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| **Service Specification No.** | **Version 1.5** |
| **Service** | **Community Micro-Suction Service** |
| **Commissioner Lead** | **South Warwickshire Clinical Commissioning Group** |
| **Provider Lead** | **TBC** |
| **Period** | **April 2019 – March 2022 (TBC)** |
| **Date of Review** | **Annually** |

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

There is good evidence to suggest that, where appropriate, delivering services in the community rather than in secondary care improves access, reduces demand for secondary care services and consequently reduces overall waiting times for outpatient and inpatient hospital care, in turn, reducing costs across the system. The five year forward view has encouraged efforts to deliver more health care out of acute hospitals and closer to home, with the aim of providing better care for patients, cutting the number of attendance and bed days in hospitals and reducing net costs. Providers and commissioners are considering strategic changes to the way in which services are delivered. Current changes in health service provision and, as set out in South Warwickshire CCG’s Strategic Plans, the ambition to drive up quality, improve efficiency and deliver value for money, are such that certain services and specialties will see changes in the delivery of care. About 2.3 million people each year have problems with earwax sufficient to require intervention, especially older people and those using hearing aids or earbud-type headphones.NICE guidelines recommend that wax removal is performed in primary and/or community services whereby the removal of earwax for adults can be performed if it is contributing to hearing loss or other symptoms/conditions detailed in this specification.  |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**

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

**2.2 Local defined outcomes**A community micro-suction service, will:* Provide improved patient experience and choice;
* Ensure that the patient pathway is seamless and avoids duplication;
* Ensure that patients are seen in the right place at the right time and that all diagnosis points and necessary treatments are provided as per best practice;
* Provide care closer to home;
* Provide more cost effective care;
* Provide patients with quicker access to care and meet waiting times as set out in this specification;
* Reduce unnecessary hospital attendances and waiting times in secondary care;
* Provide care in a way and in a setting that is safe for patients;
* Provide service users with improved education and advice on managing their conditions.
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| **3. Scope** |
| **3.1 Aims and objectives of service**The overall aims and objectives of this service are to:* Provide community based wax removal services for patients who are aged 18 and above for a range of defined conditions;
* Comply with the eligibility and exclusion criteria set out in this specification;
* To deliver high quality care to patients registered with south Warwickshire GPs;
* To deliver improved value for money and cost effectiveness;
* Reduce the number of visits to hospital and reduce service user waiting times;
* Streamline pathways and referral processes;
* Avoid duplication or extra steps in a pathway for patients who need to attend hospital services for additional ENT procedures;
* Provide support and education for Primary Care to manage patients appropriate for less invasive methods of wax removal that are appropriate for primary care to manage.

**3.2 Service description/care pathway****3.2.1 Service description**Removal of ear wax/foreign body using micro-suction and any other suitable instruments under microscopic visualisation that would have previously required referral to secondary care but does not require specialist intervention.South Warwickshire CCG wish to commission a community-based wax removal service for patients over 18, registered with a south Warwickshire GP and who comply with the eligibility criteria set out in the CCG’s ‘ear wax removal’ policy as follows;* The vast majority of patients presenting with problems to primary care will be managed in primary care with advice or irrigation in line with the guidelines available (treatment in primary care as per current [NICE Clinical Knowledge Summaries – July 2016](https://cks.nice.org.uk/earwax) and [NHS Quality Improvement Scotland Ear Care Best Practice Statement - May 2006](http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=95aeda29-930d-4c88-a7a0-e532c48d9f4c&version=-1))
* Ear Wax Removal in Secondary Care (for all ages) is not routinely funded by the CCG and is subject to this restricted policy.
* Earwax should only be removed if the wax is totally occluding the ear canal **and** any of the following are present:
	+ Hearing loss;
	+ Earache;
	+ Tinnitus;
	+ Vertigo;
	+ If the tympanic membrane is obscured by wax but needs to be viewed to establish a diagnosis;
	+ If the person wears a hearing aid, wax is present and an impression needs to be taken of the ear canal for a mould, or if wax is causing the hearing aid to whistle.

**See ear care guidance document appendix 1 of Ear Wax Removal Policy**Occasionally, it may be inappropriate to treat patients in primary care, or such treatment may be ineffective. These patients may therefore seek to access micro-suction of the ear canal via this community service or in secondary care. Broadly speaking, these patients can be categorized as follows: * Patients who have undergone modified radical mastoidectomy (mastoid cavities);
* Patients who require aural care for chronic or recurrent ear pathologies;
* Patients who require dewaxing and cannot undergo irrigation by primary care.

**Mastoid Cavities**Funding for Micro suction treatment will only be provided by the CCG for patients who have previously undergone surgery for cholesteatoma including radical mastoidectomy and require ongoing care and monitoring through ENT services.Note: Cleaning of wax is usually recommended approximately once every 3 to 12 months, depending on the need of each individual patient.**Chronic or Recurrent Ear Canal Pathologies**Funding for Micro suction treatment will only be provided by the CCG for patients suffering from:1. recurrent otitis externa (more than 2 episodes in one year recorded in their primary care records);

**OR**1. retracted tympanic membrane (retraction pocket) which is suitable for management with regular cleaning;

**OR**1. acquired stenosis of the ear canal following chronic otitis externa;

**OR**1. keratosis obturans.

**Patients who require dewaxing and cannot undergo irrigation by Primary Care.** Funding will only be provided by the CCG for patients meeting the criteria set out below:1. There is a foreign body, including vegetable matter, in the ear canal that could swell during irrigation;

**OR**1. The patient is suffering from significant symptoms due to ear wax build up, including hearing loss or pain, and the patient’s condition warrants micro suction.

**AND**a) The patient has previously undergone ear surgery (other than grommets insertion that have been extruded for at least 18 months);**OR**b) The patient has a recent\* history of middle ear infection (\*in the past 6 weeks);**OR**c) The patient has (or suspected) a current perforation of the tympanic membrane or history of ear discharge in the past 12 months;**OR**d) The patient has had previous complications following ear irrigation including perforation of the ear drum, severe pain, deafness, or vertigo;**OR**e) Two attempts at irrigation of the ear canal in primary care have been unsuccessful;**AND**Patients must have used ear drops/olive oil (unless clinically contraindicated), as per instructions for a minimum of 14 days with no improvement and/or irrigation is clinically contraindicated.**Referrals to the community service and secondary care are to be monitored via the audit process**.Furthermore the service should operate in line with national guidance for wax removal such as NICE Guideline [NG98] ‘Hearing loss in adults: assessment and management.’ Patients who need to be referred for additional procedures delivered by hospital based ENT services at the same time/during the same attendance as wax removal can be referred directly to secondary care as to avoid additional steps in their pathway. Referrals solely for non-complex wax removal should not be made to secondary care.The service should adhere to clear criteria set out in the South Warwickshire commissioning policy for ‘ear wax removal’ that categorises appropriate referral pathways dependent upon condition and takes into account other comorbidities where applicable. **3.2.2 Referral Pathway** * The provider will accept referrals from a patient’s GP and audiologist in line with all relevant eligibility criteria set out in the CCG’s policy. The provider will be responsible for staying compliant with the policy andadhering to any changes made.
* The provider will build effective relationships with secondary care and accept direct referrals from ENT as a ‘step down’ in care. Patients will be discharged from secondary care directly to a community provider and not need to be referred again by their GP.
* In the event of an inappropriate referral the provider will refer the patient to secondary care and ensure sufficient feedback is given to help prevent further inappropriate referrals.
* The provider will only accept patients who are compliant with the eligibility referral criteria and will return referrals to the original referrer if not compliant**.**
* Secondary care services will ‘step down’ patients deemed clinically safe to be treated in the community with comprehensive patient notes. A copy of the letter will be copied to the patient’s GP.
* The provider will see patients within five weeks of initial referral.
* The provider will provide treatment in line with agreed clinical protocols and per NICE guidelines where applicable.
* The Provider will be responsible for booking patient appointments, including any necessary follow up appointments on receipt of referral.
* The provider will give the patient any pre-appointment information and instructions within appropriate timescales e.g. self-care advice and appointment preparation guidance such as the application of oil etc. as necessary.
* The patient will be seen, assessed and treated in one appointment wherepossible;
* Follow ups or repeat appointments will only be arranged directly by the providerwhere clinically necessary. I.e. recurrent buildup of wax.
* If a patient needs regular or repeat attendances for treatment these appointments will be booked directly by the provider and not referred back via the patient’s GP.
* The Provider will ensure appropriate clinical and onward referral information (where appropriate) and communicatedecisions to the patient’s GP. Patients (or carer, where appropriate) will receive a written copy of their discharge letter from the service.
* The Provider will offer the patient a choice of Provider in circumstances where onward referral to a hospital is required.
* The provider will treat simple underlying conditions as able, or provide advice to GP, or refer onwards to secondary care.
* The provider will refer the patient to secondary care ENT if wax removal is not effective in treating the patient’s condition/complaint.

**3.2.3 Access**The provider must ensure the service is available to all South Warwickshire patients at appropriate and accessible locations that adhere to Equality Act regulations (2010).The provider must deliver this service from locations that meet the objective to deliver care closer to home.The provider must offer a minimum capacity to meet service user demand and manage waiting times as stipulated in this specification. The Provider may propose such opening times as they are confident will accommodate their indicative activity levels and the maximum waiting times, as well as supporting accessibility requirements.The Provider will be responsible for administrative arrangements such as clinic referral letters and the scheduling of appointments. Referrals will be offered a first appointment within 14 days of referral and seen for their first appointment within five weeks of the referral being received.The Provider will ensure that written communications with visually impaired patients follow the guidelines recommended in <http://www.ukaaf.org/wp-content/uploads/2014/09/G003-UKAAF-Creating-clear-print-and-large-print-documents.pdf>The provider must give consideration to the provision of service to accommodate race, language, physical and learning disabilities requirements including those in employment. Premises must be suitable and easily accessible with good transport links. **3.2.4 Choice**The Provider will ensure the patient has access to a list of clinically appropriate provider choices.The referrer should initiate the choice offer and discuss the relevant clinical aspects of choice with the patient.The Provider should work with the CCG to support patients in discussing other aspects of choice.The Provider will ensure the patient has access to meaningful information to support their choice decision in circumstances where onward referral to a hospital is required.**3.2.5 Workforce**South Warwickshire CCG are seeking a community-based wax removal/micro-suction service led by suitably qualified professionals that can demonstrate good service quality. Clinical workforce for such a service could include but is not limited to the following:* Community audiologists
* GPs with special interest in audiology/ENT/wax removal
* ENT Consultants

The Provider has the following responsibilities in line with the delivery of this service:* Ensure that all employment practice is up to date with current employment legislation.
* Provide an adequate structure for the supervision of staff to enable the optimum performance of the contract.
* Ensure that all pre and post-employment checks are undertaken in line with the requirements of NHS Employment Check Standards (2008), including agency staff where deployed.
* Conduct pre-employment DBS (Disclosure and Barring Process) previously CRB checks and repeat at reasonable intervals; implementation plans for Independent Safeguarding Authority processes.
* Evidence clinical competency, qualification and registration in order to meet the terms of the contract, and the arrangements for continuing professional development.
* Verify personal indemnity insurance where required, and provide annual proof of cover to the CCG.
* Provide induction training and regular mandatory training which will include health and safety, fire safety, infection control, conflict resolution, equality and diversity awareness, child and vulnerable adult protection, moving and handling.
* Staff Handbook or equivalent.
* Demonstrate that staff performance systems – including appraisal and capability processes are in place.
* Evidence staff contingency arrangements – to cover emergencies, unplanned staff absences, as part of business continuity planning.

The Provider has the following responsibilities in line with the delivery of this service:* Initial Training and Accreditation for clinicians including protocols and conditions to be obtained by the Provider and to be signed off by the CCG
* To ensure that all members of the service maintain their knowledge and skills by keeping up to date with relevant literature, attending meetings and participation in in-house academic sessions. This requirement would be assessed during an annual appraisal
* To provide clinical education to practices within the locality to support further development of their knowledge and skills in the on-going management of patients
* To ensure that all professional staff are supported to undertake clinical supervision in line with the relevant statutory body requirements.

**3.2.6 Equipment**It is the responsibility of the provider to purchase, maintain to a high standard and replace all relevant equipment required to provide the service. All necessary equipment needed to provide each element of the service should be made available by the provider at each applicable location.A planned preventative maintenance (PMM) schedule must be in place to ensure that equipment is in good working order and checked and replaced regularly. As per guidance set out by the British Association of Audiology, any procedure must be abandoned immediately if it is suspected or identified that a machine has developed a fault whilst in the process of undertaking the aural care procedure. <http://www.thebsa.org.uk/wp-content/uploads/2017/04/Practice-Guidance-Wax-removal-2017.pdf> **3.2.7 IMT**The Provider must ensure that appropriate “IM&T Systems” are in place to support the services. “IM&T Systems” means all computer hardware, software, networking, training, support and maintenance necessary to support and ensure effective delivery of the services, management of patient care and contract management, which must include:* Individual electronic patient health records;
* Clinical services including ordering and receipt of diagnostic procedure results and reports, where appropriate;
* Prescribing and dispensing where appropriate;
* Access to knowledge bases for healthcare at the point of patient contact; and
* Access to research papers, reviews, guidelines and protocols

An appropriate IT system will be utilised in order to ensure separate comprehensive records can be maintained for each patient, which can then be used to inform detailed and regular audits of the service.The provider will work in ways that support national and local programmes and utilise IT in ways that maximise patient care. The provider will have the use of emails.**3.2.8 Prescribing**As per NHS Guidelines prescriptions any required medication will be made available for applicable patients for up to 14 days (or such shorter period of a full course of medication as appropriate) post discharge and will be provided as part of the service and will be included within cost.The Provider is a Prescriber and will pay the drug costs for the service (the Commissioner shall recharge these costs to the Provider). Dispensing costs as defined below will not be the responsibility of the Provider.“Dispensing Services” means the provision of drugs, medicines or Appliances that may be provided as pharmaceutical services by a medical practitioner in accordance with arrangements made under regulation 20 of the Pharmaceutical Regulations;“Prescriber” means:(a) a medical practitioner;(b) a Pharmacist Independent Prescriber;(c) an Independent Nurse Prescriber; and(d) a Supplementary Prescriberwho is either engaged or employed by the CCG;Dispensing servicesThe parties agree to monitor and review the drug cost every quarter following the commencement date. The Provider is responsible for drug and consumable costs for acute conditions for the initial prescription.**3.2.9 Response time, detail and prioritization**Referrals will be dealt with in the order that they are received, irrespective of the GP practice to which the patient belongs. The service will administratively manage all referrals within five working days of receiving all necessary information and either accept, reject or refer on as appropriate. If accepted, first appointments should be offered within 14 days. Patients will be seen within five weeks of the referral being received. **3.3 Population covered**South Warwickshire CCG has a population of approximately 287,000 people and the primary medical services will cater to people in Warwick, Leamington Spa and Stratford-upon-Avon and the surrounding communities. The CCGs role is to ensure that health services meet the needs of local people throughout south Warwickshire. **3.4 Any acceptance and exclusion criteria and thresholds****3.4.1 This service will provide:**The Provider is responsible for all diagnostics necessary to treat and manage the patient’s condition. If in accordance with good clinical practice, the provider is of the opinion that a patient should be onwardly referred, then it shall comply with the Care Pathway set out in paragraph 3.2.2 of this specification. **3.4.2 Exclusion criteria**The service is not available to:* Patients not registered with a NHS South Warwickshire GP;
* Patients who can be treated with irrigation in primary care;
* Patients who require additional ENT procedure(s) alongside wax removal that cannot be done in primary care;
* Patients who require inpatient and/or emergency care services;
* Patients with post-operative or post-traumatic complications;
* Patients who require a second surgical opinion;
* Cases where cancer is suspected based on agreed protocols with primary and secondary care;
* Patients in need of surgical care.

**3.5 Interdependence with other services/providers**The service will be dependent on referrals from south Warwickshire GPs and audiologists and the Provider will work collaboratively with stakeholders in the local health economy and to develop shared care pathways and joint working across primary and secondary care.The Provider will develop strong relationships with:* Primary care and local audiologists;
* Acute secondary care
* Other community providers; and
* The wider community of patients and the public

The engagement and satisfaction of GPs and audiologists will be vital to the success of the service. Therefore, the Provider will need to ensure it is trusted by GPs and audiologists to manage their patients appropriately. The new service will be approachable for local GPs and audiologists, who will be able to ask for advice and guidance via the phone or email before referring a patient. The Provider will offer contact details of suitable clinical staff to facilitate this.The Provider will ensure that it has strong relationships with secondary providers to ensure onward referrals are not jeopardised. It will work with secondary care providers to ensure treatment or tests are not duplicated in different settings. This includes offering secondary care access to test results and ensuring onward referrals include all relevant information.Alongside accepting referrals from Primary Care (GP’s, audiologists) the provider will also work with secondary care and accept patients who are appropriate for a ‘step down’ in care from ENT. Where a secondary care specialist is of the opinion that a patient is safe to be managed in a community setting, they will be able to discharge the patient from secondary care and refer directly to the community provider. Patient notes will be shared with their GP. **3.6 Cancellation of Sessions / DNAs**The Provider will be expected to develop and agree a Patient Access Policy with Commissioners to manage session cancellations and patient DNAs.**3.7 Hours of Work**The Provider will be expected to provide appropriate access for patients in clinic to meet demand and waiting time criteria, which will meet the needs of the patient population, to include evening and weekend access.**3.8 Interpreting Services**The service will be required to have access to and the ability to arrange interpretation services whenever this may prove of value to the effective delivery of the service and in response to patient’s needs. All costs of these services shall be met by the provider.**3.9 Patient Communication**Patients will be enabled to choose a time and appointment to best suit their needs including evening and weekends. To facilitate this, the service must be fully published on e-referral. Patients will be reminded of their appointment schedule using a digital solution to include the provision of text reminders where appropriate. Consideration should be given patients’ availability and the provision of telephone consultation for example, should be an available option where clinically appropriate. Should patients need to cancel and/or rearrange their appointment, their choice of alternative appointment should not be compromised.Patients will be fully informed about their treatment options, have the ability to input into the decision about their care and will have the opportunity to discuss their treatment further at any point during their treatment journey. The use of Patient Decision Making Tools will be promoted, to involve and inform patients and their carers about the options available to them and will, where appropriate, direct the patient to the NHS right care decision aids (<http://sdm.rightcare.nhs.uk/pda/>) when making a recommendation for treatment. The service must fully embrace Shared Decision Making, operating using this approach, including the use of available tools and ensuring that front-line staff are appropriately trained and competent in this area.When discussing potential treatment pathways, patients should be made aware of treatment options and the expected outcome at the end of the duration of treatment. In line with patient decision making tools, patients should be kept well informed of their clinical treatment pathway and provided with realistic timescales from the outset and throughout.The Provider will send a copy of the discharge document to the patient (or carer, where appropriate) to include contact information should the patient have need to contact the service following discharge. |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (eg NICE)**It is the responsibility of the Provider to ensure the implementation of all relevant NICE guidance relating to relevant ENT/audiology conditions and low priority procedures as directed by the lead CCGs Risk & Clinical Governance Committee, CCG Board and Public Health Directorate**4.1.2 Infection control**Providers should meet the requirements in infection prevention and control as identified within The Health Act 2008, Code of Practice for Infection Prevention and Control of Healthcare associated Infections (DH 2008) and describe their arrangement for compliance.**4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)** **4.3 Applicable local standards****4.3.1 Development of patient centred service**Clinical services must be patient-focused and of a high quality resulting in high patient satisfaction levels, delivered in an environment that provides a positive patient experience using correct clinical facilities by appropriately qualified clinical staff. The Provider will need to ensure that services provision is adapted to meet the needs of vulnerable people, people with learning and physical difficulties and mental health needs.The Provider will be required to demonstrate:* How it aims to make services accessible and convenient for all patient groups
* How it will ensure that its services are appropriate and responsive to needs of all patient groups
* How it will involve all patient groups in delivering or designing its services
* How progress in the above areas will be monitored and evaluated

**4.3.2 Compliance with policies and procedures**The Provider must comply with the following:* Standards for Better Health (of most up-to-date equivalent)
* South Warwickshire CCGs policies on consent and complaints
* Relevant legal and regulatory requirements in relation to the provider and the service provision
* Health and Safety legislation & associated legislation
* Management of Medical Devices Policy
* Incident Reporting Procedure
* Serious Untoward Incident Reporting Policy

**4.3.3 Governance**The provider shall put into place a system that demonstrates the governance arrangements for the organisation including managing risk. **Clinical Governance**A “system of clinical governance” means a framework through which the Contractor endeavours continuously to improve the quality of its services and safeguard high standards of care by creating an environment in which clinical excellence can flourish.The Provider shall have an effective system of clinical governance. The Provider must put in place appropriate and effective arrangements for quality assurance, continuous quality improvement and risk management, including audit.The exact contract form and payment mechanism will be determined in the contracting phase with the successful providers. **4.3.4 Insurance**It is the responsibility of the provider to have the following insurance and maintain all insurance policies. The provider must provide details of the following insurance cover:* Employee liability insurance
* Public liability insurance
* Clinical negligence insurance
* Buildings and/or property insurance
* Contents insurance
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| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements (See Schedule 4 Parts [A-D])**

**Contract management and reporting**The Provider will be required to present quarterly activity and key performance indicator reports to the CCG to include but not be limited to the following information:Activity Reporting-Split by GP practice code:* Total number of referrals received by community service
* Number of sessions per quarter
* Number of patients seen within each session
* Number of new appointments within each session
* Number of follow-up appointments within each session
* Nature of treatments administered (appropriately coded)
* Number of patients referred on to secondary care
* Number of patients discharged/referred back to GP
* Waiting times
* Number of patients referred FROM secondary care
* Number of patients referred back to Primary Care as not compliant with eligibility criteria plus detail of referring practice
* Number of DNA’s; DNA’s also to be shared with GP practice

Key performance Indicators:

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| **No** | **KPI Descriptor** | **Rating** |
| 1 | Referrals to be reviewed and accepted or referred on/back to appropriate service within 5 working days | 95% |
| 2 | Referrals to be offered  a first appointment within 14 days | 95% |
| 3 | Patients to be seen within 5 weeks of referral. (Patients seen outside of this time frame will be reported to the CCG and patient’s GP by exception) | 95% |
| 4 | Patient satisfaction rating | > 75% |

The contract will be awarded for a 2 year period with an option to extend for a further 1 year(s). On the anniversary of the contract a review will be conducted. The provider must regularly provide information to reassure the CCG that the service continues to deliver value for money and that the terms and conditions of the contract are being met.The provider will be required to present quarterly activity and key performance indicator reports to the CCG as outlined above. The CCG will reserve the right to immediately terminate the Contract if the activity and the KPI reporting and the clinical audits are not completed within stated time frames and to the satisfaction of the CCG, or there is a failure to deliver the service in line with the specification, particularly compliance with 3.2.2 * 1. **Applicable CQUIN goals (See Schedule 4 Part [E])**
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| **6. Location of Provider Premises** |
| **The Provider’s Premises are located at:**The provider will be required to demonstrate the location(s) in south Warwickshire from where it can provide this service. The provider must deliver this service from locations that meet the objective to deliver care closer to home.The location(s) of premises should be accessible by public transport and should have parking facilities available or very nearby. Premises should also be accessible by patient transportation service vehicles for those patients with a medical need for transportation.The provider must demonstrate that the premises are “fit for purpose” and are compliant with all relevant Building Regulations and requirements, are DDA Compliant and are clean and comfortable.The service will operate from premises with facilities that meet general health and safety requirements. Compliance will be measured against South Warwickshire CCG Health and Safety policies on a regular basis. |
| **7. Financial Model** |
| **7.1 Community Micro-Suction Pricing Model**The provider will only be reimbursed for activity which has followed the referral pathway via as per the Service Specification paragraph 3.2.2Payment is made for complete episode of care (as specified in the Service Specification) including any assessment, pre-procedure advice or necessary follow up appointments.

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| Tariff paid per attendance | £48 |

Notes:* No additional payment will be provided for the undertaking and administration of referrals that are rejected/sent back to GP or referred on to secondary care if inappropriate for community treatment. Payment will only be made for procedures undertaken.

Within the agreed contract value the provider will source and supply all licenses, venues, interpreter services, staff and materials and cover all associated costs in the delivery of the community micro-suction service. The provider will also be responsible for the publicity of the service; however support will be available from commissioners where appropriate.  |