

Clinical Commissioning Group

Service Specification No.	11X-48
Service	Urgent Care Service
Commissioner Lead	Sheryl Vincent, Commissioning Manager
Provider Lead	
Period	01 April 2018 - 31 March 2019
Date of Review	

1. Population Needs

National/local context and evidence base

- 1.1 Nurse Practitioners (NP) are utilised nationally to deliver comprehensive, safe urgent care services.
- 1.2 Historically in Somerset, NPs have been used to deliver the majority of the urgent primary care needs at the county's 'Walk In' Health Centre located in Yeovil.
- 1.3 The growing need for access to urgent, same day primary care has added significant pressure within primary care nationally and highlighted the need for more responsive and integrated out of hospital urgent care services.
- 1.4 Managing the demand for access to urgent primary care more effectively within community based primary care settings could have a major effect on health outcomes for service users and significantly reduce unnecessary hospital attendance and admission.

Local Context

- 1.5 Currently, Symphony Healthcare Services Ltd (SHS Ltd) provides a 'walk-in' service at Yeovil Health Centre (YHC).
- 1.6 The urgent care service described by this specification is commissioned with modifications to provision, including opening hours and location and is a Nurse Practitioner (NP) led 'Urgent Care Service' (with GP / medical oversight).

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

- Develop an integrated out of hospital health care system in accordance with the health and well-being model of care
- Relieve demand on GP services thereby, improving access to Primary Care services for people with long term conditions

- Improve patient experience and flow through the health care system
- Reduce inappropriate demand on urgent care

3. Scope

Aims and objectives of service

3.1 The main aims of the Urgent Care Service (Service) are to:

- Provide an accessible and responsive same day service offering an alternative to Minor Injury Unit (MIU) or Accident and Emergency department (A&E) attendance and relieving demand on same day access to Primary Care GP services
- Provide effective signposting to help patients choose the right service
- Provide an innovative care service according to patient need
- To provide an affordable and sustainable same day service
- Provide a positive experience for patients accessing urgent care services

Service description

3.2 This Urgent Care Service will be NP Led and has been modelled on the provision of 10,140 appointments annually from two sites as follows:

- Two appointments per day between 11.00 – 20.00 Monday to Friday at YHC (provided in addition to the current Improved Access Scheme requirement with access limited to patients eligible under that scheme) and,
- 185 appointments each week across Saturday and Sunday between the hours of 10.00 and 18.00 co-located with the Out of Hours (OOH) service at Yeovil District Hospital (YDH).

3.3 The number of appointments will be monitored and reviewed by the Commissioner and the Provider on a regular basis. During the first month, each appointment will be 15 minutes rather than the modelled 10 minute appointment.

3.4 The co-location of the Urgent Care Service within YDH OOH will provide additional access to clinical support when required but it is anticipated that in the vast majority of cases the NPs will manage the caseload independently.

3.5 Patients will access the Urgent Care Service by calling NHS 111 where the initial triage will ensure that they are directed to the most appropriate service.

3.6 The following conditions will be managed within the Urgent Care Service but is not an exhaustive list:

- Chest infection/Respiratory conditions
- Urinary tract infections
- Emergency contraception and advice
- Abdominal pains
- Minor injuries
- Ear and throat infections

- Rashes/Skin infections

3.7 Patients who do not meet the access criteria will be signposted to alternative services such as:

- Self-care
- Community pharmacy promoting the Somerset CCG self-care agenda
- Somerset Acute Community Eyecare Service
- Their own GP surgery
- Emergency Care
- Mental Health services

Care pathway

3.8 Patients will be triaged through NHS 111 and where appropriate will be booked an appointment with the Urgent Care Service. The patient will present to the Urgent Care Service, register with reception and receive their appointment.

3.9 It is anticipated that the process referred to in paragraph 3.8 will not be in place before the end of 2017. In the interim, the Urgent Care Service will receive an electronic message from the NHS 111 service when a patient is directed to attend the Service. The patient will then present, register with reception and receive their appointment.

3.10 Patients who attend without triage through NHS 111 will be required to call NHS 111 where they will be triaged and signposted accordingly.

3.11 Service users living in Somerset who are not registered with a GP surgery will be able to access the Service using one of the processes described in paragraphs 3.8 and 3.9.

3.12 The Service will also support non-registered patients to register with a GP practice for example by signposting to the Somerset CCG Patient Advice and Liaison Service (PALS) or a local GP surgery.

3.13 The Provider is responsible for ensuring that all urgent care appointments are utilised appropriately.

3.14 The Provider is responsible for appropriate and timely referral arrangements. This will include advice on prevention including following relevant referral pathways where appropriate.

3.15 Service users will be given appropriate self-care guidance and sign-posting advice.

3.16 Any significant complications/adverse events arising from any procedure will be recorded and reported in accordance with paragraph 3.24-27.

3.17 Notwithstanding Schedule 2 The Services Part K Safeguarding Policies and Mental Capacity Act Policies, in any suspected case of non-accidental injury in a child or adult, the Somerset Safeguarding Children's Board guidance or the Safeguarding Adults at Risk in Somerset policy will be followed.

Service Delivery

3.18 The weekend element of the service will be delivered within the following service delivery programme, which may be subject to change to meet demand:

URGENT SERVICE PROPOSED NURSE PRACTITIONER AVAILABILITY

Saturday

NP1	NP2	NP3
10.00 am	10.00 am	10.00 am
6.00 pm	6.00 pm	6.00 pm

Sunday

NP1	NP2
10.00 am	10.00 am
6.00 pm	6.00 pm

Recruitment, Training and Accreditation

- 3.19 The Provider is responsible for ensuring NPs providing this service are appropriately trained and competent, taking into consideration their professional accountability and the Nursing and Midwifery Council (NMC) guideline on the scope of professional practice. This will include training associated with anaphylaxis and basic life support as a minimum.
- 3.20 It is recognised that NP recruitment is challenging. The Commissioner and Provider will work together to develop an action plan to ensure full provision of this service specification.

Consent

- 3.21 Notwithstanding Service Condition 9 of the NHS Standard Contract, in each case the service user should be fully informed of the treatment options, risks and the treatment proposed.

Service User Health Record

- 3.22 Notwithstanding Service Condition 23 of the NHS Standard Contract, the Provider must keep accurate and comprehensive records for all service users accessing the Urgent Care Service.

Infection Control

- 3.23 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 Code (refer to 4.1) and which takes into account:
- disposal of clinical waste,
 - needle stick incidents,
 - environmental cleanliness,
 - standard precautions, including hand washing.

Significant/adverse events

- 3.24 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.
- 3.25 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 3.27, or via other processes as agreed with the Commissioner.
- 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)

3.26 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.

3.27 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 an agreed system 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/Reporting

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

3.29 A quarterly report summarising the activity of the Urgent Care Service will be submitted within 10 working days of the end of each quarter or more frequently upon request by the Commissioner. This report will include, but is not limited to:

- Number of service users seen in the Service, by registered CCG, by time and day to illustrate demand and capacity,
- Type of condition treated (refer to paragraph 3.6),
- The percentage of patients who wait less than four hours for their appointment from point of booking (see Quality Requirement indicator paragraph 5.1)
- Number and percentage of appointments requiring urgent onward referral to Emergency Department by condition (see Quality Requirement indicator paragraph 5.1),
- Number of patients not seen due to unavailability of appointments,
- Number of unused appointments,

3.30 The Provider will attend a quarterly review meeting with the Commissioner within four weeks of the end of each quarter.

Service user and public involvement

- 3.31 Service users 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.
- 3.32 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

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

Population covered

- 3.34 Services users living in Somerset whether or not they are registered with a Somerset GP practice, over the age of four weeks.

Acceptance Criteria

- 3.35 Refer to paragraph 3.6.

Exclusion Criteria

- 3.36 The service is **unable** to manage serious medical and trauma emergencies posing immediate threat to a person's health or life for example:

- Acute chest pain
- Serious medical emergencies posing immediate threat to a person's health or life
- Serious head injury – loss of consciousness

In these instances the patient shall be referred to the Emergency Department if attending at YDH site or via 999.

- 3.37 Service user less than four weeks old.

Interdependence with other services/providers

- 3.38 Liaison with:
- Other Primary Care services
 - Acute Secondary care services
 - Out of hours Primary Care services
 - NHS 111
 - Community pharmacists
 - Dental Services Providers
 - Optometric Services Providers particularly the Providers of the Somerset Acute Community Eyecare Service
 - Mental health services
 - Other community and third sector providers

4. Applicable Service Standards

Applicable national standards (e.g. NICE)

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

NHS England Urgent and Emergency Care Delivery Plan (2017)

Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)	
4.2	<p>The Nursing and Midwifery Council Standards of proficiency for nurse and midwife prescribers (2006)</p> <p>The Nursing and Midwifery Council The Code: Professional standards of practice and behaviour for nurses and midwives (2015)</p> <p>Applicable local standards</p>
4.3	Not applicable
5. Applicable quality requirements and CQUIN goals	
5.1	<p>Applicable Quality Requirements (See Schedule 4A-D)</p> <p>The Provider will help to improve access to urgent care services by:</p> <p>95% of patients wait < four hours from time appointment booked until appointment</p> <p>70% of patients are managed within the service without the need for onward referral to Emergency Department</p>
5.2	<p>Applicable CQUIN goals (See Schedule 4E)</p> <p>Not applicable</p>
6. Location of Provider Premises	
6.1	<p>The Provider's Premises are located at:</p> <p>As per paragraph 3.2 of the service specification</p>
7. Individual Service User Placement	
Not applicable	

Version Control:

Version	Details of changes
V0.1 – 0.5	CCG amendments – internally only
V0.6	Sent to Symphony Healthcare Services Ltd (SHS Ltd) for comment
V0.7	Incorporating SHS Ltd comments and CCG responses plus process for non-registered patients
V0.8	Inclusion of revised interim NHS 111 referral procedure and exclusion of neo-natal aged children
V0.9	Removing Dorset CCG as an Associate Commissioner
V0.10	Removing Dorset CCG as an Associate Commissioner, including amendment to delivery diagram
V0.11	Para 3.2 numbers of appointments amended to reflect provision set out in bulletin points.
	Converted to Final version – V1.0

