

Service Specification No.	11X-50-1
Service	GP Support to Intermediate Care Beds – Pathway 3 Glastonbury Care Home
Commissioner Lead	As per the Particulars of the NHS Standard Contract
Associate Commissioner	Somerset County Council – Iona Brimson Contact Details see Annex
Provider Lead	As per the Particulars of the NHS Standard Contract
Period	01 April 2021 – 31 March 2024
Date of Review	October 2021

1. Population Needs

National/local context and evidence base

- 1.1 Based on the 'criteria to reside in hospital' as developed with the Academy of Medical Royal Colleges, acute hospitals must discharge all persons who no longer meet these criteria as soon as they are clinically safe to do so.
- 1.2 This ensures hospital beds are available for people that require hospital care.
- 1.3 The recovery and support provided post-discharge (including rehabilitation and reablement services) aims to help people return to the quality of life they had prior to their most recent admission.
- 1.4 For some people this may require support for these additional needs for the maximum period of 6 weeks, although for the majority it will be suitable for them to return to usual packages of care (if applicable) in less time.
- 1.5 Further guidance on hospital discharge services is available at [Hospital discharge service: policy and operating model - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/hospital-discharge-services)
- 1.6 Patients in intermediate care settings should consistently receive high-quality care that is person-centred and dignified, and have the same access to all necessary health care as people living in other settings.
- 1.7 The care of these residents should be regularly reviewed and coordinated by experienced health professionals working with a multidisciplinary team including adult social care.
- 1.8 Somerset Clinical Commissioning Group (CCG) is committed to ensuring that care plans are tailored to each person, giving them choice and control

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

2.2 Local defined outcomes

3. Scope

3.1 The scope of the service is defined in the SOP attached as Annex 1

REPORTING

3.2 The provider will monitor and provide the CCG with the following information **monthly** using the returns form Annex 5:

- Activity
- End of Life
- Prescribing
- SIRIs

3.3 The provider will complete an individual patient review template (Annex 2) on completing an initial ward round for a new patient and update information as required until the patient is discharged from the service

INFORMATION SHARING

3.4 In providing the service the practices within the locality will ensure that each practice involved has signed up to the Somerset Information Sharing Protocol to underpin the sharing of patient information by relevant practices with the Intermediate Care GP service.

MEDICINES MANAGEMENT

3.5 For specialist medicines management advice relating to patients covered by this service the provider should contact the Medicines Management Team at Somerset CCG to consider coordinating medication review. (See Contact Details in Annex 4).

3.6 Structured medication reviews should be offered to all patients as required.

SIGNIFICANT/ADVERSE EVENTS

3.7 The Department of Health emphasises the importance of collecting 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.

3.8 The Provider should be aware of (and use as appropriate) the various reporting systems such as:

- The National Reporting and Learning System (NRLS). Reports to NRLS can be submitted electronically via the General Practice Patient Safety Incident report Form, or the national GP e-form. If using the GP e-form please check the box to share your report with Somerset CCG.
- the Medicines and Healthcare products Regulatory Agency reporting systems for adverse reactions to medication (yellow card system), and accidents involving medical devices; and
- the legal obligation to report certain incidents to the Health and Safety Executive

under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

- 3.9 In addition to their statutory obligations, the Provider will notify the Commissioner within 72 hours of being aware of the hospital admission or death of a patient being treated by the Provider under this enhanced service via the email address below.
- 3.10 In addition to any regulatory requirements the CCG wishes the provider to use a Significant Event Audit system (agreed with the Clinical Commissioning Group) to facilitate the dissemination of learning, minimising risk and improving patient care and safety. Providers shall:
- Report all significant events to the CCG within 2 working days of being brought to the attention of the Provider somccg.significantevents@nhs.net
 - Undertake a significant event audit (SEA) using a tool approved by the CCG and forward the completed SEA report to the CCG within one month of the event via <https://www.somersetccg.nhs.uk/about-us/how-we-do-things/general-practice-significant-event-sea-and-serious-incident-support-professional-page/>

SERVICE USER AND PUBLIC INVOLVEMENT

- 3.11 Care homes and the provider will encourage, consider and report any patient feedback (positive and negative) on the service that they provide and use it to improve the care provided to patients, particularly if there are plans to alter the way a service is delivered or accessed

PRICING

- 3.12 Payment for this service is set out in Schedule 3 Part A.

REVIEW

- 3.13 The Service will initially be reviewed after 3 and 6 months
- 3.14 The service will continue to be reviewed six monthly or at an interval agreed by the commissioner and provider.
- 3.15 The agreed pricing 3.12 will form part of the review (3.13 and 3.14) based on increased activity resulting in economies of scale.

POPULATION COVERED

- 3.16 Patients discharged on the Intermediate Care Pathway 3 to care homes detailed in Annex 6.

ANY ACCEPTANCE AND EXCLUSION CRITERIA AND THRESHOLDS

- 3.17 Not applicable.

INTERDEPENDENCE WITH OTHER SERVICES/PROVIDERS

- 3.18 Intermediate Care Service commissioned by Somerset CCG and Somerset County Council to support pathway 3 of the Somerset County Council bedded care pathway.

TERMINATION

- 3.20 The service may be terminated by either party with three months' notice in writing. This does not affect the terms of the contract notice period.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The service will be provided to residents in accordance with:

NICE Guidelines NG74 available at <https://www.nice.org.uk/guidance/ng74>

NHS Constitution

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

The Nolan Principles (see Annex 3):

<https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2>

The General Medical Council's Good Medical Practice Guidelines available at:

http://www.gmc-uk.org/guidance/good_medical_practice.asp

Nursing and Midwifery Council Code of Professional Conduct, available at:

<http://www.nmc-uk.org/Publications/Standards/The-code/Introduction/>

Care Home Use of Medicines Study (CHUMS) available at

<http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhep/psrp/finalreports/PS025CHUMS-FinalReportwithappendices.pdf>

The House of Care: <https://www.england.nhs.uk/house-of-care/>

The Health Act 2006: Code of Practice for the Prevention and Control of Healthcare Associated Infections. The Stationary Office, 2006.

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

- 4.3 The Scottish Government Health Delivery Directorate Improvement and Support Team available at: <http://www.gov.scot/resource/doc/263175/0078713.pdf>

4.4 Applicable local standards

5. Applicable quality requirements

5.1 Applicable quality requirements

Patients feel supported to die where they wish to

- Increased % of deceased patients dying where they wish to

Patients consider they had been listened to, treated with respect and dignity and have positively contributed to their Care Plan and End of Life Advanced Care Plan

- Improve and maintain the % of patients with a Care Plan
- Improve and maintain the % of patients with an Advanced Care Plan

The Intermediate Care GP and home staff will actively work together to reduce avoidable harm to patients

- Annual reduction in the % of admissions to Acute Care
- Annual increase in the number of patients returning home

6. Location of Provider Premises

The Provider's Premises are located at:

As per the Particulars of the NHS Standard Contract

ANNEX 1



GP Support Services
SOP for Bedded Interr

ANNEX 2

INDIVIDUAL PATIENT REVIEW TEMPLATE

Domains to remain but format can be amended to aid efficient recording keeping

Home Name	
Patient's Name	
NHS Number	
Pathway GP Name	
Date of Review	

Element of Review (where relevant)	Notes, to include score and outcome
Physical health and physical examination	
Nutritional assessment (to include MUST score, BMI and swallowing)	
Thromboembolic risk assessment	
Falls assessment – Using falls service model/OT assessment	
Osteoporosis screening -FRAX Scoring	
Medication review	
Medical record review and management of long term conditions	

Element of Review (where relevant)	Notes, to include score and outcome
Screening and immunisation history including flu vaccination status	
Mental health screening to include dementia and depression screening	
Patient's current access to other required services including dental, podiatry, eye services, audiology	
End of Life wishes and plan	
Resuscitation status	
Escalation planning	
The patient's view and experience	
The view of family of carers where appropriate	
Staff concerns or suggestions about improving the care for the patient	
The completeness and relevance of the patient's current care plan	
Any other considerations	
Agreed review date	

Element of Review (where relevant)	Notes, to include score and outcome
Care plan updated	
Main changes to care initiated by home or other parties	
Main changes to care recommended to GP	
Communication with the patient's GP	
Communication with SWAST and OOH	
Patient information uploaded to the Adastral end of life register in accordance with the patient's advanced care plan	

Summary and actions arising from the review

Summary of patient needs or care identified	
Main actions taken directly by Pathway GP	
Recommendations made to the Home First Manager and/or MDT	
Recommendations made to the patient and/or carers	
Recommendations made to the home	

Recommendations made to the patients usual GP	
Recommendations made to other parties	

ANNEX 3

NOLAN PRINCIPLES

The CCG and localities agreed to manage the Home First GP Scheme in accordance with the Seven Principles of Public Life, known as the Nolan Principles, as defined by the Committee for Standards in Public Life:

1. Selflessness

Holders of public office should act solely in terms of the public interest.

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

ANNEX 4

CONTACT DETAILS

Somerset Clinical Commissioning Group

Somerset Clinical Commissioning Group
Wynford House
Lufton Way
Lufton
Yeovil
Somerset
BA22 8HR
01935 384000

Somerset Clinical Commissioning Group's Accountable Officer for Controlled Drugs

Shaun Green
Deputy Director of Clinical Effectiveness & Medicines Management
Wynford House (address as above)
Tel: 01935 384043
Email: shaun.green@nhs.net

Somerset Clinical Commissioning Group Medicine's Management Team

Shelley Hodder
Team Administrator
Medicines Management
NHS Somerset CCG
Wynford House (address as above)
Tel: 01935 384043
Email: shelley.hodder@somersetccg.nhs.uk

Funded Nursing Care Coordinator at NHS Somerset CCG

Charlotte Brown
Funded Nursing Care Coordinator
NHS South West Commissioning Support
Wynford House (address as above)
Tel: 01935 385238
Email: charlotte.brown@swcsu.nhs.uk

The Safeguarding Adults Coordinator at Somerset County Council

Chris Hamilton
Safeguarding and Mental Capacity Act Co-ordinator
Somerset County Council
Blake
Northgate
Bridgwater
01278 437241
Email: cahamilton@somerset.gov.uk

Somerset County Council Commissioning Lead

Iona Brimson

System Performance Manager (Health Interface & Commissioning)

Direct Line: 01823 359141

mobile: 07976688530

Email: IBrimson@somerset.gov.uk

ANNEX 5

SHS GP support Service - GCH

Reablement Unit

Monthly Reporting

[illegible]

ANNEX 6

DESIGNATED CARE HOMES PROVIDING DISCHARGE FOR PATIENTS ON INTERMEDIATE CARE PATHWAY 3 AND ASSOCIATED GP SUPPORT PROVIDERS

Care Home Name	Address	Pathway 3 Beds	GP Support
Oake Meadows	33 Wyvern Road, Taunton TA1 4RA	12	College Way Surgery
Sherbourne House	131 Sherborne Rd, Yeovil BA21 4HF	10	Ryalls Park Medical Centre
Cooksons Court	Cooksons Orchard, Yeovil BA20 2FT	18	Preston Grove Medical Centre
Glastonbury Care Home	Pike Cl, Glastonbury BA6 9PZ	15	Buttercross Surgery