SCHEDULE 2 – THE SERVICES

A. Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the Contract Technical Guidance.

Service Specification No.	
Service	Pennine Lancashire Night Sitting Service Framework
Commissioner Lead	Jayne Lowthion
Provider Lead	
Period	1st October 2022 – 30th September 2024 plus option to extend for a further 2 years
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

National / Local Guidance

NICE, National Institute for Health and Care Excellence publishes clinical guidance and quality standards to advise commissioners, health care providers and service users of what excellent care should look like. In September 2021, NICE updated its Quality Standard 13, End of life care for adults. Within this quality standard it advises the following should be in place

- generalist and specialist services that are able to meet the physical and specific psychological needs of people approaching the end of life, including access to medicines and equipment, in a safe, effective and appropriate way at any time of day or night.
- Safe, effective and appropriate symptom and side-effect management at any time of day or night may require coordinated input from a number of different professionals and services. As a minimum, essential 24/7 care services should include:
  - generalist medical services (including GPs)
  - nursing services (defined as visiting, rapid response services and **provision of one-to-one care at home, including overnight**)
  - personal care services
  - access to pharmacy services
  - access to equipment and adaptations
  - specialist palliative care advice for generalists on symptom and side-effect management.

The North West Model for Life Limiting Conditions covers the breadth of end of life care from stable progressive life-limiting condition; incurable, symptoms treatable all the way through to bereavement care. The requirement of this service provision is to focus on the later stage of element 2 and all stage 3, Advancing Disease and Increasing decline (months and weeks) and last days of life (days and hours).

The Office of National Statistics collects and publishes data on the place of death. In England, during the period of April 2020 to October 2021 data indicates

- The overall number of deaths recorded were 13% higher than expected.
- Deaths at home were 30% higher than expected levels.
- The number of people dying in hospice care was down 21% from expected levels
- People dying in hospital was up 10% above expected levels.

The excess death rate in Lancashire follows the national pattern although there was a slightly longer period over the winter of 2020/21. With Lancashire following the national trend in relation to excess deaths, there is no reason to dispute these figures applying to our locality in terms of place of death.

Research into the change in place of death is in its infancy however the change is partly believed to be attributable to government schemes to prevent admissions by funding continuing health care packages at speed, and also a fear for patients and families of catching C19 whilst an inpatient and there being visitation restrictions in place.

Whilst visitation restrictions have become relaxed in inpatient settings the number of patients dying at home remains higher than previously seen.

Provider Framework

In alignment with the national shift in place of death alongside the latest quality standards released by NICE, the Commissioners plan to support those patients whose preferred place of death is home by procuring a new model for the delivery of night sits in Pennine Lancashire (Blackburn with Darwen and East Lancashire CCGs). This will be via a provider framework to enable patients to remain in their usual place of residence whilst receiving 1:1 support. This service will support carers and family members to take breaks from caring for their loved one, whilst knowing they are being cared for.

This provider framework will be limited to a number of providers that have evidenced and met the stringent qualification criteria that is detailed within the Tender. Once providers have passed the evaluation they will be allocated a place on the framework and will be one of a number of providers to be allocated packages of night sits.

Within this quality criterion Providers need to have met a minimum of 80% across each weighted section in order to be allocated a place on the framework.

This provider framework is for a 2 year duration from the 1st October 2022 – with an option to extend for a further two years at this time. The framework is also an open framework which will be re-opened after two years to new providers or within the first 2 years at commissioners' discretion.

Pennine Lancashire established two Single Points of Access (SPoA) through Pendleside and East Lancashire Hospices in April 2021. The SPoA receive referral requests, allocate providers of nights sits and assess if other hospice intereventions are required at that time. The areas covered are:

- Pendleside Hospice covers Burnley, Pendle and Rossendale
- East Lancashire Hospice covers Blackburn, Darwen, Hyndburn and Ribble Valley

The operational hours for each SPoA are:

- East Lancashire Hospice SPoA - 7 days, 8.30 to 5pm including bank holidays
- Pendleside Hospice SPoA – 7 days, 7.30am to 5pm including bank holidays

2. Outcomes

2.1 NHS Outcomes Framework Domains and Indicators

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	**x**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	
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

The expected outcomes are: -

- People with a life shortening condition are provided with holistic care and support according to their individual care plan
- People are supported to have an increased level of choice and control at their end of life
- Promotion of dignity for patients at the end of life
- To achieve preferred place of care for individuals at the end of their lives and to die in their place of choice.
- To allow patients, their carers and family to feel confident that they can provide the support required in relation to preferred place of death
- An increase in the number of people supported to die at home where that is their wish
- A reduction of unnecessary emergency admissions to secondary care or unscheduled care requests
- Increased use of the Gold Standards framework Domiciliary Care Training Programme for Domiciliary Care providers

Gold Standard Framework - Domiciliary Care Training Programme (goldstandardsframework.org.uk)

3. Scope

3.1 Aims and objectives of service

The overall aim of the service is to support patients in the end stages of their life to return to or remain at home through provision of overnight palliative care and respite. The service will be delivered at a minimum by competent care assistants who have completed the Care Certificate.

The objectives are:

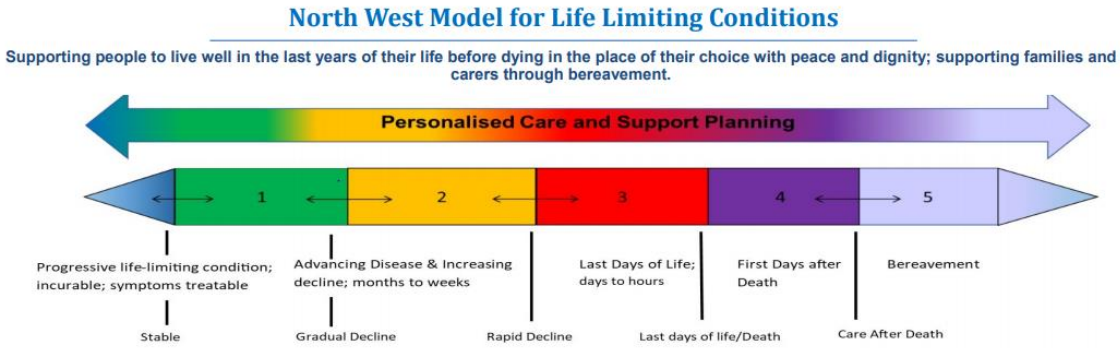
- Deliver high quality home based care for patients identified as being in the end stage of life (agreed as 8-12 weeks) including respite for carers as relevant to them to allow them to return to or remain at home
- Agree and implement a plan of care with patients, health professionals involved in their care, family and carer for overnight support required **including escalation measures**
- Undertake appropriate personal care activities as agreed in the plan
- Prompt the taking of prescribed medication
- Provide emotional, spiritual and practical support to patient, carers and family

- Contribute to the review of health and social care needs and care planning – coordinating with a range of agencies including Allied Health Professionals (AHP), Continuing Healthcare Teams and voluntary sector providers where this is indicated
- Liaise with district nursing and other clinical teams as required including process for obtaining advice from senior clinicians as required
- To develop supporting relationships with patients and their carers and achieve continuity of care to assign where operationally possible a max of 2/3 carers dependant on individual need.

3.2 Service description/care pathway

The service is provided for those who have been identified as being in their last weeks for whom treatment includes a large element of palliation.

Care of the Dying Pathways is in place in Pennine Lancashire and the service will follow the North West End of Life Care Model. (See 4.3) and provides support through the amber and red stages of the model.



The model spans a two-year period commencing twelve months before end of life and continuing to twelve months after death. Patients approaching the end of life will receive coordinated care from a range of health care providers.

The framework provider will work in collaboration with the SPoA to ensure that referrals are received, discussed and that the available workforce is deployed according to prioritised need. This will involve liaison with all End of Life services and the wider community. This service consists of one-to-one palliative care and respite for patients in their normal place of residence and supports District Nurses when planning their patient caseload. ***See appendix One for pathway flow chart***

Competent Care Assistants will deliver the care and will have comprehensive training and current experience in “end of life” palliative care and will receive on-going training, education, clinical and managerial support. All staff to have completed the Skills for Care ‘Care Certificate’ or equivalent qualification within three months of starting with the company: https://www.skillsforcare.org.uk/Learning-development/inducting-staff/care-certificate/Care-Certificate.aspx

- Care is delivered in the patient’s home or other agreed location (details in 3.3)
- Night visits are 9 hours long and delivered between 2200 and 0700 for a single patient per shift basis. (excluding travel time)

The service operates 365 days per year, 24 hours per day 7 days per week. Referrals may be made at any time subject to the availability of staff.

Patients will be discharged from the service:

- When the patient no longer fills the admission criteria as their condition has improved or stabilised
- If the patient is transferred to an in-patient setting
- When the patient or family express no further input is required
- If the Palliative and End of Life Care team in conjunction with the patient and family agree that service input is not beneficial
- When the patient dies

3.3 Population covered

The service will be available to all adults (age 18 and over)

- registered with an East Lancashire or Blackburn with Darwen GP
- and are in the end of life stage of their illness irrespective of diagnosis

3.4 Any acceptance and exclusion criteria and thresholds

Adults with any life limiting illness will be considered for care. Patients undergoing active treatment are not excluded if their prognosis is poor and their need for palliation significant.

Referrals will be accepted from District and community nursing, Palliative and End of Life Care professionals, other hospice services, and other agreed referrers.

Patients should be referred to the Pennine Lancashire Night Sitting Service in accordance with the following access criteria.

Inclusion Criteria

- Patients (age 18 and over) registered with an East Lancashire or Blackburn with Darwen GP
- and are in the End of Life stage of their illness irrespective of diagnosis

Exclusion Criteria

- Patients who are under 16 years of age

Referrals between 16 and 18 years of age will be considered on a case-by-case basis and subject to consent from the Provider's relevant regulatory body.

Where patients do not meet the referral criteria they will be signposted to other appropriate agencies.

3.5 Cancellation Criteria

If arrangements change or a visit is no longer required by the patient or carer, the SPoA will notify the allocated Provider immediately. If the patient/carer has notified the allocated Provider then they must contact the SPoA immediately if they cannot meet the changes required.

The CCG will not accept any Cancellation charges unless:

Notice to shift commencement	Shift Charge

Visit cancelled within one hour of shift commencement with no travel undertaken	Will pay one hour
Visit cancelled within one hour of shift commencement with travel undertaken	Will pay two hours
Visit cancelled outside of one hour of shift commencement	No charge
Visit no longer required on arrival	Will pay two hours

3.6 Interdependence with other services/providers

The workforce involved in delivering care at end of life consists of (but is not limited to) :

- Acute hospitals services
- Mental Health Services
- Adult social care
- Allied Health professionals
- Community pharmacies
- Continuing Health Care team
- Domiciliary Care providers
- District Nursing
- Lancashire and South Cumbria Cancer and EoLC Networks
- MDT Clinical teams – primary, secondary and tertiary care
- NWAS
- Out of Hours services
- Patients/Carers/families
- Primary Care including GPs, Integrated Care Communities and Primary Care Networks
- Specialist Palliative Care teams
- Hospice services
- 3rd sector providers

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

- NICE Quality Standards: Care of dying adults in the last days of life https://www.nice.org.uk/guidance/qs144
- NICE Quality Standards: End of life care for adults https://www.nice.org.uk/guidance/qs13
- NICE Clinical Guidelines: Care of dying adults in the last days of life https://www.nice.org.uk/guidance/ng31
- https://www.nice.org.uk/guidance/NG142 - End of life care for adults: service delivery.
- NICE Improving supportive and palliative care for adults with cancer. Cancer service guideline [CSG4] 2004 https://www.nice.org.uk/guidance/csg4
- NW Clinical Guidelines
- Relevant DOH publications
- Palliative Care Funding Review (2011) https://www.gov.uk/government/publications/independent-palliative-care-funding-review
- Ambitions for Palliative and End of Life Care https://learninghub.nhs.uk/api/resource/DownloadResource?filePath=c368553d-5a79-

45ab-bb75-35e58d747703andfileName=FINAL_Ambitions-for-Palliative-and-End-of-Life-Care_2nd_edition.pdf

FINAL_Ambitions-for-Palliative-and-End

- Monitor (2015) Moving healthcare closer to home: Literature review of clinical impacts. https://www.gov.uk/guidance/moving-healthcare-closer-to-home
- Institute for Public Policy Research https://www.ippr.org/files/2018-05/end-of-life-care-in-england-may18.pdf
- Gold Standards Framework https://www.goldstandardsframework.org.uk/
- Care Quality Commission Standards
- Any additional evidence/guidance deemed relevant to the service

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

- Royal College of Nursing - Getting it right every time, Fundamentals of nursing care at the end of life, https://www.rcn.org.uk/professional-development/publications/pub-004871
- Royal College of Nursing - Adult Safeguarding: Roles and Competencies for Health Care Staff - https://www.rcn.org.uk/professional-development/publications/pub-007069

4.3 Applicable local standards

- North West End of Life Care Model https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2021/05/March-2021-FINAL-NW-Model-for-Life-Limiting-Conditions.pdf

5. Applicable quality requirements and CQUIN goals

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

Each Provider on the framework to send on a quarterly basis:

- Number of night shifts provided per month
- Number of contingency plans used for alloated shifts, per month and reason
- Number of shifts passed back to SPoA following failed contingency plan, per month and reason
- Staff sickness levels
- Details of staff training provided including topic and attendance levels (outside of Care Certificate)
- Number of staff on team and training compliance
- Details of when new staff will have Care Certificate training completed prior to undertaking visits unsupervised
- Number of compliments, complaints and SUIs with report detailing background, actions and resolutions. SUIs include but are not restricted to,
    - Incidents which in any way compromise the safety of servcie users or staff, including incidents of abuse/violence and how managed
    - Emergencies leading to service restrictions
    - Staff vacancies causing servcie disruption (cover or minimum safety)

  The Provider must deliver to the Commissioner a robust, management board action plan detailing response to the incident and steps that will be taken to remove/minimise future risk
- Number of self reports to CQC with brief detail

- Number of incidents of care needs escalated to District Nursing/Primary Care/Single Point of Access
- Carer/family survey
- Trend analysis of patient safety, patient feedback /incidents /comments /complaints /compliments /staffing levels with evidence of lessons learnt disseminated to staff

5.2 Applicable CQUIN goals (See Schedule 3E)

N/A

Appendix One