

Service Specification No.	11X-37
Service	Frome Medical Practice Unscheduled Care Service
Commissioner Lead	As per the Particulars of the NHS Standard Contract
Provider Lead	As per the Particulars of the NHS Standard Contract
Period	1 April 2019 to 31 March 2021
Date of Review	September 2019

1. Population Needs

National/local context and evidence base

- 1.1 General practice manages the vast majority of patient contacts in the NHS. In Somerset, with a population of approximately 524,000, it is estimated that practices have 2.5m patient contacts every year.
- 1.2 With demographic changes: an increasing ageing population; an increase in long-term conditions; an increase in the number of patients with co morbidities and an increase in the complexity of medical conditions with a backdrop of a contracting GP workforce there is an unprecedented impetus to gather data on urgent demand and capacity in order to understand the pressures in general practice and how these might best be managed.
- 1.3 There is significant variation in how each GP practice manages their on the day requests for appointments; telephone, face to face and home visits.
- 1.4 Unscheduled care services at Frome Medical Practice have seen 112 patients per day on average over the last 12 months. This service is delivered from a dedicated area by a dedicated team and is therefore able to provide accurate metrics specifically for this patient population.
- 1.5 Interdisciplinary and innovative approaches to care provision can be offered in a flexible way according to patient need and workforce availability with continued reliability of the data gathered.

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 - CCG Outcomes Indicator Set

Domain 1	Under 75 mortality from cardiovascular disease; under 75 mortality from cancer	✓
Domain 2	Ensuring people feel supported to manage their condition	✓
Domain 3	Emergency re-admissions within 30 days of discharge from hospital	✓
Domain 4	Patient experience of GP out-of-hours services and patient experience of hospital care	✓
Domain 5	Patient safety incidents reported	✓

3. Scope

Aims and objectives of service

3.1 The main aims of the service are to:

- Provide an accessible and responsive same day service offering an alternative to Accident and Emergency department (A&E) attendance at the Royal United Hospital (RUH)
- Provide a multidisciplinary and innovative care service according to patient need
- To provide an affordable and sustainable same day service
- Provide a positive patient experience for patients accessing unscheduled care
- Better understand urgent demand need in primary care by collating data on capacity and demand within primary care from a large single site practice
- To explore opportunities to improve access to unscheduled care by working creatively and innovatively and to share the learning with the Commissioner

Service Description/Care pathway

3.2 Patient's should be allowed to make the decision of whether their need is urgent rather than relying on triage as experience shows that patients will attend an Emergency Department if they feel their condition is urgent and they are blocked from receiving assessment elsewhere.

3.3 The service allows an accurate picture of same day demand in general practice to be established, as all on the day service provision at Frome Medical Practice is delivered from a dedicated area by a dedicated team

3.4 The Unscheduled Care service is operational Monday to Friday between 0800-1830, with limited access, based on patient defined need, from 1730-1830 hours to allow 60 minutes for the service to close down

3.5 To support continuous improvement, the Provider will work innovatively and creatively, developing an annual work programme. The following projects will initially be undertaken in year one:

- a project to determine the benefits of a prescribing Pharmacist for all medicine related contacts in the Unscheduled Care Service
- a project to determine the benefits of a GP working remotely, to process test results promptly, measuring the impact on related telephone calls to Unscheduled Care

Service Requirements

3.6 Patient's attending the Unscheduled Care Service will be seen by a Health Care Assistant and/or a Nurse Prescriber/Practitioner and/or a GP according to need.

3.7 Service will be provided according to patient need, that is, telephone access, face to face or home visiting service, where the GP has agreed the request is appropriate and will include urgent testing (blood tests and ECG's).

3.8 Patients accessing the Unscheduled Care Service will be:

- assessed within 2 hours if attending the service
- telephoned within 4 hours if requiring a telephone consultation
- be visited at home within 4 hours of the request, where the request is deemed appropriate by the GP

3.9 Patients requesting services best delivered elsewhere or attending inappropriately will be

informed, educated and sign posted accordingly.

3.10 Patients should not attend the unscheduled care service for follow up appointments. Patients who require follow up as a direct result of their attendance in this Service, will be referred back to the practice for an appointment with their usual/registered GP in a priority slot.

3.11 Liaison with other care providers (for example Ambulance Services, District Nursing Team, Nursing Homes, Residential Care Homes) in the delivery of integrated care shall be undertaken as appropriate.

Consent

3.12 Where appropriate, the patient should be fully informed of the treatment options, risk and the treatment being proposed, consented and willing to participate.

Patient Involvement

3.13 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.

3.14 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

3.15 Those providing the Service will be accountable to the Lead GP.

3.16 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 Code¹ and which takes into account:

- Disposal of clinical waste
- Needle stick incidents
- Environmental cleanliness
- Standard precautions, including hand washing

3.17 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.

REPORTING

Reporting of Significant/Adverse Events

3.18 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.

3.19 The Provider shall be aware of (and use as appropriate) the various reporting systems such as:

- The National Reporting and Learning System (NRLS). Reports to NRLS can be submitted electronically via the General Practice Patient Safety Incident report Form, or the national GP e-form. If using the GP e-form please check the box to share your report with Somerset CCG.
 - 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)

3.20 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.

3.21 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 within 2 working days of being brought to the attention of the Provider via somccg.significantevents@nhs.net

- Undertake a significant event audit (SEA) using a tool approved by the CCG and forward the completed SEA report to the CCG within one month of the event via <https://www.somersetccg.nhs.uk/about-us/how-we-do-things/general-practice-significant-event-sea-and-serious-incident-support-professional-page/>

Review

3.22 The Provider shall undertake continuous monitoring of the Service against the Quality Requirements and Key Performance Indicators in paragraph 3.21 and have processes in place to respond to any trends/issues identified.

3.23 The outcomes/learning from continuous improvement projects will be reported to the Commissioner as soon as possible and at least annually.

Activity Reporting

3.24 Activity reporting for the Service will be provided within 10 working days of the end of each quarter as:

- The number of patients managed in the service, per month
- The number and percentage of patients attending the service who were seen within 2 hours
- The average patient wait for those attending the Service
- The number of visits undertaken per month
- The number of telephone consultations per month

Key Performance Indicators

3.25 The Provider will achieve the following Key Performance Indicators:

3.26 95% of patients attending the Service will be seen within two hours

Funding

3.27 The Service is subject to a local price, which is set out in Schedule 3 Part A of the NHS Standard Contract.

3.28 It is recognised that the price, set out in Schedule 3 Part A of the NHS Standard Contract, represents those monies previously included in the Somerset Partnership NHS Foundation Trust contract for the provision of casualty cover by Frome Medical Practice and does not represent the full cost of the service.

Payment

- 3.29 Payments will be made on a monthly basis.

Population covered

- 3.30 Only patients registered with Frome Medical Practice can access the unscheduled care service. Patients from other practices in East Mendip will be referred back to the practice with whom they are registered
- 3.31 Patients should not attend the unscheduled care service for follow up appointments; and must be referred back to the practice for a scheduled appointment to be made
- 3.32 Patients presenting at the unscheduled care service who are not staying at their home address, and who need to be seen by a GP will be treated as a temporary resident and will therefore be registered as such by Frome Medical Practice and treated by a member of the Frome Medical Practice staff, their own GP will be informed of their treatment in the usual way

Any acceptance and exclusion criteria and thresholds

- 3.33 The registered practice population may access this Service.

Interdependence with other services/providers

- 3.34 Liaison with other care providers (including Ambulance Services, District Nursing Team, Nursing Homes, Residential Care Homes) in the delivery of integrated care as required.

4. Applicable Service Standards

Applicable national standards (eg NICE)

- 4.1 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.

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

- 4.2 (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_123_923.pdf

Applicable local standards

- 4.3 Not applicable.

5. Applicable quality requirements and CQUIN goals

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

- 5.1 Not Applicable

Applicable CQUIN goals (See Schedule 4 Part E)

- 5.2 Not Applicable

6. Location of Provider Premises

The Provider's Premises are located at:

As per the Particulars of the NHS Standard Contract