**SCHEDULE 2 – THE SERVICES**

1. **Service Specifications**

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| **Service Specification No.** |  |
| **Service** | Grimsby Practices in Partnership Drug & Alcohol Service |
| **Commissioner Lead** | Pauline Bamgbala Service Lead Planned Care & Cancers |
| **Provider Lead** | Claire Avery, Birkwood Surgery |
| **Period** | 1St April 2016 – March 31st 2019 |
| **Date of Review** | March 2017 |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**   Drug & alcohol misuse has become a complex and growing problem over the last 20-30 years. There are an estimated 332,000 problem drug users in England generating over £15 billion in health & social care costs and associated crime per year. Substance use can affect an individual’s ability to work, build positive relationships and often creates far reaching consequences for the wider community, young people and the children of care givers.  Drug & alcohol misuse requires co-ordinated action from a variety of health & social care organisations to help minimize the harm individuals do to themselves, their families and the health economy.  North East Lincolnshire is challenged by significant misuse of opiates, with prevalence rates estimated at twice the national average and half again the average for the Yorkshire and Humber region. This is exacerbated by high injecting rates for opiates, again reflecting twice the national average and half again the average for the Yorkshire and Humber region.  North East Lincolnshire has a reputation for alcohol misuse, attributed in part to the earlier fishing trade in Grimsby, and the seaside resort and concentration of clubs and licensed premises in Cleethorpes. The Borough has the second highest rates of alcohol related crime and violent crime in the region and the highest rate of alcohol related sexual offending.  Local attitudes towards alcohol have significant impact upon health and health services. Public Health England profiling of the Borough reveals that the following domains are significantly above national rates and are increasing; alcohol specific hospital admissions for under 18s; months of life lost for both males and females, alcohol specific and alcohol related mortality; and chronic liver disease. |
| **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**  North East Lincolnshire Clinical Commissioning Group (NELCCG) require excellent patient-centered services which provide high quality standards of care, is easily accessible and has well designed care pathway(s), this will deliver to the Public Health Outcomes Framework domains of;  2.15 (i) Opiates - The number of drug users leaving drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months as a proportion of the numbers in treatment.  2.15 (ii) Non- opiates - The number of drug users leaving drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months as a proportion of the numbers in treatment.  2.18 The number of admissions to hospital involving an alcohol-related primary diagnosis or an alcohol related external cause per 100,000 of the population (age standardised). |
| **3. Scope** |
| **3.1 Aims and objectives of service**   * To provide a primary care GP led, fully integrated health, wellbeing and social care drug and alcohol service to GPIP NDTMS/PHE compliant cohort of patients with a borough-wide recovery orientated integrated system * Improve the health and wellbeing of their registered patients by providing drug, alcohol and integrated health and substance misuse services to their NDTMS/PHE compliant cohort of patients * To provide swift access to drug and alcohol services for the NDTMS/PHE compliant cohort of patients, based on patient needs and at times of crisis * To provide substitute opioid medication treatment programmes in line with local and national guidelines * To offer and deliver nurse health checks and appropriate healthcare treatments, Hepatitis A/B immunisations and Hepatitis C screening and referral to the specialist Hepatitis C treatment provider as appropriate * Provide one to one care planned psychosocial therapeutic interventions in line with national and local guidelines in the Management of Substance Misuse/PHE requirements * Provide in surgery family support for vulnerable adults and the safeguarding of children in line with local and national guidelines and with swift access to the GPIP treatment service * Provide signposting and/or referral to a full range of services and agencies as appropriate to patients’ needs and choices, including options for accommodation, training and employability * Provide a full range of preventional and educational, harm reduction advice and information * To provide some flexibility for carers of patients to attend appointments as appropriate * To actively support patient engagement into locality recovery networks, including peer support and mutual aid * To provide flexibility within service to meet change within the substance misuse environment, legislation, or national and local strategies   **3.2 Service description/care pathway**  The service will be based on a stepped approach and utilise the most cost and clinically effective services, providing an integrated model of health and social care services to meet substitute prescribing and therapeutic one-to-one psychosocial interventions.  Step 1: To provide swift access to comprehensive assessment, risk assessment, goal-orientated care planning, and substitute opioid prescribing interventions. Access can be gained through external and internal teams and agencies, practice receptionists, healthcare assistants, nurses, GPs, drug & alcohol practitioners, the family support coordinator, and other allied health and social care professionals. To transfer to and from secondary care services, accept referrals from criminal justice services such as probation and on release from prison. To provide after care, enabling support post discharge and swift access back to treatment in the event of lapse or relapse.  Step 2: To provide swift access to and provision of GP substitute opioid medication treatment plans and regular treatment reviews with prescribing GPs.  Step 3: To offer nurse health-checks, urine screening, Hepatitis A and B immunisations, Hepatitis C screening and referral. Provision of dry blood spot testing for difficult to bleed patients (dependent on availability of dry spot testing kits from pathology at DPOW).  Step 4: To provide initial and ongoing support of the family support coordinator for vulnerable adults and families to address the needs of parents and children, provide preventional, educational and harm reduction interventions, referral to safeguarding agencies with the appropriate sharing of information, to assist people getting into treatment and encourage care givers of children to access healthcare for themselves, their families and their children. To provide signposting and referrals to family-friendly agencies and support parents through safeguarding legal processes. In line with attached pathways, for example but not exhaustive, antenatal care.  Step 5: To provide signposting and referral to an array of external agencies and services, for example but not exhaustive, benefits, training and education, voluntary and paid employment opportunities, housing providers, debt management, day and carers’ centers, self-help groups, advocacy, on line resources, cultural and diversity needs, leisure and hobby pursuits.  Step 6: Provide preventional & harm reduction advice, educational literature and information and swift access back to the service in crisis or relapse situations.  Step 7: To encourage the building of professional collaborative working relationships with the secondary care provider to try to avoid silo working practices, overlap in services, smooth transfer for patients between services and to enable an effective locality wide drug & alcohol treatment provision for our local community.  Additional steps may include initial assessment and referral to mental health services, and working in collaboration with care coordination, to work in partnership with criminal justice agencies where appropriate, where there is immediate risk and in the case of serious crime or in the public interest.  **3.3 Population covered**  Agreed cohort of registered patients within the practices of GPIP (Grimsby Practices in Partnership - Birkwood, Pelham, Chantry, Woodford/Littlefield, Drs Sinha & De), and offer registration within GPIP to patients currently undergoing treatment at Drs Chalmers & Meier’s or transfer to secondary services. GPIP will offer treatment to patients who are currently registered but residing outside practice boundaries.  **3.4 Any acceptance and exclusion criteria and thresholds**   * All patients will be within the NDTMS/PHE compliant cohort * The registered patients of GPIP practices only * Over 18 years of age * Maximum numbers to be agreed (suggest a 10% above/below agreed number- 250 * GPIP will provide treatment packages for pregnant and dual-diagnosis patients, but transfer to secondary services where patients are unmanageable in primary care * Triage and refer highly complex people to the secondary service * GPIP would decline to treat patients already in treatment with secondary care providers, to avoid duplication of services and double prescribing risk * To transfer patients requiring medicated alcohol detoxification, in patient or rehabilitation facilities/services to secondary care * Patients under 18 years of age would be referred or signposted to appropriate young peoples’ services and support * In the case of aggression or violence, or non-compliance with treatment, GPIP would offer a referral to the secondary service, practices reserve the right to de-register patients or withdraw treatment in circumstances such as violence, aggression, dealing on the premises, non-compliance or breakdown of relationship in line with NHS Zero Tolerance policy. * GPIP will consider registering new patients for treatment both within their practice new patient registration policies and within the scope of agreed maximum numbers within the Drug & Alcohol Service (if the service has reached maximum levels, patients would be signposted or referred to secondary care).   **3.5 Interdependence with other services/providers**  Effective and seamless service provision is dependent on robust care pathways between health, wellbeing & social care services within this locality and at times for those transferring between services or moving into this area. All clinical staff involved in the delivery of services will be supported, encouraged and required to build and maintain effective key stakeholder relationships by working collaboratively with the following services and staff teams:   * Multi-disciplinary teams with primary care and external agency staff groups * Mental Health Services - Primary, Secondary, Voluntary * Diana Princess of Wales Hospital Grimsby * PHE/LA/CCG colleagues and commissioners of services * Self-Help Groups * Carers Groups * Health & Social Care Providers * Third Sector Providers * Safeguarding Teams * The Secondary Drug & Alcohol Service Provider(s) * Criminal Justice Services * Police – Probation * Housing Providers * Benefits, Employment, Education Providers   GPIP Internal & External Pathways - (to be developed and maintained by provider to meet NHS and PH Outcomes frameworks together with the NEL CCG and NEL Council strategic objectives)   * Drug Misusing Parents * External Referrals * Internal Provision * Pregnancy – Drug Misuse * Responsibility Agreement * Governance Table * GPIP Service Leaflet |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards**   * NICE Clinical Guideline 51: Drug misuse – psychosocial interventions * NICE Clinical Guideline 52: Drug misuse – opioid detoxification * NICE Technology Appraisal 114: Methadone and buprenorphine for the management of opioid dependence * Department of health: The NHS Outcomes Framework (2010/11/12) * HM Government: Protecting Families and Communities (2008-2018) * The Lamming Report (2009) * The Children Act (2004) * Working Together to safeguard Children (HM Government 2013) * The Care Act (2014) * Misuse of Drugs Regulations (1985) * Department of Health: Equity and Excellence: Liberating the NHS (2010) * PHE Guidelines on the Management of Substance Misuse and dependence   (awaiting)   * Acute & Chronic Harms of Club Drugs & Novel Psychoactive Drugs (Neptune 2015) * Patients with Drug Problems: How Treatment Helps Families (NHS 2012)   **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**   * Lead GP qualified to RCGP level 2 Diploma in the Management of Substance Misuse and other relevant RCGP e-learning modules (examples could be Hepatitis A/B/C, Alcohol Management in Primary Care * Prescribing GPs will have a minimum RCGP level 1 qualification in the Management of Substance Misuse and other relevant modules RCGP e-learning modules such as Alcohol Management in Primary Care, Hepatitis A/B/C * The GPIP service and all prescribing GPs will comply with GMC CPD requirements and GPIP Governance table requirements * Drug & Alcohol Practitioners & the Service Manager will meet the required qualifications and training of the Drug & Alcohol National Occupational Standards (DANOS) and receive continuous development training as appropriate * The Service Manager will be supervised and appraised by the lead GP * Primary care nurses and healthcare assistants will comply with their own registration/surgery polices, protocols, guidance, professional development plans and requirements * D & A Practitioners will attend Bi monthly group/individual supervision and annual appraisal conducted by the Service Manager * D & A Practitioners and the team administration worker will attend weekly MDT meetings with the Service Manager to discuss case and service management, provide peer support, discuss research, training and development needs   **4.3 Applicable local standards**   * 100% compliance to NDTMS data entry – providing levels of activity & outcome evidence of ongoing quality outcomes including: consent to NDTMS, modality start, problem drug use details, healthcare assessment, discharge status with numbers discharged drug free, non- compliant, transferred to other services, dropped out, gone to prison, deceased, care plan start & review, drug & alcohol use over the previous 28 days period, mode/route of drug use, alcohol units consumed, criminal activity, health & social functioning including psychological and physical health and overall quality of life patient self-scoring scales, parental status and level of safeguarding such as children in local authority care, housing, employment & educational status, nationality and recovery support * New to treatment numbers * Number immunised for Hepatitis A/B * Numbers declined immunization * Numbers Hepatitis C screened * Numbers receiving pharmacological interventions * Numbers receiving psychosocial interventions * Numbers of pregnant patients * Numbers of dual diagnosis patients * Numbers treated in Tier 3/4 services previously |
| **5. Applicable quality requirements and CQUIN goals** |
| **5.1 Applicable quality requirements**   |  |  |  |  | | --- | --- | --- | --- | | Quality Requirement | Threshold | Method of Measurement | Consequence of Breach | | GPIP will maintain a Complaints register | No more than 5% of complaints substantiated | Quarterly Complaints Register | Remedial Action Plan | | Patients will have an initial comprehensive assessment of their needs and choices with a structured care plan and 6 monthly care plan reviews | 100% | 100% NDTMS/TOP compliance-available to commissioners on a quarterly basis by download from DAMS-Quarterly Performance meetings (QPM) with Commissioners | Remedial action Plan | | Patients agree they have mutually benefitted from the service and/or have received clear signposting to services | 80% | Annual Patient Survey | Remedial Action Plan | | Patients and their carers will be offered a mutually agreed appointment time Monday to Friday 9am to 5pm at their own surgery or in crisis at another GPIP surgery | 100% | 100% NDTMS/TOP compliance-available to commissioners on a quarterly basis by download from DAMS-QPM with Commissioners | Remedial action Plan | |  |  |  |  | |
| **6. Location of Provider Premises** |
| The service will be hosted by Birkwood Medical Centre on behalf of the practices within GPIP (Grimsby Practices in Partnership - Birkwood, Pelham, Chantry, Woodford/Littlefield, Drs Sinha & De), and offer registration within GPIP to patients currently undergoing treatment at Drs Chalmers & Meier’s or transfer to secondary services.  The host address for billing, invoicing and employment purposes is:  Birkwood Medical Centre  Westward Ho  Grimsby  DN34 5DX |
| **Indicative Activity Plan**  Maximum numbers in treatment 250 per rolling year - with 10% above/below - NDTMS compliant cohort of registered patients.  Awaiting times into treatment = 100% < 3 weeks  Successful discharged drug free 15% per NDTMS  Return within 6 months of discharge = or < comparator areas per NDTMS  Unplanned discharges = or < comparator areas per NDTMS  BBV relevant offers and uptake = or > comparator areas per NDTMS |
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