MFT 2025/26 Specification for Insourcing Arrangement for Elective Care

1. Introduction

This specification outlines the requirements and expectations for an insourcing arrangement for elective care services at Manchester University Hospital NHS Foundation Trust (MFT). The objective is to improve patient access, reduce waiting times, and enhance the efficiency of elective care services by leveraging external healthcare providers within the existing healthcare facility.

This specification aims to ensure that the insourcing arrangements for elective care services are implemented effectively, providing high-quality, efficient, and patient-centred care.

2. Scope of Services

The Provider(s) will supply the Authority with on-site clinical and surgical capacity solutions for elective outpatient, diagnostic inpatient and day case pathways in the following specialties:

- Lot 1
  - Dermatology
  - Plastic Surgery
  - General Surgery
  - Urology
  - Ear Nose & Throat (ENT) including Audiology provision
  - Oral Maxillofacial Surgery/Oral Surgery (OMFS)
  - Benign Gynaecology
- Lot 2
  - Gastroenterology
- Lot 3
  - Trauma & Orthopaedics
- Lot 4
  - Complex Gynaecology
- Lot 5
  - Breast
- Lot 6
  - Paediatrics (ENT and Gastroenterology)

For all elements of the elective pathway the Provider(s) will adhere to Trust Access Policy and will work within existing processes in relation to validation and booking and scheduling protocols. Patient pathways will be managed in line with MFT's annual plan aspirations in order to achieve the planned reduction in waiting times.

Full details of requirements for all Specialties in scope are detailed in Appendix 2.

3. Outpatient Consultations

3.1. The Provider(s) will ensure all Healthcare Professionals are fully complaint with registration, mandatory and statutory training, regulatory compliance, indemnity insurance and revalidation.

3.2. The Provider(s) will engage appropriately trained Consultants (GMC Registered) to provide outpatient consultations within the Consultants' own areas of expertise. Patients may not have seen a secondary care clinician for their specific medical concern ("New Patient Appointment") or may already have seen an NHS consultant, but the Authority deems a review of their case is necessary "Follow Up Appointment".

3.3. Consultations will be undertaken on site (by telephone, video call or face to face) at the Authority's discretion using MFT technology.

3.4. The Provider(s) will engage Nurses, other Medical Professionals, Allied Health Professionals and Administrative staff as the Provider(s) deems necessary to enable the provision of the elective services.

3.5. The Authority shall be responsible for identifying Patients eligible for Consultations. Patients will be allocated to outpatient clinics (it is essential they will be booked by the Provider(s)). The Provider(s) will follow MFT guidelines and pathways in relation to Advice & Guidance, PIFU and Discharge at first appointment.

3.6. Following the outpatient appointment, the Provider(s) should contact the patient and their general practitioner with the clinical details of the consultation and the recommended outcome, which will comprise of one of the following:

a. Diagnosis and discharge from MFT back to the care of the GP having given appropriate advice and/or constructed a primary care treatment plan.
b. Onward agreed care plan by the Provider(s), to be delivered by the Provider(s).
c. Where treatment cannot be delivered by the provider, a provisional or confirmed diagnosis and recommendation for transfer back to the care of the Authority for further investigation/treatment/clinical review.

3.7. In the case of (b) above, the Provider(s) will ensure that, for as long as surgical prioritisation remains standard practice for the Authority, Consultants prioritise the relevant Provider(s) Patient's case when recommending a surgical procedure, as per the Federation of Surgical Specialty Association's Clinical Guide to Surgical Prioritisation and complete the required documentation for surgical listing for such Patient at the time of the associated Consultation.

3.8. In the case of (c) above, the Provider(s) will ensure that Consultants generate a referral letter at the time of the associated Consultation and make the necessary order using MFTs HIVE EPR.

3.9. The Provider(s) will ensure that all relevant episodes of care are signed off in the HIVE EPR and that correspondence is generated within HIVE during the Consultation and sent to the relevant Patient and the Patient's GP.

3.10. The Provider(s) will be responsible for ensuring that the pathway outcomes are documented in HIVE for all episodes of care.

3.11. The Provider(s) will ensure that immediate action is taken to ensure all suspected cancer/upgrade diagnosis are upgraded to a cancer pathway on HIVE when reviewing results or referring to back to the care of the Authority for further investigation/treatment/clinical review.

3.12. All patients with a confirmed cancer diagnosis will be referred back to the Authority for ongoing treatment.

3.13. The Provider(s) will ensure that patients are only seen for a follow up consultation when there is a meaningful clinical need and all new to follow up ratios will be monitored as part of the agreed KPIs.

4. Diagnostic Investigations

4.1. The Authority will provide diagnostic services for patients within this scope of work.

4.2. The Provider(s) will contact the Patient and their GP with the clinical details of the Diagnostics and the recommended outcome, which will comprise one of the following:

a. a diagnosis and discharge from MFT back to the care of the GP having given appropriate advice and/or constructed a primary care treatment plan.
b. Where treatment cannot be delivered by the provider, a provisional or confirmed diagnosis and recommendation for transfer back to the care of the Authority for treatment/clinical review.
c. an onward referral to another medical or surgical specialty under the care of the Authority
d. Onward agreed care plan by the Provider(s), to be delivered by the Provider(s).
e. Discharge from MFT back to the GP once treatment has been completed.

4.3. In the case of (d) above, the Provider(s) will ensure that, for as long as surgical prioritisation remains standard practice for the Authority, Consultants prioritise the relevant Provider(s) Patient's case when recommending a surgical procedure as per the FSSAs Clinical Guide to Surgical Prioritisation and complete the required documentation for surgical listing for such Patient at the time of the associated Diagnostics or immediately after the relevant MDT.

4.4. In the case of (b and c) above, the Provider(s) will ensure that Consultants request onward review using the MFT EPR system.

4.5. The Provider(s) will ensure that all patient information is appropriately and accurately recorded in the HIVE EPR System in accordance with MFT policies and procedures.

4.6. The Provider(s) will ensure that all relevant episodes of care are signed off in the HIVE EPR and that correspondence is gen*erated* within HIVE during the Consultation and sent to the relevant Patient and the Patient's GP.

4.7. The Provider(s) will ensure that immediate action is taken to ensure all suspected cancer/upgrade diagnosis are upgraded to a cancer pathway on HIVE when reviewing results or referring to back to the care of the Authority for further investigation/treatment/clinical review.

4.8. All patients with a confirmed cancer diagnosis will be referred back to the Authority for ongoing treatment.

5. Treatments

5.1. As applicable in accordance with the Authority's requirements, the Provider(s) will engage appropriately trained Surgical and Anaesthetic Consultants to provide treatment within their own area of expertise. Such treatment will be provided to patients referred by the Authority.

5.2. As applicable in accordance with the Authority's requirements, the Provider(s) will engage such Nurses, Operating Department Practitioners (ODPs), other Medical Professionals, Allied Health Professionals (AHPs)and administrative staff as the Provider(s) deems necessary to enable the provision of the Treatment.

5.3. Day case ward staff will and AHP provision be provided by the Provider(s). Inpatient care would be handed over to the Authority's night staff at the end of the operating day.

5.4. The booking and scheduling of theatre lists will be provided by the Provider(s).

5.5. The Authority may identify Patients eligible for Treatment from existing waiting lists at MFT.

5.6. The Provider(s) will be responsible for compiling both GA & LA operative lists of patients for surgical treatments.

5.7. The Provider(s) will be responsible for contacting the Patients and confirming the details of their admission including the date and location of the Treatment.

5.8. The Provider(s) will be responsible for the surgical and anaesthetic pre-operative assessment as well as instructing the Patients about any self-isolation requirements as applicable in advance of their Treatment.

5.9. The Provider(s) will be responsible for ensuring they have confirmed there is sufficient pre-operative accommodation and in partnership with the Authority there are sufficient post-operative beds at the appropriate level of care for all the Patients listed for Treatment on a particular day.

5.10. The Provider(s) must follow the agreed SOP for any failed day case procedures, to ensure appropriate management of patients post "core hours" as per the agreed SOP

5.11. The Provider(s) will contact the Patient and their GP with the details of the treatment undertaken and the recommended outcome, which will comprise one of the following:

a. discharge back to the care of the GP with appropriate re-referral criteria
b. a provisional or confirmed diagnosis and recommendation for transfer back to the care of the Authority for further investigation/ongoing care.
c. an onward referral to another medical or surgical specialty under the care of the Authority.

5.12. In the case of (b) above, the Provider(s) will ensure that Consultants request onward review using the MFT HIVE EPR system on the day of treatment.

5.13. The Provider(s) will ensure that all patient information is appropriately and accurately recorded in the HIVE EPR System in accordance with MFT policies and procedures.

5.14. The Provider(s) will ensure that all relevant episodes of care are signed off in the HIVE EPR and that correspondence is generated within HIVE during the Consultation and sent to the relevant Patient and the Patient's GP.

5.15. The Provider(s) will ensure that immediate action is taken to ensure all suspected cancer/upgrade diagnosis are upgraded to a cancer pathway on HIVE when reviewing results or referring to back to the care of the Authority for further investigation/treatment/clinical review.

5.16. All patients with a confirmed cancer diagnosis will be referred back to the Authority for ongoing treatment.

5.17. Surgical Assistants will be provided by the Provider(s)

5.18. The Provider(s) must include their post-operative care protocols including post-operative contact details for each clinician before programme start.

6. Service Requirements

6.1 The Supplier must meet the following generic requirements, in addition to speciality specific requirements which have been laid out in Appendix 2.

7. Clinical Governance

7.1 Although ultimate responsibility for their fitness to practice lies with their own Responsible Officer, all Healthcare providers contracted by the Supplier should adhere to all MFT's clinical and professional guidelines and protocols, ensuring all relevant SOPs are adhered to.

7.2 The Supplier will ensure all healthcare professionals are appropriately licensed and credentialed and are registered with their own professional body.

7.3 The Supplier will ensure all staff have the relevant checks completed such as DBS, Mandatory Training, Occupational Health, Specialist Registration and Indemnity, incorporating all the NHS pre employment checks.

7.4 The Supplier will ensure that all Consultants undertaking work are appropriately trained and are registered with the General Medical Council Specialist Register and General Dental Practitioner with a licence to practice.

7.5 The Supplier will implement robust clinical governance and quality assurance processes, with clear, documented approaches agreed between the Supplier and the Authority.

7.6 Any clinical incident will be dealt with and investigated in accordance with the current MFT procedures and policy. An online incident form must be completed by the Consultant. (MFT will inform the Supplier at the earliest opportunity in order that they can initiate an investigation in accordance with the Authority's Clinical Incident Management and Reporting Policy.) An appropriate report detailing the findings of the investigation undertaken by the Supplier and the proposed next steps must be provided to MFT within 4 weeks unless otherwise agreed

7.7 The Supplier must attend a monthly clinical governance meeting with the insourced speciality to ensure all incidents, complaints and patient experience/quality issues are reported and any shared learning is communicated across the speciality.

7.8 Any patient complaint will be managed in accordance with the MFT Policy.

8. MFT Digital Patient Record

8.1 The Supplier will ensure all staff are appropriately trained and able to use the HIVE Electronic Patient Record system. A schedule of training required is detailed in Appendix 4.

8.2 For each individual working on behalf of the Supplier, The Trust should be informed, no later than 2 weeks before the employee is due to undertake work, of the following information:

- Employee Name
- Employee GMC, GDP or NMC pin if applicable
- Staff Role

This will enable timely provisioning and training ahead of the clinical session.

9. Staffing

9.1 The Supplier will provide a fully qualified and experienced clinical team, including Surgeons, anaesthetists, surgical assistants', nurses, theatre porters and admin staff. The booking and scheduling of appointments will be provided by the Supplier.

9.2 The supplier shall ensure that all staff undertaking work are appropriately trained and are registered with the relevant profession body.

9.3 The Supplier will ensure all staff undergo appropriate induction and training relevant to the host Facility.

9.4 For Outpatient and Day Case activity, Providers can contract with MFT staff to deliver the service. However, the contracting of substantive staff should not compromise the delivery of the Trust's day to day activity. Use of MFT staff will be monitored throughout the contract life as part of the performance management process.

9.5 For the purposes of continuity of care, the Supplier(s) will contract Surgeons who are employed by MFT for all planned inpatient activity and there must be clear plans in place for post-operative care and desired on-call arrangements for covering the continuing care of inpatients.

10. Operational Efficiency

10.1 The Supplier(s) will provide a single managerial contact to oversee the contract and ensure operational management arrangements are in place to address issues as they arise.

10.2 The Supplier(s) will ensure efficient patient flow and minimise disruptions to existing services.

10.3 The Supplier will utilise existing resources (e.g., operating theatres, equipment) optimally without compromising the host facility's standards, ensuring any breakages or damage is recorded and reimbursed to the Authority from any of the Authorities facilities –

- MFT Oxford Road Campus (ORC) – incorporating Manchester Royal Infirmary, Royal Manchester Eye Hospital, St Marys Hospital and Royal Manchester Children's Hospital
- Wythenshawe Hospital
- North Manchester General Hospital
- Withington Community Hospital
- Altrincham Hospital
- Trafford General Hospital including the Trafford Elective Surgical Hub (TESH)

10.4 The Supplier will maintain operational hours that align with the host facility's schedule which will be mainly evenings after 6pm and weekends 6am to 10pm. However, there may be occasions when capacity is available during the working week.

10.5 The Supplier will ensure the use of the EPR system and follow all agreed processes in Hive EPR to track, record and monitor services provided by the Supplier.

10.6 The Supplier will ensure a pre-agreed process to the recording of incidents and complaints, with a shared approach with the authority to review and respond.

10.7 The Supplier, working with the Authority, is responsible for ensuring all staff have the relevant parking permits, ID badges, and other relevant items to support the work at the named MFT site.

10.8 The Authority is responsible for providing the Supplier with a letter to send to patients which explains the transfer of care arrangements.

11. Performance and Quality Standards

11.1 The Supplier will achieve specified key performance indicators (KPIs) for patient outcomes, waiting times, and patient satisfaction. A schedule of those KPI's can be found at Appendix 6

11.2 The Supplier will conduct regular audits and provide reports on clinical performance, patient outcomes, and adherence to protocols monthly.

11.3 The Supplier(s) will ensure delivery of the NHS constitutional standards, ensuring any potential breaches are escalated in a timely manner to enable mitigation.

11.4 The Supplier(s) will support the Authority to the reduce the waiting times for patients in line with the annual plan.

11.5 The Supplier will implement a continuous improvement process to address any identified issues.

12. Patient Safety and Experience

12.1 The Supplier will prioritise patient safety and ensure compliance with all relevant health and safety regulations:

- NICE Guidance, Pathways and Quality Standards
- NHS Outcomes Framework, NHS Constitution
- No Secrets 2000
- The Equality Act 2010 and Huma Rights Act 1998
- Data Protection Act 2018
- Freedom of Information Act 2000
- Applicable Standards set out in Guidance or issued by competent body (e.g. Royal Colleges)
- Guidance and Best Practice issued by the British Clinical Colleges, BMA, GMC and NMC

12.2 The Supplier will provide high-quality care that meets the expectations of patients and their families.

12.3 The Supplier will implement a robust system for handling patient complaints and feedback.

13. Information Management

13.1 A Data Processing Agreement (DPA) shared in Appendix 5 will be used alongside the contract.

13.2 The supplier will ensure secure and confidential handling of patient data in compliance with data protection regulations.

13.3 The Supplier will only use MFTs HIVE electronic patient record to maintain accurate and up-to-date patient records.

13.4 The Supplier will provide regular reports on service delivery, including activity levels, outcomes, and any incidents or near misses in line with the agreed contact monitoring arrangements.

14. Collaboration and Communication

14.1 The Supplier will establish effective communication channels between Supplier and host facility staff.

14.2 The Supplier will participate in regular meetings to discuss performance, address issues, and plan for service improvements. Contract Monitoring and performance meeting structures are described in Appendix 6

14.3 The Supplier will foster a collaborative working environment that supports the integration of insourced services with the host facility.

15. Financial Arrangements

15.1 The Authority will clearly define the financial terms, including payment structure, billing processes, and any cost-sharing arrangements.

15.2 Both parties will ensure transparency in all financial transactions and provide detailed invoices and financial reports.

16. Compliance and Legal Requirements

16.1 The Supplier will adhere to all applicable laws, regulations, and standards governing healthcare services.

16.2 The Supplier will ensure that all contractual obligations are met, and any potential risks are mitigated.

17. Contract Management

17.1 The roles and responsibilities of both the insourcing provider and the host facility are described in Appendix 1.

17.2 The Authority and the Supplier will work collaboratively to establish a governance framework to oversee the implementation and management of the insourcing arrangement.

18 Implementation Plan

18.1 The Supplier will develop a detailed implementation plan outlining the timeline, key milestones, and responsibilities for formal sign off with the authority ahead of any mobilisation activities.

18.2 The Supplier will ensure a smooth transition and minimal disruption to existing services during the implementation phase

19 Monitoring and Evaluation

19.1 A monitoring and evaluation framework will be developed to track the performance and impact of the insourcing arrangement.

19.2 The Authority will conduct regular reviews and provide feedback to continuously improve service delivery.

20 Exit Strategy

21.1 A defined exit strategy will be agreed between the Supplier and the Authority to ensure continuity of care at the contact end to ensure the smooth transfer of patients back to the host facility or another provider if necessary.

21 Other

21.1 The Supplier shall be entitled to refuse to treat or continue to treat a Patient:

- Who is unsuitable for treatment on clinical grounds.
- Who is temporarily unsuitable for treatment on clinical grounds for as long as such unsuitability remains.
- who has not validly consented to the treatment provided under the Services.

21.2 Where the Patient behaves in a manner which is unacceptable to the Supplier, or its contractors including, but not limited to, the Consultant or other named professional clinically responsible for the management of the care of such Patient.

22 Excluded Services

22.1 The Authority shall not make any referrals of Patients to the Supplier for the following medical and surgical sub-specialties without obtaining the express prior written consent of the Supplier for each such referral:

- Bariatric surgery and care;
- Spinal surgery and care
- Cosmetic Surgery
- Procedures of Limited Clinical Value / Non- Commissioned Procedures

Appendices

Appendix 1. Roles and Responsibilities
Appendix 2. Specific Requirements by Lot
Appendix 3. Elective Pathway
Appendix 4. Digital Training Requirements
Appendix 5. Data Processing Agreement
Appendix 6 Key Performance Indicators and Contract Monitoring/Reporting Arrangements

Appendix 1. Roles and Responsibilities

Outpatients (Non admitted) Pathway.

Authority Responsibility	Provider(s) Responsibility
• Identification of patients for Provider(s) lists • Informing patients that the Provider(s) will be undertaking the clinic. • Provision of Clinical Facilities and equipment required to deliver the service. • Provision of drugs and consumables. • Provision of system for the collation of Patient Records. • Provision of access to Trust Premises. • Provision of access to the Trusts policies, procedures, pathways, and other governance information required for the fulfilment of this agreement. • Provision of support services, including sterilisation, radiology, pharmacy, pathology & histology • Key holders in outpatient and theatre setting	• Responsibility for the end-to-end patient pathway and all associated management. Including delivery of NHSE constitutional standards and the Authorities annual plan. • Provision of Clinical Teams as required to deliver the Service including Nursing, Radiographers, dental nurses/dental radiographer, audiologist and AHPs. • Completing minor treatments possible in outpatient clinics e.g. pain relief injections and recording activity in HIVE. • Completing the relevant elements of the associated diagnostic pathways (where agreed). • Leaving the facility, equipment, and supplies in a fit and ready condition for the next scheduled clinic in the normal manner as required by the Trust. • Completing all required paperwork, including clinical notes, consent, patient management plan and logging on the Trust's HIVE EPR systems. • Administrative support for patient booking, registration, reception, correspondence and pathway tracking. • Ensuring that all the Trust's quality, safety and governance standards, policies, procedures, and protocols are followed in full. • Raising incidents as identified, recording safety incidents and handling complaints as identified by the Trust. • Providing discharge information to GP or appropriate onward management plan for patient care • For Endoscopy Services – Must be JAG Accredited. • Operational management support to address issues as they arise.

Appendix 1. Roles and Responsibility - Day case/Inpatient (Admitted) Pathway

Authority Responsibility	Provider(s) Responsibility
• Identification of patients for Provider(s) lists and informing patients that the Provider(s) will be undertaking the procedure. • Provision of Clinical Facilities and equipment required to deliver the service. • Provision of drugs and consumables. • Provision of system for the collation of Patient Records. • Provision of access to Trust Premises. • Provision of access to the Trusts policies, procedures, pathways, and other governance information required for the fulfilment of this agreement. • Provision of support services, including sterilisation, pharmacy, pathology, histology, radiology (excluding in-theatre radiology) • Key holders where required in outpatient, daycase and theatre setting • Ongoing care provision for inpatients following clinical handover	• Provision of Clinical Teams as required to deliver the Service (including nurses, theatre staff, ODP, theatre porters, 'in theatre radiographer' ward clerk • Pre-operative services • Treating specified patients on agreed dates • The whole episode of care for day-case patients from attendance on the day of appointment through to discharge. • Inpatient care from the point of admission to transfer to an inpatient following post operative review and and a full clinical handover) • Leaving the facility, equipment, and supplies in a fit and ready condition for the next scheduled clinic in the normal manner as required by the Trust. • Completing all required paperwork, including clinical notes, consent, patient management plan and logging on the Trust's normal systems (assuming access is granted) • Administrative support for patient booking, registration, reception, correspondence and pathway tracking. • Providing clinical coding details to support Provider(s) invoicing (ICD10, OPCS, HRG) • Pre- and post- drug counts and completion of logs • Recording implant details on all required registers • Review and action of diagnostic results. • Provision of follow-up services (as required) • Recording of stock such that replenishment is effective and that all records are true and complete using the Authorities Genysys system • Ensuring that all the Trust's quality, safety and governance standards, policies, procedures, and protocols are followed in full. • Raising incidents as identified, recording safety incidents and handling complaints as identified by the Trust. • Providing discharge information to GP or appropriate onward management plan for patient care • Operational management support to address issues as they arise.

Appendix 2 Specific Requirements by Lot

Lot 1 - Dermatology
Overview
Scope of practice is for General Dermatology and Cancer referrals for New and Follow up patients. The dermatology service will support training needs for the staff to ensure compliance with inhouse procedures, coding of procedures, policies and IT systems.

Patients with a subsequent, histology-confirmed cancer diagnosis should be transferred back to MFT for follow-up care and onwards skin checks. This should take place after treatment is completed by the commissioned provider.

A dedicated local PTL and scheduling meeting will be required between the Dermatology service and Provider to ensure the appropriate and efficient use of capacity, as guided by service demand.

The delivery of sessions should be split into dedicated Outpatient Clinics and dedicated Procedure/Minor Ops sessions to ensure optimal deployment of workforce and capacity. We would expect flexibility in Outpatient clinics to enable the scheduling of suspected skin cancer and general dermatology referrals into the same clinic.

Relevant Clinical Guidelines/Safety
Adhere to British Association of Dermatologists (BAD) clinical guidelines and standards, including medical photography

To work with a clinic template of minimum 12 patients a session

Non-surgical interventions such as:

- Punch biopsy
- Incisional biopsy
- Wide Local Excision
- Shave Excision
- Curettage and Cautery

Ensure all pathology is reviewed and outcomes actioned accordingly, including transfer back to MFT care for patients with a subsequent confirmed cancer diagnosis.

Where applicable add non-cancer Dermatology patients to a Patient Initiated Follow-up (PIFU) aligning with MFT elective improvement programme

HRG/Pathways in scope (This list is not exhaustive, any additions will be discussed with the provider)

HRG Code/OP Code	HRG Description
WF01A	Non-Admitted Face-to-Face Attendance, Follow-up
WF01B	Non-Admitted Face-to-Face Attendance, First
WF02A	Multiprofessional Non-Admitted Face-to-Face Attendance, Follow-up
WF02B	Multiprofessional Non-Admitted Face-to-Face Attendance, First
JC43C	Minor Skin Procedures, 19 years and over
JC42C	Intermediate Skin Procedures, 19 years and over
CA66A	Excision or Biopsy, of Lesion of Mouth, 19 years and over
JC42D	Intermediate Skin Procedures, 18 years and under
JC43D	Minor Skin Procedures, 18 years and under

New to Folow ratio's not to exceed:
1:2 over-arching ratio – with the expectation that the majority of Follow Up Appointments will include an Out-Patient Procedure. The Service would expect that no more than 20-25% of activity be allocated to non-procedural OPFUP.

Workforce Requirements
Outpatient
Consultant
Nurse – Nurse requirement for Outpatient Procedure Sessions (Skin, Minor Operations)
HCA – HCA requirement for Outpatient Clinics
Receptionist

Delivery Location of Services
Operations across Wythenshawe, Trafford, Withington and Altrincham (WTWA)

Lot 1 Plastic Surgery

Overview
Scope of outpatient practice is for Skin cancer referrals for New and Follow up patients, and long wait patients (non-cancer).

Relevant Clinical Guidelines/Safety
Provider must Adhere to plastics clinical guidelines and standards

Outpatients - To work with a clinic template of minimum of 20 patients.
Elective patients - minimum 10 patients to be booked per list (using the standard timings from plastics in line with number of lesions)

The service will support training needs for the staff to ensure compliance with inhouse procedures, coding of procedures, policies and IT systems

HRG/Pathways in scope (This list is not exhaustive, any additions will be discussed with the provider)

HRG Code/OP Code	HRG Description
WF01A	Non-Admitted Face-to-Face Attendance, Follow-up
WF01B	Non-Admitted Face-to-Face Attendance, First
JC43C	Out Patient Procedure - Minor Skin Procedures, 19 years and over
JC42C	Intermediate Skin Procedures
CA66A	Excision Biopsy of Lesion of Mouth
CA 53A	Intermediate Ear Procedures
CA52A	Major Ear Procedures
CA34A	Excision Biopsy Lesion of External Ear
CA22Z	Major Nose Procedures
CA16Z	Excision Biopsy Lesion External Nose
BZ45B	Intermediate Occuloplastic Procedure

New to FU Ratio's not to exceed: 1:2

Workforce Requirements:
Outpatient
Consultant
Nurse
Receptionist

Theatre
1 x Consultant
1 x Anaesthetist (If GA)
1 x Surgical Assistant (if required)
2 x Scrub
1 x OPD (If GA)
2 x Recovery Nurse
1 x Porter

Daycase
Minimum of 2 x RGN's with a trained Nurse ratio 1:8
HCA as required dependant on patient numbers
Ward Clerk as required dependant on patient numbers

Delivery Location of Services
Operations across Wythenshawe, Trafford, Withington and Altrincham (WTWA)

Lot 1 General Surgery

Overview
Provide complete end-to-end pathway delivery for General Surgery cases

Relevant Clinical Guidelines/Safety
For inpatient activity, the expectation would be for the provider to contract with MFT Consultants

HRG/Pathways in scope (This list is not exhaustive, any additions will be discussed with the provider)

HRG Code	HRG Description
WF01B	WF01B : Non-Admitted Face-to-Face Attendance, First
WF01D	WF01D : Non-Admitted Non-Face-to-Face Attendance, First
WF01C	WF01C : Non-Admitted Non-Face-to-Face Attendance, Follow-up
WF01A	WF01A : Non-Admitted Face-to-Face Attendance, Follow-up
FE36Z	FE36Z : Diagnostic or Therapeutic, Rigid Sigmoidoscopy, 19 years and over
GA10K	GA10K : Laparoscopic Cholecystectomy, 19 years and over, with CC Score 0
GA10J	GA10J : Laparoscopic Cholecystectomy, 19 years and over, with CC Score 1-3
FF62D	FF62D : Inguinal, Umbilical or Femoral Hernia Procedures, 19 years and over, with CC Score 0
JC43C	JC43C : Minor Skin Procedures, 19 years and over
FF42Z	FF42Z : Minor Anal Procedures
FF41C	FF41C : Intermediate Anal Procedures, 19 years and over, with CC Score 0
FF62C	FF62C : Inguinal, Umbilical or Femoral Hernia Procedures, 19 years and over, with CC Score 1-2
FF40B	FF40B : Major Anal Procedures, 19 years and over, with CC Score 0
FF41B	FF41B : Intermediate Anal Procedures, 19 years and over, with CC Score 1-2
GA10H	GA10H : Laparoscopic Cholecystectomy, 19 years and over, with CC Score 4+
FF62B	FF62B : Inguinal, Umbilical or Femoral Hernia Procedures, 19 years and over, with CC Score 3-5
FF60C	FF60C : Complex Hernia Procedures with CC Score 1-2
FF61C	FF61C : Abdominal Hernia Procedures, 19 years and over, with CC Score 0
FF61B	FF61B : Abdominal Hernia Procedures, 19 years and over, with CC Score 1-3
FF60D	FF60D : Complex Hernia Procedures with CC Score 0
FF60B	FF60B : Complex Hernia Procedures with CC Score 3-4
FF36Z	FF36Z : Intermediate Large Intestine Procedures, 19 years and over
MA23Z	MA23Z : Minimal Lower Genital Tract Procedures
GA06C	GA06C : Major, Hepatobiliary or Pancreatic Procedures, with CC Score 2+
HD21F	HD21F : Soft Tissue Disorders with CC Score 6-8
GA10G	GA10G : Open or Laparoscopic, Cholecystectomy, 18 years and under
FF52C	FF52C : Intermediate Therapeutic General Abdominal Procedures, 19 years and over, with CC Score 0
LB54A	LB54A : Minor, Scrotum, Testis or Vas Deferens Procedures, 19 years and over
FF53A	FF53A : Minor Therapeutic or Diagnostic, General Abdominal Procedures, 19 years and over
GA07D	GA07D : Intermediate, Hepatobiliary or Pancreatic Procedures, with CC Score 1-2
FF02B	FF02B : Complex, Oesophageal, Stomach or Duodenum Procedures, 19 years and over, with CC Score 2-3
FE30Z	FE30Z : Therapeutic Colonoscopy, 19 years and over

FF02C	FF02C : Complex, Oesophageal, Stomach or Duodenum Procedures, 19 years and over, with CC Score 0-1
FE34Z	FE34Z : Diagnostic Flexible Sigmoidoscopy with Biopsy, 19 years and over
FF51D	FF51D : Major General Abdominal Procedures, 19 years and over, with CC Score 1-2
FF52B	FF52B : Intermediate Therapeutic General Abdominal Procedures, 19 years and over, with CC Score 1-2
FE21Z	FE21Z : Diagnostic Endoscopic Upper Gastrointestinal Tract Procedures with Biopsy, 19 years and over
GA07C	GA07C : Intermediate, Hepatobiliary or Pancreatic Procedures, with CC Score 3+
FF32C	FF32C : Proximal Colon Procedures, 19 years and over, with CC Score 0-2
GA07E	GA07E : Intermediate, Hepatobiliary or Pancreatic Procedures, with CC Score 0
FF34B	FF34B : Major Large Intestine Procedures, 19 years and over, with CC Score 1-2
FF40A	FF40A : Major Anal Procedures, 19 years and over, with CC Score 1+
FF62A	FF62A : Inguinal, Umbilical or Femoral Hernia Procedures, 19 years and over, with CC Score 6+
FF41A	FF41A : Intermediate Anal Procedures, 19 years and over, with CC Score 3+
FF34C	FF34C : Major Large Intestine Procedures, 19 years and over, with CC Score 0
HN55Z	HN55Z : Minor Shoulder Procedures for Non-Trauma
FF51E	FF51E : Major General Abdominal Procedures, 19 years and over, with CC Score 0
JD07D	JD07D : Skin Disorders with Interventions, with CC Score 0-3
MA22Z	MA22Z : Minor Lower Genital Tract Procedures
MA04D	MA04D : Intermediate Open Lower Genital Tract Procedures with CC Score 0-2
FF51C	FF51C : Major General Abdominal Procedures, 19 years and over, with CC Score 3-5
GA05D	GA05D : Very Major, Hepatobiliary or Pancreatic Procedures, with CC Score 0-2
FF02A	FF02A : Complex, Oesophageal, Stomach or Duodenum Procedures, 19 years and over, with CC Score 4+
FF37D	FF37D : Appendicectomy Procedures, 19 years and over, with CC Score 0
GA04C	GA04C : Complex, Hepatobiliary or Pancreatic Procedures, with CC Score 3+
FF61A	FF61A : Abdominal Hernia Procedures, 19 years and over, with CC Score 4+

New to Follow Up ratio's not to exceed : Five News for every One Follow Up. 1:5

Workforce Requirements

Outpatient
Consultant
Nurse
Receptionist

Theatre
1 x Consultant
1 x Anaesthetist (If GA)
1 x Surgical Assistant (if required)
2 x Scrub
1 x OPD (If GA)
2 x Recovery Nurse
1 x Porter

Day case
Minimum of 2 x RGN's with a trained Nurse ratio 1:8
HCA as required dependant on patient numbers
Ward Clerk as required dependant on patient numbers

Delivery Location of Services
Trafford, ORC, Wythenshawe Hospital, North Manchester General Hospital

Lot 1 Urology

Overview
To reduce the waiting times for cancer patients by adding additional capacity during the week and at weekends in the clinical area of Urology. The focus will be on stop clinics to speed up diagnosis.

Relevant Clinical Guidelines/Safety
One Stop Clinics for new patients that is in line with our revised Prostate FDS Pathway and Haematuria pathway. This will incorporate first new appointments with appropriate diagnostic testing.

For the outpatient consultations this will need to include the provision of Urology Diagnostics:

- Flexible Cystoscopies
- Urodynamics
- MR Scan
- CT scan
- Ultrasound
- Trans perineal Prostate Biopsy
- LUTs assessment

Main HRGs in-scope

HRG Code	HRG Description
WF01B	Non-Admitted Face-to-Face Attendance, First
LB72A	Diagnostic Flexible Cystoscopy, 19 years and over
LB77Z	Trans perineal Template Biopsy of Prostate (Prostate biopsies)

HRG/Pathways in scope (This list is not exhaustive, any additions will be discussed with the provider)

HRG Code	HRG Description
WF01A	Non-Admitted Face-to-Face Attendance, Follow-up
LB72B	Diagnostic Flexible Cystoscopy, 18 years and under
LB73Z	Diagnostic Flexible Cystoscopy using Photodynamic Fluorescence
LB76Z	Transrectal Ultrasound Guided Biopsy of Prostate (Prostate biopsies)
LB13C	Major Endoscopic Bladder Procedures with CC Score 7+ (TURBT)
LB13D	Major Endoscopic Bladder Procedures with CC Score 5-6 (TURBT)
LB13E	Major Endoscopic Bladder Procedures with CC Score 2-4 (TURBT)
LB13F	Major Endoscopic Bladder Procedures with CC Score 0-1 (TURBT)
LB61C	Major, Open or Percutaneous, Kidney or Ureter Procedures, 19 years and over, with CC Score 10+ (Nephrectomies)
LB61D	Major, Open or Percutaneous, Kidney or Ureter Procedures, 19 years and over, with CC Score 7-9 (Nephrectomies)
LB61E	Major, Open or Percutaneous, Kidney or Ureter Procedures, 19 years and over, with CC Score 4-6 (Nephrectomies)
LB61F	Major, Open or Percutaneous, Kidney or Ureter Procedures, 19 years and over, with CC Score 2-3 (Nephrectomies)
LB61G	Major, Open or Percutaneous, Kidney or Ureter Procedures, 19 years and over, with CC Score 0-1 (Nephrectomies)

New to Follow Up ratio's not to exceed: 1:2

Workforce Requirements

Staff provided must have experience of working to GIRFT and BAUS guidelines.

Outpatient

- Consultant Urologist capable of performing cystoscopy and trans perineal Prostate biopsies
- Registered Nurse/HCA familiar with the clinic set-up
- Receptionist

Theatre

1 x Consultant Urologist trained in TURBT and Robotic Nephrectomy Surgery
1 x Anaesthetist (If GA)
1 x Surgical Assistant (if required)
1 x Scrub in Charge trained in Urology cancer surgery eg nephrectomies and TURBTs
1 x Scrub
1 x OPD (If GA)
2 x Recovery Nurse
1 x Porter

Delivery Location of Services

Trafford General Hospital, Trafford Elective Surgical Hub

Lot 1 ENT including Audiology provision

Overview
To reduce waiting times for patients adding additional capacity during the evenings and weekends.

Adult ENT Outpatients
- Provide complete end-to-end pathway delivery i.e. the provider needs to deliver on all ENT cases from referral to treatment (including adult elective surgery) or discharge
- Include specialist ENT services such as H&N ENT Cancer (outpatient and inpatient)
- Provide one-stop clinics with Audiology alongside ENT outpatients (i.e. hearing tests and basic diagnostics completed on the same day)
- For 2WW appointments, the insourcing provider will not be responsible for the entire pathway but will be asked to provide capacity for aspects of outpatient delivery

Adult ENT Elective procedures
- All ENT benign daycase procedures. Common conditions included in the tables below
- For complex or cancer procedures, the insourcing provider will be asked to provide ad hoc capacity for some inpatient surgery following discussion with the MFT ENT leadership team. The insourcing provider will not be responsible for the entire pathway for cancer procedures but will be asked to provide capacity for ad hoc theatre delivery
- In addition to procedures in theatre settings, the type of procedures that may be required in outpatient clinic are listed below:
    - Cautery to tracheostoma
    - Ear cerumen removal
    - Ear wick placement
    - Ear wick removal
    - Microsuction
    - Nasal cautery
    - Removal foreign body ear
    - Removal foreign body nose
    - Binaural microscopy
    - Nasendoscopy
    - Laryngoscopy

Audiology Outpatients that run in parallel with ENT clinics
- Basic hearing tests
- Balance assessments
- Adult Hearing Aid fitting
- Paediatric Audiology assessment and hearing aid fitting
- Tinnitus assessment and rehabilitation

(This list is not exhaustive, any additions will be discussed with the provider)

HRG Code	HRG Description
WF01B	WF01B : Non-Admitted Face-to-Face Attendance, First
CA69A	CA69A : Diagnostic, Laryngoscopy or Pharyngoscopy, 19 years and over
WF01C	WF01C : Non-Admitted Non-Face-to-Face Attendance, Follow-up
WF01A	WF01A : Non-Admitted Face-to-Face Attendance, Follow-up
CA36A	CA36A : Clearance of External Auditory Canal, 19 years and over
CA37A	CA37A : Audiometry or Hearing Assessment, 19 years and over
CA31Z	CA31Z : Simple or Cortical, Mastoid Procedures
WF01D	WF01D : Non-Admitted Non-Face-to-Face Attendance, First

CA69B	CA69B : Diagnostic, Laryngoscopy or Pharyngoscopy, between 2 and 18 years
CA36B	CA36B : Clearance of External Auditory Canal, 18 years and under
CA37B	CA37B : Audiometry or Hearing Assessment, between 5 and 18 years
CA29Z	CA29Z : Minor Sinus Procedures
CA13A	CA13A : Minor Treatment of Epistaxis, 19 years and over
CA25A	CA25A : Minimal Nose Procedures, 19 years and over
CA60C	CA60C : Tonsillectomy, 4 years and over
CA11A	CA11A : Septoplasty, 19 years and over
KA09E	KA09E : Thyroid Procedures with CC Score 0-1
CA69A	CA69A : Diagnostic, Laryngoscopy or Pharyngoscopy, 19 years and over
KA09D	KA09D : Thyroid Procedures with CC Score 2-3
CA20Z	CA20Z : Complex Nose Procedures
CA22Z	CA22Z : Major Nose Procedures
CA10A	CA10A : Septorhinoplasty, 19 years and over
CA28Z	CA28Z : Intermediate Sinus Procedures
CA27Z	CA27Z : Major Sinus Procedures
CA34A	CA34A : Excision or Biopsy, of Lesion of External Ear, 19 years and over
CA68A	CA68A : Therapeutic Endoscopic, Larynx or Pharynx Procedures, 19 years and over
CA05A	CA05A : Minor, Head or Neck Procedures, 19 years and over
CA03A	CA03A : Major, Head or Neck Procedures, with CC Score 2+
CA70Z	CA70Z : Diagnostic Examination of Upper Respiratory Tract and Upper Gastrointestinal Tract
CA21Z	CA21Z : Very Major Nose Procedures
CA53A	CA53A : Intermediate Ear Procedures, 19 years and over
KA09C	KA09C : Thyroid Procedures with CC Score 4+
CA10B	CA10B : Septorhinoplasty, 18 years and under
CA35A	CA35A : Insertion of Grommets, 19 years and over
CA12Z	CA12Z : Major Treatment of Epistaxis
CA66A	CA66A : Excision or Biopsy, of Lesion of Mouth, 19 years and over
FE03A	FE03A : Intermediate Therapeutic Endoscopic, Upper or Lower Gastrointestinal Tract Procedures, 19 years and over
CB02B	CB02B : Non-Malignant, Ear, Nose, Mouth, Throat, Head or Neck Disorders, with Interventions, with CC Score 1-4
CA32A	CA32A : Tympanoplasty, 19 years and over
CA83A	CA83A : Major, Mouth or Throat Procedures, 19 years and over, with CC Score 2+
CA02A	CA02A : Very Major, Head or Neck Procedures, with CC Score 2+
CA24A	CA24A : Minor Nose Procedures, 19 years and over
CA02B	CA02B : Very Major, Head or Neck Procedures, with CC Score 0-1
CA71A	CA71A : Diagnostic Nasopharyngoscopy, 19 years and over
CA34B	CA34B : Excision or Biopsy, of Lesion of External Ear, 18 years and under
CA85A	CA85A : Minor, Mouth or Throat Procedures, 19 years and over
CA26Z	CA26Z : Complex Sinus Procedures
CA52A	CA52A : Major Ear Procedures, 19 years and over
WH50B	WH50B : Procedure Not Carried Out, for Other or Unspecified Reasons
CA15Z	CA15Z : Excision or Biopsy, of Lesion of Internal Nose
CA81A	CA81A : Complex, Mouth or Throat Procedures, 19 years and over, with CC Score 2+

CA55A	CA55A : Minimal Ear Procedures, 19 years and over
CA84A	CA84A : Intermediate, Mouth or Throat Procedures, 19 years and over, with CC Score 2+
CA16Z	CA16Z : Excision or Biopsy, of Lesion of External Nose
CA92A	CA92A : Very Major Maxillofacial Procedures with CC Score 1+
CA61Z	CA61Z : Adenotonsillectomy
DZ67Z	DZ67Z : Major Therapeutic Bronchoscopy
CA03B	CA03B : Major, Head or Neck Procedures, with CC Score 0-1
CA01C	CA01C : Complex, Head or Neck Procedures, with CC Score 0-2
CA04A	CA04A : Intermediate, Head or Neck Procedures, 19 years and over
CA29Z	CA29Z : Minor Sinus Procedures
BZ51A	BZ51A : Complex, Orbit or Lacrimal Procedures, 19 years and over, with CC Score 1+
AA54C	AA54C : Intermediate Intracranial Procedures, 19 years and over, with CC Score 0-1
CA23Z	CA23Z : Intermediate Nose Procedures

Model 2: ENT Common Conditions

Table 1: Common Conditions Ear	Nose	Throat
Otitis Media with Effusion (Middle Ear Fluid) ✓	Allergic Rhinitis (Hay Fever) ✓	Tonsillitis ✓
Acute/Chronic Otitis Media (Middle Ear Infection)✓	Sinusitis (Sinus Infection)	Pharyngitis (Sore Throat) ✓
Otitis Externa ✓	Nasal Obstruction ✓	Laryngitis ✓
Hearing Loss ✓	Deviated Septum	Sleep Apnoea ✓
Tinnitus	Epistaxis (nosebleed) ✓	Hoarseness
Earwax Impaction ✓	Nasal Polyps	
TM Perforation		
Vestibular Disorders		
Eustachian Tube Dysfunction ✓		
Benign paroxysmal positional vertigo (BPPV)		

New to Follow Up ratios not to exceed:

First to follow-ratio (N:FU) (General Conditions)	First to follow-up ratio for outpatient appointments should not exceed the target.	1:2
First to follow-ratio (N:FU) Pathway Specific: Chronic Ear Discharge	First to follow-up ratio for outpatient appointments following the Chronic Ear Discharge pathway, should not exceed the target	1:3

Relevant Clinical Guidelines and Safety

- Provide assurance that MFT's clinical pathways for Head and Neck Cancer within Hive are understood and followed by the clinical team

Workforce Considerations

- Consideration of wider clinical workforce model inclusive of Tier 2 workforce (for example GPSIs) as well as the standard approach of medical consultants.

Outpatient

Clinical expertise:

- Consultants
- 2 Registered Nurse & 1 Clinical Support Worker per 2 doctors
- Receptionist
- Audiologists

Theatre:
1 x Consultant
1 x Anaesthetist (If GA)
1 x Surgical Assistant (if required)
1 x Scrub in Charge
1 x Scrub
1 x OPD (If GA)
2 x Recovery Nurse
1 x Porter

Daycase
Minimum of 2 x RGN's with a trained Nurse ratio 1:8
HCA as required dependant on patient numbers
Ward Clerk as required dependant on patient numbers

Delivery Location of Services:
All MFT sites

Lot 1 Oral Maxillofacial Surgery/ Oral Surgery (OMFS)

Overview
To reduce the waiting times for patients adding additional capacity during the weekends, evenings and potentially during the week if accommodation is available in the clinical area of OMFS.

OMFS would be required to undertake OP clinics and local anaesthetic and IV sedation procedures in an OP setting. For appropriate patients there must be an option for GA procedures in theatre. First appointment and subsequent diagnostics and treatments will be required to discharge. Preferably, the provider will take patients mid-way through a pathway should demand exceed capacity within core activity clinics.

The pathways in OMFS often require access to radiology (OPG xray's on the day of appointment) and support to this service from a nursing perspective is provided by trained dental nurses.

In addition, the provider will offer access to relevant treatment to manage Temporomandibular disorders (TMD) that are sent to them and refer any complex cases to TMD at University Dental Hospital of Manchester via the appropriate channels.

Relevant Clinical Guidelines/Safety
Providers are expected to deliver treatment that is required in line with the national guidelines and consisting of but not limited to the following

- Impressions for stabilisation splints
- Conservative management information
- Onward referrals for external care ie physio

HRG/Pathways in scope
(This list is not exhaustive, any additions will be discussed with the provider)

HRG Code	HRG Description
WF01B	WF01B : Non-Admitted Face-to-Face Attendance, First
WF01A	WF01A : Non-Admitted Face-to-Face Attendance, Follow-up
WF01C	WF01C : Non-Admitted Non-Face-to-Face Attendance, Follow-up
CD03A	CD03A : Minor Dental Procedures, 19 years and over
CA66A	CA66A : Excision or Biopsy, of Lesion of Mouth, 19 years and over
CD03B	CD03B : Minor Dental Procedures, 18 years and under
JC43C	JC43C : Minor Skin Procedures, 19 years and over
CD04A	CD04A : Major Surgical Removal of Tooth, 19 years and over
CA66A	CA66A : Excision or Biopsy, of Lesion of Mouth, 19 years and over
CD06A	CD06A : Extraction of Multiple Teeth, 19 years and over
JC43C	JC43C : Minor Skin Procedures, 19 years and over
CD04B	CD04B : Major Surgical Removal of Tooth, 18 years and under
CD05A	CD05A : Surgical Removal of Tooth, 19 years and over
CA95Z	CA95Z : Minor Maxillofacial Procedures
CA84A	CA84A : Intermediate, Mouth or Throat Procedures, 19 years and over, with CC Score 2+
CA28Z	CA28Z : Intermediate Sinus Procedures
CD07B	CD07B : Simple Extraction of Tooth, 18 years and under
CD07A	CD07A : Simple Extraction of Tooth, 19 years and over
JC42C	JC42C : Intermediate Skin Procedures, 19 years and over
AA54C	AA54C : Intermediate Intracranial Procedures, 19 years and over, with CC Score 0-1

BZ45B	BZ45B : Intermediate Oculoplastics Procedures, 19 years and over, with CC Score 0-1
CD05B	CD05B : Surgical Removal of Tooth, 18 years and under
CA83B	CA83B : Major, Mouth or Throat Procedures, 19 years and over, with CC Score 0-1
CA66B	CA66B : Excision or Biopsy, of Lesion of Mouth, 18 years and under
CA34A	CA34A : Excision or Biopsy, of Lesion of External Ear, 19 years and over
YC10Z	YC10Z : Percutaneous Therapeutic, Head or Neck Procedures
CA82A	CA82A : Very Major, Mouth or Throat Procedures, 19 years and over, with CC Score 2+
CA16Z	CA16Z : Excision or Biopsy, of Lesion of External Nose
SA04G	SA04G : Iron Deficiency Anaemia with CC Score 14+
CB01A	CB01A : Malignant, Ear, Nose, Mouth, Throat, Head or Neck Disorders, with Interventions, with CC Score 9+
BZ46A	BZ46A : Minor Oculoplastics Procedures, 19 years and over
CB02B	CB02B : Non-Malignant, Ear, Nose, Mouth, Throat, Head or Neck Disorders, with Interventions, with CC Score 1-4
CD06B	CD06B : Extraction of Multiple Teeth, 18 years and under
CD02A	CD02A : Intermediate Dental Procedures, 19 years and over
CA83A	CA83A : Major, Mouth or Throat Procedures, 19 years and over, with CC Score 2+
CD03A	CD03A : Minor Dental Procedures, 19 years and over
BZ50Z	BZ50Z : Very Complex, Orbit or Lacrimal Procedures, 19 years and over
CA23Z	CA23Z : Intermediate Nose Procedures
CA05A	CA05A : Minor, Head or Neck Procedures, 19 years and over
AA54B	AA54B : Intermediate Intracranial Procedures, 19 years and over, with CC Score 2-3
CA91A	CA91A : Complex Maxillofacial Procedures with CC Score 1+
AA54A	AA54A : Intermediate Intracranial Procedures, 19 years and over, with CC Score 4+
CA94Z	CA94Z : Intermediate Maxillofacial Procedures

New to Follow Up ratio's not to exceed: 1: 1

Workforce Requirements

OMFS Consultants must have experience of dental extraction and complex dental pathology.
The OMFS consultants must have experience of the conservative management of TMD patients.

Providers must be able to provide appropriate dental nurses trained in the delivery of OPG X-rays and administrative support.

Outpatient

Clinical expertise in breast examination (breast surgeons, or appropriately trained ACPs)

- Consultant
- Registered Nurse/Dental Nurse - must be able to provide dental radiographer support)
- Receptionist

Day Case

1 x Consultant
1 x Anaesthetist (If GA)
1 x Surgical Assistant (if required)
1 x Scrub in Charge
1 x Scrub
1 x OPD (If GA)
2 x Recovery Nurse
1 x Porter

Daycase
Minimum of 2 x RGN's with a trained Nurse ratio 1:8
HCA as required dependant on patient numbers
Ward Clerk as required dependant on patient numbers

Delivery Location of Services
North Manchester, MRI, Wythenshawe, Trafford General and University Dental Hospital of Manchester.

Lot 1 Benign Gynaecology

Overview
To reduce the waiting times for patients adding additional capacity during the weekends in the clinical area of Benign Gynaecology. The service should address a range of issues including menstrual disorders, pelvic pain, fibroids, endometriosis, and other non-cancerous gynaecological conditions.

The service would be required to provide complete end-to-end pathway delivery i.e. the provider needs to deliver on all cases from referral to treatment (including adult elective, daycase surgery and outpatient treatment) or discharge. It is expected that the provider deliver the following:

- First Outpatient
- Follow Up Outpatient
- USS
- Diagnostic and Treat Hysterscopy (Polypectomy, Myosure, Endometrial Ablation)
- Outpatient Procedures including cervical polypectomy, cervical cryotherapy, vulval biopsy, excision of vulval lesions under LA, cervical biopsy, endometrial biopsy, IUD insertion and removal

Relevant Clinical Guidelines/Safety
Providers are expected to deliver treatment that is required in line with the national guidelines and consisting of but not limited to the following clinical guidelines:
MFT Intranet

Related NICE, BSGE, RCOG, FSRH and MFT guidelines

HRG/Pathways in scope (This list is not exhaustive, any additions will be discussed with the provider)

HRG Code	HRG Description
WF01A	Non-Admitted Face-to-Face Attendance, Follow-up
WF01B	Non-Admitted Face-to-Face Attendance, First
MA01Z	Complex Open, Upper or Lower Genital Tract Procedures
MA02A	Very Major Open, Upper or Lower Genital Tract Procedures, with CC Score 4+
MA02B	Very Major Open, Upper or Lower Genital Tract Procedures, with CC Score 2-3
MA02C	Very Major Open, Upper or Lower Genital Tract Procedures, with CC Score 0-1
MA03C	Major Open Lower Genital Tract Procedures with CC Score 3+
MA03D	Major Open Lower Genital Tract Procedures with CC Score 0-2
MA04C	Intermediate Open Lower Genital Tract Procedures with CC Score 3+
MA04D	Intermediate Open Lower Genital Tract Procedures with CC Score 0-2
MA07E	Major Open Upper Genital Tract Procedures with CC Score 5+
MA07F	Major Open Upper Genital Tract Procedures with CC Score 3-4
MA07G	Major Open Upper Genital Tract Procedures with CC Score 0-2
MA08A	Major, Laparoscopic or Endoscopic, Upper Genital Tract Procedures, with CC Score 2+
MA08B	Major, Laparoscopic or Endoscopic, Upper Genital Tract Procedures, with CC Score 0-1
MA09A	Intermediate, Laparoscopic or Endoscopic, Upper Genital Tract Procedures, with CC Score 2+
MA09B	Intermediate, Laparoscopic or Endoscopic, Upper Genital Tract Procedures, with CC Score 0-1
MA10Z	Minor, Laparoscopic or Endoscopic, Upper Genital Tract Procedures
MA11Z	Intermediate Open Upper Genital Tract Procedures
MA12Z	Resection or Ablation Procedures for Intrauterine Lesions
MA22Z	Minor Lower Genital Tract Procedures

MA23Z	Minimal Lower Genital Tract Procedures
MA24Z	Minor Upper Genital Tract Procedures
MA25Z	Minimal Upper Genital Tract Procedures
MA31Z	Diagnostic Hysteroscopy
MA32Z	Diagnostic Hysteroscopy with Biopsy
MA33Z	Diagnostic Hysteroscopy with Biopsy and Implantation of Intrauterine Device
MA34Z	Diagnostic Hysteroscopy with Implantation of Intrauterine Device
MA35Z	Implantation of Intrauterine Device
MA36Z	Transvaginal Ultrasound
MA37Z	Transvaginal Ultrasound with Biopsy
MA41Z	Transvaginal Ultrasound with Biopsy and Implantation of Intrauterine Device
MA42Z	Transvaginal Ultrasound with Implantation of Intrauterine Device
MA45Z	Diagnostic Hysteroscopy with Transvaginal Ultrasound
MA46Z	Diagnostic Hysteroscopy with Transvaginal Ultrasound, with Biopsy
MA47Z	Diagnostic Hysteroscopy with Transvaginal Ultrasound and Implantation of Intrauterine Device
MB09B	Non-Malignant Gynaecological Disorders with Interventions, with CC Score 3-5
MB09C	Non-Malignant Gynaecological Disorders with Interventions, with CC Score 0-2
MB09E	Non-Malignant Gynaecological Disorders without Interventions, with CC Score 3-5
MB09F	Non-Malignant Gynaecological Disorders without Interventions, with CC Score 0-2

New to Follow Up Ratios not to exceed: 1.2

Workforce Requirements
Outpatient

- Consultant
- Registered Nurse – who should be trained to support outpatient procedures and medicines e.g. hysteroscopy
- HCA (for chaperone support in line with trust policy)
- Receptionist

Theatre
1 x Consultant
1 x Anaesthetist (If GA)
1/2 x Surgical Assistant (if required)
1 x Scrub in Charge
1 x Scrub
1 x OPD (If GA)
2 x Recovery Nurse
1 x Porter

Daycase
Minimum of 2 x RGN's with a trained Nurse ratio 1:8
HCA as required dependant on patient numbers
Ward Clerk as required dependant on patient numbers

Delivery Location of Services
ORC (SMH), Trafford General Hospital, Withington Community Hospital, NMGH Lilac Suite

Lot 2 Gastroenterology

Overview
To reduce the waiting times for patients adding additional capacity during the weekends in the clinical area of Gastroenterology.

Relevant Clinical Guidelines/Safety
Adult Endoscopy
Safety:

- Insourcing lead representatives must visit the endoscopy site ahead of new contracts/work commencement to familiarise themselves with the physical environment and general communication of any organisation issues, (eg alerts about equipment safety, patient alerts (for example "be on the lookout for")). This should include the nurse who is going to 'run' the initial lists.

- 1 x member of the MFT nursing team must be present during all insourced activity. A local member of decontamination is also likely to be required during implementation of the service.

- Provider will be provided with a copy of the following as a minimum:
    - Service operational policy and supporting policies eg consent
    - Decontamination policy
    - Safety reporting procedures
    - Clinical protocols for Surveillance / follow up protocols, tattoo policy etc.
    - Emergency procedures including bleeds
    - Follow up protocols.

- Insourcing endoscopists must enter all procedural information into the endoscopy reporting system. Training will be provided. All fields relating to the National Endoscopy Database (NED) must be completed

- There must be an agreement of the level of therapeutics that will be performed on lists.

- Documented safety checklists/briefs/debriefs must be undertaken in line with the MFT processes.

- The process for capturing and reviewing adverse events and near misses must be followed. The Provider must be participate in actions and recommendations for all safety matters (where relevant) including clinical incidents, complications and near misses.

Quality :

- Insourced endoscopists' procedural KPI data must be collected and reviewed by all relevant parties to ensure they are compliant with British Society Gastroenterology (BSG) quality and audit standards.

- Clear plans are required for post-operative care and desired on-call arrangements for covering the continuing care of inpatients (for any patients that due to unforeseen circumstances convert from day case to inpatient)

HRG/Pathways in scope (This list is not exhaustive, any additions will be discussed with the provider)

HRG Code	HRG Description
FE21Z	FE21Z : Diagnostic Endoscopic Upper Gastrointestinal Tract Procedures with Biopsy, 19 years and over
FE35Z	FE35Z : Diagnostic Flexible Sigmoidoscopy, 19 years and over
FE31Z	FE31Z : Diagnostic Colonoscopy with Biopsy, 19 years and over

FE22Z	FE22Z : Diagnostic Endoscopic Upper Gastrointestinal Tract Procedures, 19 years and over
FE32Z	FE32Z : Diagnostic Colonoscopy, 19 years and over
FF43Z	FF43Z : Minimal Anal Procedures
FE30Z	FE30Z : Therapeutic Colonoscopy, 19 years and over
FE41Z	FE41Z : Diagnostic, Upper Gastrointestinal Tract Endoscopic Procedure with Colonoscopy, with Biopsy, 19 years and over
WH50B	WH50B : Procedure Not Carried Out, for Other or Unspecified Reasons
WH50A	WH50A : Procedure Not Carried Out, for Medical or Patient Reasons
FE33Z	FE33Z : Therapeutic Flexible Sigmoidoscopy, 19 years and over
FE34Z	FE34Z : Diagnostic Flexible Sigmoidoscopy with Biopsy, 19 years and over
FD10M	FD10M : Non-Malignant Gastrointestinal Tract Disorders without Interventions, with CC Score 0-2
FE42Z	FE42Z : Diagnostic, Upper Gastrointestinal Tract Endoscopic Procedure with Colonoscopy, 19 years and over
FE40Z	FE40Z : Therapeutic, Upper Gastrointestinal Tract Endoscopic Procedure with Colonoscopy, 19 years and over
FE20Z	FE20Z : Therapeutic Endoscopic Upper Gastrointestinal Tract Procedures, 19 years and over
FE23C	FE23C : Endoscopic or Intermediate, Upper Gastrointestinal Tract Procedures, between 5 and 18 years
FE45Z	FE45Z : Diagnostic, Upper Gastrointestinal Tract Endoscopic Procedure with Sigmoidoscopy, 19 years and over
FE44Z	FE44Z : Diagnostic, Upper Gastrointestinal Tract Endoscopic Procedure with Sigmoidoscopy, with Biopsy, 19 years and over
FD05B	FD05B : Abdominal Pain without Interventions
FD03H	FD03H : Gastrointestinal Bleed without Interventions, with CC Score 0-4
FE37C	FE37C : Endoscopic or Intermediate, Lower Gastrointestinal Tract Procedures, between 5 and 18 years
WH16B	WH16B : Observation or Counselling, with CC Score 0
FE03A	FE03A : Intermediate Therapeutic Endoscopic, Upper or Lower Gastrointestinal Tract Procedures, 19 years and over
GB05H	GB05H : Major Therapeutic Endoscopic Retrograde Cholangiopancreatography with CC Score 0-1
WH15Z	WH15Z : Special Screening, Examinations or Other Genetic Disorders
WF01B	**WF01B : Non-Admitted Face-to-Face Attendance, First**
WF01D	**WF01D : Non-Admitted Non-Face-to-Face Attendance, First**
WF01C	**WF01C : Non-Admitted Non-Face-to-Face Attendance, Follow-up**
WF01A	**WF01A : Non-Admitted Face-to-Face Attendance, Follow-up**
FE36Z	**FE36Z : Diagnostic or Therapeutic, Rigid Sigmoidoscopy, 19 years and over**
MA36Z	**MA36Z : Transvaginal Ultrasound**

New to Follow Up ratio's not to exceed: 1:5

Workforce Requirements

- Endoscopists must be JAG certified (or equivalent) and who comply with the BSG standards for endoscopy.
- Endoscopists must be able to undertake all procedures identified as in scope.
- Endoscopists must be registered with NED.

- For BCSP activity – all endoscopists must be BCSP accredited and have a BCSP accredited specialist nurse present during the procedure

Outpatient
Consultant
Nurse
Receptionist

Endoscopy: Nursing ratios depends on how many rooms are running
For one room:
1 nursing coordinator
1 admission nurse (minimum depending on number of rooms running)
2 nurses per procedure room
2 Recovery male/female (as a minimum depending on how many rooms are running)
Reception Cover
2 members of decontamination staff minimum depending on how many rooms are running

2 MFT employed RNs will need to be present these staff are currently in place within establishment

Delivery Location of Services
ORC, Trafford, Wythenshawe North

Lot 3 - Trauma & Orthopaedics

Overview
To reduce the waiting times for patients adding additional capacity during the weekends in the clinical area of Orthopaedics.

Predominantly Elective IP and Daycase surgery for Hip & Knee, Shoulder & Elbow, Foot and Ankle, Hand and Wrist (majority will be H&K but not exclusively). The pathways will be predominantly treatment and post-operative follow up/discharge but there will be some cases that are full pathway from first new to post-op follow-up/discharge. Inpatient and day case surgery will be required to be provided.

Relevant Clinical Guidelines/Safety Providers are expected to deliver treatment that is required in line with the national guidelines and consisting of but not limited to the following:
Contributing to National Orthopaedic Implant Data Base
Consultants are members of the British Association of Orthopaedics

HRG/Pathways in scope (This list is not exhaustive, any additions will be discussed with the provider)

HRG Code	HRG Description
HN14A	Intermediate Hip Procedures for Non-Trauma, 19 years and over,
HN25A	Minor Knee Procedures for Non-Trauma, 19 years and over
HN12A/B/C/D/E/F	Very Major Hip procedures
HN15A	Minor Hip Procedures
HN16A	Minimal Hip Procedures
HN22A/B/C/D/E	Very Major Knee Procedures
HN24C	Intermediate Knee Procedures
HN26A	Minimal Knee Procedures, 19 years and over
HN33A	Major Foot Procedures for Non-Trauma, 19 years and over, with CC Score 4+
HN35A	Minor Foot Procedures
HN36Z	Minimal Foot Procedures
HN23C	Major Knee Procedures for Non-Trauma, 19 years and over, with CC Score 0-1
HN54B	Intermediate Shoulder Procedures for Non-Trauma, 19 years and over, with CC Score 2-3
HN64B	Intermediate Elbow Procedures for Non-Trauma, 19 years and over, with CC Score 0-1
HN93Z	Other Muscle, Tendon, Fascia or Ligament Procedures
JC43C	Minor Skin Procedures, 19 years and over
HN13F	Major Hip Procedures for Non-Trauma, 19 years and over, with CC Score 0
HN14E	Intermediate Hip Procedures for Non-Trauma, 19 years and over, with CC Score 0
HN23C	Major Knee Procedures for Non-Trauma, 19 years and over, with CC Score 0-1
HN32B/C	Very Major Foot Procedures
HN33C	Major Foot Procedures for Non-Trauma, 19 years and over, with CC Score 0-1
HN34C	Intermediate Foot Procedures
HN43B	Major Hand Procedures for Non-Trauma, 19 years and over, with CC Score 0-1
HN45A	Minor Hand Procedures
HN53C	Major Shoulder Procedures for Non-Trauma with CC Score 0-1
HN52C	Very Major Shoulder Procedures
HN55Z	Minor Shoulder Procedures
HN63B	Major Elbow Procedures for Non-Trauma with CC Score 0-1

HN81E	Complex, Hip or Knee Procedures for Non-Trauma, with CC Score 0-1
HN86B	Complex, Foot, Hand, Shoulder or Elbow Procedures for Non-Trauma, with CC Score 0-1
JC42C	Intermediate Skin Procedures, 19 years and over
HT22C	Very major Knee procedures for trauma
HT23C/D	Major Knee Procedure for Trauma
HT24C	Intermediate Knee Procedures for Trauma
WF01A	Follow Up Attendance
WF01B	First F2F OP
WF01D	First Virtual OP

The above HRG codes is not an extensive list but is provided to illustrate the type of procedures that would be required to be undertaken.

New to Follow Up ratio's not to exceed: 1:2

Workforce Requirements
The pathways will require the service provider workforce to include T&O consultant surgeons and AHPs (physios/OT) and Radiology to support diagnostic /theatre imaging (plain film x-rays etc).

Where required, the Provider(s) will provide AHP provision for all daycases. For Inpatients the Provider(s) will provide AHP for day 1 of admission.

Outpatient
Consultant
Nurse
Receptionist

Theatre
1 x Consultant
1 x Anaesthetist (If GA)
1 x Surgical Assistant (if required)
2 x Scrub
1 x OPD (If GA)
2 x Recovery Nurse
1 x Porter
1 x Radiographer (if required)

Daycase
Minimum of 2 x RGN's with a trained Nurse ratio 1:8
HCA as required dependant on patient numbers
Ward Clerk as required dependant on patient numbers

Inpatient stay will require additional junior doctor support at Trafford. This will be provided by the Authority The provider will need to make provision for ward round the following day.

Delivery Location of Services

Trafford and Wythenshawe sites.

Lot 4 Complex/Specialist Gynaecology

Overview
To reduce the waiting times for patients adding additional capacity during the weekend and weekdays into complex Gynaecology. The complex/specialist Gynaecology would include:

- Urogynaecology (including MESH)
- Endometriosis
- Assisted Conception
- Vulval
- Recurrent Miscarriage
- Menopause
- Gynaeoncology
- FGM
- Adolescent Gynaecology
- Complex Benign activity

The service would be required to provide some complete end-to-end pathway delivery i.e. the provider needs to deliver on all cases from referral to treatment (including adult elective, daycase surgery and outpatient treatment) or discharge.

The service would also be required to provide some admitted services from listing to same day post operative care.

It is expected that the provider deliver the following:

- First Outpatient
- Follow Up Outpatient
- Outpatient Procedures
- Daycase and Elective Surgery

Specific outpatient services should include:
Urogynaecology – Pessary insertion, bladder retraining, urodynamics, pelvic physio and botox

Endometriosis - To include new, follow up, hysteroscopy and outpatient procedures

Relevant Clinical Guidelines/Safety
Providers are expected to deliver treatment that is required in line with the national guidelines and consisting of but not limited to the following clinical guidelines:

MFT Intranet

Related NICE, BSGE, RCOG, FSRH and MFT guidelines

HRG/Pathways in scope (This list is not exhaustive, any additions will be discussed with the provider)

HRG Code	HRG Description
WF01A	Non-Admitted Face-to-Face Attendance, Follow-up
WF01B	Non-Admitted Face-to-Face Attendance, First
WF01A	Non-Admitted Face-to-Face Attendance, Follow-up
WF01B	Non-Admitted Face-to-Face Attendance, First
MA01Z	Complex Open, Upper or Lower Genital Tract Procedures

MA02A	Very Major Open, Upper or Lower Genital Tract Procedures, with CC Score 4+
MA02B	Very Major Open, Upper or Lower Genital Tract Procedures, with CC Score 2-3
MA02C	Very Major Open, Upper or Lower Genital Tract Procedures, with CC Score 0-1
MA03C	Major Open Lower Genital Tract Procedures with CC Score 3+
MA03D	Major Open Lower Genital Tract Procedures with CC Score 0-2
MA04C	Intermediate Open Lower Genital Tract Procedures with CC Score 3+
MA04D	Intermediate Open Lower Genital Tract Procedures with CC Score 0-2
MA07E	Major Open Upper Genital Tract Procedures with CC Score 5+
MA07F	Major Open Upper Genital Tract Procedures with CC Score 3-4
MA07G	Major Open Upper Genital Tract Procedures with CC Score 0-2
MA08A	Major, Laparoscopic or Endoscopic, Upper Genital Tract Procedures, with CC Score 2+
MA08B	Major, Laparoscopic or Endoscopic, Upper Genital Tract Procedures, with CC Score 0-1
MA09A	Intermediate, Laparoscopic or Endoscopic, Upper Genital Tract Procedures, with CC Score 2+
MA09B	Intermediate, Laparoscopic or Endoscopic, Upper Genital Tract Procedures, with CC Score 0-1
MA10Z	Minor, Laparoscopic or Endoscopic, Upper Genital Tract Procedures
MA11Z	Intermediate Open Upper Genital Tract Procedures
MA12Z	Resection or Ablation Procedures for Intrauterine Lesions
MA22Z	Minor Lower Genital Tract Procedures
MA23Z	Minimal Lower Genital Tract Procedures
MA24Z	Minor Upper Genital Tract Procedures
MA25Z	Minimal Upper Genital Tract Procedures
MA31Z	Diagnostic Hysteroscopy
MA32Z	Diagnostic Hysteroscopy with Biopsy
MA33Z	Diagnostic Hysteroscopy with Biopsy and Implantation of Intrauterine Device
MA34Z	Diagnostic Hysteroscopy with Implantation of Intrauterine Device
MA35Z	Implantation of Intrauterine Device
MA36Z	Transvaginal Ultrasound
MA37Z	Transvaginal Ultrasound with Biopsy
MA41Z	Transvaginal Ultrasound with Biopsy and Implantation of Intrauterine Device
MA42Z	Transvaginal Ultrasound with Implantation of Intrauterine Device
MA45Z	Diagnostic Hysteroscopy with Transvaginal Ultrasound
MA46Z	Diagnostic Hysteroscopy with Transvaginal Ultrasound, with Biopsy
MA47Z	Diagnostic Hysteroscopy with Transvaginal Ultrasound and Implantation of Intrauterine Device
MB09B	Non-Malignant Gynaecological Disorders with Interventions, with CC Score 3-5
MB09C	Non-Malignant Gynaecological Disorders with Interventions, with CC Score 0-2
MB09E	Non-Malignant Gynaecological Disorders without Interventions, with CC Score 3-5
MB09F	Non-Malignant Gynaecological Disorders without Interventions, with CC Score 0-2
FF31D	Complex Large Intestine Procedures, 19 years and over, with CC Score 0-2
FF30D	Very Complex Large Intestine Procedures with CC Score 0-2
FF31C	Complex Large Intestine Procedures, 19 years and over, with CC Score 3-5
FF50C	Complex General Abdominal Procedures with CC Score 0-2
FF51D	Major General Abdominal Procedures, 19 years and over, with CC Score 1-2
FF51E	Major General Abdominal Procedures, 19 years and over, with CC Score 0

FF52A	Intermediate Therapeutic General Abdominal Procedures, 19 years and over, with CC Score 3+
FF52B	Intermediate Therapeutic General Abdominal Procedures, 19 years and over, with CC Score 1-2
FF52C	Intermediate Therapeutic General Abdominal Procedures, 19 years and over, with CC Score 0
FF34B	Major Large Intestine Procedures, 19 years and over, with CC Score 1-2
LB60F	Complex, Open or Laparoscopic, Kidney or Ureter Procedures, with CC Score 0-1
LB15E	Minor Bladder Procedures, 19 years and over
LB21A	Complex Open, Prostate or Bladder Neck Procedures, with CC Score 2+
LB21B	Complex Open, Prostate or Bladder Neck Procedures, with CC Score 0-1
LB22Z	Complex Laparoscopic, Prostate or Bladder Neck Procedures
LB59Z	Major, Open or Laparoscopic, Bladder Neck Procedures
LB60E	Complex, Open or Laparoscopic, Kidney or Ureter Procedures, with CC Score 2-3
LB60F	Complex, Open or Laparoscopic, Kidney or Ureter Procedures, with CC Score 0-1
LB62D	Major Laparoscopic, Kidney or Ureter Procedures, 19 years and over, with CC Score 0-2
LB62C	Major Laparoscopic, Kidney or Ureter Procedures, 19 years and over, with CC Score 3+

New to Follow Up Ratios not to exceed:

Urogynae: 3.1
Endometriosis: 2.5
Assisted Conception: 1.59
Recurrent Miscarriage: 1.98
Gynaecology Oncology: 3.95
Vulval: 1.91
FGM: 1
Adolescent: 1
Menopause: 1

Workforce Requirements
Outpatient

- Consultant/ACP/Specialist Nurse
- Registered Nurse – who should be trained to support outpatient procedures and medicines e.g. hysteroscopy
- Clinical Scientist (Urogynaecology)
- Pelvic Health Physiotherapy (Urogynaecology)
- HCA (for chaperone support in line with trust policy)
- Receptionist

MDT
1 x Gynaecology Consultant
1 x Colorectal Consultant (for Endo and Urogynae)
1 x Radiologist

Theatre
1 x Gynaecology Consultant
1 x Colorectal Consultant (for Endo and Urogynae)
1 x Urology Consultant (for Endo and Urogynae)
1 x Plastic surgery Consultant (Urogynae)

1 x Anaesthetist (If GA)
1/2 x Surgical Assistant (as required)
1 x Scrub in Charge
1 x Scrub
1 x OPD (If GA)
2 x Recovery Nurse
1 x Porter

Daycase
Minimum of 2 x RGN's with a trained Nurse ratio 1:8
HCA as required dependant on patient numbers
Ward Clerk as required dependant on patient numbers

Elective surgery & Daycase
The provider is responsible for booking in patients of day of surgery, pre-op ward round, interoperative care, recovery and Operating Surgeon(s) and Anaesthetist to ensure post operative ward round undertaken with operative and medication management plan in place and handover to the on call surgeon for management internally within the service.

Da Vinci Robotic Experience in Gynaecology is also required for Urogynecology, Endometriosis and Benign Gynaecology.

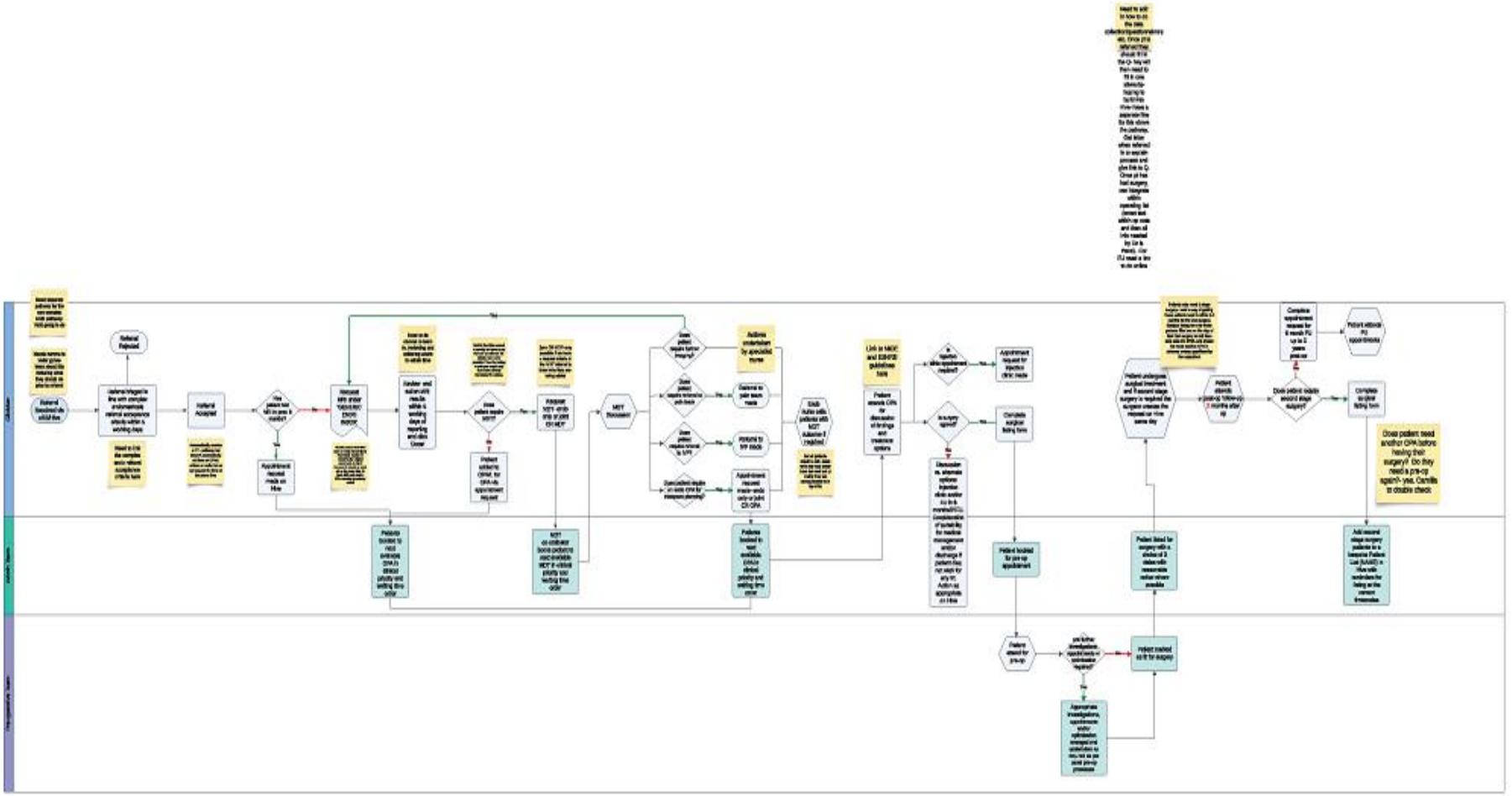
Specific Skills Required
All consultants must have relevant ATSM in specific area and subspecialist qualification

Endometriosis:
Consultants must be part of a BSGE accredited endometriosis service that meets the national service specification for this type of procedure and can undertake complex penetrating endo work including combined colorectal/urological surgery. The provider would need to be able to provide colorectal and urology joint operating capacity as part of the service as essential.

The service provider would need to provide or be able to participate in and Endometriosis MDT for all patients converting to elective or daycase surgery

The service must be compliant with NICE Guideline NG73: Endometriosis: diagnosis and management
The provider must have demonstrable experience of delivering endometriosis services at scale in other contracts

See recommended Endometriosis pathway below



Urogynaecology:

Consultants: must be part of a BSUG Urogynaecology accredited service with sub specialist qualification in Urgynaecology and demonstrable attendance at a Regional Urogynecology MDT (as per NICE NG123) and experience at complex Urogynae centre.

Day case and elective will need to have staff with experience of complex tertiary level operating and be part of a MESH accredited centre and include colorectal, urology and plastics surgery from Consultants involved in a Urogynaecology MDT.

The service provider would need to provide or be able to participate in and Urogynae MDT for all patients converting to elective or daycase surgery

Clinical scientists: must be qualified in Urodynamics and Anal Manometry

Specialists Nurses: must be qualified in Botox, bladder retraining, pessary insertion

Physiotherapist support must be specialised in pelvic health physiotherapy

The service must be compliant with NICE Guideline NG123 Urinary incontinence and pelvic organ prolapse in women: management

The provider must have demonstrable experience of delivering urogynae service at scale in other contracts

Urogynae clinic pathway.docx

Delivery Location of Services
ORC (SMH), Trafford General Hospital, Withington Community Hospital, NMGH Lilac Suite or NMGH Theatres

Lot 5 Paediatric ENT and Paediatric Gastroenterology Services

Overview
To reduce the waiting times for patients adding additional capacity during the weekends in the clinical area of Paediatric ENT and Paediatric Gastroenterology. Activity will be required at weekends only.

Services to be delivered:
To include new, follow up and outpatient procedures and day case activity.

Location
Any insourcing activity to be delivered from either RMCH main OPD, main theatres RMCH or the childrens vanguard theatre on the Wythenshawe site.

Staffing model
Theatres
Paediatric theatres have clear staffing guidelines and our usual model for a single theatre list is as follows:

Job role	Staffing Numbers	Bands
Scrub Nurse	2	5,6 ,7
Circulator	1	2,3 *
Operation Department Practitioner (ODP)	1	5,6,7
Recovery	1	5,6,7

Post operative care would either be delivered from children's Walk in Walk Out (WIWO) area of theatres or the day case areas on Ward 76 (RMCH) or the Starlight Unit (Wythenshawe). The minimum staffing model for post op care is:

Job role	Staffing Numbers	Band
Post op ward care	2*	4,5

Outpatients
Outpatient clinics will be delivered from the RMCH main outpatient department and will require a minimum of 1 qualified nurse and 1 Clinical Support Worker per x2 clinics.

RMCH requires the insourcing provider to provide all staff to deliver insourcing activity (i.e, theatre staff, outpatient nursing staff, anaesthetists and clinicians for all activity required).

Specific service requirements
Paediatric ENT

- Clinicians must be trained Consultants/Registrars registered with GMC and the company must adhere to ENT clinical guidelines and standards

Outpatients

- Scope of outpatient practice is for new patients (no HSC)
- Clinic template will be 10 patients per clinic minimum

The type of procedures that maybe required in clinic are listed below:

- Cautery to tracheostoma
- Ear cerumen removal
- Ear wick placement

- Ear wick removal
- Frenotomy
- Microsuction
- Nasal cautery
- Removal foreign body ear
- Removal foreign body nose
- Binaural microscopy
- Nasendoscopy
- Laryngoscopy
- Nasopharyngoscopy
- Rhinolaryngoscopy

Paediatric ENT - elective

Theatre sessions will have a minimum of 14 all day per list - cases will be those deemed high volume low complexity as per the standard case timings for paediatric ENT.

Only day case procedures are in scope

The elective procedures in scope are as follows:

- EUA Ears
- Grommet/ventilation tube insertion
- Excision of auricular skin tags
- Nasal cautery
- Septoplasty
- Intracapsular tonsillectomy/adenoidectomy coblation
- Foreign body removals from ears and/or nose
- MUA nose
- Tongue ties
- Myringoplasty

Where non-RMCH/MFT consultants are used clear plans are required for post-operative care and desired on-call arrangements for covering the continuing care of inpatients (for any patients that due to unforeseen circumstances convert from day case to inpatient)

Paediatric Gastroenterology

- Clinicians are required to have specialist registration in paediatric gastroenterology, have in date JAG accreditation in upper GI and colonoscopy, and adhere to the relevant BSPGHN and ESPGHN standards
- Clinicians will be required to undertake either single OGD or colonoscopy; or double procedures
- Theatre cases will be day case only with a minimum of x4 single or x3 double cases per 4-hour list
- Where non-RMCH/MFT consultants are used clear plans are required for post-operative care and desired on-call arrangements for covering the continuing care of inpatients (for any patients that due to unforeseen circumstances convert from day case to inpatient)

HRG/Pathways in scope (This list is not exhaustive, any additions will be discussed with the provider)

HRG Code	HRG Description
CA61Z	Adenotonsillectomy
CA35B	Insertion of Grommets, between 2 and 18 years
CA60C	Tonsillectomy

FE23E	Endoscopic or Intermediate, Upper Gastrointestinal Tract Procedures, between 5 and 18 years
FE46Z	Upper Gastrointestinal Tract Endoscopic Procedure, with Colonoscopy or Sigmoidoscopy, 18 years and under

New to Follow Ratios not to exceed (Paediatric ENT only): **1:2**

8 new patients and x2 follow up patients per clinic

Delivery Location of Services
ORC

Lot 6 Breast

Overview

To reduce the waiting times for patients adding additional capacity during the weekends in the clinical area of Breast. For complex or cancer procedures, the insourcing provider will be asked to provide ad hoc capacity for some elements of the pathway but will not be responsible for the entire pathway.

For the purposes of continuity of care, the Supplier(s) will contract Surgeons who are employed by MFT for all planned inpatient activity and there must be clear plans in place for post-operative care and desired on-call arrangements for covering the continuing care of inpatients.

Relevant Clinical Guidelines/Safety

First Outpatient Appointments - Full one stop service for patients referred for either suspected breast cancer / symptomatic breast pathways.

Diagnostic Investigations - Hybrid Arrangement

- At first appointment this would include mammography +/- tomosynthesis (with accompanying mammographers), breast USS (and radiographers/radiologists capable of performing this with biopsy if required).

- The team involved in the running of the one stop clinic will need to have experience in the safe handling of histology specimens and how to ensure these are processed within the lab in a timely manner

- The majority of patients will be seen once in clinic and discharged (approx. 90%). The insourcing clinicians would be expected to write to the patient's GP with an outcome and discharge the patient from the service.

- For any patients who have required a biopsy of a lesion (whether suspected cancer or benign pathology), these patients will need to be referred in to our local breast MFT MDT for discussion by the assessing clinician, with relevant clinical details provided to allow timely and accurate discussion by the MFT breast team. A follow up appointment request should be placed on the EPR system to indicate further MFT-led follow up is required.

Surgery

- For complex or cancer procedures, the insourcing provider will be asked to provide ad hoc capacity for some inpatient surgery following discussion with the MFT Breast Leadership team. The insourcing provider will not be responsible for the entire pathway for cancer procedures but will be asked to provide capacity for ad hoc theatre delivery

Primary HRG/Pathways in scope

HRG	HRG Description
WF01B	Non-Admitted Face-to-Face Attendance, First
WF02B	Multiprofessional Non-Admitted Face-to-Face Attendance, First
JA23B	Unilateral Intermediate Breast Procedures with CC Score 0-2
JC43C	Minor Skin Procedures, 19 years and over
YJ12Z	Ultrasound Guided Core Needle Biopsy of Lesion of Breast
YJ15Z	Fine Needle Aspiration of Lesion of Breast

HRG/Pathways which may be required on an ad-hoc basis

HRG Code	HRG Description
JA20D	Unilateral Major Breast Procedures with CC Score 6+

JA20E	Unilateral Major Breast Procedures with CC Score 3-5
JA20F	Unilateral Major Breast Procedures with CC Score 0-2
JA21A	Bilateral Major Breast Procedures with CC Score 1+
JA32Z	Unilateral Excision of Breast with Immediate Pedicled Myocutaneous Flap Reconstruction
JA38A	Unilateral Very Major Breast Procedures with CC Score 5+
JA38B	Unilateral Very Major Breast Procedures with CC Score 2-4
JA38C	Unilateral Very Major Breast Procedures with CC Score 0-1
JA41Z	Bilateral Therapeutic Mammoplasty
JA43A	Unilateral Intermediate Breast Procedures with CC Score 3+
JA43B	Unilateral Intermediate Breast Procedures with CC Score 0-2

First OP Only

Workforce Requirements
Outpatient
Clinical expertise in breast examination (breast surgeons, or appropriately trained ACPs) and in taking clinical core / punch biopsies when required
There should be at least one consultant breast surgeon in attendance in each clinic
Registered Nurse/HCA familiar with the running of a one stop breast clinic, who are familiar with the tracking of patients from clinical examination to radiology and back again for results. Each clinician will require a chaperone during their consultation.
Receptionist
Consultant radiologists and radiographers with specialist knowledge in mammography and breast ultrasound who are able to perform same-day breast biopsy.
Radiology support worker familiar with assisting in interventional procedures and in the handling of biopsy specimens

Day Case Surgery
1 x Consultant
1 x Anaesthetist (If GA)
1 x Surgical Assistant
1 x Scrub in Charge
1 x Scrub
1 x OPD (If GA)
2 x Recovery Nurse
1 x Porter

Daycase
Minimum of 2 x RGN's with a trained Nurse ratio 1:8
HCA as required dependant on patient numbers
Ward Clerk as required dependant on patient numbers

Delivery Location of Services
These outpatient clinics will be located either the Nightingale at Wythenshawe or North Manchester outpatients F.

Appendix 3. Elective Pathway for Elective Surgery

1. Introduction

This elective pathway outlines the structured process for managing patients requiring elective care. The aim is to provide timely, efficient, and high-quality care, ensuring patient safety and satisfaction throughout their treatment journey.

This elective pathway aims to streamline the management of surgical patients, ensuring a coordinated and patient-centred approach from referral to recovery.

The Provider(s) will be expected to work to 'GIRFT' best practice pathways where applicable.

2. Referral and Triage

- **Referral Source**: Referrals can be made by primary care physicians, other specialists, or through internal hospital transfers.
- **Referral Criteria**: Clear criteria for referral should be established, including specific indications for common conditions (examples below).
- **Triage Process**:
    - **Initial Review**: All referrals are reviewed by a consultant within the agreed timeframe
    - **Priority Assignment**: Cases are categorised as urgent, semi-urgent, or routine based on clinical need. (As per the FSSA's Clinical Guide to Surgical Prioritisation).
    - **Appointment Scheduling**: Patients are scheduled for initial consultation based on their triage category.

3. Initial Consultation and Assessment

- **History and Examination**: Detailed medical history and physical examination by a consultant from the relevant specialty.
- **Investigations**: Order necessary investigations (e.g., ultrasound, MRI, blood tests, hysteroscopy) based on initial assessment findings.
- **Patient Education**: Provide information on the condition, possible treatments, and expected outcomes.

4. Treatment Planning

- **Discussion of Options**: Discuss available treatment options (medical, surgical, or conservative) with the patient.
- **Shared Decision Making**: Engage in shared decision making, considering patient preferences, clinical indications, and potential risks/benefits.
- **Consent**: Obtain informed consent for the agreed treatment plan.

5. Preoperative Preparation (if surgery is planned)

- **Preoperative Assessment Clinic**: Schedule a visit to assess fitness for surgery, including anaesthesia review.
- **Patient Instructions**: Provide detailed preoperative instructions, including fasting guidelines, medication adjustments, and what to expect on the day of surgery.
- **Optimise Health**: Address any modifiable risk factors (e.g., smoking cessation, weight management, control of comorbid conditions)

6. Surgical Procedure

- **Day of Surgery**:
  - **Admission**: Ensure timely admission and preoperative preparations.
  - **Safety Checks**: Perform preoperative safety checks (e.g., WHO surgical safety checklist).
- **Intraoperative Care**: Ensure adherence to clinical guidelines and protocols during surgery.
- **Postoperative Care**: Immediate postoperative care in the recovery room, including pain management and monitoring for complications.

7. Postoperative Care and Follow-Up

- **Inpatient Care**: Monitor recovery in the hospital, manage pain, prevent, and address complications, and provide patient education on postoperative care.
- **Discharge Planning**:
  - **Criteria for Discharge**: Establish criteria for safe discharge.
  - **Discharge Instructions**: Provide clear written instructions for postoperative care at home, including signs of complications, medication regimen, activity restrictions, and follow-up appointments.
- **Follow-Up Visits**: Schedule follow-up visits to monitor recovery, manage any complications, and evaluate the effectiveness of the treatment.
- For inpatient activity, to provide a thorough handover to the relevant clinical teams

- **8. Rehabilitation and Support – Therapy support**
- **Physical Therapy**: Refer to physical therapy if needed for recovery and rehabilitation.
- **Patient Support Groups**: Provide information about relevant patient support groups and resources.

9. Outcome Measurement and Quality Improvement

- **Patient Feedback**: Collect feedback from patients regarding their experience and outcomes.
- **Clinical Outcomes**: Monitor key clinical outcomes, including complication rates, readmission rates, and patient-reported outcomes.
- **Continuous Improvement**: Regularly review outcomes and feedback to identify areas for improvement and implement changes as needed

10. Documentation and Communication

- **Medical Records**: Ensure accurate and comprehensive documentation of all patient interactions, treatments, and outcomes.
- **Communication**: Maintain clear and timely communication with the patient and their primary care provider regarding treatment progress and follow-up plans.

11. Risk Management

- **Identify Risks**: Proactively identify potential risks throughout the elective pathway.
- **Mitigation Strategies**: Implement strategies to mitigate identified risks, ensuring patient safety at all stages.

12. Exit Strategy

- **Transfer of Care**: In case of pathway termination or changes, ensure a smooth transfer of care to an alternative provider, maintaining continuity and quality of care.

- **Patient Communication**: Clearly communicate any changes in care pathways to the patient, ensuring they understand the next steps.

Appendix 4. Digital Training Requirements
Training Requirements are detailed below for the MFT Digital Patient Record

Role	Course Length
Inpatient Nurse	• 3-5 hours independent learning • 2 hour supported webinar
Inpatient HCA	• 2-3 hours independent learning • 1-2 hour supported webinar
Ward Clerk	• 2-3 hours independent learning • 1-2 hour supported webinar
Theatre Nurse	• 3-5 hours independent learning • 2 hour supported webinar
Theatre HCA	• 2-3 hours independent learning • 1-2 hour supported webinar
ODP	• 3-5 hours independent learning • 2 hour supported webinar
Surgeon	• 4-6 hours independent learning • 2 hour supported webinar • Case supervision required locally, TBC with clinical teams.
Anaesthetist	• 4-6 hours independent learning • 2 hour supported webinar • Case supervision required locally, TBC with clinical teams.
Booking and Scheduling/ OP Receptionist	• 2-4 hours independent learning • 1-2 hour supported webinar
OP Nurse	• 2-4 hours independent learning • 2 hour supported webinar
OP Clinician	• 3-5 hours independent learning • 2 hour supported webinar

Appendix 5. Data Processing Agreement

DATA PROCESSING CONTRACT.docx

Appendix 6 – Key Performance Indicators and Contract Monitoring Arrangements (Indicative at this stage)

KPI Description	Target
All new referrals to be triaged from the Work Queue within one week. Patients not suitable due to complexity or co-morbidities to be returned to the referring specialty.	100%
All clinics and theatre lists will be scheduled with a minimum of two weeks' notice.	100%
Patients will only be seen for a review appointment if there is a meaningful clinical need. New to Follow up ratio's will be monitored monthly in line with the Provider(s)s average which are detailed in the specification	See Specification
Access to first appointment from point of referral within 6 weeks	95%
% of appointments cancelled by the provider (information to be split by reason type).	<5%
% of appointments where the patient did not attend as a proportion of all booked appointments.	<5%
# of patients with 2+ consecutive cancellations by Provider	0
% of cases transferred onto a PIFU pathway where a follow-up outpatient attendance would otherwise have been given. A clinical audit may be conducted to review historic notes for education purposes.	Info only
Unless in an exceptional circumstance, The Provider(s) will not cancel any planned sessional activity with less than 5 operational days' notice	100%
% of patients seen in a FU clinic post Discharge from Daycase Procedure	TBC
All cancer diagnosis and upgrades will be recorded on the HIVE EPR in real time. (on reviewing test results, day of theatre).	100%
To ensure that all staff are able to use the Trust Digital Patient Record, the Provider(s) must provide the relevant staff details to the authority at least two weeks prior to the clinical activity taking place.	100%
All discharge summaries and patient correspondence shall accurately and clearly reflect the patient's care and ongoing care plan and entered in to Trust EPR system on the day of the intervention.	100%
0 Patients waiting 60 weeks (RTT)	100%
Productivity – Outpatient Utilisation	>90%
Productivity – Theatre Utilisation >85%	>85%
% of patients who have completed their pathway are asked to complete an experience survey.	100%
Number of patients completing a patient experience questionnaire 50% of total quarterly discharged patients.	Info Only
% of complaints responded to within 28 days of complaint received.	100%

Total number of incidents and Harm Scores	Info only
Number of incidents received in month that are classified as 'never events'.	Zero
All patients receive a copy of their management plan/clinic letter, following appointments with provider, with a copy being shared with GP for information.	100%
Number of HCD prescriptions issued with breakdown of items provided.	Info Only

Contract Monitoring/Reporting Arrangements
Weekly PTL's (as determined by the Clinical Groups), to review Pathway management and ensure early escalation of any breaches. (Frequency will be increased if there are concerns regarding breaches to constitutional standards)

A Weekly Performance Meeting chaired by the Authority with representatives from Clinical Groups and the Provider(s) to review planned activity, referral flows and operational escalations.

A monthly contract monitoring meeting will take place with the Provider(s) and each Clinical Group.
These meetings will involve several key elements to ensure efficient and effective service delivery including:

- Activity Reports
- Delivery against Key Performance Indicators
- Adherence to timelines
- Patient Outcomes
- Patient Complaints
- Incidents