

SCHEDULE 2 – THE SERVICES

A. Service Specifications (B1)

Service Specification No.	03/GMS/0034
Service	IV COMMUNITY THERAPY
Commissioner Lead	CCP for General, Medical and Surgical
Provider Lead	Dorset HealthCare
Period	April 2015-March 2016
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

In 2010 NHS Dorset published a four year Strategic Plan for a Healthier Dorset 2010-2014 and set out the key priorities for healthcare in Dorset, with a primary objective to help people to stay healthy, remain at home and/or return home following a bed based admission, providing care as close to home as possible.

Commissioning intentions have been informed by the following national guidance:

- Transforming Community Services: Enabling new patterns of provision
- Delivering Care Closer to Home: meeting the challenge (DH, 2008)
- High Quality Care for All: NHS next stage review final report (DH, 2008)
- NHS Next Stage Review: a vision for primary and community care (DH, 2008)
- Our Health, Our Care, Our Say: a new direction for community services (DH, 2006)
- National Quality Requirements in the Delivery of Out of Hours Services (DH, 2006)
- NHS Operating Framework 2009/2010
- Joint Strategic Needs Assessment 2010 – 2015
- Quality Innovation Productivity and Prevention (QIPP)

Historically, as elsewhere in the country, the administration of intravenous therapy takes place mostly in the acute sector, either as a day case, outpatient or inpatient. Community Hospitals also provide an inpatient intravenous therapy service, but provision in the community for ambulatory patients or those at home is ad hoc. The current service has been redesigned to improve access for patients, improve the patient experience and make better use of community resources.

This service specification sets out the framework for a community based service which meets local need and is aligned with national and local policy, including QIPP.

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

To ensure the provision of a high quality, responsive community intravenous therapy administration service which will meet the needs of the Dorset population. It will build on evidence based best practice and support care closer to home. The service will be delivered by competent health care teams with an appropriate skill mix, working seamlessly across community services to provide a comprehensive service. The service will be based on a hub and spoke model with day case provision of IV therapies in a community hospital setting or other appropriate setting as the central element.

Key outcomes include:

- Patients to safely and appropriately receive IV therapy in a community setting
- Increased knowledge, skills and competencies of community nursing staff
- An integrated service supported by General Practitioners, Secondary Care, Community Hospitals, Intermediate Care Providers and Community Nursing teams.
- Reduced number of day case admissions
- Reduced number of non elective admissions
- Reduced transport costs and travelling times
- Improved patient experience and quality of life

3. Scope

3.1 Aims and objectives of service

The strategic aims are to ensure the provision of high quality, responsive delivery of an effective community based intravenous therapy administration service that has proven to reduce hospital admissions and facilitates early discharge by initiating or continuing intravenous therapy treatment in a community setting.

Community Based Intravenous Therapy is based on the principles that the service :

- Is patient centred and improves the patient experience
- Improves patient access and the equity of provision
- Delivers a package of care that moves patients swiftly along an evidence based pathway
- Builds upon partnerships and collaborative working between organisations delivering various aspects of care along the pathway
- Offers appropriate alternatives to acute hospital outpatient and inpatient care
- Supports an innovative approach to service delivery (ie extended working hours, new models of care, new technologies etc)
- Develops common pathways of care ensuring there is no unnecessary duplication, and promote the integration and co-ordination of services across primary care and accredited secondary care providers.
- Safe access to the appropriate medicines

Objectives

- To deliver care closer to home
- To improve quality of life
- To improve the quality of service user experience
- To improve efficiency and productivity

3.2 Service description/care pathway

This community based intravenous therapy service will provide care closer to home for ambulatory patients. The service is an administration service, with decisions regarding appropriate therapies being taken by the referrer. The service will be based within a community hospital setting or other appropriate community setting, but will link with both secondary care pathways and possible provision of IV therapies in patient's homes.

The service will incorporate IV therapies in which:

- patients are well enough to be treated outside a secondary care setting
- the therapy is safe enough to be given outside a secondary care setting by appropriately trained staff
- the therapy is part of a care pathway agreed with local GPs and/or secondary care

Therapies will include:

1. **Blood Transfusion.** Patients will be able to undergo blood transfusion as a day case. Referrals will be from primary or secondary care. The referrer will be responsible for the authorisation of the blood transfusion and the crossmatch of blood in preparation.
2. **IV Antibiotics.** The service will provide continuing IV antibiotic therapy for patients as day-attenders. In most instances the course will be authorised by secondary care (often having been seen in EMU as part of the ambulatory care pathway). The service will keep a limited formulary of IV antibiotics.
3. **IV Iron.** Patients may be referred by secondary care for IV iron therapy

This service should be available to patients registered in Dorset CCG

- Blood Transfusion in Weymouth, Portland and Bridport
- IV antibiotics in Weymouth, Portland and Bridport
- IV Iron to be delivered from 2 venues across Bournemouth, Poole and Christchurch

3.3 Any acceptance and exclusion criteria and thresholds

- Signs of systemic sepsis
- Co-morbidities e.g. immune suppression (Except in patients requiring chemotherapy)
- Pregnancy
- History of adverse reaction to intravenous therapy

3.4 Interdependence with other services/providers

Community Hospitals:

- who provide IV therapy for inpatients
- provide short stay intermediate care facilities

Community Nursing Teams:

- who provide domiciliary care to housebound patients, including intravenous therapy

General Practitioners and Primary Care:

- key referrers
- work with the enhanced intermediate care service and planned care services

Acute Sector:

- facilitate early discharges
- transfer of patients from day units to the community service
- Microbiology

Pharmacy

- The service will have access to appropriate pharmaceutical advice relevant to the service. Eg compatibility of IV products, mixing and reconstitution information.
- Supply of IV medicines and dilutents, infusions and consumables
- Risk assessments based on NPSA Alert No 20 and IV monographs available
- Where IV antibiotics are administered, access to antibiotic specialist pharmacist and IV and oral policies in place.

Whole System Relationships

General Practitioners, Acute Care, Community Hospitals, Intermediate Care providers, Community Nursing teams and other community colleagues to work in an integrated fashion to deliver a seamless service.

It is imperative that patients and carers are involved in discussions about their care, to ensure they are willing and able to access a community based intravenous therapy service prior to referral.

The enhanced intermediate care services and planned care services provide a multidisciplinary approach to patient care and as such must be integral to this service.

Days/hours of operation

The service will operate in suitable locations and will be available according to the clinical needs of the patients

Referral criteria and sources

Access route to be through a clear referral pathway that is consistent and appropriate.

Referrals will be accepted from:

- General Practitioners
- Acute providers
- Walk In Centre
- District Nurses
- Community Matrons
- OOH Services

Patients should fit the following criteria (however there must be flexibility within the service to respond to other patients who might safely and appropriately benefit from a community based service):

- Patients should have a reliable diagnosis appropriate for a community based service:
 - Urinary tract infection
 - Chest infections
 - Leg ulcers
 - Other infection not responding to oral antibiotics
 - Post-operative infusion/transfusion
 - Require transfusion of blood or blood products
 - Require iron infusion (renal patients only)
- Must be registered with a Dorset GP
- Patient and carer fully understands implications and risk involved, is willing and able, and gives verbal consent prior to referral
- Discharge from hospital must be co-ordinated with the relevant service and meet the defined care pathway
- Patients with a history of anaphylaxis with antibiotics, or any other adverse reaction to intravenous therapy should be admitted to a short stay bed for 48 hours after transfusion/infusion.

Referral processes

Referrals will be accepted following initial assessment by the referring clinician:

- Patients will be referred directly using the agreed referral TO Single Point of Access (SPOA)
- Unplanned referrals will be via a SPOA or direct to the appropriate community service in agreement with the local provider.

Discharge processes

The provider will ensure that patients are discharged from care at the appropriate point on the care pathway.

Response time and prioritisation

Planned referrals must be assessed on the day they are received and triaged appropriately to determine the appropriate response.

Urgent or unplanned referrals must be triaged within a maximum of 2 hours to contact and assessment.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The service model will comply with best practice and it is the responsibility of the provider to ensure implementation of any best practice evidence based guidance. Services will be assessed against National Clinical Strategies, National Institute for Health and Clinical Excellence (NICE) Guidance and agreed best practice, and NPSA Alert No 20: Promoting Safer Use of Injectable Medicines. Where there is a resource implication a contract variation may be required. The provider must be registered with and meet the approved quality standards in line with the Care Quality Commission (CQC) regulations and standards (2009) where appropriate.

4.2 Applicable standards set out in Guidance and/or issued by a competent body

N/A

4.3 Applicable local standards

The provider will be expected to comply with the clinical governance framework for NHS Dorset and to function under agreed operational and clinical policies.

Clinical obligations:

- If statutory/professional registration is required it must be maintained at all times.
- The providers must ensure that each clinician takes responsibility for maintaining continuous professional development in order to meet requirements of professional registration.
- All clinicians must work within the boundaries of professional registration and relevant professional Code of Conduct.
- The provider must demonstrate that systems are in place to ensure that competencies are maintained and skills up to date, including training on preparation and reconstitution of IV antibiotics, incompatibilities and safe practice mixing vials, adding to infusion bags, Infusions, bolus and slow IV etc. The provider must ensure that sufficient numbers and grades of staff are employed in order to provide an appropriate skill mix and to ensure the service can be consistently delivered in accordance with the service specification.
- All staff will ensure compliance to statutory and legal frameworks implementing service developments in a timely manner as new directives are published.
- The provider will work with partner organisations and agencies to share best practice.

5. Applicable quality requirements and CQUIN goals

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

- Planned referrals must be assessed on the day they are received and triaged appropriately to determine the appropriate response.
- Excellent patient experience

5.2 Applicable CQUIN goals (See Schedule 4 Part E)








6. Location of Provider Premises

The Provider's Premises are located at:

Whilst it has been envisaged that community hospitals would provide an appropriate base for the community IV service, the service could also be provided in a walk in centre, MIU or GP surgery. (The venue must comply with NPSA Alert 20).

Transport to the clinic will be reimbursed where the patient meets the criteria in the Patient Transport Service Policy.

Embedded Pathway Documents

Community IV antibiotics for non-complicated Cellulites: suitability for treatment	 02_GMS_0034 IV Antibiotics choices for
Community IV Antibiotics; suitability for treatment	 02_GMS_0034 IV Antibiotics suit for tre
Community IV antibiotic pathway	 02_GMS_0034 IV Antibiotics Pathway.ç
Community IV antibiotic referral form	 02_GMS_0034 IV Antibiotics Ref Form.ı
Community IV antibiotic choices – non-complicated cellulitis	 02_GMS_0034 IV Antibiotics choices for
Community IV antibiotic choices	 02_GMS_0034 IV Antibiotics choices pa
Community IV iron infusion pathway	 02_GMS_0034 IV Antibiotics Iron Infusi