SCHEDULE 2 – THE SERVICES

A. Service Specifications (B1)

Service Specification No.	**TBC**
Service	**Consultant led Community Dermatology Service**
Commissioner Lead	**Bassetlaw CCG**
Provider Lead	**TBC**
Period	**3 years (1st December 2019 – 31st March 2022) plus an option to extend for a further 2 years**

1. Population Needs

1.1. National Context

Increases in the prevalence of skin disease, advances in treatment and changing behaviour/expectations amongst patients, has led to increasing demand on Dermatology services over the last 10-15 years. Secondary care hospital services face increasing challenges in relation to increasing volumes of referral and waiting time standards, and local health care systems are required to consider innovative solutions to support management of demand. The NHS in England has driven forward a strategic vision to provide the Right Care, by the Right Person, in the Right Place and the Right Time. This vision is underpinned by a number of national strategies, for example the Five Year Forward View (2014), the NHS Constitution (2009), Next Stage Review (2008) and High Quality Care for All (2009).

Key documents, Next Steps on the Five Year Forward View and the NHS Operational Planning and Contracting Guidance 2017-19, make the redesign of elective care services a must-do for every local system. They call for better demand management that improves patient care while improving efficiency. The CCG is committed to reducing hospital attendances pre and post treatment in addition to giving patients better choice and access to more local care and treatment.

1.2. Evidence Base

The Royal College of Physicians undertook a review of Dermatology in 2013 and found that each year 54% of the population are affected by skin disease, and 23-33% at any one time have disease that would benefit from medical care. Approximately 4,000 deaths occur in the UK annually due to skin disease, most often from malignant melanoma. Skin diseases represent 34% of disease in children. Skin cancer is the most common cancer and the second most common cancer causing death in young adults. Hand eczema is one of the most common reasons for disablement benefit in the UK. Inflammatory skin diseases are disabling, disfiguring and distressing, and reduce quality of life. Expectations of the public have changed and will continue to change in particular with regards to skin appearance. Each year 24% of the population seek their GP for skin disease and increasing numbers referred to dermatologists year on year. This is due to an increased prevalence of atopic eczema and skin cancer, and the availability of more effective treatment and patient demand[i].

The Dermatology Workforce Group (2007)[ii] states that whilst there are ca. four and half thousand dermatological diseases, 8 of them make up 80% of consultants for skin disease in general practice. Frequencies are set out below.

Diagnosis	Frequency in population
Eczema	15%
Psoriasis	2%
Acne	15% (80% of adolescents)
Urticaria	10%
Rosacea	1%
Skin Cancer – all types	10%
Melanoma	1/10000/year
Epidermolysis Bullosa	50/million live births/year

Although it is the case that the most common disorders are not life threatening, if not treated appropriately patients can suffer harm and longer term health problems. Many of the rarer and some of the severe common skin conditions have an associated morbidity and mortality thus early and accurate diagnosis is critical to suitable management. For those disorders that are not life threatening, the psychological impact on everyday life, work, social interaction and healthy living are substantial.

This specification describes a consultant led community dermatology service (excluding 2WW) that will be delivered closer to the patient's home, with appropriate access to secondary care, clinical support and investigations. Its aim is to ensure the future provision of high quality, effective care that is patient focused and achieved through collaborative and multi-disciplinary working across Bassetlaw.

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

For Patients:

- Improved quality and effectiveness of services for people with a dermatological condition
- Improved clinical outcomes for patients
- Patient supported to self-manage their condition
- High satisfaction levels by users of the service
- Provision of equitable access for all patients
    - Potentially available in a number of locations
    - The provision of a comprehensive range of treatments
    - Consistent waiting times
    - Consistent standards of service
- Patients receive the right care in the most appropriate setting, Closer to Home where appropriate
- Increased patient choice and shared decision making
- Reduced costly visits to secondary care (time, parking, etc)
- Personalised care with a management plan
- Provision of education and advice for all new diagnosed or treated patients on the

management of their condition

For Clinicians:

- Have an alternative, consultant led community based service for patients
- Provision of timely and efficient triage of referrals for patients, ensuring referrals are directed to the most appropriate clinician in the appropriate setting
- Improved knowledge of the management of skin diseases amongst primary care staff leading to improved referrals and overall patient care
- Very good working relationships and robust referral pathways across Primary, Community and Secondary Care
- Improve the quality of referrals sent to secondary care and ensure all secondary care referrals are via ERS.
- Robust clinical governance arrangements
- Improved waiting times between referral and access to specialised clinical services
- Pathways that ensure that all patients are treated within 18 weeks of referral by the GP
- Provision of timely and accurate clinical information, including treatment plans upon discharge/ onward referral

For Commissioners:

- Positive patient experiences reported and high friends and family test 'recommendation' scoring
- Compliance with local and national strategies to bring care closer to patients homes
- Patients receiving the right care, in the right place, at the right time, by the right person
- A sustainable, cost effective service without a comprise on quality
- Efficient interface between children and adult services
- An appropriate shift of outpatient activity currently undertaken in a hospital setting, into the community
- Prioritisation of secondary care resources for the most complex patients,
- A reduction in Secondary Care activity and related costs
- Provision of timely and accurate performance information
- Accreditation of the service and all practitioners with a special interest working within the service, if appropriate
- To ensure that all onward referrals meet the criteria within Commissioning Policy.
- A strong relationship between commissioner and provider to ensure service improvement and innovation is a priority

Social Value: The Provider will demonstrate how they contribute to the resilience of the community by keeping people at work, or supporting their return to work, and reducing the demand for public services. In addition, the provider will support the broader economic, social and environmental wellbeing of Bassetlaw; for example through its identification of premises.

3. Scope

3.1. Service Aims and Objectives

The Consultant led Community Dermatology Service will play a key role in supporting Bassetlaw CCG in its strategy to optimise the value of referrals and improve patient experience and outcomes. The Service will manage a broad range of dermatological conditions and support the development of sustainable care pathways, which are cost-effective, responsive to local need, and agreed with key partners. The Community Service will also play a pivotal role in strengthening the dermatology offering in Bassetlaw, by providing a link between primary and secondary care, building capacity and expertise within the community and diverting less complex activity away from the acute trusts, thereby improving access to secondary care for those patients requiring secondary care treatment.

The Provider will deliver a comprehensive integrated service model which is multi-disciplinary, high quality and consultant-led. The Community Dermatology Service will provide timely assessment, diagnosis and treatment of the full range of dermatological diseases. The Provider will ensure services are safe, sustainable and high quality, delivered from a range of community based locations across the

CCG. The Provider will form strong working relationships across primary, community and secondary care services (including an existing teledermatology service) to ensure the patient pathway is seamless and meets the needs of our patients.

The objectives of the service are:

- To act as a single point of access for patients with a dermatology condition excluding 2WW
- To deliver a service which is equitable, effective, efficient and affordable, which meets the needs of the local health community across Bassetlaw
- To implement innovative treatments/ concepts, for example virtual clinics and teledermatology, deemed to be suitable to provide in a Community setting. (British Association of Dermatologists, 2013)
- To ensure patients receive appropriate triage, assessment, diagnostics and treatment in a timely manner and facilitate the appropriate use of prescribed medication
- To ensure an appropriate workforce skill-mix, competency and qualification, to deliver a high quality service
- To reduce the need for patients to attend secondary care, thus promoting care closer to home and right care, right place, right time
- To implement choice at the point of (onward) referral
- To educate patients on their condition and empower patients to self-manage where appropriate
- To increase knowledge/promote the service across primary/community services to enable referral of patients to the service, and other support services as appropriate
- To adopt a multidisciplinary approach to ensure an holistic approach is undertaken when developing treatment plans

3.2. Service Principles

The Provider will deliver a Community Dermatology triage, assessment and treatment service that is/ provides:

- Equitable access via a single point of access
- Effective triage utilising innovative solutions for tele-dermatology
- Community based, accessible to patients, provided as close to home as possible with timely access to appropriately skilled health care professionals
- Consultant-led
- Responsive to the individual, including those with additional needs e.g. learning disabilities and vulnerable individuals
- Promotes and enables self-care and self-management as far as possible
- Delivers value for money whilst improving measurable quality outcomes for patients
- Has robust clinical governance arrangements in place in order to demonstrate that service provision is evidence based, clinically safe and of high quality; CQC registered
- Enables secure and effective communication with key stakeholders throughout the patient pathway

3.3. Care Pathway

3.3.1. Access

Referrals to the Service will be made by General Practitioners via the Electronic Referral Service (eRS) using a referral form to be agreed with Commissioners. Where referrals are incomplete/ provide insufficient information, or the patient does not meet the referral criteria, the Provider will contact the referring GP to reject (within two working days) or obtain further information as required; feedback on the use of this form/ referral quality will feature in the programme of training/education provided for primary care clinicians.

Entry Threshold:
The referring clinician will have completed a minimum level of work-up to include:

- Ensuring the patient wants to be referred/ receive treatment – via teledermatology where

appropriate
- Provision of medical history including onset, previous related history, medication and prior treatment for the same condition
- Examination/ findings
- Differential diagnosis
- Compliant with SY&B commissioning for outcomes policy

3.3.2. Triage

The provider is expected to improve the effectiveness of triage, manage demand and achieve waiting time standards through integration with an existing tele-dermatology service.

Triage may lead to one of the following:
- The patient could be scheduled for investigations and/or an initial contact
- Referral to secondary care, for services not within the scope of the specification e.g. 2WW
- Referral to other community care service
- Returned to the GP with advice for treatment in general practice

3.3.3. Initial Contact (face-to-face)

The Provider will achieve a maximum waiting time of 4 weeks from referral to initial face-to-face contact with the service - this may be for further assessment/diagnostics or treatment. Patients will be given a choice of appointment dates and times, and all patients will be seen within 30 minutes of their appointment time. Where clinically appropriate the patient should be assessed, diagnosed and treated on the same day. Written consent must be obtained for all patients having a surgical procedure in compliance with Care Quality Commission Standards. All suspected 2WW will be referred into the Trust using existing routes. The community provider is not expected to receive any 2WW.

Initial Contact may lead to one of the following:
- The patient is given a diagnosis and offered treatment, including prescribed medication
- The patient could be scheduled for further investigations
- Referral to secondary care, for procedures not within the remit of the service and/or red flags
- Referral to other community care service
- Referral back to the GP with advice for treatment in general practice

The service will adopt an appropriate recognised Patient Reported Outcome Measure (PROM) Tool; measurement will be undertaken at assessment, prior to commencing treatment, throughout treatment and at point of discharge to measure improvements in patient outcomes.

3.3.4. Diagnostic Services

Investigative tests will be carried out to aid and support the identification and extent of the patient's condition, in line with national guidelines/ evidence based intervention. The service will provide the diagnostic services required to aid and support diagnosis, extent of condition and treatment; directly contracting with an accredited histopathology service as required. It is expected that these test results will be available at the time of initial contact/ assessment. Where this is not possible, appropriate arrangements for further diagnostic tests (second line) will be arranged and undertaken within no more than five working days.

The Provider will utilize information from diagnostics already undertaken during the patient care pathway where appropriate to avoid repetition and duplication for the patient, and will ensure the results of any diagnostics undertaken are securely conveyed to a subsequent provider where onward referral is required.

Investigations include, but not limited to:
- Baseline pathology
- Bloods
- Fasting Bloods
- Mycology

- Microbiology
- Urinalysis
- Virology
- Pregnancy tests
- Biopsies
- Dermatoscopy
- Patch Testing

The Provider shall ensure that diagnostic results are acted upon within 48 hours of receipt of results. Acting on a positive result could result in action being taken to book a patient appointment. Negative test results may be given in writing. The Provider will ensure access any other tests that may become recognised as good practice in delivering this Service.

3.3.5. Treatment

For all patients offered treatment, the Provider will jointly agree a Management plan utilising patient decision aids. Patients, particularly patients with long term conditions, will have a named individual to coordinate their care and ensure effective communication between the patient and health professionals. Patients will be support to personalize their management plan, be fully informed about their treatment options, have the ability to input/ share decisions about their care and will have the opportunity to discuss their treatment further at any point during their treatment journey. The treatment plan will be shared with the patients GP and further information will be shared with the GP at appropriate points during treatment.

Shared decision making (SDM) is a process in which individuals and clinicians work together to understand and decide what tests, treatments, or support packages are most suitable bearing in mind a person's own circumstances. Shared decision making enables individuals to align their preferences to treatment options that are clinically valid. It does not mean that people can choose clinical treatments that have no evidence base. The provider will have a clear written protocol in place for SDM and will ensure applicable staff are trained in the skills of SDM. A named champion will be identified and given appropriate time to support the implementation of the new way of interacting with service users.

Personalised care and support planning encourages care professionals and people with long-term conditions and their carers to work together to clarify and understand what is important to that individual. They agree goals, identify support needs, develop and implement action plans, and monitor progress. This is a planned and continuous process, not a one-off event. The provider will ensure personalized care and support planning is pivotal to the management of patients with dermatological conditions.

All treatments will be evidence based and offered in line with national clinical guidelines, to include preferred medicines with are identified via the Area Prescribing Committee (APC), light therapy in line with Service Guidance and Standards published by BAD, Service Guidelines for contact allergy published by BAD and all newly published Service Standards

Examples of such treatment are likely to include:

- Prescribed medication, as per local formulary
- Minor surgery procedures (In line with Commissioning Policy)
- Dressings
- Cryotherapy (In line with Commissioning Policy)
- Biopsies (punch, shave)
- Excisions/Incisions
- Benign skin legions (diagnostic uncertainty)
- Light therapy
- Psychological support
- Structured education programme
- Medication reviews

The Provider shall ensure that all lesions removed are sent for histological reporting.

Time limited therapies for the management of moderate to severe conditions that would result in discharge to GP, should be undertaken within this service.

The Provider will adopt a “One Stop Shop” model (where diagnostics, treatment, including assessment and treatment from a variety of health professionals, will be delivered on the same day) where clinically appropriate.

Follow-up appointments will be managed by the Provider, however patients should only be booked for follow-up appointments where clinically necessary. The Provider will have an electronic mechanism to manage appointments, including follow-ups.

The number of follow up appointments for each patient will be determined by clinical need. The Provider will aim for one follow-up appointment per patient with a maximum of 2 follow-up appointments where required. This should not ordinarily be exceeded for general conditions, however, it is recognised that there are specific care pathways, for example light therapy, which might result in more follow-up visits being required.

3.3.6. Prescribing

The Provider will ensure that any prescribed/ administered medication/prescribing advice follows current recommendations of the Commissioner; the service will ensure the safe and legal acquisition, recording, storage, administration, dispensing, disposal of all medication and prescriptions. The Provider will meet safe and secure handling of medicines standards as required by the Care Quality Commission Essential Standards for Quality and Safety and be able to provide evidence of compliance.

The Provider will have robust, auditable systems in place to cover responsibility, reconciliation, record keeping and disposal requirements for the movement of drugs for which it is responsible.

The Provider will monitor use of medicines kept as stock and those prescribed and provide a report to the Commissioner every three months with a summary of drugs used/prescribed, quantity and cost.

Where clinically necessary to prescribe, this will be undertaken by a qualified prescriber or a non-medical prescriber with appropriate registration, experience and competence. This contract is a drug-inclusive contract where the Provider will fund the supply of drugs. Costs of medicines and devices used as part of the assessment and treatment of patients are included within the contract value.

In addition the Commissioner will recharge the Provider the cost of any drugs dispensed against any FP10 written by the service on data received by the NHS Business Services Agency. The Commissioner will issue a code to the provider for FP10 prescriptions for drugs prescribed within the service. The cost of medicines prescribed and sundry expenses will be re-charged by the Commissioner back to the Provider on a monthly/quarterly basis depending on prescribing volumes and value. This will include any special item handling fees and out of pocket expenses charged by community pharmacists.

The re-charge invoice will be supported with ePACT prescribing data. The Provider will note that there will be a lag in re-charge due to normal NHSBSA business processes and will therefore need to make end of financial year provision. Payments to the CCG need to be made within 14 days of receipt of recharge notice. Failure to do so will result in contract escalation under usual contracting terms.

There should be no direction of prescriptions to a particular community pharmacy; the choice of pharmacy provider should be left to the patient.

All incidents involving prescribing must be reported to the Commissioner’s Quality Team. In addition any prescribing incident involving a controlled drug must be reported the NHS England Controlled Drugs Accountable Officer as soon as possible.

The service will ensure that there is a process in place to report Adverse Drug Reactions. Suspected reactions should be documented in the patient’s notes.

Where it is necessary for the Provider to issue a prescription or recommend a specific drug to the

Derpatients GP, the prescription will be written generically (except where brand prescribing is endorsed by the Area Prescribing Committee (APC)) to ensure cost effective prescribing.

The on-going management for the majority of patients will be delivered in primary care therefore all discharge summaries will include relevant prescribing details/advice for the patients GP. At least 28 days of supply should be prescribed by the Provider to allow information to be provided to the GP regarding any future prescribing.

Some of the medicines prescribed will require Shared Care Agreements, for example Methotrexate. Shared care agreements are developed when sophisticated or complex treatments that are initiated within a specialist service (the Provider) which are then to be prescribed by a GP. The process of creating shared care agreements will need to comply with the latest national recommendations. The CCG may request to see the Shared Care Agreement protocol and process from the provider. The shared care agreements are written by the provider but approved for use by the commissioner. It is expected the provider will have shared care agreements ready for sign off for the CCG at the end of the first 3 months from contract commencement. The shared care agreement sets out the process that needs to be followed for the GP to take on prescribing responsibility; it details the responsibilities of the provider, the GP and the patient to ensure that the medication can be prescribed safely. The service will be expected to take a lead role for the review of existing agreements and develop ones for new medicines when required.

When the Provider requests a GP to prescribe a medicine for an individual named patient with a Bassetlaw formulary status of “shared care” they should provide a copy of the appropriate shared care agreement. If this document is not provided, the GP will not consider prescribing the medication until the shared care document is received for inclusion in the patient record.

All shared care agreements have an expiry date that relates to when the clinical information contained within the document must be reviewed. Once signed the shared care agreement between the Provider clinician, the GP and the patient has no end date while the patient continues to take the medicine.

The Provider shall maintain a register of patients who are managed under shared care arrangements.

Where the service wishes to use a non-formulary medication they will be expected to submit a formulary application for consideration to the Commissioner’s Medicines Optimization Team before any prescribing takes place. The service should be aware that the Area Prescribing Committee meets bi-monthly to consider formulary applications. The applicant may be asked to attend the APC. Prescribing should only take place if the application is approved. In addition the service will only advise GPs to prescribe treatments that are included in the Formulary.

PBRe Medicines – Prescribing & Supply arrangements

PBRe medicines will be prescribed in line with national or locally agreed criteria. The provider will ensure it prescribed medicines in line with the respective guidance as underpinned within the NICE TAG. The Blueteq system will be used for all patients registered by a Bassetlaw GP. The BlueTeq system will be utilised to successful match invoices sent by the provider on a monthly basis.

Where biosimilars are available, the provider will aim to reach 90% uptake for most cost effective biologic for new patients and 80% switch to most cost effective biologic by end of each year for patients prescribed originator biologic.

3.3.7. Onward Referral

The need for hospital based treatment assumes that assessment and relevant investigation has been undertaken, including treatment where appropriate in the community (unless identified at triage). Where a patient cannot safely be managed in the Community service, referral on is to be considered. The Community Dermatology Service will provide timely assessment, diagnosis and treatment of the full range of dermatological diseases, noting the exclusions set out.

Where patients are referred onwards by the Service, the reason for referral will be contained within the referral form, the results of all tests and preoperative health assessment including scans, films and

reports, appropriate diagnostic results and details of treatment interventions provided. The referral form and mechanism for referral is to be agreed with the receiving hospital to ensure safe and seamless transition. When referring on, the Provider will provide a full statement (the equivalent of a discharge summary to the GP) to the receiving hospital or service within two working days of making the decision to refer.

The Provider will adhere to any guidelines/ policies that the Commissioner has in place before a referral is made i.e. Procedures of Limited Clinical Value, Consultant to Consultant Policy, etc. The Provider will also contribute to an Enhanced Recovery Approach to ensure that patients are fit for surgery and understand the implications and expected outcomes of surgery.

The Provider will be able to demonstrate the delivery of patient choice and ensure that all patient requiring onward referral are offered choice as per the Department of Health guidelines. The Provider will ensure that 100% of referrals to hospital providers are made using eRS.

3.3.8. Post treatment complications

Following procedures undertaken by the Provider, Post procedural acquired infections will be the responsibility of the Provider whom undertook the procedure. These Service Users will be seen as an emergency at the next available clinic appointment if clinically appropriate and, should secondary care management be necessary, the Provider should liaise with secondary care and provide the Commissioner with a Route Cause Analysis report within 72 hours of the complication being identified. Infection rates will be reported to the Commissioner as per Schedule 6A.

The Provider shall have in place developed policies and appropriate equipment at the sites at which services are provided to be able to deal adequately with medical emergencies which might occur (e.g. anaphylaxis).

Patients who have been referred by the Community Dermatology service and do not require secondary care intervention will be discharged from the third party hospital provider to the Community Dermatology in order to enable care co-ordination and continuity of care; this will not constitute a ‘new’ referral. Referral mechanisms and processes will be developed with third party local secondary care providers to enable a seamless transition.

3.3.9. Discharge

Discharge occurs when the clinician reaches a stage where no further action will take place/be beneficial between the patient and the Provider; education levels, capaccg for self-management and PROM tools should be used to inform this decision. Discharge may occur following triage, assessment or treatment.

The Provider will be responsible for ensuring that the referring clinician is sent an electronic discharge document (format to be agreed with commissioner) which includes details of;

- lead clinician in charge of the case and clinician contact details,
- working diagnosis, assessment, diagnostic tests,
- interventions/medications, treatment plan,
- PROM results,
- reason for discharge and advice for further treatment/management within primary care,

This will be sent within 2 days (48 hours) of the patient being discharged from the service. The Provider will also send a copy of the discharge document to the patient.

If the referring practice has concerns about the condition, for example a wound not healing or worsening of the condition; the patient will be reviewed promptly by the community service as part of the same pathway and managed accordingly to meet the needs of the patient.

3.4. Acceptance and exclusion criteria

3.4.1. Acceptance criteria

The Provider will accept and triage all patients presenting with a dermatological condition, noting the exclusion criteria detailed below.

- Moderate to Severe rashes of diagnostic uncertainty
- Likely benign lesions of diagnostic uncertainty
- Adults with Eczema who fail to respond to treatment in primary care
- Adults with Psoriasis who fail to respond to treatment in primary care
- Adults with Acne Vulgaris and Rosacea who fail to respond to treatment in primary care (Including the prescribing of Isotretinoin for severe acne)
- Adults with chronic inflammatory dermatoses who do not require treatment in secondary care
- Premalignant skin lesions such as actinic keratosis or Bowen's disease
- Occupational and contact dermatitis
- Urticaria
- Nail disorders following exclusion of fungal infection (excludes pigmented lesions)
- Hair and Scalp and nail disorders e.g. hyperkeratosis, inflammatory (symptomatic lesions only)
- Low risk Basal Cell Carcinomas BCC (In line with national guidance)
- Cancer is NOT thought to be the most likely diagnosis (patients with suspected cancers, with the exception of low risk BCCs, must follow the 2 week cancer pathway)
- Prescribing and management of all drugs including but not limited to Ciclosporin and isotretinoin, and PbR excluded drugs for example biologics
- Any other dermatological condition not detailed in the below exclusion criteria

This list is not exhaustive and commissioners recognise the difficulties in identifying discrete conditions which are suitable for an intermediate tier service and the various levels of complexity within dermatological disorders. Therefore, over time the full service offering of the community clinics will need to be responsive to local need, flexible in relation to the growing expertise within primary care, and open to further scoping and development in collaboration with commissioners and local acute partners.

3.4.2. Exclusion Criteria

- Patients not registered with a Bassetlaw CCG GP
- Patients who require emergency treatment
- Patients who have post-operative complications
- Patients who have experienced trauma/ trauma complications
- Suspected cancer patients (high risk BCC, melanoma, SCC)
- Suspected connective tissue disorders
- Patients who do not meet commissioning policy, eg procedures of limited clinical value and aesthetics policy
- Patients under the age of 18 years
- Patients currently under the care of a secondary care consultant dermatologist currently receiving treatment for the specific condition
- Primary care General Practitioner management:
    - Acne
    - Mild to moderate eczema (when treatment options and compliance have not been explored)
    - Mild to moderate psoriasis (when treatment options and compliance have not been explored)
    - Rosacea
    - Scabies
    - Urticarial and angioedema
    - Skin tags*
    - Other benign lesions* of doubtful / uncertain pathology
    - Seborrheic keratoses
    - Small <2cm asymptomatic lipoma or epidermoid cysts of trunk & limbs

- Benign lesions catching on clothes and/or bleed
- Pilar cysts of scalp
- Viral warts

* Excludes facial lesions if cosmetic result is paramount unless there is a someone skilled in plastic surgery

3.5. Service Development

The Commissioner may look to further develop this service and will expect the Provider to work with Commissioners to do so as part of the Service Development Improvement Plan. Examples include the implementation of innovative solutions, nationally recommended best practice, and the consideration of current excluded provision for example patients under the age of 18 years old.

3.6. Management of Appointments

Cancellations of booked sessions should be avoided. The Provider will be expected to have robust contingency arrangements to prevent service delays. Where unavoidable, patients should be given 6 weeks' notice. A cancelled session should be rescheduled immediately to ensure that the service keeps in line with access targets and quality outcomes and meets the duty set out in the NHS Constitution.

Patients who cancel or 'do not attend' either new or review appointments on two consecutive appointments will not automatically be given further new or review appointments, or be discharged. The clinician must review the patient's information and if there is no clinical risk and the patient is not considered vulnerable, the patient will be discharged back to their GP. The Provider will operate in line with NHS Model Access Policies.

The service will actively seek to reduce 'did not attends' (DNA), and improve patient experience, through the use of tools such as text messaging services and ensuring the service is fully accessible to meet patient demand/need. The Provider will not be paid for DNA's. As an indication of quality and performance DNA rates should not exceed an average of 10%. DNA levels above this will require root cause analysis and the development and implementation of a remedial action plan.

Where supervision is used, clinic capaccg will be amended to reflect the additional requirements of the supervisor. Appointment times will be reflective of the clinic type ensuring sufficient time is factored in for clinical intervention(s) and patient discussion/care planning/shared decision making.

3.7. Education and Awareness

3.7.1. Stakeholder Education and Awareness

The Provider will agree with the Commissioner a programme of primary care clinician training and education which will support clinicians (including GPs and practice nurses) in delivering improved primary care standards, resulting in more patients being managed in primary care where appropriate. The Provider will submit a plan of their training and education programme to the Commissioner for approval and guidance at the beginning of the contract. The Provider will be expected to attend and present at BEST (GP education events hosted by the Commissioner) at least twice a year.

An ongoing programme of communication and promotion of the service to wider stakeholders is essential, including at the outset of the contract. The provider will send out communication to all GPs and community pharmacies in and around Bassetlaw before commencing the service to make them aware of new service. Commissioners will support promotion of the service and awareness within the local health economy. Aggressive marketing of the service that has the potential to increase demand will not be permitted and any marketing materials must be run past the commissioning lead from the CCG for approval prior to release.

The Provider will put in place telephone/e-mail and the eRS advice and guidance service to support primary care. It is expected that requests for advice whether by telephone or e-mail will be responded to within two working days.

3.7.2. Patient Education and Awareness

There will be a significant emphasis on self-care and health promotion. The Provider will produce and give patients a range of patient information which will enable and empower patients to self-care and improve their general health, including:

- Information on when to seek advice and who can provide support for self-management
- Signposting to the range of information, advice and support available eg support groups

Information will be made available in different languages and formats as required. All publications will include the line 'Please contact is if you would like information in alternative formats or in another language'. The Provider will ensure that the patient fully understands their assessment, treatment, management options; the cost of all interpreting aids will be met by the Provider including sign-language/translation/interpretation.

The Provider will work with patients in ways that foster partnerships and include; seeking views on the service, its location and access, use of suggestion boxes, patient participation groups, patient surveys, complaint trends and the Friends and Family Test.

The Provider will make arrangements to carry out patient experience surveys in relation to the service and will cooperate with such surveys that may be carried out by the commissioner. The provider will have regard to any Department of Health guidance relating to patient experience and will be expected to demonstrate evidence of having used the experience of patients to make improvements in service delivery.

3.8. Hours of work

The Provider will be expected to provide appropriate access for patients in clinic to meet demand and waiting time criteria, which will be Monday to Friday 9 to 5pm, and at least two days per week patients will be offered early (from 8am) and/or late (up to 6pm) appointments. Further evening and weekend access may be required in accordance with national requirements to move to seven day working. Opening hours should always follow patterns in demand to keep waiting times consistent.

3.9. Population Covered

The service will be available to all patients who are registered with a General Practitioner in Bassetlaw and meet the acceptance criteria.

3.10. Interdependence with other services/providers

The service must work collaboratively with primary care, teledermatology and other stakeholders in the local health economy to develop care pathway and joint working across primary, community and secondary care. The approach to delivery should be based on shared care i.e. communication between all clinicians looking after patients, with the appropriate level of staff carrying out appropriate interventions, and structured around the patient journey.

The service must work collaboratively with primary care and other stakeholders in the local health economy to develop care pathway and joint working relationships across primary, community and secondary care. The service will link with the patient's own GP and accurate, timely communication will be expected between providers and GPs. Similar communication will be maintained with the patient, and each patient treated by the service will be informed at each stage of what will happen during the treatment pathway. The provider will interface seamlessly with all other services and relevant organisations within and outside Bassetlaw and will engage key stakeholders in the improvement and delivery of the Service.

The service is expected to forge relationships with the following:

- Primary Care/GP colleagues
- Teledermatology
- GPs with enhanced roles

- Practice Teams
- Secondary Care/ acute providers
- Oncology Providers/ MDT working
- CCG Commissioning/ Clinical Leads
- Community nursing teams
- Secondary Care Hospital/Community Providers
- Patient Groups/ service users/ carers, engagement forums
- Diagnostic providers
- Dermatology Units
- NHS 111
- CQC
- Independent and third sector providers
- Pharmacists
- Other Provider Services
- Educational institutes

This list is not exhaustive and is dependent on the care required by each individual patient.

3.11. Workforce

3.11.1. Accountability

The Provider will have management and administrative arrangements with clear lines of accountability and an identified lead manager with overall responsible for the service. The Provider will also identify an individual as the point of contact.

The Provider will have robust arrangements for clinical staff with clear lines of accountability and an identified lead clinician with overall responsible for the service.

All members of staff involved in the service will have appropriate indemnity cover to meet in full, claims made against them as individuals. The Provider is responsible for ensuring this is in place and proof of cover shall be submitted to the Commissioner upon request.

The Provider will demonstrate safe and equitable recruitment procedures are in place that includes Disclosure and Barring Service checks at the appropriate level for staff and repeated as required, no less than once every three years.

Administrative arrangements are essential to clinic/service efficiency and the Provider will demonstrate that they have resources/processes in place to accommodate appointment scheduling, documentation across the patient journey, effective communication with patients and clinicians, and robust performance reporting. Service monitoring and comprehensive patient level reporting is required by the commissioner.

The Provider will ensure adequate contingency plans are in place, and a training development framework, to ensure sustainability of a high quality workforce and service delivery.

The service will be consultant-led however the workforce-mix is for determination by the Provider, and by agreement with the commissioner.

3.11.2. Accreditation, Expertise and Training

All clinicians will have the appropriate accreditation, expertise and training to work within the service. The Provider is responsible for reviewing this on a yearly basis to ensure that clinicians are working to their competencies and their registration is up to date. This accreditation will comply with the procedure for accreditations described by the department of Health (DOH) and guidance from the Royal College of General Practitioners (RCGP) and Royal College of Nursing (RCN). Accreditation requires evidence of successful acquisition of the appropriate competencies either through a diploma or similar qualification. It is the responsibility of the Provider to monitor and ensure all clinicians are

registered with their own regulatory body in order to practice (GMC, GPhC, Nursing & Midwifery Council, etc). Consultant-led is defined as those on the specialist register for Dermatology as recognised by the GMC.

All clinicians have a responsibility to ensure they are competent to deliver their role within the service demonstrated through a variety of activities including - quarterly peer review, annual personal development reviews, attending bi monthly service meetings and training sessions, clinical caseload discussions, reflective diaries, patient feedback and notes audit; these activities should be captured and evidenced within their CPD portfolio.

The Provider is responsible for ensuring that all staff members have undertaken mandatory and non-mandatory training appropriate for their role. Staff must have attained level 2 safeguarding adults training (training to be updated at least every 3 years). Staff must also have infection prevention training and health and safety training which is updated on an annual basis. The Provider will operate robust policies and procedures to ensure confidentiality, adhere to the Data Protection Act, the NHS Constitution and Equality Act 2010, undertake Equality and Diversity training and comply with the Information Governance Toolkit (ISO20001). Clinicians should be competent in resuscitation and have a responsibility for ensuring that their skills are regularly updated.

As with any clinical intervention, it is important that the workforce carry out a sufficient volume of activity to ensure they are appropriately skilled to provide high quality care and meet appropriate standards. Providers must ensure that anyone involved in providing any aspect of care under this service has the necessary training, skills and competency to do so.

The Provider is responsible for submitting evidence to the commissioner that the practitioners have the experience and qualifications to deliver the service. For Specialist Nurses this must include prescribing. Additionally the provider must ensure that all personnel involved in providing the service are competent and are keeping their skills up to date.

The Provider may employ Health Care Assistants to provide care, appropriate to their competence, and support to patients attending the service. Healthcare assistants should be appropriately trained and assessed as competent taking into consideration their professional accountability and the duties required.

Providers will be expected to conduct regular audits, undertake regular staff appraisal and initiate necessary supportive educational activities.

3.12. Medicines Management

The Provider will have a named Clinical Governance lead that shall ensure that all prescribing is within National and locally agreed guidelines and treatment care pathways. The Provider shall meet safe and secure handling of medicines standards as required by Care Quality Commission Essential Standards for Quality and Safety, and be able to provide evidence of compliance (i.e. procedures and policies).

The Provider shall ensure there are safe, robust, auditable systems in place for storage and handling of medicines. This should include systems for prescribing, medicines procurement, receiving, storage, expiry checking, supply, handling, administration, and disposal in a safe and secure manner in accordance with current legislation (including the Medicines Act and Misuse of Drugs Regulations), licensing requirements and best practice. This includes specific legislation and good practice guidance regarding controlled drugs.

All medicines kept as stock and devices shall be procured by the Provider, with associated governance, i.e. storage and handling and appropriate policies e.g. clinics own Medicines Policy, and shall be inclusive of the agreed tariff. The tariff is also inclusive of any licensing requirements to provide medicine.

The Provider will make proper provision for the equipment they use to include calibration, maintenance and replacement where needed.

The Provider will have policies in place, which can be evidenced, regarding medicines management

and prescribing. This includes:

- Written guideline for safe and secure handling of medicines in line with the Medicines Act 1968.
- Written Management of Controlled Drugs policy and Standard Operating Procedures (if applicable)
- Written prescription security policy – in line with the NHS Business Services Authority Security of Prescription Forms Guidance:
- Cold chain policy
- Anaphylaxis policy
- Emergency drugs list and policy
- Local preferred prescribing list
- HomeCare Policy

The Provider shall complete the annual Controlled Drug Declaration (if applicable)
The Provider shall have access to pharmaceutical advice and support.

All serious incidents involving medicines and/or prescribing must be reported to the Commissioner's Quality Team within one working day (this report may be verbal). In addition, any incident involving a controlled drug must be reported to the Commissioner's Clinical Risk Officer as soon as possible. The provider shall adhere to the serious incident/risk management policies of the commissioner including the duty of candor.

The Provider will have a process in place to report Adverse Drug Reactions. Any suspected medicine /drug reaction should be reported to the GP and MHRA via their online reporting website www.mhra.gov.uk. Healthcare professionals and Patients are able to report on this website. Suspected reactions should be documented in the Patient's medical notes.

3.13. Governance

A contract between the Provider and the Commissioner will include details of:

- On-going measurement and evaluation
- Future changes to the service specification
- Process for dispute resolution
- Cancellation of the contract

Providers are required to demonstrate that they are meeting essential standards for quality and safety across all of the regulated activities they provide and are registered with the Care Quality Commission. On an annual basis, providers will demonstrate their compliance against the seven core domains as well as progress towards meeting the developmental aims. The Provider must indicate a responsible lead and the processes in place for appropriate clinical governance. The Provider must also be able to demonstrate a process for the accreditation of clinicians and that they hold a comprehensive risk management strategy including all relevant policies and procedures.

The Provider will have a Clinical Governance Plan that meets the requirement of an external scrutiny assessment and will include processes for;

- Attaining and maintaining clinical standards
- Attaining and maintaining standards in clinical audit, training, research and evaluation
- Monitoring adherence to standards
- Formal risk assessments
- Management of complaints and clinical incidents
- Ensuring all clinicians have an up to date valid DBS check
- Ensuring that the provider has indemnity insurance to cover all clinicians covering the service

The Provider shall adhere to the serious incident, risk management, and complaints policies of the commissioner including the duty of candour.

3.14. Business Continuity and Management of Risk

Compliance with Data Protection Act, DOH consent to treatment policies, COSHH regulations, Medicines Control Agency, Indemnity Insurance, Risk Assessment, Reporting of Clinical and Non-Clinical Incidents will be mandatory as will the undertaking of risk assessment on practitioners, ensuring they are immunised against infectious disease and work in a safe environment.

The Provider will adhere to its complaints and claims policy/procedure that reflects current NHS guidelines. The provider will supply the commissioner with quarterly monitoring of complaints.
Premises will need to demonstrate they are fit for purpose and comply with the required specifications to deliver dermatology and minor skin surgery.

Patients will have a single structured, multi-professional health record that can demonstrate support of integrated and continuity of care. The service management of patients health records will concord at all times with the most up to date guidance provided by the Department of Health and the service will be required to provide a named Caldicott Guardian. The Provider will need to ensure the storage of patient records are secure and plans are in place to protect patient personal information as per NHS Information Governance requirements.

The Provider will ensure the service meets information governance requirements. To this end, the Provider will complete a full Data Protection Impact Assessment and produce a resultant action plan as required, within 3 months of the award of contract. The evidence and outcome of the DPIA will be presented to the Commissioner. This will be repeated should provider systems or governance requirements change.

The service shall ensure business continuity for patients, by having in place, emergency plans that ensure staff capaccg and capability. The Provider shall ensure that all appropriate and relevant Infection Control Policies are implemented and adhered to. The Provider must provide a contingency plan in case of a disruption to the service. The risk management plan should consider all staff, equipment and facilities used in the delivery of the service and detail alternative arrangements in cases of illness or holiday.

3.15. Management of Complaints, Comments and Compliments

The Provider will adhere to its complaints and claims policy/procedure that reflects current NHS guidelines. The Provider will supply the commissioner with quarterly monitoring of complaints. The Provider must demonstrate a robust process for the management of complaints. All patients should have access to a complaints service and be given information on how this service can be accessed. The management of complaints, comments and compliments will form part of the quarterly report and will include, the number received, trend analysis and evidence of learning and change.

3.16. Equipment

Providers must ensure the following that they have provision for the equipment required in order to deliver the specification, including but not limited to the following:

- Gloves
- Dressings
- Paper rolls for the couch
- Magnifying light
- Trolley with standard kit such as microbiology swabs, mycology slips, scalpel blades or banana blades, nail clippers (shall have access to CSSD as must be sterilised after every use)
- Sterile gloves and goggles
- Hyfrecator for minor surgery
- Dermatoscope
- Cryotherapy spray and liquid nitrogen dewar
- Disposable instruments for minor surgery
- Curettage loops
- Bandages, dressings, plasters and tape

- Local anaesthetic, needles and syringes
- Medicine cabinet
- Specimen bottles
- All other equipment for biopsies and minor surgeries
- All equipment for light therapy procedures

The Provider will be responsible for supplying and purchasing all consumables for the service; this, including any VAT payable, is inclusive of the agreed tariff. In addition to this Providers will ensure that equipment is maintained in line with the manufacturer's guidelines.

The Provider must keep an equipment log to include all details of purchase, maintenance and removal of all medical devices used as part of the service. This log must be made available for commissioners' perusal on request.

The Provider will provide such IM&T systems and infrastructure as is necessary to support the delivery of the service, contract management and business processes. There is an expectation that the provider will work with local IT initiatives to improve the interoperability of systems used within the community.

4. Applicable Service Standards

4.1. Applicable national standards (eg NICE)

The provider must adhere to all appropriate standards and guidelines set by the Department of Health, the General Medical Council (GMC), Pharmaceutical standards, CQC Data Protection, Equality and Diversity and Nursing and Midwifery Council (NMC) including all professional, institutional, and training standards. Good medical/record keeping practice and NICE guidelines must be adhered to at all times to assure a quality service as well as evidence based clinical practice.

A number of key National Institute of Health and Clinical Excellence clinical guidelines and technology appraisals are also applicable to this specification including but not limited to, the following:

- Atopic Eczema: NICE CG57
- Atopic Dermatosis: NICE TA82
- Eczema: NICE TA1773
- Psoriasis: NICE TA103/134/146/180
- Psoriatic Arthritis: NICE TA199
- Improving Outcomes Guidance
- Guidance on Referral for Suspected Cancer CG27

This specification is supported by a number of national documents:

- Standards issued by the Care Quality Commission
- Data Protection Act 1998
- Medicines Act
- NHS Constitution
- National Service Frameworks and National Strategies
- Patient Safety Agency alerts and guidance
- Clinical Negligence for Trusts/National Health Service Litigation Authority Scheme requirements
- NHS Records Management, NHS Code of Practice 2006
- Quality, Innovation, Productivity & Prevention Programme (QIPP)
- Climate Change Act (2008) & the NHS Carbon Reduction Strategy (2009).
- And such other quality standards agreed in writing between the service provider and the Commissioner
- The Health Act (2006) Part 2 (Prevention and Control of Healthcare Associated Infections). Issued by the National Institute for Health and Clinical Excellence;
- Audit Commission "Quicker Treatment Closer to Home" (2004);

- Any relevant National Service Frameworks including NSF for children and young people;
- Issued by any relevant professional body and NICE guidance;
- Royal Pharmaceutical Society (RPS) Homecare Standards- published in 2013,
- Handbook for Homecare Services in England. Royal Pharmaceutical Society. www.rpharms.com May 2014.
- Homecare Medicines: Towards a Vision for the Future. Department of Health Nov 2011 Hacket et al

4.2. Applicable standards set out in Guidance and/or issued by a competent body

- British Association of Dermatology Service Guidance and Standards; Phototherapy, Peadiatric Standards, for example.
- Department of Health (2003) Action on Dermatology. Good Practice Guide: NHS Modernisation Agency;
- Department of Health (2007) Guidance and Competencies for the Provision of Services using GPs with Special Interests (GPwSI's): Dermatology
- Models of Integrated Service Delivery in Dermatology, Dermatology Workforce Group (2007)
- Primary Care Contracting (2008) Providing care for patients with skin conditions: guidance and resources for commissioners
- Models of Integrated Service Delivery in Dermatology, Dermatology Workforce Group, January 2007
- Shifting Care Closer to Home: Dermatology, Department of Health, 2007
- Improving Outcomes Guidance for skin cancer (2006)
- Quality Standards for Tele dermatology: Using Store and Forward Images
- Providing the Right Care for Patients with Skin Conditions (2011)
- Quality Standards for Dermatology (PCC, 2011)
- Staffing and Facilities for Dermatological Units (BAD, Nov 2006)
- All Party Group on Skin Reports (2003, 2004, 2006);

4.3. Applicable local standards

- Procedures of Limited Clinical Value and Aesthetics Policy
- Consultant to Consultant Referral Policy
- Safeguarding policy
- Incident reporting policy
- Duty of Candour Policy
- Complaints policy
- Infection Prevention Policy

5. Applicable Quality Requirements

5.1. Applicable quality requirements (See Schedule 4 Parts A-D)

The Provider shall ensure that recording information in its clinical and information systems meet the information requirements of the contract. Data requirements may change during the time of contract.

The Provider shall cooperate with the CCG by providing the additional datasets requested by the Commissioner within 4 weeks from the date requested. Any changes to the data set requirement will be aimed at the continuing improvement of the service which is a requirement of this specification and as such there is no extra payment attached to any additional datasets requested by the Commissioner.

6. Location of Provider Premises

The Service will be delivered from appropriate premises within the boundaries of the Bassetlaw geographical area; as a minimum the provider will identify a premise the locality of Bassetlaw. The provider is expected to review and tailor the location of premises to the geographical areas of greatest patient need, throughout the contract.

The services will be provided in a community setting, it is the Providers responsibility to source the premises in which the service will be delivered. Commissioners will need to be satisfied that the location/s carrying out the service has the appropriate facilities and equipment to undertake treatment.

It is not expected that all aspects of service provision will be provided from each site; as a minimum each site will provide initial contact/assessment of new patients.

Facilities that are essential to delivering the service include:

- Consultation rooms with good lighting & adequate facilities for diagnosis & treatment procedures
- Treatment room suitable for provision of minor surgical procedures and compliant with national and local guidelines relating to infection control and patient privacy/dignity
- Adequate and appropriate equipment available to undertake procedures and including equipment for resuscitation
- Reception and waiting area with sufficient capacity to accommodate patients
- All premises and equipment to be used must be subject to proper maintenance, calibration and decontamination as appropriate

The Provider will ensure that the service had sufficient onsite parking to accommodate patients and is accessible by public transport. The Provider will be responsible for ensuring they are registered with the Care Quality Commission to provide the service from their chosen location.

7. Equality, Diversity and Human Rights

7.1. General Responsibilities of Service

- The service will be delivered in compliance with the Equality Act 2010, the Human Rights Act 1998; and the principles, rights and pledges set out in the NHS Constitution.
- The Provider will be required to regularly report to the commissioning organisation on operational evidence to provide assurance that services are compliant with s149 (1) of the Equality Act 2010 – the Public Sector Equality Duty – and its three aims:
    a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
    b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
    c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- The Provider will be required to regularly report to the commissioning organisation operational evidence to provide assurance that services are meeting the 'due regard' duty as set out in s149(3):
    i. remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
    ii. take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
    iii. encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- **'Protected characteristic groups'** are defined in Part 1 of the Equality Act 2010 and cover people who are specifically offered protection by the Act
- The Provider will ensure that service information is up-to-date and provided in a variety of formats. It will also be tailored for different groups and communities - for example, by offering interpreting

services and information in languages used locally.

7.2. Competency of Staff

- All staff will receive regular and repeated mandatory training on equality and diversity and the values, principles, rights and responsibilities set out in the NHS Constitution at no greater than 2 yearly intervals. The Provider will regularly report to the commissioner on the % of staff satisfying this requirement and summary report of the evaluation of the training delivered.
- The provider will be required to evidence the content of equality, diversity and NHS Constitution training by providing copies of training content/materials used, or by periodically including a representative of the commissioner at a scheduled training session(s).

7.3. Equality Monitoring and Reporting

- To fulfill the requirements of 7.1 above, the Provider will be required to equality monitor all patients attended to by the service and all complaints received by the service. As a minimum objective this will enable the recording of age, disability, race (ethnicity) and gender. The provider is further encouraged to consider an approach to expand the number of protected characteristics monitored to include the following; religion and belief, sexual orientation and pregnancy and maternity.
- Providers will be required to use ONS Census 2011 descriptors as a minimum for data collection, but with flexibility to add categories to fit local circumstances in discussion with the Commissioner.
- The Provider will be required to submit quarterly reports offering analysis of the raw data and an interpretation of what the analysis suggests for service development/improvement or for strategic commissioning.

[NB – The commissioning organisation recognizes that existing systems for recording protected characteristic groups are often limited and in certain circumstances (e.g. IT systems under contract) the capacity to record all of the protected characteristic groups may not be immediately possible. However, such information is vital for both the commissioner, and Provider to comply with equality legislation and so a SMART programme will be agreed at the outset of the contract to ensure that such information can be collected at the earliest possible opportunity and in a proportionate way to avoid unnecessary bureaucracy

The Provider will ensure the service meets the needs of the local, diverse community. To this end, the Provider will complete a full equality impact assessment (EQIA) of its service delivery, and produce a resultant action plan as required, within 3 months of the award of contract to ensure there is no discrimination or barriers to access for any particular group of people. The evidence and outcome of the EQIA will be presented to the Commissioner. This will be repeated annually to ensure compliance with the Equality Act 2010.

8. Monitoring

The Provider will:-

1. Submit monthly minimum data, activity report and finance report
2. Submit monthly KPI performance report
3. Submit quarterly quality dashboard (include equality, complaints and incident)
4. Submit invoices for individual months that correlate to the backing/minimum data supplied to support the invoices.
5. Following validation of the providers supporting data by the CCG any agreed discrepancies will be credited via a credit note against the individual invoice for that month to facilitate a clear audit trail and prevent delays in the payment of the invoice.
6. Submit Blueteq requests for all PBRe drugs
7. Unless agreed between both parties the following data set is required from the provider when invoicing WCCG. Failure to provide could lead to non-payment of invoices. Commissioners will only fund if the full minimum data set required for validation (i.e. name and strength of drug, cost, indication and quantity supplied, patient and GP identifiers) is provided.
8. BlueTeq request ID number
9. Name of prescriber

10. GP practice code and CCG
11. Name and strength of drug
12. Indication for drug use
13. Dose
14. Date of administration or prescription
15. Quantity and cost

The MDS and additional requirements will be finalised and notified to Providers before contract sign off.

Minimum information to be submitted on a monthly basis using reporting templates to be agreed with the Commissioner:

Referrals/ Triage (Inc Tele-Dermatology):

- Number of referrals received
- Number of referrals triaged and returned to referring practice as inappropriate, by practice
- Number of referrals triaged and returned to referring practice with advice for primary care management
- Numbers of referrals triaged identified suitable for community
- Numbers of referrals triaged and identified suitable for hospital setting
- Average waiting time

Assessment/ First Contact

- Number of new patients seen
- Number of onward referrals to hospital service
- Number of referrals returned to primary care
- Average waiting time

Diagnostics

- Number of patient's receiving diagnostic test, by test, by provider
- Outcome of test; discharge, onward refer, or treat

Treatment

- Number of patients with PROM Score
- Number of procedures/interventions undertaken, by volume and type (including clinical code)
- New to review follow up ratio
- Number of consultations not resulting in procedure
- Number of patients discharged – treatment complete

General

- DNA rates
- Number of untoward incidents
- Number of client complaints, comments and compliments
- Training report; type, staff numbers, dates, etc
- Waiting time for triage, assessment and treatment
- Patient satisfaction reports

The minimum data set to be collected and kept by the Provider and submitted to DSCRO (CSU) is:

NHS number
Name
Address
Date of Birth
Post Code
Gender
Age
Race
Disability
GP practice & Address

Referrers Name
Provisional Diagnosis
Referral Date
Appointment type (Triage, first, follow-up)
Appointment date (1st)
Location
Clinician providing clinic
Outcome (Discharge back to GP/ Treatment Required/ referral on/Fast track to Acute)
Confirmed Diagnosis (including clinical code)
Treatment Provided (including clinical code)
Date treatment given/commenced
Discharge date
Discharge rationale

The Provider's representatives and Commissioner's representatives will meet to discuss the Provider's performance against the service specification, contract and key performance indicators. As part of on-going service development the Commissioner will formally review the service to ensure that high quality outcomes are achieved and patients' needs are fully met.

Where circumstances reasonably require it, reporting to the Commissioner will be enhanced/more frequently than detailed above. The Commissioner may require enhanced reporting and/or more frequent monitoring where previous monitoring has shown that contractual requirements were not being met. Any such additional monitoring will form part of an agreed improvement plan.

9. Payment section

The Cost of the service and relevant payments will be below locally agreed PbR tariff.

The provider will ensure the acquisition costs (minus any discounts) of PBRe medicines are invoiced to the commissioner without any additional costs added such as on-cost.

10. Key Performance indicators

Quality measure	Indicator	Threshold	Measurement	Consequence
Triage	Percentage of patients triaged within 2 working day	>95%	Monthly information reporting	Contract general conditions
Access	Percentage of patients identified as suitable for community care, seen within 4 weeks (routine) and same day (urgent)	>95%	Monthly information reporting	Contract general conditions
Management of 'Did Not Attends; (DNAs)	Percentage of patient attendances/percentage of patient appointments with a 4 week period	<10%	Monthly information reporting	Contract general conditions
Onward referral within 2 working days	Percentage of patients identified as unsuitable for community care, referred on within 2 working days	>90%	Monthly information reporting	Contract general conditions
Discharge within 2 working days	Percentage of patients identified as unsuitable for community care, discharged within 2 working days	>90%	Monthly information reporting	Contract general conditions
All diagnostic tests within 6 weeks waiting time	Percentage of patients offered an appointment within 6 weeks	>90%	Monthly information reporting	Contract general conditions
PROM Score Improvement	Metric to be confirmed with Provider within 3 months of service commencement	TBC	Monthly information reporting	Contract general conditions
Referral on to secondary care	Percentage of patients referred onto secondary care following assessment and following treatment	<5%	Monthly information reporting	Contract general conditions

[i] Royal College of Physicians Dermatology Review 2013

[ii] http://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=1610