SCHEDULE D

SPECIFICATION

Contract for the Sponsorship for Provision of Stoma Care Service at York and ScarboroughTeaching Hospitals NHS Foundation Trust

1. Introduction

York and ScarboroughTeaching Hospital NHS Foundation Trust (Y&STHFT) wishes to invite offers for the sponsorship for the provision of Stoma Care Services to specified areas of the organisation, for a three-year period commencing on 9th October 2023 (start date subject to change) with the option to extend for 1 further year.

1. Scope of Service Requirement

York and Scarborough Teaching Hospitals NHS Foundation Trust (Y&STHFT) is a large integrated acute and community trust providing a comprehensive range of clinical services to a catchment population of approximately 800,000 people living in York, North and East Yorkshire, and Ryedale, an area covering 3,400 sq miles. We have a rich and diverse geography covering scenic coastal areas, rural countryside, market towns and urban communities.

The dispersed nature of our communities provides challenges and opportunities for working across different locations and experiencing a wide variety of clinical need. This also gives us challenges around access to services, particularly with ageing and transient populations and challenges in improving health outcomes for our populations in our more deprived communities. We understand that providing a local service that is as comprehensive as possible is important to our communities given the distance between local health services. We will integrate hospital and community services as well as ensuring that we implement our ‘One Trust, One Team’ approach, to ensure that we deliver clinically sustainable models of care supported by integrated workforce teams across York and Scarborough Hospitals.

Y&STHFT requires sponsorship for the provision of Stoma Clinical Nurse Specialist Team which are based at both the York Hospital and Scarborough Hospital sites caring for both the acute and community patients. The Trust requires an acute/community driven ostomy service with community home visits to be carried out by Registered General Nurses as required.

The Stoma Care Service provides assessment, support, advice and information to patients and their carers/family who are to undergo surgery which may or may not result in stoma formation. They provide nursing care tailored to the needs of the individual and facilitate a seamless transition between secondary and primary care in patients’ homes and clinics. They ensure ongoing support and continuity of care for the new ostomist and those established ostomists who require assessment and review.

2.1 Clinical Workload at York and Scarborough sites

In 2019 the York and Scarborough Trust’s General Surgery Service merged to provide a robust service and pathway for patients across both sites, with many clinical teams working cross site, sharing patient caseloads.

The Stoma Team divide their caseload based on the patients’ GP postcode.

The York service is based at York Hospital and within the community. This includes Selby Hospital, Malton Hospital, St Monica’s, St Helens and White Cross Court Rehabilitation Units and St Leonards Hospice, as well as patients normal place of residence.

The Scarborough service is based at Scarborough Hospital and the surrounding community. This includes Bridlington, Whitby and Malton Hospitals as well as supporting patients in their normal place of residence.

Patient Care Pathways and Stoma Team workload are shared across both sites.

The NHS Stoma Team look after all patients known to them in their area, and do not refer patients to private company nurses. Salts company nurses have retained some service to historic York community patients, from previous historic community contract.

The Trust has an agreement with the respective Integrated Care Systems in the areas to manage patients care in the community as part of the contract.

The table below sets out the new patient numbers for the York and Scarborough stoma service based on the activity seen over the last 4 years. The activity has been split into the different types of activity and covers the acute and community service.

York & Scarborough Activity 2018 – 2022

|  |  |
| --- | --- |
| Year | Number of new stoma patients |
| 2018 | 218 |
| 2019 | 263 |
| 2020 | 227 |
| 2021 | 200 |
| 2022 | 234 |

The table below sets out the patient workload of the York and Scarborough stoma service based on the activity seen over the last 12 months. The activity has been split into the different types of activity and covers the acute and community service.

York & Scarborough Activity – 2022

|  |  |
| --- | --- |
| Nurse-led face to face stoma clinic appointments \* | 960 |
| Home visits \* | 552 |
| Phone Clinic\* | 2799 |
| Total number of new stomas (2022) \*\* | 234 |
| Emergency stoma formations \*\* | 104 |
| Referrals from other hospitals for community stoma care\*\* | 39 |
| Patients pre-operatively counselled and sited but went on to have no stoma \*\* | 110 |
| Number of stomas Reversed \*\* | 29 |
| Number of nephrostomy patients | unknown |
| Number of complex fistula patients \*\* | 16 |
| Total number of stoma patients currently on database (increase from actual 900 Scarborough and estimated 900 York in 2018)\*\* | 2064 |

\*Generated from Hospital Clinical Records reports

\*\*Generated from Stoma Team Audit records and database

Reasons why patients may not have required surgery

1- If the patient was ‘open and close’ laparotomy, i.e. palliative and surgeons decided surgery was futile. This is extremely unlikely, perhaps 1-2 patients in the last 3 years.

2- If the patient was acutely unwell, but settled with medication and did not need surgery e.g. acutely admitted diverticular disease or ulcerative colitis patient. This doesn’t happen often, perhaps less than 5 patients annually.

3- The majority of patients who did not have a stoma are in cases the surgeons have been able to safely form an anastomosis/re-join the bowel

*Please note:- surgical activity, nursing availability and clinic slots/space availability all adversely impacted by COVID pandemic. We expect to see an increase in this in the future.*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Elective | Acute |
| Ileostomy | 86 | 54 | 32 |
| Colostomy | 126 | 63 | 63 |
| Urostomy | 3 | 3 | 0 |
| Juj | 0 | 0 | 0 |
| Ileal conduit | 5 | 5 | 0 |
| Multiple / other | 9 | 3 | 6 |
| MucF | 0 | 0 | 0 |
| Other | 5 | 2 | 3 |
|  | 234 | 130 | 104 |

|  |  |
| --- | --- |
| TOTALS BY GENDER |  |
| Male | 136 |
| Female | 98 |
| TOTAL PATIENTS | 234 |
|  |  |
|  |  |
| 0-17 | 1 |
| 18-30 | 10 |
| 31-39 | 7 |
| 40-49 | 17 |
| 50-59 | 24 |
| 60-69 | 47 |
| 70-79 | 82 |
| 80-89 | 38 |
| 90+ | 8 |
|  | 234 |

|  |  |
| --- | --- |
| Diagnosis | Total |
| Cancer | 130 |
| Crohn's | 15 |
| U/C | 10 |
| Ischaemia | 4 |
| Function | 0 |
| Obstruction | 13 |
| Fistula | 16 |
| Diverticular | 11 |
| Other | 35 |

2.2 Staffing Requirement

The following staffing model is required to deliver the service cross site between York and Scarborough.

The Association of Coloproctology of Great Britain and Ireland (ACPGBI) recommend that a Specialist Stoma Care Nurse *should average around 100 new patients per year, which equates to 3 Stoma Care Nurses per 500,000 population* (2015). Y&STHFT provides care for a population of approximately 800,000 living in the area.

The staffing model required is based on anticipated increase in patient workload as observed over the previous 3-4 years, and factoring in the projected increase of caseload demand in cancer treatment targets set by Y&STHFT.

This is based on the number of new stomas (234 = 2022) for the area, and working on a ratio of 1 WTE Stoma Care Specialist Nurse for every 50 new stomas (ACPGBI).

* 1 x WTE (37.5 hours) Band 7 Stoma Nurse Team Leader
* 5 x WTE (37.5 hours) Band 6 Stoma Care Specialist Nurses
* 1 x WTE (37.5 hours) Band 4 Assistant Practitioners in Stoma Care
* 1.6 x WTE (37.5 hours) Band 4 Stoma Care Coordinator (to provide administrative support to the nurses and telephone support for patients)
* 1 x WTE (37.5 hours) Band 3 HCA in Stoma Care

The expectation is that the increased staffing levels stated is required to deliver the services and will be sufficient to not require the need for potential sponsors to include company nurses to support the contract.

Additional nursing staff will be recruited as per normal recruitment practices therefore there will be no requirement for TUPE.

2.3 Leadership

The cross site service will be under the management of one individual (1 x WTE Band 7 Team Leader for the Stoma Service across both sites). This individual will provide line management for the Stoma Care Specialist Nurses and Coordinators and will be responsible for the delivery of this service specification. The individual will be an experienced Stoma Care Specialist Nurse and so will have a clinical role as well as a managerial one.

1. Clinical Independence

The appointed provider, during the contract period shall be required to sponsor and support the Stoma Care nurses to provide a service caring for patients with all types of Stoma including: without limitation, colostomy, ileostomy and urostomy, those requiring complex fistula management, ACE management, and also those requiring guidance with nephrostomy care, bowel function and skin care.

The Stoma nurse’s will work within the boundaries of the NMC code of Conduct for Nurses and Midwives 2018.

The Stoma nurse specialists must be able to select products which are clinically suitable to the patient.

The Stoma nurse specialists must be able keep their independence when using their clinical judgement by selecting products, if necessary, from other manufacturers, which are most suited to the patient’s outcome

Nurses and patients must be granted complete access to the full range of stoma products and accessories, which include without limitation, providers such as BBraun, Coloplast, Dansac, Eakin, Hollister, Independence, Oakmed, Peak Medical, Pelican, Respond, Salts, Welland.

1. Role Expectations of Stoma Care Specialist Nurses

The nurse specialists will provide without limitation:

* Contribution and attendance at colorectal MDT meetings
* Tracking of patient clinic, diagnosis and treatment outcomes
  + - Pre-operative counselling for all elective patients and emergency patients where possible
    - Counselling service for all colorectal, urology, inflammatory bowel and functional bowel disorder patients
    - Pre-habilitation before surgery
    - Pre-operative marking for the stoma
    - Management of stomas in the post-operative period
    - Patient and carer education
    - Partnership working with multidisciplinary team members to achieve service targets of length of stay
    - Advisory service for bowel management, renal function, drug therapies
    - Leadership in clinical care; providing specialist plans of care according to patients’ individual needs
    - Prevention of health deterioration
    - Facilitation of admissions from the Emergency Department, Medical Care Suite, Oncology Unit, Surgical Assessment Unit
    - Facilitation of discharges from hospital and other areas
    - Nurse led follow up clinics and community care
    - A hospital-based open access clinic
    - Telephone advisory service
    - Product review and advisory service
    - Assessment, risk minimisation education and management and of hernias for stoma patients
    - Nephrostomy care support and advice
    - Complex wound/fistula bag support and advice
    - Skin care management and advice
    - Teaching and education for other health care professionals of all disciplines, including qualified medical staff, Medical Students, Student Nurses, ward-based and community-based Nurses and Healthcare assistants, Physios/OTs, families and carers.
    - Patient and professional care plans, literature and information for the Trust’s website
    - Stoma support group and activities
    - Patient and staff information days
    - Ongoing patient survey
    - Contribution to the colorectal MDT business plan
    - Ongoing audit completion
    - Contributions to local and national research studies

There are no plans for any centralised prescribing (as per previous GP Practices across Vale of York CCG project) monitoring tool (Computer based software package, nor a possible Continence / Stoma Formulary.

The Trust will take steps that are necessary to ensure that the Specialist Stoma Care Nurses are professionally competent and comply with their terms and conditions of employment, job description and the Nursing and Midwifery Council Code of Professional Conduct (2018).

1. Reimbursement

The sponsorship will include reimbursement to the Trust the cost:

* salary, superannuation and employer’s National Insurance contributions of the Stoma Care Team Leader, Stoma Care Specialist Nurses and Stoma Care Coordinators which will not exceed the amount which would have been payable had these staff been at their maximum salary according to their NHS Agenda for Change Banding.
* Bidders will need to show a percentage increase for years 2 and 3 of the contract within their bid.
* Travel expenses and car parking costs of the Specialist Stoma Care Nurse when undertaking community visits and cross-site travel/working.
  + Using 2019-2022 data (with 5 CNS in post), the estimated annual mileage is expected to be 7,000 miles, costings coming in at £6,000 annually (which includes mileage and also car lease).

The reimbursement rate for staff is 31p/mile.

The provision of a lease car is not required/suitable.

5.1 Additional Funding

In addition to the reimbursement of salaries and expenses, the sponsorship will include the provision of funding for:

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Qty | Description | Amount |
| IT Hardware & Software | See section B document | IT & Hardware |  |
|  |  |  |
|  |  |  |
|  | Smart Mobile phones |  |
|  | Tablets |  |
| Training |  | Education and Resources |  |
|  | Attendance of regional / national updates |  |
|  | study days |  |
|  | professional journals |  |
| Ancillary Items |  | Business cards, compliment slips, office equipment, samples |  |

* IT hardware and software (for teaching only) and any additional items such as, smart mobile phones, tablets and laptops which are compliant with information governance regulations
* Education and educational resources
* Training such as attending any regional or national updates including relevant/professional events and study days and professional journals
* Ancillary items such as business cards/compliment slips (with NHS logo, no sponsor branding), office equipment and free of charge sample stock

1. Expectations of the Provider

The provider will be expected to include and specify any initiatives and developments which may assist the Trust to deliver improved quality and productivity in the delivery of services of this contract.

The provider must also be able to provide the following when required:

* Communication with Representative to the Stoma Team
  + Within 2 working days via telephone or email
* Communication with Call Centre
  + Same working day via telephone and email within 2 working days
* Ordering of stoma and accessory supplies
  + Next day delivery
  + Ordering via Representative and or call centre
  + Any associated DAC to have an NHS.net email account for patient referrals.

1. **Complaints** 
   1. To the extent relevant to the Managed Equipment and Clinical Service Solutions and Associated Goods, the Supplier shall have in place and operate a complaints procedure which complies with the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
   2. Each Party shall inform the other of all complaints from or on behalf of Patients or other service users arising out of or in connection with the provision of the Managed Equipment and Clinical Service Solutions and Associated Goods within twenty four (24) hours of receipt of each complaint and shall keep the other Party updated on the manner of resolution of any such complaints.

The appointed provider will provide a nominated representative in respect of all purposes in connection with this contract. The Trust will provide a nominated / authorised person for all purpose in connection with this contract.

This service shall be monitored on a quarterly basis through the duration of the contract term. The Trust expects the provider attend the organisation on a quarterly basis to review this service provision, providing management information reports, where appropriate.

The provider must attend annual review meeting with the General Manager for General Surgery and Urology or their nominated representative. They must make available a range of reports including but not restricted to:

* Annual Report
* Patient Feedback Surveys
* Activity – number of patients/procedures on database for previous 12 months & complaints
  1. Expectations for the Community Delivery Service

A provider’s community delivery service must include:

* A personalised free delivery service for the patient
* Delivery of ostomy and wound care supplies direct-to-door
* Orders taken for products from all manufacturers
* Management information report to enable the monitoring of expenditure for budget purposes.
* No change of the patient’s prescription or samples of products without the consultation and consent of the prescribing stoma nurse or GP
* Provision of an accessible database of individual patient’s use of products and prescription requests

1. Contract Duration

This contract is for a three-year period with the option to extend for one further year.

1. Exit Planning

It is imperative that the providers continue to provide a highly professional, quality and compassionate service until the final day of the contract.

The Provider shall produce and maintain arrangements which set out the methodology for achieving an orderly transition of these services from the Provider to Y&STHFT or a replacement Provider on the expiry or termination of this Contract.

As a minimum the arrangements will include:

* A detailed description of how the services will be ceased and transferred to Y&STHFT or a replacement Provider
* Details of the management structure to be employed to effectively transfer the services;
* Details of how relevant knowledge will be transferred;
* Details of any assets and/or contracts (if any) which may be available for transfer upon transfer or termination.

The Provider is required to maintain and update the arrangements to reflect any changes in the services and other matters necessary to ensure that the replacement Provider is able to implement the arrangements at any time.

The Provider shall provide such support and assistance as required in order to achieve a smooth transfer of the services to Y&STHFT or a replacement Provider as specified by the Authority at any time prior to, or within 90 days following, the occurrence of a termination or expiry of the Contract.