

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service	Routine Elective Services (as defined)
Commissioner Lead	NHS Lincolnshire ICB
Provider Lead	As per signatory
Period	April 2023 – March 2024

1. Purpose

Aims

Planned (elective) care services for patients who have been referred for routine diagnostic or planned secondary care services and whose clinical acuity is suitable for treatment in a stand alone unit without Intensive or High Dependency Care facilities.

The aim of this service specification is to indicate the requirements for sustainable, evidenced based, high quality, value for money provision of elective care to NHS Patients, supporting local waiting times target and activity plans, providing patient choice and diversity, promoting affordable innovative service models, and providing assurance to the Commissioners in terms of performance and service delivery.

The Provider will be required to treat patients referred from NHS Trusts, from General Practitioners and other accredited clinical professionals, as agreed with the lead commissioner.

The Provider will be expected to perform the services from their own facilities within the NHS Lincolnshire ICB geographical area.

The service for adults will provide:

- High quality and safe care
- Good access to services
- Integrated care pathways that reflect evidence based practice¹
- Equity and fairness
- Responsive and patient-centre care
- Efficient and Effective use of resources
- Commissioned health outcomes
- An environment to support collaboration between providers and achieves seamless services to the patient (within and across clinical networks)

Evidence Base and Clinical Guidelines

The service will work to the following policy and guidance documents, each as amended and replaced from time to time:

- Care Quality Commission –Requirements for Registration.
- Care Quality Commission (CQC) Registration requirements for Services Delivered
- Map of Medicine
- Applicable NICE guidance, Technology appraisals and quality standards.

¹ Map of Medicine - <http://eng.mapofmedicine.com/evidence/map/index.html>

- Our Health, Our Care, Our Say: A New Direction for Community Services, DoH 2006
- National Services Frameworks, where applicable i.e. Older people
- The Chartered Society of Physiotherapy, Quality Standards. 2012.
- Improving Orthopaedic Services, A Guide for Clinicians, Manager and Service Commissioners, Modernisation Agency 2002
- Choosing Health, DoH 2004
- The current operating framework for the NHS in England
- National Good Practice on Pre-Operative Assessment for In-patient surgery, Modernisation Agency 2002 and 2003
- Criteria, Standards and Evidence, Royal College of Surgeons.
- Guidelines for the provision of anaesthetic services, The Royal College of Anaesthetists 2016.
- NHS Plan 2001
- Musculoskeletal Framework DoH 2006
- Shifting Care Closer to Home Policy DoH 2008
- High Quality Care for All DoH 2009
- DH CQUIN Guidance Documentation 2016
- Implementation Manual Surgical Safety Checklist WHO (First edition) 2008
- Code of Professional Conduct
- Health Professionals Council Registration
- WHO Safe Surgery Saves Lives 2009
- NICE Guidance Venous thromboembolism: reducing the risk for patients in hospital 27 January 2010. Updated June 2015.
- Public Health England and DOH guidelines for Infection Control including MRSA and C Difficile.(including the Health and Social Care Act 2008 Code of Practice for the Prevention and Control of Infections and related guidance 2015).
- Endoscopy – British Society of Gastroenterologists guidance on decontamination.2014
- Exposure Prone Procedures and Blood Borne Viruses DOH guidelines 2014.
- NHS Records Management, NHS Code of Practice 2006
- Information Governance (Connecting For Health guidance)
- Elimination of mixed Sex Accommodation. DOH. 2010.
- Other Best Practice Policy and Guidance relevant to the service not specifically listed above

General Overview

Providers will deliver an integrated care pathway to include outpatients, diagnostics and surgery as either a day case or inpatient elective services. The service will incorporate physiotherapy, pharmacy and pathology, as appropriate to the relevant care pathway. Providers are required to deliver Elective Services at Tariff prices (subject to the flexibilities contained within the PbR Guidance).

The types of services envisaged are indicated at Appendix 1 to this service specification.

Patients will need to be treated in a timely fashion, in line with national requirements, patient rights under the NHS Constitution, and the requirements of the Operating Framework as amended from time to time.

The NHS Acute Contract will include performance requirements including but not limited to:

- Readmission rates, infection rates and unplanned revision rates within agreed thresholds.

- Positive patient feedback on experience; measured relative to other similar providers. Real time measurement of patient experience.
- MRSA and HCAI rates within agreed thresholds.
- Informed Patient Choice measured via tailored survey questions and evidence of appropriate documentation.
- Waiting times which are tailored to individual patient circumstances, evidenced through documented reasons for patient initiated delays - where delays are defined as the prevailing waiting times standard.
- Inpatient length of stays and day case rates in top Quartile.
- Follow up to first ratios in top Quartile.
- Excellent information provision to Commissioners providing assurance of both quality standards and access standards.

Objectives

The key objectives of the Service are to:

- Ensure the provision of a high quality, safe and effective elective outpatient, day case and inpatient service to patients referred.
- Achieve all local and national waiting time targets and expectations.
- Ensure that all referrals are appropriately managed and that the Patient's needs are fully met.
- Offer evidence based interventions.
- Offer innovative models of service delivery where appropriate and as agreed with the Lead Commissioner.
- Ensure effective dialogue and communication with the health community at all times.
- Establish effective collaborations with other providers as appropriate.

Expected Outcomes

Excellent Clinical outcomes in the domains of:

1. Clinical Effectiveness, for example, clinical pathways used and accepted best practice, shorter lengths of stay, the enhanced recovery programme, low unexpected returns to theatre.
 2. Patient experience, for example PROMS and satisfaction questionnaires.
 3. Patient safety, for example governance and reporting.
- Services provided at tariff (subject to the flexibilities contained within the PbR Guidance).
 - Value for money through enhanced service offering including innovative approaches to service provision.
 - Adherence to evidence based best practice care pathways.

2. Scope

Service Description

Providers will be expected to perform the services from their own facilities within the NHS Lincolnshire ICB geographical areas.

Accessibility/acceptability

The Provider must ensure that the Service delivers consistent outcomes for Patients regardless of:

- Gender
- Race
- Age
- Ethnicity
- Education
- Disability (including access and regress)
- Sexual orientation

The Provider must be compliant with the Disability Discrimination Act 1995.

Patient Transport

- The Provider will utilise PTS services and organise transport for Patients who meet Patient transport eligibility criteria.
- The Provider will provide information to Patients about the reimbursement according to the Hospital Travel Cost Scheme.
- The Provider will reimburse travel costs to Patients, in accordance with the Hospital Travel Cost Scheme once they are assured that the Patient meets the criteria; and agree a process for recharging the costs to the appropriate responsible Commissioner.

Whole System Relationships

The Provider will be required to work in co-operation with:

- GP Commissioners
- Local Consultants
- Local Anaesthetists
- Diagnostic services
- Local Acute Trusts
- Local community teams
- Social Services
- Independent and third sector providers
- Musculo-skeletal service
- Clinical Assessment Services
- Other services as agreed with the local Healthcare Community
- Referrers – GPs, GDPs and any other CCG approved referrers
- NHS patient transport services
- Emergency transport / ambulance services
- PALS
- Independent and voluntary sector as appropriate

Interdependencies

- Acute Hospital Trusts
- Primary care, General Practitioners, Community Nurses
- Secondary Care Consultants
- Podiatrists
- Occupational Therapists
- Opticians
- Physiotherapists

- Wheelchair centres, orthotics, prosthetics
- Pharmacy / Drug supplies
- Critical Care transfer
- Blood Transfusion
- Pathology
- Social Services
- And other services as agreed from time to time

Relevant Clinical Networks and Screening Programmes

- Appropriate CPD for registration requirements.
- Participation in the Surgical Site Infection Surveillance studies.
- Screening Programmes – MRSA Screening (included in tariff).
- National Joint Registry

Subcontractors

Providers shall not subcontract any aspect of the clinical services without the prior written approval of the Lead Commissioner. Where permission is given, the Provider must ensure any sub-contractors comply with the NHS Acute Contract, be registered with CQC and the core clinical quality and professional standards as set out in this service specification.

3. Service Delivery

Service Model

In providing services to NHS patients Providers shall at all times operate in accordance with Good Clinical Practice and Good Healthcare Practice.

Pathways

It is expected that Providers will evidence their service offering utilising references to the Map of Medicine and 18 week pathways. The Provider will need to consider the entire patient pathway and ensure that there is effective communication with all relevant parties including a requirement to communicate pre planned transfer of clinical care and handover points.

Providers will be expected to comply with all local pathways and protocols and seek funding for all procedures requiring an individual funding request (IFR) before undertaking treatment. (See section 4 Referral, Access and Acceptance Criteria, for more details).

If a patient requires a test or procedure, identified during the patient pathway, that is not available at the Providers Facility, for example a type of diagnostic procedure, the Provider will be responsible for undertaking the referral and managing the patient waiting time within the overall waiting times standard. Payment will be subject to the prevailing rules of Payment by Results.

If a patient is booked for major surgery, the provider will need to liaise with the relevant rehabilitation team in a timely fashion, to ensure that there is an opportunity for a pre-operative assessment and home visit where appropriate to be undertaken. The Provider will then ensure that a copy of this pre-operative assessment is available in the patient's medical notes, to ensure effective communication between the community and the respective inpatient teams.

4. Referral, Access and Acceptance Criteria

Geographic coverage/boundaries

The activity governed by the contract is limited to those patients registered with a ICB named as an Associate to the contract.

Location(s) of Service Delivery

Providers will be expected to perform the services from their own facilities within the NHS Lincolnshire ICB geographical areas advised to and approved by the Lead Commissioner through the accreditation process. Provider facilities outside this area would be expected to complete an accreditation process with Lead Commissioners within their region.

The Provider will require Lead Commissioner authorisation to expand the range of locations from where services are delivered beyond those approved through the accreditation process.

Days/Hours of operation

Providers should provide services at times convenient to NHS patients, including those with carer and / or employment commitments, including in the evenings and at weekends.

Referral criteria & sources

Referral criteria and sources

- Patients living or registered with the commissioning ICBs and falling within the agreed criteria. Referrals may be received from ICB accredited clinicians

Referral criteria

- Referrals will only be accepted in line with the guidelines outlined in Appendix 1 – Services Required.
- Commissioners will not be liable to pay for activity provided where any referral is accepted outside of the criteria.

Prior Approval

Commissioners may require Providers to apply for prior approval to carry out a small number of the procedures contained in Appendix 1 – Services Required.

The Lincolnshire Individual Funding Request (IFR) policy and guidance (which will be updated from time to time) for procedures requiring prior approval is embedded within this contract in schedule 2G.

It is the responsibility of the Provider to familiarise themselves with the IFR policy.

In the event that a procedure is carried out without prior approval the Commissioner will not be liable for the cost.

Referral route

Referrals are anticipated to arrive primarily via the NHS e-Referral Service system however, the Provider will adhere to the requirements of the NHS Acute Contract. There may be some patient referrals that arrive as Inter-Provider Transfers (IPTs), and the Provider shall comply with the national procedure for these Patients.

Exclusion Criteria:

- All paediatric surgery.
- All cancer treatment.
- All designated specialised services.
- Fertility treatment.
- Contraceptive services including IUD insertion.
- Termination of pregnancy.
- Pain management services.
- The Provider **may** reject any referred NHS Patient during any period where the NHS Patient has a body mass index (BMI) of more than forty (40).
- Other exclusions as jointly agreed – the following was added to the 16/17 contract:
 - Where the physical status of the Referred NHS Patient is not ASA1, ASA2, or ASA3 (stable) where the procedure is to be undertaken with general anaesthetic, save where the NHS Patient will not require general anaesthetic, or where clinical judgement suggests it is not in the patient's best interests to treat on clinical grounds.

Biopsy Requirement

Commissioners do recognise that in rare circumstances a patient may require a biopsy during surgery. In such circumstances the biopsy should be undertaken, if considered clinically appropriate. The patient should return to the clinician to receive the results. If cancer is found then it should be explained to the patient that they are being referred to the appropriate place for treatment.

Response time and prioritisation

In addition to the National 18 Weeks Referral-to-Treatment Target (as amended from time to time), The Provider will work closely with Commissioners to ensure that any delays experienced by patients in accessing treatments are avoided and evidenced. Lead Commissioners ICB clinical & access policies will apply.

5. Discharge Criteria & Planning

The Provider will be responsible for ensuring that the referring GP (and or other referrer in the case of a screening or other triage type service) and Patient is sent a typed discharged summary letter and care plan outlining in clear user friendly language and format:

- Diagnosis
- Investigations
- Treatment/surgery plan
- Follow up care after surgery
- Medications – (14 days)
- Any Patient advice or recommendations following surgery

This will be sent to the referring GP (or other referrer) and to the Patient within a maximum of two working days of discharge. The method of distribution to be agreed with Commissioners.

The care plan should be created in consultation with the patient as far as is practical and will include appropriate patient education to allow for informed choices

If the Patient requires referral to another service provider, the referring GP (or other referrer) will be notified within two working days and asked to refer the Patient to that service directly.

Discharge from the facility will be in agreement with the patient and / or carer and follow discharge planning protocols set out in the NHS Acute Contract.

6. Self-Care and Patient and Carer Information

The service Provider will offer a comprehensive range of Patient information relevant to the service (in a range of languages that reflect local need); including advice and recommendations on self-management.

The Provider must give relevant information and advice to Patients as to what services to access should a treatment complication arise outside normal working hours.

The Provider will make available to its Patients an agreed procedure for booking appointments and the agreed commissioner's policy on DNAs and cancellations.

7. Continual Service Improvement Plan

Quality expectations and metrics are set out in the NHS Acute Contract.

These include but are not limited to:

- Core quality standards
- The Commissioning for Quality and Innovation (CQUIN) payment framework
- Performance thresholds

Service Quality comprises the following defined areas:

- Patient safety
- Patient experience
- Effectiveness of Care

Quality requirements are set out in the NHS Acute Contract together with associated penalties and / or performance management arrangements.

The service Provider must therefore aim to assure the Commissioners that the Services are of high quality by concentrating upon evidence and taking any necessary or appropriate follow up actions to restore the quality of service delivery in these three themes.

Clinical Governance & Patient Safety

The safety of the patient is of paramount importance. The principles of good integrated governance which include effective clinical governance must be applied at all times and embedded into practice.

In particular, the provider must demonstrate,

- 1) Safe pre-operative assessment practices.
- 2) Safe in-patient management including appropriately skilled staffing with objectively demonstrable competencies, adequate supervision of patients and staff, effective facilities and equipment to undertake the contracted clinical activity, effective systems and facilities for managing surgical and medical complications and effective timely transfers of unstable patients that cannot be managed in the facility.
- 3) Safe discharge policies and care plans with appropriate follow up.

These domains of safe patient care need to be reviewed at regular times, any deficiencies reported to the commissioners and any identified improvements to the service implemented.

- Any Patient complaints or SUI and 'never events' will be shared with the Lead Commissioner in line with the NHS Acute Contract.
- Definitions for other significant incidents will be established and this information must also be shared with Commissioners.
- Remedial Clinical Action Plans (RCAPs) will need to be drawn up by the Provider utilising tools such as 'root cause analysis'. This plan will need to be signed off by the Commissioner, to ensure learning and service improvement. This is set out in more detail in the NHS Acute contract.

Patient Experience

Regular patient surveys and questionnaires will be undertaken and Continuous Quality Improvement, as a result of the outcomes of this information, will need to be demonstrated to the Commissioner in accordance with performance management as set out in the NHS Acute Contract. The Commissioner will require a copy of the Patient Experience Improvement Plan.

Effectiveness of Care

- Effective outcomes measures must be demonstrated including the demonstration of achievement of specified Key performance indicators (KPIs), the use of appropriate Patient Reported Outcome Measures (PROMs) e.g. Oxford hip and knee scores and measures of Quality and Innovation.
- Outcome audits will be undertaken and shared with the Commissioner.
- In addition to the provider's audits, the Commissioners may specify particular actions or outcomes to be achieved from time to time in agreement with its clinical governance arrangements

Services are to be provided in accordance with:

- Independent Healthcare National Minimum Standards Regulations;
- Standards of the Care Quality Commission;
- Relevant guidance published by a Competent Authority;
- Endoscopy – JAG approved unit (to be achieved within 12 months if not already approved)
- Colposcopy
- Compliance with National Safety Standards for Invasive Procedures (NatSSIPs)

Quality Performance Indicators

Please see requirements and associated performance management arrangements as set out in the NHS Acute Contract.

Providers should also note the requirements of Schedule 6, Part D – Service Development and Improvement Plans where applicable.

Clinical Safety Emergencies

The Provider is expected to deal with clinical emergencies safely and effectively with access to specialist trained Staff, supported by suitable equipment and emergency drugs in compliance with the Resuscitation Council (UK) Critical Care Guidelines and with local Critical Care Network guidelines.

The Provider must:

- ensure the availability of appropriate Staff who are able to recognise, diagnose, treat and manage patients with urgent or life-threatening conditions at all times, this should include surgical and anaesthetic back-up;
- ensure that all staff are competent to undertake clinical service delivery and must have their skills updated and reviewed in line with annual appraisal for the duration of the Contract;
- possess the equipment and emergency drugs to treat life-threatening conditions;
- adhere to any national or local guidelines relating to clinical safety and medical emergencies; and where the Provider does not currently support critical care services to the required level needed by patients under its care, the Provider must have a signed Agreement with an appropriate provider for access to urgent expert clinical advice and emergency transfer of patients to critical care facilities. The Agreement and access to urgent expert clinical advice and emergency transfer of patients to critical care facilities must be in place before Service Commencement and remain in place, fully operational, and available at all times during provision of the service. A copy of the Agreement must be provided to the Lead Commissioner. The Agreement between the Provider and the provider of urgent expert clinical advice and emergency transfer of patients to critical care facilities will be assessed by the Lead Commissioner. The Provider will not commence provision of services until the Lead Commissioner has confirmed acceptance in writing to the Provider of the Agreement for access to urgent expert clinical advice and emergency transfer of patients to critical care facilities.

Prices and Costs

Prices will be calculated in accordance with the National Tariff plus Market Forces Factor for all the services to which the National Tariff applies.

8. Location of Provider Premises

It is the Providers responsibility to inform the Commissioner if CQC standards are not met in any of the facilities listed below.

- BMI Thornbury Hospital (Sheffield)
- Barlborough NHS Treatment Centre (Chesterfield)
- BMI Hospital (Huddersfield)
- Spire Elland Hospital (Elland)
- St Hugh's Hospital, Grimsby

Appendix 1

Services Required

Commissioners require Providers to deliver Routine Elective Services in one or more of the following specialties:

- Orthopaedics
- General Surgery (Gastro-intestinal);
- Gynaecology;
- Neurosurgery. NB not complex and in line with that transferred under the resource transfer from NHS England in 16/17

The typical routine procedures that commissioners anticipate funding in General Surgery are outlined in Annex A.

The onward referral from General Surgery (Gastro-intestinal) to the specialty Gastroenterology will be permitted if it is considered more appropriate for the patient to be treated in this specialty for the condition identified in the original referral. This onward referral must fit the criteria for onward referrals as defined in section 20 of the Annual Contract Agreement, Appendix 1. It would be expected that the procedures carried out in Gastroenterology would be similar to the typical routine procedures listed below under General Surgery (Gastro-intestinal). Gastroenterology must not be listed on the national Choose and Book system menu.

The services will include, where appropriate:

- Pre-treatment e.g. referral processes; triage / clinical assessment; diagnostics; consultation; pre-treatment assessment and / or work up
- Treatment e.g. outpatient / ambulatory / inpatient treatment; joint assessments
- Recovery e.g. therapeutic environment; therapy and service aids to recovery; self care education aid to recovery
- Discharge e.g. expected physical, self care, psychological capabilities prior to discharge
- Follow up e.g. specialist support post discharge, referrals to other general or specialist services such as GP or District Nurse, self care requirements

For the avoidance of doubt Commissioners are not seeking to accredit providers to deliver services outside of the scope described above.

For the avoidance of doubt Commissioners are specifically excluding:

- All paediatric surgery.
- All cancer treatment.
- All designated specialised services as defined in the Commissioning Board Identification Rules (www.commissioningboard.nhs.uk/resources/spec-comm-resources/)
- Fertility treatment.
- Contraceptive services including IUD insertion.
- Termination of pregnancy.
- Pain management services.
- Other exclusions as jointly agreed.

Commissioners will not be liable for the costs of treatment provided outside of the scope described.

Providers should seek clarification from the Lead Commissioner in the event they receive a referral where they are uncertain as to whether it is in scope or not.

Annex A – General Surgery (Gastro-Intestinal) Typical Routine Procedures

Please note that the procedures listed below are not an exhaustive list. They are the typical types of procedure that the Provider is expected to carry out. Any procedures that are not obviously similar to the listed procedures should be discussed with the Commissioner before a decision can be made whether to treat the patient.

ANTIREFLUX OPERATIONS

DESTRUCTION OF HAEMORRHOID
DIAG.ENDO.EXAM/LOWER BOWEL USING FIBROPTIC
SIGMOIDOSCO
DIAGNOSTIC ENDOSCOPIC EXAMINATION OF COLON
DIAGNOSTIC FIBROPTIC ENDOSCOPIC EXAM/UPPER GASTROINTE
ENDO.EXTIRP/LESION/LOWER BOWEL USING FIBROPTIC SIGMOI
ENDOSCOPIC EXTIRPATION OF LESION OF COLON
EXCISION OF GALL BLADDER
EXCISION OF HAEMORRHOID
EXCISION OF LESION OF ANUS
EXCISION OF PILONIDAL SINUS
EXTIRPATION OF NAIL BED
OTHER EXCISION OF LESION OF SKIN
OTHER OPEN OPERATIONS ON OTHER ARTERY
OTHER OPERATIONS ON ANUS
OTHER OPERATIONS ON PERIANAL REGION
PERINEAL OPERATIONS FOR PROLAPSE OF RECTUM
PRIMARY REPAIR OF FEMORAL HERNIA
PRIMARY REPAIR OF INCISIONAL HERNIA
PRIMARY REPAIR OF INGUINAL HERNIA
PRIMARY REPAIR OF UMBILICAL HERNIA
REPAIR OF OTHER HERNIA OF ABDOMINAL WALL
REPAIR OF RECURRENT INCISIONAL HERNIA
REPAIR OF RECURRENT INGUINAL HERNIA
REPAIR OF RECURRENT UMBILICAL HERNIA

SCHEDULE 2 – THE SERVICES

Ai. Service Specifications – Enhanced Health in Care Homes

Not Applicable