



NHS Standard Contract 2017/18 and 2018/19 Particulars (Full Length)

Contract title/ref: 04L/17/COS

**NHS Standard Contract
2017/18 and 2018/19 Particulars**

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Contract Reference	04L/17/COS
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DATE OF CONTRACT	
SERVICE COMMENCEMENT DATE	1st July 2017
CONTRACT TERM	[] years/months commencing [] [(or as extended in accordance with Schedule 1C)]
COMMISSIONERS	[] CCG (ODS []) [] CCG (ODS []) [] CCG (ODS []) [NHS England] [Local Authority]
CO-ORDINATING COMMISSIONER	[]
PROVIDER	[] (ODS []) Principal and/or registered office address: [] [Company number: []]

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CONTRACT

This Contract records the agreement between the Commissioners and the Provider and comprises

1. these **Particulars**;
2. the **Service Conditions (Full Length)**;
3. the **General Conditions (Full Length)**,

as completed and agreed by the Parties and as varied from time to time in accordance with GC13 (*Variations*).

IN WITNESS OF WHICH the Parties have signed this Contract on the date(s) shown below

SIGNED by

.....
Signature

**[INSERT AUTHORISED SIGNATORY'S
NAME] for
and on behalf of
[INSERT COMMISSIONER NAME]**

.....
Title
.....
Date

[INSERT AS ABOVE FOR EACH COMMISSIONER]

SIGNED by

.....
Signature

**[INSERT AUTHORISED
SIGNATORY'S
NAME] for
and on behalf of
[INSERT PROVIDER NAME]**

.....
Title
.....
Date

SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date	[The date of this Contract] [or as specified here]
Expected Service Commencement Date	
Longstop Date	
Service Commencement Date	
Contract Term	[] years/months commencing [] [(or as extended in accordance with Schedule 1C)]
Option to extend Contract Term	YES/NO By [] months/years
Commissioner Notice Period (for termination under GC 17.2)	[] months <i>[Period(s) as agreed/determined locally in respect of the Contract as a whole and/or specific Services – to be specified here]</i>
Commissioner Earliest Termination Date	[] months after the Service Commencement Date <i>[Period(s) as agreed/determined locally in respect of the Contract as a whole and/or specific Services – to be specified here]</i>
Provider Notice Period (for termination under GC17.3)	[] months <i>[Period(s) as agreed/determined locally in respect of the Contract as a whole and/or specific Services – to be specified here]</i>
Provider Earliest Termination Date	[] months after the Service Commencement Date <i>[Period(s) as agreed/determined locally in respect of the Contract as a whole and/or specific Services – to be specified here]</i>

SERVICES	
Service Categories	Indicate <u>all</u> that apply
Accident and Emergency (A+E)	
Acute Services (A)	
Ambulance Services (AM)	
Cancer Services (CR)	
Continuing Healthcare Services (CHC)	
Community Services (CS)	
Diagnostic, Screening and/or Pathology Services (D)	
End of Life Care Services (ELC)	
Mental Health and Learning Disability Services (MH)	
Mental Health and Learning Disability Secure Services (MHSS)	
NHS 111 Services (111)	
Patient Transport Services (PT)	
Radiotherapy Services (R)	
Urgent Care/Walk-in Centre Services/Minor Injuries Unit (U)	
Specialised Services and other services directly commissioned by NHS England	
Services comprise or include Specialised Services and/or other services directly commissioned by NHS England	YES/NO
Service Requirements	
Indicative Activity Plan	YES/NO
Activity Planning Assumptions	YES/NO
Essential Services (NHS Trusts only)	YES/NO
Services to which 18 Weeks applies	YES/NO
Prior Approval Response Time Standard	Within [] Operational Days following the date of request Or Not applicable

SERVICES	
PAYMENT	
Expected Annual Contract Value Agreed	YES/NO
Must data be submitted by SUS for any of the Services?	YES/NO
QUALITY	
Provider type	NHS Foundation Trust/NHS Trust Other
Clostridium difficile Baseline Threshold (Acute Services only)	[] or Nil or Not applicable
GOVERNANCE AND REGULATORY	
Nominated Mediation Body	CEDR/Other – []
Provider's Nominated Individual	[] Email: [] Tel: []
Provider's Information Governance Lead	[] Email: [] Tel: []
Provider's Caldicott Guardian	[] Email: [] Tel: []
Provider's Senior Information Risk Owner	[] Email: [] Tel: []
Provider's Accountable Emergency Officer	[] Email: [] Tel: []
Provider's Safeguarding Lead	[] Email: [] Tel: []
Provider's Child Sexual Abuse and Exploitation Lead	[] Email: [] Tel: []
Provider's Mental Capacity and Deprivation of Liberty Lead	[] Email: [] Tel: []
Provider's Prevent Lead	[] Email: [] Tel: []
Provider's Freedom To Speak Up	[]

SERVICES	
Guardian	Email: [] Tel: []
CONTRACT MANAGEMENT	
Addresses for service of Notices	Co-ordinating Commissioner: [] Address: [] Email: [] Commissioner: [] Address: [] Email: [] [INSERT AS ABOVE FOR EACH COMMISSIONER] Provider: [] Address: [] Email: []
Frequency of Review Meetings	Ad hoc/Monthly/Quarterly/Six Monthly
Commissioner Representative(s)	[] Address: [] Email: [] Tel: []
Provider Representative	[] Address: [] Email: [] Tel: []

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

A. Conditions Precedent

The Provider must provide the Co-ordinating Commissioner with the following documents:

1. Evidence of appropriate Indemnity Arrangements
2. [Evidence of CQC registration in respect of Provider and Material Sub-Contractors (where required)]
3. [Evidence of Monitor's Licence in respect of Provider and Material Sub-Contractors (where required)]
4. [Copies of all Mandatory Material Sub-Contracts, signed and dated and in a form approved by the Co-ordinating Commissioner]
5. [Copies of the following Permitted Material Sub-Contracts, signed and dated and in a form approved by the Co-ordinating Commissioner][*LIST ONLY THOSE REQUIRED FOR SERVICE COMMENCEMENT*]
6. [A copy of the/each Direction Letter]
7. [Insert text locally as required]

The Provider must complete the following actions:

[Insert text locally as required]

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

B. Commissioner Documents

Date	Document	Description
Insert text locally or state Not Applicable		

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

C. Extension of Contract Term

To be included only in accordance with NHS Standard Contract Technical Guidance.

1. As advertised to all prospective providers before the award of this Contract, the Commissioners may opt to extend the Contract Term by [] months/year(s).
2. If the Commissioners wish to exercise the option to extend the Contract Term, the Co-ordinating Commissioner must give written notice to that effect to the Provider no later than [] months before the original Expiry Date.
3. The option to extend the Contract Term may be exercised:
 - 3.1 only once, and only on or before the date referred to in paragraph 2 above;
 - 3.2 only by all Commissioners; and
 - 3.3 only in respect of all Services
4. If the Co-ordinating Commissioner gives notice to extend the Contract Term in accordance with paragraph 2 above, the Contract Term will be extended by the period specified in that notice and the Expiry Date will be deemed to be the date of expiry of that period.

Or

NOT USED

SCHEDULE 2 – THE SERVICES

A. Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.

Service Specification No.	
Service	Community Ophthalmology Service
Commissioner Lead	Stewart Newman / Paramjit Panesar
Provider Lead	
Period	July 2017 to March 2020
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

Effective and high quality primary eye care services have a key role in monitoring and preventing eye disease, avoiding the need for more invasive and costly treatments in the long run. Ensuring good vision and eye health can have an influence of a person's quality of life and also in maintaining independence.

Optometrist's assess sight and prescribe glasses or contact lenses as required; they are also skilled in the monitoring of many eye conditions. However, the General Optometry Service (GOS) contract does not accommodate treatment or management of eye conditions and as a result patients who require further investigation or monitoring are in most cases referred onto secondary care. The development of primary care ophthalmology services recognises that for patients who are managed in a community setting, there are significant quality benefits associated with avoiding the need to attend a hospital appointment such as, sooner appointments, reduced anxiety and convenience of location. There are additional benefits associated with increased secondary care capacity and a cost saving by avoiding unnecessary secondary care appointments.

LOCAL CONTEXT

The CCGs in south Nottinghamshire (Nottingham North & East, Nottingham West and Rushcliffe) and mid-Nottinghamshire (Mansfield & Ashfield and Newark & Sherwood) are looking to develop and expand the remit of their existing community ophthalmology services in order to maximize the opportunity to prevent unnecessary referrals to secondary care and facilitate the discharge of patients from secondary care to community monitoring and management. The community ophthalmology service will provide referral triage and community based assessment, management and treatment. To support this, the service will also provide an administration service to ensure the efficient processing of referrals and the offer of choice of secondary care provider to patients (where necessary).

The following community-based ophthalmology services are currently provided within the CCGs:

- Community Triage (GOS18 and GP referral)
- Community Assessment and Treatment (delivered by optometrists with enhanced qualifications) including Glaucoma Referral Refinement
- Community Low Vision Aid Service Through this specification the Community Assessment and Treatment service will develop to include: the assessment, management and monitoring of glaucoma and ocular hypertension; the review of patients post-cataract surgery and the monitoring of patients who can be discharged from secondary care but require some follow up to identify whether their condition has worsened.

The Community Ophthalmology Service will provide an integrated and cohesive approach to delivery of the triage, community assessment and treatment and low vision aids. The Service will offer responsive, accessible and high quality ophthalmology assessment and monitoring outside of the secondary care services, with robust clinical oversight and formalised arrangements for continuous quality improvement.

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	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

- The provider will ensure the service is accessible and flexible to meet the needs of patients
- The service will be monitored to ensure people receive a positive experience of care, including the use of the NHS Friends and Family test.

2.2 Locally defined outcomes

- Reduce avoidable secondary care outpatient appointments
- Improved quality of referrals from primary care (through feedback to and education of referrers) and improved referrals on to secondary care (through completion of initial assessment and referral refinement)
- Providing care that is local to patients and timely
- Work with providers (including secondary care) to provide a robust and joined up approach to delivery of ophthalmology services
- Minimise effect of glaucoma and other eye conditions on patient's sight through clinically effective long term monitoring
- Increase in the number of patients with low visual acuity who are provided with suitable low visual aids and signposting to appropriate support services in the community.

3. Scope

3.1 Aims and objectives of service

The aim of the Community Ophthalmology Service is to manage patients with ophthalmic conditions in a community setting where it is appropriate to do so. The Service will ensure that patients are transferred to secondary or specialist care only when specialist treatment is required, which will offer value for money and result in reduced patient anxiety.

The Community Ophthalmology Service will provide the following community services:

- Community Triage (GOS18 and GP referral) (see section 3.2i & 3.2ii)
- Community Assessment and Treatment (see 3.3iii) (delivered by optometrists with enhanced qualifications)
- Community Low Vision Aid Service (see section 3.2iv)

The Service will be provided by qualified clinical practitioners with Ophthalmic Consultant integration. The Service will provide continuous improvement in quality through formalised arrangements for peer review and audit. The provider will work closely with the secondary care provider and will be expected to develop pathways for the transition of care between primary and secondary care (including direct access to secondary care delivered diagnostic tests where appropriate).

The service will be responsible for securing and funding the provision of premises for the service to be delivered from. Including all associated equipment and facilities such as clinic/treatment rooms.

Objectives

- Reduction in secondary care first and follow up appointments for patients with ophthalmic conditions that could be appropriately assessed, treated or monitored in primary care
- Reduction in secondary care referrals that are shown to be a result of a false positive test within primary care
- Provide multiple community-based clinic locations that are accessible to patients
- Reduce known barriers to access for patients, including language and sight barriers
- Offer community assessment within 2 weeks of referral with appointments that are flexible (including options at weekends and after 5pm)
- Provide a responsive and clinically robust triage of all ophthalmology referrals with protocols and pathways to guide decision making
- Improve the quality of optometrist GOS18 referrals through feedback to referrers and the provision of education that reduces unwarranted clinical variation
- Ensure consistency in approach to assessment, treatment and management of patients who are referred to the Service
- Provision of Consultant first assessments for patients with chronic open angle glaucoma (COAG) and ocular hypertension (OHT)
- Provide a named clinical and operational lead who will be responsible for the overall management and co-ordination of the Community Ophthalmology Service
- Provision of follow up monitoring/review for suitable secondary care patients

3.2 Service description/care pathway

3.2i Referral Management

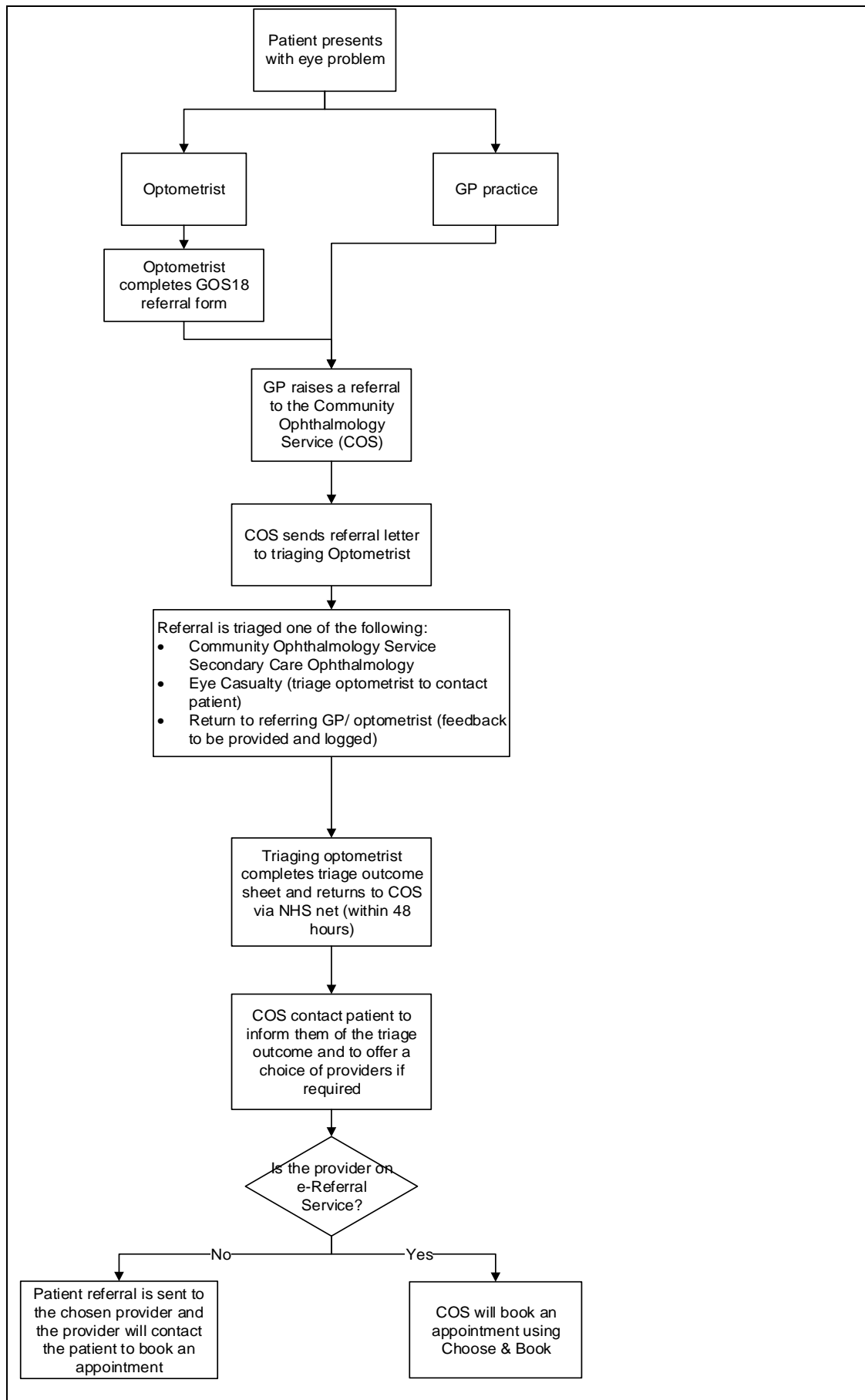
Ordinarily, all optometrist referrals will be sent via the patient's GP and the Community Ophthalmology Service will receive all adult, non-two week wait referrals via the e-Referrals Service (formally known as Choose and Book). The Community Ophthalmology Service will accept and register the referrals, facilitate the secure transfer of patient referral letters to the triage services, inform the patient of their triage outcome and offer choice of secondary care provider (where appropriate).

3.2ii Referral Triage

Provide triage of all adult, non-two week wait ophthalmology referrals letters (both GOS18 and GP letters) in order to determine the most suitable service to meet the needs of the patient. Triage will be provided by appropriately qualified optometrist who delivers the community service.

- The Provider will have in place a protocol to ensure the timely electronic transfer of referral letters with outcomes of triage communicated within 48 hours of receipt of referral to ensure a minimal delay to the patient's pathway of care.
- The provider will ensure all referrals and patient information can be transferred using a secure electronic system (e.g. NHS net or the e-Referral Service)
- Referrals will be triaged to one of the following outcomes; community ophthalmology assessment and treatment, community low vision assessment, secondary care ophthalmology or return to referrer
- Referrals returned to the GP or referring Optometrist will be accompanied by explanation and further advice
- The Provider will contact the patient to inform them of the triage outcome and to offer a choice of provider or clinic location as appropriate
- The Provider will ensure that if red flag symptoms are identified during triage or assessment, there are robust processes in place to ensure that the patient is signposted or referred onwards to specialist services within appropriate timeframes. The triage clinician will be responsible for communicating a red flag outcome to the patient and recommending appropriate action
- Referrals that are triaged as 'red flag' will be accompanied by a letter of explanation and further advice to the referrer
- The provider will offer clinical advice around the management of ophthalmology conditions as requested by GPs or referring optometrists
- Triage optometrists will also provide the community assessment and treatment service

TRIAGE PROCESS MAP:



3.2iii Community Ophthalmology Assessment and Treatment (including Glaucoma Referral Refinement)

MINOR EYE CONDITIONS AND GLAUCOMA REFERRAL REFINEMENT

The Service will offer assessment, treatment and long term monitoring of minor eye conditions by an appropriately qualified optometrist.

- The community ophthalmology assessment will assess symptoms, take history and carry out examinations in order to diagnose and manage the problem for which the patient has been referred
- Optometrists who deliver the Service may also provide triage
- Patients who are referred via a GOS18 by their optometrist will not usually require a routine eye examination, however patients who are referred directly by their GP may need to be advised to access a sight test
- It is anticipated that the majority of patients will be appropriately managed within their initial assessment but some eye conditions will require follow up appointment and chronic conditions may be kept under review (a threshold new : follow up ratio will be set for this element of the service)
- The Service will be provided from multiple community-based locations, with premises that are suitable to meet the accessibility requirements of all patients
- The Service will provide an assessment by a specialist optometrist. The assessment offered will be beyond the scope of the essential services as outlined in the General Optometry Service contract
- Assessment and monitoring/ management of patients must be in accordance with the College of Optometrists Clinical Management Guidelines

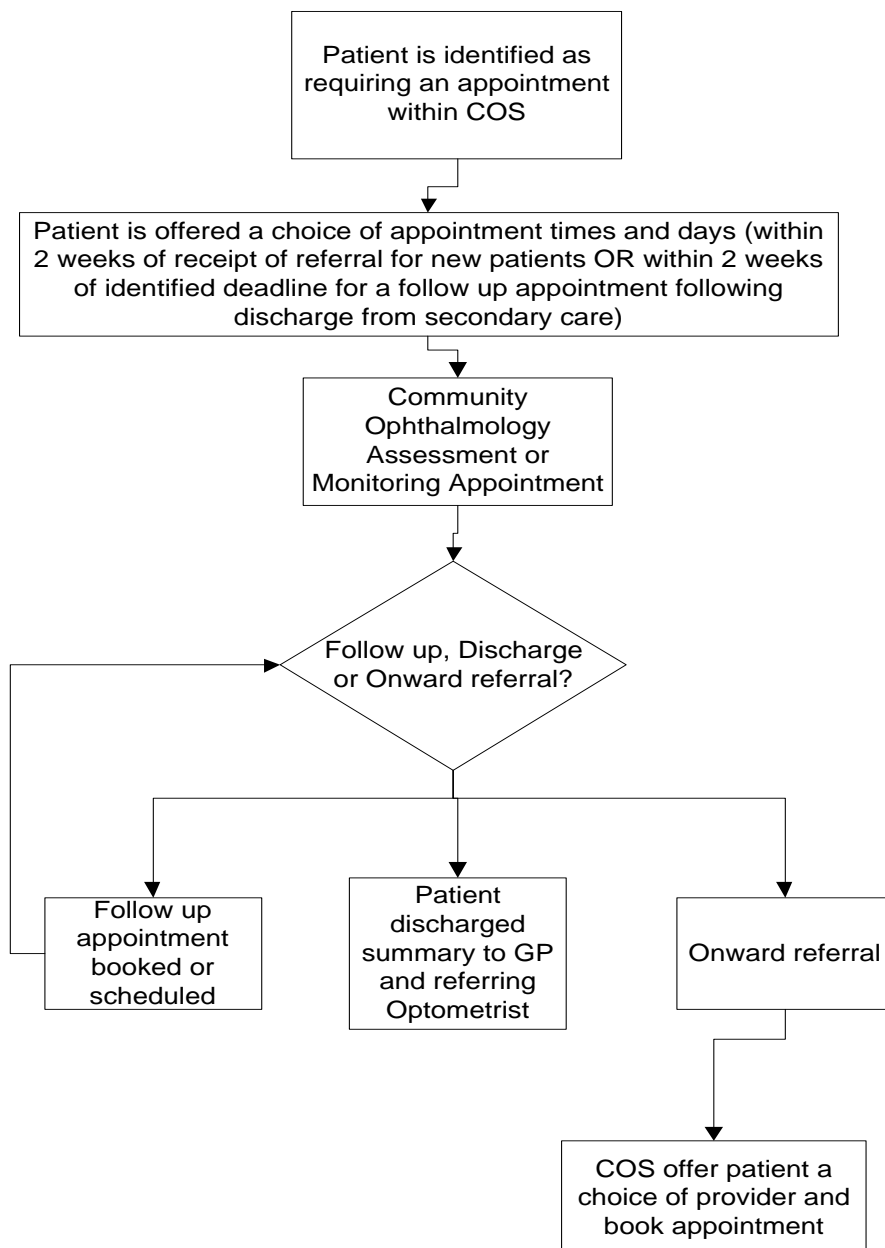
Outcomes resulting from the consultation will be one of the following:

- Follow up in order to carry out repeat diagnostic tests, using specialist equipment as appropriate, including Goldmann Applanation Tonometry (IOP and VF referral refinement)
- Management of the condition through patient advice, recommendation or prescription of medication (with follow-up consultation if required)
- A tentative diagnosis with onward referral to secondary care, indicating whether an immediate urgent or non-urgent appointment is required via the appropriate pathway at each community. The provider will have in place a protocol to facilitate the onward referral of patients to secondary care services and to ensure a choice of provider is discussed (except where emergency treatment is required) (a threshold rate of onward referral will be set for this element of the service)
- No abnormal findings or no further treatment required; patient is discharged and offered reassurance and advised about when to return for routine sight test
- The examining optometrist recommends an NHS or private sight test (the patient will be given the option to return for to their referring optometrist if appropriate)

Discharge and onward referral:

- Patient will be discharged from the Service following successful diagnosis and treatment or onward referral to another service. This will be in accordance with national and local guidance as outlined in section 4.2
- A patient outcome summary will be sent to the patient's registered GP and the referring optometrist following discharge or onward referral.

PROCESS MAP



GLAUCOMA, OHT AND SECONDARY CARE FOLLOW UP / DISCHARGE

The Service will provide assessment and long term monitoring for patients with established and stable glaucoma who require monitoring at programmed intervals.

- Initial diagnostic assessment is undertaken by a Consultant Ophthalmologist (Glaucoma specialist) in order to establish a diagnosis of Chronic Open Angled Glaucoma (COAG) and Occular Hypertension (OHT). A treatment plan will be put in

- place with recommended monitoring intervals.
- Long term monitoring will be provided by a suitably qualified optometrist with clinical oversight by a Consultant (see NICE guidance), all of which are beyond the scope of NHS essential optometric services
- The Service will be delivered in line with national and local guidance (see section 4.2)
- Patients with suspected optic nerve damage or repeatable visual field defect, or both, will be provided with a definitive diagnosis and management plan by a consultant ophthalmologist

Diagnosis

Patients suitable for the service will be identified during referral letter triage or following IOP and visual fields testing (referral refinement) within a community assessment. The following clinical presentations will be suitable for community assessment and monitoring:

- an IOP >21mmHg
- field defects
- difference in IOP between the two eyes of >5mmHg
- suspect optic disc appearance with any IOP
- Patients will also be referred into the service from secondary care providers following full recovery from surgery or laser trabeculoplasty.

Diagnosis of OHT and suspect COAG and the preliminary identification of COAG will take place by a Consultant Ophthalmologist (Glaucoma specialist), in order that they will be trained in case detection, referral refinement and be able to identify abnormalities based on relevant clinical tests and assessments.

Clinicians providing the service will understand the principles of diagnosis of OHT and COAG and be able to perform and interpret all of the following:

- medical and ocular history
- differential diagnosis
- Examination of the posterior segment using a slit lamp binocular indirect ophthalmoscopy
- IOP measurement using Goldman applanation tonometry (slit lamp mounted)
- Central corneal thickness measurement
- Peripheral anterior chamber configuration and depth assessments using gonioscopy
- Visual field measurement using standard automated perimetry (central threshold test)
- Optic nerve assessment, with dilatation, using stereoscopic slit lamp biomicroscopy with fundus examination
- Alternative methods of assessment if clinical circumstances rule out the use of standard methods of assessment, for example Van Herick's peripheral anterior chamber depth assessment as an alternative to gonioscopy
- Optic nerve head imaging (either OCT, HRT or GDX) for baseline documentation

Clinicians will recommend a treatment and monitoring plan for each patient with monitoring intervals for those with OHT or suspected COAG according to their risk of conversion to COAG and those with COAG according to their risk of progression to sight loss in line with guidance in NICE clinical guideline 85. Diagnosed patients with early or moderate COAG and at risk of significant visual loss in their lifetime will be offered treatment with a prostaglandin analogue.

Monitoring

Long term monitoring will be provided by a suitably qualified optometrist with the ability to detect a change in clinical status and who will be working under the supervision of a Consultant Glaucoma Ophthalmologist (see section 4.2).

The Service will provide treatment and ongoing monitoring of patients with the following diagnosis:

- diagnosed ocular hypertension
- diagnosed suspect COAG
- diagnosed COAG

Patients will be monitored at appropriate intervals in line with the patient's management plan and with NICE clinical guideline 85 (see section 4.2). Clinicians involved in the monitoring of people with OHT, suspected COAG and COAG will be trained to make management decisions on all of the following:

- Risk factors for conversion to COAG
- Coexisting pathology
- Risk of sight loss
- Monitoring and clinical status change detection
- Pharmacology of IOP-lowering medications
- Treatment changes for COAG, COAG suspect status and OHT

Post Operative Cataract Pathway

The Service will also provide a community post-operative cataract pathway, which will deliver first post operative review for un-complicated cataract surgery in the community as opposed to secondary care. The components of the review will be equivalent to secondary care procedure. The pathway is designed to improve the patient journey by reducing the number of patient visits overall and to include as few visits to secondary care as possible.

Community Follow Up

Where a secondary care provider identifies a patient for community follow up for another condition and the delivery of this follow up care falls within the competence of the Community Ophthalmology Service a facilitated discharge to the Community Ophthalmology Service will be agreed on a case by case basis.

The Service will have in place a robust call and recall system to ensure that patients are notified of their next monitoring appointment. The Service will ensure that a robust mechanism is in place to minimize the number of patients who do not attend their appointment and to ensure appropriate follow up where required.

Patients will receive necessary tests in order to ensure clinically effective and safe monitoring of their COAG, OHT or other eye condition (in line with NICE clinical guideline 85). The Service will ensure the following tests and interpretation are carried out during a monitoring appointment as clinically appropriate:

- Slit lamp mounted Goldmann Applanation Tonometry
- Repeat central corneal thickness measurement
- Van Herick's peripheral anterior chamber depth assessment
- Repeat gonioscopy
- Standard automated perimetry (central threshold test) to all patients who have established COAG and those suspected of having visual field defects who are being investigated for possible COAG.
- Patients with diagnosed OHT and those suspected of having COAG whose visual fields have previously been documented by standard automated perimetry as being normal may be monitored using supra-threshold perimetry
- Where a visual field defect has previously been detected, the same visual field measurement strategy for each visual field test will be used
- Stereoscopic slit lamp bio microscopic examination of the optic nerve head with dilated pupils if an adequate view is not possible
- When a change in optic nerve head status is detected, a new optic nerve head image will be obtained to provide a fresh benchmark for future assessments ; ideally, using the

- same type of instrument used at diagnosis
- A dilated fundus examination should be performed on an annual basis

The Service will ensure that the following equipment is available to carry out the service and that only trained, accredited and competent staff use the equipment to deliver this service:

- Slit lamp and fundus viewing lens
- Goldmann applanation tonometer
- Humphries visual field analyzer capable of producing a printed report
- Digital imaging device (GDX, HRT, OCT)
- Distance test chart
- Appropriate ophthalmic drugs including:
 - Mydriatic
 - Anesthetic
 - Staining agents

Providers should use single use disposable prisms when delivering the Goldmann applanation tonometry test. Providers will be required to demonstrate infection control procedures in accordance with guidelines from the College of Optometrists and Royal College of Ophthalmologists.

Prescribing

Prescribing will be in accordance with this service specification, clinical governance as outlined within NICE clinical guideline 85 (see section 4.2) and the Nottinghamshire Area Prescribing Committee prescribing guidance. The provider will:

- Consider all relevant co-morbidities and potential drug interactions before offering medication
- Where target IOP is not achieved, additional or alternative pharmacological agents are to be offered for OHT or suspected COAG patients.
- Offer alternative pharmacological treatment to patients with OHT / suspected COAG, who are intolerant to current medication
- If target IOP is not achieved, by pharmacological agents, then patients are to be seen by a consultant ophthalmologist to discuss relevant options.
- Offer patients who present with advanced COAG and who are listed for surgery interim treatment with a prostaglandin analogue.
- Encourage patients using pharmacological agents, to continue with the same treatment unless: target IOP is not reached, there is progression of optic nerve head damage, presence / progression of a visual field defect, or they are intolerant to the drug.
- If adherence and eye drop instillation technique are satisfactory offer alternative pharmacological treatment or referral to secondary care for surgery or laser trabeculoplasty
- Consider offering patients with COAG who are intolerant to a prescribed medication alternative pharmacological treatment or a preservative-free preparation, if there is evidence that the patient is allergic to the preservative
- Check medication compliance and eye drop instillation technique, in all patients, especially where target IOP is not reached IOP

The Service will supply medicines via FP10 prescription and it is the responsibility of the provider to order prescription pads. The service will be responsible for ordering its own stocks of diagnostic medications and will ensure appropriate systems are in place to carry out housekeeping tasks, for example fridge temperatures, stock rotation, stock levels and usage. Diagnostic medications will be obtained at the expense of the provider.

The Provider will ensure compliance with national legislation and professional guidance, for example compliance with relevant NPSA alerts. The provider will be able to demonstrate use of appropriate written procedures covering patient safety incidents and near misses in relation to medicines, undertake regular audits, and will report incidents and near misses in

accordance with local and national requirements.

The Provider will ensure effective recording and monitoring of prescribing (using agreed prescribing codes) to enable Commissioners to monitor the prescribing budget associated with the Service.

The Service will source information on and signpost patients to appropriate medicine facilities, services and pharmacies. The Service will ensure that an exemption clause is signed by the patient, if exempt from charges.

Discharge and onward referral

The Provider will offer patients with COAG who prefer not to have surgery or who are unsuitable for surgery, for whatever reason, pharmacological treatment or referral to a secondary care provider for laser trabeculoplasty.

Patients with COAG will be recommended appropriate surgery in accordance with the guidance given in NICE clinical guideline 85 (see section 4.2). Patients who are offered and accept surgical or laser treatment will be onward referred to a secondary care provider and patients will be offered a choice of secondary provider in accordance with National Guidelines. A comprehensive discharge summary will accompany the onward referral, with a copy to the patient's GP.

Patients with OHT or suspected COAG, who are recommended not to receive treatment, will be discharged from active glaucoma care, after an interval of 3-5 years without change in clinical status (depending on perceived risk of conversion), to community optometric care and advised to seek annual assessment

Patients who DNA three appointments will be discharged from the service and their GP informed. Once a patient has not attended an appointment, the Provider will confirm the patient's contact details with the GP practice and attempt a different means of communication.

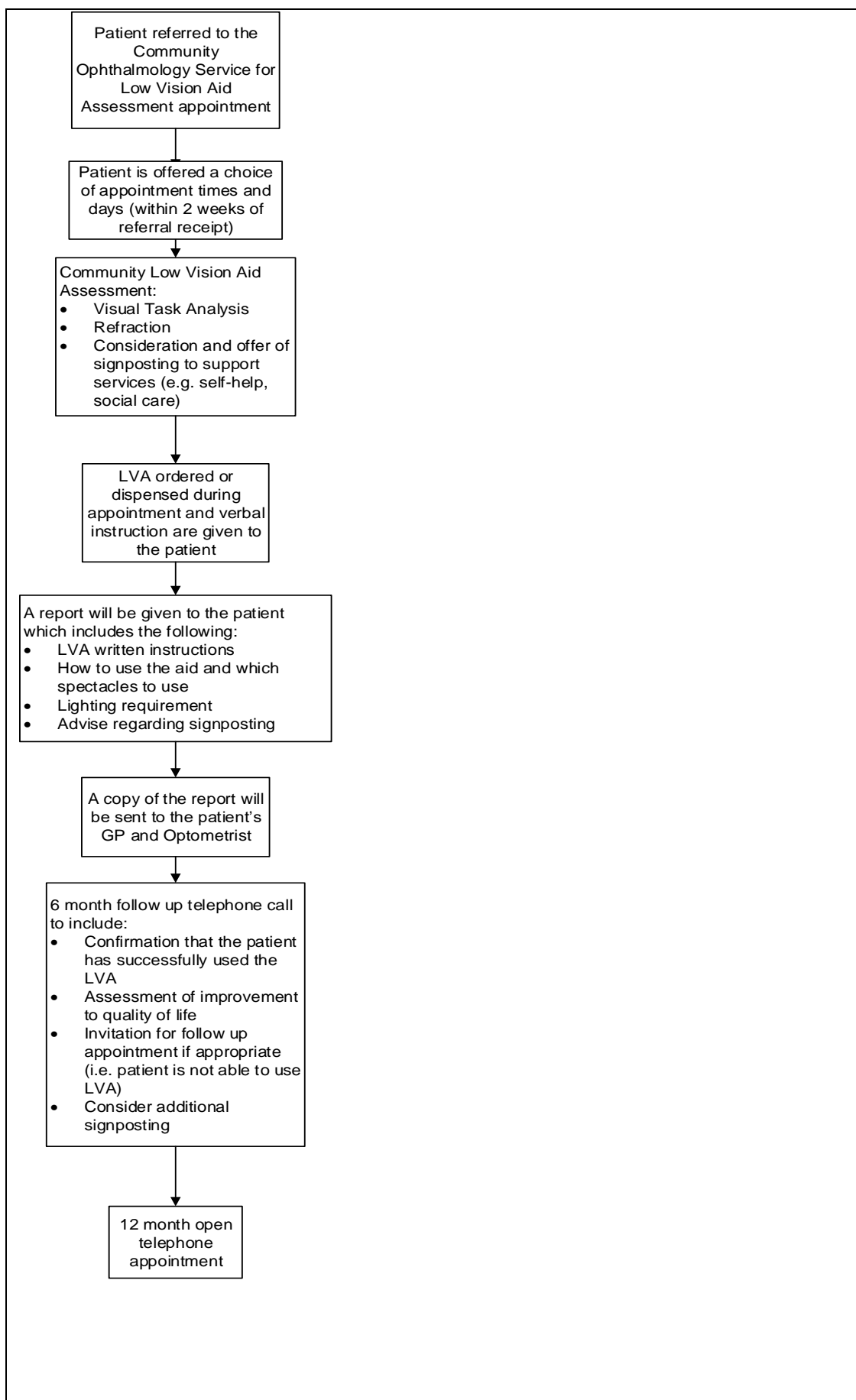
3.2iv LOW VISION ASSESSMENT (for Mansfield & Ashfield and Newark & Sherwood CCGs only) (providing advice, provision of visual aids and signposting to support organisations)

The provider will offer a full low vision assessment and determine whether a magnifying device would be beneficial in maximising the patient's residual vision. The service will offer a wide range of devices to suit patient's needs. However, specialist devices will still only be available from NUH low vision clinic (i.e. distance vision telescopes) or.

The provider will be able to issue from the following list of devices:

Product			Maximum cost (per product)
<i>Hand Magnifiers – non illuminated</i>			
Coil Hi Power	5204	4x	£35.42
	5205	6x	£22.46
<i>Illuminated Hand Magnifiers</i>			
Coil	7270	3x	£28.28
	7146	5x	£29.70
	7147	7x	£29.70
	7148	9x	£29.70
	7271	11x	£29.70
<i>Stand Magnifiers – Non illuminated</i>			
Coil Hi Power	5123	3x	£34.58
		4x	£34.58
<i>Stand Magnifiers - illuminated</i>			
Coil / Raylite	7400/30	2.8x	£49.19
	7259/30	3.0x	£34.66

	7269/30	4.7x	£33.08
	7289/30	7.5x	£35.83
<i>Overspecs</i>			
	Various LTF's		£12.60
<i>Distance Aids</i>			
	Coil 2x / TV Max		£60.72
<i>Flat field magnifier</i>			
	Coil bright magnifier		£14.89
<p>The provider will centrally purchase products which are within an agreed pricing and of approved quality (to be advised). The maximum price which can be claimed is listed above.</p> <ul style="list-style-type: none"> • Device(s) would be issued on a permanent loan basis and it is anticipated that a maximum of one distance and one reading device would be supplied. Patients will be able to request replacement devices due to breakages or equipment failure. • Patients will be advised on practical considerations and, where appropriate, offered a referral to the visual impairment specialist. Referrals will be received via GP, Optometrist or patient self-referral. • Assessment appointments will be offered within 2 weeks of referral and vision aids will be delivered within 3 weeks. • A 6 month follow up call will be made to check suitability of the device. • Patients will be offered the option of one further appointment within a 1 year period. • The provider will collate patient outcome and satisfaction data via a method accessible to patients with sight loss. • Patients who have not had a standard sight test within 12 months will be advised to attend their normal Optometry practice. <p>PROCESS MAP</p>			



3.3 Accessibility (for all clinics)

- First appointments with the Service will be offered within 2 weeks of receipt of the referral (new patients) OR within 2 weeks of identified timescale for a follow up appointment (for patients discharged from secondary care or being monitored by the Service)
- Where practicable, appointments will be offered in multiple community locations in each CCG and patients will be offered a choice of location, time and date.
- The Service will offer a range of appointment time and dates (including options after 5pm and at weekends)
- Patients will be provided with clear information about the service and their pathway of care, including expected monitoring and treatment (in other formats and languages where required)
- It is important that the aspects of service provision are clearly defined between NHS and non-NHS provision. Patients will receive a copy of their prescription and it will be explained that they have the option to visit a different optometrist for the purchase of eye wear.
- Information about the local NHS complaints office will be displayed.
- Translation options will be made available to patients who require them and costs are included within the contract

3.4 Population covered

The service will be available to patients who are registered with Nottingham North & East, Nottingham West, Rushcliffe, Mansfield & Ashfield or Newark & Sherwood CCGs.

The Service will provide non-English speaking patients with access to professional interpreting services and have arrangements in place to support people with communication needs or disabilities. The Service will ensure translated explanatory material is available.

3.5 Any acceptance and exclusion criteria and thresholds

The Service will accept all adult (18 and over) Ophthalmology referrals

The following list is not exhaustive but indicative of the conditions that will be suitable for assessment within the Community Ophthalmology Service (following triage):

- Corneal abrasion
- Episcleritis
- Hordeolum
- Ocular rosacea - meibomianitis
- Pinguecula
- Pterygium
- Sub conjunctival hemorrhage
- Sub tarsal foreign body
- Dry eyes
- Trichiasis
- Floaters
- Ocular motility disorders – adult
- Chronic squints – adult
- Ocular migraine
- Epiphora
- Lid twitch
- Corneal endothelial dystrophies
- Raised IOPs
- Lens opacities
- Vitreous opacities

- Posterior vitreous detachment
- Dry AMD
- Epiretinal membrane
- Visual field anomalies
- Myelinated retinal nerve fibres
- Contact lens related issues
- Peripheral retinoschisis
- Pigment dispersion syndrome
- Keratoconus
- Suspicious disc cupping
- Blepharitis

All patients will be assessed and managed in accordance with The College of Optometrists Clinical Management Guidelines.

Conditions excluded from assessment within the service:

- Diabetic retinopathy
- Patients under the age of 18
- Severe ocular pain requiring immediate attention
- Suspect Retinal detachment
- Retinal artery occlusion
- Chemical injuries
- Penetrating trauma
- Orbital cellulitis
- Temporal arteritis
- Ischaemic optic neuropathy

All 'red flag symptoms' should be referred directly to the nearest eye casualty. The provider is responsible for communicating this to the patient at the time of identifying a red flag (either at triage or community assessment stage). If the patient indicates that they are not willing to attend, this will be communicated to both the referring optometrist and GP.

The following conditions are identified as 'red flags':

- External
- Chemical Injuries
- Unexplained sudden loss of vision
- Penetrating injuries
- Herpes Zoster (to GP same day) –with Hutchinson's sign next day to hospital
- Third nerve palsy
- Scleritis
- Anterior
- Hyphaema
- Hypopion
- Microbial keratitis with red eye
- Periorbital inflammation with pain and swelling
- Corneal foreign body
- Vitreous
- Acute flashes and floaters with tobacco dust
- Vitreous hemorrhage
- Posterior
- CRAO
- Retinal breaks and tears
- Retinal detachment
- Suspected temporal arteritis
- Uveitis
- Wet maculopathy

- Papilloedema
- Glaucoma (with signs of significant complications)
- Acute red eye with raised IOP
- Diabetes
- Pre-retinal hemorrhage
- Rubeosis with VA hand movements or better
- Retinal Detachment

This might be updated during the life of the contract as agreed by the Commissioner.

3.5 Interdependence with other services/providers

The provider will be expected to agree a standard discharge process between Nottingham University Hospitals, Sherwood Forest Hospitals and the City CCG Community Ophthalmology Service.

- Nottinghamshire Local Optical Committee
- GP Practices
- Nottingham University Hospitals & Sherwood Forest Hospitals
- Optometrists
- City CCG Community Ophthalmology Service
- Pharmacists

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- The Provider will be registered with the Care Quality Commission and maintain compliance with the essential standard of safety and quality.
- The College of Optometrists Clinical Management Guidelines
- NICE clinical guideline 85: Diagnosis and management of chronic open angle glaucoma and ocular hypertension (2009)
- The Provider must consider quality and diversity in every aspect of the Service in accordance with the Public Sector Equality Duty of the Equality Act 2010
- Staff delivering the Service will be appropriately qualified, trained and supervised to meet the objectives and requirements of the Service Specification. Staff must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with any relevant clinical standards including adherence to relevant NICE guidelines.

4.1i Infection control & hygiene

The Provider will demonstrate and sustain infection control and hygiene practice in accordance with The Health and Social Care Act: The Hygiene Code (2008), including: Management arrangements to include:

- a designated lead for infection prevention and control and decontamination
- Access to accredited microbiology services.
- Access to an infection control team.
- Evidence of application of evidence based infection prevention and control policies and procedures through a programme of validated audit
- Design, maintenance and effective cleaning of the environment and medical devices.
- Education; ensuring that all staff have attended relevant infection prevention and control training with at least 2 yearly refresher courses. This must include hand hygiene and aseptic non-touch technique. Competency must be evidence.
- Concise and timely communication and documentation
- Safe disposal of clinical waste and sharps
- Appropriate antibiotic / antimicrobial prescribing in line with a correct diagnosis and

prescribing guidance

4.1ii Data & Information Sharing

The Provider will ensure that it has systems in place to provide an up to date electronic register of all patient information requirements and contemporaneous patient records, which will follow the patient.

The Provider will provide assurance and evidence of this annually by providing the Commissioner with an independent audit report of the IG Toolkit declarations (further information: <https://www.igt.hscic.gov.uk/>)

Through this mechanism the provider will demonstrate compliance with relevant legal and regulatory standards, including:

- NHS Code of Confidentiality (2003)
- HSCIC 'Guide to Confidentiality' (2013)
- Data Protection Act (1998)
- Access to Health Records Act (1990)
- Freedom of Information Act (2000)
- Environmental Information Regulations (2000)
- Computer Misuse Act (1990)
- NHS Code of Practice for Records Management (2009)
- Human Rights Act (1998)
- Caldicott Guardian Manual (2010)
- Caldicott 2 Review 'To Share or Not to Share' (2013)

The Provider must have a named individual with responsibility for Information Governance in adherence with the NHS IG Toolkit declarations (further information: <https://www.igt.hscic.gov.uk/>)

The provider will have Information Technology systems compliant with national NHS standards, including access to the NHS network (N3)

4.1iii Prescribing

The Provider will ensure that there are policies and procedures in place for obtaining supplies of medicines, receipt, recording, storage (including controlled drugs and refrigerated items), handling, administration and disposal of medicines in accordance with:

- The Medicines Act 1968
- The Misuse of Drugs Act 2001 (amended)
- Health and Safety Regulations
- Essential standards for quality and safety (Care Quality Commission)
- Relevant professional codes of practice in relation to medicines e.g. Health Professionals Council (HPC), General Medical Council guidance on good medical practice and Nursing: Nursing and Midwifery Council (NMC) Standards for medicines management (2008)

The service must ensure that they are aware of any safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) <http://www.mhra.gov.uk/#page=DynamicListMedicines> and the NHS Central Alerting System (CAS) <https://www.cas.dh.gov.uk/Home.aspx> that apply to any equipment or patient safety concerns associated with this service and that these are acted upon. Details of action taken must be reported back to NHS Nottingham City CCG within the designated timescale.

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

- The College of Optometrists Clinical Management Guidelines (http://www.college-optometrists.org/en/professional-standards/clinical_management_guidelines/)
- The College of Optometrists A3 Infection Control. Oct 12
- The Royal College of Ophthalmologists Age-Related Macular Degeneration: Guidelines for Management September 2013
- The College of Optometrists Optometrist Formulary. Medicines Support Unit For Optometrists (http://www.med-support.org.uk/IntegratedCRD.nsf/MSU_Home?OpenForm)
- Guidance on the referral of Glaucoma suspects by community optometrists Issued by The College of Optometrists and The Royal College of Ophthalmologists December 2010
http://www.locsu.co.uk/uploads/enhanced_pathways_2013/locsu_glaucoma_repeat_referrals_and_oht_monitoring_pathway_rev_nov_2013.pdf

The provider will be responsible for:

- Working to a protocol for the delivery of the service (direct and indirect) responding to identified needs of patients
- Providing all premises, staffing and consumables required to carry out the service
- Ensuring that all equipment used is maintained and calibrated in accordance with the manufacturer's guidelines. The cost of this will be met by the provider
- Ensuring that there are adequate back up/contingency plans in place for the continued provision of the service in the event of breakdown of equipment, key staff absence or supply chain problems
- Dealing with any complaints received from patients or referring practices about the service, and reporting the complaint and the response to the CCG.

The service will have in place a Safeguarding policy for children and vulnerable adults, which ensures that the interests and safeguarding of children and vulnerable adults is paramount at all times. This must be in accordance with the standards set out in the Department of Health's publications, Working Together to Safeguard Children (2013) and No Secrets: guidance on protecting vulnerable adults in care (2000) and adhere to local protocols within Nottingham City and Nottinghamshire County.

The Provider must ensure that Safeguarding training is available to all staff and submit an annual assessment of safeguarding to commissioners.

4.3 Applicable local standards

The Service will be provided by appropriately qualified clinical staff, optometrists who provide triage and community assessment appointments will have the following qualifications, training and experience:

- Be registered with the General Optical Council (GOC)
- Have five years post qualification experience and registration with the General Optical Council.
- Undertaken additional qualification
- The provider will facilitate and require staff to undertake 6 monthly peer review; an audit of referrals will be carried out to determine the focus of each peer review.
- The results of the audit review will be shared with commissioners. The provider will undertake annual audit of referral outcomes, including collaborative working with NUH around patients who are onward referred from the community clinic.
- Ongoing data collection and clinical audit of triage functions with the metrics and timing agreed with the Commissioner.

Optometrists who undertake a Community Ophthalmology assessment will have access to the following equipment:

Access to the internet
 Means of indirect ophthalmoscopy (Volk/headset indirect ophthalmoscope)
 Slit lamp
 Applanation Tonometer (disposable tonometer prisms)
 Fundus Camera/ imaging devices
 Distance test chart (Snellen/logmar) – including provision of non-English speaking patients
 Equipment for epilation
 Threshold fields equipment to produce a printed report
 Amsler Charts
 Colour vision chart
 Equipment for FB removal
 Appropriate ophthalmic drugs (see section 3.2.iiic)
 Staining agents
 Mydriatic
 Cycloplegic
 Topical anaesthetics
 Focimeter
 Frame rule
 Retniscopes
 Ophthalmoscope

The service will develop links with secondary care providers and ensure provision of qualified Consultant Ophthalmologist integration.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements

Please refer to Schedules: 4C and 6A as detailed under Document 3a Contract Particulars

5.2 Applicable CQUIN goals

Not applicable

6. Location of Provider Premises

The Provider's Premises are located at:

To be confirmed. The service will be provided at multiple locations within the community with the aim of ensuring maximum accessibility for patients.

7. Individual Service User Placement

N/A

SCHEDULE 2 – THE SERVICES

A.1 Specialised Services – Derogations from National Service Specifications

Insert text locally or state Not Applicable

SCHEDULE 2 – THE SERVICES

B. Indicative Activity Plan



Ophthalmology
Activity Plan.xlsx

SCHEDULE 2 – THE SERVICES

C. Activity Planning Assumptions

There is a significant difference between the model currently in place within the individual CCGs, a significant difference in the new model proposed across Nottinghamshire County from that which is currently delivered and a lack of robust data on activity numbers within secondary care; therefore the activity plan for the proposed model is based on assumptions which may prove to be inaccurate, and CCGs will work with Providers to ensure patients are appropriately treated within community services.

SCHEDULE 2 – THE SERVICES

D. Essential Services (NHS Trusts only)

Insert text locally or state Not Applicable

SCHEDULE 2 – THE SERVICES

E. Essential Services Continuity Plan (NHS Trusts only)

Insert text locally or state Not Applicable

SCHEDULE 2 – THE SERVICES

F. Clinical Networks

Insert text locally or state Not Applicable

SCHEDULE 2 – THE SERVICES

G. Other Local Agreements, Policies and Procedures

Insert details/web links as required* or state Not Applicable

*** ie details of and/or web links to local agreement, policy or procedure as at date of Contract. Subsequent changes to those agreements, policies or procedures, or the incorporation of new ones, must be agreed between the Parties.**

SCHEDULE 2 – THE SERVICES

H. Transition Arrangements

Insert text locally or state Not Applicable

SCHEDULE 2 – THE SERVICES

I. Exit Arrangements

Insert text locally or state Not Applicable

SCHEDULE 2 – THE SERVICES

J. Transfer of and Discharge from Care Protocols

Insert text locally

SCHEDULE 2 – THE SERVICES

K. Safeguarding Policies and Mental Capacity Act Policies

Insert text locally

SCHEDULE 2 – THE SERVICES

L. Provisions Applicable to Primary Care Services

Insert text locally or state Not Applicable

SCHEDULE 3 – PAYMENT

A. Local Prices

Enter text below which, for each separately priced Service:

- *identifies the Service;*
- *describes any agreement to depart from an applicable national currency (in respect of which the appropriate summary template (available at: <https://www.gov.uk/guidance/nhs-providers-and-commissioners-submit-locally-determined-prices-to-monitor>) should be copied or attached)*
- *describes any currencies (including national currencies) to be used to measure activity*
- *describes the basis on which payment is to be made (that is, whether dependent on activity, quality or outcomes (and if so how), a block payment, or made on any other basis)*
- *sets out prices for the first Contract Year*
- *sets out prices and/or any agreed regime for adjustment of prices for the second and any subsequent Contract Year(s).*

Insert template in respect of any departure from an applicable national currency; insert text and/or attach spreadsheets or documents locally – or state Not Applicable

SCHEDULE 3 – PAYMENT

B. Local Variations

For each Local Variation which has been agreed for this Contract, copy or attach the completed publication template required by NHS Improvement (available at: <https://www.gov.uk/guidance/nhs-providers-and-commissioners-submit-locally-determined-prices-to-monitor>) – or state Not Applicable. Additional locally-agreed detail may be included as necessary by attaching further documents or spreadsheets.

Insert template; insert any additional text and/or attach spreadsheets or documents locally – or state Not Applicable

SCHEDULE 3 – PAYMENT

C. Local Modifications

For each Local Modification Agreement (as defined in the National Tariff) which applies to this Contract, copy or attach the completed submission template required by NHS Improvement (available at:

<https://www.gov.uk/guidance/nhs-providers-and-commissioners-submit-locally-determined-prices-to-monitor>).

For each Local Modification application granted by NHS Improvement, copy or attach the decision notice published by NHS Improvement. Additional locally-agreed detail may be included as necessary by attaching further documents or spreadsheets.

Insert template; insert any additional text and/or attach spreadsheets or documents locally – or state Not Applicable

SCHEDULE 3 – PAYMENT

D. Marginal Rate Emergency Rule: Agreed Baseline Value

In line with the requirements set out in the National Tariff, insert text and/or attach spreadsheets or documents locally – or state Not Applicable

SCHEDULE 3 – PAYMENT

E. Emergency Re-admissions Within 30 Days: Agreed Threshold

In line with the requirements set out in the National Tariff, insert text and/or attach spreadsheets or documents locally – or state Not Applicable

SCHEDULE 3 – PAYMENT

F. Expected Annual Contract Values

Commissioner	Expected Annual Contract Value (include separate values for each of one or more Contract Years, as required) <i>(Exclude any expected CQUIN payments. CQUIN on account payments are set out separately in Table 2 of Schedule 4D, as required under SC38.3.)</i>
Insert text and/or attach spreadsheets or documents locally	
Total	

SCHEDULE 3 – PAYMENT

G. Timing and Amounts of Payments in First and/or Final Contract Year

Insert text and/or attach spreadsheets or documents locally – or state Not Applicable

SCHEDULE 4 – QUALITY REQUIREMENTS

A. Operational Standards

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	RTT waiting times for non-urgent consultant-led treatment					
E.B.3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	Operating standard of 92% at specialty level (as reported on Unify)	Review of Service Quality Performance Reports	Where the number of Service Users waiting more than 18 weeks at the end of the month exceeds the tolerance permitted by the threshold, £300 in respect of each such Service User above that threshold	Monthly	Services to which 18 Weeks applies
	Diagnostic test waiting times					
E.B.4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test*	Operating standard of no more than 1%	Review of Service Quality Performance Reports	Where the number of Service Users waiting 6 weeks or more at the end of the month exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold	Monthly	A CS CR D

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	A&E waits					
E.B.5	Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department*	Operating standard of 95%	Review of Service Quality Performance Reports	Where the number of Service Users in the month not admitted, transferred or discharged within 4 hours exceeds the tolerance permitted by the threshold, £120 in respect of each such Service User above that threshold. To the extent that the number of such Service Users exceeds 15% of A&E attendances in the relevant month, no further consequence will be applied in respect of the month	Monthly	A+E U
	Cancer waits - 2 week wait					
E.B.6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment*	Operating standard of 93%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than two weeks during the Quarter exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold	Quarterly	A CR R

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
E.B.7	Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment*	Operating standard of 93%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than two weeks during the Quarter exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold	Quarterly	A CR R
	Cancer waits – 31 days					
E.B.8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers*	Operating standard of 96%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than 31 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly	A CR R
E.B.9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery*	Operating standard of 94%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than 31 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly	A CR R

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
E.B.10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen*	Operating standard of 98%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than 31 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly	A CR R
E.B.11	Percentage of Service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy*	Operating standard of 94%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than 31 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly	A CR R
	Cancer waits – 62 days					
E.B.12	Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer*	Operating standard of 85%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than 62 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly	A CR R

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
E.B.13	Percentage of Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers*	Operating standard of 90%	Review of Service Quality Performance Reports	Where the number of Service Users in the Quarter who have waited more than 62 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly	A CR R
	Category A ambulance calls					
E.B.15.i	Percentage of Category A Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes*	Operating standard of 75%	Review of Service Quality Performance Reports	Where, for the Contract Year as a whole, the number of Red 1 calls where the emergency response did not arrive within 8 minutes exceeds the tolerance permitted by the threshold, £300 in respect of each call above that threshold	Annual	AM
E.B.15.ii	Percentage of Category A Red 2 ambulance calls resulting in an emergency response arriving within 8 minutes*	Operating standard of 75%	Review of Service Quality Performance Reports	Where, for the Contract Year as a whole, the number of Red 2 calls where the emergency response did not arrive within 8 minutes exceeds the tolerance permitted by the threshold, £100 in respect of each call above that threshold**	Annual	AM

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
E.B.16	Percentage of Category A calls resulting in an ambulance arriving at the scene within 19 minutes*	Operating standard of 95%	Review of Service Quality Performance Reports	Where, for the Contract Year as a whole, the number of calls where the response did not arrive within 19 minutes exceeds the tolerance permitted by the threshold, £100 in respect of each call above that threshold**	Annual	AM
	Mixed sex accommodation breaches					
E.B.S.1	Mixed sex accommodation breach*	>0	Review of Service Quality Performance Reports	£250 per day per Service User affected	Monthly	A CR MH
	Cancelled operations					
E.B.S.2	All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice*	Number of Service Users who are not offered another binding date within 28 days >0	Review of Service Quality Performance Reports	Non-payment of costs associated with cancellation and non-payment or reimbursement (as applicable) of re-scheduled episode of care	Monthly	A CR

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	Mental health					
E.B.S.3	Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care*	Operating standard of 95%	Review of Service Quality Performance Reports	Where the number of Service Users in the Quarter not followed up within 7 days exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold	Quarterly	MH MHSS

In respect of those Operational Standards shown in ***bold italics***, the provisions of SC36.37A apply.

* as further described in *Joint Technical Definitions for Performance and Activity 2017/18-2018/19*, available at: <https://www.england.nhs.uk/wp-content/uploads/2015/12/joint-technical-definitions-performance-activity.pdf>

** (The Co-ordinating Commissioner has discretion to vary the consequence of breach, in agreement with the Provider, where it is appropriate to do so to take account of the operation of a nationally-approved pilot project.)

SCHEDULE 4 – QUALITY REQUIREMENTS

B. National Quality Requirements

	National Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
E.A.S.4	Zero tolerance methicillin-resistant <i>Staphylococcus aureus</i> *	>0	Review of Service Quality Performance Reports	£10,000 in respect of each incidence in the relevant month	Monthly	A
E.A.S.5	Minimise rates of Clostridium difficile*	[Insert baseline threshold identified for Provider: see Schedule 4F]	Review of Service Quality Performance Reports	As set out in Schedule 4F, in accordance with applicable Guidance	Annual	A
E.B.S.4	Zero tolerance RTT waits over 52 weeks for incomplete pathways*	>0	Review of Service Quality Performance Reports	£5,000 per Service User with an incomplete RTT pathway waiting over 52 weeks at the end of the relevant month	Monthly	Services to which 18 Weeks applies
E.B.S.7a	All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes*	>0	Review of Service Quality Performance Reports	£200 per Service User waiting over 30 minutes in the relevant month	Monthly	A+E
E.B.S.7b	All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 60 minutes*	>0	Review of Service Quality Performance Reports	£1,000 per Service User waiting over 60 minutes (in total, not aggregated with E.B.S.7a consequence) in the relevant month	Monthly	A+E
E.B.S.8a	Following handover between ambulance and	>0	Review of Service Quality Performance	£20 per event where > 30 minutes in the	Monthly	AM

	National Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	<i>A & E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 30 minutes*</i>		<i>Reports</i>	<i>relevant month</i>		
E.B.S.8b	<i>Following handover between ambulance and A&E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 60 minutes*</i>	>0	<i>Review of Service Quality Performance Reports</i>	<i>£100 per event where > 60 minutes (in total, not aggregated with E.B.S.8a consequence) in the relevant month</i>	<i>Monthly</i>	<i>AM</i>
E.B.S.5	<i>Trolley waits in A&E not longer than 12 hours*</i>	>0	<i>Review of Service Quality Performance Reports</i>	<i>£1,000 per incidence in the relevant month</i>	<i>Monthly</i>	<i>A+E</i>
E.B.S.6	No urgent operation should be cancelled for a second time*	>0	Review of Service Quality Performance Reports	£5,000 per incidence in the relevant month	Monthly	A CR
	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	95%	Review of Service Quality Performance Reports	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	A
	Duty of candour	Each failure to notify the Relevant Person of a suspected or actual Notifiable Safety	Review of Service Quality Performance Reports	Recovery of the cost of the episode of care, or £10,000 if the cost of the episode of care is unknown or indeterminate	Monthly	All

	National Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
		Incident in accordance with Regulation 20 of the 2014 Regulations				
	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	99%	Review of Service Quality Performance Reports	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly	A MH MHSS
	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	95%	Review of Service Quality Performance Reports	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly	A&E
	Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Operating standard of 90%	Review of Service Quality Performance Reports	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly	MH MHSS
	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in	Operating standard of 90%	Review of Service Quality Performance Reports	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect	Monthly	MH MHSS

	National Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	Contract Technical Guidance			of each excess breach above that threshold		
E.H.4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental state) who wait less than two weeks to start a NICE-recommended package of care*	For the period 1 April 2017 to 31 March 2018, operating standard of 50%. From 1 April 2018, operating standard of 53%	Review of Service Quality Performance Reports	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	MH MHSS
E.H.1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who wait six weeks or less from referral to entering a course of IAPT treatment*	Operating standard of 75%	Review of Service Quality Performance Reports	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	MH MHSS
E.H.2	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who wait 18 weeks or less from referral to entering a course of IAPT treatment*	Operating standard of 95%	Review of Service Quality Performance Reports	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	MH MHSS

	National Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	Full implementation of an effective e-Prescribing system for chemotherapy across all relevant clinical teams within the Provider (other than those dealing with children, teenagers and young adults) across all tumour sites	Failure to achieve full implementation as described under Service Specification B15/S/a Cancer: Chemotherapy (Adult) by 31 March 2017	Review of Service Quality Performance Reports	5% of the Actual Monthly Value for the Services provided under Service Specification B15/S/a (Cancer: Chemotherapy (Adult) per month, until full implementation is achieved	Monthly	Where <u>both</u> Specialised Services <u>and</u> Cancer apply
	Full implementation of an effective e-Prescribing system for chemotherapy across all relevant clinical teams within the Provider dealing with children, teenagers and young adults across all tumour sites	Failure to achieve full implementation as described under Service Specification B15/S/b Cancer: Chemotherapy (Children, Teenagers and Young Adults) by 30 September 2017	Review of Service Quality Performance Reports	5% of the Actual Monthly Value for the Services provided under Service Specification B15/S/b Cancer: Chemotherapy (Children, Teenagers and Young Adults) per month, until full implementation is achieved	Monthly	Where <u>both</u> Specialised Services <u>and</u> Cancer apply

In respect of the National Quality Requirements shown in ***bold italics*** the provisions of SC36.37A apply.

* as further described in *Joint Technical Definitions for Performance and Activity 2017/18-2018/19*, available at: <https://www.england.nhs.uk/wp-content/uploads/2015/12/joint-technical-definitions-performance-activity.pdf>

SCHEDULE 4 – QUALITY REQUIREMENTS

C. Local Quality Requirements

No	Quality Indicator (including threshold where applicable)	Evidence to be submitted by provider	Frequency of Reporting	Report to	Consequence of breach (timing of breach application)	Status of Evidence Submission 2017/18												
						Required			Received			Overdue						
1. Patient Experience							A	M	J	J	A	S	O	N	D	J	F	M
1.1	Patient Experience a) Report showing patient experience data (e.g. complaints/ compliments/ surveys) and action taken as a result of patient feedback	a) Service Review Report	a) Quarterly	CRM	Subject to contract management process set out in GC9 of the general conditions	a)	Q 4			Q 1			Q 2			Q 3		
2. Patient Safety																		
2.1	Patient Safety a) Report showing patient safety data (e.g. incidents/ serious incidents) and action taken as a result of patient feedback	a) Service Review Report	a) Quarterly	CRM	Subject to contract management process set out in GC9 of the general conditions	a)	Q 4			Q 1			Q 2			Q 3		

3. Workforce													
3.1	Workforce a) Report showing staff in post and completion of mandatory training/ annual review	a) Service Review Report	a) Quarterly	CRM	Subject to contract management process set out in GC9 of the general conditions	a)							
4. Safeguarding													
4.1	Safeguarding Compliance a) Safeguarding Policy	a) Safeguarding Policy	a) Annually	CCGQT	Subject to contract management process set out in GC9 of the general conditions	a)							
5. Infection Prevention Control (IPC)													
5.1	Compliance with Hygiene code a) Infection Prevention and Control Policy	a) Infection Prevention and Control Policy	a) Annually	CRM	Subject to contract management process set out in GC9 of the general conditions	a)							
6. Equality and Diversity													
6.1	Equality and Diversity a) E&D Policy	a) E&D Policy	a) Annually	CRM	Subject to contract management process set out in GC9 of the general conditions	a)							

7. Governance														
7.1	Risk management a) Risk Management Policy b) Risk Register	a) Risk Management Policy b) Risk Register High Risks	a) Annually b) Quarterly (By Exception)	CRM CRM	Subject to contract management process set out in GC9 of the general conditions	a)								
						b)								
7.2	Information Governance/ Sharing a) Confidentiality Policy, Data Protection Policy and IT policy	a) Confidentiality Policy, Data Protection Policy and IT policy	a) Annually	CRM	Subject to contract management process set out in GC9 of the general conditions	a)								

SCHEDULE 4 – QUALITY REQUIREMENTS

D. Commissioning for Quality and Innovation (CQUIN)

CQUIN Table 1: CQUIN Indicators

<p>Insert completed CQUIN template spreadsheet(s) in respect of one or more Contract Years, or state Not Applicable</p>
--

CQUIN Table 2: CQUIN Payments on Account

Commissioner	Payment	Frequency/Timing	Agreed provisions for adjustment of CQUIN Payments on Account based on performance

SCHEDULE 4 – QUALITY REQUIREMENTS

E. Local Incentive Scheme

Insert text locally in respect of one or more Contract Years, or state Not Applicable

SCHEDULE 4 – QUALITY REQUIREMENTS

F. Clostridium difficile

Clostridium difficile adjustment: NHS Foundation Trust/NHS Trust (Acute Services only)

The financial adjustment (£) is the sum which is the greater of Y and Z, where:

$$Y = 0$$

$$Z = ((A - B) \times 10,000) \times C$$

where:

A = the actual number of cases of Clostridium difficile in respect of all NHS patients treated by the Provider in the Contract Year

B = the baseline threshold (the figure as notified to the Provider and recorded in the Particulars, being the Provider's threshold for the number of cases of Clostridium difficile for the Contract Year, in accordance with Guidance:

<https://www.england.nhs.uk/patientsafety/associated-infections/clostridium-difficile/>)

C = $\frac{\text{no. of inpatient bed days in respect of Service Users in the Contract Year}}{\text{no. of inpatient bed days in respect of all NHS patients treated by the Provider in the Contract Year}}$

The financial adjustment is calculated on the basis of annual performance. For the purposes of SC36.37 (*Operational Standards, National Quality Requirements and Local Quality Requirements*), any repayment or withholding in respect of Clostridium difficile performance will be made in respect of the final quarter of the Contract Year.

Clostridium difficile adjustment: Other Providers (Acute Services only)

The financial adjustment (£) is the sum equal to A x 10,000, where:

A = the actual number of cases of Clostridium difficile in respect of Service Users in the Contract Year.

The financial adjustment is calculated on the basis of annual performance. For the purposes of SC36.47 (*Operational Standards, National Quality Requirements and Local Quality Requirements*), any repayment or withholding in respect of Clostridium difficile performance will be made in respect of the final quarter of the Contract Year.

SCHEDULE 5 – GOVERNANCE

A. Documents Relied On

Documents supplied by Provider

Date	Document
Insert text locally or state Not Applicable	

Documents supplied by Commissioners

Date	Document
Insert text locally or state Not Applicable	

SCHEDULE 5 - GOVERNANCE

B.1 Provider's Mandatory Material Sub-Contractors

Mandatory Material Sub-Contractor [Name] [Registered Office] [Company number]	Service Description	Start date/expiry date	Processing data – Yes/No
Insert text locally or state Not Applicable			

SCHEDULE 5 - GOVERNANCE

B.2 Provider's Permitted Material Sub-Contractors

Permitted Material Sub-Contractor [Name] [Registered Office] [Company number]	Service Description	Start date/expiry date	Processing data – Yes/No
Insert text locally or state Not Applicable			

SCHEDULE 5 - GOVERNANCE

C. Commissioner Roles and Responsibilities

Co-ordinating Commissioner/Commissioner	Role/Responsibility
Insert text locally	

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

A. Reporting Requirements

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Application
National Requirements Reported Centrally				
1. As specified in the list of omnibus, secure electronic file transfer data collections and BAAS schedule of approved collections published on the NHS Digital website to be found at http://content.digital.nhs.uk/article/5073/Central-Register-of-Collections where mandated for and as applicable to the Provider and the Services	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	All
2. Patient Reported Outcome Measures (PROMS) http://digital.nhs.uk/proms	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	All
National Requirements Reported Locally				
1. Activity and Finance Report (<i>note that, if appropriately designed, this report may also serve as the reconciliation account to be sent by the Provider by the First Reconciliation Date under SC36.28, or under SC36.31</i>)	Monthly	[For local agreement]	By no later than the First Reconciliation Date for the month to which it relates, consistent with data submitted to SUS, where applicable	All
2. Service Quality Performance Report, detailing performance against Operational Standards, National Quality Requirements, Local Quality Requirements, Never Events and the duty of candour, including, without limitation: <ul style="list-style-type: none"> a. details of any thresholds that have been breached and any Never Events and breaches in respect of the duty of candour that have occurred; b. details of all requirements satisfied; c. details of, and reasons for, any failure to meet requirements; d. the outcome of all Root Cause Analyses and audits performed pursuant to SC22 (<i>Venous Thromboembolism</i>); 	Monthly	[For local agreement]	Within 15 Operational Days of the end of the month to which it relates.	All All All A

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Application
e. report on performance against the HCAI Reduction Plan				A
3. CQUIN Performance Report and details of progress towards satisfying any Quality Incentive Scheme Indicators, including details of all Quality Incentive Scheme Indicators satisfied or not satisfied	[For local agreement]	[For local agreement]	[For local agreement]	All
4. NHS Safety Thermometer Report, detailing and analysing: a. data collected in relation to each relevant NHS Safety Thermometer; b. trends and progress; c. actions to be taken to improve performance.	[Monthly, or as agreed locally]	[For local agreement], according to published NHS Safety Thermometer reporting routes	[For local agreement], according to published NHS Safety Thermometer reporting routes	All (not AM, CS, D, 111, PT, U)
5. Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints	[For local agreement]	[For local agreement]	[For local agreement]	All
6. Report against performance of Service Development and Improvement Plan (SDIP)	In accordance with relevant SDIP	In accordance with relevant SDIP	In accordance with relevant SDIP	All
7. Cancer Registration dataset reporting (ISN): report on staging data in accordance with Guidance	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	CR R
8. Summary report of all incidents requiring reporting	Monthly	[For local agreement]	[For local agreement]	All
9. Data Quality Improvement Plan: report of progress against milestones	In accordance with relevant DQIP	In accordance with relevant DQIP	In accordance with relevant DQIP	All
10. Report and provide monthly data and detailed information relating to violence-related injury resulting in treatment being sought from Staff in A&E departments, urgent care and walk-in centres to the local community safety partnership and the relevant police force, in accordance with applicable Guidance (Information Sharing to Tackle Violence (ISTV)) Initial Standard Specification http://content.digital.nhs.uk/isce/publication/isb1594	Monthly	As set out in relevant Guidance	As set out in relevant Guidance	A A+E U

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Application
11. Report on outcome of reviews and evaluations in relation to Staff numbers and skill mix in accordance with GC5.2(Staff)	Six monthly (or more frequently if and as required by the Co-ordinating Commissioner from time to time)	[For local agreement]	[For local agreement]	All
12. Report on compliance with the National Workforce Race Equality Standard and the National Workforce Disability Equality Standard **	Annually	[For local agreement]	[For local agreement]	All
13. Specific reports required by NHS England in relation to Specialised Services and other services directly commissioned by NHS England, as set out at http://www.england.nhs.uk/nhs-standard-contract/ss-reporting (where not otherwise required to be submitted as a national requirement reported centrally or locally)	As set out at http://www.england.nhs.uk/nhs-standard-contract/ss-reporting	As set out at http://www.england.nhs.uk/nhs-standard-contract/ss-reporting	As set out at http://www.england.nhs.uk/nhs-standard-contract/ss-reporting	Specialised Services
Local Requirements Reported Locally				
Triage <ul style="list-style-type: none"> Number of referrals triaged split by CCG and GP practice Reason for referral split by CCG and GP practice Outcome of triage split by CCG, GP practice and triaging clinician Number and percentage of referrals to Community Service split by CCG and practice Triage time measured in days from date sent to triaging clinician and returned for booking Receipt to booking time measured in days from date of initial referral to appointment booked 	Monthly	Minimum Data Set	Within 15 Operational Days of the end of the month to which it relates.	
Community Ophthalmology Assessment & Treatment <ul style="list-style-type: none"> Number of new appointments split by CCG and GP practice Source of new appointment split by CCG and GP practice Number of follow-up appointments split by CCG 	Monthly	Minimum Data Set	Within 15 Operational Days of the end of the month to which it relates.	

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Application
and GP practice <ul style="list-style-type: none"> • New to follow-up ratio split by CCG and Optometrist practice • Number and percentage of patients referred on to secondary care at first appointment split by CCG and Optometrist practice • Number and percentage of patients referred on to secondary care at follow-up appointment split by CCG and Optometrist • Total number of patients referred on to secondary care split by CCG and Optometrist • Waiting time for appointment measured in days split by Optometrist practice 				
COAG/OHT/Post Op Cataract Service <ul style="list-style-type: none"> • Number of new appointments split by CCG and GP practice • Source of new appointment split by CCG and GP practice • Reason for referral split by CCG and GP practice • Number of follow-up appointments split by CCG and GP practice • New to follow-up ratio split by CCG and Optometrist practice • Number and percentage of patients referred in from secondary care split by CCG • Waiting time from triage for new appointments measured in days 	Monthly	Minimum Data Set	Within 15 Operational Days of the end of the month to which it relates.	

* In completing this section, the Parties should, where applicable, consider the change requirements for local commissioning patient-level data flows which will need to be implemented from when the new national Data Services for Commissioners technical solution becomes operational. These change requirements will be published within the *Data Services for Commissioners Resources* website: <https://www.england.nhs.uk/ourwork/tsd/data-services/>

** As set out in SC13.7, the first annual report on the Provider's progress in implementing the Workforce Disability Equality Standard must be supplied by 31 March 2019.

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

B. Data Quality Improvement Plans

Data Quality Indicator	Data Quality Threshold	Method of Measurement	Milestone Date	Consequence
Insert text locally				

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

C. Incidents Requiring Reporting Procedure

Procedure(s) for reporting, investigating, and implementing and sharing Lessons L-learned from: (1) Serious Incidents (2) Notifiable Safety Incidents (3) other Patient Safety Incidents
<p>The Provider is required to have a robust incident reporting and investigation procedure in place for all clinical and non-clinical incidents. All serious incidents (SIs) should be recorded and reported to the Lead Commissioner in line with the attached policy.</p> <div data-bbox="204 656 269 719" data-label="Image"></div> <p>CHP 16-17 Schedule 6D(i) SI Policy - Finalv</p>



SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

D. Service Development and Improvement Plans

Draft subject to further correspondence.

	Milestones	Timescales	Expected Benefit	Consequence of Achievement/ Breach
[Secondary/primary care interface]*				
Smoke-free premises*	<p>To ensure that staff are trained to support people to stop smoking and to integrate stop-smoking support within Community Care and sign-post to relevant community-based services.</p> <p>To support staff to stop smoking or abstain whilst at work, ensuring there are no designated smoking areas or staff-facilitated smoking breaks.</p>	March 2018	To support smoking cessation, temporary abstinence and smoke free policies in all Community Care settings.	Remedial Action Plan
Community Provision for the monitoring and treatment of patients with Wet AMD	Commissioner will seek to work with the Provider to develop community provision for the monitoring and treatment of patients with Wet AMD.	Year 2/3 of contract		[Subject to GC9 (<i>Contract Management</i>)] or [locally agreed]
Minor Eye Conditions Service	Commissioner will work with the Provider to develop a Minor Eye Conditions			

	Service in some, or all, of the CCGs.			
E-referral	80% of referrals to be made by E-referral.	March 2017	To increase use of e-Referral system during 2017-18, in terms of service publication and slot availability from Provider perspective and use of the system for bookings by referrers.	Remedial Action Plan

* Refer to Contract Technical Guidance for detail of requirements

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

E. Surveys

Patient, staff and clinical feedback will be monitored and captured via satisfaction surveys, comments and complaints. The Provider will work closely with patient groups to ensure continued engagement, monitoring and evaluation of the service.

Type of Survey	Frequency	Method of Reporting	Method of Publication	Application
Friends and Family Test (where required in accordance with FFT Guidance)	As required by FFT Guidance	As required by FFT Guidance	As required by FFT Guidance	All
Service User Survey [Insert further description locally]				All
Staff Survey (appropriate NHS staff surveys where required by Staff Survey Guidance) [Other] [Insert further description locally]				All
Carer Survey [Insert further description locally]				All
[Other insert locally]				

SCHEDULE 7 – PENSIONS

Insert text locally (template drafting available via <http://www.england.nhs.uk/nhs-standard-contract/>) or state Not Applicable

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