

## 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>	
<b>Service</b>	Urgent Care Centre (Walk-in Centre)
<b>Commissioner Lead</b>	Naomi Robinson
<b>Provider Lead</b>	
<b>Period</b>	1 <sup>st</sup> April 2015 – 31 <sup>st</sup> March 2018
<b>Date of Review</b>	

#### 1. Population Needs

##### 1.1 National/local context and evidence base

The National Medical Director of NHS England proposes a fundamental shift in provision of urgent care, with more extensive services outside hospital and patients with more serious or life threatening conditions receiving treatment in centres with the best clinical teams, expertise and equipment.

*The above is an extraction from:* <http://www.england.nhs.uk/2013/11/13/keogh-urgent-emergency/>

In his 'Review of Urgent and Emergency Care', Professor Sir Bruce Keogh sets out the vision that, 'Firstly for those people with urgent but non-life threatening needs we must provide highly responsive and personalised services outside of hospital.'

The report also highlights that nationally, "40% of patients attending ED are discharged requiring no treatment at all: there were 1 million avoidable emergency hospital admissions last year". Locally, data has shown that figure is nearer to 50%, with the inclusion of patients who are provided advice only and a further 25% require diagnostic x-ray.

The Urgent Care Centre will improve access to medical attention for patients with immediate but non-life threatening illness or injury outside of the hospital setting. Engagement with local clinicians and patients indicates that they are in support of a walk-in service that provides assessment and treatment in the city centre, while providing extended diagnostics such as x-ray and access to a wide range of health professionals.

The key policy documents related to this service include:

- Everyone Counts Planning For Patients 2014/15- 2018/19  
<http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid->

[wa.pdf](#)

- Transforming Urgent and Emergency Cares Services in England. Urgent and Emergency Care Review. End of Phase 1 report. <http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf>

Information about the Nottinghamshire patient demographic and current services relevant to the procurement are included in appendix A.

## 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	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 Local defined outcomes

- To reduce the number of attendances to ED by providing a service for patients with urgent but non life-threatening needs
- To see and treat the majority of patients within a single visit within the agreed timeframe and to avoid re-presentation by patients for unplanned care to this service or ED.
- Work with commissioners and patient groups to ensure understanding of the purpose and appropriate use of the new Urgent Care & Walk-in Centre
- Work in collaboration with other local health care providers to ensure appropriate signposting and provide seamless care for patients
- Provide an integrated and whole system approach to relieve pressures within both primary care and secondary care services.
- Work with Nottingham University Hospitals NHS Trust either contractually or through close collaborative working to integrate the Urgent Care Centre with the wider urgent care system to ensure streaming and transfer of care as appropriate and to develop protocols in order to provide an alternative destination for ambulance services

## 3. Scope

### 3.1 Aims and objectives of service

#### Aim

The aim of Urgent Care Centre is to assess and treat immediate but non-life threatening health conditions outside of the hospital, in a citycentre location. The service will be accessible with no appointment needed and offer patients access to a range of health professionals in order to respond to the varied needs of patients and across all ages and disabilities. The service will aim to assess and treat patients during one visit and decrease the number of attendances at the Emergency Department for non-emergency conditions

#### Objectives

- Improved access to health services for immediate health concerns outside of the hospital and within Nottingham city centre.
- Provide a tier of provision between Primary Care and ED, for patients that have urgent but non-life threatening health problems.
- Avoid duplication with primary care services and promote the appropriate use local health services
- Provide assessment and treatment to the majority of patients within the same visit
- Provide access to a range of health professionals (including GP assessment as appropriate)
- Provide improved access to diagnostics for immediate health problems in the community (including X-ray)
- Provide improved access to assessment for immediate minor eye conditions
- Complete assessment and treatment as soon as possible following patient presenting and within a maximum of 2 hours for tier 1 patients (no diagnostics required) and 4 hours for tier 2 patients (diagnostics required).
- Reduce health inequalities by improving health outcomes for non-registered patients and for vulnerable patient groups
- Have a system wide approach to service delivery, ensuring cohesive working between services within the Urgent Care Network and Primary Care services.
- The provider will work with commissioners to develop CQUIN and QIPP schemes to reduce unnecessary ED attendances over the duration of the contract.
- The service will offer family and child-friendly waiting and assessment areas.

### 3.2 Service description/care pathway

#### Assessment- minimum

- The service will offer a 'see and treat' approach as opposed to a triage service and treat model.
- The service will be able to identify all immediate life threatening conditions and to ensure an emergency response if required
- The service will offer face to face clinical assessment within 15-30 minutes of patient presentation by a trained and competent Nurse Practitioner (within 15 minutes for paediatric presentations).
- Patients will be offered diagnostics or advanced clinical assessment if required.
- The process will be explained to the patient, who will be given an indication

of their likely waiting time and the contractual waiting times for comparison.

- The service will stream and signpost patients to other health services in primary, secondary or social care within agreed protocols
- Signpost patients to/for advice and information about self-care for minor health conditions as appropriate.

#### **Diagnostics- Must state X-ray and plaster room as a minimum**

- The service will provide core diagnostic provision for immediate minor illness
- Direct access to X-Ray located in the same building including
  - Performing and reporting the X-Ray
  - Reviewing X-Ray reports
  - Sharing X-ray reporting with the patient's GP
  - Provision of plaster facilities

#### **Treatment–All the below are the minimum**

- Minor illness
- Self-care advice, including brief intervention and signposting to pharmacy services
- Minor injury services (including but not limited to the following):
  - Management of lacerations, including closure of simple non-complex lacerations
  - Management of partial thickness of thermal burns or scalds including broken skin
  - Treatment of wounds including dressings (protocol will be in place to advise patients about appropriate to access to on-going wound care)
  - Bruising
  - Bites
  - Risk of tetanus via assessment
- Minor eye conditions (conjunctivitis, dry eye, inflammation, watery eye, flashes/ floaters, in-growing eyelashes, foreign bodies)
- Removal of foreign bodies (including from eyes, ears and nose)
- Emergency contraception, advice and signposting to specialist sexual health services

#### **Medicines Management- minimum**

The provider will:

- Supply medicines via FP10 prescription unless clinical need dictates urgent supply and there is no avenue for the medicine to be issued by a community pharmacy. On these occasions medicines will be supplied from stockthrough mechanisms to be agreed locally.
- The Service Provider must adhere to the Nottinghamshire Area Prescribing Committee prescribing guidance and clinical guidelines, such as Traffic Light List, Antimicrobial Guideline. Prescribe medicines compliant with the Nottinghamshire Joint Formulary, local formulary and clinical guidelines
- Prescribe medicines compliant with the Nottinghamshire Joint Formulary, and with national and local clinical guidelines
- Ensure that an exemption clause is signed by the patient, if exempt from charges
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- Ensure that medicines stocked at the base/carried by clinicians comply with

the agreed formulary and are in-date, stored, labelled and handled appropriately

- Implement systems to ensure all patients will be able to access medicines in a safe and timely manner
- Source information on and signpost patients to appropriate medicines facilities, services and pharmacies
- The Provider will be able to demonstrate that robust, auditable systems are in place to cover reconciliation, record keeping and disposal requirements for the drugs for which it is responsible.
- The provider will be able to demonstrate use of appropriate written procedures covering patient safety incidents and near misses, undertake regular audits, and will report incidents and near misses in accordance with local and national requirements.
- The Provider will have appropriate mechanisms for prescribing drugs including via FP10s, 'in-house stock or PGDs. In line with the remit of the Urgent Care Centre medicines should only be supplied/prescribed for a single episode of care.
- Providers will not provide repeat prescriptions unless deemed clinically necessary / urgent and only for a maximum of 7 days. The provider will undertake audit / monitoring of persistent requesters for repeat prescriptions.
- A patient will be discharged with a 48 hour provision and/or a prescription if needed

#### **Patient Information & Navigation point**

- Provide advice and guidance for non-registered patients about GP Practices and Dental services and their entitlements.
- Provide patients with information leaflets specific to their condition as appropriate
- Provide signposting to Pharmacy services and other services
- Offer advice about available self-referral and self-help services

#### **Focused support for vulnerable patient groups**

- Provide an integrated response to patients who present from migrant populations (students, economic migrants, asylum seekers, undocumented migrants, displaced persons, homeless and traveller communities). Service staff will be knowledgeable about their health needs and local services to meet their needs.
- Protocols will be in place for patients presenting with mental health, alcohol and substance misuse problems in order to quickly and safely refer patients to appropriate services

#### **Opening Hours**

- The service will be open 365 days a year
- The service will open (accept the first patient) at 7am and close (accept the last patient) at 9pm

#### **Workforce**

- Staff will have the necessary skills and capability to deliver clinical services in adherence with all aspects of the service specification and in line with national guidance
- Staff will be available within the specified opening hours to provide a

consistent level of service, including the provision of x-ray and staff with paediatric qualifications

### **3.3 Population covered**

The service will be provided to any member of the general public regardless of residency. A re-charge arrangement will be in place with CCGs outside of the Nottinghamshire area. Charges will apply to patients from countries that do not have a reciprocal arrangement with the UK in line with guidance from NHS England.

The service will provide non-English speaking patients with access to professional translation services and have arrangements in place to support people with particular needs or disabilities.

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

The service will be provided to any member of the general public regardless of residency. The service will operate an open access model with no appointments needed.

The service will provide assessment and treatment for non-life threatening conditions (see section 3.5).

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

The service is expected to work closely with other healthcare professionals, including:

- Primary care (GPs and Practice Nurses)
- Secondary care
- Community healthcare
- Third sector organisations and services
- Mental Health Teams
- Optometrist
- Pharmacists
- EMAS
- Out of Hours Services
- 111
- Dentists

#### **Streaming and transfer of care**

The provider will have in place a detailed streaming process for primary and secondary care. Demonstrate close working with the wider urgent care network of services, including pharmacists, Integrated Dental Unit, GP Out of Hours, East Midlands Ambulance Service (EMAS) and NUH Emergency Department (ED).

The provider will work with ED and EMAS to agree protocols to receive transfer patients from and on to emergency services. Protocols will include clinical governance, information sharing and patient care arrangements.

A written summary of the episode of care will be communicated to the patient's GP with 24 hours and provide a patient copy. The written summary will be in a consistent format using a proforma that is agreed between commissioner and provider.

## **4. Applicable Service Standards**

#### 4.1 Applicable national standards (eg NICE)

- The service must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with any relevant clinical standards including adherence to the NICE guidelines.
- Staff delivering the service should be appropriately qualified, trained and supervised as required to meet the objectives of the service.
- The provider will be registered with the Care Quality Commission and maintain compliance with the essential standards of the safety and quality
- The NHS Outcomes Framework 2014-15

#### Infection control & hygiene

The provider will demonstrate infection control and hygiene practice in accordance with The Health and Social Care Act: The Hygiene Code (2008), including:

- Management arrangements to include access to accredited microbiology services.
- Clinical leadership to include access to an infection control team.
- Evidence of application of evidence based policies through annual audit and observational audit for Infection Prevention and Control and Practice.
- Design and maintenance of the environment and medical devices.
- Education, information and communication, ensuring that all staff have attended infection control training and prevention in particular hand hygiene, and this is documented.

#### Data & Information Sharing

The successful bidder will provide assurance and evidence of this annually by providing the CCGs in Nottingham City and Nottinghamshire County with an independent audit report of the IG Toolkit declarations (further information: <https://www.igt.hscic.gov.uk/>)

Through this mechanism the provider will demonstrate compliance with relevant legal and regulatory standards, including:

- NHS Code of Confidentiality (2003)
- Data Protection Act (1998)
- Access to Health Records Act (1990)
- Freedom of Information Act (2000)
- Environmental Information Regulations (2000)
- Computer Misuse Act (1990)
- NHS Code of Practice for Records Management (2009)
- Human Rights Act (1998)
- Caldicott Guardian Manual (2010)

The Provider must have a named individual with responsibility for Information Governance in adherence with the NHS IG Toolkit declarations (further information: <https://www.igt.hscic.gov.uk/>).

The provider will have IT that is compliant with national NHS standards, including access to the NHS network (N3) Summary Care Records, pathology systems to share and store reports and an electronic clinical system (compliant with local systems).

## Medicines Management

Ensure that there are policies and procedures in place for obtaining supplies of medicines, receipt, recording, storage (including controlled drugs and refrigerated items), handling, administration and disposal of medicines in accordance with:

- The Medicines Act 1968
- The Misuse of Drugs Act 2001 (amended)
- Health and Safety Regulations
- Essential standards for quality and safety (Care Quality Commission)
- Relevant professional codes of practice in relation to medicines e.g. Health Professionals Council (HPC), General Medical Council guidance on good medical practice and Nursing: Nursing and Midwifery Council (NMC) Standards for medicines management (2008)

### Safety Alerts

The service must ensure that they are aware of any safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) <http://www.mhra.gov.uk/#page=DynamicListMedicines> and the NHS Central Alerting System (CAS) <https://www.cas.dh.gov.uk/Home.aspx> that apply to any equipment or patient safety concerns associated with this service and that these are acted upon. Details of action taken must be reported back to NHS Nottingham City CCG within the designated timescale.

The provider will meet the requirements of the Medicines Act and the Care Quality Commission.

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

See section 4

### 4.3 Applicable local standards

The service will have in place a Safeguarding policy for children and vulnerable adults, which ensures that the interests and safeguarding of children and vulnerable adults is paramount at all times. This must be in accordance with the standards set out in the Department of Health's publications, Working Together to Safeguard Children (2013) and No Secret: guidance on protecting vulnerable adults in care (2000) and adhere to local protocols within Nottingham City and Nottinghamshire County.

The Provider must provide Safeguarding training to all staff and submit an annual return to commissioners in order to demonstrate compliance.

## 5. Applicable quality requirements and CQUIN goals

### 5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

Providers are required to have a robust incident reporting and investigation procedure in place for all clinical and non-clinical incidents. All serious incidents (SI's) should be recorded and reported to the NHS Nottingham City CCG as the contract lead within the timeframes stated in the NHS England's 'Serious Incident Framework March 2013'.





sif-guide.pdf

See Schedule 4 & 6 of the NH Standard contract for further quality and information requirements.

Patient, staff and clinical feedback will be monitored and captured via satisfaction surveys, comments and complaints. The Provider will work closely with patient groups to ensure continued engagement, monitoring and evaluation of the service.

## 5.2 Applicable CQUIN goals (See Schedule 4 Part [E])

To be jointly agreed between provider and commissioners

## 6. Location of Provider Premises

Patients will present to a single reception point and the service will be delivered from a city-central location

- The service must have adequate mechanisms and facilities including premises and equipment to enable ambulance and emergency drop off/ pick up.
- The service will be provided in a location that is accessible to patients

**The Provider's Premises are located**

8. Baseline Performance Targets – Quality, Performance & Productivity				
<i>Performance Indicator</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Consequence of Breach</i>	<i>Frequency of Monitoring</i>
<b>Quality</b>				
Reporting of all mandatory Quality and Safety information (see Schedule 16 Part 1)	100% (and exception reporting for non-compliance)	Monitoring	Failure to report will be escalated via procedures in Clause 32.	Monthly
'See and treat' Tier 1 patients within 2 hours of presenting	100%	Monitoring	Raised as a performance issue in Quarterly or 6-month review	
'See and treat' Tier 2 patients within 4 hours of presenting	95%	Monitoring	Raised as a performance issue in Quarterly or 6-month review	
Number of patients 'seen and treated' within 1 hour Number of patients 'seen and treated' within 2 hours Number of patients 'seen and treated' within 3 hours Number of patients 'seen and treated' within 4 hours	Actual	Monitoring	Raised as a performance issue in Quarterly or 6-month review	Monthly

<i>From service users' initial contact with service and the time/date of consultation</i>				
No. (and %) of service users who waited to be seen for an assessment 0 – 15 hours 15 – 30 minutes  • 30 – 45 minutes 45 - 1 hour  • over 1 hour	Actual figures	(as above)		
% of patients who leave before receiving definitive treatment		Monitoring	Raised as a performance issue in Quarterly or 6-month review	
No. of responses received from patient, staff and other health professionals surveys, and % who rated their satisfaction with service as 'Good' or better (including breakdown by protected characteristic)	85% rate service good or better  <i>All service users must be invited to feedback on or before discharge.</i>	Patient Satisfaction Survey	Raised as a performance issue in Quarterly or 6 month review	Quarterly
Plan re-attendance as a % of patients seen		monitoring	Raised as a performance issue in Quarterly or 6-	

			month review	
<b>Performance &amp; Productivity</b>				
<i>Additional Measures for Block Contracts:-</i>				
Staff turnover rates				
Sickness levels				
Agency and bank spend				
Contacts per FTE				
<b>9. Activity</b>				
<b>9.1 Activity (Information Requirements) – All to be split by CCG</b>				
<i>Activity Performance Indicators</i>	<i>Threshold</i>	<i>Consequence of breach</i>	<i>Frequency of Monitoring</i>	
Total number of service users who received an: <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Minor Eye Intervention</li> <li>• X-Ray</li> <li>• Other diagnostics</li> <li>• Other Minor Intervention</li> <li>• Information Only</li> </ul>	Actual figures	<i>Breach of Information Agreement (action required in DQIP)</i>	Monthly	

<p>Attendances by service user Final Disposition:</p> <ul style="list-style-type: none"> <li>• Treated &amp; no follow-up required</li> <li>• Referred to ED</li> <li>• Referred to GP &lt;6 hours</li> <li>• Referred to Acute</li> <li>• Referred to Community Service (name of service)</li> <li>• Service user left before being seen</li> <li>• Sign posted to GP</li> <li>• Sign posted to Patient Support Group (name of organisation)</li> <li>• F/up at Urgent Care Centre</li> </ul>	Actual figures	(as above)	Monthly
No of Ambulance transfers received	Actual figures	(as above)	Monthly
<p>No of attendances by</p> <ul style="list-style-type: none"> <li>• Postcode (resident)</li> <li>• GP practice</li> <li>• CCG</li> <li>• Nine Protected Characteristics</li> </ul>	Actual figures	(as above)	Monthly
<p>No of attendances by age group:</p> <ul style="list-style-type: none"> <li>• Under 1 year</li> <li>• 1 to 5 years</li> <li>• 6 to 14 years</li> <li>• 15 to 20 years</li> <li>• 21 to 31 years</li> </ul>	Actual figures	(as above)	Monthly

<ul style="list-style-type: none"> <li>32 to 44 years</li> <li>• 45 to 64 years</li> <li>• 65 to 75 years</li> <li>• 75-85 years</li> <li>• 85+</li> </ul>			
<p>No. (and %) of service users who waited to be seen for an assessment (split by tier 1 and tier 2 patients)</p> <p>0 – 15 hours</p> <p>15 – 30 minutes</p> <ul style="list-style-type: none"> <li>• 30 – 45 minutes</li> <li>45 - 1 hour</li> <li>• over 1 hour</li> </ul>	Actual figures	<i>(as above)</i>	<i>Monthly</i>
<p>Top ten Presenting Conditions and to ten treatments provided by:</p> <p>Adults and Children (separately)</p>	Actual figures	<i>(as above)</i>	<i>Monthly</i>



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