Service Specification

Service Specification No.	
Service	**Tier 2 Community Dermatology Service**
Commissioner Lead	**Nicola Marland, Head of Delivery and Planning**
Provider Lead	
Period	
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

Dermatological conditions place a significant burden on the health service with studies suggesting that 22.5% - 33% of the national population suffer from some kind of skin disorder at any one time. Skin conditions are the most frequent reason people will consult their GP. hOf the approximately 13 million presenting with these skin conditions, around 6% are referred for specialist advice in secondary care with 92% of referrals seeing NHS specialists on a predominantly outpatient basis.

Referrals into secondary care have increased by an average of 5% per annum for the past 10 years and whilst many patients referred require the expertise and treatment facilities that are only available in secondary care, a significant proportion do not. This combined with varying levels of service provision across England has led to increased waiting times for patient appointments and without a change to service provision, this will continue to create an increasing burden on NHS resources.

In 2006, the DoH White Paper, *'Our health, our care, our say' a new direction for community based outpatient care,* suggested that patients with long term skin conditions could be managed more effectively in a community setting with access to specialist services if required. This model of care provides the option for a specialist dermatology service to be delivered closer to the patients' home, with access to secondary care, clinical support and diagnostics where appropriate and will aim to enhance patient experience by offering greater choice of provider.

Fylde and Wyre CCG serve a population of around 151,400 people across approximately 320 sq km of coast, community medical services will cater to people in Fleetwood, Lytham, Kirkham, Wesham, Poulton, Over Wyre and the surrounding communities. The CCGs role is to ensure that health services meet the needs of local people throughout Fylde and Wyre.

Blackpool CCG has a GP registered population of 172,220 and a resident population of 142,000. In addition to the resident population, Blackpool sees an estimated 11 million visitors each year. The population of Blackpool has a considerable amount of transience, including in and out of town as well as movement within the town.

The purpose of this specification is to outline the commissioning intentions of the CCGs to provide a service in the community to manage a specified range of referrals for people with dermatological conditions in line with recognised best clinical practice in dermatology.

2. Outcomes

2.1 NHS Outcomes Framework Domains & 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 following injury**	
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**

2.2 Local defined outcomes

The objectives and outcomes below are a high level summary of the nine key performance indicators which will be included in the contract following contract award. Thresholds and methods of measurement will be agreed following contract award.

Objectives	Outcomes	Measures
Improved access for patients	Provision of alternative locations and reduced waiting times	To provide patient choice across the Fylde Coast footprint and delivering sufficient sites to ensure equitable access. Patients to be seen in 28 days
Care closer to home	Majority of patients treatment in community	Episodes completed in the community without referral to secondary care
Improved patient experience	Reduced waiting times in community settings	Patient feedback via questionnaires/telephone interviews. Quarterly reporting of number of and summary of complaints, adverse events/untoward incidents, actions taken and evidence that Duty of Candour fulfilled
Patient centred service	Improved access to advice and information with increased knowledge and awareness of the self-management of their condition	Evidence of provision of patient information leaflets and self-management plans

2.2 Local defined outcomes (continued)

Objectives	Outcomes	Measures
To deliver support for primary care	To provide advice and guidance via an appropriate communication as agreed. Provide support via a tele-dermatology system	Evidence of the utilisation of advice and guidance model and tele-dermatology.
Efficient and effective service including robust assessment, diagnosis and treatment	Successful treatment of dermatological conditions in the community	Evidence of adherence to operational pathways which are supported by written and regularly updated protocols and procedure for treatment and referral
Improved GP education	Support and education given to primary care clinicians in their management of patients with dermatological conditions	Partnership working with acute providers in relation to education and support
More cost effective service, releasing funding for reinvestment in other areas of patient care	Control demand, intervention and onward referral rates	New to follow Up ratio • Number of referrals passed onto secondary care after triage • Number of referrals passed onto secondary care after assessment and/or treatment (threshold to be set for the latter, above which activity will not be funded) Number of re-referrals into community service within 3 month period (threshold to be agreed, above which repeat activity will not be funded) • Number of referrals to other specialist services
Reduced inequalities	Case mix represents local community	Numbers of people from minority ethnic groups, women, people on low incomes, the elderly and people with physical disability are measured and reflect local population

3. Scope

3.1 Aims and objectives of service

Fylde & Wyre and Blackpool CCGs have identified significant efficiencies and patient benefits that could be realised by developing an Intermediate Dermatology Service. Based in the community, the service would allow for triage of referrals, appropriate signposting and in most cases, treatment of dermatological conditions.

To provide a one-stop community dermatology service where patients with dermatology conditions can be diagnosed and treated by appropriately trained accredited dermatology staff.

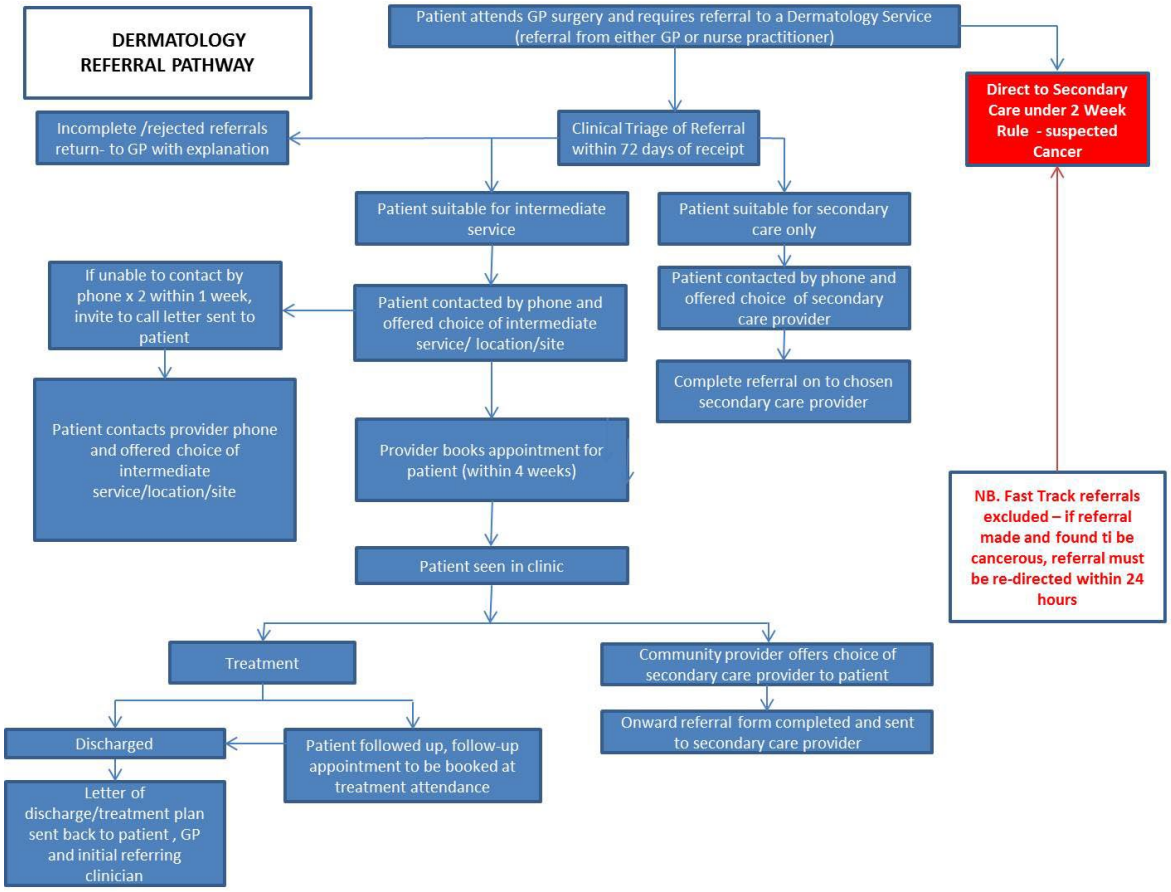
Improve knowledge of local health professionals and patients around the management of skin disease through the development and implementation of education programmes for GP's.

Ensure rapid access clinics for urgent referrals from GPs for specialist opinion or treatment.

Providing diagnosis and treatment of skin lesion in line with NICE skin cancer guidance 2010 and local cancer network guidance.

The CCG reserve the right to review the service post mobilisation to ensure that all services are being delivered to the required standard. This review will include all aspects of service, both clinical and non-clinical and may include third party specialised organisations such as the British Association of Dermatologists and/or external audit consultants.

3.2 Service description/care pathway



There is an expectation that the service will be overseen by a consultant dermatologist. However, the service can be provided and supported by a mixed range of professionals including general practitioners with special interest, nurse practitioners, consultants or a purely consultant based service. The service will include a triage element and will act as a single point of access for all dermatology referrals regardless of whether the patient requires onward referral to a hospital for treatment. The service will be available to adults (16 and over) registered with a Fylde & Wyre GP or Blackpool GP. Referrals will be assessed by either a consultant dermatologist or a GP with a special interest (GPwSI) for either treatment within the community dermatology service, onward referral to secondary care or return to a primary care clinician with appropriate advice and support.

The key elements of the community dermatology service should be as follows :

- The assessment and management of patients with skin diseases shall be performed by a multidisciplinary team.
- The provider will co-operate and collaborate with the clinical triaging team by ensuring that referrals are easily received and processed
- Assessment, investigation and treatment of patients suffering with skin disease. This will include full diagnostic service including phlebotomy, biopsy and swab taking and the reporting of results
- Advice and education for referring GP's, patients and primary care staff.
- Patients can be expected to be supplied with up to 14 days of new medications from a list of prescribing choices agreed with the CCG. The referring GP will be expected to provide all repeat prescription

- Management and follow up when indicated (*service is aimed at one stop so follow-up should be minimised*)
- Ensure that referring GP's are given prompt and full information about their patient's diagnosis or treatment in line with national standards. Discharge summary for patients should be sent to the GP within 5 working days
- Maintain a full clinical register and record of all patients treated, collect data for agreed KPIs and network wide audit and conduct audit
- The service is managed and delivered in accordance with the rights, principles and values set out in the NHS Constitution

Fast track referrals are excluded from this service. However, if a referral is triaged and clinically assessed to be a fast track, then a locally outlined pathway is followed to refer this patient into secondary care.

Both the service and the clinician must be accredited by the local skin MDT. An arrangement needs to be made with the local MDT lead to facilitate a monthly clinical session for a clinical member of the team. If a consultant or other clinician who is part of the local MDT is employed by the service to carry skin cancer work, they are only limited to practice as a tier 2 service. Both the practitioners and the service facilities must be accredited by the MDT and the cancer network informed of these services.

The following exceptions should not be referred to this service but directly to secondary care:

- Two week wait skin cancer referrals and dermatological emergencies.

Patients who require assessment by the community dermatology service will be booked into a clinic and seen for an appointment within a maximum of 28 days.

The provider must ensure that:-

- Patients must wait no longer than 28 working days from point of referral to first appointment within the community dermatology service
- The service will accept referrals where service users have been referred by their GP or nurse practitioner
- The service will be responsible for the clinical triage of patient referrals within 72 hours of receipt of referral
- The service will be responsible for booking service user appointments, including any necessary follow up appointments on receipt of referral
- The service will provide appropriate clinical discharge and onward referral information (where appropriate) to the service users GP. Service users (or carer, where appropriate) will receive a written copy of their discharge letter from the service within 5 working days. There will be a standardised template for referrals and for discharge information, the detail of which will be agreed with the provider following contract award
- The service will offer the service user a choice of service location, appointment time and date and in circumstances where onward referral is required, ensure that the appointment is booked via NHS e-referral system
- The service will provide treatment in line with agreed clinical protocols and per NICE guidelines where applicable. Available treatments will be dependent on the level of expertise of the clinical providing the service

At a later date following contract award, the provider may be asked to jointly explore with commissioners the implementation of innovative technologies to enhance triage and service provision, for example the utilisation of Telehealth/Tele-care treatment and advice and guidance.

3.3 Population covered Days/Hours Of Operation & Location(s)

The service will be accessible to the GP registered population of Fylde and Wyre and Blackpool CCG's.

The service locations should be within the Fylde Coast geographical area and should have sufficient sites, preferably located with access to car parks and public transport links, to ensure equitable access to both Fylde & Wyre and Blackpool patients. There is an expectation that there will be three or four service locations across the Fylde Coast. It is anticipated that when the service initially mobilises there may be fewer sites and that the number will increase dependent on patient flow and levels of demand, location of sites will be agreed with commissioners as part of the mobilisation of the service.

The community locations will be DDA (Disability Discrimination Act) compliant. The number of sessions and their timing will be discussed and agreed with the provider by Fylde & Wyre and Blackpool CCGs, following contract award. This will also be partly be dependent on levels of demand and patient flows.

There is an expectation that some appointments are offered outside of normal working hours i.e. some evening and weekend appointments.

Potential providers may propose such opening times as they are confident will accommodate their indicative activity levels and the maximum waiting times, as well as supporting accessibility requirements.

The provider will be responsible for administrative arrangements such as clinic referral letters and the scheduling of appointments.

Providers should be satisfied that their facilities for carrying out minor surgery meet the requisite DH national guidance on premises standards. Adequate and appropriate equipment should be available for the clinician to undertake the procedures chosen, and should also include appropriate equipment for resuscitation. The provider must demonstrate they have appropriate arrangements for infection control and decontamination in premises. All tissue removed by minor surgery must be kept in refrigerated storage and sent routinely for histological examination to the local pathology department. Consulting and treatment rooms must meet DH building notes for clinical spaces.

3.4 Access

Service users who require access to patient transport services in order to travel to and from Tier 2 Dermatology Service appointments should be directed to contact the Referral Management Centre on Telephone number 01772 325100. The Referral Management Centre will book patient transport for service users who meet the eligibility criteria, based on their clinical need for transport. Those patients who do not meet the criteria will be signposted to alternative providers.

The Provider will ensure that written communications with visually impaired service users follow the guidelines recommended in https://www.actionforblindpeople.org.uk/donate/leave-a-gift-in-your-will/professionals/tips-producing-printed-material-blind-partially-sig

3.5 Choice

The provider will ensure the service user has access to a list of clinically appropriate provider choices.

The referrer should initiate the choice offer and discuss the relevant clinical aspects of choice with the service user. The provider should work with the CCGs to support service users in discussing other aspects of choice.

The provider will ensure the service user has access to meaningful information to support their choice decision in circumstances where onward referral to a hospital is required.

3.6 Any acceptance and exclusion criteria

Acceptance criteria

Conditions to be treated, including but not limited to:

- Chronic inflammatory dermatoses not requiring consideration of phototherapy, day unit treatment or systemic treatment
- Acne not requiring Isotretinion
- Undiagnosed rashes in otherwise well patients
- Infections and infestations
- Lesions (all lesions should be accurately measured by the referrer and documented). Referrer must also include past history to any services for the same condition
- Precancerous skin lesions (eg actinic keratoses)
- Bowen's disease
- Facial rashes
- Urticaria
- Pruritis
- Nail, hair and scalp disorders, non-scarring alopecias
- Low risk BCCs as specified in NICE guidance
- Moderate conditions where diagnosis in doubt
- Pigmentary disorders

The service will provide;

- Full diagnostic service with biopsy and swab taking and reporting results
- Patient advice and education
- Initial treatment if required
- The provider will initiate the first prescription and will pick up costs associated with the prescribing and be responsible for registering all prescribers with the NHS BSA and ordering their own prescription pads
- Follow up at a subsequent clinic appointment if necessary
- Discharge summary to be provided to patients GP within 5 working days. The discharge summary to include: typed treatment plans, details of medications prescribed, recommendations for ongoing management and contact details to allow GP to discuss any aspects of the case with the community dermatology service. The exact format of the discharge template will be agreed with the provider following contract award

The provider will be required to perform minor surgical procedures such as curettage and diagnostic biopsies. Patients who require other surgery as part of their treatment will be referred to the appropriate service.

The provider will be expected to promote and publicise the service to all general practitioners in the Fylde and Wyre area and any other interested parties.

Exclusion Criteria

- Urgent two week wait suspected dermatology cancer referrals
- Lesions with significant risk of SCC or melanoma or other high risk malignancy
- High risk BCC (head and neck, recurrent, infiltrative, greater than 2cm, immunocompromised. Any lesions in patients who are immunocompromised)
- Any lesions in patients with a previous history of SCC or malignant melanoma
- Any facial lesion above 1.5 cm (or any criteria determined by audit or previous triage) similarly, any lesion on the lower leg above e.g. 1.5 cm
- Phototherapy and patch-testing
- Cystic acne or patients who haven't been through the complete management cycle
- Psoriasis
- Any patient who has previously been treated for the same condition in Blackpool Secondary Care e.g. re-referral after DNA, or previous episodes
- Any patient with documented previous requirement for secondary care facilities e.g. phototherapy, biologics and immunosuppressant therapies
- Patients who seem significantly likely to require secondary care e.g. phototherapy second line drugs, admission/day care
- Severe inflammatory skin disease requiring non-conventional therapy
- Specialised skin surgery
- Laser treatment
- Paediatric skin services
- Life threatening skin disease
- Photo-investigation and specialised photo-dermatology
- Specialised skin cancer
- Genital dermatology
- Non-malignant lymphoedema
- Organ transplant recipients with new or changing skin lesions
- HIV and infectious disease of the skin
- Leprosy
- Specialised dermapathology
- Occupational dermatoses and contact dermatoses
- Genetic dermatology
- Procedures of limited clinical value as determined by CCG policies
- Warts and verrucae (unless an exceptional case can be made)
- Molluscum contagiosum (unless an exceptional case can be made)
- Rapid-access to specialist clinics for urgent and emergency care
- Multidisciplinary team input of care and management of chronic skin conditions, unresponsive to treatment
- Care for complex skin problems within multidisciplinary clinics e.g. with geneticists, surgeons, rheumatologists or gynaecologists.
- Day care treatments for infusion therapies -modifying drugs and treatment, skin cancer surgery
- Advice on the management of skin problems in patients admitted with other illnesses / disease
- Psychological assessment of patients with skin conditions with referral to relevant specialist for care
- Diagnostic investigations for rashes with systemic disturbance
- Patient entry into clinical trials

It is anticipated that by using the fully integrated service model, only appropriate onward referrals will be made to secondary care. Prospective providers are not expected to duplicate specialist services already provided by existing tertiary care providers.

3.7 Treatment

The service provider is to deliver services which are evidence based i.e. NICE Guidance and British Association of Dermatologists (BAD) guidelines, and meet best practice.

Providers are expected to offer a comprehensive range of patient information and shall direct patients to other resources such as support groups in order to educate, support and empower them to live with their skin problems. Information leaflets should be made available in different languages and formats as required.

The service provider should aim to be the focal point for patient management, linking, where appropriate with secondary care and provide advice and guidance to the referring GP for the on-going maintenance of the condition.

The provider should adhere to the local safeguarding adult's policies of both the NHS and local authority.

The provider must be a member(s) or have links/agreements in place with the local acute hospital skin cancer multidisciplinary team (LSMDT). This is to ensure best clinical practice compliance with NICE and NCAT/ Cancer Network and providers should not remove lesions that they suspect to be melanoma or SCC. In instances where a skin cancer is excised unknowingly, the providers shall adhere to guidance by NICE and National Cancer Peer Reviews, and inform LSMDT/SSMDT.

The planned treatment of low risk BCCs shall be restricted to approved doctors who have specialist training in skin cancer work, and are a member of the LSMDT.

3.8 Interdependencies with other services

Patients
Cancer network and research networks (including skin cancer MDT)
Pathology services
GP's, district nurses, practice nurses, allied health professionals, secondary care services
Independent and voluntary sector organisations/providers
Multidisciplinary healthcare professionals
Other secondary care acute providers (including specialist nurses and doctors)
Pharmacists
Adult care services
Service users, carers, families and the public.

3.9 Prescribing

The provider shall ensure that prescribing is safe, clinically effective and cost efficient.

Prescribing must be in accordance with national and local guidelines and in line with local preferred prescribing list. All prescribers must adhere to both legal and good practice guidance on prescribing and medicines management in line with the Medicines Act 1968, associated legislation and regulations.

Prescribing decisions and recommendations shall only be made by suitably qualified medical or non-medical independent prescribers. All independent prescribers shall adhere to local, DH and professional body medicines management standards.

Patients should be supplied with 14 days of new medications from a list of prescribing choices agreed with the CCG medicines optimisation team. The referring GPs will be expected to provide all subsequent repeat prescriptions.

The provider must register with NHSBSA and set up a provider cost centre. The provider will be responsible for ordering their own prescriptions and the cost of the prescribing will be charged via this cost centre.

Pharmaceutical support should be available to the dermatology team. Clinical pharmacy services should be available in clinics to augment the specialist nursing service and to oversee and provide medicines advice for patients who require complex drug regimes' for co-existing conditions. Pharmacy services should provide:-

- Formulary development
- Emollient sample kits
- Patient education, advice and support and point of dispensing
- Liaison with community pharmacists and GP practice pharmacists

Providers would be responsible for:

- Providing all drugs on discharge which are required as a result of presenting complaint or intervention, up to a maximum of 14 days
- Repeat supply of all drugs which are classified as RED by Fylde & Wyre and Blackpool CCGs, which are required as a result of presenting complaint or intervention
- Initiating, adhering to and providing GPs with appropriate shared care guidelines for all drugs designated as AMBER by Fylde & Wyre and Blackpool CCGs, which are required as a result of the presenting complaint

The service provider shall comply with all statutory regulatory requirements and have robust, auditable systems in place to cover responsibility, reconciliation, record keeping and disposal requirements for the movement of drugs for which they are responsible.

The service provider shall record and report significant events and trends on near misses to the commissioner regarding prescribing or medicines management.

3.10 GP Education

The provider will be expected to propose an appropriate programme for educating referrers. This will include as a minimum the provision of feedback via returned referrals and discharge information and may also include shadowing opportunities for practitioners wishing to expand their skills and knowledge or education based on referrals trends.

3.11 Staffing

The service provider shall ensure that all practitioners who provide the service are competent and should be able to provide demonstrable evidence of competence. Evidence should include:

- The service provider will be responsible for ensuring that all clinical staff hold current professional registration, are current members of their irrespective professional bodies and have current CRB clearance. The CCG will require evidence that all GPwSIs, clinicians working within independent contractor status and independent or third sector providers are appropriately indemnified
- Certificate of any external postgraduate courses or accreditation
- Certificate or a sign off letter from the mentoring consultant(s) for any clinician working within an extended scope of practice, e.g. nurse specialist or GPwSI
- Evidence of ongoing and continued competence.
- Evidence of completion of statutory and mandatory training

- All staff (clinical and non-clinical) should have an annual appraisal and an agreed personal development plan
- Appropriate supervision arrangements for all levels of staff will be in place, including induction and clinical supervision
- Competent practitioners will assess referrals and patients in accordance with agreed protocols and pathways which are based on national clinical guidelines and evidenced good practice
- A clinical lead for the service will be required with responsibility for overseeing the clinical governance framework and processes, (see Section 3.6), including medicines management and prescribing
- The service provider will be responsible for ensuring that it maintains a staffing complement which allows it to meet the objectives set out in this specification. In particular, all staff will be required to work flexibly to ensure continuity of care and equity of access across all sites and treatment pathways.

3.12 IM&T Requirements

The Provider must ensure that appropriate "IM&T Systems" are in place to support the services. "IM&T Systems" means all computer hardware, software, networking, training, support and maintenance necessary to support and ensure effective delivery of the services, management of service user care and contract management, which must include:

- Individual electronic service user health records
- Clinical services including ordering and receipt of diagnostic procedure results and reports, where appropriate
- Prescribing and dispensing where appropriate
- Access to knowledge bases for healthcare at the point of service user contact; and
- Access to research papers, reviews, guidelines and protocols

An appropriate IT system will be utilised in order to ensure separate comprehensive records can be maintained for each service user which can then be used to inform detailed and regular audits of the service. Records/discharges must be electronically interchangeable with referring services (utilising READ Codes and HL7 messaging where appropriate), this can either be directly of via an already provided Medical Interoperability Gateway (MIG).

As electronic referral and discharge systems develop, the provider will be expected to work with the CCG and partners to enable transmission of photos as part of the electronic data interchange processes.

Providers IT systems must be NHS no. as the main patient identifier.

The provider will work in ways that support national and local programmes and utilise IT in ways that maximise service user care. The provider will also be required to have the use of a secure email system.

The provider IT system must interface and be able to accept referrals for NHS e-Referrals. Onward referrals should also be undertaken by the e-Referral service.

3.13 Discharge and Communication

All letters to patients and GPs shall be clearly legible and sent within 2 working days of the appointment and shall contain as a minimum:

- Named clinician in charge
- Primary and where appropriate, secondary diagnosis and/ or procedure

- Full management plan and follow up arrangements and suggestions for further treatments which could if necessary be added by the GP in case the patient fail to respond to initia therapy
- A medication update for the patient stating dose, frequency and duration of course of new prescribed drugs and notification if any medications are stopped
- Skin specialist contact number for ease of communication and query
- Where possible copies of clinical protocols/guidelines

The provider will be responsible for ensuring that the referring GP and patient is sent a type discharged summary letter outlining the diagnosis, investigations, treatment plans, medicatio and patient advice following each patient consultation and sent to the referring GP and patien within 5 working days of discharge.

3.14 Equipment

It is the responsibility of the provider to purchase and maintain to a high standard and replac all relevant equipment required to provide the service.

Clinics must be fully approved for infection control and be stocked with the required equipmen which meets Health and Safety standards.

Processes to monitor stock control and regular reviews to ensure standards are complied wit are to be in place.

The consultation room should have good lighting and adequate facilities for diagnosis an treatment procedures, and operative equipment that meets the requirements necessary t undertake skin surgery.

Where skin surgery sessions are performed, there should be appropriate documentation o lesions, which should include photographic records and established links to the loca dermatology and histopathology departments.

There should be adequate space to provide a 'waiting' area and have disabled access to th premises.

Depending on locality of GP practice, diagnostic testing will be provided by a patholog department attached to an LSMDT to ensure continuity and quality of both the requesting an reporting of diagnostic tests, and to inform treatment decisions made at LSMDT/SSMDT.

Sites where appointments are received through e-Referrals must have full IT support an ensure that staffs are trained to the appropriate standard to manage the appointment systen

4. Applicable Service Standards

The service provider will provide treatment in line with agreed clinical protocols and will adhere to the following guidelines (as amended) in delivery of this service:

- NICE guidelines including *Improving Outcomes Guidance* (skin tumours including melanoma Feb 2010)
- British Association of Dermatologists, Clinical Guidelines
- Guidance and competencies for the provision of services using GPs with Special Interests (GPwSI) (DH Apr 2007)

- Implementing care closer to home: Convenient quality care for patients, Part 3: the accreditation of GPs and Pharmacists with Special Interest (DH Apr 2007).
- *The above is not an exhaustive list; the provider will be responsible for ensuring it meets any amendments or new guidelines / policies as they are published, during the lifetime of the contract*
- The provider will nominate a dedicated operational lead within their organisation to manage the contract and have financial and operational responsibility
- Medical Staff: The service will be overseen by a consultant dermatologist and supported by medical staff with appropriate experience and qualifications i.e. GPwSI in dermatology
- The provider will be expected to undertake a full Equality Impact Assessment within 12 months of the service becoming operational
- The provider will undertake all clinic bookings, dealing with patient queries, reception, preparing reports and discharge letters
- The provider will demonstrate the appropriate system and policy for recording, mitigating, monitoring and reporting of risk issues.

The provider must have in place, for example, policies which shall be made available to the commissioner on request (*please note this list is not exhaustive and the provider must comply with all requirements in the NHS Standard Contract):-*

Equality and diversity
Recruitment
Health & Safety
Lone working
Record keeping
Confidentiality/data protection/Caldicott
Complaints
Business Continuity
Safeguarding
Mandatory Training
Mental Capacity Act

Applicable national standards (eg NICE)
Five Year Forward (2014) NHS England Planning Document
Everyone Counts: Planning for Patients (2013) NHS England
Implementing care closer to home, Parts 1 – 3 (DH 2007)
Revised guidance and competences for the provision of services using GPwSI (DH 2011)
Improving Outcomes for People with Skin Tumours Including Melanoma, The Manual, NICE, 2006 and update 2010
Providing care for patients with skin conditions: guidance and resources for commissioners, Primary Care Contracting, 2008
NHS England Quality Surveillance Programme (formerly National Peer Review Programme) 2016
Manual for cancer Services and Skin Measures 2016
The NHS Outcomes Framework 2016/17
High Quality Care for Dermatology 2012
NICE cancer referral guidance (2015)
DH Health Building Note 00-03: Clinical and clinical support spaces
DH Design for flooring, walls, ceilings, sanitary ware and windows (HBN 00-10)
DH Facilities for primary and community care services (HBN 11-01)

Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

Quality standards for dermatology providing the right care for people with skin conditions (2011) British Association of Dermatology in association with the Department of Health
British Association of Dermatologists: Quality Standards for Tele-dermatology

British Association of Dermatologists NICE accredited clinical and service guidance for secondary care clinical interventions.
British Association of Dermatologists 2011: Commissioning Guidance for Dermatology Services
RCP Consultants Working With Patients Guidance 2013

Applicable local standards
Restriction (Interventions of Limited Clinical Value)
Cancer Network Skin Cancer Guidelines
Medicines and Management policy

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4)

On the anniversary of the contract a review will be conducted and these will be annually during the contract period. This review will include all aspects of service, both clinical and non-clinical and may include third party specialised organisations such as the British Association of Dermatologists and/or external audit consultants.

The provider will be expected adhere to all of the National and Local quality requirements within the NHS Standard Contract, some of which are detailed below:-

- Duty of Candour
- The Provider reports on the NICE Quality Standards / NICE guidance
- Obtain service user and stakeholder satisfaction and experience surveys
- Evidence information to service users regarding how to make a complaint
- Evidence Equality of Access by responding to information from equality and diversity questionnaire responses
- Evidence compliance with medicines formulary compliance
- Evidence compliance with the discharge reporting standards, including updating medication changes on care plans at discharge and also on discharge documentation
- The service provider shall have a named clinical governance lead that shall ensure that all prescribing is within national and locally agreed guidelines and treatment pathways
- Evidence that MHRA and NPSA guideline alerts are promptly and appropriately actioned
- Evidence compliance with safeguarding requirements: Policies and Procedures, including staff training as per Intercollegiate Guidance 2014
- Evidence that patients are cared for by health staff who have been subject to a safer recruitment process
- Evidence that all decisions made in relation to adults who lack the capacity to make their own decisions are done so with due regard to the Mental Capacity Act and in the best interest of the adult concerned

- Evidence patient and public and carer involvement