

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Tier 2 Intermediate Ophthalmology Service
Commissioner Lead	Beth Goodman, Head of Acute Commissioning
Provider Lead	
Period	3 Years
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

As the population ages, the incidence and burden of eye disease is set to increase. Many eye diseases are chronic in nature meaning service users must be managed over the long term. In England and Wales the number of cases of glaucoma, one of the most common chronic eye diseases, is likely to increase by a third by 2021. The eye diseases in the UK with the greatest incidence and highest care costs are cataract, chronic open angle glaucoma, age-related macular degeneration and diabetic retinopathy.

Current changes in health service provision and as set out in the Blackpool CCG and Fylde & Wyre CCG strategic plans, the ambition to drive up quality, improve efficiency and deliver value for money, are such that certain services and specialties will see changes in the delivery of care. Ophthalmology is a specialty specifically identified by the Department of Health (DH) as being suitable for the relocation of a large proportion of work from being a hospital-based service to one that can be delivered closer to service users' homes in primary care under the "Shifting Care Closer to Home" Policy.

Care closer to home refers to offering patients more choice of providers and more convenient access to services. Although for some service users an acute trust is their closest location, it is the intention of Blackpool CCG and Fylde & Wyre CCG to encourage a shift of appropriate services into more community based settings. In addition to hospitals, services can be provided in such locations as health centres, high street locations, GP practices, independent sector clinics or other community based settings, for example day centres. The DH Commissioning Toolkit for Community Based Eye Care Services (2007) specifically identifies several pathways that have the potential to be managed in primary care. These include: glaucoma testing and follow up, primary eye care acute referral schemes, cataract monitoring, age-related macular degeneration review and low vision services. Management of some common childhood vision problems were also identified as care which can occur outside of hospital by suitably qualified eye care professionals (e.g. orthoptists). Shifting of some pathways out of traditional secondary care is also supported by the Royal College of Ophthalmologists, Association of Optometrists and the College of Optometrists.

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	
Domain 4	Ensuring people have a positive experience of care	
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2 Local defined outcomes

The provider will operate a fully managed community ophthalmology service, delivering

- High quality clinical outcomes
- Excellent, timely and convenient access for patients
- Care for everyone who should be managed by the service
- A reduced burden on the HES
- Open and transparent performance monitoring shared with commissioners
- An electronic patient record and performance management system which can be integrated with the HES systems enabling whole pathway audit e.g. for cataracts and shared care e.g. for glaucoma
- A culture of innovation and continuing quality improvement (CQI)
- Best value for money

1. The provision of timely care by appropriately trained and competent professionals
2. The delivery of high quality clinical services ensuring patient safety with a positive patient experience
3. The provision of education and training for the development of the future workforce
4. The reconfiguration of patient flows to make best usage of available resources and skills mix
5. The embedding of comprehensive governance structures into the service
6. The provision of services in a setting closer to home or work
7. The reduction of referrals to secondary care to reduce waiting times for secondary care outpatient appointments and/or enable greater capacity for the care of higher risk patients in secondary care
8. The delivery of feedback to GP and optometrist referrers and patients to support integrated care

3. Scope

3.1 Aims and objectives of service

The overall aims and objectives of this service are to:

- Appropriately clinically triage referrals made to ophthalmology services and ensure that the service user is referred onto the appropriate service dependent upon their clinical symptoms, as described in the referral documentation.
- Deliver community-based ophthalmology services for a defined range of eye problems. To provide targeted assessment and follow ups and co-management of specific chronic eye conditions within the community against an agreed set of protocols
- To demonstrate improved service user experience, quality of life and improved access for service users
- To deliver high quality eye care to service users registered with Blackpool and Fylde and Wyre GPs
- 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

- To achieve a fundamental shift of care from the acute providers into the community so that the service users can access effective and high quality services closer to home, as set out in Our Health, Our Care, Our Say (Department of Health, 2006) and the CCG's strategic plan
- To provide Blackpool CCG and Fylde & Wyre CCG service users with a choice of provider for the management of the specific eye conditions included in this specification. Service users will continue to be able to exercise choice of location of the community service or choice of hospital provider if they require onward referral
- Deliver community-based ophthalmology services for adults for a defined range of eye problems that achieves the outcomes detailed within Section 2.2
- Ensure that all eligible patients are managed through the service
- Reduce the pressures on the HES by delivering eye care outside the hospital where at all possible and ensuring that those that are referred are appropriate and fully worked up

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 Ophthalmologists and/or external audit consultants.

3.2 Service description/care pathway

3.2.1 Service description

Blackpool CCG and Fylde & Wyre CCG wish to procure community-based ophthalmology services for service users registered with a Blackpool, Fylde or Wyre GP and as a resident of Blackpool, Fylde or Wyre who present with:

- defined acute eye conditions
- defined chronic conditions

Service users will be referred to the intermediate service for triage and where possible service users will be assessed and provided with the appropriate treatment/advice in a single visit.

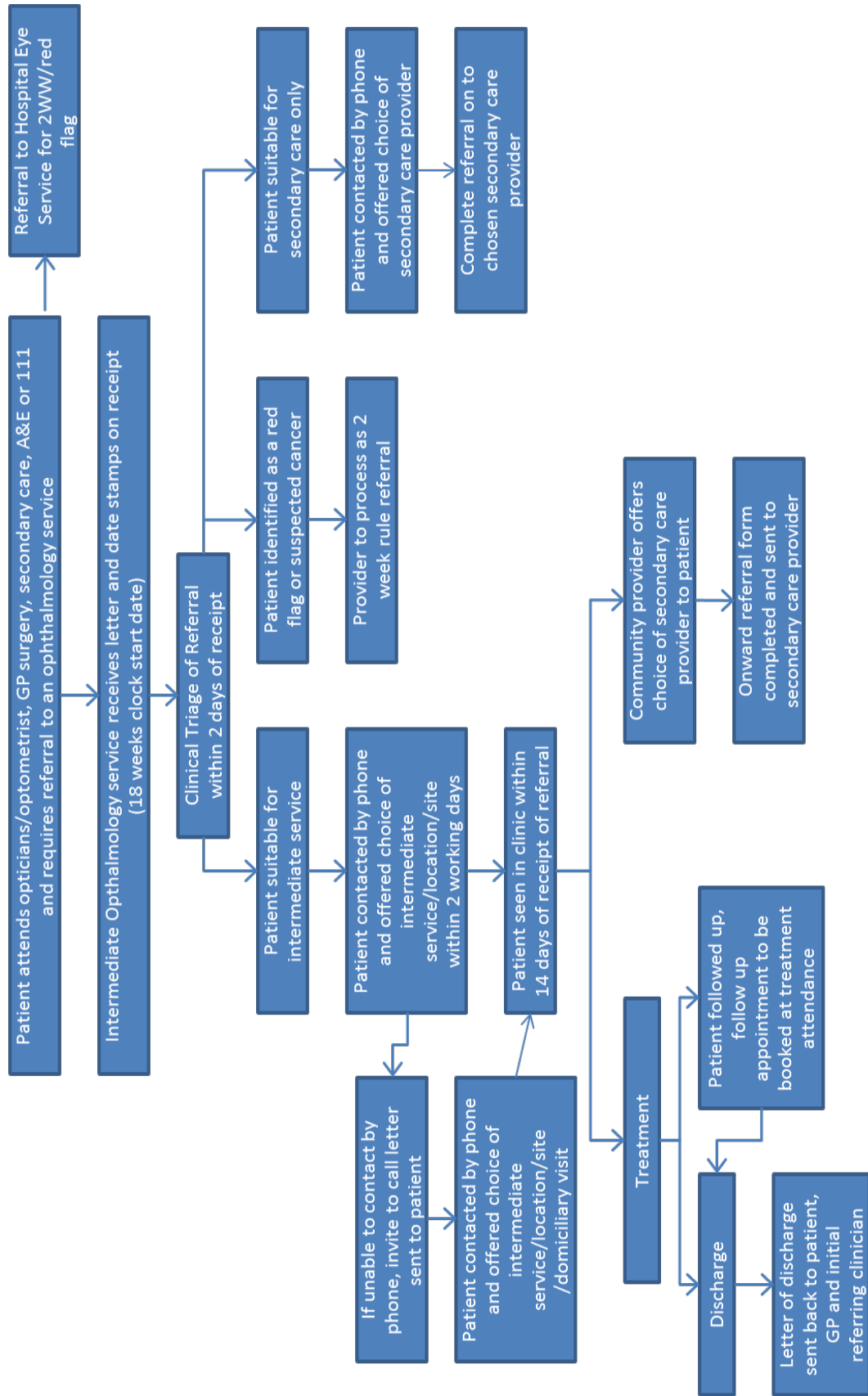
The following tests should be offered for all people who have COAG, who are suspected of having COAG or who have OHT:

- IOP measurement using Goldmann applanation tonometry (slit lamp mounted)
- Central corneal measurement (CCT) measurement
- Peripheral anterior chamber configuration and depth assessment using gonioscopy
- Visual field measurement using standard automated perimetry (central thresholding test)
- Optic nerve assessment, with dilatation, using stereoscopic slit lamp biomicroscopy with fundus examination

Ensure that all of the following are available at each clinical episode to all healthcare professionals involved in a person's care:

- Records of all previous tests and images relevant to COAG and OHT assessment
- Records of past medical history which could affect drug choice
- Current systemic and topical medication
- Glaucoma medication record
- Drug allergies and intolerances

3.2.2 Care Pathway



- The provider will accept referrals where service users have been referred by their GP/optometrist, A&E Department or 111
- The provider will be responsible for the clinical triaging of patients within 2 working days of receipt of referral
- The provider 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 clinician providing the service
- The provider will be responsible for booking service user appointments, including any necessary follow up appointments on receipt of referral.
- The provider will provide appropriate clinical and onward referral information (where appropriate) and decisions to the service users GP
- The provider will offer the service user a choice of provider in circumstances where onward referral to a hospital is required making sure the appointment is booked via e-Referral for s
The service will be available to adults (16 and over) registered with a Fylde & Wyre GP or Blackpool GP

3.2.3 Access

Providers must ensure provision is available in Blackpool CCG and Fylde and Wyre CCG 'neighbourhoods' as detailed in the Blackpool CCG and the Fylde and Wyre CCG strategies.

There are 5 neighbourhoods in Fylde & Wyre CCG and 6 neighbourhoods in Blackpool. The agreement to mobilise with 3 locations, in the first instance.

The number and locations of the clinics will be jointly reviewed by the CCG and the provider within 6 months of mobilisation. A decision regarding future location of services will be made dependent on patient choice (i.e. volumes flowing to each site) and patient feedback and any other intelligence which the provider wishes the CCG to consider. The evaluation of the initial sites may result in changes to locations. The number of clinic locations across the footprint will be a minimum of 6 sites.

The location(s) of premises should be accessible by public transport and should have parking facilities available or very nearby. Premises should also be accessible by patient transportation service vehicles for those service users with a medical need for transportation.

The provider must demonstrate that the premises are "fit for purpose" and are compliant with all relevant Building Regulations and requirements, are Disabilities Discrimination Act 1995 Compliant and are clean and comfortable.

The service will operate from premises with facilities that meet general health and safety requirements. Compliance will be measured against Fylde & Wyre CCG Health and Safety policies on a regular basis.

Providers shall ensure that the facilities provided should incorporate suitable waiting areas, consultation and examination rooms, furniture, fittings and equipment as required to provide a safe service. Equipment includes all computer hardware and software required to operate the service.

There must be clear signs in place to ensure easy access for patients.

All premises should meet statutory requirements and follow best practice guidance.

National Building Requirements define the standards of the above facilities and will be complied with.

Premises must:

- Facilitate the effective and efficient delivery of the services to patients;

- Deliver a patient experience and environment that is in line with NHS guidelines;
- Enable the services to be delivered conveniently to patients and NHS standards; and
- Take into account the mobility for the local population and the availability of local public transport to maximise access to patients.

All parts of the premises in which the service operates must be suitable for the purpose, kept clean and maintained in good physical repair and condition. In particular, the physical environment must comply with Infection Control in the Built Environment (NHS Estates: 2002). The document specifically includes (but is not limited to) the following aspects to reduce risks of infection:

- Sizing / space;
- Clinical sinks;
- Ancillary areas;
- Engineering services which incorporates advice on ventilation, lighting, water supply;
- Storage;
- Finishes, floors, walls, ceilings, doors, windows, fixtures and fittings;
- Decontamination;
- Laundry and linen;
- Waste – segregation, storage and disposal; and
- Workflow

Where premises are used to deliver surgery or procedures the provider must be able to demonstrate that the premises are fully compliant with the relevant regulations and legislation.

The CCG reserve the right to inspect the services premises / records and policies at any time in accordance with main contract clause GC15.2.

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, with a minimum number of clinics at set locations at set times.

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

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>

Service Users who require access to Patient Transport Services in order to travel to and from Tier 2 Ophthalmology 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.

3.2.4 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 in the practice to support their choice decision in circumstances where onward referral to a hospital is required.
- The e-Referral system will be utilised to evidence that choice has been offered.

3.2.5 Workforce

Blackpool CCG and Fylde & Wyre CCG are seeking a community-based ophthalmology service led by suitable eye care professionals that can demonstrate utilisation of existing primary care workforce to ensure service quality. Clinical workforce for such a service could include but is not limited to the following:

- Community optometrists
- GPs with special interest in ophthalmology
- Consultant ophthalmologists
- Associate specialists in ophthalmology
- Ophthalmic medical practitioner
- Ophthalmic nurses

The Provider has the following responsibilities in line with the delivery of this service:

- Ensure that all employment practice is up to date with current employment legislation
- Provide an adequate structure for the supervision of staff to enable the optimum performance of the contract
- Ensure that all pre and post-employment checks are undertaken in line with the requirements of NHS Employment Check Standards (2008), including agency staff where deployed
- Conduct pre-employment DBS (Disclosure and Barring Process) previously CRB checks and repeat at reasonable intervals; implementation plans for Independent Safeguarding Authority processes
- Evidence clinical competency, qualification and registration in order to meet the terms of the contract and the arrangements for continuing professional development
- Verify personal indemnity insurance where required, and provide annual proof of cover to the CCG
- Provide induction training and regular mandatory training which will include health and safety, fire safety, infection control, conflict resolution, equality and diversity awareness, child and vulnerable adult protection, moving and handling
- Staff handbook or equivalent
- Demonstrate that staff performance systems – including appraisal and capability processes are in place
- Evidence staff contingency arrangements – to cover emergencies, unplanned staff absences, as part of business continuity planning

The provider has the following responsibilities in line with the delivery of this service:

- Initial training and accreditation for clinicians, such as optometrists, including protocols and conditions to be obtained by the provider and to be signed off by the CCG
- To ensure that all members of the service maintain their knowledge and skills by keeping up to date with the ophthalmic literature, attending meetings and participation in in-house academic sessions. This requirement would be assessed during an annual appraisal
- To provide clinical education to practices within the locality to support further development of their knowledge and skills in the on-going management of service users
- To ensure that all professional staff are supported to undertake clinical supervision in line with the relevant statutory body requirements

The provider must have in place a comprehensive, coherent, robust plan for recruitment, management and development of staff with the principle objectives to:

- Meet the essential day to day staff leadership, management and supervisory needs to the contract during its lifetime, including during mobilisation and, if appropriate, contract termination
- Adhere to TUPE legislation (as applicable)

- Support the provision of safe, high quality clinical services
- Ensure through appropriate audit, training and continuous professional development that all staff involved in treating NHS patients are and remain qualified and competent to do so
- Support the implementation of all relevant statutory and non-statutory NHS standards, regulations, guidelines and codes of practice
- Maintain an effective working partnership with local NHS employers to continuously develop and maintain best people management practices and ways of working
- Reduce dependency on agency or locum staff to delivery services, such use not to exceed 10% unless in extreme circumstances.

The provider must have in place a recruitment and retention strategy. This must:

- Be capable of attracting and retaining high quality job applicants
- Optimise individual skill levels and potential
- Fully harness available skills and commitment
- Encourage and engender support for new ways of working

3.2.6 Equipment

It is the responsibility of the provider to purchase, maintain to a high standard and replace all relevant equipment required to provide the service. Equipment required includes the following (but not limited to):

- Threshold Visual field screener and printer
- Slit lamp
- Goldmann contact tonometer
- Direct and indirect ophthalmoscope, retinoscope,
- Amsler charts
- Epilation equipment and 28 gauge needle for removal corneal foreign bodies
- Diagnostic drugs (mydriatics, stains, local anaesthetics, etc)
- Volk lens 78d, 28d, plus fundus contact lens, gonio and 3 mirror lenses
- Visual acuity chart
- Indenter
- Pachymeter

All machines and measurement instruments (e.g. tonometers) must be calibrated regularly according to manufacturer's instructions.

3.2.7 IMT

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
- 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.

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 have the use of emails.

The use of the e-Referral system for onward referrals and to evidence that choice has been offered.

3.2.8 Discharge and Communication

All letters to patients and GPs shall be clearly legible and sent within 5 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 initial therapy
- A medication update for the patient stating dose, frequency and duration of course of newly 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 typed discharged summary letter outlining the diagnosis, investigations, treatment plans, medication and patient advice following each patient consultation and sent to the referring GP and patient within 5 working days of discharge.

3.2.9 Prescribing

Prescribing and medication will be required for 14 days (or such shorter period of a full course of medication as appropriate) post discharge and will be provided as part of the service and will be included in the price.

The provider is a prescriber and will pay the drug costs for the service

The provider must register with NBSBSA 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.

“Dispensing Services” means the provision of drugs, medicines or appliances that may be provided as pharmaceutical services by a medical practitioner in accordance with arrangements made under regulation 20 of the Pharmaceutical Regulations;

“Prescriber” means:

- (a) a medical practitioner
- (b) a pharmacist Independent prescriber
- (c) an independent nurse prescriber
- (d) a supplementary prescriber

who is either engaged or employed by the CCG;

Dispensing services

The parties agree to monitor and review the drug cost every quarter following the commencement date.



The provider is responsible for drug costs for acute conditions for the initial prescription.

[REDACTED] and shall continue to dispense the necessary medicines for the first 14 days until the service user is referred back to the GP for ongoing management and treatment. For clarity, the provider shall retain responsibility for any service user who fails to tolerate the initial drug or has treatment failure and requires a change in therapy; whereby the provider shall bear the costs of any further treatment and drug costs. Subject to the inclusion of glaucoma services.

3.3 Population covered

Fylde and Wyre CCG have a population of approximately 151,640 people and the primary 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

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 This service will provide:

The provider is responsible for all diagnostics necessary to treat and manage the acute and chronic conditions listed in the table immediately below.

This excludes any service users requiring MR, CT and GDX, who should be referred to secondary care for diagnosis and any management. This is subject to review by both parties.

If in accordance with good clinical practice the provider is of the opinion that a service user should be onwardly referred, then it shall comply with the Care Pathway set out in paragraph 3.2.2.

Community Ophthalmology Service: Defined Conditions

Acute

Acute conditions

- Field defects / patient reported
- Flashes/floaters (photopsia)
- vitreous detachment, vitreous haemorrhage
- Retinal lesions / pigmented retinal lesions / abnormal fundus appearance, suspicious naevi
- Retinal vein occlusion (RVO)
- Raised intraocular pressure
- Ocular pain
- Systemic disease affecting the eye
- Red eye : Differential diagnosis and management as appropriate including but not limited to
 - Subconjunctival haemorrhage
 - Conjunctivitis bacterial / viral / allergic / persistent
 - Episcleritis
 - Superficial corneal abrasions
- Foreign body and emergency contact lens removal (not by the fitting practitioner)
- Pterygium
- Pinguecula
- Dry eye

- Epiphora (watery eye)
- Trichiasis (ingrowing eyelashes)
- Blepharitis
- Differential diagnosis of lumps and bumps in the vicinity of the eye
- Lid lesions / chalazion / differential diagnosis of lumps and bumps in the vicinity of the eye
- Minor eye conditions

- **Chronic conditions**
- Glaucoma:
 - Screening for suspected glaucoma or ocular hypertension as per agreed criteria. Management and follow up of these patients in the community
 - Follow up of low risk of sight loss primary open angle glaucoma, ocular hypertension and suspected ocular hypertension
 - Transfer of low risk of sight loss glaucoma patients from secondary care into the community for on-going monitoring and management

The service will not include the conditions listed below at the commencement of the contract. However, the scope of the contract may be extended during its lifetime in discussion and agreement with the provider to include some aspects of the below:-

- Cataract:
 - Suspected cataracts for refinement
 - The service will act as a triage service for patients who may require cataract surgery
 - Direct surgical listing of cataract surgery
- Age-related macular degeneration (AMD) – wet / dry – develop referral and treatment pathway
- Diabetic macular oedema
- Early keratoconus (not requiring surgery)
- Other conditions that become treatable as determined by NICE guidance
- Self-referral access model for minor eye conditions

3.5 Interdependence with other services/providers

3.5.1 Interdependencies

Key interdependencies include:

- Local community optometrists and the Local Optical Committee (LOC)
- Local GPs
- The HES and specifically the glaucoma / cataract teams
- NHS 111 and the integrated urgent care service
- Psychological and mental health services
- Referral management centre
- Ophthalmologists
- Optometrists
- Orthoptists
- Ophthalmic nurses
- Dispensing opticians
- General practitioners (with an interest in ophthalmology)
- Technicians / healthcare assistants
- Eye clinic liaison officers
- Pharmacists

Subcontractors

Should the provider choose to include subcontractors in their solution, they must have a signed agreement with them in place by the time the response is submitted. The subcontractors need not have submitted a proposal however the provider must assure themselves that they are clinically and financially sound.

The provider will remain responsible for subcontractors and for meeting the obligations of the contract with full flow down of KPIs. They must also ensure that subcontracted clinicians are:

- Fully qualified and accredited
- Included within the provider's governance and reporting frameworks and that
- There are effective arrangements in place to manage poor performance

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

It is the responsibility of the provider to ensure the implementation of all relevant NICE guidance relating to ophthalmic conditions and low priority procedures as directed by the lead CCGs Risk & Clinical Governance Committee, CCG Board and Public Health Directorate

4.1.2 Infection control

Providers should meet the requirements in infection prevention and control as identified within The Health Act 2008, Code of Practice for Infection Prevention and Control of Healthcare associated Infections (DH 2008) and describe their arrangement for compliance.

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

4.3 Applicable local standards

4.3.1 Development of service user centred service

Clinical services must be service user focused and of a high quality resulting in high service user satisfaction levels, delivered in an environment that provides a positive service user experience using correct clinical facilities by appropriately qualified clinical staff. The provider will need to ensure that services provision is adapted to meet the needs of vulnerable people, people with learning and physical difficulties and mental health needs.

The provider will be required to demonstrate:

- How it aims to make services accessible and convenient for all service user groups
- How it will ensure that its services are appropriate and responsive to needs of all service user groups
- How it will involve all service user groups in delivering or designing its services
- How progress in the above areas will be monitored and evaluated

4.3.2 Compliance with policies and procedures

The provider must comply with the following:

- Standards for Better Health (of most up-to-date equivalent)
- Fylde & Wyre CCGs policies on consent and complaints
- Blackpool CCGs policies on consent and complaints
- Relevant legal and regulatory requirements in relation to the provider and the service provision
- Health and Safety legislation & associated legislation
- Management of Medical Devices Policy
- Incident Reporting Procedure
- Serious Untoward Incident Reporting Policy

4.3.3 Governance

The provider shall put into place a system that demonstrates the governance arrangements for the organisation including managing risk.

Clinical Governance

A “system of clinical governance” means a framework through which the contractor endeavours continuously to improve the quality of its services and safeguard high standards of care by creating an environment in which clinical excellence can flourish.

The provider shall have an effective system of clinical governance. The provider must put in place appropriate and effective arrangements for quality assurance, continuous quality improvement and risk management, including audit.

1. The organisation has a clinical governance lead
2. There are systems for ensuring sound clinical and corporate governance
3. A robust records management system is in place, covering all stages of records management, and data confidentiality issues

The exact contract form and payment mechanism will be determined in the contracting phase with the successful providers.

4.3.4 Insurance

It is the responsibility of the provider to have the following insurance and maintain all insurance policies. The provider must provide details of the following insurance cover:

- Employee liability insurance
- Public liability insurance
- Clinical negligence insurance
- Buildings and/or property insurance
- Contents insurance

5. Applicable quality requirements

5.1 Applicable Quality Requirements (See Schedule 4)

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

Key performance indicators:

A summary of high level activity based key performance indicators is listed below. The detailed quality and key performance indicator schedule will be shared with bidders during the procurement process, to assess the provider's capability to deliver the service to the required standard.

No	KPI Descriptor	Rating
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1	Referrals to be clinically triaged and onward referred to appropriate service with 2 working days	100%
2	Referrals to be offered a first appointment within 14 days of receipt	100%
3	Service users with suspected Wet AMD to be referred to local specialist services within 24 hours of receipt	100%
4	Referrals to the HES to be considered appropriate by the receiving ophthalmologist	100%
5	Service user satisfaction rating	> 75%
6	Onward referrals do not exceed agreed baseline	10%

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 Ophthalmologists and/or external audit consultants

The provider will be required to present quarterly activity and key performance indicator reports to the CCG as outlined above. The CCG will reserve the right to immediately terminate the contract if the activity and the KPI reporting are not completed within stated time frames and to the satisfaction of the CCG, or there is a failure to deliver the service in line with the specification, particularly compliance with 3.2.2

Registration with the Care Quality Commission (CQC)

The CCG requires evidence of compliance with CQC registration including as a minimum evidence of robust policies / procedures for the following:

Safety Domain

Risk Management

4. An annual risk assessment is carried out for the service based on the NPSA Risk Assessment Programme to include:
 - a. The level and management of risk is identified for all risks
 - b. All high level risks are recorded on the organisational risk register and managed at board level or equivalent
 - c. All significant incidents are recorded and acted on
 - d. All risk data are analysed and reviewed together, to determine and act on trends
5. All SUIs are reported to the CCG, with details of investigation, recommendations and actions taken.
6. A system is in place to manage and act on patient safety notices (The provider will be included in the CCG's system of alerts for patient safety notices).

Infection Control

7. Medical devices are used and decontaminated according to regulations
8. All medicines are handled safely and securely
9. The organisation has, and carries out, an action plan to implement the hygiene code, including necessary audits and improvements

10. If controlled drugs are used by a service, CD regulations are followed, a self – assessment is carried out and any highlighted actions identified and completed
11. Waste management is carried out in line with most recent regulations

Clinical And Cost Effectiveness Domain

Clinical and Cost Effectiveness

12. All relevant NICE guidance is reviewed and implemented where appropriate, with decisions on implementation documented
13. The organisation has a system to identify areas for audit which is informed by organisational priorities, and includes review of referral criteria and demand management
14. Audits are completed with recommendations carried out and re-audit completed

Staff training, development and supervision

15. All staff have annual appraisal and development plans that are monitored
16. Agreed mandatory training is available to staff and is monitored and action taken to ensure attendance
17. All staff have appropriate training for the work being carried out, including induction
18. Staff have opportunity for reflective learning / clinical supervision
19. All staff are appropriately recruited, trained, qualified and registered for the role undertaken
20. Any delegation is carried out in line with agreed delegation guidance

Partnership working

21. The organisation works with other organisations to ensure effective collaboration to meet patient needs

Governance Domain

Clinical Governance

22. The organisation has a clinical governance lead
23. There are systems for ensuring sound clinical and corporate governance

Information Governance

24. A robust records management system is in place, covering all stages of records management, and data confidentiality issues

Patient Focus Domain

25. There is a Consent to Treatment policy that is fit for purpose and audited, and supports the process for obtaining valid and informed consent from patients
26. Clear and up-to-date patient information is available for all services
27. The organisation has a procedure for complaints which is easily available to patients

Accessible and Responsive Care Domain

28. Patients' views are sought at any service change and cover information, waiting times and access, quality of care, patient's understanding and other priority areas. The results of the survey are discussed acted on and feedback provided to patients
29. Equality and diversity, including accessibility, are discussed and acted on for all services. These include both staff and patients
30. The provider will co-operate and participate in Healthwatch work around assessing accessibility and responsiveness including allowing access for service reviews

Care Environment and Amenities Domain

35. Environments used by the organisation are clean, safe, secure and fit for purpose

Public Health Domain

31. The organisation takes opportunities to promote and improve health and identify and address health inequalities
32. The organisation, together with other local organisations, has a plan to cover emergency situations (including business continuity)

All commissioned organisations are required to:

1. Make a self-assessment of compliance against both CQC and additional agreed quality indicators, e.g. controlled drugs, information governance
2. Report to the CCG on CQC and agreed quality indicators every three months. This would involve an in-depth review of all indicators annually, and a brief three-monthly evidence based overview assurance report showing lapse where standards are not met. Where there is lapse a Non Compliance Action Plan will be completed and submitted with the report
3. Report all Serious Untoward Incidents (SUI's) to the CCG, and provide details of investigations, recommendations, actions taken and learning from the investigations
4. Allow relevant CCG staff to carry out inspections to determine compliance with elements of the contract with the CCG, and with CQC