NHS
Somerset
Clinical Commissioning Group

Service Specification No.	11X-21-2
Service	Clinics for the Homeless
Commissioner Lead	Sheryl Vincent, Commissioning Manager
Provider Lead	Victoria Gate Surgery
Period	1 April 2018 – 31 March 2019
Date of Review	TBC

1. Population Needs

National/local context and evidence base

1.1 The definition for homelessness by the Department for Communities and Local Government (DCLG) is:

"The term "Homelessness" is often considered to apply only to people 'sleeping rough.' However, most of our statistics on homelessness relate to the statutorily homeless i.e. those households which meet specific criteria of priority need set out in legislation, and to whom a homelessness duty has been accepted by a local authority.

Such households are rarely homeless in the literal sense of being without a roof over their heads, but are more likely to be threatened with the loss of, or are unable to continue with, their current accommodation."[1]

1.2 The Clinics for the Homeless-service also supports the implementation of the local strategies (see section 4) to prevent homelessness and to support people who may find themselves homeless. These strategies identify:

- the impact of homelessness on health,
- the need for access to primary health care services,
- the need for improved joint working with community health services, especially mental health and substance misuse services.

1.3 The service provided by the Practice to those people who use the Lindley House Hostel supports the individuals by:

- identifying and addressing any immediate healthcare issues,
- supporting individuals to better manage their health.

1.4 Administrative support is also required to support the effective organisation of this enhanced service agreement.

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**	✓

[1] Homelessness data: notes and definitions, DCLG (UK) Guidance. www.gov.uk/homelessness-data-notes-and-definitions

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 service, previously provided through the Primary Medical Service (PMS) agreement addresses the specific healthcare needs of residents of Lindley House Hostel. It provides these people with enhanced access to general medical services (GMS) and referral to other services.

3.2 As the population is largely itinerant, residents are not expected to register as long-term patients. It is, however, the aim of the service to offer all patients the same quality of care, regardless of their length of stay.

3.3 The administrative element of this service ensures that comprehensive clinical records will make an important contribution to this service and provide continuity of care and support effective management of complex needs.

3.4 The aims of the Homeless Clinic are:

- to ensure that a disadvantaged group of people are offered a high quality medical service,
- to ensure equity of access to medical services for this group,
- to provide appropriate medical, mental health, alcohol, drug and social housing and nursing support,
- to identify physical and or mental illness and put in place appropriate strategies for dealing with them,
- to reduce self-harm,
- to promote good health by providing information on a healthy lifestyle, safe sex, dangers of drugs and alcohol abuse etc,
- to reduce inappropriate calls on the emergency services, A&E, the Police and social services,
- to provide clinical staff with appropriate administrative support to run effective clinics at Lindley House,
- to ensure comprehensive clinical records are kept for each individual seen at the clinic or if they attend the surgery,
- to support all appropriate clinical audit and significant requirements,
- to ensure the effective transfer of records for people when they leave Lindley House.

Location and access

3.5 The clinic is staffed by a GP on a sessional basis and takes place twice a week. The clinic is offered to all new residents as they arrive at Lindley House.

3.6 The clinic will be operated as a drop in service.

3.7 The clinic is run in a wholly confidential manner in a private consultation room at the hostel and the residents are not required to attend as a condition of their stay.

Service description/care pathway

HOMELESS CLINIC

3.8 All new residents are invited to attend this clinic and the initial consultation reflects a new patient medical offered to new patients registering at any GP Practice.

3.9 Patients should feel that they had been listened to, treated with respect and dignity and have positively contributed to their care planning. The scale and depth of the initial consultation should be tailored to the needs of each resident.

3.10 The initial consultation includes recording:

- Height
- Weight
- BMI
- BP
- Smoking status
- alcohol status
- quality of diet
- exercise
- past medical history
- medication history
- family history of coronary heart disease, stroke and mental illness

3.11 Enquiries are made of their own mental health and of any long standing or drug related problems. The issue of HIV/AIDS/Hepatitis is discussed in more detail.

3.12 All medical, mental health, alcohol or drug related problems are identified and discussed with the patient and onward referral to an appropriate agency is made, as if the patient was registered at the practice.

3.13 Consideration should be given to patients' knowledge and skill to self-manage any conditions identified including their understanding of expected health outcomes.

3.14 The provider shall have an appropriate standard operating procedure in relation to the management and use of controlled drugs.

Follow up appointments

3.15 Following the initial consultation, residents are able to book themselves into a clinic as a follow-up. There is no limit on the amount of consultations or onward referrals each resident can attend or receive if appropriate.

3.16 If residents move into Norie House (a step-down satellite home of Lindley House) they are still entitled to attend the clinic at Lindley House.

ADMINISTRATIVE SUPPORT

3.17 The administrative service will include, but not be limited to, the following:

Management input

3.18 The management time is used performing the following tasks:

- drawing up doctors' rota;
- arranging suitable locum cover;
- liaising with the Operations Manager at Taunton Association for the Homeless;
- developing clinic protocols;
- devising system for data collection;
- data collection on patient contacts at Lindley House to include:
    - New attendances
    - Follow up attendances
    - DNAs
- collation of data collected and producing reports as necessary;
- Liaison with Senior Receptionist;
- ensuring protocols drawn up are adhered to;
- ensuring list of staff attending from Lindley House to collect prescriptions is kept up to date;
- ensuring equipment required for clinic is available to doctor.

Clerical input

3.19 The clerical time is used performing the following tasks:

- Senior Receptionist to ensure that Appointments System in surgery is kept up to date with details of which GP is performing Homeless Clinic;
- ensuring clinic list is received by fax before the morning of the clinic;
- making up notes folders (which are not Lloyd George envelopes);
- pulling notes of patients who are being seen as follow ups and ensure adequate

continuation sheets are in notes;

- ensuring all hard copies of investigations and reports are filed in the practice held records;
- liaising with staff at Lindley House when clinic is being held;
- making appointments for Lindley House residents at the surgery if required according to protocol drawn up;
- data input after each clinic with the following details:
  - Registering each patient on Synergy and allocating a patient number;
  - Past medical history
  - Forensic history
  - Medication
  - Allergies
  - HIVIHepatitis B/Hepatitis C status
  - Family history
  - Smoking status
  - Exercise status
  - Diet status
  - Alcohol status
  - Height
  - Weight
  - BMI
  - Blood pressure
  - Pulse
  - Urine
  - Heart examination
  - Chest examination
  - Abdominal examination
  - CNS examination
  - Eyesight
  - Hearing
  - Peak flow
  - Blood tests
  - Special tests
  - Referrals
  - Follow up required
- ensuring that all prescriptions and statement of fitness for work ('Fit Notes') are ready for collection by a Lindley House member of staff by 2.00 pm the same day;
- drawing up and updating information sheets for GP use, such as details of phone numbers etc;
- liaising with Practice Manager if problems arise.

Infection control

3.20 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, and
- standard precautions, including hand washing.

Consent

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

Audit/Reporting

Significant/adverse events

3.22 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.

3.23 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 3.25
- 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)

3.24 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.

3.25 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.

Audit and reporting

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

3.27 An annual report summarising the activity of the clinics will be produced. This will include but is not limited to:

- Number of patients seen,
- Number of new appointments including length of initial consultation,
- Number of follow up appointments,
- Number of onward referrals,
- An audit of physical and mental health problems experienced by the patients.

Service user and public involvement

3.28 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.

3.29 The Provider should 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.

Payment

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

Population covered

3.31 Residents of Lindley House and Norie House.

Any acceptance and exclusion criteria and thresholds

3.32 Not applicable**.**

Interdependence with other services/providers

3.33 Close liaison with Taunton Association for the Homeless.

3.34 Other Providers such as:

- Somerset Partnership,
- the Somerset Drug Service,
- A&E,
- Turning Point,
- Alcoholics Anonymous,

- Taunton Deane Borough Council and
- the voluntary organisations are also integral to the provision of this service.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

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

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

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. 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[2],
- Somerset Housing Partnership Homelessness Strategy[3],
- Somerset Youth Housing Strategy and Action Plan[4],

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 one week of request

[2] Available via Somerset Health and Wellbeing Board: www1.somerset.gov.uk/council/boards.asp?boardnum=39
[3] Available at www.somersetintelligence.org.uk/homelessness.html
[4] Available at www.somersetintelligence.org.uk/youth-housing.html

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

6. Location of Provider Premises

The Provider's Premises are located at:

As defined in Schedule 5 Part A of the Contract Particulars

7. Individual Service User Placement

Not applicable