

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	02/GMS/0046
Service	Nurse Practitioner Service
Commissioner Lead	General Medical and Surgical Clinical Commissioning Programme
Provider Lead	South Western Ambulance Services NHS Foundation Trust
Period	1 April 2014 – 31 March 2015
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

The purpose of the Primary Care Practitioner service is to actively pull patients attending the Emergency Department with a minor injury or illness for management via a primary care pathway.

The times of operation for the service will be reviewed regularly to ensure they are meeting the needs of the service.

The service mainly uses Nurse Practitioners, although occasionally experienced Emergency Care Practitioners will be used – they will adhere to the same policy and procedures as agreed for the NP.

Staff working within the service will be employed by South Western Ambulance Services NHS Foundation Trust (SWASFT).

An agreed level of monitoring outlined in schedule 6 will take place in order to ensure the service can be evaluated.

The NP will work from a room within the Emergency Department but will also have the ability to transfer patients for management in the Out of Hours Service if it is felt this would be more appropriate.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	x
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	x
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

- To manage a proportion of patients attending with a primary care issue or minor illness or injury via a primary care pathway;
- To ensure patients are seen by the right person, in the right place at the right time;
- To reduce Emergency Department attendances and admissions;
- To test the effectiveness of this model within an emergency department;
- To deliver patient education in order to ensure patients are treated in the right place, by the right person and the right time.

3. Scope

3.1 Aims and objectives of service

The purpose of the Nurse Practitioner service is to actively pull patients attending the Emergency Department with a minor injury or illness for management via a primary care pathway. The Primary Care Foundation reports that between 10% and 30% of emergency department cases could be classified as Primary Care Cases (types that are regularly seen in general practice).

The service has been operational since December 2010 and has provided us with an opportunity to develop a model that not only supports Poole Hospital Foundation Trust in the management of urgent care, but in the development of a process that educates the public in the appropriate use of facilities for accessing health care.

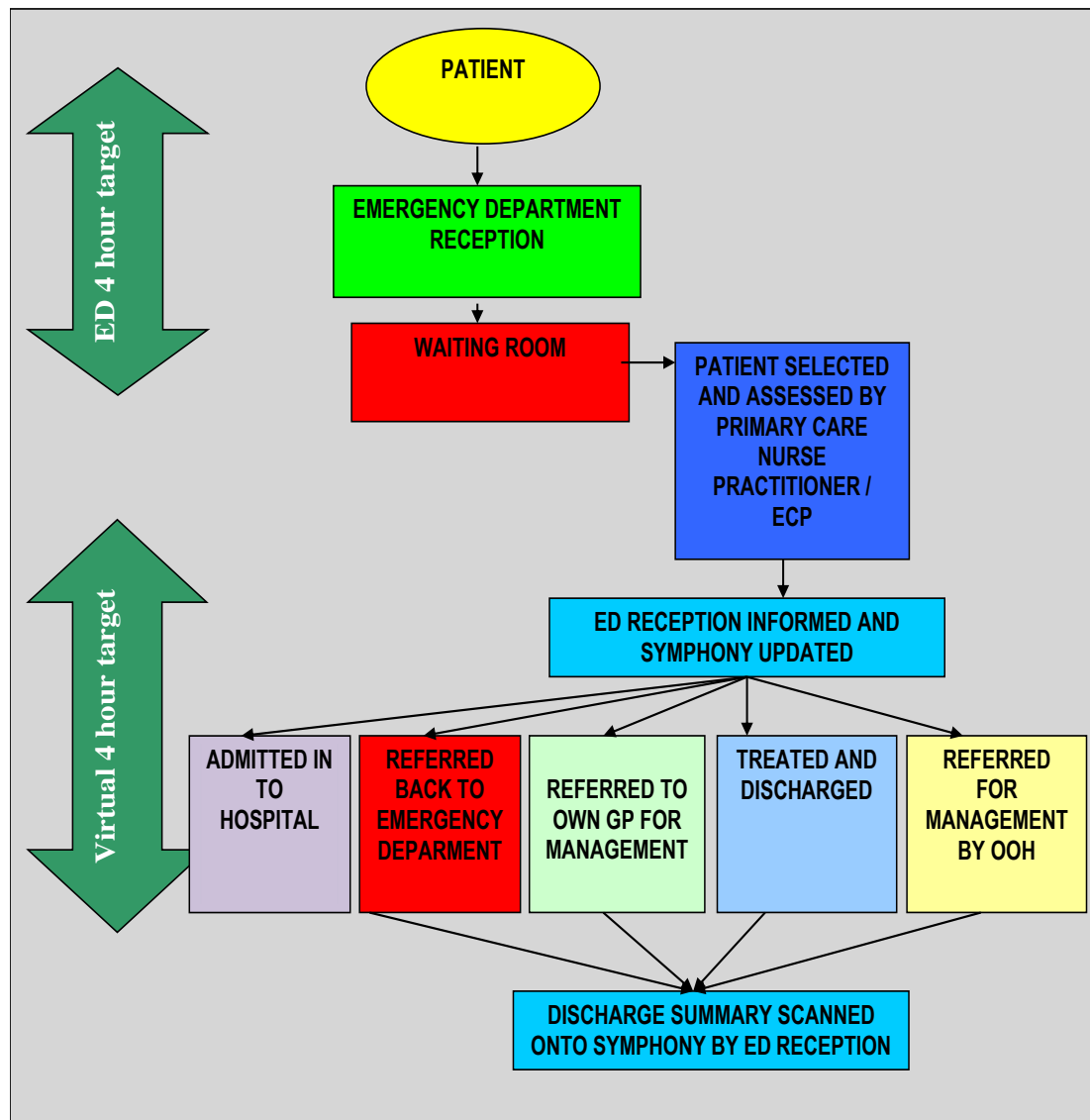
During 2013/14 the pilot was reviewed and it was agreed that it would become part of the urgent care contract.

Objectives of the Primary Care Urgent Access Service

- To be primary care Led;
- To ensure patient access is as simple, equitable and straightforward as possible;
- To ensure patient safety is a priority at all times and that risk is managed appropriately;
- To enable professionals and other personnel involved in the delivery of urgent care services to work together to deliver the best possible service to patients, to make the most effective use of resources and to share the clinical and financial risk at the 'boundaries' of their work;
- To be flexible and responsive to changes in demand;
- To have in place robust clinical and operational governance processes;
- To be a patient focused service with mechanisms for patient involvement.

3.2 Service description/care pathway

Figure 1 displays the Nurse Practitioner Pathway



Reception

All patients presenting to the Emergency Department will book into emergency department reception in the usual way.

Nurse Practitioner

The NP will be based in a room next to the Emergency Department and will utilise the Symphony system or a manual trawl of patient's triage notes in order to identify patients who could be managed via a primary care pathway.

The patient will be called from the Emergency Department waiting room for management by the NP.

The NP also has the ability to take a patient for management by the Out of Hours Service during the times of operation.

Patients should not be passed to the NP/ECP by the emergency department, although emergency department staff may wish to make a judgement around which patients to treat first if they are aware that a particular patient would be best treated by the NP/ECP.

The patient will be managed in one of three ways:

- Treated and discharged;
- Referred to own GP for management;
- Referred back to the emergency department;
- Referred for management by the out of hours service.

The reception team in the Emergency Department should then be informed by the NP and a discharge summary provided which should be scanned onto the symphony system by the ED Reception team.

Clinical Support

Support will be available to the NP from the Head of the Urgent Care Service in-Hours.

Patient education

A key role for the NP will be to encourage patients attending with an issue which could be managed by self-care to utilise the options available i.e. NHS 111 / Pharmacy and then to access their GP as a second step in future.

An information leaflet will be provided to patients who are treated by the service to reinforce the message that they could have been seen and treated by their GP Practice.

Information leaflets will be provided to patients to reinforce the message. All communication material should display the logo from SWASFT and Dorset CCG. The communication material should be jointly agreed by PHFT, NHS Dorset CCG and SWASFT to reflect the joint working and a shared vision.

There is an expectation that patients will act responsibly in terms of how they access services and will ensure they use the information made available to them to decide which service they should access for their need.

Some patients presenting to the Nurse Practitioner may be advised that it would be more appropriate to see their GP and support will be given to enable a mutually convenient appointment to be booked on the basis that the patient can re-attend the emergency department if their needs increase.

Opening Times

The Provider shall ensure that an NP/ECP will be available at the agreed times.

The current revised times (2014) are:

Friday 13.00 – 20.00
Saturday 10.00 – 22.00
Sunday 10.00 - 22.00
Monday 13.00 – 20.00

Equipment and consumables

If any specific equipment is required to meet the needs of an individual patient, discussion should take place with PHFT to see if the equipment could be borrowed or an alternative room found for that specific patient.

Drugs and Prescribing

SWASFT Prescription pads should be used by the Nurse Practitioner.

Staffing

The service will be delivered by a team of Nurse Practitioners / Emergency Care Practitioners employed by SWASFT.

Training

Although the post holder will be employed by SWASFT it is essential for this service to be integrated into the Emergency Department (ED). The post holder(s) must receive a local induction to the Emergency Department and be introduced to the staff working within the department.

The NP/ECP will be encouraged to participate in formal training offered by the Acute Trust if appropriate, whilst recognising that formal training and development is the responsibility of the employer.

Attendance at training sessions should be recorded and monitored for all staff by their employer.

Information Technology

The NP will be able to view the Symphony system to identify patients.

The NP will record patient information on the Adastra system.

3.3 Population Covered

3.4 Any acceptance and exclusion criteria.

The NP will be available for all patients with a primary care issue, minor illness or minor injury.

3.5 Interdependence with other services/providers

- Poole Hospital NHS Foundation Trust;
- South Western Ambulance Services NHS Foundation Trust (SWASFT).

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The Provider should ensure that the Governance Protocols in Appendix 1 are adhered to by all staff members at all times.

The Protocols identify who holds responsibility for the patient at all steps along the pathway and have been agreed by Dorset CCG, SWASFT and PHFT.

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

4.3 Applicable local standards

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)

6. Location of Provider Premises

The Provider's Premises are located at:

PHFT will ensure a suitable room next to the Emergency Department is made available. If the NP requires additional space to manage an individual patients needs PHFT will work to accommodate this where possible.

The NP may also refer patients for management in the Out of Hours Service 'Red Clinic'.

7. Individual Service User Placement