

SCHEDULE 2 – THE SERVICES

A. Service Specifications (B1)

Service Specification No.	01_MRFH_40
Service	Paediatric General and Allergy Service
Commissioner Lead	MRFH
Provider Lead	The Adam Practice
Period	1 April 2015 – 31 March 2016
Date of Review	October 2015

1. Population Needs

1.1 National/local context and evidence base

There is a need to ensure care is provided closer to home wherever possible and to provide this through co-ordinated high quality care. As part of this work, services need to provide integrated diagnostic and assessment processes enabling early identification of health conditions, impairments and any social and physical barriers to inclusion.

Skills and expertise in paediatrics will continue to be centred on local hospital provision but increasingly look to develop satellite primary care centres. This will ensure that, where possible, care is delivered closer to home and patients only attend specialist centres for treatment where there is a clinical necessity to do so.

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	x
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2 Local defined outcomes

- Services designed around patients

3. Scope

3.1 Aims and objectives of service

The aim of the scheme is to:

- improve access to paediatric assessment through provision of locally accessible direct access to assessment, treatment and management of a range of paediatric health care needs provided in a one-stop clinic in primary care.

The objectives of the service are:

- to offer convenient access and choice for patients who need paediatric assessment;
- to offer condition specific clinical pathways which make best use of the skill mix available in Primary Care;
- to work in partnership with Secondary Care to improve care pathway management and access to a range of services including diagnostic tests;
- to assist with delivery of the 18 week Referral To Treatment programme;
- to review and understand the need for services especially the relative utilisation of services by Dorset residents;
- to provide appropriate Primary Care diagnostic services to support appropriate access to services;
- to reduce demand on Secondary Care referrals and to reduce the volume of referrals, where appropriate, to the local paediatric outpatient services;
- to make full use of new technology to advance care management and efficient use of health care resources.

3.2 Service description/care pathway

The paediatric general and allergy service will provide a high quality service to enable the assessment and/or treatment of all clinically appropriate referrals for paediatric patients registered with Dorset based General Practitioner.

Providers shall accept referrals by the Choose and Book system as a indirectly bookable service. Where referrals are rejected, the provider will give the referring clinician advice for medical management or onward referrals as appropriate.

Providers will publish the service on a Directory of Services enabling Primary Care clinicians to directly refer giving patients choice as part of the electronic Choose and Book system.

The provider will access Poole Hospital for diagnostic tests to support this service. This will be subject of a separate agreement between the Hospital and NHS Dorset CCG.

The practice will take measures to provide the following tests as part of the service:

- Blood sampling for:
 - Investigation
 - Allergy
- Urinalysis
- Skin prick testing
- ECGs

- Respiratory function tests

3.3 Service Model

- Allergy - 34 clinics per year – spread evenly throughout the year;
- General Paediatric clinic – total 84 clinics – spread evenly throughout the year.

The Adam Practice activity is based on Payment by Results tariff at:

Allergy:

- £213 1st outpatient appointment;
- £100 follow up.

General:

- £162 1st outpatient appointment;
- £84.75 follow up appointment.

3.4 Any acceptance and exclusion criteria and thresholds

The acceptance and exclusion criteria are outlined in the service booking guidance on choose and book.

The **accepted** list of conditions are:

- Chronic abdominal symptoms (in an otherwise well child) – bowel; vomiting; pain, constipation, lactose intolerance;
- Neurology– headache (chronic reoccurring in otherwise well child);
- Respiratory – asthma (moderate chronic level 2 and 3);
- Renal – bladder; UTI;
- General – failure to thrive;
- Allergy:
 - food allergy: milk, egg, nuts, Atopic Asthma, Atopic Eczema, Allergic Rhino-conjunctivitis.

The **excluded** list of conditions should be dealt with in secondary care and they include:

- Genetic disorders;
- Neurofibromatosis;
- Epilepsy and seizures;
- Cystic Fibrosis;

- Children with complex needs already under the care of a hospital specialist;
- Paediatric surgery
- Specialist Community paediatrics: ADHD, autism
- Tonsillitis
- ENT conditions
- Dermatological conditions
- Allergy:
 - Anaphylaxis;
 - Drug allergies;
 - Complex medical problems;
 - Behavioural problems - secondary to allergy;
 - Food and additive intolerances;
 - Coeliac disease;
 - Severe eczema;
 - Rhinitis;
 - Latex allergy.

3.5 Interdependence with other services/providers

Referral on:

- The provider will immediately refer patients assessed as requiring urgent examination or treatment to the local secondary care providers.
- The provider will refer patients with psychosocial needs, to the appropriate Primary Care service.
- The provider will refer patients to other Primary Care service providers as appropriate to meet patient medical management needs.

With referrers:

- The provider shall confirm in writing, by fax or secure e-mail receipt of all referrals to the original source indicating the action taken or to be taken.
- The provider shall confirm in writing, by fax or secure e-mail the discharge of patients to the original referral source indicating the action taken. This shall also apply to patients who fail to attend scheduled appointments.
- In all cases, providers' communications with Secondary Care, in respect of individual patients, should be copied to the patient's GP.

4. Applicable Service Standards

4.1 Applicable National standards (e.g. NICE)

4.2 Applicable local standards

The provider will ensure an appropriate record of activity is developed and maintained for audit and payment purposes and which meets the requirements of this contract

The provider will provide monthly activity data, via the agreed minimum data set, and financial data to NHS Dorset CCG in respect of this service. See agreed monthly data set and template for financial reporting, appendix 1.

The following waiting time standards and information returns must be adhered to and completed by the provider:

- Maximum waiting time standard for initial assessment of average 2 weeks, maximum 4 weeks;
- Average Waiting Times to Assessment (in working days)
- clinical outcomes of care – in order to compare this service to hospital based care.

NHS Dorset CCG shall monitor the performance of providers in meeting the contract specification. This monitoring will encompass:

Monthly

- Monthly reporting of the agreed data set and financial information (Appendix 1)

Quarterly:

- Complaints and incidents reported and reviewed
- Service user's responses of friends or family test reviewed; including trends of patient responses.
- A quarterly review meeting (and any ad hoc meetings, if required) of the CCG managers and the provider' representatives.

Six monthly:

- Six monthly review of the 'data set' provided by the provider

Annually:

- If required; meeting of all scheme stakeholders, e.g. the CCG, providers, service user groups, representative from the local health community;

NHS Dorset CCG shall reserve the right to cancel the contract with individual providers or suspend it entirely in the event of any serious incident or failure on the part of providers to comply with the service specification.

The provider shall carry out an audit of the service six monthly in the first year and an annual audit thereafter. The results will be reported to NHS Dorset CCG. The report will include, as a minimum:

- patient complaints;
- patient feedback on the service.

The provider must inform NHS Dorset CCG, at the earliest opportunity, if there is a significant disruption to the service in order that continuity can be maintained through an alternative provider.

In any event, the provider shall be required to assess, accept, reject or refer on all referrals received within three working days of receipt.

Any patient referred shall be seen, assessed and treated within five weeks of the date of the receipt of 'routine' referrals.

5. -

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

- demonstrate compliance with all relevant national standards for service quality and clinical governance including compliance with the relevant NICE guidelines;
- demonstrate that a system of clinical governance and quality assurance is in place;
- ensure that staff providing the service are suitably qualified and competent and that there are in place appropriate arrangements for maintaining and updating relevant skills and knowledge and for supervision
- ensure that lines of professional and clinical responsibility and accountability are clearly identified;
- ensure that all premises and equipment used for the provision of the service are at all times suitable for the delivery of those services and sufficient to meet the reasonable needs of patients or clients. This includes provision of a suitable room, with couch and sufficient space and equipment for resuscitation if required. Suitable equipment for the insertion and removal (single use) needs to be provided as well as facility for local anaesthesia to be administered;
- ensure that practices follow infection control policies that are compliant with national and local guidelines. All infection control, decontamination measures and sterilisation of equipment must meet the standards within the Health and Social Care Act (2008) and its associated "Code of Practice for Health and Social Care on the Prevention and Control of Infections and related guidance";
- comply with Section 11 Children Act 2004 and associated guidance issued by the Secretary of State, in part summarised in the document "Duty of Providers and Commissioned Service Providers to Safeguard and Promote the Welfare of Children";
- comply with monitoring arrangements designed to ensure compliance with the Children Act 2004, as required on the part of the commissioner;
- comply with the Bournemouth, Dorset and Poole Interagency Safeguarding Children Procedures and with the statutory guidance issued by the Secretary of State in Working Together to Safeguard Children 2010 and as amended.
<https://www.dorsetlscb.co.uk/site/advice-for-people-working-with->

[children/local-inter-agency-procedures/](#)

- ensure that there is a robust system of reporting adverse incidents or serious untoward incidents, that all incidents are documented, investigated and followed up with appropriate action and that any lessons learnt from incidents are shared across the organisation and with the commissioners;
- ensure that relevant safety alerts and Medical & Healthcare Products Regulatory Agency (MHRA) notices are circulated to staff and acted upon where necessary;
- ensure that an effective complaints procedure for patients is in place, in line with the current NHS Complaints Procedure guidance, to deal with any complaints in relation to the provision of the enhanced service;
- ensure that a process is in place for any member of the professional team to raise concerns in a confidential and structured way;
- demonstrate a robust information service/source for patients and review regularly based on patient feedback;
- ensure that patients are able to contribute to the planning of their own care and that opportunities for feedback are easily available;
- ensure that treatment, care and information provided is culturally appropriate and is available in a form that is accessible to people who have additional needs, such as people with physical, cognitive or sensory disabilities, and people who do not speak or read English.

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:

The paediatric general and allergy service to be hosted between the Adam Practice, 306 Blandford Road, Poole and The Boscombe and Springbourne Centre, 66-68 Palmerston Road, Shelley Road, Boscombe.

7. Individual Service User Placement

Not applicable