

Service Specification No.	
Service	Patient Pathway Optimisation
Commissioner Lead	
Provider Lead	
Period	1 st July 2018 to 30th June 2019
Date of Review	1 st April 2019

1. Population Needs

1.1 National/local context and evidence base

NEW Devon Clinical Commissioning Group strives to commission high quality and accessible care for patients in the most joined up way possible; seamless pathways of care should be in place to enable patients to receive the highest level of treatment in the setting most appropriate to that care.

2. Outcomes

2.1 NHS Outcomes Framework Domains and 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	✓
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 Outcome

Self-declaration from practice that practices have followed protocols and pathways.

3. Scope

3.1 Aims and objectives of service

The Patient Pathway Optimisation local service aims to support those patients whom a Primary Care Clinician would deem appropriate for a 'test' or procedure to enable them to diagnose a condition as well as funds clinical (and associated administrative) work to provide post-operative care within the primary care setting.

The Patient Pathway Optimisation local service will contribute towards:

- Phlebotomy
- ECG (as appropriate for diagnosis and management in long-term conditions identified within General Practice and acute presentations of new cardiac symptoms to facilitate triage to appropriate follow up);
- Ear irrigation for patients who have been sent to their GP by other providers, where clinical need is confirmed.
- Home BP monitoring and or Doppler investigations of symptoms suggestive of peripheral vascular disease

- Removal of sutures and clips
- The dressing of pilonidal abscesses
- The dressing and management of all types of surgical post trauma wounds including treatments for infected wounds and dehiscence
- Management of simple uncomplicated wounds such as burns, scalds and pressure sores
- Closure of simple wounds using steri strips

3.2 Service description/care pathway

This specification will contribute towards:

- Phlebotomy where need is identified within General Practice including for purpose of diagnosis or condition management within primary care.
- ECG (as appropriate for diagnosis and management in long-term conditions identified within General Practice and acute presentations of new cardiac symptoms to facilitate triage to appropriate follow up);
- Ear irrigation where clinical need is identified within General Practice, and for patients who have been sent to their GP by other providers, where clinical need is confirmed.
- Home BP monitoring and or Doppler Investigations of symptoms suggestive of peripheral vascular disease
- The dressing and management & closure of simple wounds, including those arising from pressure sore, and types of post-surgical wounds clinically appropriate for General Practice, including treating infected wounds and dehiscence
- Provision by appropriately qualified members of the General Practice team, upon presentation, patient request, request from other healthcare professional, of a clinically appropriate dressing of pilonidal abscesses.
- Removal of sutures and clips
- Clinical coding appropriate to management and care provided.
- Training - Each practice must ensure that all staff involved in providing any aspect of care under this scheme have the necessary training and skills to do so.

3.3 Population covered

The registered population of the practice along with any temporary residents requiring diagnostics and or post-operative care where local provision is more appropriate than care provided by their registered practice.

3.4 Any acceptance and exclusion criteria and thresholds

Exclusions include:

- Suturing of wounds or dressings arising from procedures undertaken by the practice such as minor operations or procedures arising from minor injuries
- Topical negative pressure therapy
- Larvae therapy
- Management of complex wounds and leg ulcers (venous, mixed and arterial), requiring compression bandaging or dressing of comparable complexity

3.5 Interdependence with other services/providers

Where diagnostic procedures have been carried out in primary care, results should be presented along with any referral, via DRSS choose and book. Those procedures deemed as

diagnostic should not be repeated at the referral destination.

The practice will make all reasonable efforts to ensure appropriate liaison with relevant other providers within the patient's pathway.

4. Applicable Service Standards

The following is a summary of current national and local guidelines applicable to this service specification at the time of publication. The practice must ensure that any new best practice guidelines published during the term of this agreement are instigated in accordance with the guidance published.

4.1 Applicable national standards (e.g. NICE)

Phlebotomy – “WHO guidelines on drawing blood: best practice in phlebotomy”
http://whqlibdoc.who.int/publications/2010/9789241599221_eng.pdf?ua=1

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

Not applicable.

4.3 Applicable local standards

Locally agreed pathways.

5. Applicable quality requirements and CQUIN goals

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

Not applicable.

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

Not applicable.

6. Location of Provider Premises

The Provider's Premises are located at:

Main surgery and any branch sites as per GMS, PMS or APMS agreement.

7. Individual Service User Placement

Not applicable.

8. Funding for 2016-17

Approximately £3.29 per weighted patient (final amount to be agreed based on March 18 list size figures)

Payment will be based on the following list size calculations:

- For the 1st two quarters (1st July – 31st December) – based on the 31st March 2018 list size
- For the 2nd two quarters (1st January – 30th June) – based on the 1st October 2018 list size