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| **Service** | Integrated Adult Community Services |
| Specification Reference | Core Functions (Part 2) |
| Period |  |
| Last Updated |  |
| Service Value |  |

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| **1** | **Introduction and Context** |
| 1.1 | Summary/ Introduction |
| This specification sets out the requirements of the Provider in relation to the core generalist functions to be provided as part of the Adult Community Services. This document should be read in conjunction with the Generic (Part 1) and the Specialist service specification (Part 3). All three documents provide the context to the complete service model and the required service functions to be provided by the Provider. This document must be considered alongside the NHS Standard Contract which contains requirements laid out in General Conditions and Service Conditions. | |
| 1.2 | Strategic Context – national and local policy |
| **Please see Generic Service Specification** | |
| 1.3 | National and local trends |
| **Please see Generic Service Specification** | |
| **2** | **Service Description** |
| 2.1 | Description (including summary of overarching aims) |
| As part of the community adult services model, the Provider will be required to provide larger teams of core generalist staff, i.e. those with key clinical and therapeutic skills. This includes but is not limited to:   * Nurses * Community Therapies (including Physiotherapists (Physios) and Occupational Therapists (OTs)) * Speech and Language Therapists (SALT) and Dietetics   The Provider will ensure that these multi-skilled nurses and therapists have a shared set of generic skills and are able to treat and provide basic education for a range of long-term conditions including (but not limited to): diabetes, respiratory, continence, wound and tissue viability and cardiology.  Staff will be located in Community Locality Teams (CLTs) and will be based in each of the six Healthy Living Centres (HLCs). The Provider will ensure that core generalist functions will be provided either in clinic locations or if they meet the housebound criteria, in the patient’s own home including care home or any other type of extra care housing.  The Provider will ensure that staff providing core generalist functions are supported by smaller teams of specialists (as described in the specialist service specification – Part 3) and are able to access responsive advice and support when required. The specialist support function will also provide regular education and training sessions for the staff within the core generalist functions, to develop their competencies and enable them to manage patients with more complex conditions.  Staff from the core generalist functions will also be expected to work with other professionals and key services to ensure better co-ordinated care, including (but not limited to):   * Primary care teams * Social care teams * Voluntary /Third sector * Mental health teams * Hospital specialists * Pharmacy services * Public health and health improvement services   **2.1.1 Aims and Objectives**  The core generalist functions will provide the vast majority of community service contacts across a wide range of professional disciplines. The main objectives of the core generalist functions are to:   * Provide safe, high quality evidence based care to patients. * Assess health care needs and develop/contribute to Integrated Management Plans (IMPs) in partnership with the patient, and their family/carers (and other external organisations, as required) to meet their needs. * Promote the patient’s understanding of their healthcare problems. * Promote and educate patients to contribute to reducing their healthcare problems and minimise any re-occurrence or exacerbation. * Promote the patient’s ownership of their treatment or management plan and ensure this is reviewed on a regular basis. * Optimise patient’s independence and wellbeing, including undertaking brief advice, signposting and referral about behaviour changes a patient can make to improve their health and where they can get further support with this. * Ensure the maintenance and stability of conditions in the community in order to avoid hospital admissions. | |

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| **3** | **Core Functions** |
| 3.1 | Functions – nursing, therapies, speech and language and dietetics |
| **Nursing Functions**  The Provider will ensure the provision of a comprehensive, generic nursing response that is timely, effective and safe. Staff within the nursing functions will:   * Be expected to have a multitude of core skills, knowledge and competencies to assess and manage patient care; this will include (but not be limited to): supporting patients who may have a range of health and care needs ranging from simple functions i.e. phlebotomy to more complex interventions such as wound and leg ulcer care, end of life care, and insertion and administration of intravenous medication. * Be skilled at proactive and anticipatory care, and supporting patients and their family/carers to recognise and manage changes in their condition, and having conversations about health improvement. * Through a continuous programme of learning and development, acquire additional generalist skills to be able to respond to and support patients with a number of long term conditions, rather than being able to support patients with single health conditions. * Offer care that is holistic, focusing on self-care, prevention and behaviour change; rather than just focusing on task orientated functions. This will include signposting/referring to health improvement services for further support to change behaviour. * Work closely with primary care professionals and the rehabilitation and therapy functions within the CLTs; seeking advice and guidance from the specialist support function for the most complex patients. * Present patients at Integrated Locality Reviews (ILRs) as and when required, and ensure all actions are followed up and reported on. * Contribute to holistic management plans as required. * Support the urgent response function as required. * Work in partnership with professionals from external organisations to ensure more joined up working and less duplication of provision. * Work with carers and family members to support them and provide advice to them in their caring role. * Provide any necessary equipment to support independence and activities of daily living in accordance with the Medway Integrated Equipment Services contract.   **Therapy Functions – Physiotherapy and Occupational Therapy**  The Provider will provide holistic care and rehabilitation to patients, with the aim of improving quality of life by supporting recovery, improving mobility and function and prolonging independence. Staff within the Physiotherapy and Occupational Therapy functions will:   * Offer individualised, patient centred care for adults with symptoms with functional impairments or decline with their activities of daily living due to (but not limited to): illness, injury or aging to maximise functional potential. * Provide support to patients with a range of medical conditions including (but not limited to): musculoskeletal, neurological, frailty and respiratory conditions as well as those receiving palliative or end of life care. * Conduct assessments, provide education and health promotion advice, offer active interventions including rehabilitation. * Attend /support internal colleagues when presenting patients at Integrated Locality Reviews (ILRs) as and when required, contribute to holistic management plans and ensure any actions are followed up and reported on. * Support the urgent response function. * Work with carers and family members to support them and provide advice to them in their caring role. * Liaise with internal colleagues and partners from other external organisations to provide support and professional advice for patients on their caseload, as required. * Provide education on self-management to patients, and promote awareness of life style changes needed to reduce /prevent further injury or prevent further injury or recurrence of symptoms. * Provide any necessary equipment to support independence and activities of daily living in accordance with the Medway Integrated Equipment Services contract.   **Speech and Language Therapy (SALT) and Dietetics Functions**  The Provider will offer holistic and responsive care that optimises communication and nutritional status to improve or maintain eating, drinking and swallowing function. Staff within the SALT and Dietetics functions will:   * Provide assessment and interventions for acquired disorders and developmental conditions affecting communication and/or swallowing. * Provide dietetic treatment and manage a range of related clinical conditions. * Offer advice, strategies and therapy depending on the patient’s need. * Review and support ongoing and more generic SALT /dietetic needs. * Offer support groups such as voice groups and support groups for carers. * Work with a range of partners to provide integrated support to patients, including (but not limited to): hospital discharge teams, neuro and stroke rehabilitation. * Attend /support internal colleagues when presenting patients at Integrated Locality Reviews (ILRs) as and when required, contribute to holistic management plans and ensure any actions are followed up and reported on. | |
| 3.2 | Clinical and therapeutic interventions |

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| The Provider will ensure the following clinical and therapeutic interventions are provided by the core generalist staff. The Provider will ensure the nursing and therapy workforce are trained and skilled to deliver and support clinical and therapeutic interventions in a range of areas including (but not limited to):  Wound care including leg ulcer management  The Provider will provide (but not be limited to): routine postoperative wound care, complex and chronic wound maintenance, provision of wound management products such as pressure relieving equipment i.e. specialised beds and mattresses, and shared care with specialties such as plastic surgery, podiatry and dermatology.  Continence care  The Provider will provide comprehensive continence, bladder and bowel support for patients with a range of conditions including (but not limited to): bladder and bowel dysfunctions, insertion and provision of catheter care (for all types of catheter – urethral, suprapubic etc.) and management of any associated complications, pelvic floor dysfunction and rehabilitation and provision of continence supplies and products (excluding those prescribed by GPs).  Diabetes care  The Provider will work collaboratively with GPs and the specialist diabetic service to provide seamless support for the prevention and care of those patients at high risk of developing diabetes and for those patients already diagnosed. The Provider will provide comprehensive support including (but not limited to): the administration of medication i.e. insulin, reinforce health promotion messages and self-care, and sign post to other specialist services when required i.e. foot care, nutrition education etc.  Cardiology care The Provider will support a range of functions in the delivery of cardiology care, including (but not limited to): diagnosis, treatment and rehabilitation, as well as the promotion of lifestyle changes. Both nursing and therapy staff will work with patients to provide health education and advice, and rehabilitation to patients to improve quality of life and reduce the risk of further cardiac events and potential cerebrovascular events. The core staff will work alongside the specialist clinicians to undertake diagnostic testing to ascertain and confirm the diagnosis of a number of conditions including but not limited to: Arrhythmia, Heart Failure (LVSD) etc.  Respiratory care  The Provider will offer support for a range of respiratory conditions including (but not limited to): COPD, asthma, emphysema, cystic fibrosis. The Provider will offer pharmacological interventions (inhalers, pulmonary rehabilitation), and non-pharmacological interventions (smoking cessation advice) spirometry, home oxygen service, and inhaler technique training.  Lymphoedema care  The Provider will of support in the reinforcement of all aspects of the treatment plan instigated by the specialist support function. The core nursing function will promote self-management and provide advice and education.  Epilepsy care  The Provider will support a range of patients including (but not limited to): recently diagnosed patients, women with epilepsy who are pregnant, older people with complex co-morbidities etc. The core nursing staff will prescribe, provide advice and monitor anti-epileptic medications.  End of Life care  Nursing staff within the core function will work with the patient’s GP to co-ordinate the inputs of specialist palliative care, local hospice and voluntary sector providers in accordance with clinical need. The core nursing function will provide on-going assessment as required, monitoring deterioration and prognostic indicators as well as providing pain management and symptom control for terminally ill patients. The Provider will deliver end of life care in line with the effective principles of care for different stages of a patients care pathway as set out by Medway and Swale End of Life Programme.  Dementia care  Nursing staff within the core function will have an appropriate level of mental health training and expertise to provide emotional and wellbeing support for patients with common mental health conditions, particularly those conditions that correlate with the presence of physical long-term conditions or disability e.g. anxiety and depression and those prevalent in older people such as dementia. Nursing staff will be able to provide basic dementia and depression screening and coordinate a service response from other health service professionals, the voluntary sector or specialist mental health services as required.  Dietetics  The Provider will offer support to a wide range of patients (including but not limited to): those who require enteral tube feeding, or those with disease related malnutrition, management of gastrointestinal problems i.e. irritable bowel syndrome, irritable bowel disorder, diverticulitis, coeliac conditions, patients with specific diseases i.e. cancer, and those recovering from stroke or living with long-term neurological condition.  SALT  The Provider will offer support and interventions to a wide range of patients (including but not limited to): patients with acquired disorders affecting communication and /or swallowing including progressive and non-progressive conditions, acute disorders, developmental conditions, disorders in voice production and fluency and those with cancer. It will also support patients who have previously suffered a stroke or who have a long-term neurological condition, but no longer require specialist intervention.  Podiatry  The Provider will help with (including but not limited to): the diagnoses, treatment, and where applicable prevention of lower limb disorders. When appropriate it is expected that the core nursing staff will be able to perform assessment tests such as Doppler and measurement of ankle brachial pressure index (ABPI). The Provider will reinforce appropriate and up-to-date advice and information on all relevant aspects of effective foot care to patients.  Learning Disabilities  The Provider will support people with learning disabilities, and their families to help them to experience improved health and social outcomes. This support will include but not be limited to: improved access to GP and primary care services, and in particular support to access annual health checks, NHS Health checks, screening and immunisation services, health improvement services such as sexual health services, medication review, assistance to better understand specific and general health information, advocacy to excise choice of service.  Rehabilitation and therapy  The Provider will ensure that core therapy functions offer comprehensive triage, assessment, diagnosis, treatment and rehabilitation for a wide range of conditions (including but not limited to): musculoskeletal conditions, hand therapy, neurological conditions, fallers, rheumatology, pain management etc. |

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| **4** | **Service standards and best practice** |
| 4.1 | Standards, guidelines, links to professional bodies and benchmarking |
| **Please see Generic Service Specification** | |
| **5** | **Scope and accessibility** |
| 5.1 | Inclusions and exclusions (geographical/ GP register restrictions, age, conditions/ thresholds) |
| **Please see Generic Service Specification** | |
| **6** | **Interdependencies** |
| 6.1 | Links to the wider system |
| **Please see Generic Service Specification** | |
| 6.2 | Shared care protocols |
| **Please see Generic Service Specification** | |
| **7** | **Prescribing and medicines** |
| 7.1 | Prescribing protocol |
| The Provider will be expected to adhere to the Medway Prescribing Formulary. | |
| **8** | **Workforce** |
| 8.1 | Staff competency requirements |
| **Please see Generic Service Specification** | |
| 8.2 | Staffing levels |
| **Please see Generic Service Specification** | |
| **9** | **Facilities, equipment and ICT** |
| 9.1 | Location requirements |
| **Please see Generic Service Specification** | |