

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	11X-19-3
Service	Fracture Clinic
Commissioner Lead	Sheryl Vincent, Commissioning Manager
Provider Lead	Dr Tom Cahill
Period	1 April 2018- 31 March 2019
Date of Review	TBC

1. Population Needs

National/local context and evidence base

- 1.1 This Local Enhanced Service Specification (LES) defines the core principles and requirements for the provision of a Fracture Clinic in a community hospital setting, as an alternative to attending a secondary care hospital based Fracture Clinic.
- 1.2 In recent years fractures, particularly those occurring in osteoporotic bone, have become a major health issue. Improved social conditions and medical treatment have led to an increasingly aged population with an increasing number of fractures in both men and women.
- 1.3 Low risk non-interventional fractures can be managed away from the acute hospital in local settings more convenient to service users.

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	
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

Expected outcomes:

- Services closer to patient's home
- Reduced waiting times for patient access to specialist care
- Supporting prevention through appropriate referral to the Somerset Fracture Liaison Service in accordance with the Somerset Bone Health Pathway
- Increased overall patient satisfaction with fracture services

3. Scope

Aims and Objectives of Service

- 3.1 The Fracture Clinic Service ("The Service") aims to provide an effective service for Service Users at Frome Community Hospital, as an alternative to attending a fracture clinic at the Royal United Hospital Bath NHS Foundation Trust.
- 3.2 The Service provided shall align with the Somerset Bone Health Pathway.

Service Description/Care Pathway

- 3.3 The Provider will ensure high quality fracture care for all Service Users presenting with new uncomplicated fractures, in accordance with all agreed protocols and pathways.
- 3.4 The Service is provided at Frome Community Hospital, which is operated by Somerset Partnership NHS Foundation Trust (SPFT).
- 3.5 The Fracture Clinic will operate every Tuesday, except when a Public Holiday.
- 3.6 Sixteen (16) appointments will be available at each Fracture Clinic. The Provider will continue to liaise with SPFT regarding the process for the booking of appointments.
- 3.7 The Provider will continue to liaise with SPFT regarding administrative and clinical support and delivery of a suitably equipped room for the provision of the Fracture Clinic.
- 3.8 Service Users may be referred to the service, by a health care professional, for review following a new injury.
- 3.9 Service Users shall be seen in the fracture clinic within 14 days of presentation with the injury, unless otherwise clinically indicated.
- 3.10 An orthopaedic clinical assessment, treatment and management will be undertaken to include:
- history and examination
 - assessment using the falls risk assessment tool (FRAT) with a copy to the Service User's GP
 - relevant ordering and review of scans and X-Rays
 - immobilisation with plasters, splints or strapping depending on clinical need (currently provided via Somerset Partnership NHS Foundation Trust)
 - triage to orthopaedic services for surgical intervention or a second opinion, in a timely manner
 - appropriate referral to other specialist services depending on clinical need, in a timely manner
 - identification and referral with copy notes and patient consent, of all Service Users aged over 50 with any fracture, to the nearest Fracture Liaison Service. This may include people already known to the Fracture Liaison Service
 - identification and referral of Service Users aged 50 and under if at risk of osteoporosis with suspected fragility fracture (see Somerset Bone Health Pathway1) to Service User's GP to initiate investigation, treatment and follow up as per Somerset Bone Health Pathway

- provision of an appropriate treatment and care plan with subsequent discharge, communicated to the patient and the patient's GP
- discharge of the patient at the end of treatment to their registered General Practice
- Rapid access to the fracture clinic or an alternative provision, for patients experiencing problems related to their initial presenting injury

Equipment

- 3.11 The Provider shall be assured that equipment meets the requirements of General Condition 11.2 and Service Condition 17.

Record Keeping

- 3.12 All patient data and information will be managed in compliance with NHS data management legislation.
- 3.13 All fracture clinic records shall remain accessible for audit or clinical review and should be retained for the duration of the patient record and for time periods required by national guidance.
- 3.14 The Provider shall ensure patient identifiable records are held of any 'out of area' patients managed in the service, to include NHS Number, reason for presentation and outcome.
- 3.15 The Provider shall send clinic consultation/discharge information to the Service User's GP practice, to enable updating of the patient's GP held lifelong record.

Consent

- 3.16 People accessing the Service should be involved in decisions about their treatment/management and where appropriate, given high quality information, to enable them to make fully informed decisions regarding their ongoing care.
- 3.17 In each case the Service User shall be fully informed of the treatment options, the risks and treatment proposed, any information sharing requirements and be willing to participate.

Patient Experience

- 3.18 The Provider should encourage, consider and report any patient feedback (positive and negative) on the Service and use it to improve the care provided to patients, particularly where there are plans to alter the way the service is to be delivered or accessed.

QUALITY REQUIREMENTS

- 3.19 In addition to the requirements set out in the General and Service Conditions, the Provider shall have regard to the requirements set out below.

Infection Control

- 3.20 The Provider 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 Code² and which takes into account:
- Disposal of clinical waste
 - Needle stick incidents
 - Environmental cleanliness

- Standard precautions, including hand washing

Training and Accreditation

- 3.21 The Provider will ensure that all clinicians providing the Fracture Clinic have the appropriate training required to carry out treatment.
- 3.22 Training for each clinician will include as a minimum:
- 3.23 Two weeks initial training at the Royal United Hospital Bath NHS Foundation Trust with the consultant led orthopaedic service, including attendance at fracture clinics
- 3.24 Two sessions of continuing professional development annually with a Consultant Orthopaedic Surgeon, directly related to the provision of Fracture Clinic and Orthopaedic services, under the supervision of a
- 3.25 Clinicians providing the service will have their role reviewed as part of the annual appraisal process to identify any training needs. GPs will be appraised and revalidated for this work through the established GP appraisal and revalidation system.
- 3.26 The Provider will obtain assurance that staff providing clinical support, for example plaster technicians, have the appropriate skills and knowledge required to undertake required tasks

REPORTING

Reporting of Significant/Adverse Events

- 3.27 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.
- 3.28 The Provider shall be aware of (and use as appropriate) the various reporting systems such as:
- the NHS England 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; 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)
- 3.29 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 where the Provider believes that treatment was a significant contributor to the cause of admission or death.
- 3.30 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 from incidents, minimising risk and improving patient care and safety (for example, treatment failures and/or unexpected complications).
- 3.31 The Provider shall undertake a significant event audit (SEA), incorporating root cause analysis, using a tool approved by the CCG and forward any completed SEA reports to the CCG quarterly.

Review

- 3.32 The Provider shall undertake continuous monitoring of the Service and have processes in place to respond to any identified issues.

Activity Reporting

- 3.33 In addition, the Provider, shall ensure that the following information is available to the Commissioner on an annual basis through the provision of an annual report to the Commissioner:

- Number of clinics provided
- Number of Service Users presenting with fractures
- Average capacity of the clinic (as a %)
- Number of Service Users referred to:
 - a. the Fracture Liaison Service
 - b. secondary care (excluding to the Fracture Liaison Service)

Funding

- 3.34 This service is subject to a local price as set out in Schedule 3 Part A of the NHS Standard Contract.
- 3.35 In 15/16, additional non-recurring funding will be available to support the training and accreditation of a second GP.
- 3.36 The Provider is not responsible for the costs attributed to the provision of services by Somerset Partnership NHS Foundation Trust.

Payment

- 3.37 Payment will be made on the basis of an agreed monthly sum. This will be 1/12th of the annual agreed amount.

Population covered

- 3.38 The Fracture Clinic is available to all Service Users registered with a GP practice located in the Mendip area of Somerset.

Any acceptance and exclusion criteria and thresholds

- 3.39 Service users with uncomplicated fractures may be accepted into the service.
- 3.40 By exception, Service Users from outside the Mendip area may be accepted into the service. Where Service Users not registered with a Somerset GP practices are accepted, the following data shall be provided to the Commissioner on a quarterly basis:
- Patient NHS number
 - Date of attendance at Frome Fracture Clinic
 - Type of appointment (new/follow-up)

Interdependence with other services/providers

- 3.41 Somerset Partnership NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Fracture Liaison Service

4. Applicable Service Standards

Applicable national standards (eg NICE)

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

- 4.1 The Health and Social Care Act 2008: Code of practice on the prevention and control of infection and related guidance.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216227/dh_123923.pdf

Applicable local standards

- 4.2 Somerset Bone Health Pathway (Available on the GP Navigator)

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

- 4.3 British Orthopaedic Association: Standards for Trauma (BOAST) August 2013
<https://www.boa.ac.uk/wp-content/uploads/2014/12/BOAST-7.pdf>

5. Applicable quality requirements and CQUIN goals

Applicable quality requirements (See Schedule 4 Parts A-D)

<i>Quality Performance Indicator</i>	<i>Threshold</i>	<i>Method of measurement</i>	<i>Report Due</i>
New to follow up is <10:1	90%	Annual report to the CCG.	30 April 2016

Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:

As defined in Schedule 2 Part G of the Contract Particulars.

This service is provided at Frome Community Hospital, Enos Way, Frome, BA11 2FH

7. Individual Service User Placement

Not applicable