

<b>Service Specification No.</b>	11X-41-V2
<b>Service</b>	Advanced Learning Disabilities Support to Lufton College
<b>Commissioner Lead</b>	As per the Particulars of the NHS Standard Contract
<b>Provider Lead</b>	As per the Particulars of the NHS Standard Contract
<b>Period</b>	01 April 2019 – 31 March 2021
<b>Date of Review</b>	September 2019

## 1. Population Needs

### 1.1 National/local context and evidence base

The government is committed to reducing the incidence of co-morbidities and premature deaths for people with learning disabilities (LD) and supports the recommendations from the Confidential Inquiry into premature deaths for people with learning disabilities (CIPOLD)<sup>1</sup>.

In 2008/09 five new clinical directed enhanced services (DESS) were introduced to the General Medical Services (GMS) contract. These focused on health and service priorities for the Department of Health that would directly benefit patients and included providing patients with learning disabilities annual health checks.

This DES recognised that patients with learning disabilities have more health problems and die at a younger age than the rest of the population and encouraged practices to identify all patients aged 14 and over with learning disabilities, to maintain a learning disabilities 'health check' register and offer them an annual health check, which would include producing a health action plan.

The Learning Disabilities DES now forms part of the core GMS contract.

Prevalence figures provided by Public Health England (2015)<sup>2</sup> suggest that there are 1,087,100 people in England with learning disabilities. Within this there are an estimated 214,352 who are eligible for annual health checks.

This community enhanced service is designed to complement the existing comprehensive learning disabilities health check service and provide additional resource and support to the students and carers of Lufton College, a residential learning disabilities and further education establishment.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	<b>X</b>
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	<b>X</b>

<sup>1</sup> University of Bristol CIPOLD [www.bris.ac.uk/cipold/](http://www.bris.ac.uk/cipold/)

<sup>2</sup> Public Health England People with Learning Disabilities in England 2015  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/613182/PWLDIE\\_2015\\_main\\_report\\_NB090517.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/613182/PWLDIE_2015_main_report_NB090517.pdf)

<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	<b>X</b>
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	<b>X</b>
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	<b>X</b>

## 2.2 Local defined outcomes

- Improved clinical outcomes for patients,
- Improved patient and carer experience.

## 3. Scope

### Aims and objectives of service

- 3.1 The Provider will work together with the college to provide a specialist health service for people with learning disabilities, helping to increase student independence through addressing their health needs and encouraging and supporting individuals to better manage their health.
- 3.2 The Provider will provide the patient and carers with the right information and support to meet their clinical need at the right time and in the right way for the individual patient.
- 3.3 Many students have communication difficulties and rely on a number of aids to facilitate communication and also, the support of their care workers. This necessitates a higher level of patient engagement by healthcare professionals and in turn appointment times tend to be longer than standard.
- 3.4 Patients should feel that they had been listened to, treated with respect and dignity and have positively contributed to their care planning.
- 3.5 Consideration should be given to patients' knowledge and skill to self-manage any conditions identified including their understanding of expected health outcomes.

### Location/Access to service

- 3.6 All students identified with learning disabilities are invited to register as permanent patients at Penn Hill Surgery.
- 3.7 The service is located the Penn Hill surgery. Three 30 minute GP appointments are allocated to students of Lufton College per week as well as ad hoc appointments as and when required.
- 3.8 The influenza vaccination programme is held on-campus at Lufton College once per academic year.

### Service description/care pathway

#### Blood conditions monitoring and medication

- 3.9 The Provider will ensure that students with conditions requiring blood monitoring and medication are assessed when registering with the GP practice and appropriate care plans are agreed incorporating timings of additional investigations such as annual Thyroid blood tests in Down's syndrome students.
- 3.10 The Provider will ensure that all students have their Hepatitis B status assessed when registering with the GP Practice. The Provider will decide on an appropriate

course of treatment following this assessment.

#### **Anxiety reduction work/individual coaching**

- 3.11 The Provider will implement a number of techniques to help with developing patient confidence so that blood testing/immunisation may be carried out, for example inviting students to observe a series of appointments (typically three sessions) in the phlebotomy room to help ease anxieties.

#### **Sexual Health and Contraceptive Advice service**

- 3.12 The Provider will provide a full sexual health and contraceptive advice service and will be responsible for assessment of patient capacity before commencing recommended treatment and ongoing compliance with any recommended treatment.

#### **Training support to college**

- 3.13 The Provider will work in partnership with the Lufton College care and management team to identify areas of unmet healthcare need or predicted future need for particular student cohorts. Once needs have been identified, these will be met through provision of a training support package agreed with the college and delivered on-site by a suitably qualified healthcare professional.

#### **Influenza vaccination clinic**

- 3.14 The Provider will run an annual influenza clinic on-campus with the aim of delivering a comprehensive immunisation programme within a familiar setting reducing anxiety and stress for the student cohort attending.

#### **Prescribing and Drugs Management**

- 3.15 Additional support for prescribing and drugs management will be provided for the college and on-site care teams if required.

#### **Transition of care from residential to non-residential**

- 3.16 The Provider will facilitate students remaining resident in the Yeovil locality a transitional health check to help with the adjustment from a residential to community setting. Many students have a significant number of comorbidities and are often in supported housing. The practice aims to provide continuity of care for these patients.

#### **Infection control**

- 3.17 Providers must have infection control policies that are compliant with national guidelines and current handling protocols, including but not limited to The Health and Social Care Act 2008 Hygiene Code (refer to 4.1) and which takes into account:
- disposal of clinical waste,
  - needle stick incidents,
  - environmental cleanliness, and
  - standard precautions, including hand washing.

#### **Consent**

3.18 In each case the patient should be fully informed of the treatment options, risks and the treatment proposed.

3.19 Where the patient treated is under 18 years of age, appropriate national guidelines or competencies should be considered in addition to the need to seek parental/carer consent. These relate to the child's competency to understand and be able to give informed consent and should be used to determine whether the child's consent is sufficient or whether parental/carer consent is needed.

3.20 Specific queries with regarding to consent further guidance can be sought from the Somerset CCG Caldicott Guardian.

### **Audit and Reporting**

#### **Significant/adverse events**

3.21 The Department of Health emphasises the importance of collected incidents nationally to ensure that lessons are learned across the NHS. A proactive approach to the prevention of recurrence is fundamental to making improvements in patient safety.

3.22 The Provider should be aware of (and use as appropriate) the various reporting systems such as:

- The National Reporting and Learning System (NRLS). Reports to NRLS can be submitted electronically via the General Practice Patient Safety Incident report Form, or the national GP e-form. If using the GP e-form please check the box to share your report with Somerset CCG.
- the Medicines and Healthcare products Regulatory Agency reporting systems for adverse reactions to medication (yellow card system), and accidents involving medical devices; and
- the legal obligation to report certain incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

3.23 In addition to their statutory obligations, the Provider will notify the Commissioner within 72 hours of being aware of the hospital admission or death of a patient being treated by the Provider under this enhanced service via the email address below.

3.24 In addition to any regulatory requirements the CCG wishes the Provider to use a Significant Event Audit system (agreed with the Clinical Commissioning Group) to facilitate the dissemination of learning, minimising risk and improving patient care and safety. Providers shall:

- Report all significant events to the CCG within 2 working days of being brought to the attention of the Provider via [somccg.significantevents@nhs.net](mailto:somccg.significantevents@nhs.net). Undertake a significant event audit (SEA) using a tool approved by the CCG and forward the completed SEA report to the CCG within one month of the event via <https://www.somersetccg.nhs.uk/about-us/how-we-do-things/general-practice-significant-event-sea-and-serious-incident-support-professional-page/>

#### **Reporting**

3.25 The Provider will ensure appropriate systems are in place to measure the quality and performance of the service on a continuous basis.

3.26 An annual report summarising the activity of the service will be produced. This will

include, but is not limited to:

- Number of patients seen,
- Type of appointment (i.e. Influenza vaccination, transition appointment),
- Number of patients identified as needing anxiety reduction work/individual coaching,
- Number of patients attending anxiety reduction/coaching sessions,
- Number of training sessions delivered,
- Number of patients attending influenza vaccination clinic,
- Number of students receiving Hepatitis B testing and subsequent vaccination if appropriate,

3.27 Number of any onward referrals and the reason for referral.

#### **Service user and public involvement**

3.28 Patients will be involved in the decisions about their care and given high-quality information to enable them to make fully informed decisions regarding their ongoing care.

3.29 The Provider will encourage, consider and report any patient feedback (positive and negative) on the service that they provide and use it to improve the care provided to patients, particularly if there are plans to alter the way a service is delivered or accessed.

#### **Payment**

3.30 Payment for this service is set out in Schedule 3 Part A.

#### **Population covered**

3.31 The residential students of Lufton College with identified learning disabilities registered with Penn Hill Surgery.

#### **Any acceptance and exclusion criteria and thresholds**

3.32 None.

#### **3.33 Interdependence with other services/providers**

- Social Services and other local authority services,
- Somerset Partnership Mental Health Services,
- Secondary care services,
- Voluntary organisations.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (eg NICE)**

Challenging behaviour and learning disabilities: prevention and interventions for

people with learning disabilities whose behaviour challenges (NG11) May 2015

Improving the Health and Wellbeing of People with Learning Disabilities: An Evidence-Based Guide for Clinical Commissioning Groups (Public Health England)

Making reasonable adjustments to epilepsy services for people with learning disabilities (Public Health England)

The Health and Social care Act 2008: Code of practice on the prevention and control of infection and related guidance.

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

General Medical Council Consent: patients and doctors making decisions together

**4.3 Applicable local standards**

**5. Applicable quality requirements and CQUIN goals**

**5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])**

The Provider will help to reduce health inequalities and improve access to a wide range of health supports, including access to screening programmes, diagnostic assessments and health action planning.

- >95% of identified population receiving influenza vaccination,
- 100% of identified population's Hepatitis B status assessed with >95% of those identified as requiring immunisation receiving the vaccination.

**5.2 Applicable CQUIN goals (See Schedule 4 Part [E])**

Not applicable.

**6. Location of Provider Premises**

**The Provider's Premises are located at:**

As per the NHS Standard Contract Particulars