

SCHEDULE 2 – THE SERVICES

A. Service Specification

Service Specification No.	02/GMS/0172 v19
Service	Weymouth & Portland Community Urgent Care Centre
Commissioner Lead	Clinical Commissioning Programme for Urgent Care
Provider Lead	
Period	1 st July 2016 to 30 th June 2019 with option to extend for further 2 years
Date of Review	July 2018

1. Population Needs

1.1 National/local context and evidence base

National Context

Growth in the number of people using urgent and emergency care is leading to mounting costs and increased pressure on resources. According to figures published in January 2014 by the Health and Social Care Information Centre, during 2012/13 nationally there were 21.7 million attendances at Emergency Departments, Minor Injury Units (MIU) and Urgent Care Centres (UCC) and 5.2 million emergency admissions to England's hospitals.

The Keogh report presented NHS England's future vision for urgent and emergency care in 'Transforming urgent and emergency care services in England: Urgent and Emergency Care Review End of Phase 1 Report'. The report sets out a vision for change summarised as follows.

For those people with urgent but non-life threatening needs, we must provide highly responsive, effective and personalised services outside of hospital.

For those people with more serious life threatening emergency needs, we should ensure they are treated in centres with the very best expertise and facilities in order to maximise their chances of survival and a good recovery.

In order to deliver the vision, Dorset Clinical Commissioning Group (CCG) as part of the Clinical Services Review propose to focus on five key elements of change.

- Providing better support for people to self care
- Helping people with non urgent care and minor ailment needs get to the right advice in the right place, first time
- Providing highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E
- Ensuring that those people with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery
- Connecting primary care, urgent and emergency care services so the overall system becomes more than just the sum of its parts.

Local Context

Dorset has a total population of approximately 766,000 with a higher percentage of older people than the national average. Population increases for service users over 65 years of age are estimated at 7% growth by 2015, 17% by 2020 and 43% by 2030. The level of demand on the urgent and emergency care service is affected by a range of factors including deprivation, urban and rural, population density and type of provider.

Weymouth and Portland locality has well recognised health issues linked to mental health, deprivation, homelessness and substance misuse. Compared to other localities in NHS Dorset CCG, Weymouth and Portland locality has the highest Emergency Department attendances per 1,000 weighted population (Ref Clinical Services Review Need for Change documentation).

There are currently three different community services, separately contracted, based at Weymouth Community Hospital: The GP-led Walk In Centre (WIC), Minor Injuries Unit (MIU) and Out of Hours (OOH) service. These services see and treat service users who walk in or are triaged from 111 with a varying range of primary care needs, minor illness, minor injuries and urgent care needs.

The Government's vision of future models of care referenced in the NHS Five Year Forward View, 23 October 2014, NHS England indicates a need for an integrated approach with service users seen by the right people, in the right place at the right time.

This specification describes the requirement for an integrated assessment and treatment service for those individuals who present with an urgent but non-life threatening needs delivered through a Community Urgent Care Centre (CUCC) model based in Weymouth. This integrated service brings together the existing urgent care services to ensure a single point of access for patients. The CUCC will provide same day rapid turnaround medical advice, diagnosis and/or treatment for unexpected illnesses and injuries which require immediate care but which do not require the full services of an Emergency Department (section 3.4).

The expected benefits of this community urgent care centre include:

- Providing a more focussed and appropriate response to the needs of service users currently attending emergency departments with illnesses and injuries which do not require intensive or specialised care.
- Greater integration between community urgent care service and services delivered in the community facilitated by the stronger links with primary care practitioners enabling individuals to be referred more rapidly and seamlessly to relevant pathways, and improving access to community-wide responses to people's care needs.
- Increasing the interdependency, networking and mutual support of primary and secondary care practitioners, with a gradual transfer of skills, knowledge and shared competencies creating a more integrated and flexible workforce over time.
- Shorter waiting times for service users and fewer emergency admissions across emergency department.

This specification encompasses recommendations from national key reports and builds on the exiting specifications developed in 2009-2013. National guidance and reports include:

- Transforming Urgent and Emergency Care Services in England (NHS England 2013)
- Guidance for Commissioning Integrated Urgent and Emergency Care, A Whole System Approach (2011).

In context of the Clinical Service Review, the proposed service will fit with the strategic direction and provide a positive model for the future.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

2.2 Quality, Outcomes and Performance

As specified in the schedules

It is imperative that providers are robust in educating service users to reduce inappropriate attendance, their clinical triage, treatment and redirection to ensure that service users are seen and treated in the right place by the right people.

The CCG will be monitoring closely the provider's performance in the effectiveness of the above with particular attention to the impact on attendance at interdependent organisations e.g. Emergency department / GP practices / Pharmacies / Out of Hours.

3 Scope

3.1 Aims and objectives of service

The service will become the local Community Urgent Care Centre providing healthcare for all those who live in the local area and visit south Dorset.

The service will provide same day rapid assessment, interface and discharge ensuring appropriate medical advice, diagnosis and/or treatment for illnesses and injuries which require urgent care but which are non-life threatening and do not require the full services of an Emergency Department.

With strong branding, an effective marketing strategy, and clear criteria, the CUCC will educate service users regarding use of healthcare services, ensuring access to the right level of care in the right place, at the right time (Emergency Department, CUCC, GP, Pharmacy etc). It is expected that the service will redirect service users where appropriate ensuring a smooth and effective transfer.

3.2 Service description/care pathway

The document does not state precisely how the service will be delivered but does specify the requirement for an integrated assessment and treatment service that delivers efficiency, service improvement and resilience.

In order to achieve integrated urgent and unscheduled care services, balancing patient demand across the health system, providers will need to work collaboratively and effectively with any other organisations delivering related services to the permanent and temporary residents of the Weymouth and Portland locality, as well as those visiting the area.

Providers will have to work closely with the locality integrated team, acute trusts, South West Ambulance Service (SWAST), intermediate care teams, community nursing teams, local GP practices, pharmacy, Out Of Hours (OOH) Services, child protection officers, mental health teams, sexual health services, young people, HM Prisons, hospices, care homes, dentists and opticians, this list is not

exhaustive.

The CUCC will provide a single point of access for clinical triage, assessment and treatment for service users who meet the eligibility criteria.

[See Pathway attached at Appendix G](#)

Triage and Assessment

- All service users will be clinically triaged on arrival. This triage will determine whether to discharge with advice, discharge with redirection, treat, or transfer to the Emergency Department.

Diagnosis

- The Provider has to be able to provide Pathology and specimen collection 7 days per week, 365 days per year 09:00 to 19:00
- The Provider has to be able to provide access to xray Monday to Friday 09:00 to 17:00 and 12:00 – 16:00 at weekends and bank holidays. Xray availability will be reviewed on an ongoing basis to ensure maximum usage of diagnostic imaging.
- Out of core diagnostic hours: If a service user requires immediate diagnostic testing, then arrangements should be made to transfer to the nearest acute centre. If the diagnostic testing is not needed immediately, then arrangements should be made for the patient to return to the CUCC the following day for appropriate diagnostics.
- Should activity outside these hours increase, the CCG will review if extended diagnostics hours is required.

Treatment/ Advice

- The service will be expected to treat on an outpatient basis only any urgent injury or medical condition which is not severe, immediately critical or life threatening and not requiring the full services of an Emergency Department
- Medicine management and Prescribing as specified in the contract schedules and within the agreed Pan –Dorset formulary
- Wound assessment to ascertain suitability for locally based treatment and immediate wound dressing, including the immobilisation of fractures by suitably qualified staff in plastering techniques
- Ability to manage cardiopulmonary resuscitation
- Provision of the local DVT service
- The service will provide education, promote self care and self management of long term conditions and advice on the use of other local health services for minor illness or directed back to their own GP
- Information to service users on the treatment options and the treatment proposed

Onward Referral/Signposting

- Handover- Electronic process ensuring that the service user's record is transferred/ available

to the Out Of Hours clinical service / Acute Hospital and / or GP practice.

- Appropriate and timely referral and/or follow up arrangements
- Electronic transfer of x-ray using the appropriate system to other services/providers

Discharge

- Discharge in accordance with the contract reporting and schedules
- Discharge may include to GP, Pharmacy or other community service
- A requirement for compatible IT to enable real time information sharing

Opening hours/ Out of Hours:

- The opening hours of the service will be 08:00 – 23:00, 7 days a week, 365 days a year.
- Time last patient to be seen is 23:00
- The service should integrate with the local OOH services (SWAST and DCH), ensuring effective handover and utilisation of staff, skills and expertise.

Service Principles:

- Access to CUCC will be predominantly on a 'walk in' basis. However, the provider should expect to receive referrals (via telephone, TPP e-referral or secured local nhs.uk email) from other NHS organisations such as GP practices, 111 service and community services via the Dorset Single Point of Access.
- Provide the service to service users of all ages including children
- Service is integrated across NHS and other organisations (including social care and third sector)
- Provision of a multidisciplinary service offering relevant clinical skills, expertise and experience and an ability to meet demand
- Participation in service improvement programmes and pilots to support future service development
- Provision of a clinical IT system that enables efficient information flows between providers, two way sharing of service user records, diagnostics, care plans and information with other providers eg GPs, Out of Hours, community and acute services.
- Clinical assessments are undertaken by an appropriately skilled clinician with the experience and competencies to direct service users to the most appropriate service, including Emergency Department
- Protocols for transfers of care to ensure service users are transferred as quickly and safely as possible, particularly those requiring specialist Emergency Department attention
- Service users are only transferred to the Emergency Department when clinically necessary
- Contribute to the reduction of avoidable admissions and other inappropriate use of services
- Records are safely and efficiently transferred between the CUCC and receiving organisation (eg Out of Hours and Emergency Department) ensuring continuity of care throughout

- Develop repatriation models with local GP practices to reduce inappropriate use of CUCC
- Development of a local directory of services for clinical reference and for use when signposting service users

3.3 Population Covered

The service is available for all service users registered with an NHS Dorset GP practice and out of area visitors who require urgent care. This service is provided across all ages.

Costs incurred for any non-Dorset service users will be referred by the provider to the responsible commissioner under 'Who Pays – Establishing the Responsible Commissioner'.

3.4 Any acceptance and exclusion criteria.

Urgent Care is an alternative to accident and emergency (A&E) for a range of minor injuries and urgent medical problems.

It is a walk-in service for patients whose condition is urgent enough that they cannot wait for the next GP appointment (usually within 48 hours) but who do not need emergency treatment at A&E.

The aim is for patients to be seen in the most appropriate setting, whether this be Emergency Department, Urgent Care Centre or Primary/Community Care. We expect clinical triage and assessment to inform this decision.

We anticipate there will be patients in the first year who present with symptoms that could be seen in a different setting, in such cases we would expect a clinical assessment and triage with a strong emphasis on re-educating, encouraging these patients to change their behaviour toward access of appropriate services available to them in the future.

Service users who require urgent dental attention should be redirected to the Emergency Dental Service via 111.

[See pathway Appendix G](#)

3.5 Interdependence with other services/providers

INTEGRATION

During the period of the contract, the CCG will be delivering an Out of Acute Hospital model and the successful provider of the Weymouth and Portland Community Urgent Care Centre will be expected to integrate with the provider of the Out of Acute Hospital model, or deliver the model.

The following services/elements will be required to work together to support the ethos of the integrated Community Urgent Care Service:

Mental Health Services and CADAS:

The provider will be expected to work alongside the Crisis Resolution, Home Treatment Team and CADAS to ensure that service users are kept safe. Service users requiring urgent specialist mental health input must be referred to the Crisis Resolution and Home Treatment Team for the area. Information to support a quick referral will be available to the CUCC staff. Place of assessment will be determined following referral and initial risk assessment and may include:

- Home
- CUCC

- Place of Safety (under the MHA 1983)

Homeless service users requiring treatment for alcohol/drug dependency will be signposted to the Alcohol and Drugs Advisory service.

GP Practices:

The provider will be required to work with GP surgeries in Dorset to ensure a clear and consistent message to inform/direct service users to the appropriate service.

Health & Social Care Integrated Team:

The locality Health and Social Care team support service users identified as being complex, vulnerable or at risk of admission, and as such are a key partner for the CUCC.

INTERFACE

The provider will need to build strong relationships with those services it interfaces with to support the service user to have a seamless experience. The CUCC will interface with:

- Acute Trust:
 - Emergency Department
 - Specialties
 - Hospital at Home
- Community Services:
 - Health Visitors
 - District Nurses & Community Matrons
 - Mental Health Teams
 - Rehabilitation, Reablement, Physio and Occupational Therapies
 - Community hospitals
 - Community Nurse Specialists (respiratory, cardiac, diabetic)
 - Sexual Health
 - CAMHS
- South Western Ambulance Service NHS Trust
 - Out of Hours
- Pathology & microbiology
- Social Services
- Safeguarding (adults and children)
- Pharmacies
- General Practices

Other whole-system relationships:

- Voluntary agencies
- School Nurses

These lists are not exhaustive.

4 Applicable Service Standards

4.1 Applicable national standards (eg NICE)

The service will comply with all prevailing national standards.

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

The service will comply with all applicable standards.

4.3	Applicable local standards
	The service will comply with all standards as per the service contract.
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)
6	Location of Provider Premises
	<p>The Provider's Premises are located at:</p> <p>Weymouth Community Hospital</p>
7	Individual Service User Placement
	N/A