpectedly (DH 2011).

1.2 National/local Context and Evidence Base

1.2.1 National Context

The Direction of Travel for Unscheduled Care DH (2006) moved away from National Targets and Standards and moved towards developing patient centred urgent care services, responding to what patients and the public want. In September 2008 the Commission for Healthcare Audit and Inspection reviewed and reported on Out of Hours GP services, A&E, Urgent Care Centres, Emergency Ambulance Services, Urgent GP Services delivering during usual surgery opening hours and NHS Direct.
The recommendations from the Audit were:

- Commissioners should have a clear plan for integration of Urgent and Emergency Care Services that are easier for patients to navigate and make best use of resources.
- Commissioners should make effective use of information to monitor and improve urgent and emergency services. This should include whole system measures.
- The DH should support integration across Urgent and Emergency Care Services.

The White Paper “Equity and Excellence: Liberating the NHS” (2010) suggests that easily accessible 24 hour Primary Care led and Integrated Unscheduled Care will remain a key priority for government policy. The Secretary of State also stated one of his priority areas is Urgent and Emergency Care reform including the rollout of a single number for urgent care.

Managing 'Emergency and Urgent Care' Kings Fund (May 2011) outlined:

- that urgent care services are currently highly fragmented and generate confusion among patients about how and where to access care (Lattimer et al 2010).
- poor sharing of information as patients move between different providers of care in an emergency is a cause of many significant failures of care (Gandhi 2005)
- the quality of Out-Of-Hours Care is highly variable, particularly in terms of continuity of care, leading to variable patient experiences (NAO 2006).
- the growth of new forms of urgent care has failed to reduce A&E attendances (Cooke et al 2004). Emergency attendances in England rose by 46 per cent between 2003/4 and 2009/10, (Department of Health 2011c).
- Walk-in Centres do not appear to have led to shorter waits in General Practice or lower admission rates at other health care providers (Salisbury 2003).
- Emergency admissions have also grown rapidly. The number of emergency admissions in England rose by 11.8 per cent between 2004/5 to 2008/9 – resulting in around 1.35 million extra admissions (Blunt et al 2010).

NHS England is leading on the development of a ‘National Framework for Emergency and Urgent Care’ which will be available for clinical commissioning groups in 2015/16. It is proposed that the Framework will help Clinical Commissioning Groups commission consistent, high quality Urgent and Emergency Care Services across the country and within the resources available.

To develop the Framework, NHS England is leading on the Urgent and Emergency Care Review (‘High Quality Care for All, Now and For Future Generations: Transforming Urgent and Emergency Care Services in England’).
In June 2013 the review has identified four emerging principles for an improved Urgent And Emergency Care System in England, these are:

1. Provision of consistently high quality and safe care, across all seven days of the week
2. Simple guides and good choices by patients and clinicians
3. Provision of the ‘right care in the right place, by those with the right skills, the first time’
4. Efficiency in the delivery of care and services

1.2.2 Local

Locally the Urgent and Emergency Care Pathways Board has recommended a Whole Systems Approach for the delivery of sustainable Urgent and Emergency Care in Croydon and has developed an Urgent and Emergency Care Strategy with a Whole Systems Action Plan to progress this.

Croydon Clinical Commissioning Group as part of its Quality, Innovation, Productivity and Prevention Plans has carried out a review of Whole Systems Activity with a particular focus on Purley and Parkway. The Governing Body agreed on 25th June 2013 that the two services should carry on operating although they should be procured out for providers to come forward to provide a GP-Led Minor Injury Walk-in Service.

The rationale for reaching this decision was that the new services will:

- offer an improved skill mix to include GP’s and Nurses
- have consistent opening times which will be easily understood by the population
- have extended services for Children as all ages of Children will be seen
- not duplicate service delivery as minor ailments will be redirected to Primary Care under core contract service arrangements.

1.3 Evidence Base

The establishment of the Primary Care Walk-in Minor Injury Units forms part of an Integrated Whole Systems approach to the delivery of Urgent and Emergency. The two minor injuries will work to locally agreed clinical and referral care pathways based on national best practice and will offer a pathway and also signposting link between Primary, Community Services And Secondary Care and where appropriate will avoid the person attending an Emergency Department.

The graphic below describes the 5 levels of Urgent and Emergency. The two Primary Care, Walk in Minor Injury Units fall in to level 2b access points.
Level 5 – Highly Specialised Services
Main Provider: St. Georges / Kings / South London Trust / South London and Maudsley Trust e.g.
Hyperacute Stroke Units, Major Trauma, Severe Mental Health Exacerbation

Level 4 – Emergency Departments
Main Provider: Croydon Health Services (CUH) 
Surrounding Areas e.g. Kings, St. Georges

Level 3 - Urgent Care Centre (co located with ED)
Main Provider: Virgin Care at Croydon Health Services (CUH) – Surrounding Areas e.g. Princess Royal Hospital

Level 2a – Community Services (People at Home/Care Home)
Main Provider: Croydon Health Services and South London and Maudsley Trust

Level 2b – Primary Services (Mobile People)
Main Provider: 61 GP’s / 73 Pharmacies offering Minor Treatment / Purley MIU / Parkway MIU / GP Led HC at Edridge Road with Walk in Centre 
Surrounding Areas e.g. Caterham Dene MIU

Level 1 – Self Care – Education and Self Management
111 Hear and Advise
2. Scope

2.1 Aims and Objectives of the Service

2.1.1 Aims of the Service

The overall aim of the GP-Led Primary Care Walk-in Minor Injury Service is to meet the ‘Minor Injury needs of Older People, Adults, Young People and Children, which cannot be met through Primary or Community Care or treated by the individual.

The Service will form part of a Whole Systems Approach to delivering the Urgent and Emergency Care Strategy developed by the Urgent and Emergency Pathways Board. The Service will operate through the locally agreed Clinical and Referral Care Pathways to ensure that the person is seen by the ‘right service at the right time’ and that onward service provision, where indicated, is received seamlessly by the person.

2.1.2 Objectives of the Service

The Clinical objectives of the service are to:

- Deliver high quality evidenced based safe health care using, for example, the latest NICE guidance, patient alerts
- Achieve excellent patient outcomes e.g. survival, recovery, lack of adverse events and complications
- Work within locally agreed Clinical and Referral Care Pathways to signpost appropriately from the Minor Injury Unit to GP Practices, Pharmacy First, Edridge Road GP-Led Health Centre, Virgin Care Urgent Care Centre co-located at CUH, Emergency Department, Community and Healthcare Services including MDT Rapid Response, Falls and Bone Health Service and Self-Care.

The Satisfaction and Educational objectives of the Service is to consistently achieve:

- High levels of Patient satisfaction
- Increased Patient understanding of managing their condition
The Service outcomes include:

- Increased uptake of Community Primary Care Services including Self-Care and utilisation of Community Pharmacies;
- A reduction in the number of emergency attendances at ED and Virgin Care;
- Increased skill-sets within the Primary Care Minor Injury Walk-in Centres including GPs and Primary Care Nurse Practitioners.

2.2 Service Description / Care Pathway

The Primary Care Minor Injury Walk in Centre will be open 6 hours-a-day (14:00 to 20:00 to be confirmed), 7 days-a-week, 365 days-a-year including Bank Holidays. The Primary Care Minor Injury Walk-in Centre will assess, diagnose and treat minor injuries which cannot be delivered within a Primary or Community Care setting or self-care. The Service will link to locally agreed Clinical and Referral Care Signposting Pathways e.g. FALLS to reduce likelihood of subsequent occurrence, Pharmacy First to ensure future appropriate use of Walk-in Injury Services. Initially as the provision at Purley will be a reduction on what is currently provided a screening and redirection process will be available to ensure safety of people attending the unit.

2.2.1 Service Model
Primary Care Walk-in Minor Injury Unit First and Last Attendance

First Attendance: 14:00 hrs  
Last Attendance: 20:00 hrs.  
(If someone attends as a walk-in at 20:00 these people will need to be booked in, assessed and treated).

2.2.2 Referrals

The individual can walk into the Primary Care Walk-in Minor Injury Unit. Referrals will also be received by London Ambulance Service under agreed Alternative Care Pathways / GP's and other Health and Social Care Professionals.

2.2.3 Registration

The first point of contact for individuals arriving at the Primary Care Walk-in Minor Injury Unit will be to register their details at reception. The Provider shall ensure that robust registration processes are in place to deliver the following:

- Prompt registration of patients together with information regarding what to expect during their time in the Primary Care Walk-in Minor Injury Unit
- Patients will be informed about likely waiting times for assessment, and treatment
- Provision of a single registration system for all Primary Care Walk-in Minor Injury Unit to enable registration information to be shared in the event of the patient being transferred from one service to the other (in the event of transfer the CCG will not be charged twice i.e. to Edridge Road / Virgin Care UCC and ED)
- The transfer of information including patient details and clinical summary via a secure information technology system
- Interface in line with guidance from the National Programme for Information Technology (NPfIT)
- Active access to the National Patient Tracing service for registration staff to confirm Patient’s registration status with a GP
- A record of all attendances via a central booking service
2.2.4 Clinical / Nurse Screening and Navigation

The clinical screening and navigation carried out by either a Clinician and/or Emergency Nurse Practitioners will direct as follows:

- Acquire immediate medical support for those Adults and Children and Young People requiring attendance at the ED Department
- Re-Direct where appropriate (and following a clinical screening assessment Adults to Primary Care), if a redirection is recommended the Primary Care Walk-in Minor Injury Unit will make the Primary Care appointment
- Re-Direct where appropriate (and following a clinical triage assessment Adults to Pharmacy / Self Care)

For Adults who are being re-directed, clinical assessment will need to be supported by an administration function to:

- provide advice, help patients to access the right community resources and to support unregistered patients to register at a practice of their choice, near where they live
- to support patients to access a range of services, including registration at local primary care facilities such as GP’s, Dentists and Optometrists, plus signposting for other key services such as Welfare Rights advice, Social Services, Housing, Expert Patient Programmes, drug and alcohol advice and other voluntary agencies etc. The outcome will be to help identify the factors that impact adversely on health and support patients to act autonomously to find appropriate solutions that best meet their needs. They are also expected to assist patients who have a non-urgent need to make an appointment at their GP practice, if they report that they have been unable to achieve this prior to coming to the Primary Care Walk-in Minor Injury Unit
- Training and information tools will be required to give advice on local provision such as social services, local authority homeless unit, voluntary organisations etc.

2.2.5 Presenting Conditions

Presenting Conditions with an identified ‘Minor Injury Need’ and which are part of the locally agreed Clinical Care and Referral Care Pathway’s. The following list gives general guidance on the types of injuries and circumstances that lead to the use of Minor Injury Services and is not exhaustive:

- lacerations capable of closure by simple techniques (stripping, gluing, suturing); excluding injuries involving broken glass in which case x-ray may be required to look for fragments
- bruises
- foreign bodies, e.g. children sticking beads, etc. in noses or ears, in which case a quick assessment needs to be made to determine whether these can be removed or whether the
2.2.6 Assessment and Treatment

The Service shall ensure the following:

- clinical assessment and treating of patients shall take an average of 15 minutes per patient
- each Patients will be treated and discharged in the Primary Care Walk in Minor Injury Unit within 2 hours of the patient arriving. Transfers between departments will not be separately funded, only one payment per attendance and episode of care will be paid
- modified early warning system or equivalent will be in place to monitor patients as appropriate
- consultations will take place in a confidential environment that will comply with ‘Standards for Better Health’ around privacy and dignity
- Clinicians have access to timely, near-patient testing and on site diagnostics, according to the needs of the patients;
- Potentially violent patients will be redirected to Edridge Road or seen in a separate, safe environment with appropriate access and exit points in the Primary Care Walk-in Minor Injury Unit waiting area
- systems allow Primary Care Walk-in Minor Injury Unit Clinicians to access Hospital On-call Teams directly e.g. Co-located UCC and ED Teams at CUH
- that the Multi-Disciplinary Workforce includes expertise to identify safeguarding issues to include vulnerable adults and children presenting with injuries and referring as appropriate
- all staff will support patients in helping them to understand their own diagnosis and treatment
that all staff have received equality and diversity training to respect people’s individual requirements

that there is access to language line, hearing loops as needed

that patients have access to advice, Expert Patient Programmes, Voluntary Sector Support Services and groups to support Self-Care of their long term condition, Self-Care leaflets

2.2.7 Diagnostics

At Purley Minor Injury Unit the Service will have direct access to diagnostics including for example X-ray, Ultrasound, blood chemistry, near patient testing to assess and diagnose for fractures and refer on, as appropriate, to Virgin Care UCC for prescribed treatment.

2.2.8 Discharge / Transfer of Care

A decision to discharge will be made by the Clinician either ENP or GP No follow ups, dressings or reviews will take place at the Primary Care Walk-in Minor Injury Unit.

In most circumstances it is expected that patients who may require further review as part of planned care will be referred back to their GP with this recommendation in the discharge letter. Where the patient has a long term condition the Service will apply locally agreed Integrated Referral Signposting Pathways, to ensure efficient transfer of the person to other Services. The Service will directly refer to other professionals / teams, for example this could include:

- through the treatment and continuing management in the community via a GP
- transfer onwards to ED / UCC
- referral to community services including falls / MDT Teams
- referrals to Local Authority
- Telehealth
- direct access, where appropriate, to general / specialist outpatient services and / or elective day case surgery

2.3 Self-Care

Patients will be provided with locally and / or nationally agreed health and wellbeing advice including leaflets in relation to their particular presenting condition.

Transfer and discharges will be recorded on the PAS system in real time and the GP, District Nurse / Health Visitors, School Nurses / Safe Guarding Leads will be notified of the attendance within 24 hrs.
2.4 Population Covered

The Service will accept ALL Registered and Unregistered Adults from any geographical area who have an urgent care need that is unable to be assessed and treated within Primary Care.

The Service will accept ALL Registered and Unregistered Children and Young People from any geographical area who have a minor injury.

2.5 Any Acceptance and Exclusion Criteria

That Adults who can be seen appropriately and safely within Primary Care will not be assessed and treated within the Primary Care Walk-in Minor Injury Centre.

All children of all ages will be able to be seen in the GP-led Minor Injury Walk-in Service; a GP will be available at all times.

2.6 Interdependencies with Other Services

The Primary Care Walk in Minor Injury Centre must have a formally agreed twinning arrangement in place with a nearby 24/7 UCC and ED site. This arrangement must include:

- shared protocols, including shared training
- Integrated Clinical Care and Referral Signposting Pathways that are used consistently across Primary, Community, Urgent and Secondary Care
- an agreed mechanism for the transfer of Primary Care Walk-in Minor Injury Centre requiring inpatient admission – to adopt system wide escort transfer protocols

As part of Integrated Clinical, Referral and Appropriate Care Signposting Pathways the Service will also have interdependencies with the following Services, including:

- Older People’s Assessment Unit
- Paediatric Assessment Unit
- London Ambulance Services
- Directory of Services with Single Point of Access – 111
- Single Point of Assessment
- Primary Care - In Hours / Out of Hours
- Community Services - includes NHS Community, Mental Health and Social Care
- Pharmacy First
2.7 Medicines Management

The Provider shall:

- ensure that medicines are managed safely and effectively
- ensure that clinical support, updates and supervision are in place to ensure medical and non-medical prescribing meets all legal requirements
- ensure that non-medical prescribers treat and prescribe appropriate to their qualifications and within the individual prescribing areas of competence in accordance with local, DH and professional body Medicines Management Standards
- the Provider shall monitor use of medicines kept as stock and those prescribed and provide a report to CCG Medicines Management Team every three months with a summary of the outcome
- complete prescribing / medicines management audit as required and agreed by CCG Medicines Management Team

2.8 Prescribing

The Provider shall ensure prescribing is:

- safe, clinically effective and cost efficient
- in accordance with local and national guidelines
- where appropriate a complete course should be prescribed e.g. Antibiotics
- in line with the locally adapted formulary
- ensure that clinical support, updates and supervision are in place to ensure medical and non-medical prescribing meets all legal requirements
- ensure that non-medical prescribers treat and prescribe appropriate to their qualifications and within the individual prescribing areas of competence in accordance with NMC Medicines Management standards.

3. Applicable Service Standards

3.1 Applicable National Standards e.g. NICE, Royal College

- Reforming Emergency Care (DH 2001)
- 10 High Impact Changes for Service Development (DH 2004)
- The Direction of Travel for Urgent Care, a discussion document. DH 2006
- Services for Children in Emergency Departments (Report of the Intercollegiate Committee for Services for Children in Emergency Departments, 2007)
- The Department of Health White Paper – Our Health, Our Care, Our Say; a new direction for community services
- Commissioning Framework for Health and Well Being, DH 2007
- Delivery of National Key Targets for Urgent Care: Health Care Commission

The Provider shall work to current guidance including:

- Services for Children in Emergency Departments (RCPH 2007)
- Quality Requirements in the Delivery of Out-of-Hours Services, DH 2004 and 2006
- Our Health, Our Care, Our Say (DH 2006)
- Standards for Better Health (DH 2004)
- NHS Operating Framework
- All National Institute for Health and Clinical Excellence (NICE) guidance that is relevant to conditions presenting in an urgent care setting
- DH Reference Guide to Consent for Examination or Treatment (2009)
- The Vetting and Barring Scheme, HM Gov. 2009
- Health and Safety standards
- Health Act 2006
- NHS Constitution
National Service Framework for Children, Young People and Maternity Services (NSF) (DH; gateway ref. 3779)


The above guidance is not an exhaustive list – the Service will work to new and emerging policy guidance, including Care Quality Commission registration and standards, which relate to and link with Walk-in Minor Injury provision.

3.2 Applicable local standards

3.2.1 Service and Quality Standards

- Ambulatory Care Pathways
- Unplanned re-attendance rates
- Total time in the Primary Care Walk in Minor Injury Unit
- Left without being seen rate
- Time to initial assessment
- Time to treatment
- Clinician sign off
- Ambulance time to hand over rate
- Staff Mix

Patient Satisfaction

- Patient Reported Outcomes (PROMS)
- Patient Reported Experience Measures (PREMS) (being developed by the Royal College of Paediatrics and Child Health (RCPCH) for children in urgent and emergency care
- Patient Improvements, e.g. asking patients about how they can improve the service

Staff satisfaction surveys

- Staff Improvements, e.g. canvassing ideas for improvement from staff.
4. Key Service Outcomes

The Service Shall:

- assess, diagnose and treat all Individuals appropriate to be seen within the Primary Care Walk-in Minor Injury Unit within 2 Hours of registration
- to work in an integrated way with all Health and Social Care Providers, ensuring efficient and seamless transfer of care and signposting as appropriate
- educate the Public on appropriate use of Primary Care Walk-in Minor Injury Unit Services to ensure that they understand which services they should be accessing dependent on the nature of their presenting condition
5. Location of Provider Premises

The Provider’s Premises are located at:

**Purley War Memorial Hospital**
856 Brighton Road
Purley
Surrey
CR8 2YL

**Parkway Health Centre**
Parkway, New Addington
Croydon, Surrey
CR0 0JA
## APPENDICES

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<td>Ambulance ACP Handover rates within 10 minutes of arrival</td>
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<td>Review of monthly Service Quality Performance Report</td>
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<td>Percentage of attendances where the patient was triaged within 10 minutes of arrival</td>
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<td>Percentage of attendances where the patient was registered and treated and discharged within 2 hours of their arrival at the Minor Injury Unit</td>
<td>Operating standard of 95%</td>
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<td>Numbers of patients seen between 7- 8p.m</td>
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<td>Self-Care leaflets to be given to all attendees</td>
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