

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY COMMITTEE		
SUBJECT:	MINOR INJURIES UNIT		
DATE OF DECISION:	NOVEMBER 2014		
REPORT OF:	CHIEF EXECUTIVE, SOUTHAMPTON CLINICAL COMMISSIONING GROUP		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

Following a pilot in 2013, Southampton City CCG re-specified and retendered the Minor Injuries Unit Service at the Royal South Hants Hospital. The new service went live in August 2014. This paper provides an overview of the new service and the arrangements that are in place to manage the contract.

RECOMMENDATIONS:

- (i) Health Overview and Scrutiny Panel to receive and note the paper.

REASONS FOR REPORT RECOMMENDATIONS

1. The Health Overview and Scrutiny Committee requested a briefing on the new MIU service

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. N/A

DETAIL

3 Background

- 3.1 In response to a GP audit of Emergency Department (ED) attendances at University Hospital Southampton NHS Foundation Trust (UHS) in Q4 11/12, Southampton City CCG (SCCCG) agreed a plan to increase the number of minor injury patients seen at the Royal South Hants (RSH) Minor Injury Unit (MIU) to support a reduction in the attendances at the UHS ED. The key driver was identified as a mismatch between the availability of radiology services and the opening hours of the existing nurse-led service. Patients who could clinically have attended the MIU were attending UHS instead to have an X-Ray.
- 3.2 The CCG established a pilot to extend the radiology opening hours at the MIU for 5 hours per day from 5pm to 10pm. Early indications showed success in diverting activity away from UHS and proved popular with patients and the ambulance service. It was agreed that the re-designed model had proved successful.
- 3.3 The CCG then considered the approach to implementing the pilot in full. It

was identified that this would entail a major change to an existing service and as such required market testing through tendering. A tender process, overseen by NHS South of England Procurement services, then took place between the end of 2013 and early 2014. Bidders were asked to submit bids detailing how they would provide the best possible service incorporating innovative ideas, strong communication plans and ensuring good working relationships with neighbouring services.

- 3.4 Care UK were the successful bidder and the new service commenced on 1 August 2014 for a period of 5 years under a Standard NHS Contract.
- 3.2 The aim of the service is to see, treat and discharge people with minor injury and illness within a four hour period. A 'see and treat' model is used to ensure that patients are seen quickly and discharged if appropriate. Patients are either advised, redirected to other services or seen and treated within the unit by the skilled practitioners. All practitioners can now interpret x-rays and further clinical training is planned on a regular basis.
- 3.3 People do not need to make an appointment. Patients can attend during opening hours which are: Monday-Friday 7.30am-10.00pm, weekends and Bank Holidays 8.00am-10.00pm (last patient accepted at 9.30pm).
- 3.4 For adults and children, the MIU is able to:
- Stitch and close wounds
 - Remove splinters
 - Remove foreign bodies from ears, noses etc
 - Dress minor wounds, cuts and grazes
 - Apply plaster of paris to broken limbs
 - X-ray arms and legs (from 2 years old)
- It is also able to treat:
- Sprains and strains
 - Broken bones to arms, lower leg and feet
 - Wound infections
 - Minor burns
 - Minor head injuries
 - Insect and animal bites
 - Minor eye injuries
 - Minor injuries to back, shoulder and chest
- 3.5 One of the main changes of the new service is that children from 2 years old can now be x-rayed (previously from aged 12). This change to the service is that there is an average of 80-90 children a month under the age of 12 now having their x-ray at the MIU as opposed to needing to attend UHS ED.

4 Supporting Actions

4.1 The CCG has developed a winter communications plan with the public and stakeholders. Key messages are:

- **Phone first – call 111.** *NHS 111 is the gateway to the urgent care system. It provides health advice fast and will direct you to the right health service for your needs.*

This service was launched in February 2013 and local feedback on services is good. Our winter promotion will highlight this and show more people that 111 is a good first port of call.

- **Think first – and ask your pharmacist.**

There are several 100 hour pharmacies in the city. These pharmacies offer access to help advice and medication round the clock. Our campaign materials aim to instil confidence about using pharmacies. They will highlight little known facts such as the 5 years of specialist training pharmacists undergo along with the ability to discuss your concerns in a private consultation room if required. The CCG wants to show that, for minor ailments, pharmacies are a faster more convenient alternative to other health services. We must make better use of the other NHS Funded Services across the City.

- **Think first – and be prepared.**

This strand of the campaign aims to help people to with self- care by highlighting the need to have medicines they might need at home. That way if they do fall ill they can get better faster.

- **Do you know about your Minor Injuries Unit?** This campaign is being run as part of the new MIU service at the Royal Southants Hospital (RSH).

4.2 In addition, the MIU has a comprehensive communications plan for promoting the service. A large leaflet drop took place from 8 October 2014 to 192,000 homes in the surrounding area.

5. **Contract management**

5.1 Monthly contract review meetings are taking place between the CCG and Care UK and a monthly quality review will discuss any quality concerns or issues. Reporting on key performance indicators will be monitored throughout and Care UK held to account at the contract review meetings. There have been two contract management meetings since the service was fully mobilised. In August 2014, 2955 patients attended the MIU and in September 2014 this number grew to 3274

5.2 Some of the key performance metrics that Care UK are being measured on are:

- Quality including safety and patient experience
- Overall attendances and any breaches
- Under 12's attending for x-ray (as this is new to the service)
- Onward referrals to ED
- Choosing well information given out (supporting the winter message)
- Patients re-attending within 7 days with same condition (health promotion monitoring)
- Complaints

5.3 Within the contract management there is a dedicated monthly contract

quality review meeting which scrutinises all aspects of quality of the service. Complaints and incidents are monitored very closely and managed by the local senior team with oversight by the Hospital Director/CQC registered manager. Any trends or concerns raised are covered in the contract quality review meeting.

RESOURCE IMPLICATIONS

Capital/Revenue

7. The MIU contract is £1.7million.

Property/Other

8. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

9. Health and Social Care Act 2012

Other Legal Implications:

10. None

POLICY FRAMEWORK IMPLICATIONS

11. Align with Health and Wellbeing Strategy and Council's Policy Framework Plans

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	None
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s) Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	None	
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