

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	Homeless Locally Commissioned Service (Birkenhead A Neighbourhood Pilot)
Commissioner Lead	
Provider Lead	
Period	1 st October 2018 – 31 st March 2019
Date of Review	1 st March 2019

1. Population Needs
<p>1.1 National/local context and evidence base</p> <p>Homelessness is commonly used to describe a wide range of circumstances where people have no secure home. Homelessness is defined in legislation for the purpose of determining entitlement to help from local authorities. Certain groups are defined by law as being in priority need of housing. These include pregnant women, families with children, all 16 and 17 year olds, those who have physical and mental health problems, people who have experienced domestic or racial violence and people who are vulnerable following a stay in institutions.</p> <p>However, in order to target health services on the most difficult to engage homeless people, it is necessary to consider a wider range of clients. Many of the most chaotic and vulnerable may not be in contact with housing authorities.</p> <p>Groups to consider are:</p> <ul style="list-style-type: none"> (i) rough sleepers (ii) hostel and night shelter residents (iii) bed- and-breakfast residents (iv) squatters (v) people staying temporarily with friends and relatives. <p>In 2012/13, 305 people in Wirral applied for assistance under the Housing and Homelessness Acts. Of these, 165 (54%) were accepted as being statutorily homeless and in priority need (compared to 44% in Liverpool City Region).</p> <p>In the three year period from 2010/11 to 2012/13, the rate of statutory homelessness in Wirral increased from 0.57 to 1.21 per 1,000 households (Liverpool City Region rate = 1.1 per 1,000 households, 2012/13).</p> <p>The most common reason for statutory homelessness in Wirral was 'loss of rented or tied accommodation' (18%). The proportion of homeless acceptances due to people leaving HM Forces was especially high on Wirral, at 3.4% (n=13) (Jan 2010 to June 2013. National rate = 0.4%).</p>

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

- Reducing unnecessary Non-Elective admissions and A&E attendances for Homeless People.
- Increasing the number of homeless patients who access General Practice Healthcare within Wirral

3. Scope

3.1 Aims and objectives of service

Aim: To improve access to general practice for homeless people in the Birkenhead A Neighbourhood and reduce levels of morbidity and mortality.

Objectives:

- Provide drop in Outreach clinics for Homeless people at x4 venues who may otherwise struggle to attend a GP practice
- Create a Homeless Register in each participating GP practice to support the identification and provision more proactive care
- Provide acute care for homeless people such as minor ailments, injuries and long term condition management
- Undertake Healthchecks on all Homeless people (x2 per year)
- Improve joint working between homeless centres in the community and GP practices.
- Reduce health inequalities associated with homeless people
- Reduce A&E attendances and Non-elective admissions for homeless people

3.2 Service description/care pathway

The service will be provided at four venues in the Birkenhead A Neighbourhood area according to the following requirements.

Service Outreach Venues	Service Requirement	Payment
Weekly Outreach (to registered and non-registered patients)*	GP and practice nurse undertake weekly outreach clinics (minimum 2-3 hours of clinical time) at one or more of the outreach clinics.	£282 per session to also include follow up admin/clinical time (3.5 hours)

<p>Outreach Clinics x 4 locations:</p> <p>(a) ARK (b) Charles Thompson Mission (c) Rosebrae (d) YMCA</p>	<p>(EMIS Anywhere laptops in conjunction with EMIS Remote Consultation may be used to be able to access registered and non-registered patients)</p>	<p>£1,000 retainer fee per annum per Outreach clinic to cover consumables (dressings) costs, equipment and education and training needs.</p>
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*Providers will have to apply to become a provider at any of the agreed four delivery sites. This may involve a competitive process should more than one provider wish to provide services to the site.

- (a) Development and maintenance of patient registers:
 - The practice will develop an electronic register or other system for identifying homeless adults using the agreed code 9k6. The service provider will review their register on a regular basis.
 - As necessary registers may have sub levels to identify patients who attend particular outreach clinics.
- (b) Registrations:
 - Patients should be offered permanent registration. The LCS provider may need to assist/enable registration by simplifying the process, using limited personal information and providing the service in a way that makes it more accessible to the patients.
- (c) The LCS provider shall maintain an open list, to ensure registration of patients at all times.
- (d) New patient health checks, Minor Ailments/Injuries and Long Term Condition Management
 - All homeless patients to be offered a full health checks on registration with the practice. The EMIS template 'Homeless Audit Patient LES CCG' must be used to capture this information.
 - The new patient health check and annual specialist assessment will consider physical and mental health and well-being. This should include review of any identified long term conditions.
 - Other health needs of patients should be addressed such as: Minor Ailments/Injuries care, Dressings and Long Term condition management.
- (e) There should be appropriate clinically-informed assessment and screening this should include a higher index of suspicion for TB, Hepatitis, HIV and substance misuse, as well as blood glucose and cholesterol measurement as necessary. Referral as appropriate should follow.
- (f) Immunisation and boosters for Hepatitis A and B should be offered in line with national guidance for high-risk groups.
- (g) In addition there should be reviews of the following:
 - BMI;
 - blood pressure;
 - cardiovascular risk check;
 - smoking status and advice if appropriate;
 - alcohol and drug use; and

screening for depression including the use of at least two recognised screening questions concerning mood and interest.

(h) Blood borne virus (BBV) screening, immunisation and treatment, and TB screening:

(i) The LCS provider shall offer screening for HIV to all adult patients on the homeless register.

(j) The LCS provider shall offer screening for hepatitis A, B and C, TB for those homeless adult patients for whom it is clinically indicated and, where appropriate, immunisation will be offered for hepatitis A and B. (Clinical records should reflect patient status even if the patient received screening and immunisation at another service).

(k) The LCS provider shall meet the locally agreed protocols for management of BBVs.

(l) The LCS provider shall work with specialist partners to enable treatment compliance with TB, hepatitis C, hepatitis B and HIV medications.

(m) The LCS provider shall provide advice and referral to specialist services (where appropriate) for all blood borne viruses and TB.

(n) Cervical screening:

- The LCS provider shall provide a cervical screening service targeted to meet the needs of the identified patient population. Evidence suggests women within the homeless populations are at high risk of abnormal cervical screening results and there is low uptake of screening offered. This service will offer cervical screening to all women; and engage in proactive/opportunistic follow up.

(o) Flu immunisation:

- The LCS provider shall offer influenza immunisations to all homeless patients within its registered adult population. This service will offer immunisations to all patients; and engage in proactive follow up of patients not presenting for immunisation.

(p) Pneumococcal immunisations:

- The LCS provider shall provide pneumococcal immunisations to all high risk patients within its registered adult population in line with the current CMO letter. This service will offer immunisations to all eligible patients; and engage in proactive follow up of patients not presenting for immunisation.

(q) Patients who misuse drugs and alcohol:

- The LCS provider shall provide a service to its homeless adult patients who misuse drugs and alcohol. This will include appropriate onward signposting and/or referral to external support services.

(r) Supporting people with learning difficulties:

- The LCS provider shall recognise learning difficulties and refer into appropriate services. LCS providers that provide the LCS for patients with Learning Disabilities must ensure this provision interfaces with the LCS for Homeless Patients.

(s) Sexual health services:

- The LCS provider shall offer a range of sexual health services targeted to meet the needs of the identified population group. LCS providers that provide the LCS for

Sexual Health Services must ensure this provision interfaces with the LCS for Homeless Adult Patients.

(t) Liaison and partnership working:

- The LCS provider shall provide liaison with acute, community and specialist services for continuity of patient health care and to and support the transfer of patients between services.
- The LCS provider shall work effectively with key professionals to support patient management.
- The LCS provider shall demonstrate partnership working with local (to practice) homelessness agencies and hostels to proactively support access and provision of primary care.
- The LCS provider shall collaborate with the Nurse Practitioner Service for the Homeless particularly

(u) The LCS provider will be expected to attend an annual education meeting and contribute to multi-agency care planning when relevant and appropriate to the clients.

(v) Health promotion:

- Wherever possible, the LCS provider shall use opportunities (such as the new patient registration check) to raise awareness of how to prevent diseases that this patient group may be particularly at risk from (including Hepatitis B and C, HIV, TB, sexually transmitted diseases, unwanted pregnancy, dental problems, malnutrition, foot problems, smoking, alcohol and drugs misuse, wound infections, mental illness).
- The LCS provider shall also encourage self-care wherever appropriate, including provision of self-care information and encouraging support and signposting patients into relevant services.
- The LCS provider shall work with Wirral's Public Health Team to ensure that health information is accessible and appropriate and should actively engage with NHS Wirral CCG's health promotion campaigns.

(w) Home address – the LCS provider can offer to provide the postal address of the LCS provider as a home address to patients who require this to access other health related services and who are entitled to access other services where their registered address may result in the loss of mail.

(x) Education and development:

- The clinician(s) providing the LCS shall review training needs as part of this role to continuously update skills and techniques relevant to their clinical work.
- The clinician(s) providing the LCS shall attend relevant training provided by the Specialist Primary Care Provider.
- The LCS provider shall identify, review and learn from all patient safety incidents and other reportable incidents, and make improvements in LCS provider based on local and national experience and information derived from the analysis of incidents.

3.3 Population covered

- Homeless patients in the Birkenhead A Neighbourhood area (pilot stage 1)

3.4 Any acceptance and exclusion criteria and thresholds

- Any patient who is not Homeless

Provider Eligibility

In order to be eligible to provide the LCS for Homeless Adult Patients, LCS providers will need to:

- (a) be fully compliant with all requirements of core contracts (General Medical Services, Personal Medical Services or Alternative Personal Medical Services) and the requirements of the additional service;
- (b) have a named lead GP for the service;
- (c) have staff and clinicians with experience knowledge and understanding of homelessness;
- (d) have up to date knowledge and understanding of local statutory services and homelessness agencies;
- (e) be able to demonstrate partnership working with local (to LCS provider) homelessness agencies and hostels to proactively support access and provision of primary care; and
- (f) provide demonstrable flexibility in appointments.

3.5 Interdependence with other services/providers

- The provider shall be expected to work collaboratively to support improving the health of homeless people including but not limited to:
 - (a) Wirral ARK
 - (b) Charles Thompson Mission
 - (c) Rosebrae Hostel
 - (d) YMCA
 - (e) Shelter
 - (f) Wirral Public Health Team
 - (g) Wirral Council
 - (h) WUTH

 - (i) Other health and care providers involved in the planning and delivery of care to homeless people

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

Nice Guidelines: Quality Standards (QS)

- i. Alcohol use disorders: diagnosis and management
- ii. Alcohol: preventing harmful use in the community
- iii. Hepatitis B
- iv. Hepatitis C
- v. HIV testing: encouraging uptake
- vi. Sexual health

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

- Faculty For Homeless and Inclusion Health: Standards for commissioners and service providers Version 3.0 Revised February 2018

4.3 Applicable local standards

- All providers will be expected to provide documentary evidence of the qualifications, previous experience, skills and knowledge of clinical staff who will deliver the service to the commissioner.

5. Applicable quality requirements and CQUIN goals

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

- To be developed jointly between providers and commissioners during the 12 month pilot period.

5.2 Applicable CQUIN goals (See Schedule 4D)

- Not applicable to pilot contract

6. Location of Provider Premises

The Provider's Premises are located at: to be determined.