

Extremity Imaging (excluding hips) for Minor Injuries within 2 weeks

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Document Author:	Plain Radiography Deputy Lead		
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V8.0	09/2021	Plain Radiography Lead	Update of cancellation following patient not calling
V9.0	09/2024	Plain Film Deputy Lead Radiographer	Update time period to 2 weeks from 72 hours. Adjust exemptions. New template
V10	09/2025		Reviewed

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Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

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Consultation

The following were consulted during the development of this document:

Practice Development & Governance Manager
Plain Film Service Lead
Emergency Department Matron
Imaging Service Manager
Consultant Radiology Governance Lead

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a policy applicable to Norfolk and Norwich University Hospital; please refer to local Trust's procedural documents for further guidance, as noted in Section 5.

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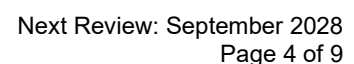
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Quick Reference



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1. Introduction

1.1. Rationale

This protocol has been written to establish a safe and efficient method for General Practitioners (GP) to obtain plain X-rays of patients who present with minor musculoskeletal injuries of **less than 2 weeks**, to be imaged at the Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) excluding Cromer.

This protocol will allow patients to be referred by their GP to Radiology at the NNUH for plain radiographic examinations of a minor musculoskeletal injury. Appointments will cater to patient choice. Immediate reporting will permit patients with fractures or soft tissue musculoskeletal injuries requiring urgent clinical review to be referred directly to NNUH ED and for reports to be available to the GP and patient on the same day. Any patients with negative reports will be given the results by the Radiographer and will be advised to return to their GP if needed for further management. The Radiology Department will not offer any treatment or onward referral for those patients with no bony injury. Please note some soft tissue injuries may require referral to ED and such patients will be advised to attend ED even in the presence of no acute bony injury.

1.2. Objective

Patients presenting to their GP with a minor musculoskeletal injury may be referred directly for plain radiographic imaging to Radiology to streamline the pathway, support effective demand management and give patients more choice, as well as to reduce the number of attendances in the Emergency Department (ED).

1.3. Scope

Referrals included within the scope of this protocol:

1. Patients 5 years of age and over.
2. Patients who have suffered a minor musculoskeletal injury within 2 weeks of the referral being made by the GP.
3. Minor musculoskeletal injuries, which include referrals for:
 - **Extremity radiographs - upper and lower limb (not including pelvis & hip).**

Referrals excluded from the scope of this protocol:

1. Patients under 5 years of age.
2. Patients requiring evaluation by a specialist in trauma (e.g., ED clinician); such patients should be referred directly to ED.
3. For injuries that have been suffered more than 2 weeks prior to referral; such patients should be referred via more appropriate pathways (e.g., to ED or for an urgent radiology appointment).
4. Major musculoskeletal injuries, which include referrals for:
 - a. X-ray lumbar, thoracic, and cervical spine
 - b. X-ray pelvis & hip

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- c. Facial bones
- 5. Non-musculoskeletal imaging (chest or abdominal imaging).
- 6. Modalities other than plain radiography.

1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
ED	Emergency Department
GP	General Practitioner
NNUH	Norfolk and Norwich University Hospital
RIS	Radiology Information System
ICE	Electronic Requesting System

2. Responsibilities

The Imaging Service manager holds overall responsibility for ensuring this protocol is administrated both within the Radiology Department and in liaising with General Practice. They are also responsible for ensuring clinical audit standards are monitored.

3. Processes to be followed

1. On reviewing a patient, if a GP decides that evaluation by a specialist in trauma for diagnosis and/or treatment is required, then the patient should be referred directly to the appropriate speciality within the NNUHFT.
2. If the patient has suffered a minor injury of an extremity (see Scope above), within the previous 2 weeks the GP can refer the patient to exclude a fracture.
3. A request for the relevant radiographic examination is completed by the referring GP using WebICE- **choose the “GP Minor Injuries Service - injuries <2 weeks”** pathway. All referrals should be made in accordance with IR(ME)R (2017) regulations.
4. The GP will provide the patient with an information leaflet [Trust Docs ID: 14923](#) outlining Radiology contact details and the referral process. The patient should be instructed to telephone ED Radiology NNUH (01603 289107) to book a same working day/next working day appointment.
5. The patient telephones the ED Radiology reception desk NNUH (01603 289107) to confirm that a radiographic examination has been requested. The Radiographer will justify the examination and the patient is scheduled onto the RIS system.
6. The patient will be offered a range of appointments between 09:00 and 17:00hrs the same day. If this is not practical or convenient for the

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patient/service then an appointment will be offered for the following working day - weekdays only 09:00 to 17:00hrs.

7. Patient attends for the radiographic examination at the appointed time and remains within the Radiology department until the radiological outcome has been confirmed.
8. The patient's images are 'hot' reported by the Duty Radiologist or Reporting Radiographer. The report is made directly onto RIS and is available on WebICE immediately to GPs and ED staff (where appropriate).
9. If a fracture or musculoskeletal injury is identified and the patient requires urgent clinical review, the patient will be directed/taken to the ED department for clinical evaluation and management
10. Patients with no bony injury/musculoskeletal injury requiring treatment in ED are discharged and advised that if they have any further concerns about their injury to contact their GP. **No further support will be offered to the patient from the Radiology Department in this instance. No onward referral or treatment services are available via this pathway.**
11. Please note this pathway is not available at Cromer Hospital. Any patients attending Cromer will either be directed to Cromer Minor Injuries Unit for assessment and management (the GP request will be cancelled).
12. Any patient attending NNUH with a referral outside the scope of this protocol will be redirected to ED for assessment and management (the GP request will be cancelled). The GP Practice will be informed of this via ICE. .
13. If the patient fails to contact Radiology for an appointment within the defined timeframe (1 working day), the request will be cancelled with the cancellation reason "Request out of date – re-refer if still required...".
14. If the patient fails to attend their appointment, it will be cancelled, and no re-appointment made. The GP Practice will be informed of the DNA via ICE.

4. Training & Competencies

5. Related Documents

[Patient Information for the X-ray of Minor Injuries \(Trust ID 14923\)](#)

6. Monitoring Compliance / Audit of the process

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
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Audits of referrals to ensure compliance with the protocol and Ionising Radiation Medical Exposure Regulations (IR(MER) 2000), as well as appropriateness of the request annually	Soliton	Radiographer	Radiology Clinical Governance Committee	Annually
Retrospective audit of report turnaround times annually	Soliton	Radiographer	Radiology Clinical Governance Committee	Annually

The audit results are to be discussed at modality governance meetings [to](#) review the results and recommendations for further action. Then sent to Radiology Clinical Governance Committee who will ensure that the actions and recommendations are suitable and sufficient.

7. Appendices

There are no appendices for this document.

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8. Equality Impact Assessment (EIA)

Type of function or policy	Existing
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Division	Clinical Support Services	Department	Radiology
Name of person completing form	Sophie Morris	Date	24/09/24

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	N/a	N/a	None	No
Pregnancy & Maternity	N/a	N/a	None	No
Disability	N/a	N/a	None	No
Religion and beliefs	N/a	N/a	None	No
Sex	N/a	N/a	None	No
Gender reassignment	N/a	N/a	None	No
Sexual Orientation	N/a	N/a	None	No
Age	N/a	N/a	None	No
Marriage & Civil Partnership	N/a	N/a	None	No
EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?				

- A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty
- Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service
- The policy or function/service is assessed to be of high significance

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.

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Radiology Admin

Approvers	jill.goulding@nnuh.nhs.uk, julia.hankin@nnuh.nhs.uk, Sandra.Mathew@nnuh.nhs.uk
Approvals required	1