

STATEMENT OF REQUIREMENT FOR THE PROVISION OF NEUROPHYSIOLOGY ACROSS DEFENCE REHABILITATION

INTRODUCTION

1. Defence Rehabilitation (Def Rehab) provides a continuous pathway of care from Primary Care to the Defence Medical Rehabilitation Centre (DMRC) at Stanford Hall. Due to the “hub and spoke” model of Def Rehab, only a specific subset of patients are referred onwards to DMRC with the most complex musculoskeletal and neurological injuries. As part of specialist investigations to evaluate these injuries and their likely recovery, neurophysiological investigations including Electromyography (EMG), Electroencephalogram (EEG) and Nerve Conduction Studies (NCS) are required by DMRC.

BACKGROUND

2. Neurophysiology investigations aim to evaluate the integrity of the nervous system and the muscle or part of the brain supplied by it. This allows clinicians to determine if the damaged nerve will recover spontaneously or requires onward referral and helps differentiate functional from organic illness.

REQUIREMENT

3. The Contractor¹ is to provide a range of neurophysiology investigations including:

- a. EEG
- b. EMG
- c. NCS
- d. Quantitative sensory testing (QST)
- e. Thermal thresholds (TT)
- f. Visual evoked potentials (VEPs)
- g. Auditory evoked potentials (AEPs)

4. The Contractor will receive referrals for neurophysiology testing from DMRC detailing the type of test required. This will be performed using an agreed referral proforma via an online electronic health record (EHR) web portal (e.g. Cerner, EPIC), email or paper based².

5. The requirement is for up to 30 per annum but must be able to surge to 50 if required.

6. The Contractor shall provide an appointment back to the referring clinician at DMRC within 5 working days of the request being received from the Authority.

7. All appointments are to be within 20 working days of the referral being received by the Contractor³.

¹ The Contractor can be national based as patients will travel to their location.

² Contractor to provide an account/log in details as required for a web portal.

³ Patients may need to change an appointment but this will not impact on the Contractor if the initial offer has been made within 20 working days.

8. The Contractor shall conduct the test and interpret the results within 1 working day of the test results (findings) being made available.

9. The Contractor shall provide the findings back to the referring clinician via a download from a secure site or an approved and secure mod.gov.uk or nhs.net Group mailbox, emailed within 5 working days of the investigation.

10. If there are any concerns regarding test results, the Contractor is to contact the requesting clinician within 2 hours of the test result being reviewed⁴.

Did Not Attends (DNA's)

11. The Contractor will be required to inform the Designated Officer (DO) of any DNAs within 1 working day of the missed appointment.

12. No associated costs for these DNA's are to be passed on to the Authority. If DNA's exceed 5% of the total appointment offered then this should be raised at the quarterly contract review meeting.

Cancellations

13. In certain situations, cancellation may prove necessary such as a patient having to isolate. The Contractor shall not charge the Authority for cancellations regardless of the period of notice. The Authority aims to provide 24 hours' notice of cancellation but cannot guarantee this.

PATIENT SAFETY INCIDENT REPORTS/SIGNIFICANT

14. Significant events⁵ are to be reported to the Authority within 1 working day of the event and followed up with a written report within 5 working day of the event. A record of the significant events relating to the Authority's referrals is to be presented to the DO at the quarterly contract review meetings.

CONTRACTOR RESPONSIBILITIES

15. The Contractor is to:

- a. Ensure that all staff have the appropriate qualifications and these qualifications are maintained.
- b. Ensure that all staff directly connected to the contract have the relevant NHS Disclosure and Barring Service certificate and are maintained throughout the life of the contract.
- c. Provide a single point of contact (POC) to liaise on all matters concerning contract delivery. The Contractor's single POC will have direct access to the DO during normal weekday working hours.

AUTHORITY'S RESPONSIBILITIES

⁴ Contact list to be made available upon contract award and the Authority will maintain throughout the life of the contract.

⁵ GMC Definition - For the purposes of this guidance a significant event is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented.

16. The Authority will:

- a. Maintain an up to date contact details list should the Contractor wish to discuss test results.
- b. Liaise with the patient and Contractor to ensure that all appointments are suitable when appointments are received.

QUALITY STANDARDS

17. The Contractor shall adhere to the following quality standards:

- a. Keep all facilities to a standard of cleanliness identified by the NHS National Patient Safety Agency under the National Specifications for Cleanliness.
- a. Provide facilities that reflect National Standards for Healthcare Governance meeting Clinical Quality Commission (CQC) standards.
- b. Follow the Caldicott Principles.
- c. All staff are to be trained to the correct qualifications and that personnel maintain their qualifications.

GOVERNANCE AND ASSURANCE

18. The Contractor shall provide to the Authority evidence that sound Healthcare Governance procedures are being followed to CQC standards and that clinical activity is compliant with National Institute for Health and Care Excellence (NICE) guidelines and Professional Body Regulations. This is to be in form of the CQC report, to be sent to the DO within one month of publication.

MEDICAL RECORDS

19. The Contractor shall be responsible for the storage and safekeeping of patients' medical records and shall comply with all relevant legislation in this respect e.g. Access to Medical Reports Act 1995, Access to Health Records Act 1990, Data Protection Act 2018 and General Protection Regulations (2018). On occasion the Authority may require access to patients' medical records and the Contractor will facilitate accordingly. The IT storage and handling of medical records must meet Information Commissioning Office standards and comply with Caldicott guidelines.

20. No research is to be undertaken using military personnel information except with the express permission of the Authority and the MoD Research Ethics Committee.

INFORMATION REPORTING

21. Statistical information shall be provided by the Contractor on a monthly basis in order to evaluate the use of the service. This is to include:

- a. Date of investigation
- b. A unique hospital number

- c. Partial DOB – this is to be the month and year of birth
- d. Referring Clinician
- e. Name of the Person reading the Report.
- f. Investigation type

22. This is to be issued to the DO 10 working days after the end of each calendar month, this will be agreed before any invoice can be presented.

FINANCE REPORTING

23. The above information reports will form the foundation of the invoice. The headings on the invoice will be:

- a. No of investigation types
- b. Cost per investigation
- c. Total

KEY PERFORMANCE INDICATORS

24. Key Performance Indicators (KPIs) are listed at Annex A.

CONTRACT MONITORING

25. A Contract Review Meeting will be held on a quarterly basis between the Contractor and the Authority. The location of these meetings will be agreed by both parties; where appropriate/available, video conferencing may be used for these purposes. The meetings will be chaired by the Authority's representative (usually the DO) and will run to an agreed standing agenda that will include the following items:

- a. DO update/matters (Authority).
- b. Activity and Performance Review (Contractor).

26. The Contractor will provide all relevant information (performance data against KPI report) at least ten working days in advance of the contract review meeting to allow for onward distribution to relevant parties. Meetings will be minuted by the Authority and distributed via email to attendees within ten working days.

CYBER SECURITY

27. The Authority has a duty to protect itself from Cyber threats. As an extension of the Government's Cyber Essentials Scheme the Authority, working together with Industry and other Government Departments, have developed a more robust Cyber Security Model, under the umbrella of the Defence Cyber Protection Partnership (DCPP). All prime contractors must have the cyber security controls specified in DEF Stan 05-138 (Cyber Security for Defence Suppliers), as appropriate to the cyber risk level specified in the contract.

28. The Authority has determined the level of risk at **High (Reference: RAR-190079089)** as defined in DEF Stan 05-138. In order to do business with the MOD the Contractor must

have the cyber security controls required as shown above.

Annex:

A. Key Performance Indicators.

KEY PERFORMANCE INDICATORS

Ser No	Paragraph No	Key Performance Indicator (KPI)	KPI Performance Measure	KPI Level Threshold	How Performance is Reported and Validated
1	6.	The Contractor shall provide an appointment within 5 working days of referral	Percentage of appointments issued within 5 working days	100%	Monthly information management reporting. Consolidated quarterly KPI reports?
2	8.	The Contractor shall review all test results within 1 working day of the findings being made available	Percentage of all test results investigations to be reviewed within 1 working day	100%	Contract Review Meeting
3	9.	The Contractor shall issue the reports within 5 days of the investigation	Percentage of reports to be issued within 5 days of investigation	100%	Contract Review Meeting
4	14.	The Contractor shall report all patient safety incidents within 1 working day to the DO	Percentage of all patient safety incidents will be reported by the Contractor within 1 working day to the DO	100%	Contract Review Meeting