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| **Service** | General Practitioner (GP) Services for Forensic Inpatients |
| **Commissioner Lead** | Lynsey Wier, Clinical Nurse Manager – Reaside, BSMHFT  Louise Ward - Birmingham and Solihull Mental Health NHS Foundation Trust |
| **Provider Lead** | TBC |
| **Period** | 1 Initial contract year with option to extend for 2 (1+1) |

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| **National/local context and evidence base** |
| People with mental health problems have poorer physical health than the general population, often they are unable to access the physical healthcare they need and experience unnecessary health inequalities.  People living with SMI face [one of the greatest health equality gaps in England](https://www.gov.uk/government/statistics/severe-mental-illness-smi-profile-may-2022-update). Their life expectancy is 15–20 years shorter than that for the general population[[1]](#footnote-1), and this disparity is largely due to preventable physical illnesses[[2]](#footnote-2).  Work to address this inequality is part of [Core20PLUS5](https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/), NHS England’s flagship approach for tackling health inequalities.  All service users of the secure care service will receive equality of treatment without prejudice to nature of offence, diagnosis, sexuality, disability, religious beliefs, gender, age or ethnicity. The primary care provision across secure forensic inpatients will provide a service within each site comparable to that which is available to the community population.  This will include at least annual maintenance of quality control through regular audits, keeping protocols up to date, establishing and maintaining Care Quality Commission standards (CQC), Quality and Outcomes Framework (Q.O.F) standards and patient care plans. |
| **Scope** |
| **Aims and objectives of service**  To meet the physical health care needs of individual service users through a full range of primary healthcare interventions leading to an improvement in health outcomes for the patient cohort.  The GP primary care service for adult and CYP secure care has been developed to deliver, but not limited to;   * management and treatment of service users with chronic disease and long-term conditions, including prescribing * management of minor illness and trauma, including prescribing, * referral to and follow up from community, acute, secondary and tertiary care * access to and facilitation of, national screening, vaccination and immunisation, health check programmes * health promotion / prevention and education, in line with national guidelines * staff training and education, liaison with medical/clinical teams, other AHPs and visiting clinicians regarding prescriptions, on-going monitoring and treatment * new patient screening and management * integration of existing resources for health improvement; physical health trainers and gym and recreational activities |
| **Service description/care pathway** |
| **Registration**  To ensure that patients have access to a GP primary care service that is equitable to that available to those situated in the community. To this end we will require that any existing patients, and any newly admitted patients are registered on the patient list of the GP practice(s) who deliver the inpatient clinical service.  **Delivery**  The provider will see all service users booked for any given session.  Two appointments per session will be available for urgent and non-booked appointments.  Clinical space will be provided to deliver the sessions. However, where it is sometimes not possible for patients to attend the clinic room, (due to refusal, safety or issues related to dignity, i.e. wearing of anti-rip clothing) then patients will be seen on the ward. If this is likely to be the case this will be notified when the appointment is booked.  Consultations between the patient and the provider will be private. The provider and the Trust will develop a protocol for information sharing in order to ensure that potential safety, clinical risk and management information is communicated where necessary.  The provider will not have access to patients during protected mealtimes which are daily between 12pm – 13:00 and 17:00 to 18:00 hours.    The timing of sessions need to ensure adequate coverage of issues throughout the week, with a view to achieving the best practice guidelines for secure services, quality principle 3.7 - access to primary healthcare in 48 hours.  Occasionally a member of Trust staff will need to be present at the consultation for safety reasons. It may also be necessary to have an interpreter available. The Trust will take full responsibility for organising an interpreter to be present where required.  **Hours of Operation**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Day** | **Provision** | **Session** | **From** | **To** | **Appts. available** | | **Reaside** | | | | | | | Monday | GP | 3 hours | 2pm | 5pm | 12 | | Thursday | GP & Practice Nurse | 3 hours | 2pm | 5pm | 12 | | **Hillis Lodge** | | | | | | | Alternate Mondays | GP | 2 hours | 1pm | 3pm | 8 | | **Tamarind** | | | | | | | Wednesday | GP | 3 hours | 2pm | 5pm | 12 | | Thursday | GP & Practice Nurse | 3 hours | 2pm | 5pm | 12 | | **Ardenleigh** | | | | | | | Tuesday | GP | 4 hours | 1pm | 5pm | 12 | | TBC | GP &Practice Nurse | TBC | TBC | TBC | TBC |   **Access to Patient Record System**  Record of patient appointments and outcomes from consultations will be managed by means of the RiO system. This should be contemporaneous and completed by the end of each day at the latest.  All provider staff that require access to the RiO system will be required to sign an agreement confirming they will only access records to perform their job role  All provider staff that require access to the RiO system will be required to complete a Trust non-employee ESR form and undertake the Trust’s RiO training.  Patient appointment details and outcomes from consultations will also be recorded by the provider on their patient clinical system. This will be contemporaneous and access to the system will be facilitated by the Trust’s IT service.  **Appointments and Referrals**  The provider will operate a directly bookable appointment system via Rio that is accessible to the administrative co-ordinator, (a nominated Trust Secretary), medics and PAs for each site. A referral form is attached to every booking.  If a GP primary care follow up appointment is required for any patient then the provider should make arrangements with the administrative co-ordinator to ensure that this is booked in.  **Clinics**  *Chronic Disease / Long-term conditions*  The provider shall facilitate a six-monthly chronic disease clinic at each site, managing recall and review of the appropriate patient cohort by means of appointment booking through the administrative co-ordinator.  Where diagnostic testing is required in advance of review then the provider should undertake any tests required, again facilitating this by means of booking an appointment(s) via the administrative co-ordinator.  *Vaccinations and Immunisations*  The vaccination history of new patients will be checked by the provider at the point of registering. Where any vaccinations or immunisations are required then an appointment(s) will be booked in order to provide the required coverage.  The provider will maintain and manage seasonal /age appropriate/ at risk vaccinationsand immunisations for the appropriate patient cohorts via means of their registered patient list. Required vaccinations will be carried out by the GP / practice nurse and appointments organised via means of the booking system and the administrative co-ordinator.  *National screening programmes*  *Cervical screening*  The provider will maintain and manage patient review and recall by means of their registered patient list. Where patients require cervical screening then the provider will liaise with the administrative co-ordinator to book the patient into an appointment to deliver testing via the GP primary care service*.*  Given that there are sensitivities relating to some women within the patient population having sexual trauma they may require more preparatory sessions, such as going down to the room beforehand and meeting the team, in order to engage better in the screening process. The service provider will work with the clinical team to facilitate this as required.  *Other national screening programmes*  As above, the provider will manage and maintain review and recall of patients by means of their registered patient list. Where patients are eligible the provider will support with advice, referral and testing as appropriate via the GP primary care service*.*  **Diagnostic testing and onward referral**  The provider will undertake phlebotomy and ECG testing, reporting and recording of this will be via the Trust’s ICE system and the GPs’ clinical system.  *Onward referral*  Onward referral for any other diagnostic testing and secondary care treatment will be via the GP clinical system, to timescales specified in NHS national targets and via Choose and Book.  Recording and reporting of outcomes will be means of the GP clinical system and the Trust’s Rio system.  **Discharge process**  During an inpatient’s stay within Reaside Clinic, Tamarind Centre, Hillis Lodge or Ardenleigh, they would be subject to the primary care service. When the service user is discharged from hospital, they will also be discharged from the primary care service and a transfer summary to community primary care services or prison healthcare services as appropriate.  Prior to discharge the GP primary care service will work with the clinical teams to ensure that the patients register with a local GP service in the community. Ensuring that transfer of information and patient details are communicated in a timely way and that patients are removed from the GP’s patient list once re-registration is complete.  **Prescribing**  Prescribing will be managed by means of the Trust’s EPMA system. The provider will be required to have EPMA training and access, this to allow them to prescribe via the system and review any medications that are prescribed by secure care staff.  The Trust will facilitate the dispensing and distribution of any medicines or other pharmacy items to patients. Where items are prescribed off-license or not within the Trust’s formulary then the GP will liaise with the secure care lead pharmacist to ensure appropriate supply and cost.  The GP will also ensure that any prescribed items are also recorded as part of the update of the patient’s review within the Trust’s Rio system, allowing for review by the junior doctors and notification to other clinical staff as required.  **Out of Hours arrangements**  Physical health issues will be managed by the on-call junior medical staff, including referral to A&E as necessary. Where this is the case, the GP will be notified by means of copy of the A&E discharge summary sent to them as the patient’s registered GP.  **Additional Services**   * Advice and guidance to medical, clinical, AHP and support staff * Ad-hoc on ward nurse clinics / support (within clinic hours) * Ad-hoc requests from BSMHFT Consultant Psychiatrists * Attendance at Best Interest meetings |
| **Staffing** |
| The provider will have a core of nominated staff (GP and nurses) to operate the contract  The Practice Nurse will be expected to work autonomously in the provision of nurse led clinics. The post holder will complete the following duties/tasks: -   * Triage and offer advice for minor physical health complaints * Management of routine and specialist nurse clinics to meet the needs of the inpatient population including treatment, and health screening advice and liaison with visiting GP and in house medical teams. * Support in chronic disease management including provision of health clinics for diabetes, COPD and hypertension. * Adult and child vaccinations * Ear irrigation * Spirometry * Phlebotomy * Wound care management * Cervical screening   It is essential that consistency of staff is maintained to build familiarity with service users and each site.  The provider must ensure that there are sufficient appropriately registered, qualified and experienced medical, nursing and other clinical and non-clinical staff to enable the services to be provided in all respects and at all times in accordance with this contract.  Monthly rotas, holiday and sickness and locum cover will be the responsibility of the provider  If any of the regular staff are unable to carry out the scheduled clinic then the Provider must either provide a suitable replacement or ask that the clinic be rescheduled within two further working days maximum so that the regular staff can attend. It will be permitted for the rescheduled clinic to be held immediately prior to, or after, an existing clinic.  The provider will ensure that there is adequate service support in place, consisting of one clinical lead GP and practice manager and secretarial support.  *Bank Holiday arrangements*  Where clinics fall on public or bank holidays then the service will make arrangements to adequately rearrange so that cover is provided to meet patient need, in agreement with the site lead. |
| **Facilities** |
| The Trust will provide dedicated clinical space for the provision of the clinics and is responsible for the cleaning, removal of clinical waste and IPC compliance of the environment.  The Trust will be responsible for the provision of any equipment required to undertake the service. An asset register will be agreed and maintained  Agreement regarding the purchase of new or replacement equipment is required before any order can be placed. |
| **Population covered** |
| Inpatients within the following sites:   * Reaside * Ardenleigh * Tamarind * Hillis Lodge |
| **Applicable Service Standards** |
| * 1. **Applicable national standards (e.g. NICE)** |
| * CQC registration and regulations * QOF standards * Service user feedback (National and local surveys) * Staff surveys (National and local) |
| * 1. **Applicable standards set out in Guidance and/or issued by a competent body** |
| Registration and validation by appropriate competent body |
| * 1. **Applicable local standards** |
| * Clinical audit programme * Compliance with Trust PSIRF reporting processes and policy * Enhanced Disclosure Barring Service clearance |

1. Public Health England (2018). [Severe mental illness (SMI) and physical health inequalities: briefing](https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing). [↑](#footnote-ref-1)
2. Office for Health Improvement & Disparities (2023). [Premature mortality in adults with severe mental illness (SMI).](https://www.gov.uk/government/publications/premature-mortality-in-adults-with-severe-mental-illness/premature-mortality-in-adults-with-severe-mental-illness-smi) [↑](#footnote-ref-2)