

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

Mandatory headings 1 – 4. Mandatory but detail for local determination and agreement  
 Optional headings 5-7. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

<b>Service Specification No.</b>	01_MRFH_0028
<b>Service</b>	Enhanced Paediatric Occupational Therapy and Physiotherapy Services
<b>Commissioner Lead</b>	Review Design and Delivery Maternity Reproduction and Family Health programme
<b>Provider Lead</b>	
<b>Period</b>	18 months from commencement of service
<b>Date of Review</b>	March 2015

<b>1. Population Needs</b>
<p><b>1.1 National/local context and evidence base</b></p> <p><b>Local Evidence Base</b></p> <p>A detailed commissioner led review was completed in 2012. A comprehensive health profile was undertaken which ascertained the health needs of children and young people of Dorset. This included an analysis of a related body of evidence in relation to the health risks faced by children and young people and identified a rise in activity levels and demands. This information, along-with an analysis of the related national policy requirements has been used to inform and underpin this variation to the current service delivery.</p> <p>Currently in Dorset NHS Paediatric therapy services are delivered across Bournemouth, Poole and Dorset by the following provider organisations:-</p> <ul style="list-style-type: none"> <li>• Poole Hospital NHS Foundation Trust</li> <li>• Dorset County Hospital NHS Foundation Trust</li> </ul> <p>This specification supports a variation to the current contractual arrangements with the two providers with an identified investment profile to support priorities and enable development and delivery of an equitable service across Dorset.</p> <p>Three key areas of service improvement were identified</p> <ul style="list-style-type: none"> <li>• Occupational therapy services input in line with NICE guideline CG 128 Autism in Children and young people (Sept 2011)</li> <li>• Neonatal/SCBU therapy service development</li> </ul>

- Equipment; prescribing of identified equipment by qualified therapists

**National Context** The key policies and national drivers and local priorities related to this service development are:

- Autism in Children and Young People NICE guideline CG128 (September 2011)
- National Service Framework for Children, Young People and Maternity Services (DH 2004)
- Children Act (2004)
- Choosing Health (DH, 2004)
- Standards for Better Health (2004)
- Every Child Matters: Change for Children (HM Government, 2004)
- Commissioning a Patient-led NHS (DH, 2005)
- Childcare Act (2006)
- Our Health, Our Care, Our Say White paper (DH, 2006)
- Working Together to Safeguard Children (HM Government, 2006) **(2013)**
- Extended Schools and health services: Working for better outcomes for Children and Families (DfES, 2006)
- Every Parent Matters (DFES, 2007)
- World Class Commissioning (DH, 2007)
- Common Assessment Framework for Children and Young People
- Healthy Lives ,Brighter Future 2009
- Aiming High For Disabled Children
- NICE Guidance for Spasticity, ASD , Specialist Neonatal Intensive Care
- BAPM Guidance for Neonatal Intensive care
- Children’s Bill

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	<b>n/a</b>
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions Under 18 Under development</b>	<b>n/a at this time</b>
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury Under 18 Under development</b>	<b>n/a at this time</b>
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care Under 18 Under development</b>	<b>n/a at this time</b>
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	<b>4.1 Over 16 yrs. only</b>

### 2.2 Local defined outcomes

- Improve preventative intervention
- Ensure full engagement of therapy staff in multidisciplinary assessment
- Ensure the provision of sensory processing strategies and sensory integration interventions (SI)
- Ensure equitable access and prescribing rights to equipment as identified by qualified therapists

### 3. Scope

#### 3.1 Aims and objectives of service

- Ensure occupational therapy services input in line with NICE guideline CG 128 (Sept 2011):
- Neonatal/SCBU therapy service development:
- Equipment; prescribing of identified equipment by qualified therapists:

#### 3.2 Service description/care pathway

Referral into the service to meet the needs of this specification will be defined by each service provider

In addition to current service pathway and delivery the provider will provide:

#### **Occupational therapy services input in line with NICE guideline CG 128 (Sept 2011):**

- The services will provide full engagement in multidisciplinary assessments for children with Autistic Spectrum Disorder (ASD)
- The service will provide sensory processing strategies and sensory integration interventions.
- The service will support children in the school setting, both main stream and special schools to optimise participation

#### **Neonatal/SCBU therapy service development:**

- The service will provide on-site physiotherapy in addition to the existing follow up work already undertaken by the therapy team
- The service will provide an efficient and effective neonatal service

#### **Equipment; prescribing of identified equipment by qualified therapists:**

- Qualified therapists will prescribe equipment based on need
- Equipment will be prescribed using the standard PIN numbers to access the integrated Community equipment stores (ICES). For items not in the catalogue a special acquisition arrangement will be in place
- All equipment held will be reconditioned (where required) and recycled for further use and held in the central stores.

#### **Involvement of Users, Parents and Carers**

The commissioner will expect the Provider to build upon established processes that ensure the involvement of children, young people and their families and carers in the design of services that are child focussed, inclusive and which are developed in partnership.

#### 3.3 Population covered

Children and young people aged 0-18 years and up to and including 19 years of age for

those in full time education with lifelong complex conditions (consideration will be given to the individual circumstances and referral time frames for young people to ensure a smooth and effective transition to adulthood) registered to a GP in the NHS Dorset CCG area.

The provider will be expected to work in partnership with the Commissioner to take account of the SINGLE PLAN for special educational Needs as defined within Support and Aspiration; a new approach to special educational needs and Disability Embodied in Children's and Families Bill 2013 (DoFE 201) The Bill will extend the SEN system from birth to 25 years

### **3.4 Any acceptance and exclusion criteria and thresholds**

Patient not registered with an NHS Dorset CCG GP practice  
Adults are not included within this specification

### **3.5 Interdependence with other services/providers**

The service works with

- Paediatricians/Orthopaedic Consultants
- GP's, Health Visitors, Equipment Stores, Wheelchair service
- Parents and Carers
- Social Care services
- Education and Early Years services
- Multidisciplinary teams – Occupational therapy from other teams (e.g Social care), speech therapy, psychology, play, dietetics, children's community nursing service
- Secondary Care – pre/post-surgery
- Respite Care/Hospice

## **4. Applicable Service Standards**

### **4.1 Applicable national standards set out in guidance and or issued by competent body (e.g. Royal colleges. NICE)**

- NICE guideline CG145
- NICE guidelines –condition/patient group specific; physical activity ,Healthy Child Programme
- Professional standards – Chartered Society of Physiotherapy /Health Professions Council/
- Association of Paediatric Chartered Physiotherapists
- College of Occupational therapy Specialist Section Children, Young Persons and Families
- Allied Health Professional Council

### **4.3 Applicable local standards**

- All parents/carers sign Consent to treatment form; given Data Protection and patient Confidentiality;
- Compliments and Complaints information:
- Information in accordance with the child/young person's diagnosis; treatment programme; location – home/nursery/school/outside activities e.g. swimming, sport
- Leaflets locally produced by Occupational Therapists and Physiotherapists
- Physiotherapy Tools – patient specific programmes printed:
- Internet informaton – condition specific:
- Accredited information from professional bodies – Association of Chartered Paediatric Physiotherapists; College of Occupational Therapy

## 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) N/A

## 6. Location of Provider Premises

### The Provider's Premises are located at:

The primary service bases will be at Poole Hospital NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust. Assessment and therapeutic interventions will take place in a range of settings including the home, specialist and mainstream nurseries and schools and flexible clinics within the locality.

### Days / hours of Service

The outpatient community service will be available Monday to Friday from 8am to 5pm to enable flexibility with school hours. Within the provision there will be a range of services that are available at variable hours according to the need of the service.

## 7. Individual Service User Placement

### Discharge and Case Closure Planning

Children will be discharged or have their cases closed when:

- They achieve the goals outlined in their care plan or where other active treatment is concluded;
- When they move out of the GP registered population and appropriate hand over to relevant service provider has been undertaken
- Or at the transitional points in the care pathways.

In all cases individuals will be discharged with arrangements for any ongoing care (if required) documented as part of a formal discharge / case closure summary.