

<b>REPORT TO:</b>	<b>PRIMARY CARE COMMITTEE</b>	
<b>MEETING DATE:</b>	<b>21<sup>st</sup> November 2016</b>	
<b>REPORT TITLE:</b>	<b>Highfield House, Accrington – Provision of Specialist GP Support</b>	
<b>SUMMARY OF REPORT:</b>	<p>The report responds to the request for additional information in terms of tariff benchmarking and the specific additional responsibilities for the potential service provider, that are over and above those normally provided through a standard GMS contract.</p> <p>This service relates to GP Specialist Support to be given to the residents of Highfield House in Accrington, which is a hostel run by the National Probation Service.</p>	
<b>REPORT RECOMMENDATIONS:</b>	<p>The Primary Care Committee are asked to:-</p> <ul style="list-style-type: none"> <li>•Consider the additional information in relation to tariff benchmarking and additional responsibilities of the potential service provider of specialist GP Support being provided to residents of Highfield House</li> <li>•Agree the details of the revised service specification</li> <li>•Agree that an appropriate GP Practice be sought to provide this service</li> </ul>	
<b>FINANCIAL IMPLICATIONS:</b>	Maximum cost of the service (assuming full occupancy all year of 22 residents) = £13,200 per annum	
<b>REPORT CATEGORY:</b>	Formally Receipt	<b>Tick</b> √
	Action the recommendations outlined in the report.	√
	Debate the content of the report	
	Receive the report for information	
<b>AUTHOR:</b>	<b>Andy Laverty</b>	
	<b>Report supported &amp; approved by your Senior Lead</b>	<b>Yes</b>
<b>PRESENTED BY:</b>	<b>Lisa Cunliffe</b>	
<b>OTHER COMMITTEES/ GROUPS CONSULTED:</b>	None	
<b>EQUALITY ANALYSIS (EA) :</b>	Has an EA been completed in respect of this report?	<b>No</b>
<b>RISKS:</b>	Have any risks been identified / assessed?	<b>No</b>
<b>CONFLICT OF INTEREST:</b>	Is there a conflict of interest associated with this report?	<b>No</b>
<b>PATIENT ENGAGEMENT:</b>	Has there been any patient engagement associated with this report?	<b>No</b>
<b>PRIVACY STATUS OF THE REPORT:</b>	Can the document be shared?	<b>Yes</b>
<b>Which Strategic Objective does the report relate to</b>		<b>Tick</b>
<b>1</b>	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	√
<b>2</b>	Optimise appropriate use of resources and remove inefficiencies.	√
<b>3</b>	Improve access, quality and choice of service provision within Primary Care	√
<b>4</b>	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	

**PRIMARY CARE COMMITTEE  
21<sup>st</sup> November 2016**

**HIGHFIELD HOUSE, ACCRINGTON  
PROVISION OF A SPECIALIST GP SERVICE**

**1. Introduction**

- 1.1 These approved premises are located in Accrington (Highfield House accommodating 22 residents) and Blackburn and are places to live, which provide enhanced supervision for offenders who are either serving community penalties, on bail awaiting sentence, or have been released from prison.
- 1.2 Approved Premises residents are entitled to health services, such as GPs in the local community. AP's usually require or strongly encourage registration (temporary). APs generally have arrangements with identified GP Surgeries for their primary care. Handling these problems can make the delivery of general medical services difficult and can restrict the patient's access to wider facilities. In addition such patients often have complex and wide ranging health and social care needs.
- 1.5 A specific service specification has been developed that sets out the terms by which a GP Practice will provide General Medical Services to the individual residents on placement at Highfield House. Providers of this enhanced service are recompensed for the additional effort and risk associated with providing medical care to potentially violent patients.
- 1.4 The Primary Care Committee at their meeting on 17<sup>th</sup> October 2016 requested more information with regard to the benchmarking of the tariff included in the service specification, together with more information relating to the additional responsibilities that a potential service provider would be required to provide, that is considered over and above those provided in a standard GMS contract.

**2. Purpose / Background**

- 2.1 This paper responds to the request for additional information following the October Primary Care Committee meeting in terms of the proposed tariff and additional responsibilities of a potential service provider.
- 2.2 The service tariff
  - 2.2.1 Maximum payment over 12 months is £13,200 based on £600 per bed (22 beds) per annum and full occupancy. However it needs to be considered that a hostel residents maximum stay is 12 weeks (representing a maximum number of 95 patients passing through the hostel in a full year, at full occupancy) therefore the payment to the service provider, per patient is £138.50.
  - 2.2.2 With regard to benchmarking, the tariff for this scheme is based on the original payments to GP Practices that have recently registered Syrian Refugees at £600 per registration.

2.2.3 In addition we have become aware that another Lancashire CCG who also have a probation hostel (12 bed approved premise for women only) and have established a very similar scheme by potentially aligning its introduction with the withdrawal of the PMS premium to the GP Practice based in that CCG. Their scheme is worth £17,000 per annum to the participating practice.

### 2.3 Additional responsibilities over and above a standard GMS contract

2.3.1 This service is aimed at ensuring that the high concentration of complex and vulnerable patients with high needs who require over and above core services of a General Medical services contract have their needs met. The high turnover of complex patient's needs to be well managed by an experienced general practice that has good working relationships with the AP and the Pharmacy. This joint working is essential to providing the best outcomes for these complex patients to aid their rehabilitation in the community.

2.3.2 This locally enhanced service should provide for a thorough assessment and health screening of the patients clinical and psychological needs, especially those which may result in unrealistic expectations and which may have led to physically or verbally aggressive behaviour in the past. It is the responsibility of the GP Practice to inform the staff at the AP of any residents who have been seen with low mood so as to enable them to put extra measures in place.

2.3.3 The stability offered by the directed enhanced service will lead to an improved doctor – patient relationship in which both the patient and the doctor can work constructively together. The intention is to provide a wide range of health services and ability to signpost for social care needs. Highfield House is an Approved Premise with facilities for up to 22 residents offering a short term (up to 12 weeks) residency support, effective reintegration and resettlement into the community.

2.3.4 The registration of patients from the hostel will require from the registering GP Practice a number of responsibilities considered over and above the normal requirements of the standard GMS contract, such as many of those listed below:-

- Administrative burden of registering up to 95 patients per annum based on full occupancy of the hostel (Based on 22 beds changing every 12 weeks as a maximum), using specifically designed templates and processes which are above and beyond a basic temporary registration. Including immediate liaison with probation officers and prisons regarding medications requested as they are not always sent out of prison with 7 days medication and sometimes their requests are not bonafide.
- Responsibility to pass on information to other health professionals where suicidal intentions are an issue
- Extended appointments due to higher than normal likelihood of complex medical conditions and poor medical history records
- Develop an expertise as a practice in mental health and substance misuse
- Awareness of prescription drugs available in prison setting
- Extra vigilance in GP Practice waiting areas and on occasions necessity for practice to have an additional staff member available during the consultation
- Need to see the new hostel residents within 7 days of arrival and they will usually only have 7 days medication upon leaving prison. Sometimes released with no medications despite being on them whilst in prison.
- Training in conflict resolution, personal protection and interpersonal skills, in addition to an understanding of mappas and licence conditions.

#### 2.4 NHS England Zero tolerance service

Since preparation of the Highfield House service specification, NHS England have commenced the development of a Lancashire wide zero tolerance service. This will replace any zero tolerance schemes currently running in individual CCGs and is aimed at the provision of GP services for vulnerable people throughout Lancashire, for which expressions of interest are likely to be requested by NHS England very soon. Although the skill set of participating GP practices will be similar to that required for the specialist GP service to Highfield House residents, it is thought that they are essentially aimed at patients with different needs and frequency of registration / support. However both schemes will be closely monitored so as to ensure there is no duplication. East Lancashire currently have 29 patients (out of 110 Lancashire wide) on the Zero Tolerance patient scheme.

### 3. Conclusion

- 3.1 This service seeks to provide a stable environment for the patient / resident to receive continuing health care, addressing any health issues of underlying causes of aggressive behaviour and providing a safe environment for the individuals involved in delivering that treatment.
- 3.2 There has been careful consideration of similar services in the calculation of the tariff and clear identification of how this service sets a requirement to provide an enhanced service that goes over and above what would normally be provided through a standard GMS contract.

### 4. Recommendations

- 4.1 It is recommended that members of the Primary Care Committee:-
  - a) Consider the additional information in relation to tariff benchmarking and additional responsibilities of the potential service provider of specialist GP Support being provided to residents of Highfield House
  - b) Agree the details of the revised service specification – Appendix 1
  - c) Agree that an appropriate GP Practice be sought to provide this service

**Andy Laverty**  
**Locality Commissioning Manager - Rossendale**

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement  
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

<b>Service Specification No.</b>	
<b>Service</b>	Highfield House, Accrington – Specialist GP Support
<b>Commissioner Lead</b>	Lisa Cunliffe / Andy Laverty
<b>Provider Lead</b>	To be determined
<b>Period</b>	1st April 2017 to 31st March 2018
<b>Date of Review</b>	31st March 2018

<b>1. Population Needs</b>
<p>1.1 National / Local context and evidence base In Pennine Lancashire the National Probation Service runs two Approved Premises or more commonly known as hostels for male offenders. Their primary purpose is to protect the public by delivering offender management and rehabilitation services to low and medium risk offenders, who are serving community sentences or have been released from prison on licence.</p> <p>1.2 These approved premises are located in Accrington (Highfield House accommodating 22 residents) and Blackburn and are places to live, which provide enhanced supervision for offenders who are either serving community penalties, on bail awaiting sentence, or have been released from prison.</p> <p>1.3 There are strict rules put into place at both of the Approved Premises, including an overnight curfew which can be tailored to any offender. There are at least two staff on duty 24hrs a day, 365 days a year to monitor the offenders and take immediate action if the rules are not followed. Some residents also have daytime curfews which are strictly enforced. The majority of residents are able to leave the hostel during the day to access local services such as the post office, library and Job Centre. Residents are not allowed to have drugs or alcohol on the premises at any time</p> <p>1.4 All hostel residents are encouraged to take part in training courses whilst at the hostel in order to improve their employability. Residents are also offered training programmes to help reduce the risk of them committing further offences. Most of the residents are violent / sexual offenders and stay in the hostel for an average of 12 weeks at the end of their prison sentence.</p> <p>1.5 The hostels have a key role to play in contributing to public protection. Residents must abide by the hostel rules which are strictly enforced and extra conditions may be imposed on certain residents. Immediate action will be taken to return a resident to custody in the event of failure to comply with Approved Premises rules and requirements.</p>



- 1.6 Clinical Commissioning Groups are responsible for commissioning services for people residing in approved premises and bail accommodation as well as those serving community sentences or on probation. At the end of their sentence they either move home or settle in the area. On occasions a patient will break their probation which would mean a recall back to prison during this stay, locally they would return to Highfield House at the end of their sentence once more. Residents can be from anywhere in the country and could have completed any length of sentence some being 12 months and others having been in prison for many years. Many residents of Highfield House arrive from prison with a legal highs addiction.
- 1.7 Approved Premises residents are entitled to health services, such as GPs in the local community. AP's usually require or strongly encourage registration (temporary). APs generally have arrangements with identified GP Surgeries for their primary care. Handling these problems can make the delivery of general medical services difficult and can restrict the patient's access to wider facilities. In addition such patients often have complex and wide ranging health and social care needs.
- 1.8 Referral criteria to the Approved Premises is aimed at high or very high risk offenders or medium risk offenders with complex needs. A diagnosis of personality disorder is not a necessity, however consideration is given to those who present with personality and relationship difficulties. Complex needs may include substance misuse, risk to self and mental health difficulties.
- 1.9 Providers of the enhanced service will be recompensed for the additional effort and risk associated with providing medical care to potential violent individuals

**2. Outcomes**

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	√
Domain 2	Enhancing quality of life for people with long-term conditions	√
Domain 3	Helping people to recover from episodes of ill-health or following injury	√
Domain 4	Ensuring people have a positive experience of care	√
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	√

2.2 Local defined outcomes

To provide General Medical Services to the residents of Highfield House which are the Approved Premises in Accrington, as required by individual residents on placement at Highfield House

2.3 The purpose of this service is to provide a stable environment for the patient to receive continuing health care, addressing any health issues of underlying causes of aggressive behaviour and providing a safe environment for the individuals involved in delivering that treatment.

2.4 This locally enhanced service should provide for a thorough assessment and health

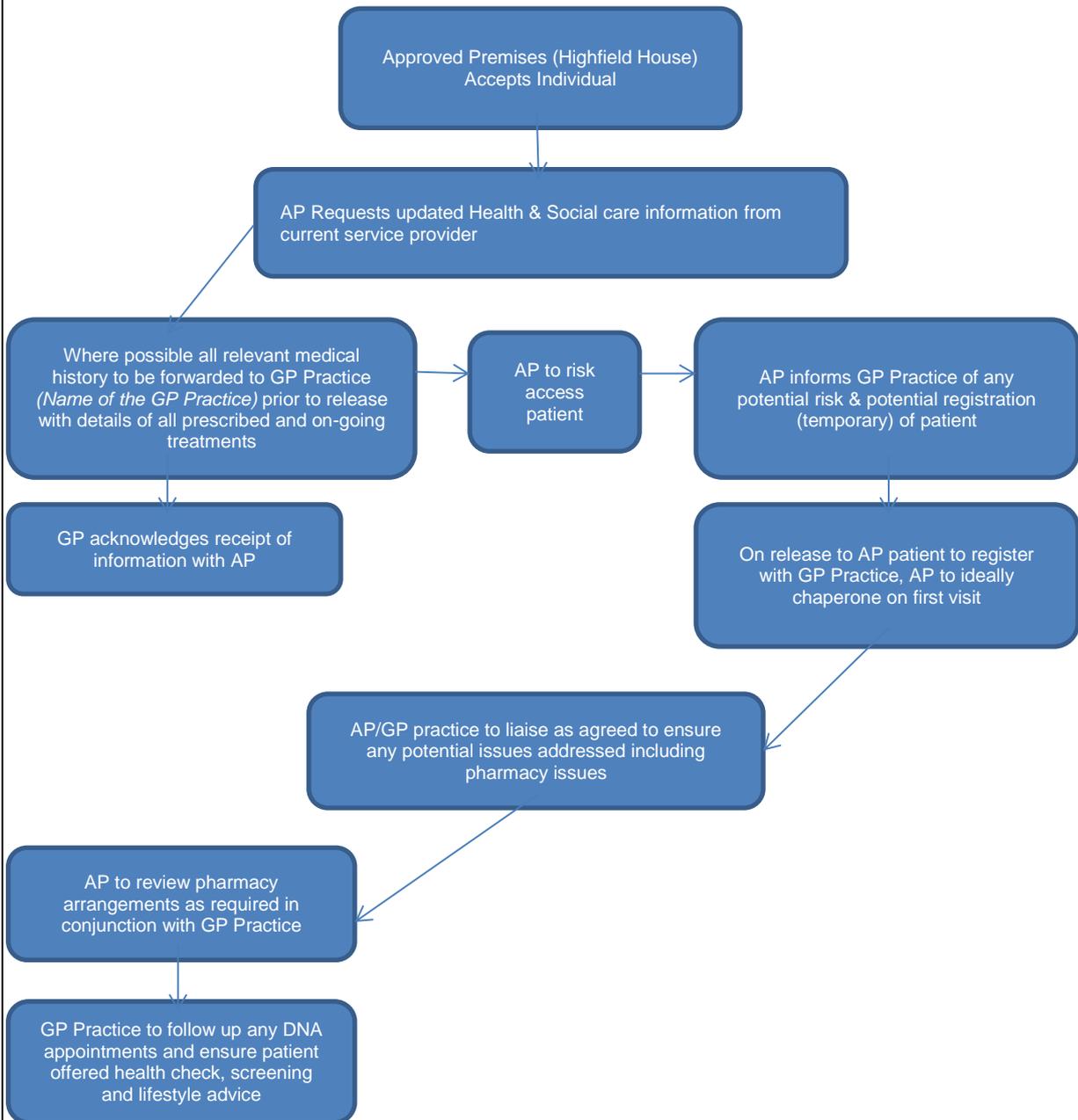
screening of the patients clinical needs and signposting in terms of psychological needs, especially those which may result in unrealistic expectations and which may have led to physically or verbally aggressive behaviour in the past.

- 2.5 The stability offered by the directed enhanced service will lead to an improved doctor – patient relationship in which both the patient and the doctor can work constructively together. The intention is to provide a wide range of health services and ability to signpost for social care needs. Highfield House is an Approved Premise with facilities for up to 22 residents offering a short term (up to 12 weeks) residency support, effective reintegration and resettlement into the community.
- 2.6 This service specification is aimed at ensuring that the high concentration of complex and vulnerable patients with high needs who require over and above core services of a General Medical services contract have their needs met. The high turnover of complex patient's needs to be well managed by an experienced general practice that has good working relationships with the AP and the Pharmacy. This joint working is essential to providing the best outcomes for these complex patients to aid their rehabilitation in the community.

### **3. Scope**

- 3.1 **Aims and objectives of service**  
To ensure that the residents of Highfield House have access to GP services in a safe environment for both patients and clinicians. This requires a level of communication between staff at Highfield House and the GP Practice on a regular basis.
- 3.2 **Service description/care pathway**  
Registration (temporary) of patients from Approved Premises at GP Practice (*Name of GP Practice*):-  
It is the responsibility of the resident to register with a GP. Arrangements have been made between Highfield House and the GP Practice (*Name of GP Practice*) to receive registration (temporary) of patients from Highfield House. However patient choice should not be removed and residents will have the option to register at alternative practices should they wish to.
- 3.3 It is the responsibility of the GP Practice to inform the staff at the AP of any residents who have been seen with suicidal intent so as to enable them to put extra measures in place.

Pathway for registration (temporary) of patients from Approved Premises (Highfield House) at GP Practice (*Name of the GP Practice*)



- 3.3.1 Current pharmacy arrangements and service specification are the responsibility of Highfield House. At the time of the review the service requirements will be discussed with GP Practice (*Name of the GP Practice*) to ensure that the service meets the needs of all parties ie the patient, Highfield House and GP Practice.
- 3.3.2 Prescribing medication on release to an Approved Premise  
The Approved Premises should ensure that residents received into their care have been given either a prescription for medication or have 7 day supply of medication. Prescriptions for residents will not exceed 28 day's supply.
- 3.3.3 For substitution or detoxification prescriptions for methadone or buprenorphine, the medication should be prescribed for administration under supervised consumption by a pharmacist, preferably once daily. NB staff may have to supervise the administration of weekend / bank holiday doses when the pharmacy or substance misuse centre is closed.

3.3.4 It is the responsibility of the resident to re-order repeat medication. This is generally required seven days before the current medication runs out. AP staff can be involved in prompting the resident to re-order medication if deemed necessary and liaise with the GP practice as appropriate.

3.4 Additional responsibilities of the service provider that are over and above the normal requirements of the standard GMS contract, such as many of those listed below:-

- Administrative burden of registering up to 95 patients per annum based on full occupancy of the hostel (Based on 22 beds changing every 12 weeks as a maximum), using specifically designed templates and processes which are above and beyond a basic temporary registration. Including immediate liaison with probation officers and prisons regarding medications requested as they are not always sent out of prison with 7 days medication and sometimes their requests are not bonafide.
- Responsibility to pass on information to other health professionals where suicidal intentions are an issue
- Extended appointments due to higher than normal likelihood of complex medical conditions and poor medical history records
- Develop an expertise as a practice in mental health and substance misuse
- Awareness of prescription drugs available in prison setting
- Extra vigilance in GP Practice waiting areas and on occasions necessity for practice to have an additional staff member available during the consultation
- Need to see the new hostel residents within 7 days of arrival and they will usually only have 7 days medication upon leaving prison. Sometimes released with no medications despite being on them whilst in prison.
- Training in conflict resolution, personal protection and interpersonal skills, in addition to an understanding of mappas and licence conditions.

3.5 Population covered  
Residents of Highfield House.

3.6 Any acceptance and exclusion criteria and thresholds  
No exclusions to residents of Highfield House, Accrington.

3.7 Interdependence with other services/providers  
Highfield House Approved Premises Staff  
AP Nominated Pharmacy (currently a Boots Pharmacy in Blackburn)  
Mental Health Services  
Substance Misuse Service  
Police and Probation Services  
Inspire

#### **4. Applicable Service Standards**

4.1 Applicable national standards (eg NICE)  
Service providers will comply with all relevant documents and policies including those listed below:-

- Health and Social Care Act 2008
- The Equality Act 2010
- The NHS Outcomes Framework
- Care Quality Commission – the essential standards
- NICE Guidelines Quality Standards
- The Code – Standards of Conduct, Performance and Ethics for Nurses and Midwives
- Guidance and Requirements on health and safety including: moving and handling, fire and safety, resuscitation and infection control
- NICE Guidance CG139 Infection Control
- NHS England - Patient Registration – Standard Operating principles for Primary Medical Care (General Practice)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.2.1 Infection Prevention

The service provider is required to adhere to all current infection prevention guidance including the Health and Social Care Act 2008 and NICE Guidance CG139 or relevant guidance which supersedes these detailed

4.2.2 Safeguarding

The service provider shall devise, implement and maintain a procedure for its staff which ensures compliance with pan-Lancashire procedure for Safeguarding Children and Safeguarding Vulnerable Adults and shall supply a copy of its procedure to the Commissioner before commencement of the service.

Pan-Lancashire safeguarding children policies and procedures can be accessed at:-

<http://panlancashirescb.proceduresonline.com/index.htm>

Pan-Lancashire safeguarding adult policies and procedures can be accessed at:

<http://plcsab.proceduresonline.com/index.htm>

4.2.3 The service provider will comply with the lead Commissioners' standards for safeguarding as detailed in the CCGs Safeguarding policy and will provide evidence of their safeguarding arrangements on request, at a minimum this will be annually.

4.2.4 All staff must be subject to Disclosure and Barring Service (DBS) Checks and Independent Safeguarding Authority (ISA) Checks as applicable to their role and undertake Safeguarding training.

4.2.5 Applicable standards set out in Guidance and / or issued by a competent body (eg Royal Colleges).

4.2.6 Applicable local standards

It is expected that the Practice will ensure all staff are given appropriate training and support in managing this particular cohort of patients. In addition the practice will be required to have an awareness as to how they can access support / training in mental health, substance misuse and providing medical care to potential violent patients when necessary. Prescribing should be in line with local formulary and guidelines.

4.2.7 Arrangements should be made with Highfield House to provide appropriate internal staff, training and awareness sessions as required and to have regular briefing sessions with the practice and ensure lines of communication and expectations are clearly defined and agreed

## 5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements  
Annual Submission

- Number of patients through the practice from AP
- Rate of DNA for AP patients
- Joint annual report detailing: overview of the service, progress, success, areas of development and actions to continually improve the service and joint working relationship

5.2 Applicable CQUIN goals

To be agreed upon contract award if considered applicable.

## 6. Location of Provider Premises

- 6.1 The Provider's main premises are located at:  
Name and Address of the GP Practice to be included

## 7. Individual Service User Placement

- 7.1 The Provider's main premises are located at:  
Available for chosen service provider

## 8. Tariff

- 8.1 The service payment provides the resources for the provision of essential and additional services, recognises the additional workload created by such patients and funds specific security investments required by the provider. The intention is to provide a stable environment in which health needs of the patient can be addressed in a proper and continuing manner.
- 8.2 For each registration (temporary) and full 12 months (or pro rata) of providing General Medical Services per patient. This tariff is based upon funding that is being provided by the Home Office for the provision of GMS services to Syrian Refugees.

In relation to Highfield House which has 22 beds, this is a maximum of:-  
22 x £600 (For 52 week full occupancy) = £13,200. However it needs to be considered that a hostel resident's maximum stay is 12 weeks (representing a maximum number of 95 patients passing through the hostel in a full year, at full occupancy) therefore the payment per patient is £138.50.

- 8.3 Finance for specific staff training is also beneficial to build up the confidence of all those who come into contact with the patient. Practices should be mindful of the need to protect patient confidentiality by avoiding, where practical, patient flows which identify individuals. However it is well recognised that there is an obligation to share information between professionals and agencies to ensure that appropriate services are provided and safe working practices are adopted. Doctors and providers should be encouraged to share information between health and social services agencies, prison, police and other relevant sources to build up a picture of past behaviour so that risk can be assessed.

## 9. Key Performance Indicators

- 9.1 The performance of the service will be measured by:
- Patient satisfaction surveys
  - Incident reporting
  - Staff / Provider assessments
  - Compliance to safeguarding standards as per policy