

**Agenda Item 4.0.**

## SCHEDULE 2 –THE SERVICES

### A. Service Specifications

*This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.*

Service Specification No.	
Service	Enhanced Primary Care medical service to Littledale Hall Therapeutic Community, Lancaster
Commissioner Lead	Sarah Bloy
Provider Lead	Dr Jeremy Marriott Mr Jonathon Whitford-Bartle
Period	To commence 1 <sup>st</sup> April, 2017
Date of Review	April 2018

#### 1. Population Needs

##### 1.1 National/local context and evidence base

Drug and alcohol misuse are key determinants of health inequalities and levels of crime. The Government estimates that the social and economic cost of Class A drugs is £15 billion and of alcohol misuse, £20 billion per annum. Reducing levels of drug and alcohol misuse will improve health outcomes and reduce offending behaviour; one of the key components of the response to the problem being the commissioning of effective treatment services.

Substance misuse continues to present formidable challenges, not just for the strategic bodies and service providers working hard to tackle its effects, but also for the communities and families for whom it remains a day-to-day reality.

The **National Drug Strategy (NDS)** (2010) places an emphasis on a family based approach and the social and economic re-integration of problem drug users as a result of entering treatment programs, with a clear need for more ambition in overcoming addiction and achieving recovery outcomes; this is particularly important for heroin users who have poorer outcomes.

The **Government's Alcohol Strategy** (2012) documents an overarching approach to alcohol harm reduction and has implications for national and local delivery. An element of this relates to the delivery of treatment services but also

encompasses preventative approaches which the provider will need to be aware of and engage in as appropriate.

The **Advisory Council on the Misuse of Drugs (ACMD)** report '*What recovery outcomes does the evidence tell us we can expect*' (2013) states that in order to recover from substance misuse and sustain change there are a number of domains an individual must address. These include collateral damage in the following domains; economic, social, cultural and health.

The existing evidence base underpinning effective treatment interventions for substance misuse treatment is robust; this includes extensive research underpinning medically assisted recovery (including Opiate Substitution Therapy) and psychosocial interventions.

This evidence base is set out in a number of influential publications including a substantial suite of National Institute for Health and Care Excellence (NICE) guidance and technical appraisals, the 2007 UK Clinical Guidelines and numerous Advisory Council on the Misuse of Drugs (ACMD) publications, amongst others.

Littledale Hall Therapeutic Community (LHTC) is a 31 bed residential addiction treatment centre for people over the age of 18 whose lives have been adversely affected by their addiction.

Littledale Hall is situated at Brookhouse, which is close to Lancaster, LHTC provides a safe and supportive setting, which promotes opportunities for people to explore and address psychological, emotional and social issues that can help them to recover from their addiction.

## 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	X
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

Substance misuse is consistently seen as a cross cutting theme for communities in Lancashire. The context of addressing substance misuse in communities is much broader than this contract, but the provider will be contributing towards the outcomes as follows:

- Individuals are safe and protected from harm

- Individuals and families are resilient, aspirational and have the knowledge, capability and capacity to deal with wider factors which affect their health and wellbeing, life chances and economic wellbeing
- Individuals and their families are helped to live healthy lifestyles, engage in positive social activities and make healthy choices
- Individuals and families health is protected from major incidents and other threats, whilst reducing health inequalities
- Targeting those in more disadvantaged communities, the number of individuals and families living with preventable ill health and dying prematurely is reduced

In addition this service will contribute to the local strategic objectives:

To commission services that meet the needs of the population	x
To develop care closer to home	x
To commission high quality health care	x
To improve the health of our population and reduce inequalities in health	x
To reduce premature deaths from a range of long term conditions	x
To commission sustainable Mental Health Services	
To improve the quality of Primary Care	x

### 3. Scope

#### 3.1 Aims and objectives of service

- 3.1.1 Provide an additional level of care over and above that of the General Medical Services (GMS) Contract provided by all GP's
- 3.1.2 Provide a single GMS to all residents at Littledale Hall. All residents will be registered to the Queen Square Medical Practice on a permanent or temporary basis, unless the resident exercises choice with their existing GP provider
- 3.1.3 Minimise the risks and complications within this vulnerable and hard to reach group, which includes patients with a variety of physical and mental health problems, by providing and monitoring a comprehensive programme of care
- 3.1.4 Provide a preventative service, reducing reliance on Out of Hours services and A and E attendances for crisis management.

3.1.5 Reduce inappropriate prescribing and wastage

3.1.6 Maintain and enhance the quality of health care for the residents of Littledale Hall.

### 3.2 Service description/care pathway

3.2.1 All patients resident at Littledale Hall will be registered with Queen Square Medical Practice, except where a resident chooses to remain registered with their existing GP. It is anticipated the latter will be rare.

3.2.2 Queen Square Medical Practice will provide an enhanced level of clinical care on a regular basis. This may include routine and emergency visits to Littledale Hall on request as well as provision of additional GP sessions at Caton Health Centre which is located close to Littledale Hall.

3.2.3 The Practice will conduct a structured assessment of any new resident at Littledale Hall within 7 working days of the residents' arrival. The assessment will include both physical and psychological health needs.

3.2.4 On completion of the assessment, the practice will ensure medical records are summarized, up-dated and shared as appropriate and with the resident's permission with relevant members of the therapeutic community at Littledale Hall.

3.2.5 The Practice will provide mental health support/counselling and onward referral to specialist services as appropriate.

3.2.6 All residents who have been intravenous drug users in the past will be offered blood borne virus (BBV) testing plus a programme of Hepatitis immunisation. For those who are Hepatitis C positive an onward referral for treatment will be made.

3.2.7 All residents will be offered HIV testing and referral to specialist support if required.

3.2.8 Queen Square Medical Practice will ensure that a number of 'on the day' appointments are available to the residents of Littledale Hall

3.2.9 The Practice will ensure that residents appointments at Queen Square surgery or Caton Health Centre are grouped together to minimise time spent in waiting areas.

3.2.10 The Practice will deal with all medication enquiries, monitoring medication and prescription needs and ensuring residents have the correct prescribed medication at all times.

3.2.11 The practice will identify a named administrative contact for Littledale Hall, who will be the first point of contact for prescription and appointment requests and other enquiries related to Littledale Hall residents.

3.2.12 The Practice will liaise and communicate with secondary and tertiary care providers to ensure care is well co-ordinated and the medical and psychological needs of the residents are met.

3.2.13 All identified smokers/vapers will be given information and Brief Advice regarding smoking and referral to local stop smoking services for tobacco/nicotine users (e.g. cigarettes, loose tobacco, pan, shisha, e cigarettes)

3.2.14 The Practice will ensure that residents are given information and advice on healthy eating/diet and wider health and well-being issues.

### **3.3 Population covered**

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

This service is for patients aged 18 years and above who are resident at Littledale Hall Therapeutic Community, Brookhouse, near Lancaster and for up to 12 months after leaving Littledale Hall. There are on average 40 patients registered at any given time.

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

Communication and liaison is required with relevant staff members at Littledale Hall.

Communication and liaison is required with a range of community based services e.g. Stop smoking service; sexual health service; community mental health service etc

Communication and liaison is required with a range of secondary care providers.

## **4. Applicable Service Standards**

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

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outcomes as follows:

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#### **National Drugs Strategy 2010**

- Reduce illicit and other harmful drug use; and
- Increase the numbers recovering from their dependence

#### **The National Alcohol Strategy 2012**

- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others
- A reduction in the amount of alcohol-fuelled violent crime;
- A reduction in the number of adults drinking above the NHS guidelines
- A reduction in the number of people 'binge drinking'
- A reduction in the number of alcohol-related deaths

#### **The Public Health Outcomes Framework for England 2013-16**

- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Alcohol-related hospital admissions
- Reducing re-offending

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

N/A

4.3 Applicable local standards

N/A

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

5.1 Applicable Quality Requirements (See Schedule 4A-C)

## 5.2 Applicable CQUIN goals (See Schedule 4D)

Physical health assessment	All patients	100%
Mental health assessment	All patients	100%
Smoking status recorded	All patients	100%
Smoking IBA	All smokers	100%
Smoking referral	All smokers	50%
Hep B test	All patients	TBA
Hep B vaccine	All patients (as required following test)	Number recorded
Hep C test	All patients	TBA
Hep C referral	All patients (as required following test)	Number recorded
HIV testing	All patients	TBA
HIV referral	All patients (as required following test)	Number recorded
IBA physical activity	All patients	TBA

## 6. Location of Provider Premises

The Provider's Premises are located at:  
Queen Square Medical Practice,  
2 Queen Square,  
Lancaster,  
LA1 1RP

## 7. Individual Service User Placement

N/A

## 8. Financial Details

8.1 The practice will be reimbursed an annual retainer of **£2,000** for providing a comprehensive service to this population, fostering positive links with Littledale Hall and keeping up to date with necessary guidance and developing the appropriate level of expertise.

8.2 A payment of **£280** per patient per year is payable for this level of service provision.

8.3 In any given financial year the practice is not expected to claim for more than 60 patients.

8.4 The practice should claim on a quarterly basis.