

Service Specification No.	
Service	Primary care support to patients at Lower Ridge care home for a period of recuperation and/or rehabilitation
Commissioner Lead	NHS East Lancashire Clinical Commissioning Group (CCG)
Provider Lead	
Period	Winter Months – 9th Nov 2015 to 31st March 2016
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

This specification sets out a model for an enhanced service for the medical management of registered patients or temporary residents, who are undergoing treatment in a Social Care Rehabilitation and Reablement bed at Lower Ridge Residential Home in Burnley.

The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services as defined in appendix 1. No part of this specification by commission, omission or implication defines or redefines essential or additional services.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

2.2 Local defined outcomes

- To ensure care is delivered in a timely manner to the patients referred into Lower Ridge Residential Home for a time-limited recovery and rehabilitation support
- Improved patient experience
- Reduced need for onward referral.
- Supporting people to return home following an admission to hospital.
- Smooth transition between medical support in hospital and when they return to their own home

3. Scope

3.1 Aims and objectives of service

The purpose of this enhanced medical service is to provide the medical cover for patients entering Social Care Rehabilitation and Re-ablement beds in Lower Ridge Residential Home.

3.2 Service description/care pathway

This specification sets out a model for an enhanced service for additional capacity during winter for Lower Ridge Residential Home in Burnley.

The residential rehabilitation beds are commissioned by Lancashire County Council to deliver rehabilitation and re-ablement for patients who are medically stable. However these patients are often stepping down from hospital discharge and can on admission have more complex needs and require a holistic assessment on admission to the units therefore maximising outcomes.

10 beds have been allocated for hospital step down or community step up

All patients will be assessed by Acute Hospital staff as requiring a recovery, rehabilitation or reablement pathway prior to discharge and there will be a confirmed assessment that the patient is medically fit for hospital discharge.

All admissions to Lower Ridge will be assessed by the Integrated Discharge Team at the hospital (Social Work) and Lower Ridge to confirm that they meet the access criteria for Lower Ridge. ICAT (the Intermediate Care Allocation team) and the Intensive Home Support Service (IHSS) will manage the patients on a day-to-day basis for their medical and therapeutic needs during their stay at Lower Ridge and will oversee any Social work support required for on-going discharge. Pharmacists from the East Lancashire Medicines Management Team will support the review of medicines and the home around management of medicines

The patients registered GP (if a Burnley resident) or the allocated temporary GP, if the patient is out of area, will have responsibility to undertake any medical call-out visits required during the patient's stay at Lower Ridge.

All out of area (Burnley) patients will need to be registered equitably as a temporary resident with a GP practice in the Central Burnley Neighbourhood. Lower Ridge will need to contact one of the practices for acceptance of the patient.

A summary from the discharging hospital including diagnosis, treatment, medication, investigation results and any follow up arrangements need to be sent to the GP practice in advance. A medical summary from the patient's own GP would be helpful if the patient is a temporary resident.

3.3 Population covered

Patients will be over 18 but most will be over 65 and registered with an East Lancashire GP Practice.

3.4 Any acceptance and exclusion criteria

Hospital step down criteria

Service users awaiting home of choice who would normally wait in hospital.

Service users who need active rehabilitation.

Service users who need recovery and recuperation.

Discharge to assess for those service users who are in hospital and think they need residential care as a long term option.

No condition is excluded, but for service users with a mental health need, admission would only take place if this was stable and managed.

Short term stay pending start date for community care package.

Community Step Up criteria

For those who would be avoiding an admission to hospital whose health, social and therapy needs cannot be met at home, step up from home or step down from AMU or ED or UCC.

Exclusions

Bariatric – unlikely to be able to meet their needs at Lower Ridge especially for the immobile 30 stone + service users.

Those who require access to a nurse over a 24 hour period for either General Nursing or Mental Health Nursing needs.

Unstable mental health needs.

Those whose primary need is housing.

3.5 Interdependencies with other services

Staff involved with the provision of this service must work together with other professionals where appropriate. Where appropriate, the provider should refer patients to the other necessary services and to the relevant support agencies using the locally agreed guidelines.

- NHS East Lancashire CCG
- Primary Care
- Local Acute Trusts
- PALS
- Independent and Voluntary Sector as appropriate

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The delivery of the commissioned service is underpinned by the appropriate standards, including but not limited to:

- Care Quality Commission Standards
- Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance
- Relevant safeguarding standards.

4.2 Applicable standards set out in Guidance and/or issued by a competent body

As per the NHS Standard Contract.

4.3 Applicable local standards

The provider must ensure with that adequate arrangements are in place for continuity of the service in the event of staffing shortages, facilities and system failures appropriate to the service.

Accreditation/Competencies/Continuing Professional Development

At this stage, all East Lancashire GPs are competent to do the medical assessment as part of the holistic assessment.

Infection Control

The infection prevention and control principles will be adhered to by the GP; the environmental issues are the responsibility of the residential home.

1. The provider will have access and adhere to national and local guidance in relation to infection prevention and control principles and protocols.

2. The provider will ensure that up to date infection prevention and control policies are written, reviewed and adhered to by all staff.
3. The environment must be clean, clutter free and sterile items stored appropriately i.e. not on the floor. A cleaning schedule will be in place and monitored by the provider.
4. All clinical staff will adhere to standard precautions. PPE must be available and clinical staff to don appropriate PPE in accordance with national guidance.
5. Staff must attend infection prevention and control training annually. Training manual to be available.
6. An infection prevention and control audit or a self assessment will be undertaken by the provider annually. This will be disseminated to the commissioner of the service.
7. Sharps will be stored, handled and disposed of at the point of source in accordance with national guidance. This process will be monitored by the provider.
8. All needle-stick injuries will be treated as a significant event and will be investigated by the provider. The report will be disseminated to the commissioner of the service.

Premises and Equipment

The provider will ensure that the premises used for the provision of the service are:__

- suitable for the delivery of those services; and
- sufficient to meet the reasonable needs of the patients.

The provider shall provide all of the required clinical equipment. This equipment shall be maintained in accordance with manufacturers' guidance and best practice and, where appropriate, recalibrated annually.

Business Continuity

The provider must ensure that adequate arrangements are in place for continuity of the service in the event of staffing shortages, facilities and system failures appropriate to the service.

Record Keeping and Information Requirements

All providers of NHS commissioned care should use the latest NHS Information Governance Toolkit to assist in implementation and assessment of compliance with policy and legal requirements.

Full records of all procedures, screening and tests should be maintained in such a way that aggregated data and details of individual patients are readily accessible. Practices should regularly audit and peer review outcomes.

Practices must ensure that details of the patient's monitoring are included in his or her lifelong record. If the patient is not registered with the practice, then the practice must send this information to the patient's registered practice for inclusion in the patient notes.

Significant Events

The Department of Health emphasizes the importance of collected incidents nationally to ensure that lessons are learned across the NHS. A proactive approach to the prevention of recurrence is fundamental to making improvements in patient safety.

The provider must have systems in place for documenting and learning from significant events, including reporting as appropriate.

The provider should be aware of the various reporting systems, such as:

- the National Patient Safety Agency National Reporting and Learning System
- the Medicines and Healthcare Products Regulatory Agency reporting systems for adverse reactions to medication (yellow card system) and accidents involving medical devices
- the legal obligation to report certain incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

In addition to their statutory obligations, the provider should give notification, within 72 hours of the information becoming known to him/her, of all emergency admissions or deaths of any patient treated by the provider under this service, where such admission or death is, or may be due, to the providers treatment of the relevant underlying medical condition covered by this specification.

Monitoring and Reporting

The provider must supply the CCG with such information as it may reasonably request for the purposes of monitoring the provider's performance of its obligations under this specification.

As a matter of routine reporting the CCG will require monthly reporting of the number of patients that have received a visit from a GP or telephone consultation.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (

5.2 Applicable CQUIN goals

6. Location of Provider Premises

The Provider's Premises are located at:
Central Burnley GP practices
Most service delivery will take place at Lower Ridge care home, Burnley.

7. Individual Service User Placement

The provider will receive **payment based on £60 per visit and £15.87 for a consultation via telephone/skype/practice.**

The provider will need to submit a monthly invoice (as attached) to the CCG in respect of this service. Each visit/telephone consultation will need to be itemised per each date (no patient identifiable data to be included)

Additional information in relation to GMS contract delivery underpinning this agreement:

Appendix 1

Essential services as defined in the GMS contract;

The Contractor must provide the services described in clauses 47 to 52 (*essential services*) at such times, within *core hours*, as are appropriate to meet the reasonable needs of its patients, and to have in place arrangements for its patients to access such services throughout the *core hours* in case of emergency.

The Contractor must provide -

Services required for the management of the Contractor's *registered patients* and *temporary residents* who are, or believe themselves to be-

- ill with conditions from which recovery is generally expected;
- terminally ill; or
- suffering from chronic *disease*
- delivered in the manner determined by the *practice* in discussion with the patient;

Appropriate ongoing treatment and care to all *registered patients* and *temporary residents* taking account of their specific needs including-

the provision of advice in connection with the patient's health, including relevant health promotion advice; and the referral of the patient for other services under *the Act*; and primary medical services required in *core hours* for the immediately necessary treatment of any person to whom the Contractor has been requested to provide treatment owing to an accident or emergency at any place in its *practice area*.

For the purposes of clause 47.1 "management" includes-

- offering a consultation and, where appropriate, physical examination for the purpose of identifying the need, if any, for treatment or further investigation; and
- the making available of such treatment or further investigation as is necessary and appropriate, including the referral of the patient for other services under *the Act* and liaison with other *health care professionals* involved in the patient's treatment and care.

For the purposes of clause 47.3, "emergency" includes any medical emergency whether or not related to services provided under the Contract.

The Contractor must provide primary medical services required in *core hours* for the immediately necessary treatment of any person falling within clause 51 who requests such treatment, for the period specified in clause.

A person falls within this clause if he is a person-

- whose application for inclusion in the Contractor's list of patients has been refused in accordance with clauses 181 to 184 and who is not registered with

another provider of *essential services* (or their equivalent) in the area of the PCT;

- whose application for acceptance as a *temporary resident* has been rejected under clauses 181 to 184
- who is present in the Contractor's *practice area* for less than 24 hours.