SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	*11J/0236*
Service	*Paediatrics in Primary Care*
Commissioner Lead	*Primary and Community Care Directorate*
Provider Lead	*Adam Practice*
Period	*1 January 2018 – 31 March 2019*
Date of Review	*Quarterly: (Provisional review dates:01/08/18, 17/10/18, 09/01/19, 10/04/19)*

1. Population Needs

1.1 National/local context and evidence base

Emergency or unscheduled hospital admissions have been rising in the UK for several years, with children making up over 25% of these emergency attendances [1]. There has been a 50% increase in Emergency Department attendances by children (0-16) years between 2006 and 2010 and a 28% increase in the number of children below 5 years admitted to hospital for less than 24 hours. Many of these presentations are for relatively minor or self-limiting illnesses such as abdominal pain, asthma/wheeze, bronchiolitis, diarrhoea/vomiting, fever, and head injury, and could often be better managed at home or in community/primary care settings.

Paediatric emergency admissions are of particular concern: according to a report from The King's Fund, the 0-4 age group currently has the second highest emergency admission rate in England after the 84+ age group [2]. There were 4.4 million emergency attendances by infants, children and young people (15 years and under) in 2015-16, an increase of 7.6% on 2014-15 (HES data); and 1.1 million emergency admissions in 2015-16 for children and young people, an increase of 13% from 2006/07, and for children aged 1-4 an increase of 28% [3]. Local data support this national trend.

2. 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**	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

- Improved patient/relatives experience of care
- Improved staff ratings in terms of support and confidence in management of children and young people in primary care

- Improved GP ratings regarding quality of service provision to patients with paediatric problems
- Improved training and knowledge base of GPs involved in MDTs
- Improved training and knowledge base of specialists involved in MDTs related to general paediatric care

3. Scope

3.1 Aims and objectives of service

The aim of the paediatrics in primary care clinics is to provide education focused clinics to children and young people with common everyday conditions. The clinics aim to increase the connections between secondary and primary care, in order to reduce secondary care usage, improve patient satisfaction ratings and provide workplace based learning for professionals.

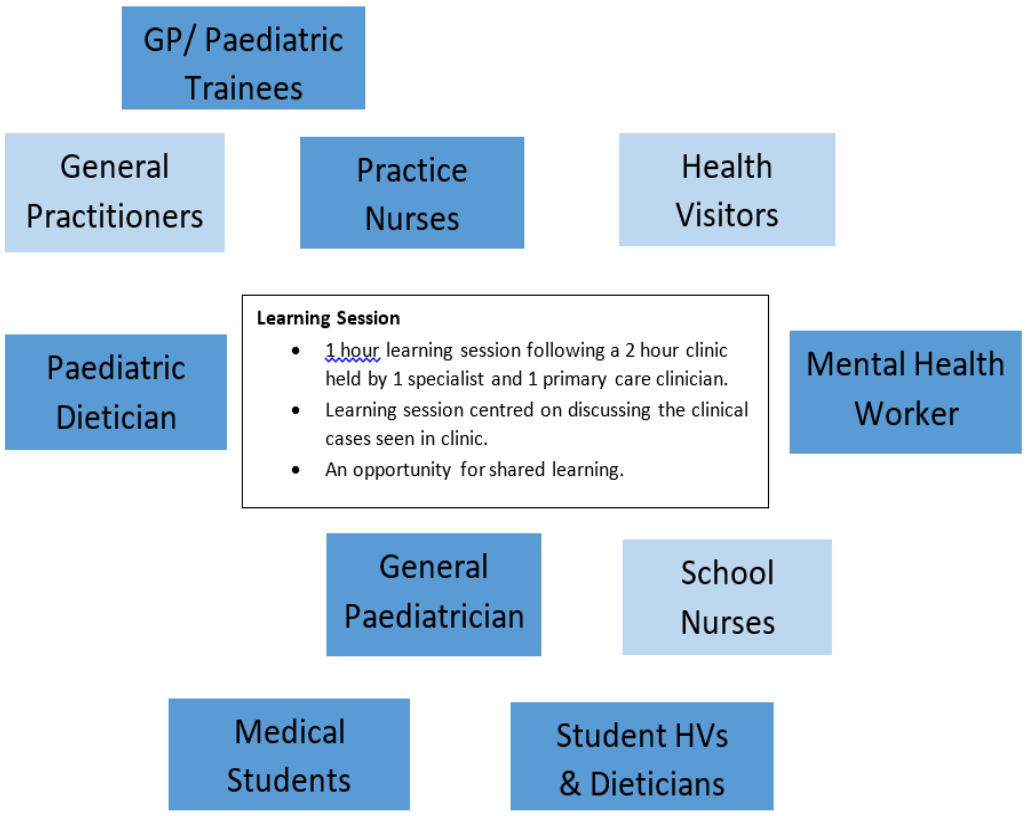
Objectives:

- Reduction in out-patient referrals
- Reduction in Emergency Department presentations
- Reduction in paediatric assessment unit and acute admissions

3.2 Service description/care pathway

The clinics are undertaking a plan, do, study, act approach testing out the best way to achieve the objectives of the service.

Paediatrics in primary care clinic model



The clinics will have two clinicians in the room delivering clinics jointly. Effectively one specialist who could be a senior paediatric trainee/consultant, consultant nurse specialist or GPwSI, particularly in time as GPs become more experienced in running paediatric clinics. The person sitting in the clinic will be for primary care to allocate to build up their specialist knowledge, or a host GP within the hub, who would then facilitate the lunchtime discussion.

Clinics will have direct clinical time and an education session to discuss cases seen and provide an opportunity for shared learning.

3.3 Population Covered

Children and young people registered with a Dorset GP up to the age 18 years.

It is important to note that the integrated children's community health service scope is up to 25 years old but paediatric specialists see up to 18 years. It is anticipated that most of the activity will be younger children therefore this should not be a problem.

3.4 Any acceptance and exclusion criteria

The referral acceptance criteria includes:

- Patients who would ordinarily be referred to outpatients
- Any child the clinician wants a second opinion on
- Frequent attenders to primary care or ED
- Patients who the paediatrician has seen in hospital, and who can now have follow-up within the Clinics rather than in hospital
- Children from the GPs registered list (e.g. with long-term conditions, frequent attenders) who need a more proactive, preventative approach

Exclusion criteria:

- Children where a multi-professional approach is needed
- Where it is clear specialist assessment and management is required, i.e.:
    - Complex global issues
    - Epilepsy
    - Cardiac

3.5 Interdependence with other services/providers

There will be a direct relationship between the paediatrics in primary care clinics and the paediatrics in primary care education plan supported by the primary care workforce centre. The learning session at the end of the clinic could help inform and design the syllabus for the training and education. Also by developing skills and expertise in GPs and specialists it can help recruit future trainers to the training faculty. So not only is there a direct benefit to the individual clinicians participating in the clinics, there is an option for shared learning at the end of the clinic open to all and then benefit for the wider primary care education and training offer.

Access to the following tests are required in primary care:

- Bloods
- Ultrasound
- Barium swallows
- MRI scans

- Faecal calprotectin

4. Applicable standards

4.1 Applicable National standards (e.g. NICE)

4.2 Applicable local standards

The provider will ensure an appropriate record of activity is developed and maintained for audit and payment purposes and which meets the requirements of this contract

The provider will provide monthly activity data, via the agreed minimum data set, and financial data to NHS Dorset CCG in respect of this service. See agreed monthly data set and template for financial reporting, appendix 1.

NHS Dorset CCG shall monitor the performance of providers in meeting the contract specification. This monitoring will encompass:

Monthly

- **Individual patient level (non-identifiable data) Poole Hospital data.**
  Source: BI Team CCG

From the dataset, Dorset CCG to summarise the following KPI's;

- ED visits
- New and Follow-up Attendances
- Acute Admissions (separate PAU if possible)

- **Individual patient level data (non-identifiable) for the Joint Clinics being held.**
  Source: Service Provider (Appendix 1)

From the dataset Dorset CCG to summarise the following KPI's;

- Number of New/First appointments
- Number of Follow up appointments
- Conditions seen
- Outcome:
  - Assessment and discharge with self-management plan
  - Assessment and discharge with management plan for GP
  - Assessment and management in a follow up appointment
  - Assessment and discharge/refer on to secondary care for management
- DNA rates
- Types of investigation

Quarterly:

- **Complaints and incidents reported and reviewed**
  Source: Provider Quarterly Reporting Template

- **Review of Staff Survey responses**
  Source: Provider Staff Survey
  Surveys to be made available to all staff following attendance at appointments. Results to be discussed at the Quarterly Review meetings.

- **Review of Patient Survey responses**

Source: Provider Patient Survey
Surveys to be made available to all patients/carers following attendance at appointments.
Results to be discussed at the Quarterly Review meetings.

- Sample of Service user's responses of friends or family test reviewed; including trends of patient responses (as required)

- A quarterly review meeting (and any ad hoc meetings, if required) of the CCG managers and the provider' representatives.

Annually:

NHS Dorset CCG shall reserve the right to cancel the contract with individual providers or suspend it entirely in the event of any serious incident or failure on the part of providers to comply with the service specification.

The provider must inform NHS Dorset CCG, at the earliest opportunity, if there is a significant disruption to the service in order that continuity can be maintained through an alternative provider.

In any event, the provider shall be required to assess, accept, reject or refer on all referrals received within three working days of receipt.

Any patient referred shall be seen, assessed and treated within five weeks of the date of the receipt of 'routine' referrals.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E) -Not applicable

6. Location of Provider Premises

East Dorset GP Practices (Excluding Adam Practice)

7. Individual Service User Placement

Not applicable