NHS
Hastings and Rother
Clinical Commissioning Group

SERVICE SPECIFICATION FOR PROVISION OF CARE PLANNING TRAINING TO GP PRACTICES WITH AN INITIAL FOCUS ON DIABETES

COMMERCIAL IN CONFIDENCE

Date: 30 August 2016

Service	**Care planning for patients with long term conditions** NHS Hastings and Rother Clinical Commissioning Group is seeking to commission specific training for GP practices on care planning for patients with long term conditions (LTCs) with an initial focus on diabetes.
Commissioner Lead	NHS Hastings and Rother Clinical Commissioning Group (HR CCG)
Period	One year from contract award
Date of Review	Quarterly during the life of the contract

1.	**Population Needs**
1.1	**National and local context and evidence base** The Year of Care programme (2008-2011) was a Department of Health and Diabetes UK initiative that aimed to improve support and self-management for people with Long Term Conditions (LTCs). The programme works to embed personalised care planning into general practice and specialist care, supported by local commissioning and service redesign.[1],[2]

[1] 1 Diabetes UK, Department of Health, The Health Foundation, NHS Diabetes UK. Year of Care: Report of findings from the pilot programme. 2011

	The Royal College of General Practitioners has developed professional standards for care planning and NICE have included care planning as a quality standard for diabetes. NHS England has recently committed to personalised care plans for every person with a long term condition.[3] While good diabetes care today will avoid the development of the long term complications of diabetes in the future, many people are already living with the microvascular and macro vascular complications of diabetes, such as blindness, kidney failure or heart disease. People with diabetes may also have one or a number of other LTCs, such as chronic obstructive pulmonary disease (COPD), ischaemic heart disease, post stroke, dementia, anxiety or depression. The challenge for the NHS in England is to deliver high quality holistic care in a patient centred manner to all such individuals. Self-management, based on personalised care planning and the effective delivery of structured education, and person empowerment, are central to the way in which outcomes can be optimised for people with diabetes and other long term conditions. The individual must be the starting point for any decisions about their care. Diabetes is a chronic and progressive disease that has an impact upon almost every aspect of life for sufferers. It is the leading cause of blindness in people of working age in the UK. It affects children, young people and adults of all ages and is becoming more common. Diabetes prevalence is increasing and therefore new ways of working to increase capacity within the health economy are essential. This locally commissioned service will provide an enhanced service to these patients within HR CCG.
2.	**Outcomes**
2.1	**NHS Outcomes Framework domains and indicators** The service will align with the following NHS National Outcomes Framework domains: **Domain 1: Preventing people from dying prematurely** 1a Potential years of life lost (PYLL) from causes considered amenable to healthcare (i) Adults **Domain 2: Improving quality of life for people with long-term conditions** **Reducing time spent in hospital by people with long-term conditions** Health-related quality of life for people with LTCs (ASCOF 1A**) **Domain 3: Helping people recover from episodes of ill health or following injury** 3a Emergency admissions for acute conditions that should not usually require hospital

[2] Care planning – Improving the lives of people with long term conditions. Royal College of General Practitioners. Mathers N et al. 2011

[3] Department of Health. *The Mandate:* A mandate from the government to the NHS Commissioning Board: April 2013 to March 2015.

	admission **Domain 4: Ensuring people have a positive experience of care** 4a Patient experience of primary care (i) GP services **And with the following key measure:** Reducing health inequalities to ensure that the most vulnerable in our society get better care and better services to bring an acceleration in improvement in their health outcomes
2.2	**Public Health outcomes** The service will align with the following Public Health Outcome framework domain: **Domain 2: Health improvement** 2.17 Recorded Diabetes
2.3	**Local defined outcomes for Care Planning Project – Implementing personalised care planning approach across practices in H&R** • All appropriate patients to have access to and actively participate in their care planning at their GP practice • Patients able to self-manage their LTC through education and increased engagement within care planning processes • Reduced variation in quality of care planning provided. A single care plan template to be used across the CCG to ensure consistency of quality • Reduction in unnecessary admissions through patients managing their LTC more successfully
3.	**Scope**
3.1	**Aims and objectives of the service** The objective of this training programme is to: • Provide GP practice staff with personalised care planning approach training; • Ensure the development of motivational interviewing skills; • Ensure a full understanding of the care planning ethos and patient empowerment. A personalised care planning approach represents a significant change to current ways of working. The following will be vital to ensure that the approach is fully embedded across general practice : • Philosophy, attitudes and systems must all be addressed together to implement and sustain care planning • It must be clear where care planning fits into the local pathway or model of care for long term conditions and be an integral part of the local commissioning agenda • Staff must be clear about their role if they are to fully participate and understand their role in care planning and support for self-management. • Local 'champions' both clinical and managerial are crucial. • Local coordination and support to clinical teams is essential; delivered by people with primary care experience, and a facilitative approach to partnership working

	• Training which links attitudes, skills and infrastructure change is essential
3.2	**Service description** The chosen provider must ; • Deliver a training package to over 40 staff in Hastings and Rother, involving a mixture of GPs and nurses • Must provide consultancy and support to the CCG on the implementation of a consistent care planning approach • Produce materials to support people with LTCs to be suitably prepared for care planning such as leaflets, posters, letter templates and care planning materials • Work closely with the GP clinical leads and the IMT team to produce a practice pack fully explaining the care planning process and providing IT instructions and templates to create electronically generated results sharing letter
3.3	**Methodology** • A named individual within the provider organisation shall provide on-going support for the duration of the project. The provider organisation must deliver training in a number of different formats to allow staff to access it in a way that is flexible and convenient to their schedules. • The provider must ensure a range of resources are available to support local implementation of the programme Products can include: ○ Practice materials e.g. sample letters, information about results, care plans and awareness raising materials ○ Project evaluation frameworks ○ IT guidance for GP systems
3.4	**Population covered** The total population of the H&R CCG area is 180,000. The seven most deprived wards in East Sussex are in Hastings Borough and 29 of the Lower Super Output Areas (LSOAs) in H&R CCG are among the most deprived 20% of LSOAs in England. These are concentrated in Hastings and St Leonards. H&R CCG has an older population structure than England and projections suggest that the percentage of older people will continue to increase. Hastings has a much younger population than Rother, and is more deprived and has poorer health. Compared to England, Hastings residents have significantly worse life expectancy at birth; the wider determinants of health are significantly worse for a range of indicators and many lifestyle factors are worse, particularly smoking rates, levels of alcohol and substance misuse, and the risk of obesity related illnesses. There are high levels of many chronic diseases within H&R CCG, relatively high rates of cancer and high rates of accidents, injuries and falls. There is also high mental health need, particularly in Hastings. The main causes of premature death under 75 years of age are cancer and cardiovascular diseases. In Hastings, the main cause of the life expectancy gap between the most and the least

	deprived areas is cancer for women whereas for men it is due to external causes (particularly suicide and undetermined injury), circulatory disease and cancer; in Rother the life expectancy gap for women is largely due to circulatory diseases and cancer, and for men it is circulatory disease.
3.5	**Interdependence with other services/agencies/projects** The provider will work with NHS Hastings and Rother CCG and GP practices to ensure the service aligns with the following: • QOF targets • Long Term Condition Locally Commissioned Service (LCS)
3.6	**Contacts and interdependencies** The provider must have mutually dependent working relationships with CCG teams and other organisations relevant to the delivery of the service. The provider must demonstrate an on-going commitment to collaborating effectively and developing excellent working relationships with partner organisations, other professionals, services within healthcare, social care and the voluntary sector and patients and the public in order to achieve agreed outcomes. This will include, but is not limited to: • HR CCG staff, for example: • Healthy Hastings and Rother Programme Team • Primary Care Team • Communications and Engagement Team • Community Pharmacists • HR GP clinical leadership • HR GP Diabetes Lead • HR GP membership • Patients and the public • East Sussex County Council Public Health Department
4.	**Service Standards**
4.1	**Standards** The provider must be able to demonstrate compliance with the following standards: • The service will be delivered based on robust evidence and best practice • All agreed work will comply with relevant aspects of NICE guidance • Statutory health and safety requirements and, where relevant, the Equality Act • The service will deliver outcomes against agreed objectives through robust evaluation methodology, utilising PHE Standard Evaluation Frameworks as appropriate
4.2	**Workforce** The Provider must: • Ensure that employment law and best practice is adhered to, to provide assurance of suitably experienced staff, supervision, performance management and personal

	development • Evidence safe recruitment that is legal and follows good practice in line with relevant national guidance • Evidence that its workforce is competent and appropriately skilled and experienced.
4.3	**Information Governance** The following paragraphs define the relationships and terminology that will be used in this section of the specification. **Data Controller / Data Processor Relationships** To support overall information governance and to build trust and confidence, it is important that roles and responsibilities are clearly understood by all partners involved in the sharing of personal data. Risks will be reduced (as well as penalties if found to be at fault) by defining, agreeing and establishing: • Who will be responsible for certain aspects of the information sharing process • Who is responsible for the processing of the data • Who has overall responsibility The definitions below will help to decide on roles and responsibilities for the processing of data. **Data controller** An organisation who (either alone or jointly or in common with other organisations) determines the purposes for which and the manner in which any personal data are, or are to be, processed. **Data processor** Any organization/person (other than an employee of the data controller) that processes the data on behalf of the data controller. **Processing** In relation to information or data, this means obtaining, recording or holding the information or data or carrying out any operation or set of operations on the information or data, including: • organisation, adaptation or alteration of the information or data • retrieval, consultation or use of the information or data • disclosure of the information or data by transmission, dissemination or otherwise making available, or alignment, combination, blocking, erasure or destruction of the information or data. **Information Sharing** Information sharing is essential in order to promote health and welfare and for wider public protection. It is therefore important that patients trust the NHS and providers

	commissioned by the NHS to keep their information confidentially and securely and to share it appropriately, maintaining the privacy of the individual and sharing information with the aim of delivering better services. **Data Sharing Agreements** A Data Sharing agreement to share information will be drawn up by the provider in order to define the Data Controller and Data Processor responsibilities. The data to be shared will be defined and agreed, setting out the necessary details to share relevant information appropriately and securely. The data sharing agreement must address the following issues: • Do Data Controllers/Data Processors understand why an agreement is needed and what its purpose will be? • Are the context and scope of the agreement clearly defined and understood? • Are the responsibilities of individual members of staff clearly defined and understood? • Are the purposes for which information is required clearly defined and are the information requirements fully explored and understood? • Has due consideration been given to the legality of sharing the information and its use once shared? • Will the information be safe during transfer and after sharing? • Have the appropriate communication channels been identified to ensure that the agreement and the consequences of sharing are known by the relevant people? **Records Management** In the event that it is subsequently proposed that Personal Data is to be used within the delivery of this contract, the relevant legislation and statutory guidance will be followed by all parties.
4.4	**Governance** The provider must have: • An organisational structure which enables delivery of the contracted service • A plan for the development of its organisational structure and its individual staff within the life of the contract • The ability to ensure that employment law and best practice are adhered to • An integrated system of governance (which, where appropriate, incorporates clinical governance) • Processes that gather and triangulate feedback, including complaints, from a wide range of sources • The ability to use feedback to improve delivery and to promote a culture of continual improvement • The ability to identify, assess, report, manage, review and escalate risks to delivery and reputation • Sufficient preparations in place to provide high levels of business continuity

	• Appropriate levels of transparency regarding public finance and decision-making • Robust processes in place to guarantee internal assurance on all the systems of governance • The ability to provide sufficient evidence to assure the CCG that its systems of governance are robust and are fully deployed across the organisation
5.	**Equality and Diversity** The CCG is working diligently towards meeting and demonstrating the requirements of The Public Sector Equality Duty (PSED) as detailed in The Equality Act 2010, and in policies relating to equality of opportunity in employment and service delivery. The provider must ensure that all service delivery treats all users fairly, equally and without prejudice across the protected characteristics of the 2010 legislation. The Provider must demonstrate how the service delivery solution will meet statutory obligations under the Equality Act 2010.
6.	**Key Performance Indicators** These are attached in Appendix 1.
7.	**References** **1.** Report to HR CCG Governing Body: Reducing Health Inequalities in HR CCG – May 2014 **2.** Report to HR CCG Governing Body: Reducing Health Inequalities in HR CCG area – A plan for action – July 2014 **3.** Department of Health: NHS Outcomes Framework 14/15 **4.** HR CCG Annual Business Plan

GLOSSARY

HR:	Hastings and Rother
CCG:	Clinical Commissioning Group
LCS:	Locally Commissioned Service

APPENDIX 1

KEY PERFORMANCE INDICATORS

	Performance/ Quality Indicator	Threshold	Method of Measurement	Report due	Consequence of Breach
1	Service delivery	Training is delivered in accordance with training schedule	Training schedule with clear timescales agreed with commissioners but completion by no later than March 2017	Monthly training report during the lifetime of the contract	As per Clause 15.3 of the Terms and Conditions, Provision of Services, Purchase Order Version
2	Service delivery	Provider to provide training in care planning via a House Of Care approach to at least two members of a practice team, preferably a GP and a Practice nurse or HCA or Administrator.	List of all attendees including job role to be submitted to the CCG	To be provided to the CCG at least one month in advance of each training session	As per Clause 15.3 of the Terms and Conditions, Provision of Services, Purchase Order Version
3	Service delivery	All attendees complete training evaluation forms	Evaluation forms agreed with commissioners and distributed to attendees	To be provided to the CCG no later than one month following each training session	As per Clause 15.3 of the Terms and Conditions, Provision of Services, Purchase Order Version
4	Service delivery	Provider offers all materials and support needed for individual practices and the CCG as a whole to deliver care planning	IT templates agreed with the commissioners that adhere to all GP IT systems, installation of appropriate and agreed hardware and software that can be modified and	To be provided to the CCG at least two weeks in advance of each training session	As per Clause 15.3 of the Terms and Conditions, Provision of Services, Purchase Order Version

			used independently by practices and CCG		