

## 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 Contract Technical Guidance. NHS England's Contract Technical Guidance provides (at paragraph 36) further guidance on specifications generally and on what to consider for inclusion under the headings below.*

Both parties acknowledge that the Service Specifications require updating. Both parties to work together to review and revise Schedule 2 – The Services (A. Service Specifications). Once amended parties agreed to CV into the contract.

For the avoidance of doubt the provider no longer performs NHS ENT activity and no longer accepts new NHS Oral and Maxillofacial referrals

Service Specification No.	<b>Ramsay 001</b>
Service	<b>Acute Elective Services</b>
Commissioner Lead	<b>NHS Lincolnshire ICB</b>
Provider Lead	<b>Ramsay Health Care UK Operations Limited (trading as the Fitzwilliam Hospital and the Boston West Hospital)</b>

<b>1. Population Needs</b>
<b>1.1 National/local context and evidence base</b>
<p>The Commissioners are committed to the provision of high quality acute elective services and to ensuring that patients are offered free choice of provider at the point of referral through the implementation of the NHS Standard Acute Services Contract into accredited Independent Sector providers. The Provider will support this commitment by providing the Services to meet the obligations set out in this Section A of the prevailing agreed NHS Standard Contract.</p>
<b>2. Scope</b>
<p>The Provider will provide routine elective secondary care services for patients whose clinical acuity is suitable for treatment in a standalone unit without Intensive Care facilities who have been referred for routine planned care in the following categories: inpatient, day case and outpatient procedures, outpatient first and follow up attendances and diagnostics.</p> <p>The aim of this service specification is to indicate the requirements for sustainable, evidence 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.</p> <p>The Provider will be required to treat patients referred by NHS Trusts, by General Practitioners and other accredited clinical professionals, as agreed with the Coordinating Commissioner.</p> <p>The service for adults 18 and above will provide:</p> <ul style="list-style-type: none"><li>• High quality and safe care</li><li>• Good access to services</li></ul>

- Integrated care pathways that reflect evidence based practice.
- Equity and fairness
- Responsive and patient-centred 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)

The contractual basis for the provision of the services will be the NHS Standard Contract

### **General Overview**

The Provider will deliver an integrated care pathway to include outpatients, diagnostics and surgery as either a day case or inpatient elective service. 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.

The Provider will ensure patients are treated within a maximum of 18 weeks from referral to the receipt of the first definitive treatment (as defined in the guidance below) in accordance with the NHS Constitution.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613)

The NHS Standard Contract (Multilateral) 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
- Excellent information provision to Commissioners providing assurance of both quality standards and access standards.

### **Objectives**

The Provider will:

- 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 Coordinating Commissioner
- Ensure effective dialogue and communication with the health community at all times.
- Establish effective collaborations with other providers as appropriate

This is a service specification for routine elective, multi-disciplinary inpatient, day case, outpatient procedures and outpatient services from independent sector providers.

The case mix will include a full range of routine elective care in the following Points of Delivery (PODs); Inpatient, Day case, Outpatient and routine diagnostics and in the following specialties:

ENT

Gastroenterology

Gynaecology

Ophthalmology

Oral & Maxillofacial surgery

Trauma and Orthopedics

Neurosurgery - Spinal

General Surgery (including Colorectal)

Urology

Plastic Surgery

Rheumatology

General Medicine

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.

The Provider will offer the full patient pathway for the Elective Services from the first outpatient to completion of treatment and will also be required to accept referrals where the NHS Patient has already undergone an assessment and been diagnosed for treatment.

The Service will operate 24 hours per day, 7 days per week except for periods of hospital closure and/or where the facility is a day case only unit such as the Boston West Hospital. The opening hours for outpatient clinics and for day care procedures, should be booked to the convenience of patients but will include both social and unsocial hours of opening. Providers will be required to indicate their hours of opening via the Accreditation Process.

All staff involved with the delivery of the Services will have the appropriate training, skills, competencies to deliver the service and have in place arrangements to support continuing professional development and the maintenance of skills to ensure best practice is followed.

#### **Acceptance Criteria**

We will treat all patients in a safe and appropriate environment depending upon age and any existing medical conditions. The following patients are specifically excluded:

- Patients under the age of 18 years
- Patients with an ASA 4-6

Patients must have a responsible adult with them for a 24-hour period post-discharge if they are having either sedation or a general anaesthetic

We may see patients with the following conditions but will carefully assess their anaesthetic need and suitability for the specific procedure, prior to admission for treatment:

- Mild to moderate asthma or COPD
- Neuromuscular disorders such as MS or MND
- Non-symptomatic restrictive lung disease
- Controlled systemic hypertension
- BMI >40
- Controlled IHD

- Mild valve disease
- Well-controlled rhythm other than sinus
- Previous complications post-anaesthetic
- MI < 6 months ago
- CVA < 6 months ago
- Obstructive sleep apnoea

#### **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 comply with its obligations under legislation, including (but not limited to) the:

- Equality Act 2010
  - Health and Social Care Act 2008 (regulated activities) Regulations 2010 and the CQC (Registration) Regulation 2009
  - Data Protection Act 1998
  - Human Rights Act 1998
  - Mental Health Act 1993
  - NHS and Community Care Act 1990 and
  - Human Tissue Act 2004 Patient Transport
- The Provider will utilise Patient Transport Services (PTS) and organise transport for patients who meet Patient transport eligibility criteria as defined by the Commissioner.
  - 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.
  - The Provider shall actively support the use of public transport. Therefore, where a patient is not eligible for patient transport but has a concessionary bus pass (people over the age of 60 or disabled); the Provider shall encourage them to take appointments between off peak travel times.

#### **Whole System Relationships:**

The Provider will deliver the Services required for all patients registered permanently or temporarily within the Commissioners boundaries and have a responsibility for the interface and development of appropriate pathways with other Services, ensuring Services are communicated to potential referrers. The Provider will be required to work in co-operation with (and not limited to)

- GP Commissioners
- Clinical Commissioning Groups (CCG's)
- Local Consultants
- Local Anaesthetists
- Diagnostic services
- Local Acute Trusts
- Local community teams
- Social Services
- Independent and third sector providers (voluntary sector)
- Musculoskeletal 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
- And any other appropriate parties

If patients referred into the Services require onward referral to another organisation, they should have a seamless pathway to avoid any unnecessary delays for the Patients.

### **Interdependencies**

The Provider shall ensure there is a seamless transfer of care with other agencies (as listed below but not limited to) and especially hospitals for urgent care needs.

- NHS Hospital Trusts
- NHS Foundation 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
- Cancer Care Services
- Pathology
- Social Services
- And other services as agreed from time to time

### **Relevant Clinical Networks and Screening Programmes**

Appropriate Continual Professional Development (CPD) for registration.

- 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 Coordinating Commissioners. Where permission is given, the Provider must ensure any sub-contractors comply with the NHS Standard Contract, be registered with CQC and the core clinical quality and professional standards as set out in this service specification.

### **Service Model**

The Provider will in the delivery of services to NHS patients at all times operate in accordance with Good Clinical Practice and Good Healthcare Practice.

### **Pathways**

Providers will evidence their service utilising references to the Map of Medicine (if relevant to the CCG and available to the Provider) or other evidence-based practice 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.

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.

### **Geographic coverage/boundaries**

The intended geographic coverage is CCGs located within the East Midlands region and other individual CCGs out of the region. However, the Provider may wish to market services to a wider geographic area, and this would not be prohibited.

### **Location(s) of Service Delivery**

Providers shall provide services from their own facilities and such other outreach clinic locations established by agreement with the Commissioner.

### **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.

The Provider shall provide the inpatient services at the Fitzwilliam Hospital 24 hours per day for 7 days per week except for periods of closure,

The Boston West Hospital is a day case only facility that does not have inpatient facilities and is not open 24 hours per day 7 days per week.

The Provider will ensure that clinical management and Patient safety are not compromised by the timing of surgical procedures or diagnostics.

### **Referral criteria & sources**

- Patients living or registered with the named CCGs and falling within the agreed criteria. Referrals may be received from CCG accredited clinicians.
  - Referrals will only be accepted in line with the Coordinating Commissioner's referral policy and acceptance criteria
  - Details of the latest guidance are available from CCG websites
  - Referrals that are outside these criteria will require prior approval before treatment is carried out.
1. The Provider will ensure that any Patient that undergoes investigation/procedures/diagnostics and is found to have a suspected cancer will follow the pathway below:

*Suspected Cancer: Should a private provider suspect that a Patient has cancer, they will refer the Patient to the appropriate acute hospital by completing and sending a Suspected Cancer Referral Form (2WW). Referral forms and Pathways to be confirmed once the provider is known.*

- *Confirmed Cancer: Should a Patient have a confirmed cancer, following investigation, the consultant will immediately refer the Patient to the appropriate consultant. Referral Pathways for confirmed cancers to be agreed once provider is known.*
- *Improving Outcomes Guidance & Peer Review: Provider will ensure compliance with the Improving Outcomes Guidance and ensure full compliance and participation with the peer review.*

**Prior Approval** – Commissioners require Providers to apply for prior approval to carry out the following procedures: any procedures referenced within the Commissioner's Prior Approval policy or Procedures of Limited Clinical Value.

In the event that such 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 E-referral system and the Provider will encourage the use of this method of referral where possible, however the Provider will adhere to the Requirements of the prevailing agreed NHS Standard 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.

Classification guidelines of the American Society of Anaesthesiologists (ASA) Physical Status Classification System (<http://www.asahq.org/For-Members/Clinical-Information/ASA-Physical-Status-Classification-System.aspx>) will be used to assess Patients' state of health and fitness to undergo anaesthesia. It is anticipated that only patients who fall into the ASA I, II and III categories (dependent on individual circumstances and intended procedure) will be considered for treatment, as follows:

ASA I – a normal healthy patient

ASA II – a patient with mild systemic disease

ASA III – a patient with severe systemic disease

However, subject to CQC registration, and assurance for the commissioners, this threshold may be amended by written consent.

The Provider is entitled to exclude certain groups of patients for reasons of clinical safety; complexity of support healthcare facilities normally required which are not available, or security reasons. These include:

- ASA IV - a patient with severe systemic disease that is a constant threat to life
- ASA V – A moribund patient who is not expected to survive without the operation
- ASA VI – A declared brain-dead patient whose organs are being removed for donor purposes
- All pediatric surgery
- Biopsies of lesions which could result in further treatment for malignancies
- Patients with a known history of violence
- Patients who are receiving active psychiatric treatment under a Section of the Mental Health Act
- Patients being detained by Her Majesty's Prison Service where security issues are deemed not to be appropriate
- Other exclusions as jointly agreed (See acceptance criteria)

### **Response time and prioritisation**

In addition to the 18 Weeks Referral-to-Treatment standard as detailed in the NHS constitution or 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. The Coordinating Commissioner's clinical & access policies will apply.

### **Discharge Criteria and Planning**

Patients shall be examined by an appropriately qualified member of the Medical Staff to ensure that they are fit for discharge.

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
- Any Patient advice or recommendations following surgery as per local PCT policy

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 the Coordinating Commissioners' discharge planning protocols which will be included in Schedule 2 Part K of the prevailing agreed NHS Standard Contract.

**Post discharge the Provider will:**

1. provide a single number on which Patients and GPs may call for assistance.
2. ensure the Commissioner is aware of where the Provider will send Patients experiencing difficulty, who will be assessing them and when they are likely to be seen.
3. answer all calls to the Provider outside of session times and provide appropriate advice;
4. direct any Patient requiring immediate treatment to the appropriate NHS facility taking into account the:
5.
  - Patient's location;
  - the Service that has been provided to the Patient; and
  - the symptoms or contraindications experienced by the Patient;
6. immediately notify the appropriate NHS facility and provide them with all relevant information required and, if appropriate, notify other appropriate service providers including Ambulance Services and the relevant out-of-hours service and ensure that appropriate steps are put in place for the treatment of the Patient; and
7. notify an appropriate member of clinical Staff at the facilities who provided the Services to the Patient to enable them to assist in the further care of the Patient.

**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.

**Continual Service Improvement Plan**

Quality expectations and metrics will be developed by participating CCGs. These include but are not limited to:

- The Enhancing Quality Programme in Orthopaedics
- The Commissioning for Quality and Innovation (CQUIN) payment framework
- Performance thresholds
- Quality, Innovation, Productivity and Prevention

<http://www.improvement.nhs.uk/QualityInnovationProductivityandPrevention/tabid/61/Default.asp>

Service Quality comprises the following defined areas:

- Patient safety
- Patient experience
- Effectiveness of Care

Quality requirements are set out in the 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. Coordinating Commissioners would also require evidence within working practice to support QIPP in the provider's management of patients.

### 3. Applicable Service Standards

#### **Evidence Base and Clinical Guidelines**

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

- Care Quality Commission (CQC) Registration requirements for Services delivered
- NICE Guidance where applicable
- 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, Core Standards and Service Standards
- 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, Dec 2004
- Guidelines for the provision of anaesthetic services, The Royal College of Anaesthetists 1999 (under review)
- 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 2008
- Code of Professional Conduct
- Health Professionals Council Registration
- WHO Safe Surgery Saves Lives 2009
- Venous Thromboembolism DH guidelines
- Health Protection Agency and DH guidelines for Infection Control including MRSA and C Difficile
- Endoscopy – British Society of Gastroenterologists guidance on decontamination
- Exposure Prone Procedures and Blood Borne Viruses DH guidelines
- Information Governance Statement of Compliance and Toolkit Requirements
- NHS Records Management, NHS Code of Practice 2006
- Confidentiality: NHS Code of Practice 2003
- NHS Standards for Information Security
- Single Sex Accommodation DH guidelines
- Quality, Innovation, Productivity and Prevention (QIPP)
- Other Best Practice Policy and Guidance relevant to the service not specifically listed above

### **IM&T Requirements**

Providers are required to maintain an IM&T Solution which meets the following minimum requirements:

- Utilisation of a compliant PAS
- Access to and use of CAB for online booking of patient appointments
- DoS entry for each Facility that accurately reflects the range of Elective Services which are able to be offered under the terms of the NHS Standard Acute Contract.
- Maintenance of an acceptable entry on NHS UK website for providing information for prospective NHS patients.
- All staff utilising the IM&T Solution have received appropriate training in the use of CAB and the PAS
- Ability to submit to Secondary Users Service (SUS)

Where an Applicant's IM&T Solution does not meet the above conditions at the time of submission of the Accreditation Application, the Applicant is required to provide evidence of the steps being taken to meet the IM&T Solution requirements. Where required, the Contracting Authority will arrange for sponsorship letter to enable IGSoC assessment and the installation of an N3 connection.

Use of NHS mail is mandatory for the communication of any patient identifiable information, including contractual activity reports and invoicing information. Further information on the service and options available can be accessed from the following address:

<http://www.connectingforhealth.nhs.uk/systemsandservices/nhsmail>

Providers will be required to comply with the reporting requirements set out in the NHS Standard Acute Contract.

Providers are required to ensure that clinical coding is accurate and steps are taken to ensure the quality and consistency of coding.

### **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

- Safe pre-operative assessment practices
- 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
- Safe discharge policies and care plans with appropriate follow up

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

- Any Patient complaints or SUI and 'never events' will be reported to the Coordinating Commissioner in line with the prevailing Standard 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. In accordance with the prevailing Standard Contract.

**Patient Experience**

Annually 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 prevailing NHS Standard 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

**Vulnerable People**

For the purposes of this document, a "Vulnerable Person" is a person who is or may be in need of services by reason of lack of mental capacity or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

The Provider will ensure that all Vulnerable People are treated in accordance with the principles in the Mental Capacity Act 2005, thereby ensuring that any act done for, or any decision made on behalf of, someone who is deemed to lack capacity is an option that is the least restrictive of that person's basic rights and freedoms and is in the Vulnerable Person's best interest.

The Provider will ensure that appropriate Mental Capacity Act 2005 policies and procedures are implemented and reviewed.

- In support of the Mental Capacity Act 2005 the Provider will ensure that it has a Deprivation of Liberty Safeguards Policy and procedure which is implemented and reviewed and shall supply a copy to the Head of Deprivation of Liberty Safeguards.
- The Provider will ensure that all Staff and volunteers have access to Mental Capacity Act 2005 and Deprivation of Liberty training.
- The Mental Capacity Act 2005 will apply in conjunction with other legislation affecting people who may lack capacity and the Provider comply with its obligations under other legislation, including (but not unlimited) the:
  - Care Standards Act 2000;
  - Data Protection Act 1998;
  - Disability Discrimination Act 1995;
  - Human Rights Act 1998;
  - Mental Health Act 1983;
  - National Health Service and Community Care Act 1990; and
  - Human Tissue Act 2004.
- The Provider will ensure that all Vulnerable People:
  - are actively involved in care planning and given choices in their future care, including environment, care delivery and resuscitation;

<http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH4008486>

Services are to be provided in accordance with:

<http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH4086665>

- Standards of the Care Quality Commission;

- Relevant guidance published by a Competent Authority;
- Endoscopy - JAG accreditation.
- Colposcopy

### **Quality Performance Indicators**

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

### **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 Coordinating 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 Coordination Commissioner. The Provider will not commence provision of services until the Co-ordinating 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.

### **Information Governance**

The provider will comply with the Information Governance Framework for Health and Social Care which is formed by those elements of law and policy from which applicable IG standards are derived.

Information relating to patients must be safeguarded and taken account of in relation to the following areas:

- Patient confidentiality
- Caldicott Guardian principles
- NHS Northamptonshire information sharing protocols
- Consent to treatment and use of information
- NHS Standards for Information Security

The Provider will need to ensure that they have robust and effective systems in place for handling information securely and confidentially and that they have appropriate sharing agreements in place with all partner organisations.

The Provider will need to complete and maintain full compliance with the Connecting for Health IG Toolkit declarations and provide assurance and evidence to the CCG by providing an annual independent audit report in support of this.

### **Code of Conduct for NHS Managers**

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4005410](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005410)

### **Incident Reporting**

The Provider must ensure that incidents are reported, investigated and analysed appropriately in line with NHS Policy requirements and Standards so that suitable lessons are learned and actions followed.

The Provider must have a system for collecting data on Adverse Incidents including:

- Information/data breaches
- Patient complaint
- Other administrative
- Other incidents.

### **Workforce Requirements**

Providers are required to ensure that each Facility is appropriately staffed at all times to deliver the range of Elective Services set out in its NHS Standard Contract. Applicants will be required to submit a workforce strategy to demonstrate how it intends to meet this obligation which will be assessed by the Contracting Authority.

Providers are required to ensure that all medical and clinical staff engaged in the delivery of services are (or will be) appropriately registered with the relevant UK regulatory body, have the necessary training, qualifications, experience, competence and English language communications skills to undertake their clinical roles. Medical practitioners are required to be listed on the relevant specialist register of the General Medical Council.

Providers are required to ensure that all workforce policies, processes and practices comply with all relevant employment legislation and codes of practice applicable in the UK, including, but not limited to:

- Safer Recruitment to NHS Employment Check Standards (March 2008)
- The Code of Practice for the International Recruitment of Healthcare Professionals (December 2004) where international recruitment is planned.

Providers are required to operate a safe system of working for staff to minimise the risk of the transmission of blood borne viruses, and in particular to demonstrate compliance with the following processes operated by the Contracting Authority:

- offer Hepatitis B, Hepatitis C and HIV testing on consent to all potential recruits who wish to take up a post which may require them to undertake or to assist in EPPs;
- offer Hepatitis B, Hepatitis C and HIV testing on consent to all existing Provider Staff who wish to take up a post which may require them to undertake or to assist in EPPs;
- exclude (if appropriate in accordance with NHS codes of practice or guidance on Blood Borne Viruses) from any EPPs any potential recruit or existing staff member who either tests positive for BBV or declines to be tested;
- require Providers to follow current DH best practice guidance on BBVs and to have robust clinical governance processes in place to deal with any issues arising;
- encourage all Staff who perform or assist with EPPs to comply with their professional obligation to report likely or probable exposure to infection, for example through needle stick injuries and to follow employer protocols;
- have access to specialist Occupational Health Services for the implementation of the above

Providers are required to ensure that appropriate arrangements (including but not limited to peer review) are in place for the supervision of staff, relevant to the level of qualification and experience of each member of staff and the nature of procedures being carried out.

#### 4. Key Service Outcomes

##### **Expected Outcomes**

The Provider shall provide Services so as to achieve the following outcomes:

Excellent Clinical outcomes in the domains of:

- Clinical Effectiveness, for example, clinical pathways used and accepted best practice, shorter lengths of stay, the enhanced recovery programme, low unexpected returns to theatre.
- Patient experience, for example PROMS and satisfaction questionnaires.
- Patient safety, for example governance and reporting.
- Services provided at National tariff.
- All Providers, NHS and independent Sector (IS), on the NHS Standard Contract for acute services. This is necessary to ensure the same contract terms apply to all providers where applicable including Foundation and Acute Trusts, and those organisations accredited under the AWP process.
- Value for money through enhanced service offering innovative approaches to service provision.
- Adherence to evidence based best practice care pathways.

Service Specification No.	<b>Ramsay 002</b>
Service	<b>Critical Care Services for Acute Elective Services</b>
Commissioner Lead	<b>NHS Lincolnshire CCG</b>
Provider Lead	<b>Ramsay Health Care UK Operations Limited (trading as the Fitzwilliam Hospital and the Boston West Hospital)</b>

## 1. Population Needs

### 1.1 National/local context and evidence base

Adult Critical Care underpins all secondary and specialist adult services. Critical Care incorporates **both intensive and high dependency care (ICU/HDU)**.

From the 1st April 2013 Adult Critical Care services across NHS England have been required to be delivered through integrated Operational Delivery Networks (ODN) with services delivered across providers in a pre-determined geographical area.

In 2000 the Department of Health report “Comprehensive Critical Care” – a Review of Adult Critical Care Services” recommended the establishment of adult critical care networks. This was published in response to national concerns regarding critical care capacity, equity of access and quality of care.

Subsequently in September 2005 the National Adult Critical Care Stakeholder Forum document, “Quality Critical Care – Beyond Comprehensive Critical Care” recommended that “*critical care networks be retained, strengthened and fully developed in line with local priorities and needs*”. This was reinforced in the “Evaluation of modernisation of adult critical care services in England: time series and cost effectiveness analysis”

## 2. Scope

### 2.1 General Overview

The Provider will deliver an integrated care pathway to include elective high dependency care if required as part of an elective pathway for NHS patients and critical care when required by appropriately trained staff. Level 3 patients will be stabilized and cared for until such time as deemed appropriate and clinically safe by a Consultant Anesthetist to transfer to another provider

### 2.2 Aims & Objectives

The aims of this service specification are to ensure equity of access, equitable care and timely admission and discharge to and from adult critical & HDU care for all appropriate patients.

To improve functionality and increase the quality of life for patients recovering from a period of critical illness (NICE 83).

Avoidance of postponement of elective surgery due to lack of a post-operative HDU / Critical Care bed.

To continue the culture of continual quality improvement underpinned by reliable information and audit.

This service will be linked in with Operational Delivery Networks (ODN).

### 2.3 Admission Criteria

A standardised approach to the detection and response to deteriorating health on the wards with reference to NICE 50 and monitoring through the National Early Warning Score will be utilized on all patients.

Admission to critical care must be timely and meet the needs of the patient.

There will always be a senior nurse on call to accommodate and unscheduled admission in the event of a deteriorating patient that requires 1:1 nursing.

Appropriate planning of elective surgical admissions to critical care will take place in order to avoid unnecessary postponement of surgery.

The decision to admit an unplanned admission to HDU / Critical Care must be made by an Intensivist.

The decision to admit an elective admission must be made following a pre-operative assessment and Consultant Anaesthetist assessment.

The transfer of a level 3 patient for Care by another provider will be supported by a transfer policy and SLA.

### 2.4 Care pathway

Within the care pathway there is integration for each patient's pathway at ward level at the point of admission to and discharge from HDU / Critical Care through into the HDU / Critical care services.

An overview of the Critical Care Pathway is shown below:



### 2.5 Service Delivery

The service will be delivered in the HDU unit or may be delivered in the Recovery area dependent on patient's requirements.

Appropriate nursing ratios in line with HDU and Critical Care requirements will be delivered by the provider.

All Registered Nurses working in HDU will be able to provide documentary evidence of competency.

The provider will ensure that HDU / Critical care patients are reviewed by a named Consultant daily and reviewed by a Consultant Anaesthetist.

A consultant Anaesthetist will be available 24/7 and be able to arrive within 30 minutes of an urgent call to the hospital.

The HDU will have an effective Clinical Governance Platform that will include;

- Reporting of adverse incidents and evidence of associated action planning
- Formal handover process for shifts
- Risk Register
- Audit Calendar
- Effective strategies to minimise infections

### **2.5 Discharge from Critical Care**

Discharge from Critical care would be preceded by step down to the ward unless transfer to another provider is required.

### **2.6 Transfer to Another Provider**

Will usually be applicable for level 3 patients following a period of stabilisation. Transfer to an appropriate provider will follow and any supporting SLA's will be in place to facilitate a safe and effective transfer.

## **3. Applicable Service Standards**

### **Evidence Base and Clinical Guidelines**

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

- Care Quality Commission (CQC) Registration requirements for Services delivered
- NICE Guidance where applicable
- Management of Level 2 Critical Care Patients CC001 Ramsay Health Care UK
- Transfer of Critically Ill Adults CC005 Ramsay Health Care UK
- Levels of Critical Care for Adult Patients
- NICE guidance 83 Critical illness rehabilitation
- NICE guidance 50 Acutely ill patients in hospital
- Local operational delivery network strategies

## **4. Key Service Outcomes**

## **Expected Outcomes**

It is important for all patients entering critical care to receive the same standards of care irrespective of the source of commissioning. Many patients with a chronic medical condition will at some time in their pathway require critical care. It is expected that the patients will have a good patient experience and excellent clinical care

The HDU will have an effective Clinical Governance Platform that will include;

- Reporting of adverse incidents and evidence of associated action planning
- Formal handover process for shifts
- Risk Register
- Audit Calendar
- Effective strategies to minimise infections

## **5. Appendices**

### **Ramsay Policy Adherence**

Please see Embedded below the Ramsay Policy CC001: Management of Level 2 Critical Care Patients. All staff at Fitzwilliam Hospital will be required to adhere to this policy in conjunction with this service specification.



Management of  
Level 2 Critical Care F

Service Specification No.	<b>Ramsay 003</b>
Service	<b>Back and Spinal for Acute Elective Services</b>
Commissioner Lead	<b>NHS Lincolnshire CCG</b>
Provider Lead	<b>Ramsay Health Care UK Operations Limited (trading as the Fitzwilliam Hospital and the Boston West Hospital)</b>

## 1. Population Needs

### 1.1 National/local context and evidence base

Sir Bruce Keogh commissioned The National Spinal Taskforce to advise on the commissioning of spinal services. It included representatives from The British Orthopaedic Association (and associated Spinal Societies including: The British Association of Spine Surgeons, The British Scoliosis Society and The Society for Back Pain Research), The Society of British Neurological Surgeons, The British Pain Society, British Society of Skeletal Radiologists, The Royal College of Surgeons, The Chartered Society of Physiotherapy, The Specialist Orthopaedic Alliance, The Department of Health, Public Health, Specialised Commissioners and the Orthopaedic Expert Working Group that advises on Payment by Results.

In March 2010 the Spinal Taskforce produced its first report, (DH Gateway Ref.138852) aimed at supporting commissioners in the delivery of high quality spinal services while also meeting the 18 week referral to treatment waiting time (RTT) target. The decision by Professor Sir Bruce Keogh in April 2011, to support this new piece of work by the Spinal Taskforce has enabled it to formulate advice aimed at guiding the NHS and the new NHS Commissioning Board in the creation of nationally coordinated specialised commissioning for specialist spinal services and to guide local commissioners in managing the more common spinal problems.

NHS patients in Lincolnshire should have the choice of local providers delivering high quality elective care and diagnostic services as well as exemplar levels of operational efficiency.

The planned (elective) care services specification focuses on the provision of services for patients whom have been referred for routine diagnostic or planned secondary care services and whose clinical activity is suitable for treatment at the provider. The contractual basis for the provision of the services will be the standard for acute services.

#### **Evidence Base**

There is a range of policy and clinical / operational practice guidance relating to these services including:

- NHS policy
  - The current Operating Framework.
  - High Quality Care for All. NHS Next Stage Review Final Report
  - DH June 2008
  - NHS Plan
- British Scoliosis Society: Standards of Care for Patients with Spinal Deformity 2008
- NICE Guidance: CG88. Low Back Pain 2009
- NHS Evidence: Annual Evidence Update on Spinal Diseases 2009

- Specialised Services National Definition Set (SSNDS) Definition No. 6 Specialised Spinal Services (all ages) 3rd ed. 2010
- NHS Evidence: Annual Evidence Update on Spinal Diseases 2010
- Department of Health: Organising Quality and Effective Spinal Services for Patients, A report for local health communities by the Spinal Taskforce 2010
- NICE guideline CG75 MSCC (November 2008) –see website (Quick Reference Guide) <http://guidance.nice.org.uk/CG75/QuickRefGuide/pdf/English>

## 2. Scope

### 2.1 General Overview

Fitzwilliam and Boston West Hospital will accept referrals for Lincolnshire patients;

- Directly from General Practitioner
- Following triage provided by a service commissioned by the Clinical Commissioning Group (MSK)
- Following cross referral that is related to the original referral

Ensuring that the surgical thresholds set out by the Clinical Commissioning Group is adhered to.

### 2.2 Aims & Objectives

- The aims of this service specification are to;
- Ensure equity of access
- Equitable care
- Timely admission and discharge
- Gain the best possible outcomes, both in terms of immediate recovery and long term functioning
- Have access to their own information which allows them to make decisions about their own care
- Are treated by surgeons and other health care professionals who participate in functional multidisciplinary teams and relevant professional networks and have relevant expertise in spinal problems.

Are protected from unnecessary interventions and/ or radiation exposure by services committed to evidence based practice, research and audit

### 2.3 Admission Criteria

Admission criteria is based on the statement of purpose and criteria for surgery thresholds. Patients that do not meet criteria for admission will be rejected for admission and the General Practitioner will be advised of the rationale.

### 2.4 Care pathway

Patients will be referred via an MSK route, direct GP referral or in the case of a consultant referral the referral must be a directly related to the original referral into the hospital.

### 2.5 Service Delivery

The service will be delivered in the HDU unit or may be delivered in the Recovery area dependent on patient's requirements.

## 4. Key Service Outcomes

### **Expected Outcomes**

It is important for all patients to receive the same standards of care irrespective of the source of commissioning. It is expected that the patients will have a good patient experience and excellent clinical care.

The Spinal and Back service is part of a wider group of services at the Fitzwilliam and Boston West Hospital. As a whole the hospitals will have an effective Clinical Governance Platform that will include;

- Reporting of adverse incidents and evidence of associated action planning
- Formal handover process for shifts
- Risk Register
- Audit Calendar
- Effective strategies to minimise infections

## **SCHEDULE 2 – THE SERVICES**

### **Ai. Service Specifications – Enhanced Health in Care Homes**

**Not Applicable**