NHS
Somerset
Clinical Commissioning Group

| | |
|---|---|
| **Service Specification No.** | 11X-02 |
| **Service** | Immediate Care and First Response Care |
| **Commissioner Lead** | Sheryl Vincent, Commissioning Manager |
| **Provider Lead** | |
| **Period** | 1 April 2018- 31 March 2019 |
| **Date of Review** | TBC |

## 1. Population Needs

**National/local context and evidence base**

1.1 The provision of pre-hospital immediate care and first responder roles to victims of trauma and life-threatening illness is a service primarily fulfilled through the statutory ambulance services usually by State Registered paramedics/emergency medical technicians.

1.2 In certain geographical, operational, or clinical circumstances, an ambulance service or a paramedic may request the attendance, assistance and support of an appropriately trained medical practitioner at the scene of a clinical emergency to provide clinical support and skills beyond those normally practiced by General Practitioners (GPs) or paramedics. This is particularly useful in road traffic collisions where someone is trapped in the wreckage.

## 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 This enhanced service will fund providers to:

- Augment the ambulance service paramedic at the requested of the ambulance service in the management of cases (actual or expected) such as:
  - extended on-scene time or prolonged transit time to definitive care
  - entrapment

- clinical or operational considerations exceeding the paramedic pre-hospital guidelines/local ambulance trust clinical requirements, training, or experience

- provide a trained response to immediate life-threatening illnesses in addition to the ambulance service primary response.

- provide rapid, skilled medical triage when there are a number of casualties.

- provide trained Medical Incident Officers (MIOs) at the scene of major incidents at the request of NHS Somerset Clinical Commissioning Group or the ambulance service.

- occasionally support the ambulance service during periods of extreme demand in meeting **clinically** critical target times.

- maintain contemporaneous clinical records, including relevant mission times in accordance with the local format of the ambulance service/immediate care scheme report forms. A copy should be kept for the doctor's own records, audit and revalidation as well as medico-legal purposes. A copy of the medical responder's patient record must travel with the patient at all times and/or details of significant interventions, plus any drugs administered should be recorded on the ambulance Trust's patient record form. The management of all data and records will conform to the requirements of the Data Protection Act.

**Service description/care pathway**

**Accreditation**

3.2 Practitioners will normally be expected to:

- as a minimum, possess the Pre-Hospital Emergency Care Certificate of the Royal College of Surgeons of Edinburgh (PHEC) or other equivalent pre-hospital emergency medicine qualification

- undertake a local orientation and familiarisation programme

- undergo such advanced driving tuition as required by the Ambulance Service

- undertake such communications systems training as required locally

- undertake such refresher training as dictated by good clinical governance and the need to remain accredited

- accept and conform to the local statutory emergency service command structures

- maintain appropriate communications with the ambulance tasking control room concerning personal availability for call-out

- be familiar with the scope and limitations of paramedic/other ambulance personnel practice

- be willing to work in a team

- accept the ambulance service tasking policy

3.3 Providers which or individuals who are contracted to provide such services should be able to demonstrate competencies in all the above areas, and in addition should be able to show active participation in service development through Continuing Professional Development (CPD), audit, and critical case analysis. The keeping of an individual log of incidents attended and interventions is mandatory. Accreditation may be achieved by meeting the standards set by a mutually agreed third party such as a local immediate care scheme, Somerset Accident Voluntary Emergency Services (SAVES), British Association for Immediate Care (BASICS) or

the Faculty of Pre-Hospital Emergency Care of the Royal College of Surgeons of Edinburgh (FPHECRCSEd). Confirmation of accreditation should be confirmed on an annual basis by the Ambulance Trust. The professional organisations listed above should be asked to review a doctor's performance if there is any doubt or dispute over an individual's or provider's status.

3.4 Where a Medical Incident Officer (MIO) role is planned, then this should be reflected in the training undertaken. This should include attendance at major incident practices normally within the previous twelve months, and requires the possession of current Major Incident Medical Management and Support certificate or equivalent training.

3.5 Doctors must agree to undergo regular clinical training especially to maintain skills in infrequently used but life-saving interventions. The need for refresher training is imperative and a condition of the Facility of Pre-Hospital Care Certificate of the Royal College of Surgeons of Edinburgh (PHEC) certificate validity.

3.6 Doctors must be aware of their responsibilities with regard to Controlled Drugs. A standard operating procedure should be created by the provider using the guidance in Appendix 1 of this specification. This should be followed in lieu of any guidance from the South Western Ambulance NHS Trust.

3.7 Individual practitioners should ensure that their medical indemnity cover includes reference to the additional clinical responsibility linked with this service.

**Infection Control**

3.8 Providers must have infection control policies that are compliant with national guidelines (see Section 4), which include:

- disposal of clinical waste
- needle stick incidents
- environmental cleanliness
- standard precautions, including use of gloves and application of hand gel in lieu of hand-washing facilities

**Significant Adverse Incidents**

3.9 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.

3.10 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)

3.11 In addition to any regulatory requirements NHS Somerset Clinical Commissioning Group (SCCG) wishes the Provider to use a Significant Event Audit system (agreed with the SCCG) to facilitate the dissemination of learning, minimising risk and improving patient care and safety.

3.12 In addition to their statutory obligations, the Provider will 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 enhanced 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. Notifications are to be sent to the Director of Nursing and Patient Safety with a copy to the Senior Primary Care Commissioning Manager for the specific locality.

**Driving**

3.13 Practitioners must ensure that:

- they undergo a period of initial advanced driving training followed by at least annual reappraisal and remedial tuition where necessary as provided by the ambulance service
- their vehicle is roadworthy and appropriately insured at all times
- all communications equipment is 'hands free' in operation
- when responding to a call they operate their vehicles within the criteria laid down in agreement with the ambulance service including relevant road traffic act legislation

3.14 Use of blue lights and audible warnings is restricted to those doctors who have had driver training and assessment via the Ambulance Trust. Evidence of Ambulance Trust approval is required.

**Training and Organisation**

3.15 A significant time commitment is required for each GP providing this service, the training should include the following in addition to the clinical work involved:

- initially (as a one off) a three day Pre-Hospital Emergency Care (or equivalent pre-hospital emergency medicine qualification) course and three to five days' response driving tuition
- annually, a one day driving and other skills course and a one-day clinical refresher
- annually one session for provider data collection, audit and preparing report (may be completed via provider staff)
- every five years, a three day clinical revision course

3.16 This should be delivered over a five-year cycle. Evidence of training and updating should be retained and will be used as part of the annual review undertaken by NHS Somerset Clinical Commissioning Group.

3.17 Major Incident Medical Management and Support certificate or equivalent training is required for GPs operating in a Major Incident Officer role.

**Monitoring and Audit**

3.18 Providers will provide information regarding the number of call-outs to NHS Somerset Clinical Commissioning Group as part of the quarterly enhanced service returns. As a minimum, the data held by the Provider should contain the call reference, date/time and length of call.

3.19 The Provider will confirm the training undertaken within the most recent 5 years, including continuing professional development with the local Ambulance Trust.

**Pricing**

3.20 GPs contracted to provide this service will receive an annual retainer, plus an agreed amount per 'in-hours' call, and an agreed amount per 'out-of-hours' call. Basic supplies will be funded by the provider or the ambulance service.

3.21 A maximum number of call-outs will be agreed for the year based on advice from South Western Ambulance Service NHS Trust.

**Patient and Public Involvement**

3.22 The service will conform to professional and legal requirements especially clinical guidelines and standards of good practice issued by National Institute for Clinical Excellence (NICE) and professional regulatory bodies, and legislation prohibiting discrimination. It is anticipated that as this is a support to the Ambulance Trust service the principal responsibility for obtaining interpretation/translation services if necessary would rest with the Ambulance Trust.

3.23 Practices 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.

**3.24 Population covered**

**3.25 Any acceptance and exclusion criteria and thresholds**

**3.26 Interdependence with other services/providers**

## 4. Applicable Service Standards

**4.1 *Applicable* national standards (e.g. NICE)**

*BRITISH MEDICAL ASSOCIATION. (1993) Immediate Care Schemes. London: Board of Science*

*Joint Royal College Ambulance Liaison Committee. 2002. Pre-hospital Guidelines for 2002*

*GREAT BRITAIN. National Audit Office. 1999. A Life in the fast lane: The emergency ambulance services*

*GREAT BRITAIN. National Audit Office. 2002. Facing the Challenge: NHS Emergency Planning in England*

*GREAT BRITAIN. NHS Executive. 1999. Modernisation of Ambulance Services. HSC 1999*

*GREAT BRITAIN. NHS Executive. 2000. NSF for Coronary Heart Disease. 2000*

*GREAT BRITAIN. NHS Executive. 2002. Reforming Emergency Care- practical steps. 2002*

*GREAT BRITAIN. NHS Executive. 2002. Planning for Major Incidents: The NHS Guidance. 1988 and 2002*

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

Not applicable

**4.3 Applicable local standards**

Accreditation will be required under the South Western Ambulance NHS Trust Code of Practice – SWAST Immediate Care doctors (May 2008): Medical Responders and Medical Incident Officers Code of Practice.

## 5. Applicable quality requirements and CQUIN goals

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

| | |
|---|---|
| **5.2** | **Applicable CQUIN goals (See Schedule 4 Part E)** |
| **6.** | **Location of Provider Premises** |
| **6.1** | **The Provider's Premises are located at:**<br>As defined in Schedule 5 Part A of the Contract Particulars |
| **7.** | **Individual Service User Placement** |
| | Not applicable |

## APPENDIX 1

## STANDARD OPERATING PROCEDURE FOR CONTROLLED DRUGS LINKED WITH THE PROVISION OF THE IMMEDIATE AND FIRST RESPONSE ENHANCED SERVICE

The purpose of this Standard Operating Procedure (SOP) is to ensure that controlled drugs are ordered, stored and used safely and effectively. Detailed information regarding each responsibility for these drugs needs to be detailed, key elements should be included these are listed below – this should be a provider held document which may be requested by the Somerset CCG accountable officer. The procedure will vary depending on whether the provider is a dispensing provider or not in terms of ordering and storage as policies should already be in place.

Key elements to include in Standard Operating Procedure:

1. Who has access to the controlled drugs

2. Where the controlled drugs are stored

3. Security in relation to the storage and transportation of controlled drugs as required by the misuses of drugs legislation

4. Disposal and destruction of controlled drugs

5. Who is to be alerted if complications arise

6. Record keeping, including:

    - maintaining relevant controlled drugs registers under the misuse of drugs legislation; and

    - maintaining a record of the controlled drugs specified in Schedule 2 to the Misuse of Drugs Regulations 2001 (specified controlled drugs to which certain provisions of the Regulations apply) that have been returned by patients