

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service	Barnet Community Gynaecology Service
Commissioner Lead	Beverley Wilding
Provider Lead	
Period	1 January 2016 – 31 December 2018
Date of Review	1 October 2017
Version	V20

1. Population Needs

1.1 National/local context and evidence base

Over recent years, the NHS has been increasing its focus on improving the provision, access and quality of care provided outside of an acute hospital setting to meet new challenges as the population lives longer with more complex health needs. These aims continue through the Five Year Forward View¹, which asks the NHS to take advantage of the opportunities that science and technology offer to break down the barriers of how care is provided between GPs and hospital care, physical and mental health, health and social care. To deliver these aims GP-led Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services through far more care delivered locally.

When considering the above stated national drivers for change in a local context, the following key challenges are apparent for NHS Barnet CCG and will call for a redesign in the delivery of health care in Barnet:

- The residents of Barnet have changing health needs, as people live longer and live with more long term and chronic diseases – putting pressure on health care provision.
- We need to have more planned and integrated care, provided earlier to our population in settings outside of hospital. Patients do not always need to receive hospital based care and alternative community based services can often be delivered to a better standard and have shown to be cost effective, whilst still maintaining a safe, quality service.

Barnet CCG has commissioned a successful Consultant-led Community Gynaecology service since 2011, which has provided care outside of hospital within a number of convenient locations across the Borough, reduced waiting times and delivered value for money. In building on the success of this service and using the knowledge and experience gained through the commissioning arrangements of the current service, Barnet will test the market to re-procure its Community Gynaecology Service (CGS).

The Community Gynaecology Services will continue to offer services in the community which focus on:

- Introducing effective, well integrated patient pathways;
- Increasing the capacity of community based gynaecology services to facilitate on-going service improvement and innovation;

- Reduced waiting times for assessment and treatment of Gynaecology conditions;
- Continuity of care for patients through education and advice to primary care practitioners in the management of common gynaecological conditions;
- Improve support to patients for self-care and shared decision making;
- Reducing the number of inappropriate referrals to secondary care for diagnosis, treatment and management of conditions;
- Achieving value for money.

1 NHS England (2014) Five Year Forward Plan

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
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	x
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

The following outcomes will continue to be achieved from the delivery of the Barnet Gynaecology community service

- Improved clinical outcomes for patients
- Improved patients' experience of gynaecology services
- Reduced attendance at hospital for gynaecology related conditions
- A local cost-effective service
- Shorter waiting times for treatment below nationally set access targets
- Improved education of primary care in the management of gynaecology conditions

3. Scope

3.1 Aims and objectives of service

The aim of the Community Gynaecology Service (CGS) is to provide a high quality and innovative consultant led service delivering safe clinical outcomes, an improved patient experience and reduced intervention and follow up rates, whilst providing value for money.

3.1.2 The Objectives of the Community Gynaecology Service are to:

- Provide a community service, based on best practice, for women with gynecological conditions, whose management needs are above the competencies expected of GP's within Primary Care;
- Improve access to care and ensure patients are seen and treated in an environment most appropriate to their needs and closer to home;

- Provide a multi-skilled approach to assessment; diagnosis and treatment to the management of gynaecology conditions;
- Promote consistency in management of conditions and improve health outcomes;
- Support GP practices with mentorship, education and skills training to improve primary care compliance with approved gynaecology primary care pathways;
- Provide improved access to advice and guidance for clinicians, patients and the public;
- Improve cost-effectiveness by reducing the demand on secondary care services, reduction in the first to follow up ratio and delivering at a tariff lower than alternative services;
- Empower patients where appropriate, to self-manage a diagnosed long term condition for example by producing educational literature and sign posting to relevant support groups;
- The community service will be required to see patients within 4 weeks of referral. The provider will publish the service waiting list times on their website, which should be updated monthly.
- To help to reduce waiting times in secondary care and contribute to meeting the 18 RTT week pathway;
- To develop and progress working relationships with other providers of gynaecology services to enhance service provision across the clinical pathway, that supports an improvement in patient experience;
- Produce robust data collection in line with Barnet CCGs expectations that also includes patient satisfaction and health outcomes;
- Assist with narrowing the health inequalities gap for the most deprived patients in the Borough of Barnet;
- Provide sensitive services according to culture, age and ethnicity.

3.2 Service description

3.2.1 Service description

The key elements of the CGS are as follows:

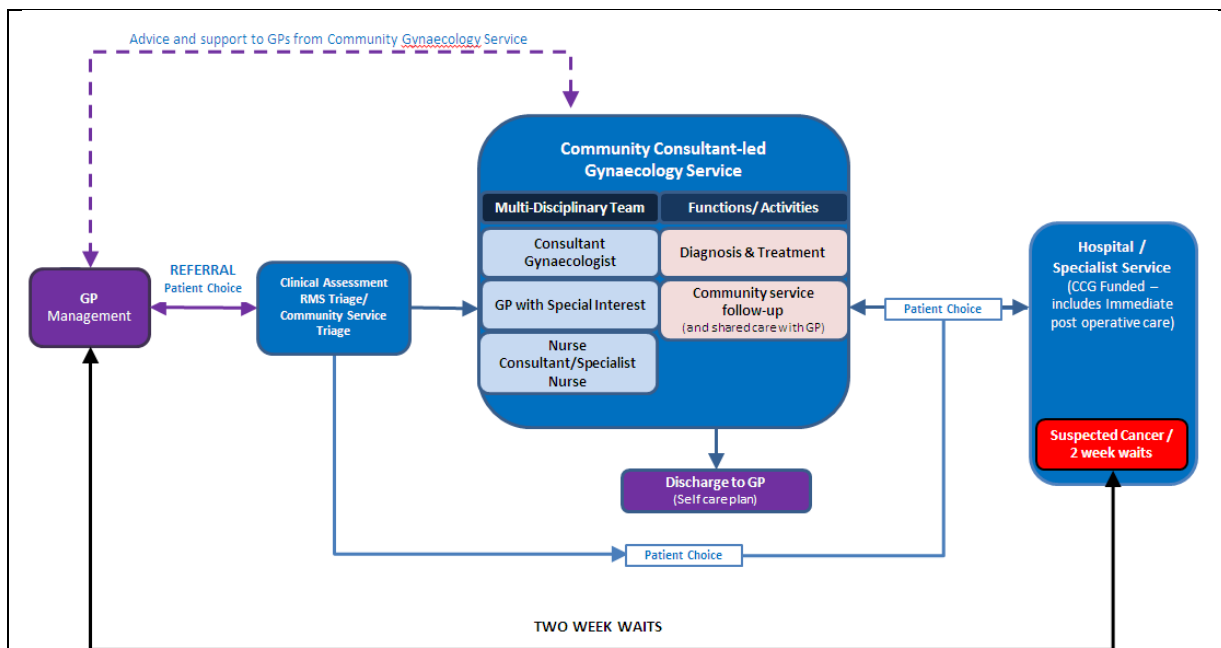
- To provide a one stop consultant-led multidisciplinary community gynaecology service.
- To deliver assessment, diagnosis and a treatment plan for patients wherever possible in the same visit.
- To provide ultrasound and pathology as part of the service, integral to providing one-stop care and same-day diagnosis for patients. Provide step-up expert management of patients for a limited time, until agreed clinical targets have been achieved.
- Ensure patients are discharged back to Primary Care with an agreed treatment plan or when clinically appropriate refer onto a secondary care provider of their choice, with all details of their assessment and treatment to date provided as part of the patients management plan.
- To offer those patients that require surgery onward referral to an appropriate secondary care provider of their choice, with all details of their assessment and treatment to date provided as part of the patients management plan.
- When clinically appropriate make arrangements with local secondary care providers to direct list patients for surgery to improve the patient experience and reduce duplication of appointments across the pathway. **(All patients that are listed for surgery will receive their follow-up appointment within the Community Gynaecology Service.)**
- Offer step-down management (if clinically indicated) of patients referred to the service from secondary care, and in line with above, transfer onwards to Primary Care with a treatment plan once clinical targets have been achieved.
- Provide monthly data to Barnet CCG to facilitate evaluation of the service against its objectives and activity plan.

3.2.2 Scope of the service

The key elements of the service include the assessment, investigation and management of patients across the following 'core' clinical care pathways:

- ❖ Heavy menstrual bleeding assessment including menstrual disorders and persistent inter-menstrual bleeding
 - ❖ Irregular bleeding to include (post-menopausal/Inter-menstrual/post coital)
 - ❖ Chronic pelvic pain assessment (>6 Months)
 - ❖ Male/ female infertility assessment
 - ❖ Female urinary incontinence
 - ❖ Urogenital prolapse
 - ❖ Oligo amenorrhoea
 - ❖ Vulvar dermatoses
 - ❖ Polycystic ovarian syndrome
 - ❖ Fibroids and cervical polyps
 - ❖ Menopausal care
 - ❖ Pessary changes / fittings
 - ❖ Complex coil fittings
 - ❖ Benign ovarian cysts
 - ❖ Hysteroscopy
 - ❖ Therapeutic hysteroscopy
 - ❖ Endometrial ablations
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- The service will be community based and offered across all three localities of Barnet; north south and west. The provider is required to deliver the north locality service out of the Finchley Memorial Community Hospital site.
 - Appointments will be available on week days including at least one evening a week and a minimum of two clinics per month at weekends which are offered on both Saturdays and Sundays.
 - The service will deliver education and training to GPs and other relevant professionals delivering healthcare to Barnet residents
 - The service will offer clinical advice and guidance either via Choose and Book or via direct email correspondence with the GP. The service's consultant gynaecologists will be contracted to provide a response within five working days via Choose and Book, and two working days for direct email advice.
 - The service will ensure that all appointments are available for patients to book on the Choose and Book system.
 - The service will treat all patients 16 years and over. All children under the age of 16 must be referred to secondary care via the Barnet Referral Management Service.
 - Any complex cases requiring specialist treatments, including suspected cancer referrals, will continue to be referred directly to Secondary Care in line with patient choice and notified to the Barnet Referral Management Service.

3.2.3 Service model



3.2.4 Patient pathway

Patients attend their GP with a gynaecological problem:

- The vast majority of gynaecological problems will be resolved with advice and simple treatment within primary care.
- A minority may require investigations such as blood tests, swabs, smears and ultrasound scanning followed review within primary care
- Patients who are unable to be managed within primary care and require onward referral will be referred via the Referral Management Service, ensuring that any relevant primary care protocols have been followed.
- The Referral Management Services will process the referral and refer the patient on to the service provider of their choice.
- The Community Gynaecology Service will see and treat the patient in accordance with the agreed service specification
- Where the Community Gynaecology service is unable to manage and treat the patient, the patient will be referred via the Referral Management Service to the patient's choice of secondary care provider.

3.2.5 Triage outcomes

- Triage will be conducted within two working days of receipt of any referral
- Any referral suggestive of cancer will be sent promptly, subject to patient choice, directly to the appropriate secondary care centre as part of the Cancer two week pathway in line with patient choice and notified to the Barnet Referral Management Service.
- Referrals that can be managed in primary care without recourse to the community service will be returned directly with a suggested management plan and notified to the Barnet Referral Management Service.
- The service will work in conjunction with Barnet's CCG's Referral Management Service

(RMS) to identify patients that are suitable for community-based services and further management in primary care.

- Patients suitable for the community service will be sent a letter within 2 weeks confirming an appointment at their nearest community clinic location. If the appointment offered is not convenient to the patient then the provider will offer an alternative. Where appropriate, pre-assessment investigations will be arranged.
- The provider will work to ensure that waiting times comply with the 18 week waiting time standard and will be required to see patients within 4 weeks of referral.
- The provider will ensure that systems are in place for the transportation and analysis of diagnostic tests.
- The provider will ensure that any biopsy results are received and acted on within three working days of receipt of result for the appropriate intervention or follow-up. The provider will report results back to the referring GP for their records only.
- The service provider will develop strategies to respond to demand appropriately, (e.g. providing more local services where relevant), as agreed by Barnet CCG.
- Patients who require onward referral to secondary care will be offered a Choice of Provider by the CGS.
- When a referral is accepted, duty of care for the patient is transferred to the accepting provider.
- The provider will inform/seek approval from the CCG prior to the commencement of any new procedures

3.2.6 Clinical assessment

The service will be delivered with a consultant gynaecologist present at all times, supported by a multi-disciplinary team offering:

- Personalised assessment and management of the patient's condition, including the arrangement of appropriate diagnostics within in a single appointment, wherever appropriate.
- A reduction in unnecessary outpatient and inpatient investigations
- Prompt discharge from the service with reduced follow up rates
- New patients will be allocated an appointment within 2 week of the RMS receiving the GP referral.
- Through regular patient feedback the CCG will want to ensure that all patients are being given an appropriate consultation time. New patients will be allocated 20 minute appointments with 10 minutes for follow up appointments. When a diagnostic is required within the same appointment, then patients should be allocated a 30 minute appointment to allow sufficient time for the diagnostic and agreement of the treatment plan.
- A first appointment will include a personalised assessment, appropriate investigation, treatment and follow up where necessary.
- Patients will be provided information about the outcome of their appointment including a management plan and any appropriate advice on self-management, healthy living and appropriate patient leaflets.
- The service will use any contact to promote health, wellbeing and preventative care including screening.
- Clinic letters with management plans will be formulated and dispatched within five working days of patient discharge.

3.2.7 Critical success factors (CSFs)

Barnet CCG has determined the following CSFs for this service:

- The service is consultant-led and supported by a multi-disciplinary service.
- The Service is delivered within approved primary/community care locations within each of the three localities within Barnet. The provider is required to deliver the north locality service out of the Finchley Memorial Hospital site.
- The service is easily accessible for patients and well known to GP practices.
- The service provided is safe, patient-centred, and delivered to the highest quality and standards.
- The provider can demonstrate robust governance, clinical leadership and continuous learning and self-improvement processes.
- The provider shall act in accordance with local and national guidelines on Gynaecology including NICE and the Royal College of Gynaecologists.
- Reduced referrals to secondary care services and a reduction in the number of follow ups across all levels of care.
- The local elements of the Service are integrated into primary and secondary care services as appropriate.
- There is timely, accurate, and comprehensive regular performance reporting in line with Barnet CCGs requirements.
- The provider is required to have regular multi-disciplinary team meetings
- A high level of patient satisfaction with the service is maintained.
- A high level of GP satisfaction with the service is maintained.
- Demonstrable value for money.

Barnet CCG will require the provider to meet these CSFs throughout the life of the contract.

3.2.8 Patient and Carer experience

Patient experience, including carers, is a very important component of this service, and the provider must carry out patient satisfaction surveys. Patient views expressed through satisfaction questionnaires will be taken seriously.

A patient survey that includes feedback from patients accessing all sites that the services are provided from will be required on a quarterly basis for the duration of the contract. The first survey analysis is required by 1st April 2016 and quarterly thereafter. The format of the survey must be agreed with Barnet CCG.

Providers will be expected to utilise results from patient surveys to ensure that the service is adapted to provide the best possible patient experience. The surveys will incorporate the whole patient experience from triage to patient booking to location convenience and facilities, to clinician seen and discharge.

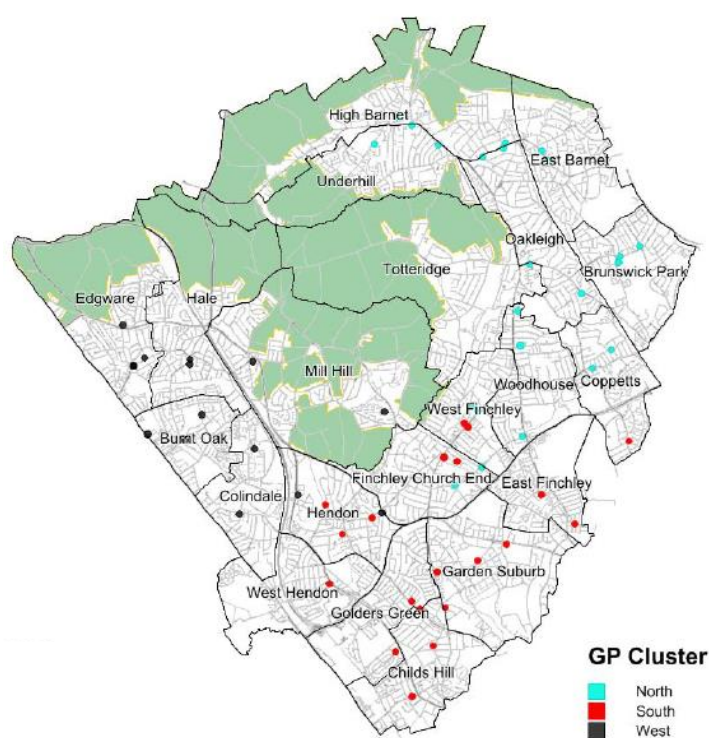
3.2.9 Patient and Carer Information

The Provider will adhere to the following:

- The Service will offer a comprehensive range of patient information including advice on self-management and will direct patients to other resources as appropriate.
- The Service should give relevant information to advise patients what services to access should a treatment complication arise outside normal working hours.
- The Service will make available to patients the agreed procedure for booking appointments and the policy on DNAs and cancellations.

- Treatment and care, and the information patients are given about it, should be culturally appropriate. It should also be accessible to patients with needs such as physical, sensory or learning disabilities and to patients who do not speak or read English.
- Provision should be made for the choice of a female specialist especially with regard to patients from a conservative or deeply religious background.
- If patients do not have the capacity to make decisions, healthcare professionals should follow the Department of Health's advice on consent and the code of practice that accompanies the Mental Capacity Act.

3.3 Population covered



Barnet is London's most populous borough, with 390,000 residents in 2015 across the three localities and a history of integrating diverse migrant communities. The population is due to grow and this is forecast to continue, driven by regeneration, bringing increasing pressure on the health and social care system.

3.4 Acceptance and exclusion criteria and thresholds

3.4.1 Acceptance criteria

To be eligible to attend the community gynaecology service (CGS), the following must apply:

- The referral is for a Barnet GP registered patient
- The patient is aged 16 years or above at the time the referral is received by the CGS
- The referral is compliant with agreed local clinical care pathway's and where appropriate Primary Care clinicians have completed first line assessment and investigations, before acceptance into the service

- The referral has been received via the Barnet Referral Management Service

3.4.2 Exclusion criteria

The following clinical exclusion criteria will apply to the community service:

- Patients requiring colposcopy
- Suspected cancers
- Complex or uncertain pathology requiring referral to secondary care at triage
- Patients under the age of 16
- Termination of pregnancy
- Specialist services commissioned by NHSE
- Treatments identified within the North Central London Procedures of limited effectiveness Police (PoLCE)
- Treatment of Infertility
- Referrals that have not been directed via the Referral Management Service

3.5 Interdependence with other services/providers

3.5.1 Interdependencies and Links with other Services or Providers

- Referrals direct from GPs
- Redirection of referrals from Barnet's RMS
- Collaborative working with secondary care across agreed gynaecology pathways
- Dependent on GPs to arrange investigations prior to referral into the community service i.e. pathology, ultrasound etc. where required and as indicated in the clinical pathway
- Availability of interpreting services
- Availability of transport services
- Community Pharmacy
- Community sexual health services
- Diagnostics e.g. ultrasound
- Community continence services

3.5.2 Training/ education/ research activities

The provider shall support the on-going training and mentorship needs of primary care clinicians in order to reduce demand for referral into the community clinic and secondary care services. The provider will work with Health Education North Central and East London, to ensure that GP registrars have access to training within the community gynaecology service if required, to ensure that skills are developed across the whole gynaecology pathway.

The Provider will support general practitioners locally with regard to the management of gynaecology through the provision of at least four educational events per year for all Barnet GPs.

The provider shall support Barnet CCG with the review, amendment and implementation of changes to local gynaecology pathways and will provide clinical input and advice into relevant policies that impact on patient's eligibility to treatment, for example the IVF policy.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

- Clinical Guidance CG156 Fertility assessment and treatment for people with fertility problems - February 2013
- Clinical Guidance QS47 Heavy Menstrual Bleeding: Investigation and treatment - September 2013
- Clinical Guidance CG30 Long Acting Reversible contraception – September 2014

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

The Community Gynaecology Service must adhere to the latest standards and guidance issued by the Royal College of Obstetricians and Gynaecologists. Other relevant sources for clinical standards include:

- National Institute for Health and Care Excellence (NICE)
- Standards for Better Health Framework
- National Service Frameworks (NSFs)
- Care Quality Commission Provider Registration
- Care Quality Commission Essential Standards of Quality and Safety

4.3 Applicable local standards

The provider must adhere to appropriate Barnet CCG Policies which will include Procedures of Limited Effectiveness (PoLCE)

4.3.1 Information governance

4.3.1 Information management and information governance

It is a requirement of all providers wishing to provide NHS funded services that they meet the full range of information governance requirements, system compliance and reporting requirements as outlined below.

4.3.1.1 Information governance

- All providers must manage service user identifiable data in accordance with the law and established good practice in health and social care settings. Key laws and codes of practices include the Freedom of Information Act 2000 (FOIA), the common law duty of confidence, Data Protection Act 1998 (DPA), NHS Code of Practice: Records Management (2006); Documents and Records Management Policy- NHS England (2014) and Human Rights Act 2000 (HRA);
- Where there is a requirement to integrate their IM&T solution to NHS systems and services, including Choose and Book or its successor NHS e-Referral, PDS, NHS Mail and N3, the provider will need to complete an information governance statement of compliance (IGSoC);
- Achieve Information Governance Toolkit (IGT) level 2;
- The IGT and IGSoC require the nomination of a Caldicott Guardian and Senior Information Risk Owner;
- The Provider is a Data Controller under the Data Protection Act, and as such takes sole responsibility for its obligations under the Act for Personal Data it processes in the delivery of the Services;
- The provider must audit its practices against quality statements regarding data sharing. It is expected that by conducting this audit, and revising practice accordingly, the provider will be

able to demonstrate assurance that whilst information is shared lawfully by their employees, there are no obstacles to meeting the requirements of the Guideline arising from a failure to share;

- Where data is required by the Commissioner for the purposes of quality assurance, performance management and contract management, the parties acknowledge that they are acting as joint Data Controllers. Commissioners must engage with their commissioned providers to ensure that their joint responsibilities are met, in particular provision of fair processing information, responding to subject access requests and respecting subjects' other rights under the Data Protection Act. The parties acknowledge that they must assist each other in complying with the law, agree to general responsibilities and specific requirements relating to DPA and FOIA;
- Storage of medical/clinical records and information which is relevant to treatment and ongoing care is shared between all parties in accordance with the Caldicott Principles and Data Protection Act (1998) with the appropriate level of consent from service users; and
- The Provider must ensure that where new systems and technologies are introduced that they are implemented using an appropriate project management methodology, are assured as clinically safe, and meet Information Governance Standards, in line with national standards and processes. Business change processes must be accompanied by clinical safety and privacy impact assessments.

4.3.1.2 System compliance

- Ensure community clinics are 'Directly Bookable' via Choose & Book/ NHS e-Referrals and EMIS;
- Have the ability to generate both paper based and electronic appointment letters and patient summaries;
- All IT systems will be provided, and maintained by the provider. The systems are required to be compatible with the Barnet GP IT software (EMIS web) and where appropriate DOCMAN, TQUEST and/or MIQUEST;
- To enable reporting, the provider may, during the life of the contract require access to a number of NHS systems and services and, following registration for an IGSoC, the provider will be required to apply for access to some or all of the following:
 - ODS
 - N3
 - Nhs.net
- The provider should have a comprehensive IM&T Strategy and related IM&T Business Continuity policies for dealing with an emergency.

4.3.1.3 Reporting requirements

The provider will:

- Use the NHS Number as the primary identifier in both datasets and clinical correspondence To be collected in line with pseudonymisation standards as per the Health and Social Care Information Centre (HSCIC) and Clinical Advisory Group (CAG) Information Governance Standards;
- Ensure appropriate systems are in place to measure quantity and quality of the service. Information relating to clinical activity and performance shall be made available to Barnet CCG in the required format;
- Have the ability to capture and undertake an analysis of data from within the clinical sessions;
- The provider should have appropriate governance arrangements in place for reporting

and investigating incidents and Serious Incidents relating to Information Governance breaches;

- The provider should have policies in place for notifying the CCG of any serious IG breach; and
- If data quality drops below the standards outlined above, the commissioner can request the provider in collaboration with the commissioner to produce a Data Quality Improvement Plan (DQIP).

4.3.2 Workforce requirements, including Continuous Professional Development

The provider shall ensure that:

- All staff delivering the service is registered with the appropriate bodies such as the Care Quality Commission, Independent Safeguarding Authority and relevant professional bodies and that the service complies with all current and emerging guidance which is applicable to the service.
- The clinicians providing the service must have had appropriate training and assessment of skills to provide the service and be competent to use all appropriate examination and scanning and resuscitation equipment.
- Ensure the availability of suitably qualified staff to meet the maximum waiting time and for demonstrating their ability to deliver the service
- Determine whether the relevant personnel providing the service through the contract have appropriate personal indemnity cover to meet, in full, claims made against them as individuals. Providers must have such personal indemnity cover. Proof of cover of the provider must be submitted to Barnet CCG.
- The provider must follow the Department of Health guidelines for the appointment and reaccréditation of general practitioners with special interests in undertaking procedures and provide evidence that re-accreditation has taken place.
- Maintain patient safety and demonstrate understanding of all infection control and decontamination issues.
- The clinicians providing the service will maintain a Personal Development Portfolio (PDP) showing evidence of advanced clinical skills and knowledge including input/education from fellow professionals and from other clinical disciplines where required.
- The clinicians providing the service will be expected to maintain their competencies through continued professional development. It is recommended that a minimum of 15 hours Continuous Personal Development (CPD) per annum is undertaken.
- The provider will ensure that directly employed staff undergo annual appraisals with production of a learning log and CPD updates.
- Ensure that managers and employees receive appropriate training and guidance in respect of equality and diversity and in particular the application in recruitment and selection.
- There must be a complaints procedure in place which complies with NHS complaints standards
- All staff delivering the Service is aware of, understand and recognise patients' social and cultural diversity, values and beliefs that may influence their decisions and how they want to receive care, treatment and support.

4.3.3 Medicines management

The provider shall:

- Ensure that medicines and prescriptions are managed safely and effectively
- Ensure that clinical support, updates and supervision are in place to ensure medical and non-medical prescribing meets all legal requirements

- Monitor the medicines prescribed by the service

The provider shall ensure prescribing is:

- safe, clinically effective and cost efficient
- in accordance with local and national guidelines
- in line with a local formulary agreed with Barnet CCG

The provider shall:

- Ensure that clinical support, updates and supervision are in place to ensure medical and non-medical prescribing meets all legal requirements
- Ensure that non-medical prescribers treat and prescribe appropriate to their qualifications and within the individual prescribing areas of competence in accordance with NMC Medicines Management standards
- The cost of all medicine, dressings, pharmaceutical preparations and all consumables used in the appointment will be covered within the locally agreed tariff. All prescriptions post treatment will also be included in the local tariff.

The service will be expected to comply with the following framework:

- Decisions relating to prescribing must always focus on the needs of the patient
- As a guiding principle it is appropriate to prescribe the most cost effective and evidence based medication for a patient
- Prescribing should be in line with the service agreement, the North Central London Joint Formulary Committee and national guidance (e.g. NICE guidance or National Service Frameworks)
- Quality of prescribing should be subject to ongoing review
- Development of prescribing guidelines should aim to include all relevant parties and implementation must reflect a consistent and coordinated approach through joint working
- For patients seen by the consultant, who require non-urgent (not needed within two weeks) and non-specialist changes to their medication, national guidance and the North Central London Prescribing Policy state that these patients should be referred to their GP with the results and recommendations from the consultation
- A small number of prescriptions will be available for the consultant to be used for urgent (required within two weeks) and /or specialist medication requirements. Barnet CCG prescribing advisers will monitor prescribing in the same way as other prescribing data for Barnet CCG

4.3.4 Governance

The provider shall comply with current national and locally agreed standards and guidance including those contained in, issued or referenced in the following:

- Essential Standards of Quality & Safety issued by the Care Quality Commission including;
- Data Protection Act 1998;
- NHS Constitution;
- NCL pathways, procedures and protocols;
- The Vetting and Barring Scheme;
- The provider will have in place a Health and Safety policy which adheres to the Health and Safety Act and current national safety guidance, that is reviewed annually and made available to all staff that are working within the service;
- The provider should demonstrate evidence of their corporate governance framework and accountability chart for governance and committee structures;
- The provider should demonstrate how it manages risks and how risks are stratified and escalated onto its Board Assurance and Corporate Risk Register;
- The provider should also demonstrate how it manages all clinical quality and safety issues

such as Complaints, PALs, Claims, Coroners' Inquest and Ombudsman's investigations. It should demonstrate how incidents are reported, investigated and how lessons are shared across the service or the organisation;

- Evidence of how the provider manages business resilience and contingency planning;
- Evidence that the provider adheres to national Quality Standards, CQUIN, Quality Priorities and also, quality metrics;
- If the provider is an NHS Trust, it is required to produce an Annual Quality Account- the commissioner needs to provide feedback on the provider's Quality Account;
- Adherence with the professional and quality standards set by the Royal College of Obstetricians and Gynaecology;

4.3.5 Clinical governance:

The provider shall ensure the following:

- There is a named consultant clinical lead in the service to provide Clinical leadership to the multidisciplinary team that is delivering the service
- A named clinical governance lead with an identified clinical governance supporting structure
- Incident reporting via a system agreed with the Commissioner, with effective root cause analysis and implementation of lessons learned and in accordance with the NHS Serious Incident Framework
- Reporting of all surgical site or procedure related infections
- A method of reporting adherence to clinical governance through contractual meetings.

4.3.6 Clinical accountability

Clinicians are personally accountable for their own practice. This means they are answerable for their actions, omissions, decision-making and related clinical activity in direct patient interactions.

Clinicians will remain accountable for the appropriateness of delegation, for ensuring that the person who does the work is able to do it and that adequate supervision or support is provided.

4.3.7 Sub-contractors

Providers may sub-contract parts of the service, however will remain accountable for all services provided. The provider should ensure that it advises the CCG of all sub-contracting arrangements that applies to clinical care provided to a Barnet registered patient.

4.3.8 Safeguarding

4.3.8.1 The provider will have a named local lead for both child protection and vulnerable adults, who will undertake a local governance role, attend both Local Safeguarding Boards and NHS Safeguarding Children/ Adult Advisory Groups and liaise with local agencies to keep children and vulnerable adults safe within Barnet. The provider will maintain and keep up-to-date appropriate policies and procedures on safeguarding children and vulnerable adults. These will comply with all relevant legislation, codes of practice, statutory guidance and good practice guidance published by the Department of Health and the Barnet Borough Safeguarding Boards as appropriate. They should be able to demonstrate compliance with The Children Act 1989, Section 11, London Child Protection Procedures 2013 the Care Act 2014, The Mental Capacity Act 2005 (including Deprivation of Liberty Safeguards)

4.3.8.2 The provider will ensure that these policies are communicated to its employees (including volunteers) and that appropriate training relevant to their role in the organisation is provided on safeguarding children (As recommended in Safeguarding Children and Young People: Roles and Competencies for healthcare staff 2014) and vulnerable adults.

4.3.8.3 The provider will ensure that training, appropriate to their role, is provided to employees (including volunteers) on the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. Under the Safeguarding Vulnerable Groups Act 2006 the POCA and POVA lists have been replaced by the Vetting and Barring Scheme administered through the new Independent Safeguarding Authority (ISA).

4.3.8.4 The provider will fulfil its legal obligations concerning the gaining of Criminal Records Bureau checks and checking employees through the ISA and relevant national or local Safeguarding Authority where applicable and will provide evidence of compliance to the Commissioner. The provider will ensure that it has appropriate procedures in place that support:

- The immediate reporting of concerns through clear procedures;
- The encouragement of 'whistle blowing' where appropriate, including allegations against staff, through clear procedures for staff;
- Effective working practices and policies to prevent abuse and protect individuals, such as those on handling patient's money, providing receipts etc. Policies should highlight the inappropriate nature of private arrangements of any sort between the carer and the Patient, including the potential for gross misconduct;
- Other action necessary to support relevant policies, including the possible mandatory participation in adult/child protection meetings and actions;

4.3.8.5 The provider will have in force a written policy of confidentiality that will address the needs of this patient group. This will ensure that personal information disclosed to the provider or named worker in the course of its work is treated by all employees as confidential. Such information will only be disclosed in compliance with the Data Protection Act 1998 and common law duty of confidentiality. Where ever possible confidential information will only be disclosed with the consent of the patient concerned (except where disclosure is required by law or to safeguard children and vulnerable adults at risk of harm). The provider will further ensure that all employees are aware of and understand the importance of confidentiality.

4.3.8.6 The provider to keep on record an up to date list of children on the CP register and vulnerable adults.

4.3.9 Infection control

The provider shall ensure that the service is delivered in a suitable environment and will ensure that:

- It provides an infection control session to all staff at induction and ensures these are updated annually.
- The provider shall update and deliver its infection control policy and ensure it is available to all staff.
- It allows Barnet CCG Commissioners to visit the site/s on which the provider is delivering the service at any time.
- It notifies Barnet CCG within 24 hours of confirmation of any outbreaks or serious incidents.
- Healthcare waste is to be disposed of safely and in line with current legislation and DH guidance.

4.3.10 Equipment

The provider shall ensure that:

- All equipment used by the service is compliant with appropriate MHRA directives
- Medical devices and equipment safety policies are in place
- All equipment costs, including IT, will be met by the provider

4.3.11 Business continuity

The provider shall have a robust business continuity plan in place, that shall include as a minimum:

- Service provision during any disruption to the premises
- Staff shortages that could impact on service provision
- Failure of the electronic information system
- Disruption to the service due to severe weather conditions, or a pandemic alert

4.3.12 Innovation

The provider is required to review processes to continually develop and implement improved ways of

working that will ultimately benefit patients. For example through the use of technologies that improve patient access and experience of the services provided by the Community Gynaecology Service:

- Providers are expected to demonstrate ongoing improvements and innovations to service delivery by participating in quality improvement programmes, service redesign, benchmarking and other initiatives
- Providers are expected to review service provision in the light of recent research to ensure that they are providing the most effective package of care.
- The provider must also demonstrate how they have already developed and improved their services through innovation.

5. Applicable quality requirements

5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

Performance indicator	Indicator/Quality Requirement	Threshold	Measurement	Action
Infection Control	Infection control compliance	90%	Training document on monthly reports	Monitored at Contract Management Meetings
	All staff have completed infection control and hand hygiene training		Annual audit of infection control and hand hygiene compliance	
	All surgical site or procedure related infections	100%	Ad-hoc report monitored through clinical governance reporting process	
Patient satisfaction	Patient satisfaction of the community gynaecology service.	90%	Quarterly Patient survey	Results provided to the CCG on a quarterly basis. Discussed at Contract management meetings
GP Satisfaction	GP satisfaction of the community gynaecology service.	80%	Annual GP survey	Results provided to the CCG on annual basis. Discussed at Contract management meetings

GP advice and guidance	Community service consultants will provide advice and guidance to referring GP's. Consultants are contracted to provide a response within five days for Choose and Book, and two days for email.	100%	Monthly report which includes the name of the referring practice and number of requests	Remedial action plan provided within 10 working days
GP training and education	Facilitation of at least three gynaecology educational workshops for Barnet GPs	3 events	Feedback report from each event provided to the CCG	Discussed and reviewed at Contract Management Meeting
Complaints	Complaints responded to within 25 working days. Themes from upheld complaints and other feedback to be identified and learning to be embedded.	95% responded to on time 100% of complaints learned from.	Monthly report on timescales. Quarterly complaints/incident report evidencing trends, themes and learning including numbers, themes and how learning has been embedded.	Quarterly Report to the CCG.
Serious Incidents	Themes from serious incidents to be identified and learning to be embedded	100% reported	Monthly report on timescales. Quarterly serious incident report evidencing trends, themes and learning including numbers, themes and how learning has been embedded	Remedial action plan provided within 10 working days
Appointment management	% of patients offered an appointment with the community service within 2 weeks of the RMS receiving the GP referral.	100%	Monthly report	Remedial action plan provided within 10 working days
Discharge with a management plan	% of referrals that are returned to their own GP with a detailed management plan	10%	Monthly report	Remedial action plan provided within 10 working days
Appointment timing	New patients will be allocated 20 minute appointments with	100%	Monthly report	Remedial action plan provided within 10 working

	10 minutes for follow ups.			days
Appointment timing when patients are required to have diagnostic tests in same appointment	Patients should be allocated a 30 minute appointment to allow sufficient time for the diagnostic result, discussion and agreement of their treatment plan	100%	Monthly report	Remedial action plan provided within 10 working days
Discharge following treatment	% of discharge summaries are sent to the GP within 5 working days of initial appointment or follow up.	100%	Monthly report	Remedial action plan provided within 10 working days
Referral to Treatment 18 week pathway	% of patients that are managed within the 18 week RTT pathway	100%	Monthly report	Remedial action plan provided within 10 working days
Patients re-referred to the service for the same condition	% re-referred within 3 months of discharge from the community gynaecology service	<2%	Quarterly report	Remedial action plan provided within 10 working days
Efficient management of the service	Patients who DNA first or follow up appointment must be offered at least two further opportunities for appointments. If they DNA again they can be discharged from the service at the providers discretion.	100% of those who DNA	Monthly Report	No payment will be made for DNA's

Reduce the DNA's to the Service	% of patients who DNA are reduced through proactive management of the waiting list	<6% DNA Rate	Monthly report	No payment will be made for DNA's
First to Follow up appointment	First to follow up ratio, to support reduction in unnecessary follow-up appointments Underpins a one-stop service	≤ 1:07	Monthly Report	Remedial action plan provided within 10 working days

6. Location of Provider Premises

The Provider's Premises:

Clinics offered by the Community Gynaecology Service (CGS) must be located within the Borough of Barnet with clinics running in each of the CCGs three localities, North, South and West, to ensure access to services for Barnet residents is maximised. Barnet CCG has confirmed that the clinic which is running within the North Locality must be provided from Finchley Memorial Community Hospital.

Providers must conform to the following:

- Ensure the sites included within the bid are clinically fit for purpose and most critically, are Care Quality Commission (CQC) accredited (or will become CQC accredited prior to service commencement).
- Demonstrate that agreements for appropriate rental/lease agreements are in place with owners of suitable estate and, whether rented or owned by the provider, ensure premises can deliver a viable Community Gynaecology Service that covers:
 - rent
 - rates
 - heat, light and electricity
 - IT systems
 - Telephony
 - Disabled access