

MODULE B – PERFORMANCE REQUIREMENTS – SPECIFICATION, QUALITY AND PRODUCTIVITY

SECTION 1 – SPECIFICATION

Service Specification Reference	02-GMS-0019
Care Pathway/Service	ENT – GpWSI & Nursing
Commissioner Lead	Sally Sandcraft
Provider Lead	Chris Kennedy
Period	2013-14
Applicability of Module E (<i>Acute Services Requirements</i>)	

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	

1. Purpose

1.1 Aims

To provide a safe, high quality and cost effective medical management service for non-urgent ENT patients registered with a Bournemouth, Poole GP or East Dorset practice.. The service is provided by accredited GPSIs who are suitably qualified and accredited with demonstrable clinical skills and competencies for triage, assessment, diagnosis and treatment with support of specialist nurses and audiologists for patients with ENT conditions referred by local GPs. The services:

- enable patients to receive care and treatment outside hospital;
- help achieve waiting time targets and demand management;
- provide patients, advised by their GPs, with additional choices.

1.2 Evidence Base

- Guidelines for the appointment of general practitioners with special interests in the delivery of clinical services: ENT 2007
- Implementing care closer to home: Convenient quality care for patients 21 May 2007
- Transforming Community Services, DH, January 2009
- High Quality Care for All, NHS Next Stage Review Final Report, DH, June 2008
- NHS Next Stage Review, Our Vision for Primary and Community Care, DH, July 2008

- Health Inequalities: Progress and Next Steps, DH, June 2008
- Developing the NHS Performance Regime, DH, June 2008
- NHS Next Stage Review: Leading Local Change, DH, May 2008
- The Strategic Framework for Improving Health in the South West 2008/09 to 2010/11, NHS South West, May 2008
- Long Term Conditions: Compendium of Information, DH, January 2008
- Our Health, Our Care, Our Say, DH, 2006

1.3 General Overview

The ENT Interface Service will provide a specialist primary care approach to the medical management of patients with non-urgent ENT conditions. The service:

- provides a diagnosis and treatment service;
- refers patients when necessary to Hospital Consultants;
- refers patients for surgery;
- refers patients to the Ear Care Specialist nurse*;
- refers patients to Audiology;
- report to referring GP on individual patient.

*The specialist nurse will provide treatments for patients who have specific ear conditions and require regular treatment or advice and monitoring.

1.4 Objectives

The objectives of the service are:

- To provide effective and evidence based medical management of patients with non-urgent clinical ENT conditions, to improve outcomes and prevent complications in the community;
- To promote patient independence through evidence based practice including health promotion programmes;
- To develop and inform local care pathways and protocols, ensuring an integrated and effective approach to ENT;
- To provide a responsive service achieving national and local waiting time targets;
- To plan specialist input with patients, their carers and other appropriate health and social care professionals;

1.5 Expected Outcomes including improving prevention

- improvements in referred patients' ENT conditions;
- improved self-management by patients particularly those with long term conditions;
- improved management of patients in general practice;
- demand management for ENT services.

2. Scope

2.1 Service Description

The ENT Interface Service will provide, for Bournemouth and Poole and East Dorset registered patients, medical management of patients with non-urgent ENT conditions. The accredited GPwSIs will offer triage,

assessment, investigation and treatment for patients with ENT conditions referred by local GPs. The service will provide a flexible service to manage demand delivering value for money.

2.2 Accessibility/acceptability

Choose and Book referral criteria

2.3 Whole System Relationships

The pathway requires the service to work in partnership with GPs, Audiology service, secondary care, diagnostic partners, carers and the patient.

2.4 Interdependencies

Reliant on secondary care to provide clinical supervision and access to senior clinicians;
General Practitioners for referrals

2.5 Relevant networks and screening programmes

Networking with senior Clinical Staff at both acute hospitals

3. Service Delivery

3.1 Service model

The service will:

- ensure that all referrals are dealt with in a quick efficient manner with an assessment date being offered for patients to ensure compliance with national RTT targets
- offer a choice of appointments wherever possible;
- demonstrate that clinical activities undertaken are evidence based and delivered according to local and national clinical guidance;
- provide any interpreting and communication support services necessary, either by direct provision or by contract with a third party, in order to:
 - minimise clinical risk arising from inaccurate communication
 - support equitable access to healthcare for people for whom English is not a first language
 - support effectiveness of services in reducing health inequalities

SERVICE QUALITY

Processes in place for promoting high standards to include:

- appointing appropriately qualified and experienced clinicians;
- accreditation and reaccreditation of GPSIs;
- training, supervision and appraisal of all staff:
 - all staff have a personal CPD programme;
 - all GPSIs have supervision of a consultant;
 - an annual appraisal PDR process in place;
- clinical audit;
- incident reporting: the service works to the standard PCT system;

- monitoring and learning lessons from complaints / patient experience.

3.2 Care Pathway(s)

As agreed with the commissioner and detailed on Choose and Book

4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/boundaries

NHS Bournemouth and Poole area

4.2 Location(s) of Service Delivery

Local NHS Health Centres and clinics, GP surgeries

Clinics are provided where possible and practicable on an equitable geographical distribution

4.3 Days/Hours of operation

8AM - 7PM

4.4 Referral criteria & sources

Referral criteria: see Choose and Book

Referral sources: GPs through Choose and Book

4.5 Referral route

Choose and Book for GPSI and Nurse specialist

Direct referral to Nurse specialist

4.6 Exclusion criteria

referral criteria on Choose and Book. Details at Appendix

4.7 Response time & detail and prioritisation

To achieve local, regional and national Referral to Treatment and No Delays targets in line with Framework for Scheduled Care, there are the following targets:

95% of patients whose referral to first definitive treatment is within 18 week national referral to treatment waiting time.

Suspicion of cancer: refer as 2-week rule - to consultants

5. Discharge Criteria and Planning

The Provider shall issue the Service User's Discharge Letter to the Service User's Referrer within 24 hours of the Service User's discharge from the Provider's care, where the Service User is discharged by the Provider on or after 1 April 2010,

Where required by the relevant Transfer of and Discharge from Care Protocol, the Provider shall issue a copy of the Discharge Letter to the Service User.

The Provider shall not discharge a Service User where discharge would not be in accordance with Good Clinical Practice or Good Health and shall use best efforts to avoid circumstances and discharges likely to lead

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to recommencement of care.

6. Prevention, Self-Care and Patient and Carer Information

Working towards all patients having a copy of their individualised care plans which include information on their condition and future prevention and self –care with advice to contact their own GP if concerned
‘SOS’ system enables patients to self refer for 6 months post discharge

7. Continual Service Improvement/Innovation Plan

<i>Description of Scheme</i>	<i>Milestones</i>	<i>Expected Benefit</i>	<i>Timescales</i>	<i>Frequency of Monitoring</i>
Work towards increasing education in Primary care	Funding to be agreed	Reduction inappropriate referrals to ENT services	To be agreed	To be agreed
The service providers will work with the commissioner to review the patient pathway for ENT services during 11/12		Clear pathways with more people being treated in community settings	To be completed by March 2012	

8. Baseline Performance Targets – Quality, Performance & Productivity

<i>Performance Indicator</i>	<i>Indicator</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Frequency of Monitoring</i>
Access				
95% of patients whose referral to first definitive treatment is within the 18 week national referral to treatment waiting time.		95%	Balanced Scorecard	Monthly
<i>Additional Measures for Block Contracts:-</i>				
Staff turnover rates				
Sickness levels				
Agency and bank spend				

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Contacts per FTE				
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9. Activity				
9.1 Activity				
<i>Activity Performance Indicators</i>	<i>Method of measurement</i>	<i>Baseline Target</i>	<i>Threshold</i>	<i>Frequency of Monitoring</i>
ENT (Total contacts First and Follow Up attendances)	Activity Report	2,311		Monthly
First attendances		1344		
Follow up attendances		967		
9.2 Activity Plan / Activity Management Plan				
First and follow up contacts to be reported separately				
Monthly activity reports as defined in section 2.1 of the main contract .				
9.3 Capacity Review				

10. Currency and Prices

<u>10.1 Currency and Price</u>				
Basis of Contract	Currency	Price	Thresholds	Expected Annual Contract Value
Block/cost & volume/cost per case/Other_____*		£		£
Total		£		£

**delete as appropriate*

<u>10.2 Cost of Service by Commissioner</u>

Total Cost of Service	Co-ordinating Commissioner Total	Associate Total	Associate Total	Associate Total	Total Annual Expected Cost
£	£	£	£	£	£



Appendix 3.doc

Specification for GPSI and Nurse Specialist clinics, as used by Choose and Book for exclusion criteria