

SCHEDULE 2 – THE SERVICES

A. Service Specifications

DOCUMENT CONTROL

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SERVICE SPECIFICATION

Service Specification No.	Version 1 - July 2017 (Jul2017 v1)
Service	Consultant Led Community Dermatology Clinical Assessment and Treatment Service
Commissioner Leads & Clinical Lead	Commissioner Leads: (Trung) Man Moc (Senior Commissioning Manager) and Kirstie Neale (Commissioning Officer) Clinical Lead: Dr. Sabby Kant
Provider Lead	To be completed following procurement
Period	3 year contract with 2 year optional extension via 1 year extensions
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1. Background

1.1 Overview

In 2013, a Dermatology clinical working group was established. The composition of the group included clinicians and managers across primary and secondary care, including medicines management. The group developed pathways and a specification for services that could be provided in the community and did not require a hospital setting. A business proposal was taken forward to Hillingdon CCG committees with commissioning recommendations for future dermatology service. The business proposal was approved and the CCG began the procurement due diligence to identify and award a provider contract to deliver the service. Since the implementation of the service, CCG and incumbent provider have experienced delivery turbulences but both organisation have worked collaboratively to overcome those issues. The lesson learnt has set out a good foundation for future delivery of the service.

This document outlines the service specification for the delivery of a **LEVEL 3 Consultant-Led Community Dermatology Clinical Assessment and Treatment Service (CATS)**, for NHS Hillingdon CCG. The service will form part of an integrated Dermatology service across primary and secondary care for the population of Hillingdon. This will entail working closely with GPs, Acute Specialist Service Departments (Level 4) and specialist skin cancer services. There will also be a need to develop links with the local skin cancer multidisciplinary team, RM Partners, and other secondary care specialities such as plastic surgery and Level 4 secondary care dermatology services.

The service will be pivotal to the achievement of reduced secondary care waiting times by:

- Offering a responsive and effective community based service
- Improving skills for assessment, diagnosis and treatment of skin conditions within Primary Care
- Supporting and improve self-management of skin conditions by patients
- Use of new technology, to improve the quality and efficiency of the existing pathways and provide the best experience possible for patients within available resources

There service will have three main domains of responsibility:

- Triaging, assessing and management of patients with dermatological conditions meeting the Tier 3 inclusion criteria (*see appendix 2*)
- Treatment
- Support and education to primary care professionals

The service will benefit patients by delivering a more efficient and effective care pathway. The provision of community settings will support the reduction in demand for secondary care- therefore reducing secondary care demand and releasing capacity to allow secondary care to deal with patients with more complex and urgent needs.

1.2 Case for change

- Summary of the recent formal feedback
- Key feedback informing this specification
 - The need for rapid expert advice (telephone &/or email) as an option in addition to the referral
 - Make the service more responsive to patient needs through individualised self-management plans
 - The critical need for a robust mobilisation strategy - marketing the service and embedding of pathways during a 12 month mobilisation period
 - The critical need to maintain high standard of communications to patients, referrers and commissioners through requirements of a responsive patient helpline, regular e-newsletters, proactive feedback systems and clear complaints/ suggestions systems
 - Need to localise the service through adoption of local pathways, adherence to North West London formulary and Hillingdon specific dermatology and antibiotic recommendations
 - A need for commitment to a structured programme of upskilling primary care through education, training and pathways embedding programme

- The importance of integrating and connecting with local Tier 4 level service- particularly with cancer MDT meetings
- To maintain high vigilance for administration and clinical mishaps as well as KPI breaches through robust monitoring, reporting and prompt remedies. To facilitate the feedback by reliable and responsive Patient Telephone Helpline
- Opportunity to modernise and improve the service through risk-assessed innovation and technology (e.g. use of Mobile apps and artificial intelligence technology)
- New KPI specific to monitoring clinic cancellations, adherence to the Education, Training and Pathway Establishment programme and to comply with the agreed Mobilisation and Embedding Phase requirements for first 12 months of the service.

2. Population Needs

National Context

Skin disease is a common and distressing problem. It affects one third of the population at any one timeⁱ. It is estimated that of the nearly 13 million people presenting to general practitioners with a skin problem each year in England and Wales, around 6.1% (0.8 million) are referred for specialist advice. Most (92%) are referred to NHS specialists rather than private dermatologists.ⁱⁱ

Whilst there are approximately 3000 dermatological diseases, ten of them (eczema, psoriasis, acne, urticaria, rosacea, infections/infestations, leg ulcers and gravitational disorders, lichen planus and drug rashes) account for 80% of consultations for skin disease in General Practiceⁱⁱⁱ.

The most common skin diseases continue to increase in frequency and there are more referrals to secondary care dermatology by GPs than to all of the other medical specialities combined. This is despite the fact that the majority of patients have mild problems that can be easily self-managed^{iv}.

The national commissioning guidance for providing care for patients with skin conditions recognises this increasing trend and advises that primary care should take on a more prominent role for the management of straightforward cases in the promotion of self-management^v

Collectively the Department of Health (DH), The British Association of Dermatologists and the National Collaborating Centre for Cancer have all recognised that too many patients are attending hospital base services for the provision of care that could be managed in a community setting. Specifically the DH has identified dermatology as a key clinical area for improvement.^{6vi} The Action on Dermatology Good Practice Guide emphasises the need for interaction between secondary care and general practice and again recommends that a more comprehensive range of dermatology services are offered in the community.

The key drivers for the development of this service are to provide a local, more accessible and cost effective service for patients, which meets the following national policy direction and models of service delivery:

- A. "Our Health, Our Care, Our Say; A new Direction for Community Services."^{vii}
- B. "Improving Outcomes for People with Skin Tumours including Melanoma."^{viii}
- C. The Management of Low Risk Basal Cell Carcinomas in the Community.^{ix}
- D. Model of Integrated Service Delivery in Dermatology.^x

Local Context

Hillingdon Clinical Commissioning Group (HCCG) is a member of the Brent, Harrow and Hillingdon Federation of Clinical Commissioning Groups. Hillingdon CCG covers a population of approximately 295,000 people registered with 48 General Practices in Hillingdon.

Hillingdon Deprivation Statistics:

- Hillingdon is ranked 23 out of 33 for deprivation in London (including City of London) and 153 out of 354 in England (1 being the most deprived)
- Hillingdon is an ethnically diverse borough with around 46.9% of the population from black and minority ethnic communities (Source: GLA 2015 Round Demographic Projections, 2016) which is lower than

London's 43%. The largest ethnic community is Asian, with Indian community forming 15.4% of the total population followed by Black at 10.2%.

- 22.5% of the Hillingdon population are under the age of 16. The proportion of the population aged 0-10 is greater in Hillingdon (14.5%) than in England (12.4%).

Source: 2014 based Subnational Population Projections for 2016

Skin Disease Prevalence

The prevalence of skin disease that would benefit from clinical treatment affects 22.5-33% of the population at any given time (Shifting Care Closer to Home: Dermatology). For Hillingdon this would equate to between 69,000 and 102,000 of the population.

The frequency of skin disease in the UK is well documented. Extrapolated for Hillingdon:

Diagnosis	Frequency in population	Extrapolated for Hillingdon (approximate)
Atopic eczema	15%	46,000
Psoriasis	2%	6,000
Acne	15%	46,000

HCNA Skin Conditions in UK 2009

3. Outcomes

3.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	Early identification of suspected cancers and other potentially life threatening conditions
Domain 2	Enhancing quality of life for people with long-term conditions	Ensuring patients with a long term dermatological conditions are managed appropriately and supported to understand and manage their condition
Domain 3	Helping people to recover from episodes of ill-health or following injury	Ensuring those with Dermatological conditions are managed appropriately and supported in their recovery
Domain 4	Ensuring people have a positive experience of care	Through patient feedback, monitor the patient experience and respond positively to concerns, ensuring ongoing improvement to a positive experience
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Ensuring the provision and maintenance of a safe environment, protecting them from avoidable harm

3.2 Local defined outcomes

The service shall have the following outcomes:

- Safe and high clinical quality personalised care
- Improved clinical outcomes for patients
- Reduced waiting times for patients
- A reduction in referrals to secondary care services and a reduction in the number of follow ups across all levels of care
- Increased patient satisfaction with Dermatology services
- Improved health outcomes and quality of life
- Reduced health inequalities by faster access to diagnosis and treatment
- Patient choice is championed by offering the patient a range of suitable options when referring into more specialised providers as per the NHS Constitution.

- Seamless pathways between primary, community and specialist secondary care services
- Training and education in primary care to enable clinical staff to manage all Tier 2 cases
- Robust clinical and information governance systems

3.2.1 Patient Outcomes

The expected outcomes that relate to the quality of patient care are:

- Improved quality of care within primary and community settings
- Reduce the waiting time
- Services closer to the patient's homes
- Improved access to advice and information and increased knowledge and awareness of the management of Dermatology within Hillingdon
- Increased patients' satisfaction with Dermatology services

It is important to demonstrate the impact on patients' quality of life and experience within the new service. Provider will carry out quality of life measurement questionnaires before and after treatment, and will collate feedback forms to demonstrate continuity of high standard service and provision for improvement depending on patients' responses. (APPENDIX 4)

3.2.2 Clinical Outcomes

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 this services over 3 yrs. and reduction in the number of follow ups across all levels of care
- Improved and responsive communication between specialist clinicians and GPs by using email, telephone and detailed care plan in all outpatient letters
- Increased development and education of GPs and nurses in dermatology

4. Scope

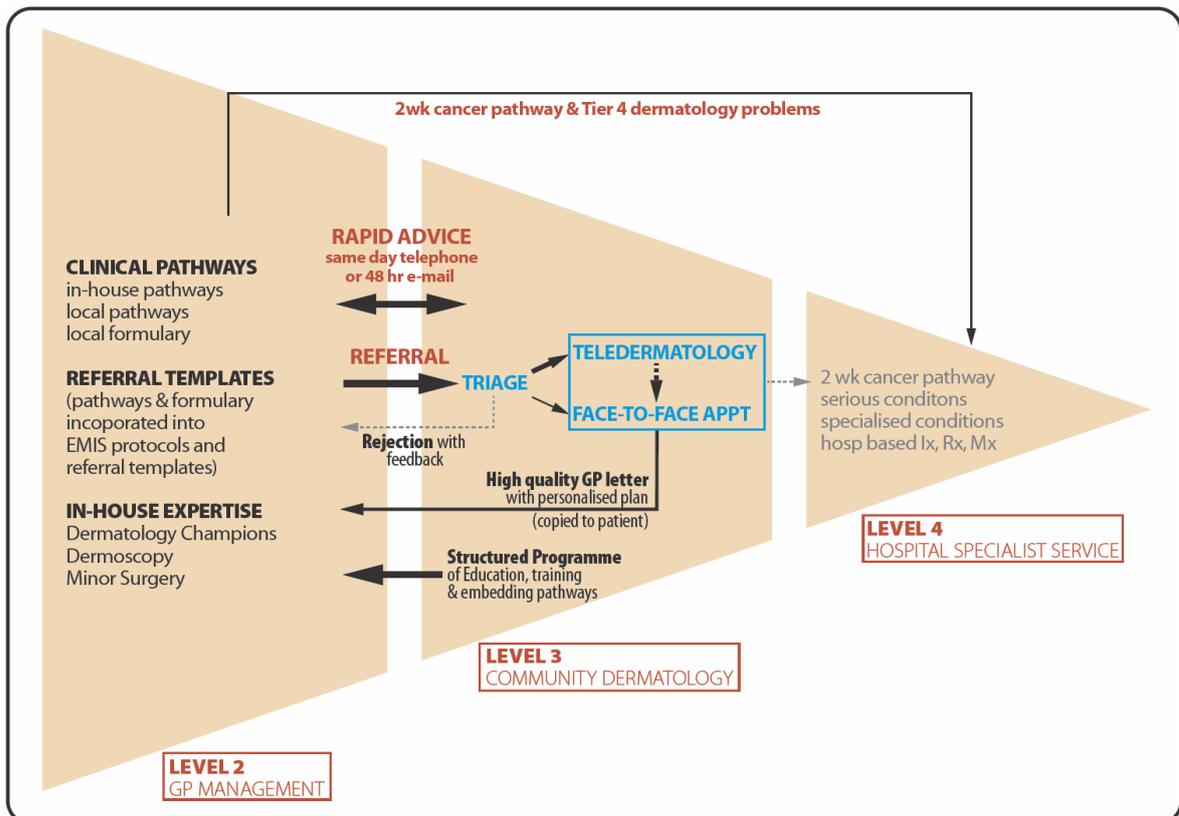
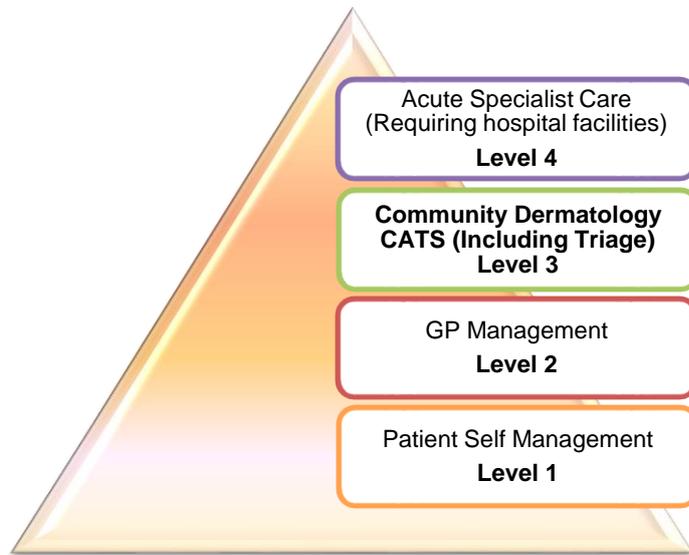
4.1 Overview

This service specification sets out the requirements for a Consultant Led Community Dermatology Clinical Assessment and Treatment Service (CATS). It will form part of the Integrated Dermatology Service in Hillingdon. The service will provide a one stop consultant led community dermatology service where patients are seen either by a consultant, dermatology registrar, and GPwSIs or specialist nurse and where possible, assessed and treated in one appointment.

4.2 Aim

The overall aim is to provide a community based service for people registered with a Hillingdon GP which operates on the general principles that the service is:

- Safe –with all systems to monitor, identify, remedy and embed lesson learnt from mishaps
- Responsive – both with regards to patient management and communications
- Effective – focused on delivering best outcomes for patients through personalised treatments and self-management
- Standardised – all services are provided to consistent standard and format so patient can expect the same quality of care and access to care no matter where they are treated.
- Fair – available to all, taking into account personal circumstances, diversity and ability to access



4.3 Objectives

Overall objectives

- Rapid access to appropriate expertise
- The development of a clear, streamlined and managed patient pathway

- Conveniently located services
- Maximum use of non-surgical interventions
- Safe and clinically-effective services
- Excellent patient experience and patient outcomes
- Robust communications across patients, primary care and secondary care
- Patient getting the right care, right place, first time.
- Value for Money

Specific Objectives

- Establish a Consultant led community-based Dermatology service CATS
- Deliver the service to all the patients of NHS Hillingdon CCG. This includes infants and children with Tier 3 clinical problems (with the exception for children under the age of 16 who require surgical procedures as these must be referred to secondary care).
- Provide quick and timely access, timely diagnostic tests and effective treatments for patients who are seen by the right clinician at the right time
- Treat patients at the most appropriate location in the community and to ensure appropriate management of onward referrals to secondary care services
- Provide a one-stop see, treat and discharge model of care where possible, with follow up care utilizing telephone and supported self-care or through shared care with the patient's GP as appropriate;
- Provide high clinical quality, good outcomes (service, clinical and patient outcome measures), clinically effective and cost effective treatments, patient safety processes and approaches
- Provide a prompt advice services to GPs via a telephone & / or email
- Facilitate the development of innovative approaches to service provision such as email consultations, text, phone or web-site solutions; also use of effective technology
- Support the further development of the NHS Hillingdon CCG clinical pathways for Dermatology
- Improve the patient care pathway to deliver measurable benefits for patients including improved patient experience
- Promote self-management strategies for patients with dermatological conditions
- Offer patients a maximum waiting time of 4 weeks and deliver on the national 18 week referral to treatment target
- Ensure that pathways and referral criteria are updated, promoted and embedded into all potential referrers in Hillingdon Primary Care
- Ensure systems are in place to monitor for, identify, remedy and embed lessons learnt from patient safety and organisational mishaps and near-misses. (this includes patients going down the wrong pathway)
- Provide advice, support and education to GPs and other appropriate Health Care Professionals in managing dermatological conditions.
- Ensure patients are seen and treated in an environment most appropriate to their needs.
- Educate patients with long term skin conditions so that they understand the causes, trigger factors and lifestyle choices available to them
- Empower patients to manage their condition independently, knowing when to seek further help, thus reducing their need for specialist care
- Implement shared decision making so that the ethos of 'no decision about me, without me' is integral to all pathways;

- Promote patient independence through programmes promoting ongoing health education, supported by access to an increased range of patient education and patient support groups including work with other services.
- Improve patient access to information in different media, e.g. websites, leaflets,
- Ensure patients have prompt access to a central helpline (telephone) for queries and cancellations
- Be responsive to the individual, including those with special needs, e.g. learning disabilities or visual impairment
- In addition to above, to initiate and support local awareness raising campaigns, which includes raising awareness of sun damage
- Ensure a child friendly / appropriate environment and flexible appointment system to meet the needs of patients and carers
- Improve the patient's quality of life
- Achieve improved access for patients, their experience, health outcomes
- Upskill and support GPs so that patient care is provided in primary care whenever this is clinically appropriate
- Develop and continue to update agreed pathways and shared care arrangements with local GPs
- Manage and reduce inappropriate referrals through education and support to primary care
- Keep the GP practices fully informed of all decisions relating to the patient's care in a timely manner
- Eliminate unnecessary repetition of unsuccessful treatments or approaches and to reduce unnecessary interventions and hand offs between clinicians and services

4.4 Service Delivery

The service will only treat conditions that could not be managed in primary care. It will be the Provider's responsibility to deal with appropriate referrals by triage and excluded procedures will be returned to the referring GP. All cancers that fit the 2 Week Rule criteria will be onward referred via the 2 Week rule pathway. For comprehensive list of tier level 3, please see appendix 3

The Commissioner expects the Provider to accept referrals and treat patients of all ages but for children under the age of 16 any surgical procedures must be referred to secondary care.

The service will be expected to:

- Produce an evidenced based referral protocol detailing the types of referral accepted, and the thresholds for referral. This referral protocol must be developed with the involvement of primary care. The pathway for red flag and emergency patients should be included in the referral protocol.
- Develop and disseminate comprehensive, condition-specific pathways for the management of conditions in primary care. Regularly promote these pathways in primary care and where possible embedding them into the pre-referral process (e.g. into EMIS protocols/templates)
- Similarly, develop and disseminate comprehensive, condition-specific guidance for the management of conditions through self-care, supporting patients and primary care practitioners to follow this guidance.
- Pro-actively promote patient self-care and self-management. This could be achieved by the following:
 - For chronic skin conditions, personalised self-care management plans with advise on prevention, management of flares and when to seek health professional help
 - The use of agreed shared care plans (between GP, patient, and other services as appropriate)

- Develop patient support groups
- Develop patient education courses regarding the different skin conditions or signposting patients to courses run by the third sector.
- Improve patient access to information in different media, e.g. apps, websites, leaflets or help lines.
- Primary care clinicians should be supported to do what a “good GP should do”, resulting in patients being given appropriate information and management early in their journey. The service will work closely with this front end of the pathway. By providing support and advice; and through giving meaningful regular feedback to the referring clinicians, the quality of referrals into the service should continuously improve.
- Undertake minor surgery and skin biopsy. The service will integrate with the Primary Care minor surgery DES (e.g. provide support and training for GPs certified under the Minor Surgery DES)

In addition the service will:

- Maintain or improve accessibility to appointments via **NHS e-referral**
- Monitor the service to reduce inequalities;
- Contribute to patient choice by ensuring that referrals can be made through choose and book using agreed local templates;
- Contribute to achieving the 18 week referral-to-treatment target;
- Recruit, support and develop a skilled and flexible workforce;
- Implement robust systems for quality and performance monitoring, and delivering continuous service improvement;
- Support the development of robust clinical governance and clinical audit
- Develop a strong clinical network

4.4.1 Rapid Telephone/E-mail advise

Consultants will a prompt telephone and email advice service to support GPs. There will be dedicated daily time for telephone advice (maximum 24-hour turn around for email advice). Robust systems should be set in place to ensure this service is prompt & responsive

4.4.2 Referrals

All referrals, whether from a GP or other health care professionals (from a GP Practice), will be treated as a GP referral for the purposes of delivering a maximum 18 week wait. Referrals will contain full patient clinical details to allow the Provider to triage and subsequently determine the appropriate tier of service for the patient.

- Prior to referral the referring clinician must have completed an appropriate level of workup in accordance with accepted best practice and the specific Hillingdon CCG Dermatology clinical pathway requirements and referral threshold for the patient’s condition. A robust and safe Primary Care Referral Template must be used with a minimum data-set that would include sections for: (Reference ? for a comprehensive list)
 - urgency and reason for referral
 - primary care assessment, work up and management
 - option to attach photos
 - option to request direct face to face consultation (over tele dermatology)
 - Where tele-dermatology unlikely hasten diagnosis and where the patient likely to benefit more from an expert consultation. E.g. to address complex concerns, health related anxieties, to tailor complex personalised management plan, etc.
 - the threshold criteria for referral
 - options for referral destinations

- The Provider will need to be connected to the NHS e-referral system (directly bookable service) and ensure the Community Dermatology Service is visible to referrers.
- As per NHS Hillingdon CCG referrals returns policy, incomplete referrals will be returned to the referring GP. A copy of the policy can be obtained from the Commissioner of the service.
- Where a patient is identified as requiring onward referral to secondary care post triage, patient choice will need to be offered. The provider is expected to capture the outcome of choice discussions and enable patients to choose and book appointments to suit their needs.
- The outcome of referral will be Triage

The Provider will be expected to work in conjunction with the commissioner to identify the most optimal solution for ensuring that referrals and appointments can be made to the service via **NHS e-referral**. This will require the Provider to be compliant with the **NHS e-referral** system.

4.4.3 Triage

- Triage is defined as a brief clinical assessment that determines the timing, sequence and pathway that the referral will take. It is based on a short evaluation of the referral information and is carried out by an appropriately accredited clinician according to agreed specialty or condition specific protocols.
- The referral will undergo an initial triage within **two working days** from receipt of referral and will be accepted or rejected.
- All referrals are expected to be triaged by a Dermatology Consultant.
- Electronic triage will be undertaken via NHS e-referral and the outcome of triage will be recorded on NHS e-referral and on the Community Dermatology Service clinical information system.

Referrers will be notified (through a robust letter template) for appropriateness within 3 days of receipt of referral by one of the clinical team delivering the service and the outcome will be either:

- Referral reject and the patient will not be seen by the Community Dermatology Service and the referral will be returned to the referring GP:
 - For further management within Primary Care. Referral returned with treatment/management advice plan; OR
 - due to insufficient referral Information OR
 - referral falls within service exclusion criteria (Referrals will only be returned for routine non urgent cases)
- Onward referral to Secondary Care
 - For any urgent referral including 2 Week Wait referrals. Referring clinician to be notified
 - The patient's condition meets Tier 3 exclusion criteria and Tier 4 inclusion criteria
 - Patient choice to be offered for any Tier 4 onward referral.
- Referral accepted
 - and patient will be seen by the Community Dermatology Service
 - assessed and treatment just via tele-dermatology
 - assessed and treatment via tele-dermatology and then face to face consultation with a dermatology clinician
 - assessed and treatment directly via face to face consultation with a dermatology clinician and include requests by GPs

Providers must provide literature for General Practitioners to assist them in the decision making processes associated with identifying the most appropriate provider and the information needed to ensure that the patient will achieve the best and quickest diagnostic/treatment outcome.

The Service Provider should ensure that referrals are triaged **within two working days** of receipt of referral (including notification to referring GP) and that patients wait no longer than 4 weeks from point of referral to treatment within the Dermatology Service.

4.4.4 Assessment and Treatment

Tele-dermatology

- Where tele-dermatology is used after triage, the provider to contact patient with an tele dermatology appointment and a leaflet provided explaining of who will do it, how to prepare (appropriate clothing make-up, chaperone requirement, etc.), what to expect, potential outcomes and their time frame, common Q&As and help-line access for queries
- Triage systems must be safe and robust to select which patients will benefit from tele-dermatology. Some patients will benefit from a direct face to face appointment

Face-to-face appointment with dermatology specialist

- Continuation of Assessment & management after tele-dermatology
- Full diagnostic service including phlebotomy, biopsy, swab taking, diagnostic biopsy services and management of the results.
- Management to e.g. to address uncertain diagnosis, complex concerns, health related anxieties, to tailor complex personalised management plans, personalised patient education, etc.

The overall service will provide:

- Tele-dermatology appointment **within 10 days** of receipt of the referral
- Face to Face appointment **within four weeks** of receipt of the referral
- Assessment, diagnosis, management, patient advice and education
- Full diagnostic service including phlebotomy, biopsy, swab taking, diagnostic biopsy services and management of the results.
- Prescribing in line with the North West London Integrated Formulary.
- Follow up management when indicated.
- Typed letter after each appointment containing treatment plan/discharge summary for the patient's GP **within 2 working days** with copy sent to patient.
- Provision of clear, patient friendly personalised treatment plans
- Assessment, investigation and treatment of cancer patients. All cancer cases will be managed by following the London Cancer Alliance pathway The provider will need to demonstrate a system of highlighting cancers to the MDT as well as to the service in order to ensure rapid patient pathways
- Maintain a full clinical register and record of all patients treated
- Collect data for network wide audit and conduct local audits
- An education programme for primary care staff
- Onward referral for 2 week wait suspected cancer referrals in line with the London Cancer Alliance pathway **within 8 working hours**. A notification will also be sent to the referring GP Practice **within 8 working hours** informing them of the action taken

Diagnostics tests

The Commissioner is looking for a 'one stop' approach for the majority of attendances with diagnostics taking place on the same day.

- The provider will ensure that systems are in place for the safe transport and analysis of diagnostic tests.
- The Providers will ensure that any biopsy results are received and acted upon **within 1 working day of receipt of result** for the appropriate intervention or follow up. The Providers will report results back to the referring GP for their records only.

The providers will need to be able to access the following basic and essential diagnostic tests:

- Dermoscopy
- Baseline pathology
- Diagnostic biopsies (only for clinically benign lesions as suspicious lesion should be referred via the 2 week cancer pathway)
- Blood testing (for diagnostic and monitoring purposes)
- Mycology, Microbiology, Urinalysis, Virology

The assessment for procedures should be conducted with the patient and recorded and include as a minimum:

- Patient demographics
- Appropriate medical history
- The patient understanding of their condition and any procedure/treatment to be carried out
- Medical condition on arrival
- Mental capacity
- Moving and handling risk assessment.

Patients must be offered the option of a chaperone for any examination. The definition of intimate or invasive may differ between individual patients for ethnic, religious or cultural reasons.

The Provider should be aware of the weight limit for examination couches and trolleys and ensure that the appropriate equipment is available or make suitable alternative arrangements when necessary.

The Provider must ensure flexible capacity to cope with seasonal and unexpected changes in demand to ensure the waiting times are met.

4.4.5 Patients with Suspected Cancer (that fit the 2 Week Wait Referral criteria)

- Providers will be expected to adhere to the 2 week rule for all suspected skin cancers.
- Referring clinicians will be expected to refer all 2 week wait suspected cancer referrals directly to a secondary care provider.
- The Community Dermatology Service Consultant will assess any cancer referral sent to the service within 8 working hours of receipt of the referrals, and to have in place management and booking systems for appointments with a specialist. Also to ensure a close working relationship with local and specialist cancer Multidisciplinary teams (which are currently hosted by the Dermatology Service on the Hillingdon Hospital site).
- Robust pathways need to be in place between all tiers of the services to facilitate these referrals and the appropriate management and treatment.
- Future consideration may be given to the Community Dermatology Service Consultants triaging all 2 Week Wait skin cancer referrals. It is recognised both nationally and locally that there are significant problems with the perception and application of the 2-week referral standard for possible skin cancers, including a high volume of non-relevant lesions and displacement of other urgent conditions. Providers will be expected to have in place strategies for improving referrals. The favoured options are for increasing the specificity of referral guidelines, and increased education regarding recognition of benign lesions.

4.4.6 Transfer of Care

The Provider must ensure robust processes are in place for the rapid transfer to specialties within Secondary Care in an emergency situation where the patient's condition warrants this transfer.

The service Provider must ensure the unit and all clinical staff are trained and competent to manage patients in the event of cardiac arrest, respiratory arrest, or anaphylaxis – and they must be familiar with the clinical emergency procedures and protocols of the hosting practice and where and how to

- Access the host practice's emergency and resuscitation equipment
- Trigger the practices protocols for calling the ambulance, in-house clinical team, etc.

4.4.7 Discharge Planning

The Provider will send a report and/or a treatment plan after the first visit, to the referring GP for patients who are seen in the Community Dermatology Service and discharged. Typed treatment plans and discharge summaries will be sent to the patient's GP and/or referring clinician within 24 hours. Protocols and discharge letters are expected to give clear information regarding improving GP treatment and reduction in referrals.

The discharge letter should contain a minimal data-set:

- Patient's name, date of birth and NHS number
- Named clinician in charge.
- Primary and where appropriate, secondary diagnosis and/ or procedure.
- Reason for discharge
- Referral to other service
- Diagnostic tests
- Full personalised management plan and follow up arrangements and suggestions for further treatments, which could if necessary be added by the GP should 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.
- A list of drug allergies and adverse effects
- Skin specialist contact number for ease of communication and query.
- Where possible copies of clinical protocols/guidelines

If the patient has sutures for removal the details regarding the timescale for removal will be included in the discharge summary and the referring practice will provide this service for the patient.

If the practice has concerns about the wound, for example the wound is not healing, the patient will be reviewed promptly by the clinician who carried out the procedure.

It is not envisaged that all patients will require a follow up, however this is at the discretion of the responsible clinician. If follow up occurs a clinical record will be made of the consultation and the referring GP will be notified of the reason for the follow up and the outcome.

4.5 Mobilising and Embedding Phase

During the initial 12 months of service start, it is essential to make a concerted effort to ensure that the service embeds safety and efficiently and that the systems in place are robust and safe and that pathways are promoted in primary care utilised optimally. The following requirements are based on the lessons learnt from past Providers

- The triaging Consultant will be expected to support the re-direction process of referrals back to GPs. This will require the triaging Consultant to be available to discuss the recommendations made in the management plans, in order to build confidence in the new pathway and mitigate the risk of onward referral to secondary care services by GPs.

Prior to new service start and for the first 12 months after, a concerted marketing publicity program for primary care to include

- **A clinical 'launch event' at the Hillingdon Primary Care Masterclass**
- **Provider presentations at all 3 Hillingdon localities/GP networks**
- **Material for all referrers in Primary Care**
- **Updated local clinical pathways** for the 'Top 10' common conditions
 - acne, rosacea, dermatitis, psoriasis, warts, alopecia, tinea, nail conditions, melisma and skin lesion
 - 'marketing' material for primary care- posters, mouse mats, etc. to remind primary care teams of the new service
- **Patient Materials**
 - **Letter templates**
 - appointment letter
 - Tele-dermatology – what to expect
 - DNA letter

- Complaints/feedback/suggestion form
- **e-newsletter to Primary Care** (monthly for the first 12 months, then quarterly) providing information on
 - how to use the service
 - inclusion and exclusion criteria
 - how the referral pathway works
 - how to seek prompt advice (GP prompt advice)
 - publication of selected clinical pathways
 - feedback from patient and referrers
 - How to make complaints/suggestions
 - Common Q&A for patients
- **Printed graphic behind every letter to GP:** Every clinical letter sent back to the GP to have (printed on the reverse) a graphic of how to use the service and a table of the inclusion and exclusion criteria

4.6 Pathology

- The Commissioner expects all lesions removed to be sent for histological reporting.
- The Provider must contract with an accredited histopathology service and ensure appropriate sample turnaround times with reports coming back to the Provider for monitoring and action. There should also be established links to MDT pathologist.
- Normal test results and those with only minor abnormalities may be given to patients in writing with the ongoing management plan. Significant abnormal results will be given in face to face appointments with the appropriate healthcare professional unless a delay would cause harm. Patients should be advised of their results at the earliest opportunity.

Unexpected serious pathology

- If unexpected serious pathology is suspected on examination of the patient, the Provider will
 - fast-track the patient to the appropriate consultant in line with the 2-wk cancer pathway and:
 - Discuss the findings with the patient and the need for further investigation and complete an initial report detailing the suspicions and the subsequent discussions with the patient. Send this to the referring GP either electronically or via safe haven fax on the day of attendance
 - On the day the patient is seen advise the relevant clinician, a Consultant within the Multi-disciplinary team;
 - Send a copy of the initial report, including any photographic images to the Local Skin Cancer MDT coordinator at the relevant acute Trust
 - Ensure that the clinician who examined the patient is available to discuss the case either in person or by telephone at the relevant MDT meeting.

If the routine pathology report reveals unexpected serious pathology the Provider will:

- Discuss the findings with the patient and the need for further investigation **on the same day** of the finding of the abnormal pathology
- Send the pathology report and planned referral pathway to the referring GP either electronically or via safe haven fax on the day the report is received;
- On the day the patient is seen advise the relevant clinician, a Consultant within the Multi-disciplinary team and send a copy of the initial report, including any photographic images to the Local Skin Cancer MDT coordinator at the relevant acute Trust;
- Ensure that the clinician who examined the patient is available to discuss the case either in person or by telephone at the relevant MDT meeting.

Where the histology is not being sourced from a local secondary care provider the Commissioned service must make arrangements with CPA accredited pathology provider. The latter should have a histopathologist that specialises in dermatology that spends more than 50% of their time reporting skin pathology.

- Make a histopathologist available to discuss suspicious reports at the local MDTs;
- Make available to the local MDT the removed skin material so it can be reviewed at the MDT meeting.

4.7 Medicines Management and Prescribing

- The service provider shall have a named clinical governance lead that shall ensure that all prescribing is within national and locally agreed guidelines and treatment pathways. All prescribers must adhere to both legal and good practice guidance on prescribing and medicines management in line with the Medicines Act 1968, associated legislation and regulations.
- The service provider shall comply with all statutory regulatory requirements and have robust, auditable systems in place to cover responsibility, reconciliation, record keeping and disposal requirements for the movement of drugs for which they are responsible.
- The provider will be responsible for the **ordering and secure storage of FP10s**.
- The Provider will demonstrate compliance with any relevant Safety Alert Broadcast systems, MHRA safety alerts and notices.
- The Provider will have a process in place to report Adverse Drug Reactions via the Yellow card reporting system.
- The Provider will notify the GP in their correspondence of any patient drug allergy/ adverse effect
- The service provider shall record and report significant events and trends on near misses to the commissioner
- The providers will audit their prescribing as good practice and provide a report to NHS Hillingdon CCG every six months.
- The providers will meet safe and secure handling of medicines standards (C4d) as required by CQC annual health check, and be able to provide evidence of compliance (i.e. procedures and policies).
- The providers will have a formal process of sharing incidents with NHS Hillingdon CCG including documentation with planned action.

2.13.1 North West London Integrated Formulary and prescribing policies:

When issuing prescriptions the Provider will be expected to adopt and work to the North West London Integrated Formulary, and any agreed amendments to this.

- GPs should not be asked to prescribe non-formulary drugs unless there are exceptional circumstances.
- GPs should be informed of the reasons for non-formulary choice. A copy of the Formulary can be obtained from the HCCG Medicines Management Team NWL IF can be found via http://www.hounslowccg.nhs.uk/media/91663/formulary-master-26_05_17-v25.pdf

Prescribers will follow local prescribing guidelines where these are in place, and will follow procedures for the introduction of new and/or specialist therapies and transfers of prescribing responsibilities.

Prescribing should follow the Prescribing Policy below:

- For all non-urgent prescriptions, or for prescriptions that can start after 14 days, a letter will be sent to the patient's **GP within 5 days**, with details of the drug/ drug class to be prescribed.
- For any treatment to be started within 14 days, **a 28 day supply** of medication (or complete course, if shorter) will be issued, and a letter sent to the patients GP with details of the prescribed medication.
- Any blood testing required for monitoring or prior to any drug treatment should be ordered and the results managed by the provider Details of the results to be communicated to the GP

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The Provider will be expected to work with the NHS Hillingdon CCG Medicines Management team to support the delivery and implementation of any changes to the above prescribing policy.

2.13.2 Prescribing Costs

The CCG will not be invoiced by the Provider separately for medicines which have been provided, through the clinic. All tariffs are therefore 'drug inclusive' and are inclusive of initial supply of medicines. This requires the service providers to have procurement process for medicines and devices in place, with associated governance, i.e. storage and handling and appropriate policies e.g. clinics own medicines policy. The provider should have a mechanism to prescribe medication using an FP10/PGD if medication is immediately necessary.

4.8 Did Not Attend (DNAs)

If a patient DNAs (does not attend their appointment without previously notifying the Provider)

- A further appointment will be sent to the patient within 3 weeks
- If that new appointment is not taken, the patient will be discharged except in exceptional circumstances.
- Once discharged if a patient telephones the department they will be advised to go back to their GP Practice for another referral if they still require treatment.

In exceptional circumstances a patient may be offered another appointment once discharged.

All patient where the referring letter has supplied their mobiles phone should be sent automated reminder to attend their due appointment within 5 days of their appointment date

4.9 Patient Choice

Where secondary care referral is required, patients should be offered choice at the point of referral and given the necessary information and support to help them make a decision as to where they choose to have their care. Providers will be responsible for all onward referrals.

4.10 Cancellation Policy

If a patient cancels their appointment with more than 24 hours' notice they will be offered another appointment within 3 weeks from notification

If a patient cancels twice on consecutive appointments they are liable to be discharged except in exceptional circumstances. A warning will be given after the first cancellation.

4.11 Effective Communication

The provider is responsible for communications and marketing of the services specified. All such activity must conform to the NHS Identity Guidelines, the NHS Promotions Code and communications guidelines produced by NHS Wakefield District. The provider's communications plan should be proportionate to the scale of service being provided and should be agreed with NHS Hillingdon CCG communications department prior to implementation.

The provider must alert the NHS Hillingdon CCG communications department to any enquiries from public stakeholders (e.g. politicians, key professional groups) relevant to the services commissioned by NHS Hillingdon CCG and should agree a response.

The provider should also alert the NHS Hillingdon CCG to potential adverse media coverage and statements/media releases regarding the service commissioned by NHS Hillingdon CCG and should be agreed with NHS Hillingdon CCG communications department before release.

All promotional or marketing literature relating to the service commissioned by NHS Hillingdon CCG should take account of health literacy issues and should also be submitted to the NHS Hillingdon CCG communications department for approval before committing to production.

In addition to the above, the following will apply:

- Providers will offer a range of leaflets, in multiple languages relevant to local area.

- Providers must provide clear, comprehensive feedback to referrers if inappropriate referrals are made to the service.
- Providers to ensure that information on patients is fed back to the referrer on completion of the course. This should include any clinical management advice/plan and outcomes

4.12 Information Management & Technology

The Provider must ensure that appropriate “IM&T Systems” are in place to support the Service. “IM&T Systems” means all computer hardware, software, networking, training, support and maintenance necessary to support and ensure effective delivery of the Service, management of patient care, contract management and of the treatment processes.

The IT system will be EMIS Web integrated with NHS e- referral Choose and Book. This is to enable the service to access shared patient records.

The Provider must have the functionality and capability of supporting a Directly Bookable Service. The Provider shall have details of their ODS code with named contacts who is solely responsible for the directory of services. For those non NHS organisations notification of their NHS sponsor must be noted. NHS e-referral Process maps should be readily available to evidence how the patient will be managed, covering all elements for example slots issue, with timescales. The Provider will be expected to explore further electronic communications process including sharing of information using the Medical Interoperability Gateway (MIG). The provider shall comply with relevant NHS information and data standards, including reporting requirements of SUS and UNIFY and those set out in dataset change notices (DSCNs). The Provider shall notify commissioners promptly where standards are not followed.

Both parties acknowledge that it is essential to provide timely and accurate monitoring information to fulfil their aims and statutory responsibilities.

The parties will review the requirements for locally agreed data flows on an annual basis to ensure continuing relevance. Changes to existing requirements, as well as any new requirements, will be subject to agreement between the Parties and shall be agreed as a variation to the agreement. Wherever possible centrally submitted data will be used to reduce duplication of effort

The Provider must put in place appropriate governance and security for the IM&T System to safeguard patient information

The Provider must ensure that the IM&T Systems and processes comply with statutory obligations for the management and operation of IM&T within the NHS, including, but not exclusively:

- Common law duty of confidence; Data Protection Act 1998; Access to Health Records Act 1990;
- Freedom of Information Act 2000; Computer Misuse Act 1990; and Health and Social Care Act 2001.

There is a statutory obligation to protect patient identifiable data against potential breach of confidence when sharing with other countries.

The Provider must meet prevailing national standards and follow appropriate NHS good practice guidelines for information governance and security, including, but not exclusively:

- NHS Confidentiality Code of Practice;
- Registration under ISO/IEC 16799-2005 and ISO 27001-2005 or other appropriate information security standards;
- Use of the Caldicott principles and guidelines;
- Appointment of a Caldicott Guardian;
- Policies on security and confidentiality of patient information;
- Clinical and information governance in line with the NHS Information Governance Toolkit; and

- Risk and incident management system
- Pseudonymisation of data

No failure of Health & Social Care Information Centre, NHS Hillingdon CCG or any other subcontractor supplying IM&T services or infrastructure will relieve the Provider of their responsibility for delivering Dermatology services. Therefore, the Provider must have an IM&T Systems disaster recovery plan to ensure service continuity and prompt restoration of all IM&T Systems in the event of major systems disruption or disaster

The Provider will have an identified Information Governance Lead and have in place a completed NHS Information Governance Statement of Compliance(IGSoC) process, comprising:

- IGSoC signed by the most senior executive in the organisation, and sent from that individuals mailbox (usually the CEO) to igsoc@nhs.net;
- Logical Connection Architecture – a description of the applying organisations network infrastructure;
- Sponsorship letter from the NHS organisation to whom you provide services.

All IGSoC processes will have to be approved via Health & Social Care Information Centre IG SoC Team.

<http://systems.hscic.gov.uk/infogov/igsoc>

The Provider must complete and provide evidence that they have achieved minimum of level 2 scores for their organisations Information Governance Toolkit <http://systems.hscic.gov.uk/infogov>

The provider will ensure that information relating to patients is safeguarded and will take account of:

- Confidentiality
- HCCG's Caldecott Guardian
- HCCG's information sharing protocols
- Informed consent
- Records keeping protocols

4.13 Equipment

The provider will be responsible for the purchase and maintenance of all equipment inclusive of the agreed tariff

The Premises may contain equipment, furniture, furnishings and consumables used in the delivery of the Services (e.g. reception and office desks, consulting room furniture, fridges used for storing drugs, syringes, sample collection materials, bandages, etc.). Collectively these will be known as the "Equipment". The Equipment may include permanently installed Equipment as well as Equipment used in the maintenance and upkeep of the Premises

The provider will ensure that all medical equipment is regularly calibrated or serviced in line with the manufacturer's guidelines

4.13. Standards

Where the Provider purchases equipment for use within the Hillingdon CCG's premises The Provider must ensure that Equipment complies with statutory requirements and the latest relevant British Standard or European equivalent specification where such exist and the Provider shall furnish the NHS Hillingdon CCG Contract Manager with proof of the same if requested.

The Provider must provide, install, operate and maintain all Equipment in accordance with all applicable laws and manufacturers' instructions.

The Provider must ensure that Equipment used to deliver the Services would not cause interference with or damage to equipment used by others.

The Provider must ensure that Equipment is fit for purpose and purchased with compatibility in mind.

4.13.2 Due Diligence

Bidders must have carried out all appropriate investigations with regard to equipment and have taken into consideration the results of all such investigations prior to submitting their Bid

4.13.3 Contracting arrangement

The Provider shall provide Equipment, whether fixed or mobile, necessary for the delivery of the Services and operation of the Premises (the "Provider Equipment").

4.13.4 Consumables

Providers must ensure that consumables are stored safely, appropriately and in accordance with all applicable laws, good practice guidelines and suppliers' instructions.

4.13.5 Costs

Cost of equipment including maintenance and any licensing will be included in the agreed price

4.13.6 Management of equipment

The proper and adequate control of Equipment is an important aspect in the safe and effective delivery of the Services

4.13.7 Post contract responsibility

The Provider will be responsible for the Equipment, beyond the term of the Contract

4.13.8 Acceptance of Provider Equipment by NHS Hillingdon CCG

The choice of Provider Equipment and consumables will be subject to approval by NHS Hillingdon CCG

4.14 Training and Education

Clinicians working within the service should have evidence of competency in teaching and training healthcare professionals and a commitment to cascading knowledge and skills. There will be a contractual agreement (via a KPI) to deliver an agreed **Education, Training and Pathway Establishment Programme** (Appendix 3)

4.14.1 General Practice

The service provider will be required to deliver **on-going support and education for staff within general practice in order to ensure that best management practice is shared**. This will include, but is not limited to the following:

- Open meetings for all GPs, nurses and other community staff to attend will be organised including seminars, lectures and case studies. Clinicians should have the opportunity to present and discuss patient presentations, assessment/examination skills, etc.
- Open meetings can be delivered in partnership between the providers; however the providers need to ensure that they are equally distributed in the borough to maximise attendance by GPs and nurses. The organiser of the event must liaise with HCCG communications department in order not to duplicate training or run on the same day as another event. Sessions should be delivered by consultants or other experts in disease areas.
- Offer open access in the clinics for GPs and nurses to undergo training including those requiring supervision for dermatology courses, diploma and dermatology GPSI requirements
- Be willing to provide training materials/sessions to non-clinical staff to support the administration processes associated with primary, intermediate and secondary care referral pathways.
- Open meetings and in-clinic training should be provided to practice nurses and include diagnosis and treatment of most common conditions such as acne, eczema and psoriasis as a minimum. Practice nurses' sessions should be designed around knowledge of treatments (creams etc.) and their application to enable them to offer face to face advice for patients as well as other appropriate areas.
- This is in addition to the advice and guidance facility for GPs/other primary care clinicians and the production of clear typed management plans for GPs to follow when the referral is passed back to the GP post triage

In addition to the above, the service will also be required to support improving knowledge of other NHS Hillingdon CCG health professionals by enabling further teaching of medical students, nursing students, pharmacy students and the community staff.

The Provider should also be committed to supporting the Hillingdon GP Vocational Training Scheme and will endeavour to provide training approved by HEE NWL for GP trainees.

4.14.2 Specific Support for GPs to improve referral quality

- Consultant providing a prompt telephone and email advice service to support GPs. There will be dedicated daily time for telephone advice maximum 24-hour turn around for email advice). Robust systems should be set in place to ensure this service is prompt & responsive.
- The Provider should collect information for feed-back to GPs, for example, showing comparative referral rates, inappropriate (out of inclusion criteria) referrals.
- Create or use a website accessible to GPs, that provides access to up-to-date guidance, protocols and guidelines
- Develop a regular structured approach to mentoring, supporting and feeding back to practices about referrals.(Appendix 3)
- Provide educational peer support roles, possibly working with geographical areas or groups of practices
- Encourage and support GPs to make sure all appropriate investigations have been done before the first outpatient appointment as per agreed NHS Hillingdon CCG clinical pathways
- Adhere to the requirements of the **Education, Training and Pathway Establishment programme** (Appendix 3)
- More targeted interventions with poorly performing practices.

4.14.3 Staffing

Staff providing the services are likely to fall into one of the five categories below or be any combination of the five:

- Dermatology medical consultant (current or previous NHS consultant contract)
- Specialist registrar in Dermatology
- GP with specialist interest in dermatology or skin surgery with necessary experience and training and formally accredited as such
- Specialty Doctor
- Dermatology Nurse Specialist

Medical Consultants will be required to triage and assess referrals and patients in accordance with agreed protocols and the NHS Hillingdon CCG clinical pathways which are based on national clinical guidelines and evidenced good practice.

A clinical lead for the service will be required with responsibility for overseeing the clinical governance framework and processes, including Medicines Management and Prescribing.

The provider will have responsibility for ensuring that suitable training and mentoring arrangements exist for all clinicians working within the service and that training is provided to ensure **succession planning** for future provision of dermatology services.

Where there is change of clinical staff, continuity of care must be ensured through reliable and consistent use of local processes, protocols, clinical and administration pathways, familiarity of the NW London formulary, etc. The provider should provide assurance to the CCG by demonstrating that all clinical new comers undergo an induction checklist with appropriate training.

The consultant dermatologist should be on the **dermatology specialist register** at the General Medical Council.

Clear policies on staff revalidation, accreditation, supervision, CPD, and registration in line with national guidance must be demonstrated and adhered to. Relevant certification for the undertaking of any procedures, including surgery, must be provided.

All personnel providing the service through the contract must have appropriate indemnity cover to meet in full, claims made against them as individuals. Proof of cover must be submitted to NHS Hillingdon CCG upon request; Providers will be responsible for ensuring this is in place.

All staff should have sufficient competency in English to undertake the role, with relevant suitable medical vocabulary and terminology. Where required, they will have passed a suitable examination in medical English vocabulary.

Each Provider will be required to demonstrate they have safe recruitment procedures in place e.g. Disclosure and Barring Service (DBS) checks and will be able to meet the requirements of the Vetting and Barring Scheme which came into effect from 12 October 2009.

Nursing staff within the service should be registered with Nursing and Midwifery Council and hold recognised qualifications for any treatments they undertake.

The providers will institute management and administrative arrangements with clear lines of accountability and an identified lead clinician/manager with overall responsibility for the service. Each Provider will also be required to identify an individual as the point of contact with NHS Hillingdon CCG.

The service will strive to maintain professional links with local clinicians and local acute and secondary care specialist providers and the direction and development of the service will be steered in collaboration with both groups as far as possible

4.14.4 Staff development and staff competency

The Provider should ensure that all staff (clinical and non-clinical) should have an annual appraisal and an agreed personal development plan.

Examples of different evidence of competencies for the service:

- Demonstration of skills under direct observation by a Consultant
- Demonstration of knowledge by personal study supported by assessment
- Evidence of gained knowledge via attendance at relevant courses or conferences
- Where minor surgery is carried out both the room and operator meet the required standards including skills certification and annual audit (complications, incomplete excisions, unsuspected cancers, etc.)
- Demonstration of ability to work in teams by evidence of taking part in multidisciplinary team-work to plan and deliver service provision and individual patient care.
- Evidence of Continuing Professional Development, appraisal and audit.
- Delivering multi and uni-professional training.
- Maintain a professional development logbook, recording, practical supervision received, courses attended and other related further education;
- Be in receipt of feedback on performance
- All staff should be trained in resuscitation to Basic/Advanced Life Support standard.
- All staff should attend annual updates in Fire and Health and Safety training

General Practitioners with Special Interests must maintain competency as set out within the Guidance and Competencies for the provision of services using GPs with Special Interests (GPwSI). (*Department of Health (2011) Revised Guidance and Competencies for the Provision of Services using GPs with Special Interest: Dermatology and Skin Surgery. London: Department of Health*)

NHS Hillingdon CCG will require evidence of revalidation enhanced appraisal basic Basic/Advanced Life Support standard.

4.14.5 Human resource management

- The providers are responsible for all recruitment, training, supervision, discipline and development of staff.
- Each Provider will be required to provide its proposals for the recruitment and retention of an appropriately skilled workforce as detailed in core services. Providers are required to develop a workforce plan to ensure continuity in the event of staff sickness, retirement etc.
- The providers are required to actively support all employees to promote openness, honesty, probity, accountability and the economic, efficient and effective use of resources

The service provider will be responsible for ensuring that it maintains a staffing complement which allows it to meet the objectives set out in this specification. In particular, all staff will be required to work flexibly to ensure continuity of care and equity of access across all sites and treatment pathways.

4.15 Acceptance and Exclusion Criteria

General rules of accessibility for whole service:

- The Provider will not discriminate between or against patients or carers on the grounds of gender, age, ethnicity, disability, religion, sexual orientation or any other non-medical characteristic.
- The Provider will provide appropriate assistance and make reasonable adjustments for patients and carers who do not speak, read or write English or who have communication difficulties, in order to:
- Minimise clinical risk arising from inaccurate communication;
- Support equitable access to healthcare for people for whom English is not a first language; and
- Support effectiveness of service in reducing health inequalities.
- Patients will be asked by the Providers as to their need for an interpreter for the clinic. It will be the responsibility of Providers to arrange it inclusive of tariff where language support needs are identified.
- The service must recognise cultural diversity and meet the needs of the population it services
- The service must be located in an accessible area, with good access to transport links
- The service must have access to parking for patients
- The service must provide transport for patients who are assessed as having sufficient impairment to make public transport impossible and no other means of travelling to the service
- The service must be provided from at **least 3 sites positioned** to meet the needs of the local population

The service should develop an accessibility and non-attendance policy to be approved by the commissioning organisation prior to mobilisation and go-live

The service does not include the delivery of those services which form part of the essential and additional primary care services (unless they are failing to respond to primary treatments).

The service will provide diagnostic services and interventions for a range of conditions – (see Appendix 2) for the list of conditions covered in the scope of this specification.

Exclusion criteria

This service shall not be available to patients whose needs are assessed as sitting outside the scope of the service or whose healthcare needs present complications or risks which require access to acute hospital facilities for investigation and treatment. These include, but not exclusively, the following:

- Patients not registered with a NHS Hillingdon CCG GP
- Self-referral
- Patients with life threatening skin disease
- Patients with suspected cancer (2WW)
- Patients under the age of 16 requiring surgical intervention
- Patients with post-operative or post traumatic complications
- Conditions which are subject to prior approval by Hillingdon CCG
- Other Red Flag patients and conditions deemed to be unsuitable for community service and suitable for hospital – See Appendix 2

The Provider will be expected to adhere to local Planned Procedures with a Threshold (PPwT) and Individual Funding Request (IFR) policies for North West London CCGs. These policies can be obtained from <http://www.hounslowccg.nhs.uk/news,-publications-and-policies/publications.aspx?n=2010>

4.16 Waiting times

- The maximum waiting time from receipt of referral to first appointment should be **4 weeks**. Providers must ensure that they adhere to all cancer waiting times targets (2 weeks) and 18 weeks pathway.
- Clinical assessment, diagnostics and commencement of treatment is to occur within as short a timeframe as possible and practicable.
- First line diagnostics to occur on the day of clinical assessment wherever possible
- The service must adhere to the 18 week Referral to Treatment target for those referrals into secondary care.

4.16.1 Appointment Booking

The provider will be responsible for ensuring an appropriate appointment booking system is in place. Choose and Book should be operational.

4.17 Whole System Relationships

The service shall provide triage, and an assessment and treatment service which interfaces between primary and secondary health care services.

The service Provider shall develop a close working relationship with a number of other organisations/agencies which shall include, but not exclusively, the following:

<ul style="list-style-type: none"> ▪ Commissioners, including practice based commissioning consortia ▪ Psychology services ▪ Accident and emergency ▪ Independent sector ▪ Hillingdon Borough Council ▪ The Hillingdon Hospitals NHS Foundation Trust ▪ Other acute service Provider 	<ul style="list-style-type: none"> ▪ District Nurses (CNWL) ▪ Health Visitors (CNWL) ▪ Practice nurses ▪ School Nursing Service (CNWL) ▪ Tissue viability/leg ulcer service (CNWL) ▪ Podiatrists (CNWL) ▪ Paediatric departments
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4.18 Interdependencies

It is expected that there will be robust relationships with the acute consultants to support integration and streamline the pathway.

<ul style="list-style-type: none">▪ Histopathology Services▪ Dermatology Inpatient Care and day cases▪ General Practitioners▪ Carers▪ Secondary Care including outpatient clinic staff▪ Paediatric Service	<ul style="list-style-type: none">▪ Plastic Surgery▪ Pain services▪ The local skin multidisciplinary team and cancer network's skin cancer tumour working groups▪ British Association of Dermatology (BAD)
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4.19 Relevant networks and screening programmes

- Clinical Networks
- London Cancer Alliance
- The Hillingdon Hospital skin cancer MDT

4.20 Sub-contractors

The service Provider will ensure that no part of the service outlined in this specification may be subcontracted to any other party than the approved Provider without prior agreement and approval of the Commissioner. Any subcontracting agreements must meet the requirements of the standard NHS contract as published by the Department of Health.

The contractual relationship and responsibility for delivering the whole service as laid out within this specification remains with the provider and NHS Hillingdon CCG will continue to performance manage the service against the whole specification.

2.21 Audit

A programme of audit and review will be undertaken at predefined intervals to monitor service standards, outcomes and patient satisfaction. These audits will be undertaken in compliance with current national and local audit requirements which will include:

Clinical risk management, under the aegis of the Quality Safety and Risk Management, which complies with current national and local requirements including incident reporting and never events

2.22 Quality and Governance

The Provider will have a framework that assures patient and staff safety and is supported by a range of policies and strategies including as a minimum:

- Incident and serious incident reporting (using standardised agreed templates)
- Risk management
- Clinical governance strategy
- Health and safety policy
- Chaperone policy
- Policy for the protection of vulnerable adults and children
- Infection prevention and control policy, including decontamination
- Complaints policy
- Patient information and patient experience policy
- Management of medicines policy
- Emergency and contingency procedures
- Safeguarding

- Standards for Minor surgery in the community

2.12.1 Governance Overview

Governance is a mechanism to provide accountability for the way in which an organisation manages itself. Integrated Governance is a collation of systems, processes and behaviours by which healthcare organisations lead, direct and control their functions in order to achieve organisational objectives, safety and quality of service and in which they relate to patients and carers, the wider community and partner organisations. The Provider is required to have, or adopt, a system of Integrated Governance that incorporates key elements of Clinical Governance and organisational learning to ensure that there is the safe delivery of the Services to Patients.

Clinical Governance is a system through which healthcare organisations are made accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish. Clinical Governance should be integrated into the organisation's whole governance arrangements. The Provider shall comply with their duties under Law to improve the quality of the Services for Patients through the Integrated Governance arrangements set out in the National Standards and having regard to the DH guidance on Clinical Governance

2.12.2 Best Practices

The providers will 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 Health Care including Standards for Better Health
- Staffing and Facilities for Dermatological Units (BAD, Nov 2006)
- The Health Act (2006) Part 2 (Prevention and Control of Healthcare Associated Infections)
- 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
- Issued by any relevant professional body
- Data Protection Act 1998
- Comply with Bribery Act (2011)

The Care Quality Commission (CQC) sets out the level of quality that all organisations providing NHS care in England are expected to meet. The Provider is required to achieve registration with CQC and it is their responsibility to perform an analysis of the CQC registration and compliance requirements.

The CQC provide a common set of requirements applying across all healthcare organisations to ensure that health services that are provided are both safe and of an acceptable quality. The Provider must meet all essential standards set out in the 'Care Quality Commission Guidance and Compliance Essential standards for quality and safety', published in December 2009.

The Provider is required to declare and provide details of any CQC investigations, claims, suspended doctors, nurses or other healthcare professional registered with a professional body

2.12.3 Health and Safety

The Providers will be expected to demonstrate compliance with all applicable Health and Safety legislation.

Medical devices and equipment safety policies need to be in place, and the service needs to be compliant with appropriate MHRA directives.

The service will be compliant with national standards for skin surgery, including safe procedures for handling of tissues, consent, record keeping and other processes.

2.12.4 Public and patient involvement

Section 26 of The Health and Social Care Act 2012 places a duty on Clinical Commissioning Groups to involve and consult with patients and the public in the planning and organisation of services.

The service provider will be expected to undertake patient satisfaction surveys and provide information to patients about the service. A set of high quality comprehensive information leaflets on the main dermatological conditions will be developed and agreed with NHS Hillingdon CCG.

Providers will be expected to co-operate and collaborate with other providers of the same service, GPs, and Acute Specialist Service providers to ensure that patients entering and exiting the service are managed appropriately.

2.12.5 Internal Governance arrangement

The provider will identify a **clinical lead for clinical governance**. Their role will be to ensure clinical standards are being adhered to and to liaise on an on-going basis with GPs, Brent Harrow and Hillingdon Clinical and Information Governance Lead and Secondary care providers to ensure appropriate clinical governance arrangements are in place. Good clinical leadership is key to promoting Patient safety and to improving quality of care. The Provider must demonstrate in their structure clinical leadership by nominating an Organisational Medical Director whose identified responsibility is to put quality of care at the heart of the Provider's aims, and to provide a framework for Clinical Governance and support for those delivering the Services. Organisational Medical Director carries corporate/organisational responsibility for the organisation's activities

The providers will 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
- Infection control
- Managing alerts
- Significant event analysis
- Information Governance

2.12.6 Patient consent

The Providers will be required to have processes in place to evidence that valid consent, including from those who have communication 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

2.12.7 Patient Satisfaction and Complaints

Patients must at all times be respected and treated in a kind and considerate manner by staff who should at all times demonstrate a professional and patient friendly attitude.

The Provider will conduct regular patient and GP referrer satisfaction surveys using a questionnaire co-created by the commissioning clinical lead and provider The patient sample should represent at least 40% of the activity.

The provider will have a complaints policy and operate a complaints procedure which is in line with existing NHS Complaints standards, and will promote this to patients. The service will also be expected to provide clear details of who to contact and how to escalate complaints to the Brent,

Harrow and Hillingdon (BHH) PALS department if they do not feel their concerns have been addressed.

All complaints must be recorded (verbal and written) and responded to within appropriate timescales. The Commissioner will require a monthly summary of complaints received, and should ensure that complaints data is analysed at regular intervals to identify trends which must be reported back to the NHS Hillingdon CCG.

2.12.8 Patient safety/Serious Incidents (SIs)

The providers will have a process in place for reporting SIs. The providers will provide NHS Hillingdon CCG with copies of any notifications made to the CQC where these directly or indirectly concern any patient. The providers will agree with NHS Hillingdon CCG arrangements for the notification and investigation of any SIs and will provide investigation reports and action plans. The Provider should be committed to learning from Adverse Incidents, Never Events, SI's and other Patient Safety incidents to improve the quality of care for Patients

The provider should strive to meet and discuss an audit (? quarterly) of all 2 week suspected cancer referrals (including SUIs involving 2wk cancer referrals cases) with the secondary care Dermatology MDT group. – This is not happening need good practice and patient safety

2.12.9 Safeguarding adults / Protection of vulnerable adults and children

Be cognisant of the population demographics and ensure staff have the right adult safeguarding training compliant with their role and are effective in the management of adult safeguarding concerns.

The work of the service is underpinned and driven by legislation and Government guidance including:

- Care Act, (2014)
- The Mental Capacity Act (2005)
- The Deprivation of Liberty Standards (2009)
- Hillingdon multi-agency safeguarding adults procedures and pathways
- Professional Guidance e.g. NMC, GMC, HCPC etc.
- CQC Fundamental Standards, (2015)
- London Multi-agency Safeguarding Policy & Procedures, (August 2016)
- Making Safeguarding Personal, (2014)
- The Counter Terrorism and Security Act (2015)
- NHS Hillingdon CCG Updated Adult Safeguarding Policy 2017

The provider will strive for all patients to have a positive adult safeguarding experience ensuring that the ethos of Making Safeguarding Personal is central to all discussions and that the London Multiagency Policy and Procedures (2016) are complied with.

The purpose of adult safeguarding is to promote practitioner recognition of all forms of abuse for the protection of vulnerable adults. The service has a role in ensuring the safe clinical practice of all staff in relation to safeguarding. This includes a wide range of associated activity including core areas such as training, providing advice to staff on safeguarding issues, reporting adult safeguarding concerns, overseeing complex safeguarding cases, monitoring the numbers of cases/outcomes/trends, supporting/leading safeguarding investigations, where required. The service will work closely with local partners including Hillingdon Local Safeguarding Adult Board, social care, acute trust's (The Hillingdon Hospital NHS Foundation Trust), Metropolitan Police, GPs and 3rd sector organisations to provide an open learning culture which supports reporting and knowledge to counter abuse, and will comply with a section 42 enquiry in Adult Safeguarding.

The services Information systems should enable the flagging of high risk victims of domestic abuse and that the system is utilised to flag patients of high risk domestic abuse in line with your current policy, and that you read code patients with Domestic Violence in line with your policy.

The service should have a Domestic Violence and abuse policy which ensures staff are aware of the issue of domestic violence, how to identify and access perpetrators of domestic violence, local information regarding current pathways and the referral pathway.

The service should support any serious case reviews including the completion of Individual Management Reviews (IMR'S) / Domestic Homicide Reviews (DHR), chronology time lines and will be responsible for ensuring any learning is disseminated throughout the service.

The service will review the current Hillingdon DHR Case of Charlotte and embed any learning into practice.

https://webcache.googleusercontent.com/search?q=cache:TZ81QhfxOocJ:https://www.hillingdon.gov.uk/media/36677/DHR-Charlotte-2015/pdf/Hillingdon_DHR_Charlotte_-_Overview_Report1.pdf+&cd=3&hl=en&ct=clnk&gl=uk

Applicable standards for safeguarding

- Domestic Violence and Abuse (NICE QS116)
- CQC Roles and Responsibilities in Health and Care Services
- NHS England Safeguarding Policy
- Royal College of Nursing Safeguarding adult's - everyone's responsibility
- Royal College of Nursing First Steps for Health Care Assistants Principles of Safeguarding Feb 17
- The Law Commission Reforming Law Mental Capacity and Deprivation of Liberty
- Summary Summary March 17
- Care Act - Care and support statutory guidance Updated 24 February 2017
- Personality disorders: borderline and Antisocial (NICE QS88)
- Antisocial personality disorder: prevention and management (NICE CG77)
- Domestic Violence and abuse: multi-agency working (NICE PH50)
- Compliance with Safeguarding Health Outcomes Framework (SHOF) included in the contract with NHS Hillingdon CCG.
- The service should have an Adult Safeguarding Policy which is cross referenced to your domestic violence policy and which reflects the information which is in the NHS Hillingdon CCG Adult Safeguarding Policy.

5. Applicable Service Standards

The commissioned service should comply with all national best practice standards and guideline for dermatology including, but not limited to the following;

Quality Standards

- NICE: Atopic Eczema in Children (Under 12s) (QS44), 2013
- NICE: Psoriasis (QS40), 2013
- NICE: Skin cancer (QS130) Sep 2016
- NICE: Skin cancer prevention (PH32) Feb 2016
- NICE: Suspected cancer: recognition and referral (NG12) Jun 2015
- NICE: Psoriasis: assessment and management (CG153), October 2012
- NICE: Melanoma: assessment and management (NG14), July 2015
- British Association of Dermatologists (BAD): Clinical Guidelines

- CQC: Essential standards for quality and safety, March 2010
- CQC: Standards for independent community health service providers
<http://www.cqc.org.uk/guidance-providers/independent-community-health-services>

The Commissioned service shall also be provided in line with all the latest guidance and standards applicable to Dermatology services. These include the following:

- Minor surgery enhanced service DES 2017/18
- Guidelines for GPs with a Special Interest (GPwSI): Dermatology Conditions, RCGP, 2003
- Referral guidance for skin cancer, NICE 2005
- Our Health, Our Care, Our Say – A New Direction for Community Services, DH, 2006
- Improving outcomes for people with skin tumours including melanoma, NICE 2006
- Commissioning framework for health and wellbeing, DH 2007
- Commissioning safe and sustainable specialised paediatric services, DH 2008
- High Quality Care For All, DH, 2008
- Delivering Care Closer to Home: Meeting the Challenge, DH, 2008
- Improving outcomes guidance for people with skin tumours including melanoma, NICE updated May 2010
- Revised guidance and competences for the provision of services using GPwSI, DH 2011
- The NHS Operating Framework for England, 2014/15, DH
- Skin cancer peer review measures, NCAT 2008 and update 2011

6. Applicable quality requirements and CQUIN goals

Key Performance Indicators *See Appendix 1*

It is required by the provider to report KPI indicator in a format that is

- Clear, accurate and RAG rated
- All breaches (& near breaches) are identified, analysed and a remedial strategies demonstrated

7. Location of Provider Premises

Location(s) of Service Delivery & Accessibility

It is the Provider's responsibility to source the premises in which to deliver the services in accordance with the population needs. Providers will have an option to use premises already identified by NHS Hillingdon CCG (if available) or to utilize alternative premises where they believe it to be the optimal solution.

- Providers should ensure that services are accessible in terms of geographical location and should take into account equality and diversity as well as the most appropriate clinical setting.
- Services could be delivered from three or more sites across the borough, but will need to fit with HCCGs strategic direction and demonstrate value for money as well as service/patient outcomes.
- Locations of sites should be accessible to public and private transportation and parking facilities. Sites should also be accessible by patient transportation service vehicles for those patients with identified clinical need for transportation.
- Providers should make reasonable adjustments in order that services are accessible e.g. appointments times, length of appointments, information and signage to demonstrate compliance with their Disability & Equality Duty. All premises are required to be DDA (Disabilities Discrimination Act) compliant.

- The Provider's communications to the patient must be clear regarding where the patient will be seen and how to get there by public transport, car and walking as well as any parking facilities at the premises

Days/Hours of Operation

- The service opening hours will be by agreement with the Commissioner; however the service will be required to offer appointments between the core clinical hours of 9.00am and 5.00pm every week of the year except bank holidays.
- Patient helpline and Referrer's Clinical advice line and E-mail service is expected to be available throughout the agreed core working hours
- Evening and weekend working will be expected by mutual arrangement with the Commissioner.
- The service provider must ensure flexible capacity to cope with seasonal and unexpected changes in demand.
- The Service Provider and the Commissioner will agree a schedule of locations and working hours for the duration of the contract period.
- The service provider should give relevant information to patients as to what services to access should a treatment complication arise outside these normal hours.

8. Individual Service User Placement

Not Applicable

Appendix 1: Key Performance Indicators

No:	Description of KPI	Minimum Performance Standard	Method/Timing of Monitoring	Breach	Consequence of Breach
1	Turnaround time for e-mail response to advice requests	95% within 2 working days	QUARTERLY	Less than 95%	See below KPI list
2	Turnaround time to clinically triage referrals	100% of all referrals to be triaged within 2 working days	MONTHLY	Less than 98% of referrals triaged within 2 working days in any one month	See below KPI list
3	Reporting clinical triage outcomes	100% to be reported	MONTHLY	Less than 98%	See below KPI list
4	Turnaround time for notifying the patient of the outcome of triage	95% to be notified in 2 working days	MONTHLY	Less than 95%	See below KPI list
5	Waiting Time - % seen and treated within 4 weeks of receipt of the referral	95% treated within 4 weeks	MONTHLY	Less than 95%	See below KPI list
6	Number and % of referrals directed to Secondary Care and reason for referral (onward referral)	100% reported	MONTHLY	Less than 100%	See below KPI list
7	Face-to-face appointments: New to Follow Up conversion rate	Ratio of 1:1	MONTHLY	Ratio above 1:1	See below KPI list
8	Reporting cancers: numbers diagnosed by category (low/high BCC, SCC, MM)	100% reported	MONTHLY	Less than 100%	See below KPI list
9	Turnaround time for unsuspected serious pathology suspected on examination of the patient (& via tele-dermatology) actioned on the same day	100% to be actioned on the same day	MONTHLY	Less than 100%	See below KPI list
10	Turnaround time to action unsuspected serious pathology identified from routine pathology reports	100% to be actioned on the same day	MONTHLY	Less than 100%	See below KPI list
11	Prescribing Adherence to the NW London Formulary	90%	MONTHLY	<90%	To be decided by CCG MM team
12	Consultant attendance at Community clinics	Lead Consultant to attend clinical sessions	MONTHLY	Less than 70%	2 separate episodes (within 8 weeks) will

	(This will be considered to be a fundamental of contract terms)	(at least 70% attendances) provided as part of contract. Provider will need to have appropriate cover arrangements in place for absence/sickness etc.	Evidence of Consultant attendance at clinics e.g. Notes of MDT meetings, job plan, attendance records		result in performance notice. Persistent failure i.e. defined as more than 4 absences in a 12 week period will lead to a termination of the contract unless Provider can demonstrate exceptional circumstances
13	Clinic cancellations	0%	MONTHLY Numbers of clinics cancelled	2 or more clinic cancellations (within 8 weeks)	2 or more clinic cancellations (within 8 weeks) will result in performance notice Persistent failure i.e. defined as more than 3 clinics cancelled in a 12 week period will lead to a termination of the contract unless Provider can demonstrate exceptional circumstances
14	Reduce a number of inappropriate referrals patients	N/A	MONTHLY Numbers of referrals rejected, broken down by practice and with reasons QUARTERLY Number of inappropriately managed patients based on a valid sample – • Referred to Level 3 but should have been managed in Level 2	Baseline Year 1 Year 2 – less than 75% of year 1 Baseline Year 3 – Less than	See consequence of breach section at end of KPI list

			<ul style="list-style-type: none"> • Managed in Level 3 but should have been referred to Level 4 • Referred to Level 4 but should have been managed in Level 3 	75% of Year 2 Baseline	
15	Percentage of DNAs by new and FU (against total period appointments)	9%	MONTHLY	8%	See consequence of breach section at end of KPI list
16	Patient Telephone Helpline response rate (for queries regarding appointments, cancellations, etc.)	95% answered promptly (minimum service 9-5 Mon-Fri). response within 24 hours	MONTHLY	less than 95% answered promptly	?
17	Patients choice offered to secondary care provider	100%	MONTHLY	Less than 100%	See consequence of breach section at end of KPI list
18	Turnaround time for the sending discharge letters with management plans after treating patient	95% within 2 working days	MONTHLY	Less than 90% within 2 working days	See consequence of breach section at end of KPI list
19	Breakdown of incidents, SIs, never events and complaints with action plans as required by the commissioner	No occurrence	MONTHLY	Occurrence of any of these events	<p>Provider to perform root cause analysis and produce remedial action plan to avoid reoccurrence.</p> <p>See consequence of breach section at end of KPI list</p>
20	Patient Satisfaction with the service [survey questionnaire to be agreed between provider and commissioner and to be provided on discharge] To include - Quality and responsiveness of the telephone helpline	<p>90% satisfied with the service</p> <p>Minimum response 40% of patients who attend CDS clinic</p>	QUARTERLY Establish a regular programme of surveying the CDS patients to elicit views about patient experience, service quality and barriers to attending.	<p>Less than 90% satisfied with the service</p> <p>Less than 40% of</p>	<p>Remedial plan agreed to address deficiency in process</p> <p>See consequence of breach section at end of KPI list</p>

	<ul style="list-style-type: none"> - Any problems with the appointment - Quality of the tele-dermatology service - Quality of the clinical consultations and self-management advice 		Commissioners required to agree questionnaires and means of administration	patients who attend CDS clinic	
21	Infection control standards	85% compliance with infection control audit standards	QUARTERLY	If required levels of compliance falls	See consequence of breach section at end of KPI list
22	Adherence to the Education, Training and Pathway Establishment programme Numbers of <u>educational sessions done</u> broken down by Masterclasses, group sessions, in-clinic training, telephone and email advice broken down by practices	90% compliance	YEARLY	N/A	Remedial plan agreed to address deficiency in process
23	The Outpatient Minimum Data Set -as set out above	100%	MONTHLY	Less than 100%	See consequence of breach section at end of KPI list
24	To comply with the agreed Mobilisation and Embedding Phase requirements for first 12 months of the service (section 4.18)	100%	MONTHLY for the first 12 months of the service	Less than 100%	Remedial plan agreed to address deficiency in process

Consequence of breaches:

Where a Provider is performing below the performance threshold for:

A) 3 or more KPIs in one month

B) One of the KPIs for three consecutive months

Phase 1

KPI underperformance is reported that meets either criteria A or B above. Following the monthly performance meeting, the commissioner will either write to the provider stating that:

- ❖ they are satisfied with explanation for underperformance and confirm that no element of payment will be withdrawn
- ❖ the breach consequences will apply, but will be suspended for one month to allow for the provider to put in corrective actions to meet required performance levels

Phase 2

- 1) Breach of any of the two criteria above will result in 10% withholding of payment on the following month's invoice. i.e. if provider failed to perform in month 3, when month 4 invoice is raised- 10% of that invoice amount will be withheld.
- 2) If Provider meets the KPI in following month, the withheld amount will be refundable. If Provider continues to breach the KPI, withheld amount will not be refunded. i.e. if the provider fails to perform on month 3, month 4 invoice payment will be withheld by 10% but if Provider performs to target in month 4, on month 5 invoice, the 10% withheld amount will be refunded.
- 3) If provider fails to perform in subsequent months (i.e. month4) – 10% withholding of payment becomes nonrefundable and a further 10% of payment will be withheld on to month 5 invoice.

Minimum Data Set Requirements

Reporting Requirement	Frequency
Total number of referrals received (by practice and GP) – split by clinical conditions and referring GPs (& practices)	MONTHLY
The number of referrals which have been accepted post-triage for CDS	MONTHLY
The number of referrals 'rejected' and sent back to the GP with recommendations	MONTHLY
Number of GP calls/Emails for advice and % responses back within 48 hours	MONTHLY
Total Number of attendances by first, follow up, location, whether tele-dermatology or face to face appointment	MONTHLY
The number of referrals which have complied with HCCG clinical pathways	MONTHLY
The number of referral forms that are compliant and non-compliant (by GP Practice)	MONTHLY
Number of tele-dermatology appointments and outcomes (discharge back to GP, refer to face-to-face appt, etc.)	MONTHLY
Number of new face-to-face appointments by treatment and diagnosis (data disaggregated by equality characteristic)	MONTHLY
Number of new face-to-face appointments seen within 4 weeks of referral	MONTHLY
Number of actual follow up appointments by treatment and diagnosis	MONTHLY

Number on the active caseload by diagnosis and treatment	MONTHLY
Type and number of diagnostics tests requested	MONTHLY
Number of patients requiring minor surgery, clinical reason and post op complications (e.g. infection)	MONTHLY
Number of patients referred onto secondary care providers, by provider and reason for onward referral	MONTHLY
Number of clinics held	MONTHLY
Number of Did Not Attend by new and FU (against total period appointments)	MONTHLY
Number of patients discharged by reason	MONTHLY
Number of cancellations made by patient	MONTHLY
Number of clinics cancelled by provider	MONTHLY
Number of unused slots	MONTHLY
Prescribing report (to include % and cost for non-Formulary items and local antibiotic guidelines prescribed)	BI-ANNUAL
TREND of waiting time for tele-dermatology appointment	
TREND of waiting time for face-to face appointment	
TREND of waiting time for minor surgery	
TREND of waiting time for Level 3 referral to Level 4	
TREND of waiting time of electronic discharge summary (from clinic time to reach the GP)	

APPENDIX 2 LEVEL 3 COMMUNITY SERVICE: Inclusion and Exclusion lists

<p>LEVEL 3: INCLUSIONS</p> <p>Uncertain diagnosis</p> <ul style="list-style-type: none">▪ Diagnosis, investigation or management of chronic skin rashes in adults▪ Diagnosis, investigation or management of mild/ moderate/ non-worrying dermatoses and skin lesions in children <p>Acne</p> <ul style="list-style-type: none">▪ Mild to moderate acne non-scarring acne unresponsive to routine treatment in primary care▪ Acne patients requiring roaccutane/isotretinoin <p>Chronic skin conditions</p> <ul style="list-style-type: none">▪ Psoriasis not requiring PUVA or light treatment▪ Rosacea, seborrhoeic eczema, perioral dermatitis, discoid lupus erythematosus▪ Lichen planus, lichen simplex▪ Urticaria▪ Non-scarring Alopecia▪ Disorders of pigmentation e.g. Melasma, Vitiligo▪ Chronic hair and nail conditions <p>Premalignant skin lesions & low risk BCCs</p> <ul style="list-style-type: none">▪ Bowen's disease▪ Actinic keratosis▪ Low risk BCCs on trunks and limbs in line with NICE skin cancer guidance 2010 <p>Infections</p> <ul style="list-style-type: none">▪ Scabies▪ Chronic fungal infections not responding to Primary Care treatment <p>Where expertise is not available in primary care</p> <ul style="list-style-type: none">▪ For oral and topical dermatological treatment recommendations▪ Medication review (excluding hospital only drugs)▪ Liquid nitrogen cryotherapy▪ Curettage & Cautery▪ Allergy patch testing▪ Childhood Vitiligo▪ Genital dermatology▪ Non-malignant lymphoedema▪ Occupational dermatoses and contact dermatoses	<p>LEVEL 3: EXCLUSIONS</p> <p>Benign skin lesions</p> <ul style="list-style-type: none">▪ Referral for removal has to meet PPWT thresholds▪ Referral for cosmetic reasons <p><u>LEVEL 4 HOSPITAL DERMATOLOGY SPECIALIST SERVICE</u></p> <p>Suspicious cancer</p> <ul style="list-style-type: none">▪ Suspected skin cancer (melanoma or squamous cell carcinoma)▪ Basal cell carcinomas on head and neck▪ High-risk BCCs▪ Specialised skin cancer <p>Severe conditions</p> <ul style="list-style-type: none">▪ Life threatening skin disease▪ Severe paediatric skin disease requiring hospital admission▪ Severe inflammatory skin disease requiring immuno-suppressive or biological therapies▪ Chronic psoriasis requiring immunosuppressant's or phototherapy▪ Severe skin infections and infestations, including bacterial and fungal <p>LEVEL 4 hospital specialism required</p> <ul style="list-style-type: none">▪ Laser treatment▪ Light therapy TL01 UVB▪ Hyperhidrosis▪ Botox treatment▪ Specialised skin surgery requiring plastic surgery or general anaesthesia▪ Photo-dermatology▪ HIV and infectious disease of the skin▪ Leprosy▪ Specialised dermatopathology▪ Medical mycology▪ Genetic dermatology▪ Mole mapping▪ Children (under 16) needing minor skin surgery▪ Botox treatment
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APPENDIX 3: Education, Training and Pathway Establishment Programme

1	Clinical Dermatology for Primary Care event (A range of clinical topics, pathways, case studies, good practice, etc. to be agreed within CWG)	ANNUAL LY	HALF-day event for all Hillingdon Primary Care Teams
2	E-Newsletter (A range of clinical topics, pathways, case studies to be agreed within CWG)	QUARTERLY	Sent to Primary care teams
3	Presentations at the 3 Hillingdon Localities (progress, service usage, pathways establishment)	TWICE A YEAR	Locality &/or federation groups
4	Updating Local Clinical Pathways (via the CWG) For the 'Top 10' common conditions in Primary care (acne, rosacea, dermatitis, psoriasis, warts, alopecia, tinea, nail conditions, melisma and skin lesion)	MONTHLY REVIEW	Reviewed at the CWG
5	Workshops/ Skills Labs in Dermatology across 3 localities (as well as basic skills this could also include advanced primary care skills such as cryotherapy, minor surgery, dermoscopy)	3 PER YEAR (1 PER QUARTER)	Locality or practice based
6	Audit of rejected GP referrals or those sent inappropriately (e.g. a suspicious lesion referred via Level 3)	6 MONTHLY	
7	Cancer MDT attendance with Level 4 Hospital Service	QUARTERLY	MDT meeting with THH trust Level 4 Service
8	Skin Cancer SEAs	AS REQUIRED	Reviewed at the CWG
9	Patient Education workgroup Patients with moderate-severe chronic skin conditions who have multiple flares - 'revolving-door' patients	TO PILOT 2 WORKGROUPS IN THE FIRST YEARS and then review outcomes with commissioners with a view to a full programme from year 2 onwards	To be agreed and developed jointly with the CWG and the CCG My Health Team
10	Joint –Clinics with GPs	TO PILOT 5 JOINT CLINICS WITH INTERESTED GPs and then review outcomes with commissioners with a view to a full programme from year 2 onwards	To be agreed and developed jointly with the CWG and local GP network
11	Local Dermatology Formulary To develop a local skin formulary of preferred 1 st /2 nd /3 rd line medications based on the NW London Formulary and local antibiotic guidelines. To promote this actively to Primary Care Team	QUARTERLY	Reviewed at the CWG together with MM team

APPENDIX 4: Patient Satisfaction Survey (contents to be agreed jointly – but to include the following)

1	Service issues: Helpline responsiveness <ul style="list-style-type: none">- How easy is it contact the Helpline?- It the helpline responsive to your needs?- How clear are the instructions of how to get to your appointment- Any difficulties in getting to the place of assessment?- Any other issues with getting to your appointment?
2	Tele-dermatology <ul style="list-style-type: none">- Information you were given about the test- Your experience and understanding of what happens on the day and next actions
3	Quality of the consultations <ul style="list-style-type: none">- Once you arrived how long did you wait to see the doctor?- Overall quality of your consultation- Explanation of the diagnosis- Explanation of the treatments given and how to take/apply the treatments and what to expect- Discussion of the nature of your condition and address your concerns- How confident you feel you are able to manage you conditions- Whether you were given information leaflets or signposted to other resources?
4	Anything else?

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NHS Modernisation Agency: Action on Dermatology Good Practice Guide (2003).

Our Health, Our Care, Our Say; A new Direction for Community Services, DH (2006).

Improving Outcomes for People with Skin Tumours including melanoma, The Manual, NICE (2006).

Improving Outcomes for People with Skin Tumours including melanoma update):the management of low risk basal cell carcinomas in the community (2010 partial guidance update)

Model of Integrated Service Delivery in Dermatology, Skin Cancer Campaign (2007).