SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service	Planned (Elective) Inpatient and Daycase Surgery and associated Outpatient and Diagnostic Services for NHS Patients
Commissioner Lead	Nottingham & Nottinghamshire ICB
Provider Lead	Ramsay Woodthorpe Hospital
Period	2023-24
Date of Review	*To be reviewed annually*

Population and/or geography to be served	**National/local context** NHS patients in NHS Nottingham and Nottinghamshire ICB should have a choice of local providers delivering high quality elective/planned secondary care services in a way that is responsive to the needs of NHS patients and demonstrates innovation in service delivery as well as exemplar levels of operational efficiency and excellent value for money. The planned (elective) care services specification focuses on the provision of services for patients who have been referred for routine diagnostic or planned secondary care services and whose clinical activity is suitable for treatment in a stand-alone unit without Intensive Care facilities. **Evidence Base** There is a range of policy and clinical / operational practice guidance relating to these services including: • NHS policies and procedures • The current Operating Framework. • High Quality Care for All, NHS Next Stage Review Final Report, DH June 2008 • NHS Long Term Plan **Geographic coverage/boundaries** This contract covers the Service User population that is registered with a GP practice for which the Coordinating Commissioner or any of its Associates is the Responsible Commissioner. The intended geographic coverage is the Nottingham and Nottinghamshire area; however, the Provider may wish to market services to a wider geographic area, and this would not be prohibited. **Any acceptance and exclusion criteria and thresholds** The Commissioner or the Service User's referrer may refer any Service User to the Provider's facility for the provision of Services, in line with this contract. Referrals may be received from ICB accredited suitable clinicians (for example physiotherapists or dentists) for patients living within or registered with the ICB and falling within the agreed criteria. Referrals will only be accepted in line with the NHS Nottingham and Nottinghamshire ICB Service Restriction Policy. Details of the latest guidance are available from the ICB. Referrals that are outside these criteria will require prior approval before treatment is carried out. The Provider will be expected to provide the Services in a manner consistent with the NHS Constitution. Where the Provider determines that a Service User is not suitable for receiving treatment in the Provider's facility, the Provider, acting in accordance with Good Clinical Practice shall refer the Service User back to the Referrer if:

	1. the proposed intervention: o is not required in the opinion of the Healthcare Professional assessing the Service User; or o is not within the scope of the Services to be provided by the Provider under this contract; or o is in the procedure exclusion group as described below, 2. the Service User is in the Service User exclusion group as described below; or 3. the Referrer is not approved under any applicable referral scheme protocol; or 4. the Referral for the Services is unsuitable as described below. Where at any point in the pathway the Provider determines in accordance with Good Clinical Practice that the Service User is not fit for surgery at any location, the Provider's obligation to comply with the 18 Weeks Referral-to-Treatment Standard shall cease in respect of that Service User and the Provider shall refer the Service User back to the referrer with an explanation of why the Service User is not fit for surgery. For the avoidance of doubt, where a Service User continues to require surgery, but that surgery must be carried out at the premises of another provider, the 18 Weeks Referral-to-Treatment Standard will continue to apply to that Service User. **Exclusion Criteria** The Provider will not provide Services to Service Users who meet any of the following exclusion criteria: Service User Exclusion Group - the Provider shall reject the referral of any Service User during any period where: • the physical status of the Service User is not ASA1, ASA2, or ASA3 (stable); or • clinical judgement suggests it is not in the Service User's best interests to treat on clinical grounds; or • the Service User has a body mass index of more than 40; or • the Service User is under the age of 18; or • the Service User has had an acute episode of psychiatric illness within the three months immediately prior to the referral. Procedure Exclusion Group - the following procedure groups are excluded from this contract: • clinically urgent procedures (meaning Service Users who require surgery within 10 days for a clinical reason); or • procedures related to the treatment of malignant diseases • procedures related to transplant surgery • procedures related to maternity services • termination of pregnancy • surgery indicated to be for cosmetic reasons • any procedure that is likely to require critical care, unless the appropriate critical care facilities that meet the "Levels of Critical Care for Adult Patients" Standards and Guidelines (Intensive Care Society 2009) are available at the relevant Provider's Premises • in vitro fertilisation treatment for a Service User • the procedure or treatment requires Prior Approval in line with the Service Restrictions Policy and the required approval has not been granted. Unsuitability - if the Provider determines in accordance with Good Clinical Practice that the Service for which the Service User was referred is: • not required in the opinion of the Healthcare Professional assessing the Service User; or • not within the scope of the Services of the Provider under this contract, then the Provider shall refer the Service User back to the referrer with an explanation of why the Service User is not suitable for treatment by the Provider.

<table>
<tr><td></td><td>The Provider shall not reject a Referral unless:
• the Service User is an excluded Service User as described above or
• the procedure is excluded as set out above; or
• the Service User was found not suitable for treatment by the Provider as described above

Where the Provider rejects a referral, for one or more of the reasons set out above, the Provider shall within two Operational Days of becoming aware of the circumstances, refer the Service User back to the referrer giving details of the reasons for the rejection and shall record such reasons in the Service User's Health Record.</td></tr>
<tr><td>Service aims and desired outcomes</td><td>NHS Outcomes Framework Domains & Indicators

<table>
<tr><td>Domain 1</td><td>Preventing people from dying prematurely</td><td></td></tr>
<tr><td>Domain 2</td><td>Enhancing quality of life for people with long-term conditions</td><td></td></tr>
<tr><td>Domain 3</td><td>Helping people to recover from episodes of ill-health or following injury</td><td>X</td></tr>
<tr><td>Domain 4</td><td>Ensuring people have a positive experience of care</td><td>X</td></tr>
<tr><td>Domain 5</td><td>Treating and caring for people in safe environment and protecting them from avoidable harm</td><td>X</td></tr>
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Local defined outcomes
The following outcomes are expected for individuals:
• Services meet or exceed national waiting times requirements
• High levels of NHS patient satisfaction including ability to choose the provider of the services
• High quality treatment and advice in line with recognised clinical standards and best practice
• Clinical outcomes at least as good as those achieved by comparable NHS Trusts

For the Health and Social Care system
• All Providers, NHS and Independent sector, on standard NHS contract for acute services
• Value for money through enhanced service offering including innovative approaches to service provision
• Adherence to evidence based best practice care pathways

Aims
The aim of the services is to ensure plurality of provision for elective and diagnostic services to enable patients to exercise free choice as to where they receive services that are:
• Innovative in service design
• Provided in a way that is accessible to patients and responsive to patient needs
• Have clear and consistent care pathways including the adoption of evidence based best practice guidance.

Objectives
• Enhance NHS patient choice in the provision of routine planned services through establishing standard acute contracts with Any Willing Providers
• Ensure on-going capacity for the delivery of 18-week referral to treatment
• Increase innovation in the delivery of elective services
• Increase quality and value through working with system partners</td></tr>
<tr><td>Service description</td><td>Service Description</td></tr>
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and location(s) from which it will be delivered	The Provider must be able to offer the full patient pathway for elective care services from the first outpatient appointment to completion of treatment. However, Providers will also be required to accept referrals where the Service User has already undergone an assessment and been diagnosed for treatment. Under such circumstances, the Provider should continue with the agreed pathway for these referrals, accepting the results of any prior diagnosis/assessment and testing, to prevent unnecessary duplication of said procedures. Under such circumstances, the Provider will be expected to demonstrate that any duplication of said procedures was clinically necessary. The clinical objectives are for the Provider to deliver high quality clinical services, that: • Help people to stay healthy (e.g., make every contact count) • Empower Service Users (e.g., shared decision making) • Provide the most effective treatments; and • Keep Service Users as safe as possible The service should be delivered in accordance with the guiding principles of the NHS, to provide a comprehensive service, available to all, free at the point of care, based upon need not ability to pay. The service should: • Put patients at the heart of everything that the NHS does. • Focus on continually improving the things that really matter to patients – the outcome of their healthcare; and • Empower and liberate clinicians to innovate with the freedom to focus on improving healthcare services. *Source: Equality and Excellence: Liberating the NHS, DH Gateway ref: 14385, July 2010.* This specification promotes NHS patient choice and aims for Elective Care Services to be delivered from a range of accredited providers. It establishes an indicative case mix and an indicative volume of activity which is to be delivered, as clinically appropriate, under sedation, local anaesthetic and general anaesthetic. It includes the associated pre- and post-operative services necessary for Good Clinical Practice to be delivered as part of a seamless pathway of NHS patient care. For clarity, the term Provider within this specification refers to each individual site from which an organisation wishes to provide Services. Each such site must be compliant with the specification and will be expected to comply, at site level, with all aspects of this Contract. Services to include a full range of elective / planned care in any of the following specialties: • ENT • General Surgery • Gynaecology • Oral and Maxillo-Facial Surgery • Pain Management • Musculoskeletal / Orthopaedics, including joints & spinal • Urology • Vascular Surgery • Breast Surgery • Plastic Surgery • Dermatology • Ophthalmology • Endocrinology and Metabolic Medicine • GI & Liver (Medicine and Surgery) • Rheumatology 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 (including critical care), 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. • Supply of medication in line with the Nottingham and Nottinghamshire prescribing policy, e.g., minimum supply at discharge will be 10 days appropriate to the needs of the individual or unless cited differently in the prescribing policy exclusion list. Where immediate treatment is required for an out-patient, i.e., the patient needs to commence treatment within the next two weeks, a 28-day (or 30-day according to pack size) supply of the medicines will be prescribed by the provider unless the medicine is excluded from the 28-day rule (see prescribing policy Appendix 1). Prescription of medication must comply with the Nottinghamshire Area Prescribing Committee (APC) guidelines and the Nottinghamshire Traffic Light classification system **Days/Hours of operation** Services should be provided at times convenient to NHS patients, including in the evenings and at weekends. The Provider shall provide the inpatient services at the facility 24 hours per day for 7 days per week unless agreement is reached in writing with the Coordinating Commissioner and dependent on the services delivered. Hospital open for consultations • Monday to Friday 08.30-20.00 • And Saturday morning from 08.30-13.00 **Subcontractors** Providers shall not subcontract any aspect of the clinical services without the prior written approval of the Coordinating Commissioner. Where permission is given, the Provider must ensure any sub-contractors comply with the NHS Standard Contract requirements, be registered with the CQC, and meet the core clinical quality and professional standards as set out in this service specification. **Service model** In providing services to NHS patients, Providers shall always operate in accordance with Good Clinical Practice and Good Healthcare Practice. Services are to be provided in accordance with: • Independent Healthcare National Minimum Standards Regulations • Standards of the CQC • Relevant guidance published by a Competent Authority **Transfer of and Discharge from Care Obligations** Discharge from the facility will be agreed with the patient and/or carer and follow discharge planning protocols. 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 Service User are sent a typed discharged summary letter and care plan outlining in clear user-friendly language and format the Service Users • Diagnosis • Investigations • Treatment/surgery plan

	• Follow up care after surgery
	• Medications – (must comply to the Nottingham and Nottinghamshire prescribing policy, Nottinghamshire APC guidelines and Traffic Light classification system)
	• Any advice or recommendations following surgery
	
	This will be sent to the referring GP (or other referrer) and to the Service User within a maximum of two working days of discharge. The method of distribution to be agreed with the Coordinating Commissioner.
	
	The care plan should be created in consultation with the Service User as far as is practical and will include appropriate education to allow for informed choices.
	
	If the Service User requires referral to another service provider, the referring GP (or other referrer) will be notified within two working days and asked to refer the Service User to that service directly.
	
	Discharge from the facility will be agreed with the patient and/or carer and follow discharge planning protocols set out in this contract.
	
	Self-Care and Patient and Carer Information
	The service provider will offer a comprehensive range of 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 Service Users as to what services to access should a treatment complication arise outside normal working hours.
	
	Referral process
	Under this contract the Provider shall accept referrals through:
	• the NHS e-Referral Service
	• Agreed Inter Provider Transfers from other providers (subject to agreement from the Coordinating Commissioner)
	• Written referrals from approved referral sources subject to SC6.
	
	Service User information will be handled in accordance with applicable guidance in respect of patient data and the disclosure of such data. The following information will be made available to the Provider for each Service User referred for the Services:
	• Clinical Minimum Data Set:
	  ○ presenting complaint
	  ○ pertinent clinical information including indications, pertinent history, results of any diagnostic investigations and provisional diagnosis if available
	  ○ current symptoms including duration
	  ○ details of any previous treatment including medications given to the Service User for the condition
	  ○ relevant past medical history
	  ○ details of current medications and any other known allergies (e.g., allergies to intravenous contrast)
	  ○ details of any matter which the referrer considers could affect the nature of the Service to be provided including social and local authority services;
	  ○ any special needs (e.g., interpreter required, disabilities requiring special handling, carer support)
	  ○ Body Mass Index.
	  ○ blood pressure reading
	
	• Administrative Minimum Data Set:
	  ○ basic contact information for the Service User including: full name (and title), sex, NHS number, date of birth, address and postcode, home, daytime and evening telephone numbers

	○ name, address, and telephone number of the referrer and any other Healthcare Professionals who are to receive copies of the discharge summary ○ date of referral ○ any relevant factors influencing the Service User's ability to receive and respond to communications including without limitation lack of fluency in English, visual or auditory impairments, etc. • Additional administrative information, if known: ○ ethnicity ○ mobile telephone number for Service User and email address ○ marital or civil partnership status ○ referral COMMISSIONER code, referrer practice code; and ○ name, address and telephone number of the Service User's next of kin. **Prior Approval** Commissioners require Providers to apply for prior approval to carry out the procedures as set out in Schedule 2G Service Restrictions Policy Details of the latest guidance (which will be updated from time to time) for procedures requiring prior approval are available on the relevant referring ICBs website. This will also form part of the monthly review meeting. If a procedure is carried out without prior approval the Commissioner will not be liable for the cost. **Biopsy Requirement** Commissioners 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. There is a local expectation that this appointment will be within a week from results being known. If cancer is found, then it should be explained to the patient that they are being referred to the appropriate place for treatment. It is expected that this referral will be made within a week from discussion of results. **Response time & detail and prioritisation** Providers shall ensure that: • the 18 Referral to Treatment Time is achieved • maximum 6-week diagnostic waiting time is achieved The Provider will work closely with Commissioners to ensure that any delays experienced by Service Users in accessing treatments are avoided and evidenced. Where long waiting lists are experienced, and it is clinically appropriate, clinical validation and prioritisation of elective waiting lists may be required. This should be based on joint decision making with the patient. When a joint decision has been reached the outcome of this should be sent to the referring GP (or other referrer) and to the Service User within a maximum of two working days of discharge. The method of distribution is to be agreed with Commissioners. **Accessibility/acceptability** This service is to have regards to the ICB Access Policies and especially the delivery of free choice for patients.

Whole System Relationship

The level of responsibility of Healthcare Professionals and the Provider in respect of Service Users will change as Service Users move through relevant pathways. Initially, GPs will have a higher level of responsibility to ensure Service Users enter the appropriate pathways. This responsibility will change at the point of entry into the Provider's pathway. At that point, the Provider will take most of the responsibility for the Service User's care until final discharge occurs at the post-operative follow up assessment.

Where interface or triage pathways are in place, and referrals meet the criteria for those services, referrers will be expected to comply with this process and not refer directly to providers. Referrers are not encouraged to refer to providers directly; referrals will be directed to providers when clinically appropriate by the interface or triage service.

The Provider will be expected to maintain an appropriate set of clinical protocols and guidelines to support the operational management of the Service. These protocols and guidelines will be provided to the Commissioner upon request. These should be reviewed on an annual basis or as required in line with the development of best practice.

Relevant networks and screening programs

Providers will be required to submit data to relevant national clinical audits including:

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

Applicable national standards (e.g., NICE) and those set out in Guidance and/or issued by a competent body (e.g., Royal Colleges)

In providing services to NHS patients, Providers must always operate in accordance with Good Clinical Practice and Good Healthcare Practice including relevant NICE guidelines and guidelines from the Royal Colleges including:

- Royal College of Surgeons
- Federation of Surgical Specialty Associations (FSSA)
- WHO (World Health Organisation) Safe Surgery Saves Lives 2009
- Venous Thromboembolism DH guidelines
- Health Protection Agency and DH guidelines for Infection Control including MRSA and C Difficle
- Endoscopy – British Society of Gastroenterologists guidance on decontamination
- Exposure Prone Procedures and Blood Borne Viruses DH guidelines
- Records Management Code of Practice 2021
- Single Sex Accommodation DH guidelines

The Provider will be expected to comply with the recommendations contained within relevant NICE Clinical Guidelines where treatment is part of the NHS Payment Scheme the impact of that NICE guidance has been calculated and the payment scheme adjusted accordingly.

N.B This list is not exhaustive, and the Provider is contractually obligated to review evidence base on a continual basis. The provider will assess, adopt and implement best practice and evidence-based pathways as new evidence emerges.

Applicable local standards

Providers must ensure compliance with all local policies/standards. The Provider shall work in line with local infection control guidelines

	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 can recognise, diagnose, treat and manage Service Users 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 Where the Provider does not currently support critical care services to the required level needed by Service Users 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. **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 always be applied 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 times, any deficiencies reported to the commissioners and any identified improvements to the service implemented. • Any Service User complaints, SUI and 'never events' will be shared with the Coordinating Commissioner in line with this 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 this 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 this contract. The Commissioner will require a copy of the Patient Experience Improvement Plan. **Effectiveness of Care**

	Effective outcome measures must be demonstrated including the demonstration of achievement of specified key performance indicators, 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 actions or outcomes to be achieved from time to time in agreement with its clinical governance arrangements **IM&T** The Provider must manage service user identifiable data in accordance with the law and established good practice in health and social care settings Key laws and codes of practices include the Freedom of Information Act 2000 (FOIA), the common law duty of confidence, Data Protection Act 2018 (DPA), NHS Code of Practice: Records Management (2006); Documents and Records Management Policy NHS England (2014) and Human Rights Act 2000 (HRA). The provider must adhere to all/ any data protection laws that are in place as applicable. The Provider is a Data Controller under the Data Protection Act, and as such takes sole responsibility for its obligations under the Act for Personal Data it processes in the delivery of the Services. **Infection control** The Provider shall ensure that the service is delivered in a suitable environment and ensure that staff working within the service are aware of and comply with the infection control policy. Healthcare waste is to be disposed of safely and in line with current legislation and Department of Health guidance. The service provided must operate within the government COVID 19 guidelines, https://www.gov.uk/coronavirus. Providers will be expected to perform the services from their own facilities advised to and approved by the Coordinating Commissioner through the accreditation process. Provider facilities outside this area would be expected to complete an accreditation process with Coordinating Commissioners within their region. The Provider will require authorization from the Coordinating Commissioner to expand the range of locations from where services are delivered beyond those approved through the accreditation process. The Provider's Premises are located at: Woodthorpe Hospital 748 Mansfield Road Woodthorpe Nottingham NG5 3FZ

SCHEDULE 2 – THE SERVICES

Ai. Service Specifications – Enhanced Health in Care Homes

Not applicable