

**Service Specification for the Delivery of an Ophthalmology Outpatient Glaucoma Service**

**DRAFT for Information**

October 2017

**PLEASE NOTE THAT ALL SECTIONS HIGHLIGTHED IN YELLOW WITHIN THIS DOCUMENT ARE STILL BEING FINALISED AND WILL FORM PART OF THE FINAL ITT DOCUMENTATION**

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| **Service** | **Ophthalmology Outpatient Glaucoma Management** |
| **Commissioner Lead** | **University Hospital Birmingham NHS Foundation Trust** |
| **Period** | **1 Year + 1 Year Extension** |

# Introduction & Purpose

The purpose of this service specification is to identify and commission a suitable provider who would be able to meet and deliver the required standard of care for a cohort of glaucoma patients. The service is outpatient based and no day case activity will be required.

Demand for glaucoma is increasing nationally and the same is true for the service at University Birmingham NHS Foundation Trust (UHBFT). This is due to population growth, an aging population, new technologies and treatments, and changes in clinical standards. The Clinical Commissioning Groups (CCGs) in Birmingham have commenced a procurement process for the provision of a community based glaucoma service which is expected to launch in 2018. In the meantime however, demand is continuing to grow and a short term solution is required. This service set out in this specification is required to support the Ophthalmology department at UHBFT in order to bridge the capacity shortfall whilst the CCGs commissioning a community based model.

It is important to note that it is expected that this service will be delivered within the Ophthalmology department at UHBFT, using the UHBFT equipment, IT systems and processes. It is expected that the clinics will run twice per week every week and no further than three days apart (for example, if a clinic was run on a Sunday, the next clinic must take place on or by Thursday).

# Scope

## 2.1 Aims and Objectives of Service

University Hospitals Birmingham NHS Foundation Trust (UHBFT) is seeking commission a high quality and patient centred glaucoma service according to local and national standards.

The service aims to:

* Deliver a high quality and patient centred glaucoma outpatient based service according to local and national standards
* Ensure early assessment, diagnosis and initiation of appropriate treatment
* Consider using innovative service delivery methods to help release limited secondary care resources
* Ensure follow up care is managed effectively
* Achieve Referral To Treatment performance targets and mandatory national guidelines
* Collaborate with referrers and other local Sub-Contractors to ensure pathways are seamless
* Ensure that there is an named Ophthalmology Glaucoma Consultant for each patient who takes responsibility for the patient’s entire care pathway. All new appointments should be consultant delivered.

## 2.2 Service Description and Care Pathway

The following care pathway is intended as a guide to some of the key stages along a typical glaucoma patient’s pathway. UHBFT is aware that there are a variety of models across the country for delivery glaucoma outpatient care, and would be willing to discuss any model of care which deliveries high quality and safe care according to NICE guidance[[1]](#footnote-1).

The key stages along the pathway are:

* Stage 1 – Referral
* Stage 2 – Triage
* Stage 3 – Clinical Assessment
* Stage 4 – Diagnostics
* Stage 5 – Treatment/Ongoing management
* Stage 6 – Onward referral
* Stage 7 – Discharge

### Stage 1: Referral

All glaucoma referrals will continue to be received by UHBFT. Referrals which the Trust receives on paper (i.e. fax or post) will be scanned onto the Trust’s Electronic Referrals Handling Application (ERHA) by UHBFT. The Trust will also continue to receive referrals electronically via eReferrals.

The outcome of referral stage will be:

### Stage 2: Triage

Once the referrals have been uploaded into ERHA or eReferrals, the referrals will be triaged by an appropriately qualified glaucoma health care professional employed by the Sub-Contractor. The Sub-Contractor will use UHBFT’s IT systems to triage the referrals and provide booking instructions.

The Sub-Contractor will be expected to accept and manage patients with:

* Glaucoma suspect
* Ocular hypertension
* Mild-moderate glaucoma
* Urgent patients (less than 4 weeks)
* Out of control pressure (over 32mmHg)
* Advanced glaucoma

The Sub-Contractor would not be expected to see:

* Patients under the age of 18
* Patients requiring surgical treatment
* Patients requiring input from other sub-specialities (e.g. Medical Retina or Neuro-Ophthalmology)

On receipt of the referral the Sub-Contractor will be expected to undertake triage to assess clinical appropriateness and to enable the referral to be shortlisted to the relevant clinician. The referral must undergo an initial triage by the receiving provider within 4 working days from receipt of referral. The Sub-Contractor must ensure that there is enough clinical capacity for the patient to be booked an appointment at the point of triage within 6 weeks or sooner if clinically required. UHBFT’s Booking Centre will book the new patient appointments according to the Sub-Contractor’s instructions if there is capacity available within PAS. It is expected that the Sub-Contractor will employ admin staff to create clinics in UHBFT’s PAS system. If UHBFT’s Booking Centre is unable to book the appointments because there is no capacity in UHBFT’s PAS system at the point triage, the Sub-Contractor will be responsible for booking the appointments.

Clinicians who require frequent access to UHBFT’s IT systems to enable them to triage referrals without delay, can be provided with VPN access to enable them to access UHBFT’s IT system off site. VPN approval is to be provided on case by case basis based on clinical need. All staff employed by the Sub-Contractor working as part of the service must undertake training on UHBFT’s IT systems and processes.

The main outcome of triage will be:

### Stage 3: Clinical Assessment

Clinical assessment requires a face-to-face meeting between the patient and an appropriately accredited healthcare professional at which an assessment of the patient’s condition is undertaken. All patients must be under a named consultant who will take responsibility for each patient’s care throughout the contract period. This named consultant will be registered on the IT system and patients will be booked under this consultant’s name. Clinical Assessment should occur as soon as practicable following triage. The first appointment should take place within 6 weeks of the referral date from UHBFT or sooner if clinically indicated.

Clinical assessment in this context may also include:

* Appropriate diagnostic tests
* Patient counselling
* Treatments and therapies
* Re-assessment following service treatment

The Sub-Contractor will be expected to undertake Clinical Assessments at UHBFT’s premises within the Ophthalmology department. These clinics must take place out of core hours which are evenings and Sundays. The Sub-Contractor must use its own staff, including medical, optometry, nursing, technicians and receptionists. The Sub-Contractor must use UHBFT’s IT systems and processes in order to ensure that the patient activity and Clinical Assessments are recorded and outcomed appropriately. Where clinical information is missing, it will be the Sub-Contractor’s responsibility to rectify the missing data within 5 working days. All staff employed by the Sub-Contractor working as part of the service must undertake training on UHBFT’s IT systems and processes.

The Sub-Contractor is expected to deal with all levels of glaucoma complexity and therefore some patients may require follow up at short notice. It is therefore expected that the Sub-Contractor has at least two clinics spread out throughout the week every week (for example, clinics running every Wednesday evening and Sundays) in order to accommodate patients who may need to be followed up within a few days. Glaucoma patients should not be referred back into UHBFT’s glaucoma service unless they require surgical treatment or if there are exceptional circumstances which would require approval by UHBFT’s Clinical Service Lead or Group Manager for Ophthalmology.

It is expected that the Sub-Contractor communicate with the patient’s referrer directly via letter regarding the patient’s care after each visit using the Trust’s digital dictation system. It is expected that the communication contains an account of any clinical assessments, diagnostic tests, treatment plan, treatments carried out and outcomes from the service. This information should be received by the referring clinician no later than 10 working days from the patient’s visit. The Sub-Contractor must comply with Clinical Documentation and Generic Record Standards as set out by the Health and Social Care Information Centre (HSCIC).

Although staff employed by the Sub-Contractor will be provided with a UHBFT IT account and email address, email should not be used to record clinic outcomes, make referrals or communicate with patients or the patient’s referrer. The Sub-Contractor is required to use the UHBFT’s IT systems and processes for these activities

All patient equerries related to patients who are due to be seen in the service or who have been seen in the service need to be managed by the Sub-Contractor. For example, patients calling after their appointment and request medical advice would need to be dealt with by the Sub-Contractor. The Sub-Contractor must have a dedicated phone line for all patient queries and be able to deal with booking and medical queries such as adverse drug reactions. The Sub-Contract must have a robust clinical framework and procedure for such enquires and the ability to see patients at short notice back in the Sub-Contractor’s clinics should it be clinically required.

The main outcomes of clinical assessment will be any or all of these activities:

* Stage 4 – Diagnostics
* Stage 5 – Service treatment
* Stage 6 – Onward referral
* Stage 7 – Discharge to referring clinician

### Stage 4: Diagnostics

The term ‘diagnostics’ refers to any investigative tests carried out to aid and support the identification and extent of the patient’s condition. All first line diagnostics in this service must be delivered by the Sub-Contractor. First line diagnostics should be carried out at the time of the clinical assessment. Patient’s requiring second line diagnostics (for example CT or MRI) should be referred on to the patient’s closest suitable provider of their choice for further assessment.

A range of diagnostic tests of varying complexity and availability will be required to support clinical assessment and its outcome. It is expected that these tests will be available at the time of clinical assessment to achieve the aims of a ‘one stop shop’ approach. Such tests are described as first line diagnostics as defined in the individual care pathways.

All equipment must be clean, secure, suitable, properly used and should be maintained in accordance with the manufacturer’s requirements. All Sub-Contractor staff must have received appropriate and adequate training in use of the equipment.

An example of the diagnostics to support the service is shown below. This is not an exhaustive list and is intended as a guide to inform the modelling of the service.

* + Slit lamp
	+ Slit lamp with dilated fundoscopy
	+ Colour Vision
	+ RAPD
	+ Gonioscopy
	+ Corneal Pachymetry
	+ Visual Field Analysis (24-2 SITA standard only)
	+ Autorefraction
	+ Applanation Tonometry
	+ Visual acuity testing
	+ Fundoscopy
	+ OCT (RNFL and posterior pole required. All new scans to have reference markers set and all follow-up scans are taken using the follow-up function to ensure progression can be tracked).
	+ Disc Photograph

It is expected that all new patients receive a visual field and OCT.

Reporting of diagnostic tests must be done of the same day as the diagnostic test and uploaded by the Sub-Contractor to UHBFT’s clinical systems according to UHBFT’s processes.

The main outcomes of diagnostics will be any or all of these activities:

* Stage 5 – Service treatment
* Stage 6 – Onward referral
* Stage 7 – Discharge to referring clinician

### Stage 5: Treatment

There must be an evidence base for all treatments offered within the service and the Trust’s Policies and Procedures must be followed. The commencement of treatment must occur within clinically acceptable timescales and within the 18 weeks national RTT target.

The Sub-Contractor will be expected to gain patient consent prior to undertaking any procedure utilising the DoH Patient Consent Form.

The Sub-Contractor would be expected to undertake the following treatment/management for their condition:

* Glaucoma drops
* Laser iridotomy
* Ongoing monitoring and follow up according to NICE guidance

The Sub-Contractor would not be expected to undertake any surgical intervention (e.g. surgical glaucoma or cataract). Where this type of treatment is required, it would be expected that the Sub-Contractor refers the patient to the closest suitable provider of their choice.

Where possible, treatments undertaken within the service will be delivered via a ‘One Stop Shop’ with no review appointment unless this is clinically indicated. However, it is recognised that patients with long-term ophthalmic conditions such as stable glaucoma will require routine appointments.

The Sub-Contractor will be responsible for ensuring that any patients who do not attend their appointment are followed up or discharged in accordance with an agreed access and waiting list policy that must be in line with national RTT guidance.

The main outcomes of treatment will be:

* Stage 7 – Discharge;
* Stage 3 – Clinical Assessment (for follow-up for long term conditions);
* Stage 6 – Onward referral

### Stage 6: Onward Referral

Onward referral requires the patient to be directed to their closest provider for investigations or interventions that are not available to them within the service. If at any stage within the patient’s pathway this becomes necessary, the onward referral must be made within one working day of that decision being taken. A full treatment plan must be made available to the receiving provider, including the results of tests and recommended procedures. The Sub-Contractor will be responsible for all Medical Secretary requirements for the service using the Trust’s digital dictation system. Patients must be referred with all the work-up details that have taken place within the service. In addition, for referrals into any part of UHBFT’s Ophthalmology services, the Sub-Contract must complete the required referral template.

The Sub-Contractor needs to develop their relationships with other providers to become an integral member of the health and social care community. The Sub-Contractor will be required to be involved in local care pathway work and discussions, ensuring the best and most efficient means of treating patients are adopted, including the transfer of the relevant clinical information (i.e. images and clinical output report).

### Stage 7: Discharge

Discharge occurs when the service clinician reaches a stage where no further action will take place with the patient’s referral. This may be indicated by completion of a glaucoma pathway in line with NICE guidance. The patient should be directed back to their referring GP or healthcare professional.

At the point of discharge from the service, the Sub-Contractor will be required to produce a discharge document which will contain an account of the assessment, diagnostic tests, treatment plan, treatments carried out and outcomes from the service. The aim is that this information should be received by the referring clinician no later than 10 working days of the patient being discharged from the service.

A copy of this documentation should normally be given to the patient as they progress through the service if they have indicated a wish to receive this information. The discharge documents should conform to an agreed minimum data set. The Sub-Contractor will be responsible for the production and distribution of all discharge documents via UHBFT’s digital dictation system.

# Key Service Outcomes

A balanced, well-planned system will enable professionals to provide high quality services to patients more easily and will:

* + Ensure that help, care and support are available as early as possible to prevent illness and conditions becoming more serious;
	+ Ensure individuals/patients can move smoothly through the help, care and support pathways as their needs increase or decrease;
	+ Ensure high quality patient outcomes
	+ Reduce demand for limited secondary care services and help to shorten waiting times
	+ Manage flows through primary and secondary care seamlessly;
	+ Ensure appropriate and timely referrals;
	+ Provide self-help information for patients to manage their conditions more effectively;
	+ Ensure health promotion and well-being;

# Premises

The Sub-Contractor must ensure that UHBFT’s premises are kept in an appropriate, safe and well maintained condition for the delivery of an Ophthalmology service. The Sub-Contractor must comply with all CQC regulations. The Sub-Contractor will be liable for the replacement cost for any equipment, IT systems or premises which are damaged whilst the Sub-Contractor is using the facilities. If the damaged equipment impacts on UHBFT’s core clinical working hours, the Sub-Contractor will be liable to pay compensation to UHBFT in line with the costs of cancelling the clinical activity and setting up additional sessions at premium rates.

The Sub-Contractor will be able to use the following rooms within UHBFT’s Ophthalmology department:

* 1x Visual Field Room (4x Humphry Visual Field Machines)
* 2 x OCT Rooms
* 14 x Consulting Rooms
* 8 x Nursing Visual Acuity Rooms
* 1 x Laser Room

The clinics must take place outside of UHBFT core hours. The Sub-Contract may use the facilities between Monday and Friday from 17:30 and 23:00 and on Sundays from 08:00 until 23:00.

# Quality and Governance

The Sub-Contractor must have a robust clinical governance framework in place with strong clinical leadership and clear lines of accountability which operates across organisational and/or professional boundaries. The Sub-Contractor must have effective systems and processes in operation, which ensure that high standards of clinical care are maintained and the quality of the services provided are continually improved.

Some of the key components of any effective clinical governance framework can be grouped under the following headings:

1. Applicable Service Standards
2. Staffing & Staff Management
3. Clinical Effectiveness & Clinical Audit
4. Risk and Incident Management
5. Patient & Public Involvement
6. Information Governance
7. Health & Safety

## 5.1 Applicable Service Standards

Applicable National Standards include:

* NICE Quality Standards for glaucoma in Adults (NICE, 2011)
* Glaucoma Commissioning Guide Recommendations (RCOphth, 2016)
* White Paper *‘Our Health, Our Care, Our Say’* (DOH, 2005)
* General Ophthalmic Services Review (DOH, 2006)
* Safeguarding Patients (Gov,2007)
* Tackling Hospital Waiting: The 18 week Patient Pathway (May 2006)
* Five Year Forward View (NHS England, 2014)
* Francis Report (Francis, 2013)
* Safety and quality Sub-Contractor regulations: Health and Social Care Act 2008 (Regulated Activities) Reg. 2014 and Care Quality Commission (Registration) Reg. 2009
* Equality Act 2010
* Referral to Treatment (RTT) 18 Weeks compliance

Applicable Local Standards include:

* First appointment within 6 weeks or sooner if clinically required
* Letter turnaround within 10 days
* First line diagnostics on the same day as clinical assessments
* New to follow up ratio below West Midland average
* Onward referral rate to be monitored
* Robust clinical governance and audit

## 5.2 Staff and Staff Management

The Sub-Contractor must ensure that there are sufficient appropriately registered, qualified and experienced medical, nursing and other clinical and non-clinical staff to enable the services to be delivered at all times in accordance with the Sub-Contract.

Before the Sub-Contractor engages or employs any person in the provision of the Services, the Sub-Contractor must at its own costs comply with [NHS Employment Check Standards](http://www.nhsemployers.org/your-workforce/recruit/employmentchecks); and other checks as required by the DBS or which are to be undertaken in accordance with current and future national guidelines and policies.

The Sub-Contractor is expected to demonstrate that employees’ competencies and skill levels are in line with any national guidance and that these are clearly laid out in a locally agreed competency framework which is assessed on a regular basis.

The Sub-Contractor will be required to demonstrate how they ensure the maintenance and development of the relevant clinical skills of their staff.

Where staff are required to be registered with professional bodies it is the responsibility of the Sub-Contractor to check compliance.

During the term of the Sub-Contract, the Sub-Contractor must follow and adhere to the relevant UHBFT policies and procedures which will be listed in the Sub-Contract. All Sub-Contractor staff new to the service must have an induction programme to ensure that they are familiar with Trust policies and procedures.

All staff must be aware of the corporate objectives and vision of the Trust and support the delivery of these within the service.

The Sub-Contractor will undertake annual appraisals for its employees where it is the main employer. The Sub-Contractor will check appraisals conducted by main NHS employer for contracted Consultants. The Sub-Contractor will check registrations of non-consultant bank staff (nurses and optometrists) to ensure ongoing maintenance of registration and ongoing Continuing Professional Development. Where non-consultant bank staff are not working under the direct supervision of a Consultant, regular, targeted audits of the clinical work are carried out.

The Sub-Contractor should comply with the recommendations set out in the Department for Health paper ‘Trust, Assurance and Safety – the Regulation of Health Professionals (February 2007)’.

All staff must be aware of and respect equality, and human rights of colleagues, service users, carers and the public.

The Sub-Contractor will be expected to participate in standard due diligence processes as part of the tendering exercise. In addition, UHBFT will require CVs and references for all of the staff who will be working within the service as part of the mobilisation exercise. UHBFT must be notified of any staff changes.

All staff employed by the Sub-Contractor will be required to undertake UHBFT’s mandatory training requirements and any additional training, as specified by UHBFT.

The Sub-Contractor will not be able to recruit any staff who have previously been employed by UHBFT in the 6 months prior to when any such member of staff would be expected to start work for the Sub-Contractor.

UHBFT must be immediately notified if any member of staff working for the Sub-Contractor has previously or presently under suspension or investigation by any of the member of staff’s employing organisations, professional governance body or the police. UHBFT would also expect to be immediately notified if any member of staff working for the Sub-Contractor was suspended, under investigation, arrested or charged whilst working for UHBFT.

All staff working for the Sub-Contractor must have the appropriate professional indemnity relevant for the work they will be undertaking at UHBFT.

## 5.3 Clinical Effectiveness and Audit

It is required that the Sub-Contractor delivers a service that is clinically effective, and that they regularly review their clinical practices in light of emerging evidence with regards to the effectiveness, efficiency and safety of individual interventions.

The Sub-Contractor should provide the services in accordance with up-to-date evidence of clinical effectiveness and in particular, compliance with the following:

* + 1. Care Quality Commission Healthcare Regulations 2010.

5.3.2 Relevant national standards and guidelines e.g. National Institute for Health and Care Excellent (NICE) guidelines, Central Alerting System (CAS) alerts and relevant technical appraisals.

The Sub-Contractor will provide a periodic clinical audit package for consideration by the UHBFT. The content and format of the audits are to be mutually agreed between Sub-Contractor and UHBFT. The frequency of reporting will be no less than quarterly and the Sub-Contractor will be required to present at the departments Audit and Clinical Governance meetings. All audits undertaken must comply with the Trusts audit policy and be registered accordingly. UHBFT will also independently audit the Sub-Contractor’s service to ensure it is meeting the standards setup in this specification. The Sub-Contractor will be required to implement any recommendations from any audits undertaken by either party.

## 5.4 Risk and Incident Management

Key components of any quality assurance programme are the minimisation of risk and effective management of those incidents that do occur. It is expected that the Sub-Contractor will:

5.4.1 Comply with appropriate statutory regulations (including, but not limited to Data Protection Act, Health & Safety at Work Act, COSHH Regulations).

* + 1. Actively promote an Open Culture of incident reporting and risk awareness among all staff.
		2. Implement an incident reporting policy and ensure that all incidents and near misses are reported in line with the policy. Where any patient has been harmed, the ‘Being Open’ policy is applied.
		3. Participate and cooperate in incident investigations as appropriate.
		4. Have a robust system in place whereby families, other professionals and the public can raise concerns about the quality of care and have adequate arrangements in place for the investigation of such concerns in line with the Sub-Contractor’s policies.
		5. Have robust evidence based policies, procedures, guidelines, standard operating procedures in place for staff to follow in delivering the service.
		6. Ensure that the service complies with the NHS Litigation Authority Risk Management Standards and the Care Quality Commission Healthcare Regulations 2010.
		7. Ensure that the service develops a risk assessment programme, carries out a proactive risk assessment and identifies risks for inclusion on the Sub-Contractor’s risk register. Where risks are significant, the risks and mitigation actions should be discussed with UHBFT
		8. Ensure recommendations from investigations are fully implemented
		9. Provide information and contribute to risk assessments undertaken, incidents and complaints.
		10. Report findings from serious incident investigations to UHBFT
		11. Have a business continuity plan in place

## 5.7 Patients and Public Involvement

The Sub-Contractor will be required to demonstrate that they have collected (or have plans in place to collect) the views of service users, families and others in respect of the services they provide and how those views will influence service delivery for the purposes of raising quality standards in line with the Sub-Contractor’s patient satisfaction surveys. The outcomes of this work must be shared with UHBFT.

The Sub-Contractor must comply with the National Friends and Family Test.

The Sub-Contractor must ensure that they have appropriate processes by which to manage PALs inquiries and patient complaints within agreed timescales. The Sub-Contractor will be required to work within UHBFT’s complaints and PALs processes.

##  5.8 Information Governance

The Sub-Contractor must comply with the legal framework governing the use of personal confidential data as detailed in NHS Act 2006, the Health and Social Care Act 2012, the Data Protection Act, and the Human Rights Act.

The Sub-Contractor must also comply with UHBFT’s Information Governance requirements as set out in the Sub-Contract. In particular, the Sub-Contractor must have a Caldicott Guardian, Information Governance Lead and Senior Information Risk Owner.

All documentation made must be in accordance with the Sub-Contractor’s policies and good practice to ensure they are accurate, contemporaneous and legible.

For access to N3 (or subsequently HCSN), the Sub-Contractor will need to comply with NHS IG controls as set out at the link below:

<https://digital.nhs.uk/media/289/NHSDigitalMiniGuide/pdf/hscicminiguide>

There will be no requirement for UHBFT data to be taken outside of UHBFT’s premises which would be a breach of IG regulations and UHBFT’s contract with the Sub-Contractor.

## 5.9 Health & Safety

The Sub-Contractor must have clear Health and Safety policies and procedures. All incidents must be fully investigated in line with the Sub-Contractors Risk and Incident Management procedures. Staff must undergo regular health and safety training. The Sub-Contractor must undertake regular health and safety audits involving all members of staff. Any risks must be identified, added to a Health and Safety Risk Register along with mitigation plans to reduce risks and the change of incidents. Significant risks need to be shared with UHBFT.

In addition, the Sub-Contractor must comply and contribute to UHBFT’s internal health and safety risk assessments and audits.

The Sub-Contractor must comply with the Health and Safety at Work Act legislation.

# Contract Management

There is a national template for NHS sub-contract terms and conditions that UHBFT will use for this Sub-Contract. Please see link to the template below:

<https://www.england.nhs.uk/publication/template-sub-contract-for-the-provision-of-clinical-services-for-use-with-nhs-standard-contract-full-length-201718-and-201819-2/>

The Sub-Contract will include the following in order to ensure that the Sub-Contract is able to support us in meeting our commissioned obligations.

* Performance of the contract (Key Performance Indicators)
* Price and Payment
* Quality Requirements
* Governance
* Contract Management, Reporting and Information Requirements
* Transition and Exit arrangements

The contract will be agreed for a one year period. There will be a six month notice period, however, the notice period could be sooner or immediate if a significant incident occurs or there if there are clinical or operational concerns. There is an opportunity for the contract to be extended for another 12 months after year one if both parties are in agreement.

A minimum of 4 weeks will be provided for mobilisation from the contract being awarded to the first clinic starting. It is expected that the service will start and the first clinic will take place week commencing the 8th January 2018.

# Activity & Tariff

The provider will be expected to deliver 1320 consultant-led new glaucoma outpatient attendances in year 1. If there are fewer new patient referrals, the Sub-Contract may be asked to see some of the Trust’s glaucoma follow up patients. If there are more than 1320 new patient referrals, the Sub-Contract would be asked whether they had the capacity to see additional new patients above 1320. Any additional patients seen would be paid at the same tariff rate.

The number of follow up patients seen will depend on each patient’s needs following their initial assessment. The Sub-Contractor’s New to Follow Ratio will be expected to be no greater than the West Midland average for Ophthalmology at 1 New to 2.43 Follow Ups. This specification estimates that the number of follow ups in year 1 will be 1,070.

The activity levels in year 2 are not guaranteed and will be contingent on both parties agreeing to extend the contract after year 1.

The maximum tariff which will be paid to the Sub-Contractor is 85% of the current national tariff for ophthalmology outpatient attendances (WF01B First Attendance – Single Professional, WF01A Follow Up Attendance – Single Professional and Outpatient Procedure Attendance Tariffs).

Where a clinic outcome triggers an Outpatient Procedure Attendance, the Sub-Contractor will be paid up to a maximum of 85% of the Outpatient Procedure Attendance tariff triggered. The Outpatient Procedure Attendance tariff triggered will depend on the procedure undertaken and documented on the Clinical Outcome Form.

When an Outpatient Procedure Attendance is triggered, the Sub-Contractor will be paid for the Outpatient Procedure Attendance only and not both a New or Follow up Attendance and an Outpatient Procedure Attendance.

The Sub-Contractor can only claim one attendance tariff per patient per day, regardless of the number of clinicians involved in the patient’s care, diagnostics or procedures undertaken.

There are typically 8 HRG Outpatient Procedure tariffs triggered for Ophthalmology appointments at UHBFT. The Sub-Contractor will be paid up to a maximum of 85% of the current national tariff for the actual outpatient procedure HRG triggered.

No Market Forces Factor will be applied.

Potential Sub-Contractors can choose to tender for a tariff lower than 85%.

Year 1

|  |  |
| --- | --- |
|  | Estimated Annual Activity |
| New | 1,320 |
| Follow Up | 1,070 |

Year 2

|  |  |
| --- | --- |
|  | Estimated Annual Activity |
| New | 1,412 |
| Follow Up | 3,750 |

#

# Key Performance Indicators

There are a number of KPIs which the Sub-Contractor will be required to meet. The achievement of these KPIs will also deliver the Sub-Contract additional income as set out in the table below. In order to be eligible for the additional income associated with delivery of KPIs, the Sub-Contractor must meet their projected activity targets.

|  |  |  |
| --- | --- | --- |
| **KPI** | **Target** | **Income**(Percentage of WF01B and WF01A Tariffs x Annual Activity)  |
| Clinical Audit | Sub-Contractor to provide and present a quarterly clinical audit package at UHBFT’s Ophthalmology Clinical Audit and Governance Meeting. | 1% |
| Patient Satisfaction | Sub-Contractor to provide and present a quarterly patient satisfaction report at UHBFT’s Ophthalmology Clinical Audit and Governance Meeting. | 1% |
| Delivery of RTT 18 weeks unfinished | >92.5% | 1% |
| Onward referral rate | The onward referral rate to UHBFT will be monitor according to the guidance set out in this specification. | 1% |
| New to Follow Ratio | < 1 to 2.43 | 1% |

1. Glaucoma: diagnosis and management, Clinical guideline [CG85] Published date: April 2009. <https://www.nice.org.uk/guidance/cg85?unlid=601025008201729161225> [↑](#footnote-ref-1)