**Service Specification**

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| **Minor illness service****Service:**  |
| Provided by: | **Kingston Hospital** |
| Provided to: | Kingston Hospital NHS Trust (KHFT) (“the Purchaser”) |
| **Responsible Service Manager (KHFT)** |
| Name | Tracey Moore |
| Designation | Director of operations |
| Location | Service to be delivered from a site close toKingston Hospital NHS Foundation Trust  |
| Telephone/Bleep Number |   |
| **Responsible Service Manager for the provider of the service** |  |
| Name |  |
| Designation |  |
| Location |  |
| Telephone/Bleep Number |  |
| **Service Description**  |
| Aim* To provide a booked minor illness service for residents of Kingston and Richmond and neighbouring boroughs. This includes adults and children.
* To provide 10 hours of bookable appointments, 7 days per week.
* To provide a minimum of 4 face to face appointments per hour and 6 telephone consultations per hour
* To be set up to receive referrals streamed via NHS 111 into a booked appointment.

 * To provide a workforce which has the experience and competence to manage patients presenting with symptoms of minor illness
* To provide a governance framework to ensure that the service provided is of a high standard, that the staff are suitably experienced, trained and accredited, that risk management processes are in place and that a robust process for escalation is managed and monitored.

**Scope of Service**The scope of practice in the community urgent treatment service (CUTS) is to see and treat minor illness in adults and children and will cover the catchment area of residents who attend Kingston Hospital, predominately but **not exclusively the residents of Kingston and Richmond.** * Adults and Children with minor illness
* Adults and Children with a problem that may need further investigation, or observation, but who are not regarded as requiring the ED.

The service will provide advice and treatment for adults and children, such as (but not limited to):* Coughs and colds;
* Urinary tract infections;
* Earache and sore throats;
* Removal of superficial foreign bodies if appropriate
* Headaches and rashes;
* Cuts and bruises;
* Strains and sprains
* Superficial burns and scalds;
* Bites and stings;
* Minor head injuries;
* Minor skin and tissue infections;
* Emergency contraception.

Exclusions* Serious medical emergencies posing an immediate threat to a person’s health or life
* Serious head injury – loss of consciousness
* Accidental or deliberate overdose of drugs
* Severe allergic reaction
* Severe blood loss
* Minor injuries such as Suspected broken limbs
* Sudden onset with rapid deterioration of minor illness

Follow-up care is not provided by this service unless in exceptional circumstances, such as a patient requiring the instigation of immediate new treatment until the next working day that the patient’s own GP practice is open or where there are safeguarding issues where this is safe and appropriate, otherwise the person would be directed to the emergency department as a place of safety whilst appropriate action would be taken.**Core requirements of the service*** open for a minimum of 10 hours per day Monday - Sunday including bank holidays ( opening times to reflect demand and to be flexible)
* Four face-to-face bookable slots per hour on average, plus between 4 and 6 telephone consultations
* provide both pre-booked and same day appointments available for direct booking from NHS 111.

Provide appointments for both GP registered and non-registered patients* must have systems in place to offer booked appointments to patients by a single phone call to NHS 111
* must be able to issue prescriptions, and e-prescriptions where appropriate for the care being provided for their appointment.
* must be able to signpost patients to a local mental health advice and services and links to community-based crisis services.
* must have a protocol in place to manage critically ill and injured adults and children who present at the service.
* must ensure there is equipment available to commence resuscitation if required prior to an ambulance arriving on scene and this equipment must be compliant with Resuscitation Council (UK) guidelines
* must ensure at least one member of staff trained in adult and paediatric resuscitation must be present at all times.

Must provide appropriately skilled and experienced staff with appropriate supervision to support this service. * To provide all under 5-year-olds with face-to-face appointments.
* Must have facilities/equipment to carry out the following diagnostics where clinically indicated:
* Urine analysis
* Pregnancy testing
* Must have robust clinical governance policies in place
* Must have protocols in place for transfer of a deteriorating patient to the local Emergency Department
* Must maintain strong links with system partners: e.g. GP’s, Acute Trust, community services to ensure appropriate and continuous care
* To ensure that appropriate provision is made for a patient with Covid 19 symptoms, including infection control measures and provision of a hot clinic where appropriate.

**Arrival and Triage**The service must accept and see all appropriate patients. The scope of the service encompasses all age groups and includes facilities for children and young people. As a part of the arrival and triage process, the following activities must take place for patients attending the service: * The service must see and treat patients with a pre-booked appointment made by NHS 111 or a GP Surgery within 30 minutes of their appointment time.

**Other Conditions*** The service must have arrangements in place for staff to access the full patient medical record of patients within Kingston including blood results
* Where available, systems interoperability must make use of nationally defined interoperability and data standards; clinical information recorded within local patient care records must make use of clinical terminology (SNOMED-CT) and nationally-defined record structures.
* The service must make capacity and waiting time data available to the SWL CCG (ICS)/ Kingston and Richmond Place in as close to real-time as is possible for the purpose of system-wide capacity management. Relevant real-time capacity information must also be made available for use across Integrated Urgent Care nationally.
* The service must promote and record the numbers of patients offered self-care management and patient education
* The service must provide a range of services to enable patients with communication challenges to access British sign Languages, interpretation and translation services (E.g., Language line via phone or face to face)
* Where appropriate, must provide health & wellbeing advice and sign-posting to local community and social care services to patients where they can self-refer (E.g. smoking cessation-sexual health, alcohol and drug services)
* All healthcare practitioners working in the service must receive training in the principles of safeguarding children, vulnerable and older adults and identification and management of child protection issues
* The service must ensure that a Child Protection Information Sharing System is in use to identify vulnerable children on a child protection plan (CPP), Looked After Child (LAC) or in utero.
* Staff working within the service must have completed their mandatory training including cardiopulmonary resuscitation

**Operational hours** The hours of operation are 1000 – 20.00 Monday – Sunday including bank holiday, 365 days per year.**Estate and IT:**The provider will source and provide the service from a suitable and accessible setting within the funding available.Any facility used must be registered by the Care Quality Commission |
| **Staffing** |
| The provider will source appropriately skilled and experienced staff to work in this service. Staff will have an advanced CRB check and the provider will ensure that staff have the appropriate professional registration. The provider will ensure that all shifts are filled and will be responsible for covering the shift in the event of sickness or other unforeseen absence. It is expected that this will be a primary care led service. |
| **Training** |
| The provider will ensure that all staff have evidence of up-to-date appraisals and mandatory training and be able to provide this upon request for Governance and Audit purposes.  |
| **Quality Standards** |
| The service must o be delivered in accordance with schedule 4 quality requirements of the NHS Standard Contract |
| **Monitoring Requirements** |
| There will be a monthly Operational meeting attended by the appropriate clinical and managerial staff from both the provider and the purchaser and quarterly contractual meetings with additional attendance from senior managers from both the provider and the purchaser. Membership of the review body will be a matter for discussion between the Provider and the Purchaser.Discussion at the meetings will include:* Incidents and Issues
* Complaints and Compliments
* Activity and Performance Monitoring
* Service Improvement

The following data will be maintained for monitoring purposes and will be available at the monthly contract review meeting.* **Patient numbers**
* **Number of DNA’s**
* **Mapping of patient attendances** – time of day and day of week
* **Complaints/incidents/SI’s**
* **Patients referred from 111**
* **Length of appointments and future disposition**
* **Patient feedback**

**KHFT*** **Minor Illness presenting at KHFT ED**
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**July 2021**