# SCHEDULE 2 – THE SERVICES

1. **Service Specifications**

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement

Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

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| **Service Specification No.** |  |
| **Service** | Community Dermatology Service |
| **Commissioner Lead** | Billie Dodd |
| **Provider Lead** | TBC |
| **Period** | 1st April 2016 |
| **Date of Review** | TBC |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**

The service will support the achievement of the requirements and recommendations of:* NHS Outcomes framework
* NICE guidance ( updated 2015)
* Commissioning a patient led NHS (DH)
* DH guidance (Dermatology and Skin Services)
* NICE Improving Outcomes for people with skin tumours including melanoma; the Manual 2014
* National Cancer Peer Review Programme Manual for Cancer Services 2008: Skin Measures (awaiting updated version)
* NHS SFCCG and NHS SSCCG 5 year strategic plan
* Sefton Strategic Needs Assessment 14/15
* British Association of Dermatologists (BAD)
* Department of Health (2003) Action on Dermatology. Good Practice Guide. NHS Modernisation Agency;
* Department of Health (2005) Care Closer to Home; Creating a Patient led NHS;
* Department of Health (2006) Our Health, Our Care, Our Say: a new direction of community services
* Department of health (2007) Guidance and Competencies for the Provision of Services using GPs with Special Interests (GEWISS): Dermatology;
* Models of Integrated Service Delivery in Dermatology, Dermatology Workforce Group (2007)
* Primary Care Contracting (2008) providing care for patients with skin conditions: guidance and resources for commissioners.

Publications supporting the shift of care from secondary to primary care include:* Providing care for patients with skin conditions : guidance and resources for commissioners, Primary Care Contracting 2008
* Models of integrated service delivery in dermatology, Dermatology workforce group; Jan 2007
* Shifting care closer to home; Dermatology, DH 2007
* The Kings Fund ‘ How can dermatology services meet current and future patient needs while ensuring that quality of care is not compromised and that access is equitable across the UK? ‘ March 2014
	1. Background, Need and Context
		1. Each year 54% of the population (it is unclear from the source reference if this is UK or England only) are affected by skin disease, although most patients tend to (69%) self-care. It has been suggested that at any one time 23%–33% of those affected by skin disease would benefit from medical care.
		2. Skin disease is a common and distressing condition, costing the NHS in England and Wales around £1,820 million a year. This is relatively low compared to many other chronic conditions – for example, coronary heart disease (CHD) costs the NHS approximately £3.2 billion a year, whereas musculoskeletal conditions are thought to cost more than £4 billion a year (£560 million each year is spent on rheumatoid arthritis alone). Health spending on neurological conditions is also around £2.9 billion (and social care spending around £2.4 billion), and has benefited from a 38% increase in funding from 2006 to 2010
		3. Skin conditions are among the most common diseases encountered by health professionals. There are 13 million primary care consultations for skin conditions each year in England and Wales. The consultation rate is two for each episode, and the average GP has 630 consultations per year for skin conditions, which is likely to be an underestimate due to coding issues. While there are well over 1,000 dermatological diseases, just 10 account for 80% of GP consultations for skin conditions.
		4. Although it is the case that the most common disorders are not life threatening, many of the rarer disorders are, and accurate diagnosis is critical to appropriate management. For those disorders that are not life threatening, the impact on everyday life, work, social interaction and healthy living are substantial. Occupationally acquired skin disease is the second most common cause of lost time from work (after musculoskeletal disorders), and the impact of childhood atopic eczema on family life is greater than that caused by diabetes or asthma. Numbers of basal cell skin cancers are equal to all other skin malignancies combined and increased by 133% between 1980 and 2000
		5. Commonly used coding systems for service activity on skin disease in the NHS exclude common benign and malignant skin lesions and infections such as warts, fungal and herpes infections. As a result, the amount of skin disease is under-reported
		6. The key drivers for the development of this service are to provide a local, more accessible and cost effective service for patients, as set out in documents such as:
* ‘Our Health, Our Care, Our Say; A New Direction for Community Services’,
* ‘Improving Outcomes for People with Skin Tumours including Melanoma’.
* ‘Model of Integrated Service Delivery in Dermatology’
	+ 1. The benefits of this service can be outlined as:
* Effective and efficient management of patients with skin disease, facilitating access to an appropriate level of assessment and treatment within an appropriate timescale
* Improved knowledge of Sefton health professionals and patients around the management of skin diseases
* Facilitation of more equitable access across the levels of deprivation within Sefton
* An integrated model of dermatology service provision for Sefton, facilitating communication and strengthening clinical governance between service providers
	+ 1. The Department of Health, the British Association of Dermatologists and the National Collaborating Centre for Cancer have recognised that too many patients are attending hospital based services for the provision of care that could be managed in a community setting. Initiatives elsewhere in the country demonstrate improved convenience and satisfaction for patients as well as reductions in DNA rates.
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| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**

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| **Domain 1** | **Preventing people from dying prematurely** |  |
| **Domain 2** | **Enhancing quality of life for people with long-term conditions** | **√** |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | **√** |
| **Domain 4** | **Ensuring people have a positive experience of care** | **√** |
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | **√** |

**2.2 Local defined outcomes**1. **Service outcomes**
	1. The expected outcomes that relate to access and performance are:
* More equitable access and treatment of dermatology patients within different levels of deprivation, measured across the 7 strands of Equality and Diversity
* A reduction in referrals to secondary care services and a reduction in the number of follow ups across all levels of care
* Increased patients satisfaction with Dermatology services
* Services closer to patients’ homes
* Improved communication between specialist clinicians and GP’s
* 60-70% reduction of total referrals to secondary care services.
* Service developments are designed with input of stakeholders and consideration of future service users
1. **Minor surgery and vasectomy**
	1. Local GP minor surgeons currently provide vasectomy services. These services require management of estate in particular; in a similar way as existing minor surgery services. The commissioner would like to see vasectomy services sit with community minor surgery where possible in order to properly manage the service in relation to quality and safety of theatre premises.
2. **Patient Outcomes**

 * 1. The expected outcomes that relate to the quality of patient care are:-
* Improved quality of care within primary and community settings
* Increased patient choice
* Services closer to patients’ homes
* Improved access to advice and information and increased knowledge and awareness of the management of Dermatology within Sefton
* Increased patient satisfaction with Dermatology services
	1. It is important to demonstrate the impact on patients’ quality of life and experience within the new service. The Provider shall carry out quality of life measurement questionnaires before and after treatment (Dermatology Life Quality Index), and shall collate feedback forms to demonstrate continuity of high standard service and provision for improvement depending on patients’ responses
1. **Clinical Outcomes**
	1. The expected clinical outcomes that relate to the quality of patient care are:-
* Assessment and management of each patient within the appropriate level by the most appropriate clinician in an appropriate timescale
* A reduction in referrals to secondary care services and reduction in the number of follow ups across all levels of care
* Improved communication between specialist clinicians and GPs
* Increased opportunity for development and education of GPs and nurses in dermatology
* Minimal execution of Procedures of Low Clinical Value (PLCV) as measured using OPCS codes
1. **Cancer Care**
	1. Any practitioner with specialist interest whose role includes the management of patients with skin cancer should be formally accredited within the context of the local Multi-Disciplinary-Team (MDT). The provider will be required to develop relationships with the MDT that reflect the requirements of the Skin Cancer Improving Outcomes Guidance (IOG) as well as the establishment of a community based local skin cancer MDT including core membership of 2 Consultant Dermatologists, histopathology review, oncology involvement, and a Clinical Nurse Specialist etc. Please refer to NICE Guidance 2015. The provider will also need to demonstrate an intention and ability to comply with the Merseyside and Cheshire Cancer Network agreed guidelines, pathways, clinical protocols for management of skin cancers including access into the local Specialist MDT and Mohs surgery.
	2. New NICE referral guidance on BCC 2015 is described below
* Consider routine referral for people if they have a skin lesion that raises the suspicion of a basal cell carcinoma
* Only consider a suspected cancer pathway referral (for an appointment within 2 weeks) for people with a skin lesion that raises the suspicion of a basal cell carcinoma if there is particular concern that a delay may have a significant impact, because of factors such as lesion site or size. [new 2015]
* Follow the NICE guidance on improving outcomes for people with skin tumours including melanoma: the management of low-risk basal cell carcinomas in the community (2010 update) for advice on who should excise suspected basal cell carcinomas.
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| **3. Scope** |
| **3.1 Aims and objectives of service*** + 1. **Aims**

To continue to deliver a local, accessible, high quality community based Dermatology service. The provider must ensure a clinically effective and cost effective service is achieved for the management of patients with a range of both acute and chronic skin diseases and for those requiring minor surgical procedures.* + 1. **Objectives**

To provide an accessible to all integrated dermatology and minor surgery service across Sefton within the context of local strategic objectives to:* Improve Health
* Reduce Inequalities in health
* Ensure quality
* Provide value
* Involve local people
* Enhance education of primary care teams

The service should support the achievement of the following organisational priorities:* Reduction in unplanned care
* Reduction in emergency admissions
* Care of the frail elderly
* Better managed planned care
* Care of patient’s Mental Health

**3.2 Service description/care pathway**1. **General Overview**
	1. The Sefton Community Dermatology service will focus on delivering care for patients with a range of both acute and chronic skin problems, including Minor surgery, enabling them to be seen closer to home and avoiding the need for repeated hospital outpatient visits. The service will also provide a step down service for patients who would otherwise have been followed up at the hospital outpatient department. The service should work closely with secondary care services, to ensure that whenever clinically appropriate patients will be treated in the community.
2. **Service Description**
	1. Treats all patients in the Sefton area registered with a Sefton GP (including children) and prisoners.
	2. Using a simple referral form with key phrases relating to key conditions, a high level triage will be performed based on agreed protocols for all dermatology and minor surgical referrals to one central point.
	3. Referral for Procedures of Low Clinical priority will referred back to the referring clinician with appropriate guidelines.
	4. Practitioners with Specialist Interest (including GP Specialists) may deliver both medical and surgical dermatology services within community settings, based on agreed criteria The service will support GP education as identified at local referral audit.
	5. Management of bedbound patients who develop skin conditions that would otherwise result in admission eg scabies.
	6. Triage will conform to agreed triage protocols will be developed with key stakeholders to agree who sees what and where. The aim of the service is for the patient to see the right person, in the right place, at the right time.

(Please see map below)Dermatology Pathway (Jun09)1. **Triage Options**
	1. Refer back to GP, where referral is inappropriate or more information is required
	2. Minor surgery, direct if clear of diagnosis and procedure required
	3. Appointment with GP specialist if used in model
	4. Specialist nurse, where diagnosis has confidently been established and referral is appropriate
	5. Secondary Care
	6. Other options, eg district nurse, chiropody etc.
	7. Telephone advice; standard referral form can be used to request (or email) telephone advice within 48 working hours or direct line number manned by a Clinician for one hour per day.
	8. Self-care if appropriate
	9. Form design is central to this process and should involve GP stakeholders to ensure ease of use.
	10. The service will provide care for patients with the following conditions described in Appendix 1.
	11. The service is expected to refer back to sender any referrals deemed inappropriate with a letter outlining reason why and a suggested alternative course of action.
2. **Access and acceptability**
	1. The Provider should have policies, procedures and systems in place to ensure that neither staff nor patients will be discriminated against or treated differently on account of any subject bias in relation to the seven pillars of equality and diversity i.e. race, disability, gender, age, sexual orientation, religion/belief and transgender. Therefore the provider will need to demonstrate how they meet the General Duties under race, disability and gender and the Single Equality Duty 2010.
	2. Method of Measurement:
* Collection of Ethnicity data is mandated as part of CDS
* Adherence to the Single Equality Duty and the requirement to monitor who is accessing the service across equality strands
1. **Relevant Clinical Networks and Screening Programmes**
	1. Merseyside & Cheshire Cancer Network
2. **Wider Determinants of Health**
	1. Dahlgren and Whitehead's 1992 representation of the wider determinants of health below informed the Acheson Report (DH, 1998). It is considered to be the most effective illustration of health determinants and continues to inform the work to of those concerned with understanding and reducing the health inequality gap.

WiderDeterminants_jpeg_400x300**Age, sex and hereditary factors**: in Dahlgren and Whitehead's model personal characteristics (such as age, sex, ethnicity and constitutional factors (e.g. genetic, biological) occupy the core.These factors are highly significant for health, yet they are largely seen as beyond the reach and influence of public health improvement strategies, policies and practices. However, other factors, that can in turn be influenced, extend out in layers from the model's core.**Individual lifestyle factors**: sometimes described as lifestyle 'choices', this layer refers to behaviours such as smoking, alcohol and other drug misuse, poor diet or lack of physical activity.**Social and community networks**: networks refer to family (parents, children, and partners), friends and the wider social circles around us. Social and community networks are a protective factor in terms of health. And although it may risk stating the obvious, it is the quality rather than quantity of relationships that matters.**Living and working conditions**: includes access to and opportunities in relation to, for example; education, training and employment, health, welfare services, housing, public transport and amenities. It includes facilities like running water and sanitation, and having access to essential goods like food, clothing and fuel.**General socio-economic, cultural and environmental conditions**: represents social, cultural, economic and environmental factors that impact on health and wellbeing and include, for example, wages, disposable income, availability of work, taxation, and prices; fuel, transport, food, clothing.* 1. The provider will be expected to be aware of the local wider determinants of health and consider the Local Strategic Needs Assessment as well as the skin needs assessment. It is expected that the provider’s practitioners will consider more than the patients presenting condition but to use the ‘Making Every Contact Count’ methodology in sign posting patients where other factors affect their health, such as obesity, smoking etc.
1. **Sub-contractors**
	1. The service requires management by one provider; sub-contracting arrangements are acceptable within the assessment criteria.
2. **Service Model**
	1. Community dermatology clinic structure must be well defined. There must be protocols and guidelines, for all common conditions, that clinicians should adhere to including;
* What will and won’t be seen in the community
* Follow-up guidelines including when to discharge and when to refer on
* As much ‘one-stop-shop’ provision as possible e.g. ability to deliver opportunistic punch biopsy/diagnostic tests immediately if possible
* Home visits based on rigorous criteria at discretion of triage
* Rapid access slots available
* A speedy two way flow between community and secondary care services
1. **Access to diagnostics**
	1. The Provider shall have the expertise to ensure a fast and efficient diagnostic model exists within their service.
	2. The Provider shall ensure that systems are in place for transport, analysis of diagnostic tests and receipt of results
	3. The Provider shall access the following basic and essential diagnostic tests at the clinic site where possible. These shall be available when the patient attends the first appointment or further referral needs to be made and include:
* Baseline
* Pathology
* Bloods
* Mycology
* Dermatoscopy
* Microbiology
* Urinalysis
* Virology
	1. Have arrangements to engage with a pathology service to support the community dermatology service. Expected turnaround of diagnostic testing shall be:
* Histology (urgent) 48 hours
* Histology (routine) 10 working days
* Bloods 48 hours
* Other 48 hours
	1. The Provider shall ensure that diagnostic results are appropriately acted upon receipt of 48 hours.
	2. In addition, the following investigations shall be available in close proximity to the clinic site which may require results and advice to be sent to GP and shall be bookable at the time of the first appointment:
	3. Biopsies: the provider will continue to be responsible for pursuing and appropriately actioning results and tests requested by them.
	4. The Provider shall access any other tests that may become recognised as good practice.
	5. The Provider may sub-contract (clause 48) diagnostics however shall meet the requirements under section 6 above.
1. **Treatment**
	1. The Provider shall ensure that all patients are treated within 20 working days of referral to the service and that they adhere to all cancer waiting times targets.
	2. Patients will be seen within 15minutes of their given appointment time and if there is any further delay the patient will be informed by the reception staff.
	3. The Provider shall ensure that any test results are received and acted upon within 1 working day of receipt of result for the appropriate intervention or follow up. The Provider shall report results back to the referring GP for their records only.
	4. Any routine post-operative care of wounds and changing of dressings may be referred to the CCG’S commissioned Community Health Services Treatment rooms or district nurses (where patient bedbound)where appropriate. However the Provider shall ensure that clear written instructions to patients are provided so that the follow up is timely and appropriate. The Provider shall advise the referring GP to notify them of patients who present with a post-operative infection.
	5. The Provider shall produce and adhere to clinical protocols for common conditions in conjunction with Secondary Care Providers. These shall be based on evidence, best practice and national policies and guidance including:
* The British Association of Dermatologists publications
* Skin Cancer Improving Outcomes Guidance
* NICE protocols and guidelines
	1. The Provider shall offer a comprehensive range of patient information and shall direct patients to other resources such as support groups in order to educate, support and empower them to live with their skin problems. Information will be formatted according to NHS Southport and Formby and NHS South Sefton CCGs guidelines and shall be made available in different languages and formats as required
	2. All letters to patients should be posted and GPs shall be emailed within 5 working days of the appointment and shall contain as a minimum:
* Named clinician in charge
* Primary and where appropriate, secondary diagnosis and/ or procedure
* Full management plan and follow up arrangements and suggestions for further treatments, which could if necessary be added by the GP in case the patient fail to respond to initial therapy
* A medication update for the patient stating dose, frequency and duration of course of newly prescribed drugs and notification if any medications are stopped
* Skin specialist contact number for ease of communication and query
* Where possible copies of clinical protocols/guidelines
	1. The Provider shall aim to reflect a New to Follow Up ratio of 1:1.2 in attendance.
1. **Medicines Management**
	1. The Provider shall have the required clinical expertise to store relevant medicines from the agreed formulary for adults and children in their clinics. A list of the medicines shall be submitted with the Provider’s application.
	2. The Provider shall have a clinical governance lead who shall ensure that all prescribing is within national and locally agreed guidelines and treatment pathways.
	3. Patients shall be supplied with 4 weeks of new medications in line with the local formulary. The referring GPs will be expected to provide all repeat prescriptions where suitable for prescription in primary care.
	4. The prescribing budget will be identified at contract negotiation.
	5. Prescribing decisions and recommendations will only be made by suitably qualified independent prescriber’s. All independent prescribers shall adhere to The following recommendations:
* Improving patients' access to medicines: A guide to implementing nurse and pharmacist independent prescribing within the NHS in England, DH April 2006
	1. The Provider shall meet safe and secure handling of medicines standards as required by Quality Care Commission and be able to provide evidence of compliance (i.e. procedures and policies) with the relevant Registration standard.
	2. Medicines supplied to patients should have satisfactory over-labelling and include warning labels as appropriate, as per Regulations 1975.
	3. All medicines (diagnostic, analgesics, anaesthesia, discharge medicines) and devices shall be procured by the treating service provider’s own medicines governance process , and include for example: storage and handling of medicines and appropriate policies such as clinics own Medicines Policy, and shall be inclusive of the agreed tariff. The tariff is also inclusive of any licensing requirements to provide medicine.
	4. The Provider shall demonstrate compliance of any relevant Safety Alert Broadcast systems, NPSA and MHRA safety alerts and notices.
	5. Prescribers shall follow local procedures in the introduction of new and /or specialist therapies or high cost drugs, and transfers of prescribing responsibilities.
	6. The Provider shall monitor their prescribing as good practice and provide a report to NHS Southport and Formby and NHS South Sefton CCG’s every three months with a summary of drugs prescribed, quantity and cost.
	7. The Provider shall audit their prescribing annually in line with Medicine Management team requirements.
	8. The Provider shall have a formal process of sharing incidents with NHS Southport and Formby and NHS South Sefton CCG’s including documentation with planned action.
	9. The Provider shall have a process in place to report Adverse Drug Reactions via Yellow card reporting system (i.e. local procedures and policies).
	10. The Provider shall address medication adherence, information on prescriptions, counselling on first supply, any other queries.
	11. Any prescribing stationary that relates to controlled drugs must be managed in a safe and secure way as per NHS Southport and Formby and NHS South Sefton CCGs policy.
1. **Patient choice – Choose and Book**
	1. All patients are given choice via Choose and Book when triaged. If not booked via choose and book a choice of venue should be offered. If any patients need to be re-booked for an appointment the Provider shall offer choice of suitable dates and times.
2. **Referral to other appropriate services**
	1. The Provider shall refer on to the following services in line with the onward referral protocol, if appropriate:
* Diagnostics;
* Back to the patients registered GP for referrals to Secondary care clinicians in complex cases;
* Psychologist
* Back to the patients registered GP with a treatment plan on discharge;
* Any community services relevant to the patients’ needs such as podiatry
	1. Patients referred onwards from this service to secondary care via referring GP or primary care services shall have a full treatment plan that has also been shared with the referring clinician, and includes:
	2. The results of all tests and preoperative health assessment including scans, films and reports.
* Reason for referral
* Recommended procedure(s)
1. **Training/support to referrers**
	1. The Provider shall provide ongoing support and education for referring GPs in order to ensure that best management practice is shared. There should be focus on enabling patients to self-manage their condition where appropriate and improving prescribing variability. Training for use of dermatoscopy in primary care may be considered.
	2. The Provider shall have Dermatology Specialist offering telephone advice service to support GPs.
	3. The Provider shall work with other providers of the service to hold two open meetings annually which shall include seminars, lectures, case studies and community led clinics (likely to include eczema, psoriasis, acne, mole mapping). These meetings shall be open to GPs, nurses, pharmacists, Health Visitors, school nurses and community children’s workforce who may be in contact with children with skin conditions regularly.
	4. The Provider shall submit a plan of their training/education programme to NHS Southport and Formby and NHS South Sefton CCGs for approval and guidance at the beginning of their contract at the monitoring meeting. The aim of the training programme should be increased management of dermatology conditions in primary care and links to the Primary Care Dermatology Society should be made.
	5. The Provider shall submit attendance registers, agendas and evaluation forms to NHS Southport and Formby and NHS South Sefton CCG’s after the open meetings at the contract monitoring meeting.
	6. Open meetings shall be delivered in partnership with primary care providers but must be equally distributed throughout the borough to maximise attendance by GPs and nurses. The organiser of the event shall liaise with NHS Southport and Formby and NHS South Sefton CCG’s Training and Development department in order not to duplicate training or run on the same day as another event. Sessions shall be delivered by consultants or other experts in disease areas.
	7. Practice nurses’ training sessions during open meetings and in-clinic sessions shall include diagnosis and treatment of most common conditions such as acne, eczema and psoriasis as a minimum and treatment applications to enable nurses to offer face to face advice for patients as well as other appropriate areas.
	8. The Provider shall make available clinic time for in-clinic training for GPs and nurses including aspects of diagnosis and treatment to improve skills e.g. minor surgery procedure. The number of sessions offered would depend on how many clinics are run by the Provider. The Provider shall submit their in-clinic sessions to NHS Southport and Formby and NHS South Sefton CCG’s Learning and Development team at the beginning of their contract. NHS Southport and Formby and NHS South Sefton CCGs will then put together a calendar of all available in-clinic sessions for dermatology and communicate that to all NHS Southport and Formby and NHS South Sefton CCG’s GPs and nurses to contact the Provider directly to arrange their session.
	9. The provider will manage the accreditation and audit of GPs providing minor surgery on the Directed Enhanced Service agreement including monitoring of performance of PLCP’s.
	10. The Provider shall include dermoscopy training as part of the overall training programme.
	11. The tariff is inclusive of education and training events. When working in partnership with other providers to hold the open meetings each Provider shall contribute an equal proportion of their overall clinic time and income.
2. **Discharge management and communication to GPs**
	1. The Provider shall inform the patient’s referring GP by letter every time a patient is seen and if the patient is discharged from the service or is referred on to another service, within the timeframes specified in clause 18.3 of the contract.
	2. The discharge letter shall contain:
* Patient’s name, date of birth and NHS number;
* Diagnostic tests,
* Summary of treatment;
* Outcome of treatment;
* Reason for discharge;
* Referrals to other services;
* Treatment plan or recommendations for management.
	1. The Provider shall at the same time as it issues the Service User’s Discharge Letter to the Service User’s Referrer in accordance with clause 18.3 of the contract issue a copy of such Discharge Letter to the Service User.
1. **Service Improvement and Innovation**
	1. The Provider shall demonstrate ongoing improvements and innovations to service delivery by participating in quality improvement programmes, service redesign, benchmarking and other initiatives with NHS Southport and Formby and NHS South Sefton CCGs .
2. **Professional requirements/key skills and experience required**

**Please see attached Appendix 5 for services using GP specialists*** 1. To include two grand round educational style events per annum and include Primary Care and secondary Care dermatology staff
	2. To be flexible in content to meet the learning needs of individual GP Specialists
	3. Appropriate medical revalidation
	4. In addition, at least one of the community cancer clinician in a network will attend network site specific group meetings.
	5. **Nurses:** Registered Nurses with, dermatological competencies, nursing competencies updated regularly. Supervision from both consultant Dermatologist and other clinicians where service use (eg GP specialists). Statutory and mandatory training.
	6. **Healthcare Assistants;** annual appraisal by service manager
	7. **Service Manager;** to manage and oversee the running of the service
	8. **Admin;** based at central point. Will require electronic link up with key triage doctors to allow daily triage at a distance. Systems used will include Choose and book and a system which integrates with primary care such as EMIS
1. **Days/Hours of operation**
	1. Monday to Friday between locations, 0830-1800 initially subject to review.
2. **Referral criteria & sources**
	1. All patients registered with a Sefton General Practitioner can be referred providing the identified criteria and process are followed.
	2. All patients with general dermatology conditions that have not responded to agreed range of first line treatments in general practice. (List available )
	3. Only GPs or secondary care dermatologists may refer in to the service although the provider may develop access for other health care professionals
3. **Referral route**
	1. GP, Secondary care, see above pathway
4. **Response time and prioritisation**
	1. Referrals are to be acted upon within four working days of receipt and patient appointments should be allocated within seven working days of receipt of referral.
	2. All patients will be seen in the department and commenced their treatment within 8 weeks.
5. **Communication**
	1. Patient information and communication:
		1. Staff providing the Community Dermatology service will maintain contemporaneous and accurate patient records in line with recognised CCG Professional and Legal standards.
		2. Each patient/carer receiving care will be given clear instructions and access to their care pathway
		3. All patients will receive individualised relevant information.
	2. Communication with other services and agencies:
		1. Timely referrals should be made to other agencies so that patients continue to access optimum levels of care.
		2. Relevant patient information will be shared across teams and agencies using ‘Sharing information protocols’ that are based on Caldicott principles and Data Protection regulation.
	3. Communication within and across teams:
		1. The Provider will ensure that effective channels of communication are developed and maintained with a wide range of stakeholders in order to provide integrated patient care. In particular feedback will be provided to the patient’s GP on any referral made or course of action taken.
	4. Promotion of services:
		1. Providers will be expected to ensure that details of the services they offer are appropriately communicated to service providers and to service users in order to promote the achievement of service aims and outcomes. Mechanisms for communication should include the use of advertisements, inclusion in directories of services, participation in appropriate campaigns, engagement with stakeholders within and outside of Sefton, responding to stakeholder feedback etc. The provider will be expected to adhere to the NHS Brand Guidelines, further information is available via:

<http://www.nhsidentity.nhs.uk/homepage>1. **Information Management and technology (IM&T)**
	1. The Providers IM&T Services are considered to be an integral part of the clinical and business operations that will be delivered. The provider must therefore ensure the IM&T solution will support and optimise the delivery of the service.

 * 1. Providers will use proven and robust IM&T solutions that underpin both the delivery of care and proper integration with the NHS locally and nationally. In addition, the provider will ensure all IM&T Services are compliant with the underpinning standards, technical specifications, governance requirements and strategies within the NHS locally and nationally.
	2. South Sefton and Southport & Formby CCG’s IM&T strategy and vision is to ensure that high quality clinical information is accessible, in an integrated shared clinical record in real time, at the point of care: to ensure that IM&T programmes are fully aligned to enable the clinical business needs of the CCGs. This includes clinical data sharing via systems interoperability and electronic clinical correspondence - this covers Primary Care to Provider and Provider to Primary Care.
	3. Where there is opportunity during the contract period the Provider will work with South Sefton and Southport & Formby CCGs to develop and implement appropriate IM&T solutions to enhance/improve the delivery model for this service. The Provider will identify a lead position within the Service responsible for the effective use of the information systems and to act as the Providers IM&T Lead liaison with the CCGs.
	4. **Patient Information Management System(s)**
		1. The Provider will use their chosen Patient Information Management System(s) for call handling, call recording, data distribution, and clinical recording.
		2. The Bidder(s) will implement the following processes in relation to the operation of their clinical information management system:
		3. Interoperate with national services and applications at the point of contact with the patient. (Patient Demographic Service, Summary Care Record)
		4. Contemporaneously record all service users’ encounters electronically at the point of contact thus maintaining accurate and up to date electronic health records for all service users.
		5. Encounters that take place at the service users home should be recorded in the service users electronic health record using a remote access solution, or as soon as practically possible but no later than by the end of the same working day by the person who undertook the consultation.
		6. To support the providers chosen Patient Information Management System must have the ability to:
* Retrieve and record NHS numbers.
* Retrieve and record the patients registered GP Practice.
* Record the service user’s home address including post code.
* Record the service users preferred contact telephone number.
* Record procedures, investigations, diagnostic results and diagnosis
* Record clinical information utilising a structured template.
* Record and issue medications using a drug dictionary.
* Print medication prescriptions from the clinical information management system.
* Create and store all clinical correspondence (referrals, discharges and all other types of correspondence relating to the service user).
	+ 1. Manage and maintain all service user appointments for all locations.
		2. Provide a reporting suite to support the analysis of contract performance and mandatory submissions and clinical audit. Reporting must adhere to the Information Governance (IG) requirements and must be able to provide all necessary returns to the commissioner and NHS England in the required format.
		3. Ensure that 95% of service users’ records have a fully verified NHS Number.
		4. Audit trails of system users who have recorded, edited viewed service users records.
	1. **Clinical Correspondence**
		1. South Sefton and Southport and Formby CCGs are committed to supporting paper-light and paper-less methods of working.
		2. GPs referring into the service can use the e-Referral Service (the national replacement for Choose and Book). Therefore the Provider services must be e-Referral compliant throughout the contract period, or have the capability to become compliant from the beginning to the end of the contract period.
		3. The Provider will use their chosen Patient Information Management system to generate all patient clinical correspondence. All clinical correspondence that is sent to GP Practices must be transmitted electronically directly into the GP Practices EMIS Web Clinical Systems using either the Data Transfer Service (DTS) or the Medical Interoperability Gateway (MIG) Electronic Clinical Correspondence Service or any other reliable safe and secure method that is to be agreed with the CCGs IM&T leads. Providers must also be able to FAX or post clinical correspondence to GP Practices if required.
	2. **Transfer of Health Records**
		1. If the services functions transfer to a new Provider the existing Providers electronic health records and audit trial will also transfer. Any service users who have been in contact with the service over the previous six months from the new contact start date will have their records transferred to the new Providers Patient Information Management System.
		2. The successful Provider will have the responsibility of Data Controller for the transferred electronic health records. The Provider will nominate their Senior Information Risk Officer and Information Governance Lead who will be accountable for overseeing the transfer of all health records.
		3. The new Providers clinical information management system must be capable of receiving and controlling appropriate access to the transferred electronic health records in line with information governance standards. The transferred electronic health records must also be available at the point of contact with service users, thus providing access to the full health record to support clinical decision making.
		4. It is the new Providers responsibility to ensure the integrity of the data contained within those electronic health records is not compromised during the transfer process and as they are copied to the receiving live clinical information management systems database.
		5. The transfer of electronic health records between systems is complex. It is recognised that there is a risk of data errors occurring within receiving clinical information management system. Therefore the new Provider is required to check 200 unique patient records. If errors are found the new Provider will work to resolve them prior to the service commencing.
		6. Data checking must be completed using the same version of the clinical information management system that will receive the transferred health records at the start of the contract. If the new Providers clinical information management system requires version update(s) between the data checking sign off and the final transfer of health records, the new Provider must provide assurances that the version update(s) do not cause errors in the transferred health records and any fixes applied to resolve data issues identified during the data checking.
		7. To prevent unauthorised access and to protect the health records the clinical information management system used for data checking must benefit from the same hosted secure network and access controls as the clinical information management system that will be used at the start of the contract. All members of staff who will be involved in the transfer of health records and data checking process shall be trained and be aware of their legal responsibilities and the information governance standards and procedures.
		8. No later than one month prior to the new contract commencing the new Provider is required to demonstrate that all the electronic health records can be transferred into their chosen live clinical information system without errors.
		9. At the end of the contract period the successful Provider must support the commissioning CCGs’ to transfer the electronic health records to the CCGs’ chosen clinical information management system. Therefore the Providers chosen clinical information management system must be capable of safely and securely extracting the electronic health records to be transferred. Providers are required to submit the details of how their chosen clinical information management system will extract cases health records and user audit trial so that they are ready to be transferred.
	3. **IM&T Hardware and Software**
		1. At the service locations where the Provider shares consultation rooms, workstations, printers and telephony with other users the Provider is responsible for establishing the appropriate agreements that are in line with local information security policies with the asset owner(s). The Provider will be responsible for providing workstations, printers and telephony in consultation rooms and reception that are exclusively used by the Provider.
		2. Throughout the contract period the Provider is required to liaise with the local IT providers responsible for the ICT infrastructure at the service delivery locations to ensure connectivity to the chosen clinical information management and telephony systems.
		3. Throughout the contract period the Provider will have support and maintenance arrangements in place for all hardware and software used to support and deliver this service.
	4. **IM&T Training**
		1. The Provider will ensure that all members of staff that use and have access to personal and sensitive data are adequately trained in the use of the relevant electronic or paper based information systems.
	5. **Business Continuity**
		1. The Provider will have established and robust business continuity and disaster recovery procedures with regard to their IM&T Systems to ensure there in no disruption to the service users and to safeguard service users personal and sensitive information at all times.
1. **Workforce Strategy**
	1. **Recruitment and Pre-employment Checks**
		1. Pre-employment checks should reflect NHSLA Safer Recruitment Standard guidelines as a minimum (this will ensure a safe workforce appropriate to carry out the duties contained within the contract)
	2. **Workforce Standards**
		1. Data Protection and confidentiality systems will need to be impregnable when dealing with telephone calls Structured continuous professional development, self-development, high levels of attendance and availability of specific professional and clinical, training and development will also be factors for further reinforcing good standards of work. Managers and their staff will need to show ongoing development and annual appraisal objectives in line with organisational priorities.
	3. **Workforce Strategy**
		1. The Provider will have a comprehensive workforce strategy about how suitably qualified staff will be sourced and retained in the numbers required to deliver a safe and high quality service. Providers will be asked to demonstrate how high standards of customer care and communication will be achieved, e.g. through recruitment, ongoing training and coaching etc
		2. The Provider must at all times ensure that sufficient levels of accredited clinical (and other) staff are available to provide a safe and accessible service. This will be monitored closely as part of the contract monitoring process. The service Provider will be required to have contingency arrangements in place to cover unusual peaks in demand.
		3. The Provider will demonstrate knowledge of Agenda for Change Terms and Conditions and its commensurate Knowledge and Skills Framework. Indemnification of clinical staff will be clarified and indemnity arrangements implemented in order to ensure a safe working environment. The Provider will produce an annual workforce plan, an annual training plan and an annual report for the preceding financial year.
		4. Should the Provider wish to seek staffing from another source (locums etc.) they should be sought from appropriate government accredited sites (e.g. Crown Procurement Service) to ensure compliance to the above point and professional accreditations
		5. The Provider will include the workforce plan, to include their strategic intentions to ensure retention and recruitment of appropriately skilled workforce due to retirement of workforce within the next 5 years
	4. **Equality and Diversity**
		1. Management and staff will take into account the equality and diversity needs of the community they serve and will perform equality impact assessments when proposing to change internal staffing arrangements or external service provision or any other changes that will affect the service. This will be in accordance with the NHS Equality Delivery System, which was launched in July 2011 to ensure equality for both the workforce and service users

 * 1. **Staffing**
		1. Staff providing the service shall fall into one of the five categories below or be any combination of the four:
* Dermatology medical consultant (current or previous NHS consultant contract)
* GP with specialist interest in dermatology or skin surgery with necessary experience and training and formally accredited as such
* Associate Specialist or Hospital Clinical Assistant
* Dermatology Nurse Specialist
* Support staff; nursing and admin
	+ 1. GP Specialist (s) with a dermatology diploma providing the service shall provide evidence that they have the experience and qualifications to undertake the procedure/s (including inclusion on the GP Performer’s List) and all personnel providing the service shall be competent to provide those aspects of the service for which they are responsible.
		2. All personnel providing the service through the contract shall have appropriate indemnity cover to meet in full, claims made against them as individuals. Proof of cover shall be submitted to NHS Southport and Formby and NHS South Sefton CCG’s upon request. The Provider shall be responsible for ensuring this is in place.
		3. Any clinician providing the service shall demonstrate a continuing sustained level of activity, be appraised on the delivery of the service (in addition to their annual appraisal as a GP) and demonstrate evidence of Continuing Professional Development (where their skills are regularly updated) in the field of dermatology and minor surgery.
		4. The Provider shall demonstrate they have safe recruitment procedures in place e.g. Disclosure Barring System (DBS), which came into effect in 01 March 2013
		5. The Provider shall demonstrate how clinical and supervisory links with local secondary care dermatology departments shall be achieved.
		6. The Provider shall have institute management and administrative arrangements with clear lines of accountability and an identified lead clinician/manager with overall responsibility for the service. The Provider shall also be required to identify an individual as the point of contact with NHS Southport and Formby and NHS South Sefton CCG’s.
		7. The Provider shall strive to maintain professional links with local GPs and local acute specialist providers and the direction and development of the service shall be steered in collaboration with both groups as far as possible.
	1. **Staff development / staff competency**
		1. Examples of different evidence of competencies for the service:
* Demonstration of skills under direct observation by a Consultant Dermatologist.
* Demonstration of knowledge by personal study supported by assessment e.g. Diploma in Dermatology
* Evidence of gained knowledge via attendance at relevant courses or conferences
* Demonstration of ability to work in teams by evidence of taking part in multidisciplinary teamwork to plan and deliver service provision and individual patient care.
* Evidence of Continuing Professional Development in Dermatology, appraisal and audit.
* Delivering multi and uni-professional training.
* Base line experience working as a Clinical Assistant/Hospital Practitioner
	+ 1. Doctors and specialist nurses diagnosing or treating skin cancer patients shall have specialist training in skin cancer work (as determined by NICE).
		2. All staff shall be trained in resuscitation to Basic/Advanced Life Support standard.
		3. All staff shall attend annual updates in Fire and Health and Safety training.
		4. All staff evidence the mandatory and statutory requirements of the appropriate training, which may include additional training such as Safeguarding etc.
		5. All nursing staff shall follow the national revalidation guidelines effective from 01 April 2015.
		6. All staff shall follow KSF outlines of evidence based practice to demonstrate competency.
	1. **Staff Management**
		1. The Provider shall comply with clause 11 of the contract and ensure that all staff have:
* Objectives relevant to their post;
* A personal development plan;
* An annual appraisal.
	+ 1. The Provider shall be responsible for all recruitment, training, supervision, discipline and development of staff.
		2. The Provider shall demonstrate its ability to recruit and retain an appropriately skilled workforce as detailed in core services. The Provider develop a workforce plan to ensure continuity in the event of staff sickness, retirement etc.
		3. The Provider shall actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.
		4. The provider shall ensure that a full suite of HR policies are available including:
* Disciplinary
* Grievance
* Whistleblowing
* Capability / Performance Management
* Attendance Management
* Professional Registration
* Code of Conduct
* Bullying & Harassment
	1. **Administration and clerical support for clinical staff**
		1. The new Provider will ensure that all clinical staff are supported by the commensurate number of effective administration and clerical staff in order to maximise the use of clinical input in the community.
1. **Governance**
	1. **External Governance Arrangements**
		1. The Provider shall carry out the service in accordance with best practice in health care and shall comply with the standards and recommendations contained in, issued or referenced as follows:
* Issued by the Quality Care Commission including Registration standards ;(Non NHS providers will need evidence registration)
* Staffing and Facilities for Dermatological Units (BAD, Nov 2006)
* The Health Act (2006) Part 2 (Prevention and Control of Healthcare Associated Infections).
* Issued by the National Institute for Health and Clinical Excellence;
* All Party Group on Skin Reports (2003, 2004, 2006);
* Dermatological Care Working Group Report (2001);
* Audit Commission “Quicker Treatment Closer to Home” (2004);
* Modernisation Agency “Action on Dermatology” (2003);
* Skin Care Campaign “Making Psoriasis a Priority” (2005);
* Any relevant National Service Frameworks including NSF for children and young people;
* Issued by any relevant professional body and NICE guidance;
* Data Protection Act 1998
* NHS Southport and Formby and NHS South Sefton CCG’s pathways, procedures and protocols.
	+ 1. Health and Safety – the Provider shall be expected to demonstrate compliance with all applicable Health and Safety legislation
		2. Medical devices and equipment safety policies need to be in place, and the service needs to be compliant with appropriate MHRA directives;
		3. The service shall be compliant with national standards for skin surgery, including safe procedures for handling of tissues, consent, record keeping and other processes;
	1. **Infection Control**
* The Provider shall provide infection control sessions to all staff at corporate induction and ensure these are updated annually.
* The Provider shall update and effectively disseminate Infection Control Manual, Infection Control policies and other material to all staff.
* The Provider shall complete the NHS Southport and Formby and NHS South Sefton CCG’s Community Services self-assessment tool for infection control annually and produce an action plan for areas of non-compliance.
* NHS Southport and Formby and NHS South Sefton CCG’s infection control team will visit the Provider where contract monitoring team has concerns.
* The Provider shall notify NHS Southport and Formby and NHS South Sefton CCG’s within 24 hours of confirmation of any outbreaks or serious incidents.
	+ 1. The Provider shall have an agreed public and patient involvement plan that is regularly updated and shared with NHS Southport and Formby and NHS South Sefton CCG’s. This plan will be aimed at ensuring patients and the public are informed and involved in developing the service to meet patient and carer needs and expectations. This plan will include collecting and acting on regular and ongoing patient and carer feedback about their experience of the service. A set of high quality comprehensive information leaflets on the main dermatological conditions shall be available using information from national patient organisations where relevant.
	1. **Internal Governance Arrangements**
		1. The Provider shall ensure that robust clinical governance processes/policies/protocols are in place, including:
* A clinical lead;
* Incident reporting;
* Health and Safety (including needle stick injury and sharps);
* Compliance with national and local standards, including NICE, HCC and NSFs;
* Infection control;
* Managing alerts including NPSH;
* Significant event analysis;
* Information Management.
* Near misses reporting
	1. **Patient Consent**
		1. The Provider shall be required to have processes in place to evidence that valid consent, including from those who have communication, sensory or language support needs, is obtained by suitably qualified staff for all treatments/procedures. This will also include evidencing that where a patient lacks the mental capacity to give consent, the principles of the Mental Capacity Act 2005 Code of Practice have been adhered to.
	2. **Service User Experience**
		1. The Provider shall be monitored on service user and carer satisfaction. The Provider will demonstrate good patient and carer experience relating to access, quality of service and treatment. NHS Southport and Formby and NHS South Sefton CCG’s shall provide the Provider with a service user and carer experience survey in a format that is acceptable.
		2. The Provider shall adhere to and use core questions and scoring but may also use additional questions to measure service user and carer satisfaction.
		3. The Provider shall give this survey to every service user after their treatment and will submit a summary report to NHS Southport and Formby and NHS South Sefton CCG’s quarterly. The Provider shall also provide an annual report on service user experience according to age, gender, disability, social class and ethnicity.
	3. **Complaints**
		1. The Provider shall have a complaints policy in keeping with NHS best practice guidance and NHS Southport and Formby and NHS South Sefton CCG’s procedures. All complaints shall be recorded and responded to within appropriate timescales. Complaints data shall be analysed at regular intervals to identify trends and these shall be reported back to the NHS Southport and Formby and NHS South Sefton CCG’s. An action plan shall be produced to demonstrate improvements made to the service as a result of complaints.
	4. **Serious Incident (SI) and Patient Safety Incident Reporting**
		1. The Provider shall comply with clause 15 of the contract.
		2. The Provider shall agree with the NHS Southport and Formby and NHS South Sefton CCG’s arrangements for the notification and investigation of any SIs and shall provide investigation reports and action plans.
		3. The Provider shall identify a Senior Information Risk Owner (SIRO)
	5. **Safeguarding adults/Protection of vulnerable adults and children**
		1. The Provider shall have a process in place to manage cases for adult protection, when identified
		2. Individual healthcare professionals shall receive Level 2 training in child protection and be able to demonstrate that they comply with the national child protection guidance, and shall provide at least one critical event analysis regarding concerns about a child’s welfare if appropriate
	6. **Information Governance**
		1. The Provider shall ensure that information relating to patients is safeguarded and shall take account of:
* Confidentiality;
* Caldicott Guardian;
* NHS Southport and Formby and NHS South Sefton CCG’s information sharing protocols;
* Informed consent;
* Records keeping protocols.
	1. **Risk Management**
		1. The Provider shall have a comprehensive risk management policy, and systems for incident reporting and safety alert broadcasting shall be in place. SUIs (serious unexpected incidents including medication related) shall be reported to the commissioners. Monthly reports of incidents and complaints shall be made to NHS Southport and Formby and NHS South Sefton CCG’s.
	2. **Insurance**
		1. The Provider shall have medical negligence indemnity insurance and all cases shall be reported to NHS Southport and Formby and NHS South Sefton CCG’s
	3. **Business Continuity**
		1. The Provider shall have a robust Business Continuity plan, which shall include:
* Staff shortage;
* Disruption to information systems;
* Disruption to premises;
* Flu pandemic/other disease outbreak causing significant staff shortages.
1. **Discharge Policy**
	1. **Discharge**
		1. The Provider shall inform the patient’s GP by letter every time a patient is seen and if the patient is discharged from the service or is referred on to another service, within the timeframes specified in clause 18.3 of the contract.
		2. The discharge letter shall contain:
* Patient’s name, date of birth and NHS number;
* Diagnostic tests
* Summary of treatment;
* Outcome of treatment;
* Reason for discharge;
* Referrals to other services;
* Treatment plan or recommendations for management.
	+ 1. The Provider shall at the same time as it issues the Service User’s Discharge Letter to the Service User’s Referrer in accordance with clause 18.3 of the contract issue a copy of such Discharge Letter to the Service User.
	1. **Cancellation Policy**
		1. Patients shall cancel their appointments directly with the Provider and can rebook another appointment.
		2. If a patient cancels twice on consecutive appointments they are liable to be discharged except in exceptional circumstances. A warning shall be given after the first cancellation.
		3. If a patient cannot book a further appointment for valid reasons, the appointment may be left open for a maximum of one month.
	2. **Did Not Attend (DNA)**
		1. If a patient did not attend their appointment they shall be discharged except in exceptional circumstances. NHS SSCCG and SFCCG will not fund patients who DNA or cancel their appointments.
1. **Self-care and Patient and carer Information**
	1. The Provider shall support patients and carers including children and their parents in understanding and managing their condition and treatment so that they are able to manage their own care at home wherever possible providing patient information leaflets and contacts for support groups. This will be particularly important for those groups of patients with communication difficulties whether through language, where English is not the patients first language, or physical, sensory impairment.
	2. The Provider shall use innovative ways to engage with patients and their carers to improve their understanding of their condition and how to self-manage. Providing written information may not always be the most suitable way for all patient groups, therefore the Provider shall use different ways of delivering self-management guidance.
2. **National and Local Targets**

***The successful bidder will be expected to work with the commissioner to develop a set of local KPIs and outcome measures**** 1. The Dermatology provider is required to submit statutory returns re:
* Failure to attend
* No. of attendances
* Adult & child first attendances + review attendances
* Advice and telephone contacts
* Compliance with NICE guidance
* 18 week waiting time target (service tries to keep to no more than 11 weeks
* Patient outcomes
* Infection control rates
* Patient survey – real time at the end of an episode of care & patient stories
* Choose and book
	1. **Infection Control**
		1. The provider should have systems/ procedures/policies in place to ensure that it meets its legal obligations in relation to Infection Control and Hygiene.
		2. Method of Measurement – Quarterly Review Meeting
	2. **Service User Experience**
		1. Patient satisfaction will be measured at the end of every episode of care which should include specific service-related questions, agreed with the service commissioner
		2. And be documented as part the rolling audit programme and included in the annual report.
		3. As well a patient satisfaction surveys to inform ongoing service development; some patient/user/carer representation, either locally or through a group such as the skin care campaign to ensure the service specification includes patient opinion is required.
		4. As part of the providers Quality and Performance Standards, it is expected that the Provider will undertake as a minimum, an annual patient satisfaction survey. The Provider would be expected to share the findings of the survey with the service commissioner for discussion at the quarterly/annual service review meeting. And jointly agree a SMART action plan to address areas of underperformance
		5. Method of Measurement – Quarterly Review Meeting
	3. **Improving Service Users and Carers Experience**
		1. The service will monitor any rise in complaints or any issues which occur to improve the operation of the service.
		2. An audit is to be undertaken bi-monthly. The provider will monitor referral to treatment times, waiting times at clinics, (DNA, cancelled appointments) rates, outcomes of treatment, numbers seen in clinics and patient satisfaction. This information is to be used to inform service changes where issues are identified to ensure efficiency and effectiveness are maintained.
		3. The provider should have systems/ procedures/policies in place to respond to service user and carer feedback. The Commissioner would expect the provider to be able to demonstrate evidence of action taken and improvements made as a consequence of service and user feedback
		4. Method of Measurement – Quarterly Review Meeting
	4. **Unplanned Admissions**
		1. not applicable
	5. **Reducing inequalities**
		1. The Provider should have systems/ procedures/ policies in place to demonstrate evidence of action taken in-year to ensure service is accessible to vulnerable groups and to all patients regardless of socio-economic status or ethnicity across the seven equality and diversity strands
		2. Method of Measurement – Quarterly Review Meeting
	6. **Reducing Barriers**
		1. The Provider should have systems / procedure / policies in place to identify specific characteristics that are potential barriers to potential and ongoing access.
		2. Method of Measurement – Quarterly Review Meeting
	7. **Improving productivity**
		1. The Provider should have arrangements in place to manage DNA and systems in place to report DNA information to the Commissioner. This should be undertaken as part of a quarterly monitoring exercise.
		2. Method of Measurement – Quarterly Review Meeting
	8. **Access**
		1. An audit is to be undertaken bi-monthly. This audit will monitor referral to treatment times, waiting times at clinics, DNA rates, outcomes of treatment, numbers seen in clinics and patient satisfaction. This information is to be used to ensure that all national/local Access and waiting times for this service are maintained. The Commissioner should be informed by the provider of any breaches to access and waiting times, to allow both parties to discuss and agree remedial action.
		2. The service will record the following in order to monitor 18 week waiting times:
			1. **Weekly PTL (Patient Tracking List)**
* Number of patients waiting for a first appointment with an unknown clock start
* Number of patients waiting for a first appointment who will breech the 18 week threshold in 0-1, 1-2, 2-4, 4-6 or 6-8 weeks
* Number of patients waiting for a first appointment who have already breeched the 18 week threshold
* Number of patients waiting for a first appointment who have breached the 18 week threshold during the last week
* Report using UNIFY which is mandatory from April 2011
	+ - 1. **Monthly Waiting Times (Via MAR)**
* Number of patients receiving a first treatment during the month by the number of weeks they waited
* Number of patients waiting for a first appointment by number of weeks waiting at the end of the month
	+ - 1. **Commissioning Data Set (outpatients)**
			2. **Patient level return submitted monthly.**

Method of Measurement – Quarterly Review Meeting* 1. **Personalised Care Planning**
		1. The Provider should adopt a care planning approach and generate care plans for people with dermatological conditions.
		2. Method of Measurement – Quarterly Review Meeting
	2. **Outcomes**
		1. There should be adequate systems in place in order to monitor the following outcomes.
			1. **Activity:**
* Demonstrate an increase in appropriate activity levels to demonstrate cost effectiveness.
* Reduce the numbers of Fail to Attend Appointments in the service to below 2% overall.
	+ - 1. **Quality:**
* All patients who have a positive histology result for Basal Cell Carcinoma following surgery will have the result reviewed by the Consultant Dermatologist to ensure the NICE Clinical Guidelines for management are achieved.
* Access to MDT will be facilitated at least quarterly
	+ - 1. **Audit**

Some of the following points will be identified as part of, and within, key personnel’s annual appraisals. The Dermatology and Minor Surgery Service will carry out an Integrated Audit annually. This includes the following:* Communication
* Record Keeping
* Self-Care
* Infection Control
* Equality and Diversity
* Consent
* Lessons learnt
* Complaints
* Incidents
	1. **Other**
		1. Produce an annual report which outlines the service developments, activity, outcomes and proposals.
		2. Method of Measurements – Quarterly Review Meeting.
	2. **Additional requirements for services on block contracts**
		1. Not Applicable
	3. **Medicines Management (If/Where Applicable)**
* The Provider shall have the required clinical expertise to store relevant medicines from the agreed formulary for adults and children in their clinics. A list of the medicines shall be submitted with the Provider’s application.
* The Provider shall have a clinical governance lead who shall ensure that all prescribing is within national and locally agreed guidelines and treatment pathways.
* Patients shall be supplied with 4 weeks of new medications in line with the local formulary. The referring GPs will be expected to provide all repeat prescriptions where suitable for prescription in primary care
* The prescribing budget will be identified at contract negotiation
* Prescribing decisions and recommendations will only be made by suitably qualified independent prescriber’s. All independent prescribers shall adhere to The following recommendations:
* Improving patients' access to medicines: A guide to implementing nurse and pharmacist independent prescribing within the NHS in England, DH April 2006
* The Provider shall meet safe and secure handling of medicines standards as required by Quality Care Commission and be able to provide evidence of compliance (i.e. procedures and policies) with the relevant Registration standard.
* Medicines supplied to patients should have satisfactory over-labelling and include warning labels as appropriate, as per Regulations 1975.
* All medicines (diagnostic, analgesics, anaesthesia, discharge medicines) and devices shall be procured by the treating service provider’s own medicines governance process , and include for example: storage and handling of medicines and appropriate policies such as clinics own Medicines Policy, and shall be inclusive of the agreed tariff. The tariff is also inclusive of any licensing requirements to provide medicine.
* The Provider shall demonstrate compliance of any relevant Safety Alert Broadcast systems, NPSA and MHRA safety alerts and notices
* Prescribers shall follow local procedures in the introduction of new and /or specialist therapies or high cost drugs, and transfers of prescribing responsibilities.
* The Provider shall monitor their prescribing as good practice and provide a report to NHS Southport and Formby and NHS South Sefton CCG’s every three months with a summary of drugs prescribed, quantity and cost.
* The Provider shall audit their prescribing annually in line with Medicine Management team requirements.
* The Provider shall have a formal process of sharing incidents with NHS Southport and Formby and NHS South Sefton CCG’s including documentation with planned action.
* The Provider shall have a process in place to report Adverse Drug Reactions via Yellow card reporting system (i.e. local procedures and policies).
* The Provider shall address medication adherence, information on prescriptions, counselling on first supply, any other queries.
* Any prescribing stationary that relates to controlled drugs must be managed in a safe and secure way as per NHS Southport and Formby and NHS South Sefton CCG’s policy
	1. **Controlled Drugs**
		1. Not Applicable
	2. **Key Legislation and Guidance**
		1. All services and advice provided should comply with the following key legislation and guidance:
* Medicines Act 1968
* Misuse of Drugs Act 1971, Misuse of Drugs Act 1971 (Modification) Order 2001 and Safer Management of Controlled Drugs: Guidance on Strengthened Governance Arrangements (Department of Health 2006)
* Building A safer NHS: Improving Medication Safety (Department of Health 2004)
* Best practice Guidance on Joint Working Between the NHS and Pharmaceutical Industry and Other Relevant Commercial Organisations (Department of health 2008)
* Healthcare Commission Standards for Better Health Standard C4d
* Relevant NICE guidelines and technology appraisals
* Relevant NPSA and MHRA safety guidance / alerts
	1. **Annual Declaration**
		1. All services will be required to complete an annual declaration to state that they comply with requirements relating to medicines as stated above.
	2. **Inspection**
		1. Services may receive a notified inspection in relation to the safe and secure handling of medicines and to establish appropriate standard operating procedures are in place.
1. **Continual Service Improvement Plan**
	1. The Provider shall demonstrate ongoing improvements and innovations to service delivery by participating in quality improvement programmes, service redesign, benchmarking and other initiatives with NHS Southport and Formby and NHS South Sefton CCG’s and PBC.
	2. The Provider shall work with patients to foster partnerships and facilitate opportunities for patient involvement and feedback on the service. This shall be done in the following ways, where appropriate:
* Patient surveys, questionnaires, focus groups, comments and suggestion schemes
* Work with the PALs service;
* Staff feedback on patients’ experience.
1. **Price and Costs**
	1. The contract shall operate on a block payment basis, with the block value being equal to the price submitted by the bidder in their tender submission. The tender submission price is inclusive of CQUIN.
	2. The contract funding shall include all aspects of patient care and discharge arrangement normally associated with that activity including:
* Provider’s staffing costs
* Service provision and patient consultation; diagnosis and treatment
* Consumables and other overheads in clinic including rent etc
* All diagnostic testing, investigation and reporting
* Clinic summary letter to GP
* Transport costs for any patients requiring transport to and from the service
* Use of Interpreters
* Initial prescribing of four-weeks supply of prescribed medication (if appropriate) from NHS Southport and Formby and NHS South Sefton CCG’s formulary
* Any costs associated with hosting trainees (either medical or nursing)
* Any costs associated with providing the education program for primary care staff
* Provision of direct telephone advice on a daily basis for Primary Care staff Service provision and patient consultation
	1. Invoicing:The Provider shall comply with Clause 7 of the Contract. The Provider shall issue a monthly invoice to Southport and Formby CCG and South Sefton CCG, with the invoice being one twelfth of the annual contract sum. The invoice shall be received by the CCGs within 10 Operational days following the reporting period.

**3.3 Population covered**1. **Geographic coverage/boundaries**
	1. Sefton registered patients , population 282,000
2. **Equality and Diversity**

**Ethnicity 2001 2011 Change**White 98.4% 97.3% -1.10%Mixed 0.6% 1.1% 0.5%Asian 0.5% 0.5% 0Black 0.2% 0.4% 0.2%Chinese/other 0.4% 0.7% 0.3%Source; 2001 and 2011 Census* 1. In comparison 90.2% of the North West population are White, and across England and wales, 85.9% are white. The dermatology service provider is expected to understand and be capable of delivering dermatology services for our ethnically diverse population.

**3.4 Any acceptance and exclusion criteria and thresholds**1. **Exclusion Criteria**
	1. Conditions excluded from this service (and which should be seen in primary care):
* Mild eczema
* Mild psoriasis
* Undertreated acne and rosacea
* Molluscum contagiosum
* Warts and verruca’s
* Solar keratosis where diagnosis is certain and no trail of treatment
* Seborrheic warts unless bleeding or very troublesome
* Leg ulcers (which should be referred to the leg ulcer team)
* Procedures of low clinical priority
* Skin lesions being removed or treated for cosmetic purposes
	1. All patients with high risk BASAL CELL CARCINOMA ( head and neck) will be triaged to secondary care in line with local and national guidelines ((NICE Guidelines Feb 2006))

**3.5 Interdependence with other services/providers**1. **Whole System Relationships**
	1. The service should relate to a whole system approach by dealing with the following key stakeholders/services that can influence the Dermatology service:
* GPs
* Acute trust dermatology department
* District Nurses
* Health Visitors
* Practice nurses
* Health education
* Tissue viability/leg ulcer service
* Podiatrists
* Psychology and counselling
* Paediatric departments
* Prison health care providers
* HealthWatch
	1. In addition, the provider should adhere to the local Safeguarding children and Safeguarding adult’s policies of the NHS and Local Authority
1. **Interdependencies**
	1. The following agencies are to be involved with the interdependencies of the services:
* General practices – referral of patients
* Acute trusts – referral of patients
* Practice nurses – education
* Health Education
* Tissue viability/leg ulcer service – provision of advice
* Public Health- Skin care campaigns, advice, development and initiatives
1. **Effective Communication**
	1. The Provider shall be responsible for liaising with primary care and secondary care staff
	2. The Provider shall ensure that patients are advised of the availability of services in primary and secondary care
	3. The Provider shall be aware of how to refer out of the service and provide a pathway within their supporting evidence
2. **Communication with other services and agencies**:
	1. Timely referrals should be made to other agencies so that patients continue to access optimum levels of care.
	2. Relevant patient information will be shared across teams and agencies using ‘Sharing information protocols’ that are based on Caldicott principles and Data Protection regulation.
3. **Communication within and across teams**
	1. The Provider will ensure that effective channels of communication are developed and maintained with a wide range of stakeholders in order to provide integrated patient care. In particular feedback will be provided to the patient’s GP on any referral made or course of action taken.
 |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (eg NICE)*** NHS Outcomes framework
* NICE guidance ( updated 2015)
* Commissioning a patient led NHS (DH)
* DH guidance (Dermatology and Skin Services)
* NICE Improving Outcomes for people with skin tumours including melanoma; the Manual 2014
* National Cancer Peer Review Programme Manual for Cancer Services 2008: Skin Measures (awaiting updated version)
* British Association of Dermatologists (BAD)
* Department of Health (2003) Action on Dermatology. Good Practice Guide. NHS Modernisation Agency;
* Department of Health (2005) Care Closer to Home; Creating a Patient led NHS;
* Department of Health (2006) Our Health, Our Care, Our Say: a new direction of community services
* Department of health (2007) Guidance and Competencies for the Provision of Services using GPs with Special Interests (GEWISS): Dermatology;
* Models of Integrated Service Delivery in Dermatology, Dermatology Workforce Group (2007)
* Primary Care Contracting (2008) providing care for patients with skin conditions: guidance and resources for commissioners.

**4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)** * Providing care for patients with skin conditions : guidance and resources for commissioners, Primary Care Contracting 2008
* Models of integrated service delivery in dermatology, Dermatology workforce group; Jan 2007
* Shifting care closer to home; Dermatology, DH 2007
* The Kings Fund ‘ How can dermatology services meet current and future patient needs while ensuring that quality of care is not compromised and that access is equitable across the UK? ‘ March 2014

**4.3 Applicable local standards*** NHS SFCCG and NHS SSCCG 5 year strategic plan
* Sefton Strategic Needs Assessment 14/15, available via the following link:

[https://www.sefton.gov.uk/your-council/plans-policies/strategic-needs-assessment-(ssna).aspx](https://www.sefton.gov.uk/your-council/plans-policies/strategic-needs-assessment-%28ssna%29.aspx) |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements (See Schedule 4A-D) (Document 6c. Appendix 2)**
	2. **Applicable CQUIN goals (See Schedule 4E)**
 |
| **6. Location of Provider Premises** |
| **The Provider’s Premises are located at:**1. **Location(s) of Service Delivery**

**Maghull Health Centre (not currently provided and to be subject to demand)**Maghull Health Centre Westway MaghullL31 0DJ  **Litherland Centre for Health and Wellbeing ( not currently provided and to be subject to demand)**Litherland Town HallHatton Hill RoadLitherlandL21 9JN**Bootle Health Centre**Park Street Bootle L20 3RF  **Southport Centre for Health and Wellbeing**44-46 Hoghton StreetSouthport PR9 0PQ **Ainsdale Centre for Health and wellbeing**164 Sandbrook Road Ainsdale Southport PR8 3RJ **Formby Clinic**Phillips Lane FormbyL37 4AY 1. **Infrastructure and Property Requirements**
	1. **Facilities**
		1. Facilities used must be safe, accessible and equipped with appropriate computer facilities within a location that supports a timely response to referrals and enhances the ability to work collaboratively with other services providers and meets infection control requirements.
		2. The Provider will have sole responsibility for ensuring that sites used for the provision of the service, including those sites that may be supplied by the NHS, are appropriate and equipped to support adequate service delivery.
	2. **Facilities Management**
		1. Delivery of Facilities Management Services must be in accordance with statutory requirements, applicable British Standards, applicable NHS standards and good industry practice.
	3. **Equipment**
		1. The Provider must ensure that all equipment used in the delivery of the service is fit for purpose, complies with statutory requirements and the latest relevant British Standard or European equivalent specification, and is purchased with compatibility in mind. This applies to equipment supplied directly by the Provider and to equipment made available to the Provider by the CCG, both fixed and mobile, for the purposes of delivery of the Service and operation of the facilities. Maintenance and calibration regimes will comply with manufacturer’s guidance and will be included as required within the tariff.
 |
| **7. Individual Service User Placement** |
| Not applicable |

# SCHEDULE 2 – THE SERVICES

1. **Indicative Activity Plan**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Activity (see volume 3.2 point 32 on page 27)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **First Attendance** | **Follow up attendance** | **Minor Surgery** |
| South Sefton CCG | 2220 | 1400 | 1010 |
| Southport & Formby CCG | 2170 | 1210 | 1290 |
| **Total** | **4390** | **2610** | **2300** |

***Benchmarking indicates that the two CCGs are significant outliers for high outpatient attendances in Dermatology. It is anticipated that the provider will work to reduce activity through appropriate training and education programmes with local primary care providers to reduce inappropriate referrals.*** |

**Performance Indicators and Consequences**

| Number | Performance Indicator | **Threshold** | Method of Measurement | **Consequence per breach** |
| --- | --- | --- | --- | --- |
| 1.0 | Issuing Transfer of and Discharge from Letters within specified time frames.  | * As set by the DH:

100% of Discharge Letters issues to the Service User’s Referrer within 48 hours of the Service User’s discharge from the Provider’s care, | * Provision of monthly audit of Discharge Letters sent within specified time frame.
 | * Indicator to be reviewed by the Service Quality Review meeting
 |
| 2.0 | Issuing diagnostic and pathology results within specified time frames. a) All urgent Histology, Blood and Other results are received within 48 hours b) All urgent Histology, Blood and Other results are acted upon receipt within 48 hours | * As set by NHS Southport and Formby and NHS South Sefton CCG’s:

90% of all urgent Histology, Blood and Other results are received within 48 hours90% of all urgent Histology, Blood and Other results are acted upon receipt within 48 hours | * Provision of monthly audit of results being received and acted upon within specified time frame.
 | * Indicator to be reviewed by the Service Quality Review meeting
 |
| 3.0 | Referrals are seen within 20 working days of receipt of triage by CCAS | * As set by NHS Southport and Formby and NHS South Sefton CCG’s:

95% of referrals are seen within 20 working days of receipt of triage by CCAS | * Provision of monthly report of waiting times- from the point of referral from patients’ GP to first appointment within specified time frame and an audit of the following standard; 95% of referrals are seen within 20 working days
 | * Indicator to be reviewed by the Service Quality Review meeting
 |
| 4.0  | Availability of Provider’s out of hours appointments to patients | * As set by NHS Southport and Formby and NHS South Sefton CCG’s:

15% of the Provider’s capacity for the Dermatology Community Specialist Service (level 3) is provided outside core working hours (9am to 5pm) subject to demand | * Report on capacity that shows % of appointments for the Dermatology Community Specialist Service (level 3) provided
	+ during core working hours (9am to 5pm)
	+ outside core working hours

This report should also cover access and uptake.  | * Indicator to be reviewed by the Service Quality Review meeting
 |
| 5.0 | The Minimum Data Set for each patient as stated in the service specification. | * As set by NHS Southport and Formby and NHS South Sefton CCG’s: 100% of data fields are completed by the Provider.
 | * Audit of completeness of minimum data set (Self-Audit of all data every 6 months)
* Provide % score of data completeness
 | * Indicator to be reviewed by the Service Quality Review meeting
 |
| 6.0 | Attendances: 1st Appointment to Follow Up Appointment Ratio  | * As set by NHS Southport and Formby and NHS South Sefton CCG’s, 95% - 100% 1st Appointment to Follow Up Appointment Ratio 1:1.2
 | * Monthly audit of first appointment :follow up appointment ratio and an investigation of particularly high ratios.
 | * Indicator to be reviewed by the Service Quality Review meeting
 |
| 7.0 | Maximum 18 week referral to Treatment  | * As set by DH:

Compliance with the Maximum 18 week referral to Treatment target for those referrals into secondary care  | * Monthly validated pathways submitted by Provider for Non-Admitted Patients
 | * Indicator to be reviewed by the Service Quality Review meeting
 |
| 8.0 | The provider will ensure that GP’s performing Minor surgery under DES arrangements are accredited and audited | 3 year rolling accreditation process, annual audit of PLCP’s | * + Submission of accreditation plan and audit outcomes
 | * Indicator to be reviewed by the Service Quality Review meeting
 |
| 9.0 | The provider will ensure two Protected learning style educational meetings are held per year for all NHS Southport and Formby and NHS South Sefton CCG’s GP/nurses and other appropriate clinical staff and local practice education tailored to meet requirement to reduce demand | * As set by NHS Southport and Formby and NHS South Sefton CCG’s: two educational meetings are held per year for all NHS Southport and Formby and NHS South Sefton CCG’s GP/nurses and other appropriate clinical staff
 | * Submission of a plan of their training/education programme
* Submission of a report that covers attendance registers, agenda and evaluation
 | * Indicator to be reviewed by the Service Quality Review meeting
 |