**Community Physiotherapy Service Specification**

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| **Service** | Community Physiotherapy |
| **Commissioner Lead** | Brent CCG |
| **Provider Lead** |  |
| **Period** |  |
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| **National context and evidence base** |
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| The most common reason that people visit their GP is pain, (ref Elliot AM, Smith BH, Penny KI et al, The epidemiology of chronic pain in the community. Lancet 1999:354:1248-1252) and is reported to be the main reason for 29% of patient visits in primary care.  There are over 200 MSK conditions affecting millions of people, including all forms of arthritis, back pain and osteoporosis. The World Health Organisation, (WHO) and Bone and Joint Health strategies Project (2005 cited by the Department of Health) identified that: |
| **Outcomes** |
| **NHS Outcomes Framework Domains and indicators**   |  |  |  | | --- | --- | --- | | **Domain 1** | **Preventing people from dying prematurely** | **Yes** | | **Domain 2** | **Enhancing quality of life for people with long-term conditions** | **Yes** | | **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | **Yes** | | **Domain 4** | **Ensuring people have a positive experience of care** | **Yes** | | **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | **Yes** |   **Local defined outcomes**   * Easy access for patients, with referral possible by internet, telephone, or via any Healthcare Professional * Patients can select their preferred location of treatment at entry to the service * All service users are seen and assessed within prescribed access targets. * All service users participate in the decision about the course of their treatment and set goals documented in a Care Plan (shared decision making) * All service users achieve their set goals * A high proportion of service users are able to self-manage without the need to return to the service. * High quality service user experience * High quality, relevant and timely information offered to all service users * High quality clinical outcomes for service users who do not go on to have surgical intervention * High quality clinical outcomes from surgery for those users who do have surgical intervention |
| **Brent CCG Local Picture** |
| This service would enable local delivery in a range of locations at times that will be convenient for patients to access  At present (as at June 2015) there are four localities. The number of practices within each of the four localities is as follows:   * Harness – 21 Practices (covering approximately 115,000 registered patients); * Kilburn – 12 Practices (covering approximately 72,000 registered patients); * Kingsbury and Willesden – 24 Practices (covering approximately 115,000 registered patients); and * Wembley – 10 Practices (covering approximately 50,000 registered patients).   As at June 2015 NHS Brent CCG is responsible for a registered population of approximately 354,000, (the number of people registered with a Brent CCG GP practice).  The Community Physiotherapy will be booked via Emis Web where the localities are set up for this provision. |
| **Care Planning** |
| An Extended Scope Physiotherapist (ESP) is a clinical physiotherapy specialist with an extended scope of practice. This implies working beyond the recognised scope of physiotherapy practice, for example advising GPs on investigations e.g. US scans/nerve conduction studies, using the results of investigations to assist clinical diagnosis and appropriate management of patients ESP's must hold all necessary qualifications  **ESP Service**  The ESP service provides triage which forms the basis for decisions about referral, investigations and further management.  Criteria for referral to community physiotherapy service   * All referred patients are first assessed by ESP * Diagnosis and advice when the referrer is uncertain whether a consultant referral is required e.g. patients previously unresponsive to outpatient physiotherapy for the same condition. * Patients with complex musculoskeletal conditions unlikely to require surgery or consultants advice. * Patients who may benefit from corticosteroid injection therapy for peripheral conditions. |
| **Information and Communication**. |
| * The service provider is to ensure that the IT system utilised will fully comply with interoperability requirements for Brent CCG. * As Brent CCG has 100% coverage of EMIS across its estate and the requirement for clinicians to access ‘core elements’ of information held in the clinical record the service will be required to implement its own instance of  EMIS Web EPR Viewer and the associated Clinical Services functionality to allow federated working capabilities . The EMIS EPR Viewer product will allow healthcare professionals to have secure access to the patients’ clinical record. * The service will be required to develop an Information Sharing Agreement (ISA) specific to the service detailing which elements of patient data/information is required to deliver care safely and efficiently. This ISA will need to be signed by all GP practices using the service to allow sharing in EMIS Web. The service will also be required to sign a Brent Harrow & Hillingdon (BHH) Information Sharing Protocol (ISP). * The provider will also ensure that explicit consent will be obtained from patients when treating or managing the patient before data is viewed. |
| **Scope** |
| **Aims and objectives of service**  The aim of the service is to provide a comprehensive, patient-centred, and easy to access community physiotherapy service with high quality, efficient service in line with national guidance and local requirements.  The service objectives are:   * To give patients a choice of where they receive their treatment * To provide improved access to care closer to home * To reduce waiting times to access the service and deliver treatment to enable patients to reach their individual treatment goals sooner. * The service should aim to improve Patient Quality of Life, including the ability to return to work and improved pain management. * To ensure that all patients receive assessment and treatment according to their clinical need with routine patients treated in chronological order, thereby minimising the time that the patient spends on the waiting list and thus improving the quality of their patient experience * To deliver clinically effective treatments that reduce the demand on secondary care (acute) services and reduces the need for more costly interventions * To provide community services that have a strong emphasis on patient education and self-management, thereby promoting active, healthy lifestyles and reducing recurrence of injury or illness * Provide feedback, advice and guidance via phone, email and face to face for referring clinicians as to how conditions can be managed within primary care where appropriate, or provide advice and guidance on requests to encourage and promote up-skilling in primary care * Assess clinically and refer onward patients who are not appropriate for treatment within the service * Assess clinically and refer backward patients who may be managed by their own GP practice in primary care * Provide a holistic, one-stop (where appropriate) service for patients * To operate well planned and clearly articulated care pathways, covering the defined presentations and conditions and delivering safe, evidence-based care * To ensure each patient sees a person with relevant skills, using the right equipment, in a suitable location * To deliver the shortest pathway possible, compatible with best patient outcomes * To deliver an integrated service which works closely with other service providers across the local healthcare system maximising efficiencies and delivering high quality care * To emphasise the benefits of Physiotherapy to ensure that referrers access the service for all appropriate patients * To improve the patient experience by reducing Did Not Attend (DNA) and cancellations * To provide the equipment and other resources necessary to offer the service. * The service provider is to ensure that the IT system utilised will fully comply with interoperability requirements for Brent CCG * Provide booking patients facility service * Service provider must have in place and provide evidence to CCG of up to date on all relevant insurance and indemnity to provide this service |
| **Service Delivery** |
| **Service description / care pathway**  The Community physiotherapy service shall offer patients a choice of sites and access to specialist treatment within the local community.  The Service Provider must offer time limited courses of treatment where clear and achievable goals are set and agreed with the patients and identify clear management pathways for each of the musculoskeletal conditions identified below.  The Service Provider must ensure there are Patient Care Pathways in place for the following conditions requiring physiotherapy (please note – this is not an exhaustive list, subject to commissioner/provider formal agreement via robust commissioning processes):   * **Spinal (neck and back)**: whiplash associated disorders, stiffness and restricted movement, headaches, symptoms referring into arms and legs (numbness, parasthesia, pain), mechanical low back pain, discogenic problems, degenerative pain, postural related neck and back pain, rib pain * **Shoulder**: Frozen shoulder, impingements, instability, muscle imbalance, AC joint pain * **Knee**: Patello-femoral pain, patella tendinopathy, meniscal tears, cruciate and collateral ligament strains, osteoarthritis, ITB * **Hip and groin**: sacro-iliac disorders, muscle tears, osteoarthritis, soft tissue inflammation around joint * **Ankle:** Achillies pain, other tendon pain, joint stiffness * **Muscle:** Tears and strains * **Joint, tendon and ligament** sprains (all joints) * **Osteoarthritis** * **Peripheral nerve pain** * **Facial palsy** * **Gynaecological management**: including the management of female urinary incontinence/pelvic floor exercises * **Women’s Health**: The service shall provide a specialist integrated approach to the management of patients with stress incontinence, urgency, cyctocele, utero-vaginal prolapse, rectocele, postnatal and postoperative conditions. This approach shall be centred on a specialist physiotherapy and continence service which includes advice on diet, weight-loss, alcohol and smoking cessation. This can also be delivered as a group session, with a minimum of 7 in the group * **Other services**: Additional specialist services included in scope where there is likely to be benefit from physiotherapy include: Patients with learning disabilities requiring physiotherapy ,Vertigo, Headaches |
| **Exclusion Criteria** |
| The service is not available to;   * Patients registered with a GP practice outside Brent CCG * Those requiring emergency treatment * Those with suspected serious pathology, or red flag symptoms (‘Red flag’ symptom is the term given to the identification of dangerous or potentially dangerous findings in the history or examination.) * Those with conditions unlikely to benefit from conservative Physiotherapy management * Those who have previously not responded to Physiotherapy treatment for the same presenting condition unless there are good indications that further treatment shall provide improved outcomes.( no earlier than 6 months after initial referral and treatment and 12 months from initial appointment) * Patients who require diagnostic investigations which should be completed prior to referral * Patients under 16 years of age * Patients with a neurological condition requiring specialist neurological physiotherapy * Patients unable to give informed consent * Patients who require Physiotherapy treatment post operatively where treatment is available via a separate, defined and commissioned pathway   **Red flag symptoms include;**  Reference:  <http://www.thephysiotherapysite.co.uk/physiotherapy/physiotherapists/articles/40/assessing-red-flags>   * Bodyweight loss, if the reason for the weight loss is not clear * Losing one’s appetite * Feeling unwell - anyone who complains of persistently feeling unwell, especially with loss of appetite and weight loss, should be regarded with suspicion * Pain on rest and at night - if the pain is particularly bad lying down, or at night, it should be recorded as a suspicious finding * Early morning stiffness - lasting for an hour or more - could be due to a rheumatoid condition * Previous medical history of a tumour - a recurrence could be the presenting cause of the patient's problems * Bladder and bowel function - not previously present, or an inability to pass water (retention), is important and should be immediately reported * Perineal loss of sensitivity * Spasticity and hyper-reflexia - any significant increase in tone, reflexes or clonus could indicate a central nervous system problem * Generalised loss of muscle power * Thoracic pain - most spinal pains occur in the lumbar, sacral or cervical areas and are benign. Thoracic pain is associated with a higher risk of serious conditions such as tumours, and this should be taken into account |
| **Assessment** |
| The service shall provide triage by ESP, assessment and management for all patients registered with Brent CCG GP practices    The service shall be delivered by qualified ESPs and registered Physiotherapy practitioners.    Any diagnostics (e.g. x-rays, scans) must be performed by practitioners who possess the relevant and up to date training and accreditation.  Referrals shall be triaged in a community setting by ESPs, with patients being seen and managed within the Community Physiotherapy service with possible recommendation to GPs on onward referrals to appropriate services, as necessary.  Following the triage of a referral, the following options shall be available:     * Patient discharge with advice for self-care management ( Provider to supply all necessary with information and leaflets and follow up patient, either via email or phone within 4 weeks of discharge) * Assessment and treatment by a qualified practitioner * Referral back to the GP with advice re management in general practice * The service shall complete a thorough history and undertake physical assessment of patients with suspected disorders. * Following assessment, the Provider shall document a Patient Care Plan.   **Population covered**  The service shall be available to patients registered with the GP practices that are members of the Brent Clinical Commissioning Group  **Any acceptance and exclusion criteria and thresholds**  **Referral Criteria**  The service shall be available to people aged 16 years or over, with a particular focus on older people, with a suspected or recognised condition requiring further investigation, assessment and/or diagnosis, prior to treatment options.  The service shall accept referrals from; GPs, other Healthcare Professionals and patient self-referrals (open access).  The service shall only accept referrals for patients registered with a Brent GP Practice  **Referral Process**  For GP or other Healthcare Professional referrals, the referrer shall either complete a service referral form, and ask the patient to book themselves with any provider.  Provider must ensure that the service is available on E Referral System  GPs shall use standard referral form containing the service contact details. This shall be given to patients that agree to self-refer following a GP practice consultation.  Patients should be able to book appointment for assessment (by telephone, email or in person )  For patient with learning disabilities and vulnerable adult, GPs will be able to refer directly to physiotherapy of patient choosing (email or fax). All direct GP referral would be actioned as per standard assessment criteria.  **Discharge Process**    The Provider shall be responsible for ensuring that the patient’s GP is sent a discharge summary letter within 3 Working Days of discharge from the service, outlining the diagnosis, investigations, treatment plan, recommendations and patient advice following each patient consultation.  The patient shall also receive a copy of their discharge letter, if, when asked, they indicate that they would like a copy.  Onward referral depending on future RFS systems in place in Brent.   * Referral to other primary care services, for example, Podiatry and Continence   Referral back to the GP with advice re treatment in general practice or referral to Secondary Care   * Referral to diagnostics (x-ray, MRI, ultrasound scanning) |
| **Interdependence with other Providers** |
| The service shall be integrated with other Providers in primary, community and secondary care settings. Where a referral is outside the scope of this service, the Provider shall work closely with other Providers, to ensure the appropriate care is provided to patients.  The Provider shall ensure that onward referral and signposting is carried out in a timely fashion and does not contribute to a delay in treatment, where treatment is required.    In addition, the service shall be accessible to all Health Care Professionals and the Provider shall be required to facilitate and develop robust two-way referral mechanisms so that patients can move easily between different parts of the system when required.  Key interdependencies include:   * Brent CCG GP practices * Secondary care (including specialist assessment services) * Community services * Local CCG Education & Training resources * Patient and Public Engagement groups * Other Community Physiotherapy providers   The Provider shall develop links with relevant organisations.  The Provider shall be required to be involved in any local networks that are of relevance to this service, such as the local networks relating to the specialty area. |
| **Equipment** |
| If the Provider assesses that the patient needs simple equipment as part of their episode of care and treatment plan, , such as a walking stick, simple ready-made splints , strapping or taping, then these shall be provided to the patient, at no charge by the Provider.  The cost of providing this equipment shall be included in the attendance fee.  The Provider shall refer to specialist services, such as Biomechanics and Orthotics, for consideration for the provision of more specialist or bespoke equipment and appliances.  The Provider shall refer to Community Services for any aids or appliances for home use if clinical needs dictate, e.g. rails on stairs, equipment for bathing and toileting. |
| **Communication marketing and highlighting services** |
| All members of the local health system should be informed about the use of the pathways for referral and signposting. This may include, but shall not be limited to:-   * visiting GP Practices to promote pathways and gain feedback on issues * creating service information leaflets - for patients and GPs * organising, and/or, attending events to promote best use of the pathways   The production of patient information leaflets will be the responsibility of the Service Provider. The information should be appropriate for the requirements of a patient’s age, sex, ethnic origin, religion or disability. The service should make available any literature produced by the patient support groups and display addresses and points of contact.  The Service Provider must offer appropriate education and advice for all newly diagnosed/treated patients upon the management of the musculoskeletal condition. This should be through both direct and indirect contact (e.g. telephone, internet or other means) and must include written information, where appropriate.  The Service Provider is to take reasonable steps to ensure that patients are aware of:   * The complaints procedure, taking cognisance of language and communication requirements * The role of the CCG and other bodies in relation to complaints about services under the contract and whatever relevant legislation is currently in force * The right to assistance with any complaint form via independent advocacy services, as is statutorily provided   The Service Provider must establish a Patient Focus Group. The terms of reference for this group should include the on-going evaluation of the change in service provision for physiotherapy services. The group should meet at least twice yearly to review the findings of the patient satisfaction survey. The Service Provider must demonstrate that any findings are discussed with the commissioners of the service and are actioned. |
| **Applicable National Service Standards and Quality Requirements** |
| The Provider shall deliver services in accordance with best practice in health care and shall comply in all respects with the standards and recommendations contained in:-   1. Registration with the Health and Care Professions Council and compliance with their guidance including Standards of proficiency – Physiotherapists <http://www.hpc-uk.org/assets/documents/10000DBCStandards_of_Proficiency_Physiotherapists.pdf> 2. The Chartered Society of Physiotherapists (CSP) including Core Standards of physiotherapy practice http://www.csp.org.uk/publications/core-standards-physiotherapy-practice; Scope of Physiotherapy Practice http://www.csp.org.uk/sites/files/csp/secure/PD001%20Scope%20of%20Practice%202008.pdf and Rules of Professional Conduct <http://www.csp.org.uk/professional-union/professionalism/csp-expectations-members/professional-rules> 3. The local pathway that shall be made available through Map of Medicine, (where available) 4. All recognised clinical service standards such as evidence based clinical guidelines from the CSP and other similar bodies 5. Care Quality Commission registration standards (where applicable i.e. the provider is within scope of registration) 6. National Institute for Health and Clinical Excellence guidance,   NICE Guidance, Osteoarthritis: The Care and Management of Osteoarthritis in Adults. February, 2014.  NICE Guidance, Rheumatoid Arthritis: The Management of Rheumatoid Arthritis in Adults, February, 2009.  NICE Pathway–Musculoskeletal Conditions (<http://pathways.nice.org.uk/pathways/musculoskeletal-conditions>)   1. National Service Frameworks and national strategies   National Services Frameworks (Long Term Conditions, 2005, Older People, 2001)  Musculoskeletal Service Framework - A joint responsibility: Doing it Differently, Department of Health (2006).   1. National Patient Safety alerts and guidance 2. Clinical negligence for Trusts/ NHS Litigation Authority Scheme requirements including adequate insurance cover. 3. Changing Our Lives – Quality of Health Principles – <http://www.hqip.org.uk/assets/ppe/case-studeis-and-templates/qualityofhealthpriniciples.pdf> 4. Any other quality standards agreed in writing between the provider and the Commissioner   **Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)**  The most recent evidence base best practice standards to be applied to the delivery of this service, including prescribing.  The Provider shall ensure that all healthcare professionals who are involved in performing or assisting in any procedure are:   * competent in resuscitation; * able to demonstrate that their skills are regularly updated; * able to demonstrate a continuing sustained level of activity; * able to conduct regular audits; * participate in appraisal ; * participate in supportive educational activities.   The Provider is required to maintain evidence of continuing professional development in relation to this service. This may be required to be produced as evidence for re-accreditation. Clinical updates/training could include, though is not limited to; supervised practice, liaison/clinical audit sessions or attendance at appropriate postgraduate meetings/lectures/events.  The Provider shall complete a minimum of two audits per year. Examples of topics to focus on include:   * Clinical outcomes * Rate of infection * Complications of cases * Completeness of care episode * Patient satisfaction (to be carried out at least quarterly) * Instrument/ surgical equipment is up to date |
| **Applicable local standards** |
| **Applicable local standards**  The Provider shall adhere to the BCCG Clinical Prioritisation Policies and agree to abide by any future amendments of policy which may affect the provision of the service.  The Provider shall work in line with local infection control guidelines.  The Provider shall use Emis Web as the Clinical IT System or system with interoperability with Emis Web.  The Provider is required to be N3 compliant with the capability to upload to National systems including, but not limited to Secondary Uses Services (SUS) and Unify. The national reporting requirements are detailed at the link; <http://www.ic.nhs.uk/datasets>.    The Provider shall also be required to provide a monthly Contract Performance and Quality Assurance report.  The Contract Performance report shall include, but not be limited to; KPI reporting, activity reporting including discharge summaries, Friends & Family reporting.  The Contract Quality Assurance report shall include, but not be limited to Personal care planning, Patient experience, Complaints, Compliments, Harm free care, Serious Incidents and Safeguarding  The final reporting requirements shall be agreed between the Commissioner and Provider.  **Service response times**  For the purposes of clarity, the required response times for all services commissioned within this Service Specification set out in the Standard section – summary of all Standards the Provider shall be required to meet in full.  Following agreement with the patient of their appointment date and time, a confirmation of appointment should be sent to the patient by their preferred method of communication (email, letter, telephone or text.) on the day that the appointment is confirmed.  The Provider should recognise that patients may have pre-existing schedules and commitments. Accordingly, when making the appointment booking, all efforts should be made to accommodate the patient’s schedule. Due consideration should be given to the requests of the patient in terms of location, frequency and time of day, within the practical constraints of the contracted service.  Initial assessment - Patients triaged as “Urgent” shall be seen and assessed within 5 Working Days.  Initial assessment - Patients triaged as “Routine” shall be seen and assessed within 10 Working Days.  **DNAs (Did Not Attends)**  Patients who do not attend their agreed and confirmed first appointment should be discharged back to the care of their referring source, and the referrer and patient informed of this action. The onus in this discharge has to be for the patient to re-initiate contact with the service, not for the GP to have to follow up with the patient.  Patients who do not attend their agreed and confirmed follow-up appointment should be given one further opportunity to attend. Patients who then DNA their second and subsequent agreed and confirmed follow-up appointment should be discharged back to the care of their referring source, and the referrer and patient informed of this action. The onus in this discharge has to be for the patient to re-initiate contact with the service, not for the GP to have to follow up with the patient.  When a patient contacts the service following a DNA and requests a further appointment, the decision whether to grant this request should be made by the Provider Health Care Professional, following a review of the patient’s DNA circumstances and clinical need. In most cases it is expected that this request for an appointment is granted.  The Provider should use all reasonable means at its disposal to, wherever possible, reduce the rate of DNAs by making further and more frequent contact with the patient, to remind them of their appointment arrangements.  **Patient initiated cancellations**  Patients should be allowed to cancel their previously confirmed appointment and request a rebooking once, and a second appointment date and time agreed with the patient. If the patient then cancels their second confirmed appointment, the patient should be discharged back to the care of their referring source, and the referrer and patient informed of this action. Similarly, if a patient requests termination of their treatment cycle, the patient should be discharged back to the care of their referring source, and the referrer and patient informed of this action.  **Service initiated cancellations**  Where patient appointments have to be cancelled, the Provider shall offer alternative dates, within 5 Operational Days, to the patient without significantly lengthening their treatment pathway time. Wherever possible, patients who have been cancelled once should not be cancelled again, except as the result of an urgent clinical re-prioritisation, and there being no other options.  **Unfit patients**  Patients deemed unfit for their treatment should be discharged back to the care of their referring source, and the referrer and patient informed of this action.  **Transfers**  When a patient moves from a BCCG GP practice to another area, they may wish to transfer their treatment to another provider closer to their new home. In this instance, the patient should be referred back to their referring source, and the referrer and patient informed of this action. The referring source should be responsible for referring the patient to their new appropriate primary care provider.  **Patient information**  The Provider shall ensure that, as part of the admission process, patients are well informed about their condition and about what to expect within the Service. They should be given information about any procedures and recovery process, including information on aftercare, how to access other relevant services out-of-hours and also reassurance that the clinician caring for them is suitably qualified/experienced.  The information should also be available on the Provider’s website which shall include detailed patient information about all common conditions and related procedures. Where possible, this should be diagrammatic and visual, and include examples of real patient stories (case studies).  The Provider shall also ensure that the patient is given an opportunity to ask questions and receive reassurance as necessary.  The Provider shall provide access to appropriate translation services for patients speaking little or no English. If required, longer appointments should be offered for these patients, or those with disabilities.  Patients (particularly those who require on-going care within the Service) should be supplied with contact details for a named clinician who can respond to queries and concerns, and, where necessary, give clinical telephone advice.  **Equal opportunities:**  The Provider must demonstrate how they meet equal opportunity requirements in the following areas:   * They must be committed to equal opportunities and must not discriminate in performance of the service towards service users or members of staff in any way * The provision of same-sex therapists and/or chaperones at the patient’s request * The provision of premises, facilities and treatment rooms that are compliant with disability legislation * Access to foreign language interpreter or sign language interpreters, if necessary * The provision of written patient information in a variety of languages appropriate to the patient population in the CCG. The maximum timescale for the implementation of multi lingual literature will be 6 months from the service commencement date, to be contained within the contract Service Development and Improvement Plan. |
| **Locally defined, general requirements for providers** |
| |  |  | | --- | --- | | **Requirement** | **Applicable service category** | | Provider is CQC registered with no conditions | All | | Same day appointments are available for patients clinically assessed as requiring them. | All | | Provider shares information with commissioners to support quality improvements (subject to IG rules). | All | | Provider actively collects, analyses and acts on feedback from patients and carers using the service | All | | Provider participates in clinical audit cycles and peer review external to their practice. | All | |
| **Locally defined, service-specific requirements for providers** |
| |  |  | | --- | --- | | **Requirement** | **Applicable service category** | | Individuals will have access to relevant and comprehensive information, in the right formats, to inform choice and decision-making about their care. | All | | Providers will signpost patients to local services which could help them. | All | | Information and services will be available for individuals who are able to self-manage their conditions or who need care plan support. | All | | Providers will consider the effectiveness of working with other providers especially in hand over and follow up within primary care | All | | Providers demonstrate that they have identified any potentially hard to reach groups (as defined by the JSNA) that exist within their target population, and have taken appropriate action to improve access to the service for these groups. | All | |
| **Key information requirements** |
| The Service Provider must maintain adequate records of patient attendance and the service provided using an electronic based system. Full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible if requested by Brent CCG  1. For the contracted period, the Service Provider must be able to produce accurate clinical records for each patient referred into the service. Information should include as a minimum:   * Patient name * Patient NHS number * Patient date of birth * Patient ethnicity * Patient practice * Name and designation of person providing care * Reason for consultation * Details of adverse events associated with treatment   2. For the contracted period, the Service Provider must produce monthly management minimum data set to BCCG by practice to include:   * Number of New referrals per practice * Number of DNAs * Number of 1st New Appointments * Number of Follow Up Appointments * New to Follow Up Ratio * Average waiting time for 1st appointment. * Average waiting time for follow up appointment * Reason for consultation/presenting condition. This must also identify joint involved in initial referral i.e. knee, shoulder, hip etc.   Data Return – Providers must complete the necessary audits for each patient and forward aggregated information to the CCG at the end of each quarter. The billing will correspond to the monthly data returns  Providers must undertake a satisfaction survey surveys at 6 monthly intervals.  Providers will undertake or support data and financial audits as required. When reporting progress against outcomes  The Commissioner may wish to consider Remedial Action Plans to ensure compliance with the required threshold for certain measures if selected.  A commissioner led audit/evaluation post activity may take place or Brent-wide level at any stage during the contract and within 12 months of the cessation of the contract.  This contract runs for the duration specified at the front of the document. Termination is possible through a six month written notification by either party. Termination on performance grounds may be initiated by the commissioner at any stage subject to an agreed recovery plan. |
| **Location of Provider Premises** |
| The Service shall be delivered from multiple locations across the Brent CCG area. As a minimum, the Provider shall offer clinics in premises located no more than 30 minutes travelling time from the patient’s registered GP practice.  The Provider shall ensure that:   * the sites have sufficient patient parking to facilitate access to the site * access to the buildings and clinics is compliant with the Disability Discrimination Act (2004) * the service is delivered in an area that is fit for purpose; there is access to an area suitable for the provision of group work/class work/gym work * there is access to toilets /changing facilities for all patients * there is access to a private room for more confidential assessment or treatment * Appropriate clinical support is in place within the site of delivery to provide emergency care if required.   The service shall be available, as necessary in order to meet with the requirements of the Service Specification, with particular focus on required waiting times  As a minimum, the Provider shall ensure the Service is provided, Monday to Friday during core hours (08.00 to 20.00 hrs.) with sufficient clinics to meet waiting time criteria.  Opening times should be flexed to meet demand and shall include some evenings.  In addition Provider needs to work towards current CCG and NHS agenda for service availability of 7 days to meet current CCG Primary Care developments |
| **Staffing Competency** |
| The Service Provider must demonstrate that they have a process in place to bi-annually peer review the provision, work process or output of an individual or collective working operating within the physiotherapy service. A report of any review that takes place should be available to the commissioners of the service and clinical governance lead.  The Service Provider must demonstrate the ability to extend the scope of skills and competence of GP’s and nurses with the appropriate training and education.  The Service Provider must operate a robust and continuous approach to the improvement of its Patient Care Pathways.  The Service Provider must demonstrate that they are able to diagnose, assess and treat patients with both chronic and acute musculoskeletal conditions. To maintain clinical competency within this field, the Service Provider must ensure that every clinical member of the multi-disciplinary team registered with the Chartered Society of Physiotherapists, GMC or other appropriate professional body and reviews a minimum of 30 patients and 5 different conditions per year. |
| **Funding** |
| All resources, including equipment and maintenance for the delivery of the community Physiotherapy service will remain the responsibility of the service provider  Payment to the Provider will be monthly in arrears on production of invoices and activity/ performance information. Invoices must show the number of Initial Assessments, Follow Ups and Group sessions during the month and the following prices will apply:-   |  |  | | --- | --- | | **First (Assessed by ESP)** | **Follow Up** | | **£30** | **£25** |   Group classes £100 per class. A minimum number 7 women in the class. The class length is a minimum one hour.  **Domiciliary – TBC**  **There is** no minimum commitment to any specific volume of activity or business, so payments to the provider are entirely dependent on receiving referrals via patient choice. |
| **Standards** |
| **Summary of all Standards the Provider shall be required to meet in full.**  All urgent patients shall be offered first appointment within 5 Working Days after receipt of referral  All routine patients shall be offered first appointment within 10 Working Days after receipt of referral  Discharge summary letter sent to GP practice within 2 Working Days of discharge from service |
| **Clinically Related Outcome Survey** |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | At the initial patient assessment, ESP to establish patient goals and record in care plan.  Outcomes Framework in summary   |  |  | | --- | --- | | Body area | Metric | | Routine | EQ-VAS  EQ-5D | | Hip | Oxford Hip Score  Eq-5d | | Knee | Oxford Knee Score  EQ-5D | | Low Back | Keele StaT back tool  Oswstry Disability Index /Roland Moris | | Shoulder | Oxford Shoulder Questionnaire  Instability Shoulder Questionnaire ( for shoulder instability) | | Wrist | Dash Function Form | | Foot/Ankle | VAS Ankle  Achilles Rupture Questionnaire | | Neck | Neck Disability | | Elbow | Patient Rated tennis Elbow Evaluation | | Chronic pain | LANSS Pain Score | | Soft Tissue knee | Oxford Knee Score | |     In future it may be necessary to upgrade/adjust outcome metrics. |