

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	02/GMS0012
Service	OCCUPATIONAL THERAPY CONTINUING HEALTHCARE SERVICE, Dorset
Commissioner Lead	Clinical Commissioning Programme for General Medical & Surgical
Provider Lead	Julia Kinsella
Period	1 April 2013 to 31 March 2014
Date of Review	To be Agreed

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	*

1. Purpose

1.1 Aim

To deliver a high quality, person centred and cost effective Occupational Therapy service pan Dorset , providing community assessment, intervention and advice to adults in receipt of NHS Continuing Healthcare (CHC) funding in order to support their desired health outcomes and promote their physical and psychological wellbeing.

1.2 Evidence Base/Relevant Policy

- College of Occupational Therapists (2006) National Service Framework for Long term conditions with relevance to children and young people. COT/BAOT Briefing.
- College of Occupational Therapists (2008) National Service Framework for Continuing NHS Health care – Consultation
- DOH (2005) Supporting people with Long Term Conditions. An NHS and Social care model to support local innovation and integration
- DOH (2005) National Service Framework for long term conditions
- DOH (2008b) Valuing people now: from progress to transformation – a consultation on the next three years of learning disability
- DOH (2008a) End of life care Strategy – promoting high quality care for all adults at the end of life
- DOH (2009) NSF for Continuing Healthcare and NHS-Funded Nursing Care
- DOH (2010) NSF Continuing Healthcare practice guidance
- Manual Handling Operations Regulations (1995)

1.2 General Overview

The Specialist Occupational Therapy Service for Continuing Healthcare (CHC) has been fully running since June 2010 and from 1 April 2013 the service has been expanded from 1 January 2013 to cover Bournemouth and Poole. The CHC OT service is divided into two halves, East and West:

- Assessments are carried out in the community mainly in individual's homes but also, in residential and nursing homes, as required.
- Occupational Therapists work closely with CHC care coordinators, commissioners and District Nurses

as well as liaison with Community Rehabilitation Teams (CRT's), GP's and other primary care services such as Speech and Language Therapists and specialist nurses, in areas such as tissue viability.

- The majority of patients are on the NHS Dorset CHC caseload. However, we have been commissioned to carry out assessments for B&P and Somerset PCT for example when individuals from these areas are residing in nursing care in Dorset.

1.3 Objectives.

Guided by current policy and legislation and with consent from the individual, the Continuing Healthcare (CHC) Occupational Therapy service is able to provide assessment and management options:

- To carry out moving and handling risk assessment, and review in the community to facilitate safe moving and handling practice and meet legal requirements.
- To complete seating assessments in order to meet health outcomes
- To carry out general risk assessment within activities of daily living and implement intervention to reduce risk in patients homes.
- Provide assessment, information and advice on simple, complex and bespoke equipment to individuals in the community, CHC commissioners, Nursing and Residential Care homes
- To use knowledge of medical, psychological and long term conditions to provide appropriate condition management advice relevant to achieving activities of daily living.

1.5 Expected Outcomes

- OT CHC service to continue to contribute towards the achievement of desired health outcomes for adults in receipt of NHS continuing healthcare funding.
- To meet patients needs offering a range of appointment times and treatment options based on patient's choice
- To provide a high quality service providing timely occupational therapy assessment, intervention and review, accessible to all adults in receipt of NHS CHC funding.
- To support family and carers by including them in the assessment process, where appropriate.
- To achieve patient and carers satisfaction regarding the service that is provided
- To support individuals and their carers in taking responsibility of their own risk with regard to managing activities of daily living and safe moving and handling practice in their own homes

2. Scope

2.1 Service Description

Specialist Continuing Healthcare Occupational Therapists work with CHC care co-ordinators and community NHS staff to provide optimum support for the patient and their family and carers:

To assess:

- Personal care and domestic Activities of Daily Living (ADL's)
- Transfers and functional mobility
- Basic/specialist wheelchairs and seating (in liaison with Dorset Wheelchair Service staff where appropriate)
- Moving and handling
- Standard and specialist equipment
- Desired health outcomes

Treatment available:

The Occupational Therapist team works with the patient/ carers to plan a programme of treatment to support desired health outcomes. Treatment may include:

- Provision of up to date moving and handling training and care plans, specific to individuals needs, to

formal and informal carers e.g. family/care agency/personal assistants

- Specialist seating armchairs/wheelchair selection/trials. Close links maintained with Dorset Wheelchair Service.
- Arrangements for the provision of equipment from ICES stock, where appropriate, for individuals living in their own homes
- Completion of funding applications to CHC for funding of non-stock/specialist/bespoke equipment, where appropriate
- Attendance at CHC funding panels to present individuals cases for CHC funding of specialist non-stock equipment, where applicable
- Attendance at case conferences
- Task analysis/ advice on alternative techniques for task performance.
- Attendance at Vulnerable adult strategy meetings
- Liaison with equipment company representatives
- Joint visits with equipment providers/representatives – equipment trials
- Relevant product/Equipment research relevant to the individual
- Carer support, where appropriate
- Liaison and joint visits with CHC co-ordinators, DCC, Community hospitals and CRT's, Specialist nurses, GP's, Community Matron's, District Nurses, Care agencies
- Conflict management with regards to moving and handling and safe maintenance of package of care
- Trouble shooting and problem solving complex issues around activities of daily living, moving and handling, equipment provision, maintenance of package of care, prevention of increase in package of care, reduction of double handling package of care, if appropriate; and prevention of admission to hospital or nursing home.
- Facilitation of discharge home from nursing or residential home
- Signposting/referral back to CHC for any relevant onward referrals that may be required e.g. continence assessment, referral for advice regarding personal health budgets

2.2 Accessibility/acceptability

-Adults (18+) who are in receipt of NHS Continuing Healthcare Funding, who have been referred by the NHS Dorset Cluster Continuing Healthcare team for assessment.

-Individual arrangements can be made on request, for OT assessments of individuals living in Dorset but funded by other PCT's.

-The CHC OT service is aware of and responsive to age, culture, disability and gender issues

2.3 Whole System Relationships

-Primarily works closely with NHS Dorset Cluster Continuing Healthcare Team, who are based at Mey House in Dorchester.

-The CHC OT team also works/liases with DN's, with Hospital staff, Social Services, Primary Care Services, Medical Staff, other Allied Health Professionals (AHP's) Specialist Community Teams, equipment companies/suppliers and other statutory and voluntary agencies such as independent living centres in the East and West.

2.4 Interdependencies

Interdependencies include the Foundation Trusts of Dorset County Hospital, Yeovil District Hospital, Salisbury District hospital, Poole Hospital and Royal Bournemouth hospital. GPs who are part of NHS Dorset, Dorset County Council (DCC) staff

Other specialist units

2.5 Relevant Clinical Networks and Screening Programmes

SHA AHP regional meetings. Local special interest groups and working parties.

College of Occupational Therapist specialist section - Neurological practice

National Back Exchange

2.6 Sub-contractors

Various equipment providers in the UK and the current providers of community equipment in Dorset and Bournemouth and Poole.

3. Service Delivery

3.1 Service Model

The Continuing Healthcare OT service is client centred, holistic and outcomes focused.

4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/boundaries

Patients/ clients registered with a Dorset, Bournemouth and Poole GP

4.2 Location(s) of Service Delivery

Patients / clients are mainly seen in the community in a setting most appropriate to their choice and clinical need.

4.3 Days/Hours of operation.

Over 5 days by part time staff

4.4 Referral criteria & sources

New referrals accepted via NHS Dorset Cluster Continuing Healthcare Service from patients, carers and health professionals, with consent from patients/clients to liaise with other Health Care colleagues.

4.5 Referral route

-The team accepts referrals from Continuing Healthcare care co-ordinators who identify the need for a CHC OT assessment via patients, carers and other health professionals.
-PCT's requiring CHC OT service for patients that are residing in Dorset, but are not funded by NHS Dorset Cluster , may access this service by individual arrangement by contacting one of the OT team.

-All referrals are dated and entered into a data base system on being received. The Occupational Therapist is responsible for reporting their treatment and recommendations affecting the patient to the referring agent.

o 4.6 Exclusion Criteria

- Under 18 years of age
- Not in receipt of NHS Continuing Healthcare funding

4.6 Response time and prioritisation

- Routine community – Contact and visit made within 5 working days
- End of life – Contact made within one working day however refer should be mindful of the part time nature of OT staff and should copy urgent referrals to the East and West. Urgent referrals that cannot be completed due to work load/leave will be referred to OT colleagues in the appropriate local Community Rehabilitation Teams.

5. Discharge Criteria & Planning

These are detailed in the Occupational Therapy Service standards and reflect the organisations discharge planning policy

6. Self-Care and Patient and Carer Information

Patients/clients can be sign posted to other services as appropriate.

Education leaflets, other agencies, appropriate web sites are supplied regarding all equipment issued as per the manufacturers guidelines.

Specific information is provided on:

- Appointment / follow up appointments date; time; location
- Any manual handling equipment / advice through NHS Dorset Manual handling assessment and plan as policy states.
- Information on voluntary / statutory agencies and contact addresses.
- Collection of small equipment

<i>7. Quality and Performance Indicators</i>	<i>Quality and Performance Indicator(s)</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Consequence of Breach</i>
HCAI Control				
Service User Experience			Questionnaires	
Improving Service Users & Carers Experience			Questionnaires	
Unplanned admissions			N/A	
Reducing Inequalities			Record unmet need.	
Reducing Barriers				
Improving Productivity			Review waiting times.	
Access			Monitor source of referrals	
Personalised Care Planning			Documentation audit & outcomes	
Outcomes			Documentation audit & outcomes	
Additional Measures for Block Contracts:-				
Staff turnover rates				
Sickness levels				
Agency and bank spend				
Contacts per FTE				

8. Activity

<i>Activity Performance Indicators</i>	<i>Threshold</i>	<i>Method of measurement</i>	<i>Consequence of breach</i>

Activity Plan

9. Continual Service Improvement Plan

In line with national and local strategic plans[

10. Prices & Costs

10.1 Price

Basis of Contract	Unit of Measurement	Price	Thresholds	Expected Annual Contract Value
Block Arrangement/Cost and Volume Arrangement/National Tariff/Non-Tariff Price_____*		£		£
2009 Quality Payment				
Total		£		£

**delete as appropriate*

10.2 Annual Contract Value by Commissioner

Total Cost of Service	Co-ordinating Commissioner Total	Associate Commissioner Total	Associate Commissioner Total	Associate Commissioner Total	Total Annual Expected Cost
£	£	£	£	£	£