**Service Specification**

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| **Service Specification No.** |  |
| **Service** | General Nursing Intermediate Care Beds |
| **Commissioner Lead** | Suzanne Hebashy |
| **Provider Lead** | TBC on contract award |
| **Period** | 01/11/2021 to 31/03/2022 |
| **Date of Review** | 10/01/2022 (commence exit strategy) |

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| **1.0 Introduction** |
| All health and care systems face unprecedented challenges and a great deal of uncertainty this winter. In addition to the typical winter pressures that challenge the system, the impact of COVID-19 caused a substantial surge in demand for health and care services and impacted dramatically on the ability to deliver elective care activity.  The risk relating to hospital bed capacity is acknowledged within Central Lancashire, which is intensified by the need to maintain social distancing and cohorting of patients. The need to repurpose the acute bed provision to support the elective care restoration programme is essential.  In response to this, the Lancashire Place Based Partnership have requested that, in addition to the Winter Plan, there is a requirement for additional support to the system to increase capacity for those patients residing in acute hospitals that require additional nursing assessment of which this could be undertaken within registered nursing home provisions. The Lancashire Place Based Partnership analysis recommends that we will require 41 general nursing intermediate care beds, 24 of which are expected to require rehabilitation. This specification has been developed in response to this request. This specification is also in response to the National Discharge and community support policy and operation model where patients who do not meet the criteria to reside in an acute hospital are discharged to have their assessments undertaken in a community setting.   * 1. **Admission Criteria**   The general nursing intermediate care beds are available to adults aged 18 plus who live within the NHS Chorley, South Ribble or Greater Preston CCG boundaries and / or are registered with a NHS Chorley, South Ribble or Greater Preston CCG GP member. On occasion it may be necessary to place someone who resides outside of the Central Lancashire boundary, but who is a resident within the county of Lancashire, however, this will be upon commissioner agreement.  The general nursing intermediate care beds provision is for those service users who:   * Have a green Covid-19 status - service users will require a negative swab prior within 48 hours of discharge. * Do not meet the criteria to reside (NMC2R) in an acute hospital setting (are medically fit for discharge). * Any ongoing investigations/consultations can be conducted as an outpatient. * May require ongoing rehabilitation. * May require assistance of two (or more).   Any service users who are being discharged to the providers must meet the criteria outlined in this document.  **1.2 Acceptance Criteria**   * Decisions will be expected by the providers within two hours of receipt of the referral seven days a week, with a 4pm cut off time for a decision the same day. Any referrals after 4pm will require a decision by 10am the next morning. * Admissions will be across seven days and are expected within 24 hours of accepting the referral, subject to availability – any declined referrals need to include the reason for non-acceptance. * A minimum length of stay of two bed nights and an optimal maximum length of stay of four weeks. * The patient will be discharged to the nursing home with a negative Covid-19 test result, full discharge documentation and 14 days of any medication, dressings, equipment, medical devices etc. * Admissions and discharges will take place over 7 days. * There will be a maximum of two admissions per day - one before 2pm and one before 8pm.   1. **Referral Process** * Service users requiring discharge from Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR) will be identified as suitable for discharge to the general nursing intermediate care beds following the completion of the Trust Assessment Document (TAD). * The TAD will be issued to Central Allocation Team for Care and Health (CATCH), who will source the placement and will share the TAD with the respective nursing home. * Covid-19 testing and transport arrangements for discharges into the nursing homes will be arranged by LTHTR. * CATCH will be responsible for coordination of all discharge requirements and tracking of service users to the respective care home (including any onward placements).   If a provider has any queries regarding discharge planning or onward referral these should be directed to CATCH (01772 777326) [csrccg.catch@nhs.net](mailto:csrccg.catch@nhs.net)  **1.4 Nursing Home Responsibilities**   * Any adverse discharges should be reported via [datix@lthtr.nhs.uk](mailto:datix@lthtr.nhs.uk) as incidents occur. * Covid-19 outbreaks and incidents should be reported as per the Covid-19 guidance to Public Health England (PHE) and Infection Prevention Control (lPC). * Providers must follow the Covid-19 guidance relating to IPC deep clean requirements.   **1.5 Additional Support Requirements**   * Covid-19 testing and transport arrangements for ongoing placements will be arranged by LTHTR. * Should therapy support be required, it will be provided by existing health services and is not a requirement of the providers. * It is expected that service users will receive therapy as per their care plan. * GP cover will be arranged and provided by the CCGs and is not a requirement of the providers. * Out of hours provision will be as per current arrangements with gtd.   **1.6 Exclusion Criteria**  The exclusion criteria will apply to those service users who are at end of life, fast track or with mental health needs. |

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| **2.0 Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**   |  |  |  | | --- | --- | --- | | Domain 1 | Preventing people from dying prematurely | 🗸 | | Domain 2 | Enhancing quality of life for people with long-term conditions | 🗸 | | Domain 3 | Helping people to recover from episodes of ill-health or following injury | 🗸 | | Domain 4 | Ensuring people have a positive experience of care | 🗸 | | Domain 5 | Treating and caring for people in safe environment and protecting them from avoidable harm | 🗸 |   **2.2 Local defined outcomes**  By implementing this service CSR & GP CCG will achieve the following outcome:  “Patients are more supported and more in control of their condition and care, enjoying independence and quality of life for longer within a non-acute care setting”.  The specific nursing care with therapy outcomes, against which the success of the service will be measured, will be defined by the CCG, within timescales defined by the CCG and partner organisations. Outcome measures will be relevant to the full episode of care. The process measures, against which integrated working with primary care and other health and social care services will be assessed, will be defined by both the CCG and the provider together, within timescales defined by the CCG.  The purpose of the general nursing intermediate care beds in care homes is to provide a structured programme of therapy-led support where required and enable care to individuals in a care home setting in order to:  **a)** Assist and enable the person to achieve and maintain an optimum level of health and independence in preparation for returning home or to another community setting.  **b)** Reduce inappropriate or avoidable admissions to, and facilitate prompt discharges from, acute and community hospitals.  **c)** Enable a full assessment of the person's needs and future care requirements to be carried out in a non-acute environment where the focus is on promoting independence and a return home.  **2.3 Key Performance Indicators**  Reporting for the below KPIs should be submitted to the CCGs via email to csrccg.urgentcare@nhs.net as per the below frequency.  It is expected that providers will comply with completion and submission of quality monitoring and schedule to be shared with the CCGs.  It is also expected that providers will arrange for all service users to complete a questionnaire as part of their discharge plan; the results of which should be shared with the CCG each week.  **To be reported by the providers each day (7 days a week):**   * Total Number of Beds Available * Number of Beds Occupied * Number of referrals received * Number of referrals decisions shared with CATCH within 2 hours of receipt of referral * Number of referrals declined (include the reason) * Number of service users admitted on the same day as decision to accept * Number of service users admitted within 24hrs of decision to accept * Number of Planned Admissions for today * Number of Planned Admissions for tomorrow   **To be reported by the providers for the previous day (7 days a week):**   * Actual length of stay per patient in the general nursing intermediate care beds   **To be reported by the providers for the previous week:**   * Number of admissions by day of week (7 days) * Number of discharges by day of week (7 days) * Percentage of service users discharged from the general nursing intermediate care beds to their desired place of care cited in the care plan |
| **3.0 Whole System Relationships** |
| The providers will work with local health and social care providers to ensure seamless care provision for the local population.  The providers will establish and develop relationships with referrers to ensure streamlined pathways for all service users.  The key organisations supporting this service will be:   * Chorley and South Ribble CCG * Greater Preston CCG * CATCH * Lancashire and South Cumbria NHS Foundation Trust * Lancashire Teaching Hospitals, particularly the integrated discharge service * Midlands and Lancashire Commissioning Support Unit (MLSCU) - (CHC Team) * Lancashire County Council * GP practices providing Medical cover |
| **4.0 Service Delivery** |
| **4.1 Service Model**  The general nursing intermediate care beds will provide a holistic approach, with the emphasis on providing support to enable service users to achieve optimum level of recovery. This service will have a minimum length of stay of 2 bed nights and an optimal maximum length of stay of 4 weeks. Reviews will take place to identify ongoing care needs as per their care plan.  **4.2 PPE**  The service should follow the current PPE national guidance and PHE Care Home resource guidelines.  <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>  **4.3 Primary care cover**  Medical cover for these beds will be delivered as per the requirements in the locally commissioned enhanced service for Care Homes as follows.  Temporary placements in a CQC registered home for the purpose of time limited support.  For temporary residents, the Provider must:   * Carry out an initial review of the patient upon entry to the Care Home, this could be carried out remotely,   e.g., via video consultation, only where it is deemed clinically appropriate to do so.   * Develop a Personalised Care and Support Plan (this does not need to be the full care plan) or ensure the patients current care plan is up to date. * Include the patient in the weekly care home round. (The weekly care home round is a requirement under the Network Contract DES). The Provider may deliver an additional weekly visit to the patient, which is over and above the requirement in the Network Contract DES, which could be carried out remotely, e.g., via video consultation only where it is deemed clinically appropriate to do so. * Arrange for a multidisciplinary discharge report to be sent to the patients registered GP. |
| **5.0 Information Reporting** |
| The Commissioner may notify the providers of what further information it may reasonably need to monitor the provider’s performance of this agreement, and in particular the provider’s compliance with Quality Standards and the provider shall supply such information. |
| **6.0 Applicable quality requirements** |
| **6.1** The service must be provided by appropriately qualified/experienced staff, in line with the standards set by the CCGs / CQC.  **6.2** The provider must ensure that they meet the registration requirements for delivery of the appropriate regulated activities and must include correct information within their Statement of Purpose submitted to CQC.  **6.3** The provider should understand NICE guidance and quality standards and operate the service in line with evidence and recommendations contained within them. The provider should also adhere to the Skills for Care.  **6.4** The provider must ensure that continuous quality improvement systems are in place to ensure the service is run in the best interests of service users, demonstrates the quality and consistency of information, measures service user outcomes and ensures that risks to service users are minimised.  **6.5** The provider must provide quality assurance via local monitoring systems, in the timeframes specified by CCGs / LA.  **6.6** The provider must report serious incidents and safeguarding alerts, in addition to CQC notifications.  **6.7** The provider must ensure all staff are appropriately trained in PPE – Infections Prevention Control measures and have access to equipment to care for staff and residents.  **6.8** The provider must ensure all care planning is in place along with a discharge and transfer plan.  **6.9** All staff must be trained in recognising and responding to early warning signs, taking baseline observations e.g., blood pressure monitoring, temperature, respirations, pulse, and plan care accordingly. |
| **7.0 Location of Provider Premises** |
| The premises will be within the NHS Chorley and South Ribble or Greater Preston CCG boundaries. |
| **8.0 Exit Strategy** |
| The general nursing intermediate care beds will be commissioned up to 31/03/2022. The CCGs will work with the providers to mutually agree and confirm the service exit strategy from week commencing 10/01/2022.  **8.1 Funding Arrangements**  The cost per bed per week for the general nursing intermediate care beds is a maximum of £1,200 for the contract duration (22 weeks). Any ongoing costs of placements should the service user be assessed for and choose to remain within the respective nursing home, shall be paid at the standard LA/CCG rates.  NB: £1,200 per head per week includes any 1:1 isolation requirements that may be required.  The contract will be paid on an 80% block arrangement. The remaining 20% of the contract value will be paid on a tariff basis based on occupancy.  Should any bed occupancy fall below the expected requirements of a minimum of 80% over a period of 4 weeks, the CCGs reserve the right to cease the contract providing only 4 weeks’ notice. NB: There will be an exclusion to this in the event of reported Covid-19 outbreaks. |