

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	01
Service	GP Cover for Marrow House
Commissioner Lead	Kevin Day - Portfolio Manager – Mental Health TBC, Commissioning Officer, Local Authority
Provider Lead	Dr Vellaturi
Period	1 st July 2023 to 30 th June 2025
Date of Review	1 st July 2023

1. Population Needs
<p>1.1 National/local context and evidence base</p> <p>Dementia is a term used to describe a syndrome that may be caused by a number of illnesses in which there is progressive decline in multiple areas of function, including decline in memory, reasoning, communications skills and the ability to carry out daily activities. Alzheimer’s disease is the most common type of dementia, other types of dementia include vascular dementia, dementia with Lewy bodies and frontotemporal dementia. Although dementia is predominately a disorder of later life, there are at least 15,000 people in the UK under the age of 65 who have the disease.</p> <p>The Alzheimer’s Society estimates that there are around 850,000 people living with dementia in the UK. However, because of longer life expectancy this number is expected to rise to 1.1 million by 2021 and reach 2 million by 2051. It is estimated that dementia costs the UK economy about £26.3 billion every year.</p> <p>NHS England’s Transformational Framework – the Well Pathway for Dementia follows a patient’s pathway through dementia and discusses preventing well, diagnosing patients well, supporting patients well, living well and dying well with dementia.</p> <p>The Prime Minister’s challenge 2020 builds on the progress from the first Challenge issued in 2012. This document aims to make England the best country in the world for dementia care, support, research and awareness.</p> <p>The CCG Improvement and Assessment Framework for 2016/17 originally set out two indicators that the CCG’s are assessed against.</p> <ul style="list-style-type: none"> • Estimated diagnosis rate for people with dementia • Dementia care planning and post-diagnostic support <p>From Q4 of 2016/17 the CCG’s have also be monitored on the following additional indicators:-</p> <ul style="list-style-type: none"> • Age standardised rate of emergency inpatient hospital admissions of people (65+) with a mention of dementia per 100,000 resident population * • Percentage of emergency inpatient admission for people (65+) with dementia that are short stays (1 night or less) * • Percentage of deaths of people aged 65+ with a recorded mention of dementia occurring in a hospital * • Emergency readmissions to hospital within 30 days of discharge for people (aged 65+) with dementia * • People aged 65 and over receiving prescriptions for antipsychotic medicines *

Local context

The local Joint Stoke on Trent Dementia Strategy – “Living well with Dementia: Stoke-on-Trent Joint Dementia Strategy” was written by the CCG and Stoke on Trent City Council. The Council facilitated a large consultation exercise with the residents of Stoke-on-Trent and it outlines the priorities that came out of the consultation.

- Priority 1 – Spread the message of living well – improve professional and public awareness of dementia
- Priority 2 – Timely diagnosis and support – for people to receive a diagnosis in the right way, at the right time, with access to the right support
- Priority 3 – Enable people to live well with dementia – access to high quality, personalised support for both the person with dementia and their carers’.

This document has been refreshed in 2020 -2024 with the same priorities being identified by stakeholders.

Diagnosis Rates

Current diagnosis rates for Stoke on Trent are 79.5% or 2530 people have been diagnosed out of a predicted 3181 (as of November 2020).

Improvements in dementia care

It is felt across Northern Staffordshire that there should never be a “dementia crisis” if patients and carers are supported well.

Improvements to support patients and carers have been made over the past few years. In 2015/16 the Dementia Primary Care Liaison Team were commissioned to provide support in the community for stable patients. From March 2016, the dementia reablement service for Stoke-on-Trent has offered a specialist bed-based and community assessment service for adults with dementia from Marrow House in Longton.

The service is provided by the Integrated Dementia Team incorporating a range of health and social care professionals with elements of the service available 24 hours per day 7 days per week.

The aim of the service is to provide an intensive short term assessment and therapy service consistent with reablement models of care to support people in their own home in times of crisis or with the aim of returning the person to their own home and community following discharge from hospital services.

The objectives of the dementia reablement service is to:-

- Enable people to live well with dementia for longer, and to provide a measurable improvement in the quality of life for people with dementia
- Support people with dementia to maximize their personal independence and remain in their own homes and communities
- Provide support and advice for people caring for someone with dementia and to provide a measurable improvement in quality of life
- Facilitate hospital discharge
- Prevent avoidable admissions to care and/or hospital.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
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	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	

3. Scope

3.1 Aims and objectives of service

The overall aim of the GP service is to provide 5 day, dedicated GP support to 21 beds at Marrow House, Longton for older people with mental health needs – primarily dementia by:

- Providing an holistic assessment and report of the patient within 24 hours of admission to Marrow House – 5 days per week. (Where a patient is admitted on a Friday afternoon/ Saturday or Sunday the assessment needs to take place on a Monday morning).
- The report will be written and submitted to the MDT meetings. The GP will be responsible for carrying out appropriate actions following the MDT eg medication reviews, input into the crisis care planning and EOL if appropriate.
- Where necessary the patient will need to be temporarily registered with the GP's practice whilst undergoing assessment at Marrow House.

3.2 Service description/care pathway

The provision of a dedicated GP service, preferably with an interest in dementia care, will be instrumental in delivering the following:-

- GP cover will be provided 5 days per week and an assessment check within 24 hours of the arrival of the individual to Marrow House. If admission is on a Friday, Saturday or Sunday the assessment will be provided on the Monday morning.
- There will be full medical management of the person admitted to the unit including physical and mental health needs.
- Reduction in the risk of poly pharmacy through appropriate medication management and liaison with the persons own GP.
- There will be a clinical contribution to multi-disciplinary team case reviews as appropriate.
- Appropriate referrals will be made to other healthcare services for example, Memory Services, Speech and Language Therapy, Dietician, Podiatry etc
- Enhanced communication and continuity of care through feedback and liaison with the persons own GP to support post discharge follow up.
- Work with Marrow House to provide information/KPI's on this service.

Service Location and Delivery

The service will cover 21 beds at Marrow House for the City of Stoke-on-Trent Local Authority and Stoke-on-Trent registered residents.

Days/hours of operation

The service will be available for 5 days per week Monday to Friday.

Workforce

The service will be high quality, reliable and sustainable, provided by clinical staff appropriately registered with the relevant UK regulatory body and have the necessary training, qualifications, experience, current competence and English language communication skills to undertake their clinical role.

3.3 Population covered

The service will be provided for the City of Stoke-on-Trent Local Authority and Stoke-on-Trent registered residents.

a. Any acceptance and exclusion criteria and thresholds

None.

3.5 Interdependence with other services/providers

The key relationship for the Service is with the dementia reablement service at Marrow House.

Where necessary the Service shall develop arrangements with other relevant services to ensure Service User's needs are fully met. This will include the person's own GP, the Dementia Primary Care Liaison (DPCL) Team and where appropriate the Dementia Admiral Nurse.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

The Service shall ensure that it adheres to relevant national standards of best practice in dementia care, to the most recent NICE guidance and other reliable sources of evidence, for example:

- DOH 2006, NICE Clinical Guideline 42 Supporting People with Dementia and their Carers in Health and Social Care
- NICE Quality Standard 30 on supporting people to live well with dementia (QS30).
- NICE Dementia Pathway

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

4.3 Applicable local standards