

SCHEDULE 2 – THE SERVICES
A. Service Specifications (B1)

Service Specification No.	02/GMS/0029
Service	Day Surgery Units/Theatres Within Community Hospitals DCHS
Commissioner Lead	Deputy Director Review Design and Delivery
Provider Lead	Norma Lee / Cara Southgate / Sally O'Donnell
Period	2013/14
Date of Review	To be Agreed

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 high quality, cost effective and personal day surgery and endoscopy service for patients who, following assessment, are suitable for Community Hospital Treatment.

1.2 Evidence Base

All relevant NICE guidance, NHS Constitution, Working to Association of Perioperative Practice and Joint Advisory Group for Endoscopy standards.

Guidelines of relevant Royal Colleges, e.g. anaesthesia and surgeons .

1.3 General Overview

The Day Surgery Unit provides a surgical and endoscopy service for local and district wide patients.

Surgical specialities undertaken include general, colo rectal, urological, gynaecology, orthopaedic, oral, excision of minor skin lesions, podiatry, and caudal epidural and chronic pain intervention.

Endoscopy includes gastroscopy ,colonoscopy, flexible sigmoidoscopy, cystoscopy and hysteroscopy

Patients who attend for surgery under general anaesthesia have preoperative assessment,

and are screened for MRSA as per guidelines

1.4 Objectives

To provide a safe and efficient surgical and endoscopy service, close to home for local patients, offering patient choice whilst meeting government targets for waiting times.

To ensure effective theatre utilisation and through put.

To ensure that patients' individuality and dignity is maintained throughout the perioperative period through individualised planning and holistic care.

1.5 Expected Outcomes

The perioperative journey is completed safely.

Patients are discharged with minimal discomfort, sufficient knowledge to self care and adequate contact details for professional support.

Audit outcomes identify high standards and exceptional levels of patient satisfaction.

2. Scope

2.1 Service Description

Experienced Day Surgery Teams work closely with medical staff, surgeons and anaesthetists from Dorset County Hospital, Poole Hospital and Bournemouth General alongside other members of the multidisciplinary team.

Procedures are taken from the 'basket and trolley of cases recommended for Day Surgery.

The DSU provides a planned perioperative approach for same day discharge with limited provision for short stay admission if appropriate on some inpatient wards.

The unit also accommodates services from other provider hospitals in unutilised session time.

2.2 Accessibility/acceptability

The Day Surgery Unit is a self contained area within the hospital. Easily accessible through the main entrance to the hospital and when not in use it is locked and secure.

2.3 Whole System Relationships

The units works closely with outpatient department and visiting consultants who list patients for surgical and endoscopy procedures. It also offers diagnostic service for endoscopy accepting direct referrals from local GPs. A close liaison is maintained with the district general hospitals.

2.4 Interdependencies

As above

2.5 Relevant Clinical Networks and Screening Programmes

Patients attend for preoperative assessment in order to assess their suitability for surgery in a community hospital.

Strict admission criteria are adhered to and only patients of ASA I or II are operated on. Investigations are ordered according to NICE guidance. Elective surgical patients are screened for MRSA prior to surgery according to guidance from the infection, prevention and control team.

Nursing staff, working within the area of Day Surgery are eligible to become members of the Association for Peri-operative Practice and/or British Association of Day Surgery and there is representation from staff employed within DCHS on the Southern Preoperative Assessment Group and Endoscopy Managers Networking Group.

2.6 Sub-contractors

3. Service Delivery

3.1 Service Model

N/A

3.2 Pathways

N/A

4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/boundaries

All of Dorset PCT.

4.2 Location(s) of Service Delivery

Swanage
Bridport
Blandford NO ENDOSCOPY
Wimborne NOT A DSU.
Sherborne

4.3 Days/Hours of operation

Monday to Friday

4.4 Referral criteria & sources

Currently any patient over the age of 18 years who fulfils the safety criteria for day surgery.

Patients for surgery are referred to DSU following an outpatient appointment and Preoperative assessment.

Endoscopy patients apart from colonoscopy patients are referred directly into the DSU from their GP in Swanage, Wimborne and Bridport

All referral letters are viewed by clinicians and their urgency categorised and prioritised.

4.5 Referral route

As above and working with choose and book and following 18 week pathway of referral to treatment.

4.6 Exclusion Criteria

Children under 18 years and ASA III and above.

Patients who do not fit into the admission criteria and are not fit for their procedure to be undertaken in the community setting.

4.7 Response time and prioritisation

Urgent referrals are offered treatment within 2 weeks or referred on to the district general hospital

Adhere to the 18 week government targets

5. Discharge Criteria & Planning

- Discharge planning starts at the Pre operative Assessment stage
- General Anaesthetic Day Case patients and patients who have had intravenous sedation must meet strict discharge criteria and are discharged into the care of a responsible adult.
- Contact emergency telephone numbers are made available.
- If necessary referrals can be made to District Nursing teams
- Overnight beds may be available in some units for social reasons or for short stay recovery if the surgery so requires.

6. Self-Care and Patient and Carer Information

- Patients are fully informed about procedures by doctors, nursing staff and all members of the multidisciplinary team who come into contact with the patient on their surgical and endoscopy journey. The informed consent process is high priority.

- The DSU has an excellent range of information booklets which detail contact numbers for professional post operative advice. Further instructions are given in admission letters.

<i>7. Quality and Performance Indicators</i>	<i>Quality and Performance Indicator(s)</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Consequence of Breach</i>
HCAI Control	See schedule 3 part 4a			
Service User Experience				
Improving Service Users & Carers Experience				
Unplanned admissions				
Reducing Inequalities				
Reducing Barriers				
Improving Productivity				
Access				
Personalised Care Planning				
Outcomes				
Additional Measures for Block Contracts:-				
Staff turnover rates				
Sickness levels				
Agency and bank spend				
Contacts per FTE				

8. Activity

<i>Activity Performance Indicators</i>	<i>Threshold</i>	<i>Method of measurement</i>	<i>Consequence of breach</i>

Activity Plan**9. Continual Service Improvement Plan****10. Prices & Costs****10.1 Price**

Basis of Contract	Unit of Measurement	Price	Thresholds	Expected Annual Contract Value
Block Arrangement/Cost and Volume Arrangement/National Tariff/Non-Tariff Price_____*		£		£
2009 Quality Payment				
Total		£		£

**delete as appropriate*

10.2 Annual Contract Value by Commissioner

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