SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	0002
Service	Integrated Urgent Care: Clinical Navigation Hub
Commissioner Lead	Mike Ryan
Provider Lead	
Period	TBC
Date of Review	TBC

1. Population Needs

1.1 National/local context and evidence base

National Context

The 'NHS Five Year Forward View' (5YFV) and 'Next Steps on the NHS Five Year Forward View-March 2017' explains the need to redesign urgent and emergency care services in England for people of all ages with physical and mental health needs and it sets out clearly the new models of care needed to do so.

The 'Urgent and Emergency Care Delivery Plan' published in April 2017, also details how these models of care can be achieved through a fundamental shift in the way urgent and emergency care services are provided to all ages, improving out-of-hospital services so that we deliver more care closer to home and reduce hospital attendances and admissions. In August 2017 NHSE published the National IUC Service Specification, which describes the requirements for a functionally integrated 24/7 urgent care access, clinical advice and treatment service to support the movement from an 'assess and refer' to a 'consult and complete' model of delivery.

The simple overarching vision outlined in these national strategies has been adopted across the LLR Urgent Care System and within our Urgent and Emergency Care Programme:

- For adults and children with urgent care needs, we will provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families
- Wherever possible, out of hospital ambulatory care pathways will be used to ensure that patients are only referred or admitted to an acute hospital where this is the best place for their needs.
- For those people with more serious or life-threatening emergency care needs, we will ensure they are treated in centres with the right expertise, processes and facilities to maximise the prospects of survival and a good recovery

Commissioners propose that the following five key principles, set out nationally, are taken into account when commissioning any service which forms part of our urgent and emergency care system:

- Providing better support for people and their families to self-care or care for their dependants.

- Helping people who need urgent care to get the right advice in the right place, first time
- Providing responsive, urgent physical and mental health services outside of hospital every day of the week, so people no longer choose to queue in hospital emergency departments
- Ensuring that adults and children with more serious or life threatening emergency needs receive treatment in centres with the right facilities, processes and expertise in order to maximise their chances of survival and a good recovery
- Connecting all urgent and emergency care services together so the overall physical and mental health and social care system becomes more than just the sum of its parts.

LLR commissioners recognise that delivering safe and effective urgent and emergency care cannot be done from within organisational or commissioning silos. It requires co-operation between and within numerous organisations and services, and collaboration between clinicians and supporting staff who place patient care at the centre of all they do. This specification sets out how we will address these principles in respect of the Introduction of a new Clinical Navigation Hub and ensure that it is aligned to all other relevant commissioned services.

Local context

LLR was a 2016/17 Urgent Care Vanguard site and redesign of the urgent care pathway is a key deliverable for LLR Commissioners and an enabler of the Better Care Together Programme. Extensive engagement with patients, the public and other stakeholders, has taken place during our redesign process. The Clinical Navigation Service is now a key clinical workstream of the STP.

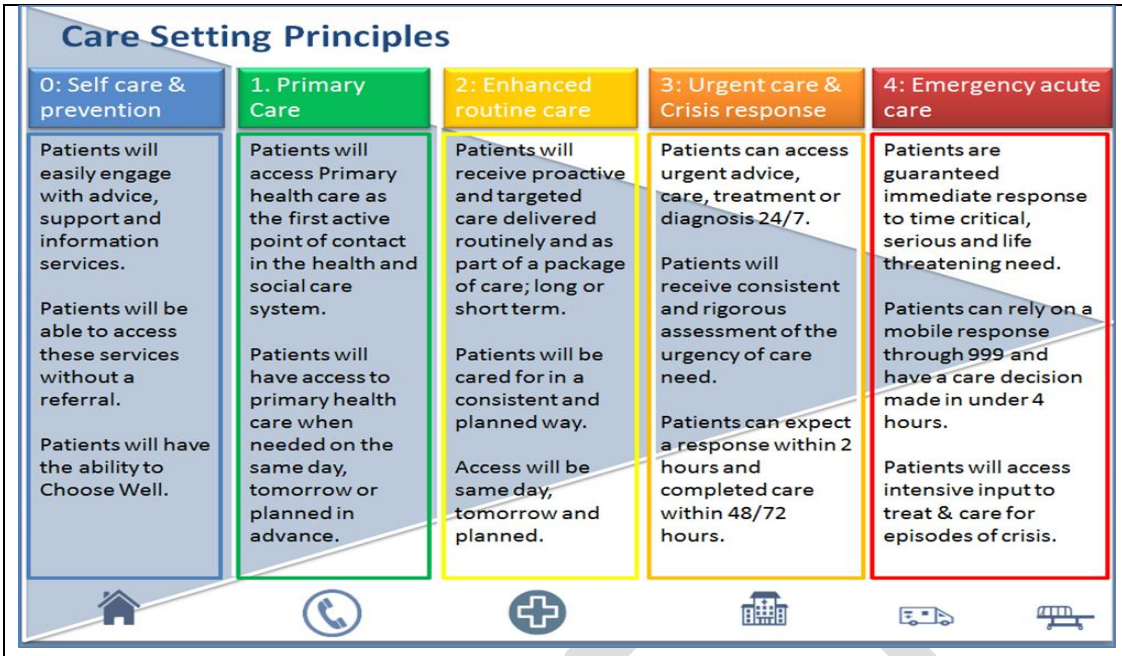
The overall vision for LLR is for an integrated, coherent and intelligible urgent care system with patients supported to access the right service via enhanced clinical navigation through a LLR Clinical Navigation Hub. The Clinical Navigation Hub will be supported by 24/7 community urgent care services, with reduced duplication and improved information sharing and signposting between providers. Achieving this vision depends upon collaboration between providers, with a joint clinical governance framework supporting front line staff.

The overall aim is to reduce demand for acute emergency care services and increasingly meet people's needs in lower acuity and ambulatory settings, including self-care.

The service model described within this specification has been developed in response to National guidance and best practice as well as reflecting the needs of the LLR population and the diversity of population and geography. The principle of a core, consistent offer across LLR, with local flexibility has been followed.

The integrated urgent and emergency care model has been designed to reflect the 5YFV and the Urgent Care Review settings of care model, and this is also reflected in the tiers of provision for integrated primary and community urgent care services.

The care setting principles for LLR are described below:



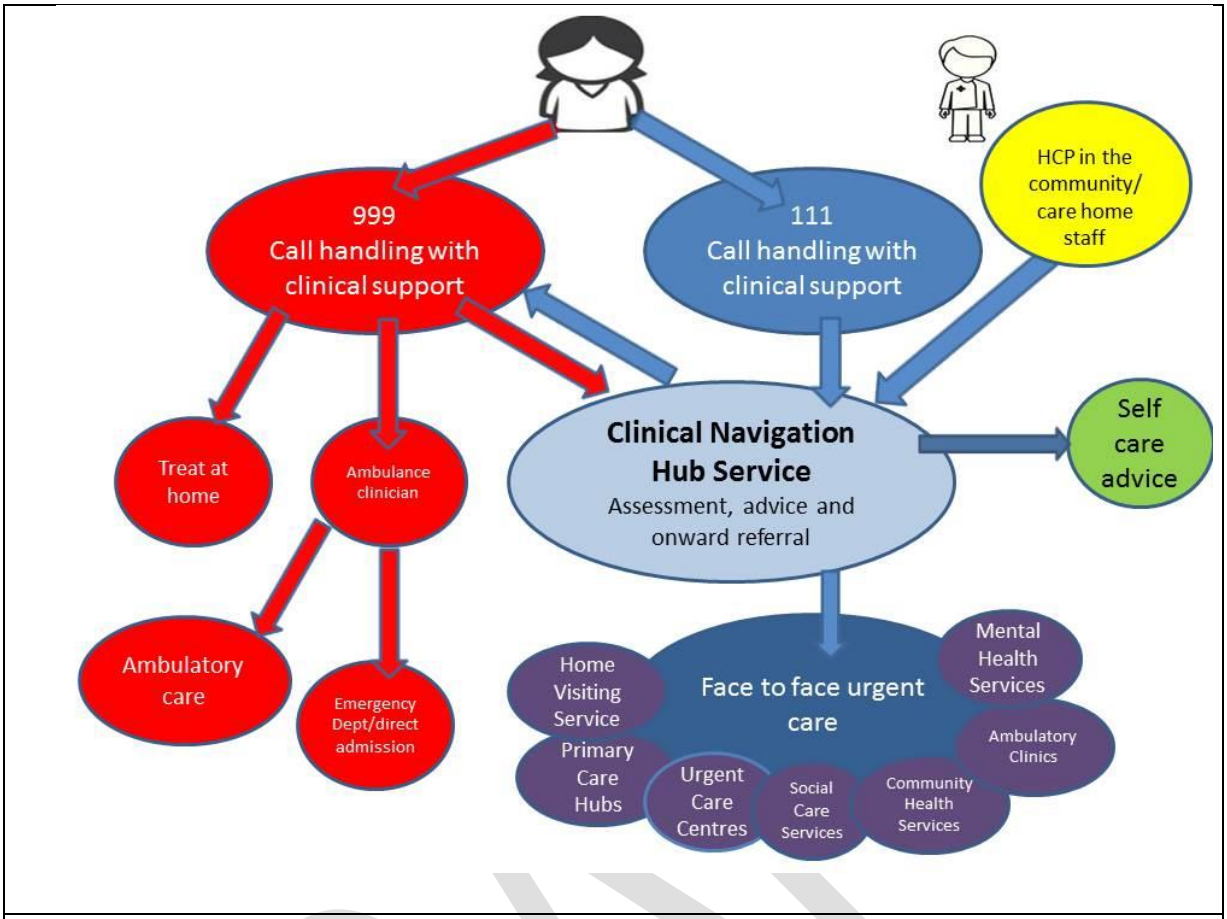
LLR Hybrid Model of Integrated Urgent Care

The LLR hybrid model is a clinical navigation model, currently encompassing NHS 111 East Midlands and the LLR Clinical Navigation Hub (CNH) with onward referral services. Together these provide the IUC Clinical Assessment Service (CAS) mandated in the National IUC Service Specification. The service will have a physical base within LLR and staffed by local clinicians 24/7 who are familiar with the LLR health system, to facilitate a response informed by robust knowledge of local services informed by the LLR Directory of Services (DoS). The service will deliver advice and assessment for patients and will also provide clinical advice for health care professionals in the community, including care home staff and paramedics, through a dedicated 24/7 'HealthCare Professional (HCP) line'. The service will improve outcomes for patients with mental health needs.

The strategic direction is to enable within the service, direct access to specialist services such as mental health or end of life care. This may be delivered by, for example, co-locating points of access within the hub or through innovative joint contracts or secondment. We will expand the onward referral services linked to the clinical navigation services. The service will deliver telephone assessment and advice and will also increasingly deliver through telemedicine (i.e. remote assessment and advice given via video conferencing technology) for specific cohorts, including for HCPs where appropriate.

The role of NHS 111 East Midlands within the service is to identify patients who would benefit from enhanced clinical assessment and to either provide the clinical assessment required (for example ambulance dispositions categories to be determined based on Ambulance Response Programme as agreed) or to transfer the case electronically to the CNH for a range of agreed patient cohorts and for ED disposition outcomes (for example ED illness dispositions). For the purpose of this document NHS 111 refers to both the telephony based and online services and 'calls' and 'callers' includes patients who have accessed the 111 service online. The Service will deliver a response for patients using NHS 111 Online which replicates the telephony service except where commissioners agree that an alternative response would be more appropriate.

The diagram below illustrates how the different elements of the urgent care system in LLR will work together, as a network of integrated urgent care services with the Clinical Navigation Hub Service being at the heart of the model:



2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

The outcomes for the Clinical Navigation Hub are aligned in the following table to the relevant Domains of the National Outcomes Framework:

Domain 1 **Outcome 1** **Outcome 2**	**Preventing people from dying prematurely** People are assessed, provided with advice and/or treatment and discharged from the service within the specified timeframe by appropriately skilled and qualified staff leading to an appropriate clinical outcome People who ring NHS 111 have access to the right care, in the right place, by those with the right skills, the first time	✓
Domain 2 **Outcome 3**	**Enhancing quality of life for people with long term conditions** People with long-term conditions are treated in-line with their care records and wishes and are provided with the most appropriate treatment for their needs first time	✓
Domain 3 **Outcome 4**	**Helping people to recover from episodes of ill-health or following injury** People who ring NHS 111 receive a holistic and personalised service, which responds to their immediate need in a timely fashion and also arranges for any follow-up care and support required within a single episode of care	✓

Domain 4 **Outcome 5** **Outcome 6** **Outcome 7** **Outcome 8**	**Ensuring people have a positive experience of care** People have access to a service 24/7 which supports them in effectively navigating the urgent and emergency care system People's perceived urgent care needs are dealt with in a personalized way that takes into account their holistic needs People are provided with information and options for self-care and are supported to manage an acute or long-term physical or mental condition People received improved patient care, experience and outcome by ensuring the early input of the most appropriate senior clinician when required	✓
Domain 5 **Outcome 9** **Outcome 10**	**Treating and caring for people in safe environment and protecting them from avoidable harm** The service is accessible and provides the same quality of care to all patients who access the service People who use the service have their care needs responded to within a single episode of care, which minimizes the need for handovers and re-triaging between services.	✓

2.2 Local defined outcomes

Key local outcomes for the LLR Clinical Navigation Hub service are as follows:

Low Acuity Ambulance Clinical Assessments:
Increase Low Acuity Ambulance Cases available for Clinical Assessment
Increase number of Warm transfers achieved
Percentage Of Low Acuity Ambulance Cases - Warm Transfer Achieved
Number of patients Following Clinical Assessment - Avoided Ambulance Dispositions
Avoided Ambulance as % of Cases Clinically Assessed

Reduction in percentage referred to ED following clinical assessment
Reduction in number of Patients Admitted following clinical assessment
Reduction in Ambulance called or advised to call 999
Improve use of Primary Care/UCC/WIC/HVS/Pharmacy/Other
Increase the utilisation of booked appointments where available
Improve Self Care Advice
Improve patient experience
Increase assessment and advice delivered via telemedicine to residents of care homes/other identified cohorts
Increase the total avoided ED attendances for patients with identified primary mental health need
Increase the Total avoided ED attendances and emergency admissions

Please see Schedule 4C for the Key Performance Indicators (KPIs)

3. Scope

The Clinical Navigation Hub forms an integral part of the LLR Integrated Urgent Care Model. This service specification sits alongside a number of other services that together provide a 24/7 urgent care service across LLR including:

- LLR CCGs Integrated Community Urgent Care Services (including former out of hours services)
- LLR Home Visiting Service

- Leicester Royal Infirmary Front Door Assessment & Streaming Service
- NHS 111 Service (including NHS 111 Online)
- Extended Access to Primary Care (LLR CCGs)

The LLR Urgent Care model sets out for the LLR population a preferred entry point via NHS 111 from which there will be access to 24/7 fully integrated urgent care services in which organisations collaborate to deliver high quality, clinical assessment, health advice, sign-posting and multi-disciplinary care and treatment, to pre-determined standards and processes and with clear accountability and leadership.

To achieve this LLR commissioners have reshaped the way that wider urgent care services are both commissioned and provided in order to move towards a fully integrated Urgent Care System that supports primary/community care.

The LLR Clinical Navigation Hub is central to this integrated way of working and will be operational every hour of every day of the year. The LLR Clinical Navigation Hub will offer those who need it access to a wide range of advice, assessment, care, signposting and information and support from a range of clinicians, both experienced generalists and specialists either via the telephone, telemedicine, or referrals to face to face services, for example the 24/7 Acute Home Visiting Service.

The Clinical Navigation Hub (CNH) will offer :

- A personalised advice, triage and onward referral service that is responsive to people's urgent health needs when they are referred to the (CNH) following a call to the NHS 111 service (or NHS 111 Online alternative).
- Advice to health professionals in the community to provide clinical advice and support to decision making and admission avoidance effort
- Advice to care home staff when required.

3.1 Aims and objectives of the LLR Clinical Navigation Hub

The aim of the LLR Clinical Navigation Hub (CNH) is to support an integrated urgent care service, which is clinically safe, competent and publicly valued and trusted, with equity of access to the local population across Leicestershire, Leicester and Rutland.

The service will aim to provide clinical advice, assessment and access to unplanned urgent care, working in partnership with the wider urgent care system across primary, community and secondary healthcare, with social care and the voluntary sector to meet the urgent physical and mental healthcare needs of the LLR population.

The service will:

- Be available, 24 hours a day, 365 days a year to provide clinical assessment, advice, and navigation to the full range of LLR integrated community services for people who have been referred to the CNH
- Be available, 24 hours a day, 365 days a year to provide clinical advice and navigation to the full range of LLR integrated community services to health and care professionals who have contacted the CNH
- Be available, to provide clinical advice and navigation to the full range of LLR integrated community services to care home staff who have contacted the CNH
- Offer telemedicine as an option for clinical assessment and advice for specific cohorts, for example care homes where the technology and processes are in place to support
- Be equitable , accessible and responsive to the individual urgent care needs of the people of

LLR

- Aim to improve the public's understanding of and access to the most appropriate urgent care service for themselves, their carers and their families
- Provide an offer for co-location of services.
- Contribute towards reducing avoidable emergency department attendance and patient admissions including referrals 24 hours a day, 7 days a week by providing people with urgent care needs appropriate clinical advice, assessment and referral to clinical care and health care intervention in a range of ambulatory and community based settings
- Contribute towards a reduction in avoidable inappropriate 999 ambulance dispatches and conveyances
- Improve sign posting to the appropriate clinical pathways to reduce duplication and delays for patients
- Be an effective and efficient service that meets all national and local requirements and standards, in particular the elements of the National IUC Service Specification (Clinical Assessment Service) not delivered by the 111 service
- Enable higher levels of people calling into NHS 111 or using NHS 111 Online to receive enhanced clinical triage and navigation within the Clinical Navigation Hub
- Be clinically safe, giving the right advice and signposting or directing people to the right service as efficiently as possible
- Request, when appropriate, without delay, East Midlands Ambulance Service (EMAS) to dispatch an ambulance, utilising electronic request (verbal for business contingency)
- Support people to remain in their usual place of residence wherever possible and appropriate to do so
- Enable less repetition of information-giving by patients and enabling more informed decision making by clinicians by encouraging use of access to patient's medical records in line with Information Governance and patient consent
- Work with commissioners and other providers to increase levels of direct appointment booking into the range of integrated community urgent care services in all settings including (but not exclusive to) urgent treatment centres, healthcare hubs and GP practices in-hours
- Work towards meeting all Local and National Integrated Urgent Care KPI's including all relevant quality standards as per the contact schedule.
- Maintain a sustainable clinical and effective workforce aligned to demand
- Make best use of and develop the skills of all professionals working in the service
- Use insight to support staff reflection and service improvement e.g. how can staff make the service more reassuring for both patients and carers
- Take a whole systems approach in managing and developing the service including demand and capacity planning, ensuring the service plans ahead for winter and expected activity surges.
- Work collaboratively with partner organisations and providers across the urgent care system including statutory and voluntary services, secondary care, community services, mental health service providers, general practice, social care and primary care providers over the lifetime of the contract
- Actively involve and engage the public, via local patient representative groups in planning, developing and monitoring the service
- Provide, enhance and monitor an excellent patient and carer experience
- Listen and respond to patient feedback, professional feedback and complaints and act upon learning from feedback and complaints
- Work in partnership across LLR to complement existing and future urgent care services in LLR and continue to develop a high quality urgent care system across LLR
- Work collaboratively with commissioners and wider partners to build trust and confidence in urgent care e.g. providing assurance to patients quickly, increasing the patient's sense of

continuity through access to summary care records and high quality handover notes.

- Ensures that staff always closes the call with patient knowing next steps and that clear information including directions are given should a patient be referred and/or booked into another service.
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The following table provides a definition of both an avoidable emergency department attendance and avoidable emergency admission:

Avoidable ED Attendance	An attendance at ED has been avoided as a direct result of the provider assessing and treating an individual with an urgent care need in a community setting and enabling the individual to return home. If the provider had not delivered this service in a timely and clinically effective way then the person would have had to attend ED. Such examples of conditions or situations may include but not exhaustive to: Asthma, Minor Injury (including from fall), Head Injury, Back Pain, Headaches, Constipation, Low grade pyrexia (temperature), Infections (UTI, Chest).
Avoidable Emergency Admission	An admission to hospital has been avoided as a direct result of treatment being provided in a community setting which has allowed the individual to return home. This is further supported by evidence / history suggesting that without intervention the individual would usually have been admitted to hospital. Such examples of conditions or situations may include: Infections, Exacerbation of respiratory condition (with or without infection, e.g. Asthma, COPD, bronchitis, emphysema), Chest pain, (relieved at home), elderly fall with moderate injury (e.g. sprain, injury requiring treatment), Heart failure, Oedema, Cellulitis, Confusion, Dehydration, Diarrhoea and Vomiting, etc.

3.2 Service Description and Model Service Description

The service will provide a high quality, clinically effective and cost-effective service that fully meets the urgent care needs of people in LLR in conjunction with the wider LLR integrated community urgent care services, along with the requirements set out in this specification

Service Model

The provider will be expected to work with commissioners and all relevant partners to develop the service in an integrated way over the contract period and to continually grow the role of enhanced triage and navigation to support the LLR Urgent Care Programme objectives.

The Clinical Navigation Hub will provide:

- for patients who have been referred (electronically) by NHS 111, clinical assessment, advice service and, where appropriate, onward referral – 24 hours a day
- Clinical advice and support to Health Professionals in the community who are seeking advice and support for patients at risk of acute hospital admission. These appropriately skilled and experienced professionals include but not limited to:
    - General Practitioners (GP)
    - Advanced Nurses Practitioners
    - Community nurses
    - Social care workers
    - Care home staff
    - Paramedics

- clinical advice to staff within care homes who have direct access to the Hub where appropriate, onward referral to the Acute Home Visiting Service.
- Dedicated managerial and support staff

- In addition, a number of targeted LLR patient cohorts have been identified for which the Clinical Navigation Hub will provide enhanced clinical triage and assessment. Callers in these cohorts will be identified by the NHS 111 service and HCP line and electronically referred to the Clinical Navigation Hub for clinical assessment and, where appropriate, onward referral to other services.

Targeted patient cohorts are :

  - NHS 111 ED Illness pathways disposition codes
  - Attend ED within 1 hour – Dx02 code
  - Attend ED within 4 hours – Dx 03 code
  - Attend ED Dental within 4 hours – Dx 118 code
  - Attend ED within 12 hours – Dx89 code
  - Attend ED within 1 hour for Mental health crisis intervention - DX92 code

- Callers who have made 3 calls in 4 days to the 111 Service - DX93 code.

- Patients who have a 'Special Patient Note' identifying a care plan, long term conditions, polypharmacy or end of life needs as linked to the NHS 111 record.

- Patients (over the age of one) who have contacted NHS 111 and been assessed as requiring a Cat 2, 3 or 4 or ARP equivalent ambulances will receive clinical assessment by NHS 111. *Note : this work is undertaken by the 111 service as part of the LLR Hybrid Clinical Navigation Hub*

- Patients aged under 1 and frail patients identified by the Rockwood clinical frailty scale – the Hub will be required to provide clinical navigation for this cohort of patients when the technology is available to enable the 111 service to identify and refer the relevant patients and will be subject to discussion between commissioners and providers to develop this pathway.

- It is the LLR Commissioners intention to review utilization and impact over the lifetime of the contract and expand and develop clinical triage and navigation to a wider range of patient groups and disposition codes. This will be discussed within contract meetings with the provider.

Core Operating Principles and Elements

The LLR Clinical Navigation Hub will operate according to the following core principles:

- To provide 'free at the point of care' Clinical Assessment and Navigation to all patients and callers referred to the CNH (via voice, digital and on-line channels), accessible 24/7 (including the targeted LLR cohorts as defined by commissioners), personalised and based on their individual contact needs with the service able to retrieve, view and act on existing NHS 111 records, the Summary Care Record, Primary Care Record, Special Patient Notes, the End of life advanced patient care plans in alignment with Information Governance (Caldicott Principles) and patient consent
- To deliver and operate an Integrated Clinical Navigation Hub service as per this specification and service requirement and in line with LLR CCGs Commissioning Standards including any revision to these standards in line with all applicable national and local quality and operational standards and key performance indicators in line with the contract

- To provide a service to health professional and care home staff in which phone calls are answered by a clinician. A clinician can be but not limited to a qualified nurse, ANP/ECP/GP
- Promote self-care and community resilience as core outcomes of the service. Patients should be encouraged to recognise what they can do for themselves with focus on self-management where appropriate.

The service is required :

- To perform in accordance with the KPIs set out for this contract.
- On receipt of cases transferred electronically from the NHS 111 service with a disposition of "*speak to the patient/caller"* an appropriate clinician from the service will call that patient back within the timescales set out for that disposition and ensure that the patient always expects call backs where appropriate.
- On receipt of cases from the NHS 111 service requiring clinical assessment for cases with a 111 disposition of *refer to ED* an appropriate clinician from the service will call that patient back, as quickly as possible within the timescales set out for that disposition – as set out in the KPIs.
- To have specific local operational and clinical pathways information in order to deliver specific healthcare including as a minimum palliative care, mental health and long term conditions
- To maintain technology, physical space and policies and protocols to ensure that a telemedicine service can be offered for specific cohorts as required, and to ensure that sufficient staff are trained in the delivery of telemedicine
- To ensure that all clinical staff are trained to support patients with mental health needs, and to deliver access to specialist mental health support so that patients are not unnecessarily referred to ED
- To have access to a timely translation service to enable communication with callers who are unable to communicate in English within the same timeframe as the disposition for that case
- To have access to technology to enable communication with callers with hearing difficulties and/or other communication difficulties
- To manage the patient expectations in relation to contact time and process in line with their disposition
- To ensure all staff are trained and licensed in the use of all software required for their role in the service.
- To ensure all staff (where appropriate) know how to access, search and use the Directory of services and to have systems in place to report usage at an organisational level
- To ensure triage system includes supportive information for staff e.g. 'drop down menus', including suggested simple words to explain complex medical terms; directions of how to find hubs
- To ensure staff are confident to early exit from algorithms for patients with complex care needs who have a summary care record in place
- To ensure all staff deliver patient experience and customer service and interact with other Integrated urgent care services exhibiting NHS values and behaviours
- To ensure that all staff are trained and understand the importance of information governance
- To ensure that all staff are trained and comply with policies for seeking permission to view a patient's medical record.
- To ensure that safeguarding both adults and children is a key component of all training and regular updates for all staff
- To make an onward referral, where appropriate, to the full range of integrated urgent care services and voluntary sector services, working towards all bookings and referrals being made electronically where this is available.
- To provide pharmacy support to issue electronic prescriptions as required in accordance

with LLR OOHs supply of medicines directions and to the local formulary and in line with local guidance on medicines management

- To ensure all appropriate staff understand and know how to refer patients through to the relevant community service across health and social care.
- To effectively plan and report on service delivery, utilisation, outcomes, impact and service user experience
- To be able to fully and sustainably deliver the workforce requirements of the service and meet all service standards with the required workforce
- To provide advice, assessment and refer on for urgent treatment ensuring that people in need of urgent care are managed in a safe, evidence based and cost effective way
- To prescribe medication, where clinically urgent in accordance with all current legislation and adhering to the LLR Prescribing Formulary
- To refer/signpost/book appointments for patients to other services as where clinically appropriate and in line with pathways listed for the LLR Directory of Services and those developed by local pathways over the term of this contract. These may include, but are not limited to access to:
    - Acute Home Visiting Service
    - admission to hospital via 999 or patient own transport
    - referral to the A&E at an acute hospital site
    - calling an ambulance in emergency situations
    - referral to the patients registered GP
    - referral to a Pharmacist
    - referral to a local Dental Service where appropriate, co-commissioned with NHSE,
    - referral to mental health professionals
    - referral to an optometrist
    - referral to Integrated Community Urgent Care Services
    - referral to another Provider where there is an agreed pathway
    - referral to another appropriate service, social services or the Voluntary sector where a pathway has been agreed
- To maintain accurate clinical records of all patient contacts and individual consultations and ensure transfer of information in an approved structured electronic format to General Practices within 10 minutes of the end of the consultation in line with LLR interoperability standards
- To have in place systems and processes that will enable the service to access special patient notes, vulnerable adult and child protection notifications
- Record and store securely all telephone calls to/from patients/callers and health professionals in line with the Retention of Medical Records guidance
- At all times, following patient demographics and patient consent/permission to view (PTV) to refer to, have access and appropriately respond to the all patients with care records, special patient notes, End of Life Care/ treatment plan, mental health, long term conditions and/ or a care plan initiated in Primary Care, ensuring appropriate interfaces with relevant IT systems.
- To maintain, communicate and regularly test internal escalation, contingency, business continuity and disaster recovery plans that will ensure operational resilience and effective business continuity covering all aspects of service delivery incorporating unexpected surges in demand and in times of major incidents
- To provide detailed performance reporting, at a frequency to be determined by the commissioner and in line with national reporting requirements and as set out in KPIs which relate to this contract
- To be an active member and have senior representation the LLR A&E Delivery Board, Integrated Urgent and Emergency Care Group and relevant LLR Sustainabilty Tranformation Partnership (STP)
- Ben an active member IM+T Programme Board

- To comply with the recommendations of the Care Quality Commission (and any other regulatory body) investigations/reviews into Clinical Navigation Hub and Integrated Urgent Care Services.

Process for Referral from the LLR CNH to LLR IUC HVS and LLR IUC UCC incl. City Hubs

The Provider will:

- Work with NHS111, LLR HVS, LLR IUC incl. City Hubs (24/7), extended primary care access to ensure the Directory of Services (DOS) is up to date and accurate in determining the inclusion and exclusion criteria for onwards services that the CNH is referring to.
- Agree the patient information transfer and booking process into the onward services with specific reference to recognising that the patient will be offered a time frame to be either visited or booked into a UCC or city Hub or any other service that is applicable but need to understand that the provider will also receive more urgent referrals from general practice or care homes and therefore the patient may require referral to home visiting in order of clinical need
- Receive direct referrals from General practice and or care homes 24 hours a day, 7 days a week (inclusive of public holidays) via telephone / secure email/Clinical systems (i.e. electronic referrals/tasks).

The strategic intent across LLR is to have a single patient record or interoperability between providers to enable access to the single patient record as clinically appropriate optimising high quality patient care and handover of information to relevant healthcare professionals.

The provider will:

- Have the ability to view the electronic primary care record for patients on TPP SystmOne or EMIS Web and to use this information in triaging and assessing the patient
- Have the ability to be “fully interoperable with TPP SystmOne” with both read from and write to capability present and in use.
- Review the patient’s medical record in SystmOne to familiarise themselves with recent patient information. They will also use Summary Care Record (SCR2 and later) and Medical Interoperability Gateway (MIG) for patients who have an EMIS Web or other primary care record (and a care plan should this functionality be used for the LLR-wide care plan functionality)
- Record the assessment, any follow up arrangements on an appropriate clinical system, via a mobile technology. The patient record will be updated immediately at the end of the episode of care, and this summary will be sent electronically (Data Transfer Service (DTS), Task or NHS.net) to the patient’s GP by 8am the next working day
- Be able to either directly message into GP practice systems or have interoperability arrangements for electronic messaging to practices on the outcome of the contact with patients
- Be able to directly book into other services as agreed locally, using SystmOne or other interoperable systems

Workforce

The provider is required to provide suitably qualified and skilled clinicians to deliver this clinically led service to meet the anticipated levels of activity as set out in schedule 2b of the contract. Commissioner expect the service to be a GP led 24/7 but provided a suitable skill mix of practitioners coverage. The staff mix may include::

- Medical staff i.e. GP’s
- Specialist Practice Level clinicians e.g..ANP’s and ECP’s.
- Dedicated managerial and administrative staff

- Non-clinical workforce to support clinical workforce to work efficiently

The Commissioner requires a named dedicated Service Lead and Clinical Lea.The Provider will commit to provide sufficient levels of staffing to operate the across the whole time period, including flexing in times of surge

The provider will commit to providing sufficient clinical staff levels to guarantee the service is operational across the specified times. The workforce in the service must be flexible enough to meet the time and day variability of the call volume and patterns.

The clinicians providing the service will have and be at least the following:

- A practitioner able to make autonomous clinical decisions within their scope of practice and make decisions about the appropriate assessment, advice and or onward referral of patients
- A practitioner with skills to increase closure of calls by clinical assessment and advice.
- A practitioner with skills to decrease face to face assessment
- A practitioner with skills to reduce the number of patient conveyances and referrals to acute care

The service provider will also ensure that staff:

- Understand and know how to access and use the LLR DOS
- Understand and know how to access the range of health and community services and pathways for onward referral including telephone access contact details
- Understand and know how to refer.
- All staff providing the advice service will have had a DBS (Disclosure and Barring System) Check (previously known as CRB)
- Health care professionals will hold membership of an approved professional body
- Health care professionals have an annual appraisal where competencies are reviewed and maintain continued professional development
- Health care professionals have access to regular clinical supervision to support reflection on practice and process of revalidation
- Staff have relevant knowledge and are appropriately trained to ensure safe and competent delivery of this service specification and receive the refreshing of skills as appropriate
- Health care professionals have relevant knowledge and are appropriately trained in advanced telephone clinical assessment and have the ability to make autonomous clinical decisions within their scope of practice.
- Health care professionals providing the service have access to safeguarding (including adults and children) level 1 and 2 training which is undertaken every 3 years
- Health care professionals are compliant with provider protocols for the clinical management of all patients receiving care under this service (these guidelines should be in line with best clinical practice, reviewed on a regular basis, updated to reflect national and local guidance)
- Health care professionals have access to any recommended information leaflets for patients (as required) and be able to refer patients to the leaflets via digital access
- The provider has up-to date professional indemnity in place and adheres to the quality standards and guidelines of their professional body.

Mandatory training must be provided by the service provider and compliance demonstrated to commissioners for all staff working within the service. This includes but is not limited to agency, sessional, managerial, clinical, non-clinical and administrative staff.

3.3 Population Covered
All LLR Registered Patients, adults and children, and anyone within the geographical boundaries of LLR at the time of contact with the service.

The service will be provided continuously for the duration of this scheme, during the hours specified including public holidays.

3.4 Interdependence with other services/providers
It is important that the provider can work on an integrated basis and engage with a range of services/providers that include:-

- NHS 111 (including NHS 111 Online)
- East Midlands Ambulance Service
- LLR Community Urgent Care Services and Primary Care Hubs
- Home Visiting Services
- Primary Care Based Services covering physical and mental health for children and adults
- Community Hospitals
- Community Health Services
- All Local Mental Health Services
- Secondary Care Providers including emergency departments, eye casualty, direct admission
- Local GP primary care providers
- Local authority services and social care professionals e.g. Domiciliary Care
- Care Homes (Nursing and Residential Hojmes)
- Relevant voluntary sector providers such as but not limited to – LOROS, Rainbows, Age UK
- Dental services
- Community pharmacists

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The Provider must be appropriately registered with the Care Quality Commission (CQC) and any other relevant body, and shall inform the Commissioner of any restrictions on that registration.

Applicable national standards will be monitored through the Quality Schedule.

- National IUC Specification and Standards

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

The provider shall ensure that they meet the following standards:-

4.3 Applicable local standards

The provider must ensure that the service is robustly led and supervised both clinically and managerially.

The provider must ensure that they have the appropriate health care professionals providing the

service to meet the local standards.

The provider shall ensure that they adhere to the following policy and procedures which are reviewed on a regular basis and in line with national and local guidance:-

- Safeguarding (including adults and children) procedures and guidelines
- Mental Health Act
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS)
- Consent procedures
- Significant event auditing
- Code of Practice on Confidentiality and Disclosure of Information principles
- Research Alliance approval for research activity
- Clinical guidelines are consistent with good clinical practice and reviewed on a regular basis
- Risk management
- Remote working policy
- Information Governance Policy

The provider shall have robust arrangements in place for emergency preparedness (contingency planning) which ensures the resilience of the service being delivered.

The provider must notify the commissioner if they are unable to provide this service at any point during the contract time period to the expected quality, patient safety and clinical governance arrangements with the proposed actions and timescales for rectification.

The provider must comply with all quality standards relevant to this service as per the quality schedule.

The provider shall ensure the service meets the required levels of safety, quality and effectiveness, whilst promoting innovative practice that leads to improved quality, safety and outcomes (which is in addition to those elements detailed in section 4 Application Service Standards) which includes:-

- Patient experience
- Equality, Diversity and Human Rights
- NICE guidance as necessary
- Health and Social Care Act 2008: the code of practice on the prevention and control of infections and related guidance
- Duty of Candour.

The provider shall have suitable arrangements in place for quality assurance and clinical audit of the service they are providing.

The provider shall be required to meet with the commissioner to discuss any concerns raised or identified about the delivery of this service. The provider will be required to agree an action plan to resolve these issues and timescales for rectification. If these issues cannot be resolved the commissioner reserves the right to terminate the contract.

The provider may also be asked to provide additional information which may be required by Department of Health, NHS England or WL CCG. Please note this information may be used to inform commissioning decisions of WL CCG.

Policies and Procedures

The provider must have in place the following policies and procedures, as a minimum, to manage the service safely and effectively:

- Business Continuity
- Complaints
- Environmental Policy, including an Environmental Management System
- Equality & Diversity
- Harassment & Bullying
- Health & Safety
- Incident Reporting
- Infection Control
- Information Security and Confidentiality
- Medicines Management
- Moving and handling policy
- Occupational health policy
- Recruitment
- Risk and incident management policy
- Safeguarding Vulnerable Adults
- Safeguarding Children
- Serious Untoward Incident Management
- Staff Training and Development
- Information Governance
- Telemedicine

Audit

All Clinicians will receive quarterly feedback on their performance, including standardised feedback on triage, clinical decisions, treatment and any complaints. In order to encourage retention of staff the Provider will carry out an annual staff survey. This will include questions that assess: whether staff feel their work is worthwhile; whether staff feel happy and proud of their out of hours work; and whether staff feel supported in their work.

These staff satisfaction survey results, and actions taken to address issues, will be reported annually as part of the quality performance monitoring process.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 4D)

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement

N/A