

## 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>	11X-42
<b>Service</b>	Enhanced provision of Drug Misuse and Mental Health services
<b>Commissioner Lead</b>	Sheryl Vincent, Commissioning Manager
<b>Provider Lead</b>	Glastonbury Health Centre
<b>Period</b>	01 April 2018 – 31 March 2019
<b>Date of Review</b>	TBC

<b>1. Population Needs</b>	
1.1	<p>There are significant levels of deprivation within the town of Glastonbury which have increased over recent years. Glastonbury St John's Lower Layer Super Output Area (LSOA)<sup>1</sup> lies within the top 20% most deprived in England, and deprivation levels have increased since the last calculations<sup>2</sup>.</p> <p>A further Glastonbury LSOA served by the health centre is in the next lower tier of deprivation, and an estimated 70%-75% of the practice population lives in these two districts.</p>
1.2	<p>There are two GP practices in Glastonbury which have very different registered population characteristics. Historically, the Health Centre has provided care for the 'alternative' contingent in the locality and has, as a consequence, had a higher burden of mental health problems, drug and alcohol problems, homelessness and non-bricks and mortar dwellers, as well as a significant number of transient patients, particularly in over the summer season related to the Glastonbury festival.</p>
1.3	<p>This community enhanced service will provide enhanced access to general medical services as well as supporting the implementation of local strategies (see section 4) that aim to prevent homelessness and support people who may find themselves homeless. These strategies identify:</p> <ul style="list-style-type: none"> <li>the impact of homelessness on health,</li> <li>the need for access to primary health care services,</li> <li>the need for improved joint working with community health services,</li> </ul>

<sup>1</sup> a geographical boundary used by the Office for National Statistics to display Census data such as population

<sup>2</sup> Somerset Intelligence Network –SINe

<http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=0ahUKEwiyttQ3l3LAhXBYw8KHwVaGASUQFggrMAM&url=http%3A%2F%2Fwww.somersetintelligence.org.uk%2Fdownloads%2FPriority%2520Area%2520Report%25202011.pdf&usq=AFQjCNGmrzaP4yVyp9RLOPPimNNEZBYfmg&sig2=ZAwU5dFw65qDzaMk1Gzqw>

especially mental health and substance misuse services.

## De"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

Not applicable

## 3. Scope

### Aims and objectives of service

#### 3.1 The Provider will support individuals by:

- identifying and addressing any immediate healthcare issues,
- supporting individuals to better manage their health,
- providing additional support for patients with complex mental health and substance misuse problems that do not meet criteria for currently commissioned services .

3.2 As the population is largely itinerant, patients may not wish to fully engage with statutory services through formal registration. It is, however, the aim of the service to offer all patients the same quality of care, irrespective of their living situation.

3.3 Through this service a number of patients will attend planned clinical reviews as anecdotally without these, their use of unscheduled appointments and services both at the practice and externally such as the Out Of Hours service and A&E has been noted to escalate.

3.4 The Provider will also help with harm reduction and health promotion through appropriate in-practice management and referral to external agencies, both statutory and voluntary/ 3rd Sector.

3.5 Health outcomes across a wide range of indices are known to be adversely affected by deprivation, chronic mental health problems, homelessness and substance misuse, which are characteristics shared by all of the people identified in this group in one form or another. The Provider will aim to reduce these by removing barriers (or perceived barriers) to these patients accessing health services.

### Location and access

3.6 It is expected that this particular cohort of patients will require a significantly higher than average number of follow up appointments.

- 3.7 The service will operate in a wholly confidential manner on an ad-hoc basis with further appointments made as and when necessary. The Provider will also ensure that there is provision for drop-in patients.

**Service description/care pathway**

- 3.8 Patients should feel that they had been listened to, treated with respect and dignity and have positively contributed to their care planning.
- 3.9 Medical, mental health, alcohol or drug related problems that are identified should be discussed with the patient and onward referral to an appropriate agency will be made where applicable and where consented to, as if the patient were registered at the practice.
- 3.10 Consideration should be given to patients' knowledge and skill to self-manage any conditions identified including their understanding of expected health outcomes.
- 3.11 The Provider will be expected to maintain a register of numbers of homeless/ No Fixed Abode (NFA) patients accessing the service which should be reviewed regularly.

**Infection control**

- 3.12 Providers must have infection control policies that are compliant with national guidelines and current handling protocols, including but not limited to The Health and Social Care Act 2008 Hygiene Code (refer to 4.1) and which takes into account:
- disposal of clinical waste,
  - needle stick incidents,
  - environmental cleanliness,
  - standard precautions, including hand washing.

**Consent**

- 3.13 In each case the patient should be fully informed of the treatment options, risks and the treatment proposed.

**Reporting**

**Significant/adverse events**

- 3.14 The Department of Health emphasises 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.
- 3.15 The Provider should be aware of (and use as appropriate) the various reporting systems such as:
- the NHS England National Reporting and Learning System. Reports to NRLS can be submitted via the Somerset CCG medication incident reporting system, or the national GP e-form. If using the GP e-form please check the box to share your report with Somerset CCG. For details of the Somerset CCG Medication Incident reporting form see paragraph 3.17
  - 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)

3.16 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.

3.17 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, via the Medications Incident Reporting System (via the icon situated on the GP desktop or the Pathway Navigator) within 2 working days of being brought to the attention of the Provider,
- Undertake a significant event audit (SEA) incorporating root cause analysis using a tool approved by the CCG and forward the completed SEA report to the CCG within one month of the event.

### **Reporting**

3.18 The Provider will ensure appropriate systems are in place to measure the quality and performance of the service on a continuous basis.

3.19 An annual report summarising the activity of the service including collation of information to help inform future service provision including numbers of homeless/ NFA will be produced. This report will include, but is not limited to:

- Number of individual patients seen,
- Number appointments by encounter and type, per patient per annum,
- Number of any onward referrals and the reason for referral.

### **Service user and public involvement**

3.20 Patients should be involved in the decisions about their care and given high-quality information to enable them to make fully informed decisions regarding their ongoing care.

3.21 The Provider should encourage, consider and report any Service User feedback (positive and negative) and use it to improve the care provided to Service Users, particularly if there are plans to alter the way a service is delivered or accessed.

### **Payment**

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

### **Population covered**

3.23 Any person not registered at a GP practice elsewhere locally, who wishes to access primary care services on either a temporary or permanent basis, irrespective of their living situation or willingness to provide details in order to register. This might include:

- the homeless,
- patients with complex mental health issues including people with substance misuse issues not currently supported by specialist services.

#### **Any acceptance and exclusion criteria and thresholds**

- 3.24 Excludes patients registered with another GP practice within reasonable travelling distance. Patients would be encouraged to return to their usual GP practice for continuity.

#### **Interdependence with other services/providers**

- 3.25 Liaison with and referral (where appropriate and with consent) to:

- Social Services and other local authority services,
- Elim Connect Centre (Homeless drop in centre) based in Wells/Glastonbury,
- Health Connectors Mendip,
- Glastonbury Town Council,
- Somerset Drug and Alcohol Service,
- Somerset Partnership Mental Health Services,
- Secondary care services,
- Voluntary organisations.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (eg NICE)**

NICE guideline (CG91) Depression in adults with a chronic physical health problem: treatment and management

NICE guideline (CG90) Depression: the treatment and management of depression in adults.

NICE guideline (CG52) Drug misuse: opioid detoxification

NICE guideline (CG51) Drug misuse: psychosocial interventions.

Department of Health: No Health without mental health: a cross government mental health outcomes strategy for people of all ages

The Health and Social care Act 2008: Code of practice on the prevention and control of infection and related guidance.

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

Standards for commissioners and service providers Version 2.0 Sept 2013, The Faculty for Homeless and Inclusion Health

Improving access to health care for Gypsies and Travellers, homeless people and sex workers September 2013 Royal College of General Practitioners

#### **4.3 Applicable local standards**

- The Health and Wellbeing Strategy for Somerset<sup>3</sup>
- Somerset Housing Partnership Homelessness Strategy<sup>4</sup>
- Somerset Youth Housing Strategy and Action Plan<sup>5</sup>

### **5. Applicable quality requirements and CQUIN goals**

#### **5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])**

The Provider will help to reduce health inequalities and improve access for marginalized groups to an enhanced GMS service by:

- Offering >95% of patients a GP appointment within 24 hours of request

#### **5.2 Applicable CQUIN goals (See Schedule 4 Part [E])**

### **6. Location of Provider Premises**

**The Provider's Premises are located at:**

Glastonbury Health Centre, 1 Wells Road, Glastonbury, Somerset, BA6 9DD

### **7. Individual Service User Placement**

<sup>3</sup> Available via Somerset Health and Wellbeing Board: [www1.somerset.gov.uk/council/boards.asp?boardnum=39](http://www1.somerset.gov.uk/council/boards.asp?boardnum=39)

<sup>4</sup> Available at [www.somersetintelligence.org.uk/homelessness.html](http://www.somersetintelligence.org.uk/homelessness.html)

<sup>5</sup> Available at [www.somersetintelligence.org.uk/youth-housing.html](http://www.somersetintelligence.org.uk/youth-housing.html)