SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	**11J/0208**
Service	Dorset Integrated Urgent Care System Service Elements: • 111 (calls and online) • Clinical Assessment Service (CAS) • Primary Care Out of Hours (OOH)
Commissioner Lead	Urgent & Emergency Care Programme Lead
Provider Lead	
Period	1st April 2019 – 31st March 2024
Date of Review	Refinement during procurement period Reviewed periodically during contract period

1. Population Needs

1.1 National/local context and evidence base

The Urgent and Emergency Care (UEC) Review (NHSE 2013) sets out the evidence base for transformation of urgent and emergency care. It defines a simple vision:

- For adults and children with urgent care needs, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families;
- For those people with more serious or life-threatening emergency care needs, we should ensure they are treated in centres with the right expertise, processes and facilities to maximise the prospects of survival and a good recovery.

The UEC Review highlights the deficiencies associated with the current range of emergency and urgent care options for people which can often be both confusing and counterproductive. It also highlights the cost of duplication to the overall health economy. NHS England has suggested that 61% of urgent health calls to NHS 111 could be dealt with by a Clinical Hub and that less than 16% of people who ring need to be directed to 999 ambulances or emergency departments (ED).

In order to support the transformation of services national guidelines have been published. A list of these is included alongside locally determined strategies and reports that have been considered for the purpose of this specification.

NHS England have also published an Integrated Urgent Care Service Specification (August 2017) https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf. Any IUC service provider(s) in Dorset will be expected to adhere to the prevailing national specification in addition to the local requirements outlined here.

Local Context

Transformation of Urgent and Emergency Care (UEC) is a key component of the Dorset Sustainability and Transformation Plan (STP). This is set out within the portfolios of identified work to implement the STP and builds upon the decisions taken in NHS Dorset CCG's Clinical Services Review.

The vision of the Dorset STP UEC programme aligns with the national vision outlined by Sir Bruce Keogh and NHS England's 'Five Year Forward View' (2014).

In order to achieve this vision, the approach is centred around the development of a Dorset UEC system made up of services working together in an integrated way, that enables more patients to be appropriately reviewed and treated in an out of hospital environment. This will result in an enhanced community offer, a reduction in ED attendances and avoidable admissions.

The component parts of the Dorset UEC system are visually described below:

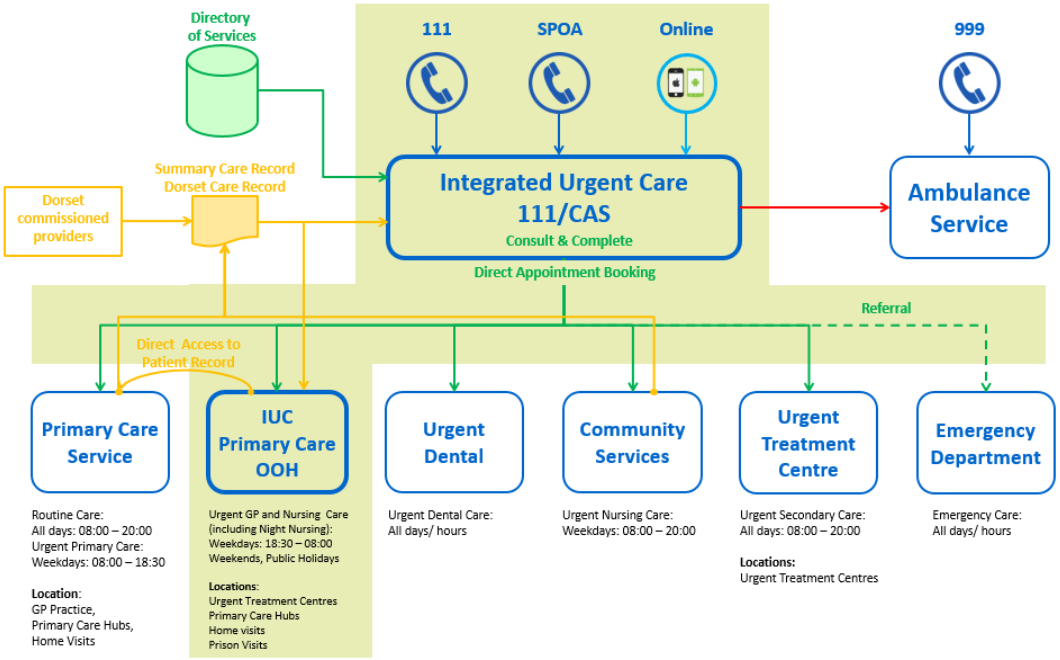

Diagram 1: Dorset Integrated Urgent Care System

This specification concerns those component parts (highlighted in olive) above which are expected to work seamlessly with the other related services:

- Integrated Urgent Care – 111 / CAS;
- Integrated Urgent Care – Primary Care Out of Hours (OOH).

Population Demographics

As at September 2017, Dorset is estimated to have a total current population of approximately 800,000, which is growing faster than the national average. The county of Dorset has a higher percentage of older people than the national average, and the predicted population growth and demographic changes will have a significant impact on the demand for all local health services.

The number of people aged over 65 is 185,175, which equates to 24% of the Dorset population. The over 65 years' population bracket is estimated to increase: 17% by 2020 and 43% by 2030. Given that long term conditions become more common with age, the demographic growth presents some key challenges for Dorset's health and social care services.
Nationally the over 65s account for only 16% of the population, however they occupy almost two thirds of general and acute hospital beds. This age group also account for 50% of the recent growth in long term admissions. Even after age, sex and deprivation standardisation, NHS Dorset CCG has higher than expected emergency hospital admission rates in the South West Region and nationally. The comparative data over a number of indicators show that there is considerable scope to support more people within the community and decrease hospital based care.

Dorset is also a popular tourist destination resulting in a significant visiting population particularly in the summer months. 14.5 million nights are spent in Dorset per year by visitors and a further 26.3 million day trips are made to the area (2013, Dorsetforyou data; https://www.dorsetforyou.gov.uk/statistics).

The birth rate across Dorset, Bournemouth and Poole is lower than the national average at a rate of 10.3 compared to the national average of 12.1.

Population, birth and death statistics	DCC Dorset	Bournemouth	Poole	England & Wales
Birth rate	8.3	11.6	11.0	12.1
Death rate	11.5	10.0	10.7	8.7
Percentage 0-4yr olds	4.6	5.8	5.6	6.2
Percentage 5-15yr olds	11.4	10.2	12.0	12.7
Percentage 18-64yr olds	53.7	64.1	58.2	60.9
Percentage of the population 65+ yrs olds	28.0	17.9	22.0	17.9
Projected growth in total population over next 25 years	10.8	16.3	16.5	15.9

Source of table: Office of National Statistics 2015

Dorset has two prisons and one immigration removal centre. Guys Marsh prison houses up to 578 prisoners, HMP YOI Portland houses 580 youth offenders and IRC The Verne houses up to 580 detainees (Note: The Verne IRC is scheduled to revert to a prison in 2019).

The south west region is home to approximately 24% of the military population to the UK. There are 3,160 MOD personnel stationed in Dorset and an estimated 3,450 dependents. (Source: Military population in Wiltshire and the South West Region. Wilts County Council 2012).

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	✓
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

Urgent & Emergency Care System Level

- People receive a consistent response and access to NHS urgent care services based on need;
- Services encourage a culture of self-help and self-management where appropriate;
- Patients and professionals have a clear understanding and awareness of alternatives to the ED to have their urgent care needs addressed;
- Reduced pressure on local emergency care settings resulting in fewer presentations to ED and a reduction in avoidable admissions;
- The local population develop high levels of confidence in local urgent care treatment facilities and report a positive experience of care;
- Sustainable UEC services via an offer that delivers best value for money alongside high quality provision;
- UEC service providers work collaboratively to deliver a UEC system outcomes framework.

NHS 111 & Clinical Assessment Service (CAS)

- People in Dorset need only a single call to access urgent care;
- People have routine access to consistent clinical assessment of urgent care needs;
- People can have face to face urgent care appointments made through NHS 111 (direct booking);
- Robust clinical governance processes support a culture of patient safety across the urgent and emergency care system;
- People with specific health needs (palliative care, long term conditions, mental health) are able to access specialist clinical advice;
- Where appropriate people contacting NHS 111 are managed safely and effectively without the need for further onward referral to ED;
- People are able to access local advice and guidance on self-management of needs where appropriate;
- People have strong confidence that their urgent care needs can be adequately managed through the local NHS 111/CAS service;
- One central point of co-ordination for health care professionals to access community resources (eg. Community hub beds);
- Urgent and emergency care system resilience alerts are managed and circulated in a timely fashion.

Primary Care Out of Hours (OOH)

- People can have their primary care needs met in a timely and appropriate manner outside the core working hours of primary care;
- People are not re-directed inappropriately to emergency care settings for the management of primary care needs outside the core hours of primary care services;

- People with specific health needs – medical, nursing and therapeutic (palliative care, long term conditions, mental health) are able to access face to face intervention outside the core hours of community services;
- Pre-bookable and same day appointments to primary care services are available to meet local population needs;
- People have a choice of access to evening and weekend appointments on an equal basis to core GP hours appointments;
- Provision of medical, nursing and therapeutic services to ensure timely access to out of hours' services through multi-disciplinary health professional responses to prevent unnecessary acute hospital admissions and maximise independent living.

3. Scope

3.1 Aims and objectives of service

The core aims and objectives of the specified elements (NHS 111, CAS, Primary Care OOH) of the Dorset Integrated Urgent Care System include:

- At the heart of the Dorset Integrated Urgent Care System will be a 24/7 NHS 111 access line working together with 'all hours' GP services;
- Additional clinical expertise is available in the NHS 111 call centre, via Interactive Voice Response (IVR) or via warm transfer (e.g. Pharmacy, dental, Mental Health and GPs);
- Provision of enhanced clinical assessment of green ambulance dispositions;
- Enhanced clinical assessment of all ED dispositions, and direct booking from NHS 111 into ED where appropriate;
- Direct booking from NHS 111 into primary care OOH, urgent treatment centres, community services, urgent dental services, and in future core GP 'in hours' services;
- Ensure the availability of Special Patient Notes (SPNs) and Anticipatory/Advance Care Plans supports delivery of appropriate care;
- The Local Directory of Services (DoS) is maintained (in partnership with system partners) and used to facilitate timely and appropriate levels of care in settings close to people's home;
- Patient experience is enhanced by early identification of calls that would benefit from access to a clinical adviser;
- Clear pathways of care are developed and maintained alongside strong governance processes which ensure safe and optimal transfer of service users' care in instances where additional or specialist care is provided;
- Relevant and key information is shared in real time between health and social care partners to support the patient journey, safety of staff, and efficiency of NHS and Local Authority services;
- Supports delivery of the seven core elements of Improving Access to GP Services (IAGPS);
- Provide a centralised point for the management and circulation of local UEC system resilience alerts.

Objectives

- A minimum of 50% of calls to NHS 111 receive clinical input via the CAS;

- Reduction in the conveyance rate to emergency care settings;
- Achievement of national urgent and emergency care standards eg. 4 hour ED performance target;
- 100% population coverage for IAGPS;
- Driving the adoption of e-consultations across all local GP practices to achieve NHS England's ambition of providing 20% of all consultations via the online channel by 2020 using the CCG's recommended digital platform;
- 100% same day or pre-bookable appointments can be made with general practice;
- Contributes to a 25% reduction in emergency medical admissions;
- Contributes to a 20% reduction in emergency surgical admissions.

3.2 Service description/care pathway

The scope of this service specification includes the elements of Dorset's Integrated Urgent Care System (as described earlier in Diagram 1) outlined below:

- NHS 111 (including 111 online);
- Clinical Assessment Service;
- Primary Care Out of Hours.

It is recognised that urgent care service delivery is complex. To deliver the services described in this specification effectively, the Provider(s) will need to establish constructive working relationships with other key organisations across the Dorset health and care system and work to ensure the provision of an integrated UEC approach that facilitates a seamless transfer of care between providers and services where necessary.

In order to improve opportunities for the seamless transfer of care the Provider(s) will be expected to sign up to the Dorset Information Sharing Charter, adhere to national guidance, and participate in local Information Governance agreements in respect of gaining and respecting patient consent.

NHS 111 (Calls and Online)

NHS 111 is already a vital service in helping all people with urgent care needs get the right advice in the right place, first time.

The core principles of the NHS 111 are summarised below:

- Is available and accessible 24 hours a day, 365 days a year;
- Is able to access the service through telephony, digital or online channels to give better access to information and to meet specific needs people have;
- Uses the nationally mandated NHS 111 triage system and complies with the licensing requirements of the product. (The Provider(s) will be expected to adopt any new national systems as mandated by national bodies.);
- Offers a personalised service tailored to the needs of the individual;
- Has access to relevant patient information (Dorset Care Record / Summary Care Record / Patient Own Primary Care Record) to support decision making and minimises the need for people to repeat their story;
- Has a functional and robust method in place for receiving special patient notes and flagging on its IT system;

- Has agreed and functional methods for communicating clinical details of patient NHS 111 activity with relevant services, for example the persons registered GP and other relevant community H&SC staff working around the patient;
- Has standard operating procedures for accessing clinical input to calls / online interactions;
- Offers safe advice based on the best and most up to date clinical and medical knowledge available;
- Seeks to definitively resolve health concerns without the need to go anywhere else where appropriate;
- Is able to book appointments with the urgent care provider they need;
- Ambulances are dispatched without delay;
- Ensures that specific health needs, such as palliative care, mental health and long term conditions are properly catered for utilising specialist clinical advice;
- Maintains support to local service developments, for example Dorset Labour Line;
- Ensures that Care Homes can directly access the CAS via a specified route as outlined in National guidance and develop their use of this service;
- Develops online access routes in line with national 111 Online expectations, and compatibility with other Dorset services, and links these to timely phone advice and appointments where this is indicated.

The service must be compliant with any current or future national key performance indicators for Integrated Urgent Care services and meet the relevant commissioning standards.

<u>Repeat Prescribing</u>
Currently NHS Dorset CCG has a standard operating procedure for managing urgent supplies of medication via repeat prescription which will need to continue with the new Provider(s) as these requests account for a large amount of calls to the Primary Care OOH service via NHS 111. NHS England is currently implementing a national pharmacy service pilot called the 'NHS Urgent Medicine Supply Advanced Service' (NUMSAS). The Service will allow community pharmacies to supply a repeat medicine at NHS expense, following a referral from NHS 111 and where the pharmacist identifies that the patient has an immediate need for the medicine and that it is impractical to obtain a prescription without undue delay. The service is now operational in Dorset.

<u>Frequent Callers</u>
The service Provider(s) is expected to put special arrangements in place and have a robust process to respond to people who make repeated or frequent calls to the Dorset Integrated Urgent Care System.

Clinical systems are expected to be in place and robustly applied where there is potential for increasing levels of clinical risk for patients. Processes should also be in place for the small minority of people who regularly make calls to the same service and the service will have made separate arrangements to respond appropriately to those calls.

Software systems need to be able to identify these callers and ensure they access and feed to the national frequent caller's database.

Frequent callers should be recorded and the Provider(s) should respond sensitively until such time as it can be sure that the frequent calls are not because of an inability to source the right care. The Provider(s) will need to demonstrate they have worked to the best of

their ability to source a suitable care plan and if in difficulty should escalate this to the commissioner.

The Provider(s) will be expected to use an accredited NHS 111 system that:

- Adheres to the national standards for NHS 111 and IUC services;
- Utilises the current nationally mandated NHS Pathways decision support tools;
- Provides warm transfer of appropriate calls to 999 services;
- Manages standards based messaging - referrals and transfers of care;
- Provides timely post event messaging to Registered GP and shared local repository, suppressing duplicate messages where an internal referral generates multiple procedural steps;
- Links to national services – Personal Demographics Service (PDS), Child Protection Information Sharing (CPIS), Repeat caller service, Summary Care Record (SCR), Directory of Service;
- Provides a commitment to adopting Fast Healthcare Interoperability Resources (FHIR) standards in collaboration with other key stakeholders in the county;
- Utilises Electronic Prescription Service (EPS) and the NUMSAS, and feeds prescribing information back to primary care and share prescription records;
- Can negotiate access to order communications from treatment hubs with Dorset Acute hospitals.

NHS 111 telephony requirements

The NHS 111 provider must have resilient telephony provision with failover capability that allows calls to be networked across all the call centres directly receiving NHS 111 calls in their contracted area. In the event of the loss of call answering at any one location, calls can then be sent to other centres.

Further requirements and information regards Integrated Urgent Care telephony can be found in the IUC Commissioning Standards: https://www.england.nhs.uk/wp-content/uploads/2015/10/integrtd-urgnt-care-comms-standrds-oct15.pdf

Clinical Assessment Service (CAS)

The CAS will take calls from NHS 111 to provide additional clinical advice, between service user and health care professionals, providing individual professional advice not covered in the NHS 111 pathway or to direct service users to self-care or the most appropriate service to assess and treat them.

The CAS will take calls from Care Homes as diverted by the NHS 111 service to provide additional clinical advice as per national guidance.

The CAS will operate over 7 days per week, 24 hours per day and each day during the year.

The exact mix of health professionals required to deliver the service will be determined by the provider but must be in line with national expectations, based on the needs of the local population and in line with the Dorset STP. The national vision sets out a model whereby staff working in the assessment service have access to a range of professionals whose skills will best meet the needs of service users. For example, this may include (but is not limited to) the following:

- Specialist or advanced paramedics with primary care and telephone triage competencies;
- Nurses with primary, community, paediatric and/or urgent care experience;
- Mental health professionals;
- Prescribing pharmacists;
- Dental professionals;
- General Practitioners;
- The provider will be expected to be flexible and accommodate other health professionals within the CAS; for example, a dental nurse service, which would be commissioned directly by NHS England.

Additional competency/specialist areas that may require provision include: midwifery, physiotherapy, paediatrics, hospital specialists, occupational therapy, third sector organisations, alcohol and drug services, palliative care nurses, social care, housing and others depending on local need.

It is expected that the Provider(s) will work with the developing Community Hubs and integrated teams across Dorset. There will also be cross over with urgent primary care provision for both in-hours and extended hours, therefore this service will be required to interface with local GP practices and their new models of care as they develop.

The workforce for the CAS needs to be able to deal clinically with all of the referrals it receives itself, or where it is out with their clinical expertise have developed excellent working relationships to transfer the patient, in order they receive the best possible care. This includes the ability to triage calls from the Dorset prison cluster during out of hours periods with a view to making a clinical decision on the course of action to be taken.

Any clinical decision to transfer a patient must be documented in the patient's record. The provider has to ensure there is a robust process for transfer of clinical information that ensures the patient is able to navigate the system without any delays or further need for advice. It is expected that these transfers happen electronically and in real time.

- The patient's details (demographics and clinical assessment and rationale for transfer) must be transferred to the onward provider using any agreed protocols or contacts;
- Where the IUC provider does not provide the onward service, they must make arrangements to inform that service to which the referral has been made of the patient's planned attendance;
- The transfer of care to other services is a key performance indicator for this service and the provider will be expected to initiate audit to demonstrate the appropriateness of the transfers.

Where difficulties in transferring care exist this must be escalated to the commissioner if the provider cannot rectify the issues themselves. In some instances, this may highlight a lack of commissioned service, or failure to comply with commissioned standards.

As indicated earlier, it is recognised that urgent care service delivery is complex and there are a number of critical relationships for this service, which is greater than just ensuring there is seamless transfer of care between providers. The provider will need to ensure robust working relationships and regular contact with the following in particular:

- Complex care teams responsible for enabling people to be cared for at home. This will involve interfacing with the locality health and social care hubs and its co-ordinators alongside the voluntary sector;
- Mental health services (including crisis teams) to enable a whole person approach to emergency care are experienced;
- Emergency departments, and urgent treatment centres/facilities;
- Primary care;
- Secondary care;
- Non-clinical services as commissioned to support wellbeing and signposting.

The CAS will also incorporate all elements of the currently commissioned Single Point of Access (SPOA), which provides streamlined knowledge of and access to community services for GPs, community teams, care homes, social care, ambulance services and secondary care services.

Key components of the SPOA function include:

- A single point of contact for health and social care professionals, including care homes and the ambulance service to access out of hospital and community based services;
- Provide call handling and clinical triage of referrals to community services (and/or voluntary services) to avoid unnecessary hospital admissions, working in close partnership with integrated community teams and providing continuity of service into the out of hours' period;
- Provides a community bed management function;
- Provide a single point of access for non-conveyed patients who may require follow-up by integrated community services eg. service users that have had a fall (adhering to an agreed Falls Pathway);
- Works in partnership with primary care, secondary care and other health and social care teams to effectively manage the interface between hospital and community based services.

An additional requirement of the SPOA function concerns UEC system resilience alerts. All organisations play an essential role in Systems Resilience across Dorset. There is a multi-agency agreed procedure across Dorset for managing Health and Social Care Resilience with and between all providers to ensure the safe transfer of care of individuals to and from hospitals and other health and social care settings.

The "Resilience Alert" system is an essential communication tool for highlighting system issues and pressures across Dorset.

SPOA is the central point of contact for all health and social care organisations across Dorset and facilitates the management and circulation of resilience alerts 24/7 on behalf of all partners via a centralised email account.

It is essential that alerts are circulated in a timely manner and it is expected that alerts will be issued within 30 minutes of receipt by SPOA.

Primary Care Out of Hours

The Primary Care OOH service is encouraged to use a skill mix model that has been tested in other parts of the Country, led by a GP but also using other types of appropriately registered and trained professionals including nurses and pharmacists, in both the clinic and visiting service that meets the needs of the presenting population.

Primary Care OOH services will operate during the period outside the core contractual GP operating hours of 08.00 – 18.30 Monday – Friday and provide a timely response to assess, advise and treat patient's medical, nursing and therapeutic needs.

The OOH service will provide clinical assessment including face-to-face contact and/or home visits to people with an urgent primary medical, nursing or therapeutic care need who are referred/directly booked via the CAS.

This service will improve access to primary care services as part of the national Improving Access to General Practice Services programme and its 7 core requirements of:

- Timing of appointments
    - Provision of access to pre-bookable and same day appointments to Primary Care services in evenings (after 6.30 pm) to provide additional 1.5 hours a day;
    - Commission pre-bookable and same day appointments, on both Saturdays and Sundays to meet the needs of the local population;
- Capacity
    - A minimum additional 45 minutes' consultation capacity per 1000 population per week;
- Effective Access to Wider Whole System Services
    - Effective connection to other system services enabling patients to receive the right care, the right professional, including access from and to other primary care and general practice services such as urgent care and NHS 111;
- Measurement
    - Ensure usage of a nationally commissioned new tool (to be introduced during 2017/18) to automatically measure appointment activity by all participating practices, both in-hours and in extended hours to enable improvements in matching capacity to times of great demand;
- Digital
    - Use of digital approaches to support new models of care in General Practice including decision-support triage, online consultation, and remote booking of appointments;
- Advertising and Ease of Access
    - Use of websites, notices in local urgent care services and publicity into the community. Receptionists' ability to direct patients to the service and offer appointments to improving hours service as well as patients being offered choice of evening and weekend appointments;
- Inequalities
    - Patients' experience and feedback of accessing General Practice to resolve issues where they arise by utilising the practices' Patient Participation Groups (PPGs).

In addition to improving access to GP services, the Service will provide night nursing services between the hours of 8pm and 8am seven days a week for both urgent and pre-

planned care appointments. This includes provision of palliative care. Other examples of specific night nursing interventions include but are not limited to:

- Diabetic care;
- Chemotherapy injections;
- Administration of medication including for example IV antibiotics; Clexane injections;
- Management of blocked catheters;
- Symptom control for palliative care.

All such clinical activity must be recorded in the primary care record.

The provider of the Out of Hours service will be expected to liaise with the in hours' community provider to ensure smooth transfers of care.

Where co-located with an ED the Primary Care OOH Service will manage the treatment of walk-in patients streamed from the ED in line with agreed protocols.

On occasions, the Primary Care OOH Service may also be called to provide verification of life extinct, more so for unexpected deaths and those in care homes.

The Primary Care OOH Service will provide primary care medical treatment to those held in the three establishments in the Dorset Prison Cluster where following clinical triage by the CAS, it is deemed necessary that a person requires a face to face medical intervention.

Primary care OOH service operational hours are currently defined as:
Monday – Friday 18.30 – 08.00hrs
Saturday, Sunday & Bank Holidays – 24 hours (0800 – 0800hrs)

The service will operate out of a variety of settings that facilitate access to the service within a timely fashion including:

- Urgent treatment centres;
- Primary care hubs;
- Integrated community hubs;
- ED streaming facilities;
- People's own homes where clinically appropriate.

(Final determination of service delivery will need to be agreed with the commissioner.)

The urgency of the response will be determined by the triage process either via NHS pathways or by expert clinical triage (GP) with those identified as having an urgent need receiving care within 2 hours and those with less urgent needs within 6 hours.

For those patients requiring urgent and less urgent home visits the provider must ensure there is a sufficient mobile resource to meet the demand. It will also ensure adequate ability to react to fluctuations in demand and provide system resilience.

In order to maximise accessibility, the service will build effective working relationships and links with late opening pharmacies, both to ensure patients can collect prescribed medication and to manage patients signposted to and from the pharmacy.

The service will have systems in place for exchange of clinical and administrative information between all those providing care to patients with predefined needs.

The Provider(s) will also ensure that all out of hours' consultations are recorded and communicated to a person's registered general practice in a timely fashion.

Workforce

Creating a sustainable workforce is vital in order for Integrated Urgent Care services to achieve the locally defined outcomes and national KPIs. It is therefore expected that the provider(s) support and adhere to the national workforce blueprint for Integrated Urgent Care. The Blueprint will comprise the following elements:

1. Career Framework; competency based job descriptions Skills for Health Levels 2-7
2. Core and specialist competencies Skills for Health Levels 7-9
3. Apprenticeship scheme
4. Workforce Governance Guide
5. Workforce Mental Health and Wellbeing
6. Accreditation of education and training
7. Leadership development
8. Workforce modelling
9. Career of choice
10. Workforce Survey Recommendations Report
11. Digital skills

Please refer to https://www.england.nhs.uk/urgent-emergency-care/nhs-111/urgent-care-workforce-development/ for further details.

Providers are expected to comply with the NHS Digital Workforce Minimum Data Set collection. If a provider does not use the Electronic Staff Record system (from which NHS Digital will be able to directly extract the data), then the provider should supply workforce information through the NHS Digital secure internet data collection system.

Directory of Services (DoS)

The Directory of Services (DoS) for Dorset is owned and maintained by NHS Dorset CCG. The NHS 111/CAS provider(s) will be expected to work closely with the DoS lead and support team to ensure that any error, omissions or improvements can be worked upon jointly to ensure that the correct patient services are identified by the Dorset Integrated Urgent Care System.

The Provider(s) is also expected to collaborate with partners to develop relevant content to support the introduction of NHS 111 Online and access to DoS from other care settings as this develops.

The Provider(s) must not develop their own directories but work with the DoS Lead to ensure the robustness of the core DoS for the county. The scope of the directory content will continue to develop with a view to increasing the number of options to support self-care.

Both the NHS 111 and the CAS will need to ensure they have the ability to search for, and refer to, the specialist services that can provide the required clinical services for a patient.

Where a specialist within the Dorset Integrated Urgent Care System is using the NHS Pathways Clinical Decision Support System (CDSS) to support their consultation the integrated DoS search that is built into NHS Pathways can be used to find a service that matches the clinical and situational need that has been identified by NHS Pathways.

It is the responsibility of the Provider(s) to keep up to date and to contribute to the development of NHS Pathways and to implement the latest versions as soon as practical.

In situations where NHS Pathways is not being used to support assessment, the clinician may be supported by other tools; these may be alternative triage and decision support tools, or they may be specialist clinical consultation tools relevant to the speciality looking after the patient.

As a minimum, a record that a search and referral has been completed should be recorded against the patient's NHS 111/CAS encounter record. This will ensure a minimum audit trail is kept about the recommendations made to the patient.

The chosen system should provide integrated DoS search functionality (as is currently the case when searching from NHS Pathways) so that more detailed information about the referral process can be recorded. As an example this might include: the service that was selected, details of any services which were rejected, how the referral/recommendation was completed (electronically, verbally).

The Provider(s) should ensure that there is a plan to achieve this level of integration by the commencement of the contract.

Dentistry

Emergency dentistry is commissioned by NHS England. Dorset 111 will be required to warm transfer calls to the Wessex Dental Advisory Service and work closely with the provider of NHS 111 services in Hampshire who will accommodate the service.

(To note – it is anticipated that Wessex Dental Advisory Service will not be operational until June 2019 and as such the Dorset Clinical Assessment Service will be required to manage clinical advice for these patients during the intervening period between April and June 2019.)

Access to on-line consultations

On behalf of the Dorset Accountable Care System community, the commissioner intends to procure a joint solution for GP on-line consultations and the NHS 111 Online service. The timescale for this will precede the award of contract for the IUC service. The successful bidder will therefore need to integrate with the selected NHS 111 Online solution in order to facilitate recording a contact, access to a consultation and booking an appointment where indicated.

Information System Interoperability

Interoperability within the Integrated Urgent Care environment is detailed in the National Interoperability Standards. The standards define the technical standards that must be used for the transfer of data where applicable, to and from NHS 111 application systems and the applications that integrate with NHS 111 service providers. The clinical system of choice for the Primary Care OOH Service component is SystmOne. Nearly all GP practices in Dorset will be using this clinical system by 2018, and it is already the system used by Dorset Healthcare University NHS Foundation Trust (Dorset's community health care provider).

Using SystmOne will allow real time and seamless read/ write access to a service user's full medical record. Therefore, if the Provider(s) wishes to use an alternative clinical system, they will need to demonstrate a seamless read/ write access in real time to that service user's full primary care record, including the ability to send and receive tasks, and to remotely book appointments where these are made available.

The following outcomes are required for all elements of service described in this specification:

- All Integrated Urgent Care applications must connect directly with the SPINE and have followed the Common Assurance Process with the ability to perform an advanced trace to obtain patients NHS Numbers;
- All applications must connect with the Summary Care Record and Dorset Care Record to ensure access to patient records is achieved as a minimum;
- For all children, the Child Protection Information Service (CPIS) should be checked for any social care engagement;
- Integrated Urgent Care services must submit and retrieve data from the National Repeat Caller Service;
- Services must be capable of receiving inbound messaging that can be directed to the variety of clinical skill sets to support the online platform and also offer potential integration with 999;
- Integrated Urgent Care services must follow the Information Governance assurance toolkit www.igt.hscic.gov.uk;
- Providers must use approved software systems.

Although it is recognised that providers will have some flexibility in their approach, the following outcomes must be achieved and adhered to from a technical perspective:

- All Integrated Urgent Care services must be able to book in either an integrated manner, or using Interoperability Standards;
- All services must be able to dispatch ambulances in either an integrated manner locally, or using Interoperability Standards when dispatching to a separate application or Out of Area 999 service;
- Integrated Urgent Care services must be able to determine where patients are being referred or transferred to and transmit the data for all services and all 999 services;
- There is a technical requirement to provide a text or email to patients to confirm direct bookings/appointments across the UEC system;
- Requirement to identify NHS Number for data monitoring and information analysing purposes;
- Send report of contact and clinical details via standards based messaging, and with NHS number identifier to the shared Dorset Care Record.

Clinicians must have access to relevant aspects of patients' medical and care information, where the patient has consented during the call to this being available. IT system interoperability is therefore imperative for the Dorset Integrated Urgent Care System to function and the roll out of the Dorset Care Record (2018) will support this. Cross-referral and the direct booking of appointments into other services is required.

The Provider(s) of these services will also be required to support and work with the development and implementation of GP e-consultation locally to ensure people receive a seamless service.

Information Management Technology

NHS Dorset CCG and its STP partners have emphasised the importance of timely and accurate sharing of information in support of the care of local citizens and visitors, and building collaborative business intelligence and population health management. The provider(s) of the service elements described in this specification will be expected to participate in developing this vision.

On the basis of enabling efficient information flows between primary and community care providers in the locality, NHS Dorset CCG have standardised on recommending TPP SystmOne.

Additionally, the provider(s) will be expected to integrate their clinical system with other providers within the Dorset health and social care community to support continuity of care.

Where possible NHS Numbers will be obtained for all patients attending the service elements and quoted on all correspondence.

It is expected that employees of the service provider will use smartcard access to SystmOne and have seamless access to other relevant systems, and receive appropriate training in using clinical systems and accessing confidential patient information in accordance with the NHS IG Toolkit.

The Provider(s) will also need to utilise IT tools to enable real-time information sharing with other agencies in Dorset where appropriate;

- The use of Sunquest ICE to view pathology results/radiology reports, and to request tests and investigations from Radiology and Pathology departments;
- The use of the Acute Hospital PACS to review images for patients seen in any of the locations in which the service operates as appropriate;
- A discharge notification to the usual GP practice of the patient. This should be following the ITK CDA or FHIR (as developing under the national Transfers of Care initiatives);
- An electronic referral to community services in Dorset who are using SystmOne, or using eReferrals, secure messaging.

Organisations across Dorset are working together on procuring a system called the Dorset Care Record (DCR), which will enable improved integration between all partners. The Provider(s) will be expected to contribute summaries of care given in the Integrated Urgent Care services to this record, and to work with other providers across the

community to use the DCR to improve patient experience of healthcare services, and reduce duplication of effort.

To prevent a multiplicity of records, the Dorset Care Record will provide a citizen portal, but additionally the provider(s) will be required to work on initiatives around SMS text notifications, email exchange, and virtual appointments via Telephony, Instant Messaging and Videoconferencing.

3.3 Population Covered

The Services will be available to the registered population of Dorset, and those that are visiting.

For the NHS 111/CAS service element, provision will also be available to residents from other parts of the country in exceptional circumstances where other call centres experience a loss of call answering functionality.

3.4 Any acceptance and exclusion criteria.

This service excludes:

- 999;
- Emergency department core services;
- Primary care in hours GP provision covered under the GMS/PMS contract;
- At this stage emergency dentistry is not included in this service, however NHS England are expecting their commissioned services to contribute to the new urgent integrated service;
- The services do not provide for people in police custody;
- Any inpatient in acute hospital care (physical and mental health);
- Patients who are recorded on the violent patients' register, for whom different arrangements are in place for primary care unless there is agreement;
- A person requiring treatment for injury at the scene of a road traffic accident;
- Women requiring intrapartum care;
- Clinical conditions where it has been agreed with specialist services that the person needs to be cared for by a specialist service. In these instances, the circumstances for groups or individuals need to be jointly agreed and may include agreement with commissioners;
- Drug and alcohol dependency: people with dependency should always be able to access the services but in relation to specialist help it is recommended that for methadone users a case by case decision is made with background advice, in line with protocols agreed with specialist services. There would be very few circumstances when on-going support is needed, but the provider is expected to have an on-going relationship with the providers of specialist support to agree and update working protocols;
- Mental health: as above people with mental health needs must be able to access the service but the services should have agreed protocol in place to deal with exacerbations and acute mental health presentations. The use of shared records and special patient messages will be encouraged to provide the optimal care. Again but the provider is expected to have an on-going relationship with the providers of specialist support to agree and update working protocols.

3.5 Interdependence with other services/providers

Interdependencies include (not an exhaustive list):

- All health and social care commissioners and providers;
- South Western Ambulance Service NHS FT;
- Poole Hospital NHS FT;
- Royal Bournemouth & Christchurch Hospital NHS FT;
- Dorset County Hospital NHS FT;
- Dorset HealthCare University NHS FT;
- Yeovil Hospital NHS FT;
- Salisbury NHS FT;
- Local Authorities – Social Services;
- NHS England;
- Urgent Treatment Centres;
- Primary Care – In hours GP services;
- Community Pharmacists;
- Community Dentistry;
- Emergency Dentistry – NHS England;
- Police and Coroner's Office;
- Macmillan and Marie Curie;
- Hospices;
- Palliative Care;
- Community Mental Health Teams;
- Ezec – Non Urgent Patient Transport;
- Community and Voluntary groups;
- Domiciliary care;
- Care homes.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

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

4.3 Applicable local standards

The Provider(s) will be expected to comply with all national Minimum Data Sets (MDS) and Key Performance Indicators (KPIs) for Integrated Urgent Care. Dorset will be developing an Outcomes Framework for all of the Integrated Urgent and Emergency Networked Care System, which all UEC providers will be expected in time to participate in.

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 used

6. Location of Provider Premises
The Provider's Premises are located at: As indicated previously, proposed locations of service delivery for Primary Care OOH will need to be confirmed with the Commissioner.
7. Individual Service User Placement
Not used

This specification has been informed by prevailing national and local guidance and strategies including (but not limited to):

- Delivering Care Closer to Home: meeting the challenge (DH, 2008);
- Five Year Forward View (DH 2014);
- The Keogh Report (DH 2014);
- Personalised Health and Care 2020 A Framework for Action, (National Information Board, November 2014);
- Commissioning Standards Integrated Urgent Care (NHSE September 2015);
- Transforming Urgent and Emergency Care Services in England (NHSE August 2015);
- Delivering the Forward View NHS Planning Guidance 2016/17 – 2020/21 (NHSE December 2015);
- NHS Operating Framework 2016/17;
- General Practice Forward View (NHE March 2016);
- Integrated Urgent Care Key Performance Indicators (NHSE 27 November 2016);
- Integrated Urgent Care Guidance on the Implementation of a Clinical Hub (currently draft 7) (NHS 2016);
- Integrated Urgent Care Key Performance Indicators 2016/17;
- Securing Excellence in GP IT Services: Operating Model 3rd Edition (2016-18) (NHS England, May 2016);
- NHS Integrated Urgent Care Workforce Development Programme;
- NHS Dorset CCG Clinical Services Review including the Integrated Community and Primary Care Services work stream;
- NHS Dorset CCG Mental Health Acute Care Pathway Review;
- The Dorset Care Record Working Party;
- Dorset Primary Care Commissioning Strategy;
- Local A&E Delivery Plan (NHSE, NHSI July 2016);
- NHS Digital Transfers of Care Initiative;
- Next Steps on the Five Year Forward View (NHS England, March 2017);
- Urgent and Emergency Care Delivery Plan (NHS England, April 2017);
- Improving Access to GP Services (IAGPS);
- Dorset Urgent and Emergency Care Plan (date of publication tbc).