SERVICE SPECIFICATION FOR THE PROVISION OF MUSCULO-SKELETAL SERVICES TO PATIENTS REFERRED FROM PRIMARY CARE WITH MUSCULO-SKELETAL PROBLEMS

Services to include:

- **Clinical Assessment and Treatment Service (MSK CATs)**
- **Diagnostics**
- **Physiotherapy treatment following CATs**
- **Self-referral physiotherapy**
- **Access to consultant (orthopaedic or rheumatology) for initial diagnosis, primary care treatment plan, or minor procedure if required**
- **Referral to secondary care consultant (orthopaedic or rheumatology) if required**

version	Date	Lead	significant changes
1	9.9.2008	PMcS	
2	24.9.2008	PMcS	
3	29.9.2008	PMcS	
4	11.11.08	PMcS	
5	14.11.08	PMcS	
6	22.11.2008	PMcS	Track changes responding to JP. Contents pages added
7	1.12.08	PMcS	Psychological Support section amended – advice from Judy Leibowitz
8	8.12.08	PMcS	Amended after PBC group comments
9	8.1.2009	PMCS	Tightened 18 weeks, discharge, time to start physio limit
10	26.2.09	PMcS	Back pain, discharge letters, HPC registration
11	2.4.09	PMcS	Referral data
12	1.5.09	PMcS	6 weeks to 4 on page 6, database refs deleted on pages 13 & 14
13	21.5.09	PMCS	Referral data, GP referrals not other health professionals

CONTENTS

AIMS OF THE MSK SERVICE

Camden PCT is committed to the provision of a high quality, dedicated and professional musculo-skeletal services for patients with musculo-skeletal conditions, centred around clinical assessment and treatment (CAT).

This document sets out the minimum service specification required for all patients, over the age of 18 years, registered permanently or temporarily with a Camden PCT general practice.

The overall aims of the musculoskeletal service are to:

- Improve access to specialised clinical services and ensure patients are offered the most appropriate treatment or management in the shortest possible time.
- Limit the physical and associated disabilities that are caused by musculoskeletal conditions.
- Address historic inequalities in access for people in Camden.
- Support General Practice by making available a new and effective pathway for patients with musculo-skeletal conditions.
- Reduce pressure on secondary care services and enable 18 weeks target to be met.

Aims will be achieved through the delivery of this service specification by:

- Offering GPs a timely and efficient clinical assessment and triage service (CATs) for musculoskeletal referrals, by extended scope physiotherapists (ESPs), that they cannot appropriately managed in primary care.
- The CATs service using a range of diagnostic services to enable accurate diagnosis.
- The CATs service providing either a rapid entry to a course of physiotherapy, as appropriate, or entry to another more appropriate treatment pathway – including assessment by a consultant for a diagnosis and setting a treatment plan - or referring the patient back to the GP with management advice – or referring on to a secondary care consultant.
- The CATs service accessing consultant advice on specific referrals.

- The CATs service having clear and unencumbered referral pathways for those patients that require intervention from other specialties / pathways in community settings or secondary care.
- Patients being enabled to self-refer to a physiotherapy service, where physiotherapists can access ESP advice if needed.
- The service operating within 18 week rules, and operating within Choose and Book for secondary care referrals.

BACKGROUND

In July 2006 the Department of Health (DH) (2006) published the Musculoskeletal Services Framework (MSF) which *"promotes the redesign of services"* together with the development of *"…multidisciplinary interface services … [that act as] … a one-stop shop for assessment, diagnosis, treatment or referral to other specialists".* This key national document encouraged the sharing of care across organisational boundaries and improvements in the integration and collaboration between primary and secondary care. Service redesign of this nature would achieve for health economies the avoidance of unnecessary patient attendances and elective admissions.

The requirement to deliver a maximum 18 week patient pathway by December 2008 (DH 2006) also presented challenges to the health system in Camden and required the health economy to identify and remove constraints in all patient pathways. A key aspect of establishing and running an effective and successful CAT service is to examine ways of removing extra tiers in the overall patient pathway and reduce the risk of incurring additional weeks waiting for all musculoskeletal patients. This service will lie within 18 week rules. All patients needing a secondary care referral must be referred within 4 weeks of referral to the MSK service to enable the 18 week target to be met.

In Camden a pilot MSK CATs pathway has been running since September 2007 – developed primarily by practice based commissioners. The MSK CAT service has been available at two sites – Royal Free Hospital and University College Hospital.

CURRENT ACTIVITY

See attached – activity for full level of operation from April 2008-Dec 2008, and extrapolated for a full year, has been attached,

In summary:

RFH 1 year data – 5092 GP referrals to service, 4584 first physio appointments offered (of which 1444 were self-referrals)
UCLH 1 year data – 5100 GP referrals to service. 2517 first physio appointments offered

STRUCTURE OF THE DOCUMENT

This specification outlines key requirements and targets within 6 areas:

1. **Core Services**
2. **Governance**
3. **Infrastructure**
4. **Access**
5. **Contract Monitoring**
6. **Patient Involvement**

The specification provides the PCT with an opportunity to define what it considers to be the core services that this specialist service should be delivering to its patients and may refer to other locally agreed service specifications where appropriate. The specification details the governance arrangements that are required for the service to deliver robust clinical and cost effective care and the infrastructure needed to support that delivery. It also stresses the increasing importance of accountability through robust contract monitoring. Finally it places significant focus on the provider to demonstrate effective partnerships with patients through a range of patient involvement initiatives.

The Service Specification is subject to ongoing review and change in line with national and local guidance.

Some performance indicators from the specification will be encompassed in a Performance Incentive Payment Framework. Payments for performance against these indicators will only be paid on achievement.

APPENDICES

Performance Framework

Activity data

1. CORE SERVICES

AREA	REQUIREMENT	TARGETS
Expertise and interventions to be provided by MSK CATs service	• The triage team (for paper triage and face-to-face triage) will comprise ESP physiotherapists • Clinical assessment by triage team leading to appropriate referral • Choice of appropriate diagnostic tests • For patients called for face-to-face triage the provision of information to the patients to explain the reason for treatment / referral / discharge, together with securing informed consent for any treatment(s) • An ongoing management plan or advice given to patients • Discharge letter (after triage or treatment) sent to GP • Copies of discharge letter to GP sent to patients • Injections eg injection therapy, peri-articular and intra-articular (if trained) • Prescribing a range of medication as supplementary prescribers (agree on PGDs)- currently patients referred back to GP • Service may engage GPwSI	*Disposition of all referrals recorded at time of discharge, showing number and % discharged at paper triage, face to face triage, seen by consultant within service, after physiotherapy*
Consultant services (or GpwSI if engaged)	Patients may be referred to a consultant engaged by the service from CATs following paper triage or face-to-face triage, if the CATS team needs a consultant opinion. Occasionally patients may be referred during or at the end of physiotherapy treatment. The Provider will arrange the volume of consultant sessions needed to meet demand from CATs – waiting lists should not exceed 2 weeks. The consultant service will generally see the patient once, or no more than twice if further diagnostics or out-patient / clinic treatments are required. The outcome of an appointment will usually be a diagnosis and treatment plan for the GP to manage, or with therapy/further therapy input. The Provider will arrange placement on waiting lists with secondary care provider (through the Choose and Book mechanism) should surgical interventions be required. The consultant service will give intra-articular or peri-articular injections (either by consultants, trained ECPs, GpwSI) Prescribing (from an agreed formulary and within all local and national prescribing guidelines) Consultant advice and support on individual cases should be available to CATs. Consultant input should be available to continuing education for referrers.	90% of referred patients from CATS should be seen by a consultant within the service (or GPwSI) within 2 weeks, 100% within 3 weeks.
Referral criteria	The only referral exclusions are: • age - the service will not see patients <18 • GP registration – the service will only see patients registered with a Camden PCT GP (as a temporary or permanent patient). A set of 'RED FLAG' conditions exist, where GPs will refer these direct to consultant appointments:	100% of referrals to MSK CATS

	• Suspicion of systemic inflammatory disease requiring medical management • Suspicion of serious pathology (malignancy, infection etc.) • Signs of cord compression/Cauda Equina syndrome • Suspicion of recent fracture requiring intervention • Structural deformity • Progressive neurological deficit • Systemically unwell / weight loss • Severe trauma Referrals to MSK CATS meeting the red flag criteria will be passed on immediately to a consultant (1 working day). All referrals to the service will be treated as a GP referral for the purposes of delivering an 18 week wait. All referrals to secondary care from the service will be subject to Choose and Book requirements (see below).	meeting the red flag criteria will be passed on immediately to a consultant (1 working day).
Referral process	A referral form will be completed by referring practice. The CATs provider currently receives forms mostly by fax. The new CATs provider will receive referrals from CCAS. All referrals for CATs must be from a GP. (*other* deleted)	
Paper Triage	ESPs will receive and review paper referrals from GPs. They will decide on one of the following actions – (occasionally more information may need to be sought from the practice): – To order diagnostics for further triage consideration or treatment – To call for face to face triage – To offer treatment - a course of physiotherapy – To discharge back to GP, with management advice if necessary – To refer on to secondary care (orthopaedic or rheumatology consultant as appropriate). If this is necessary, the CATS admin team may contact the GP to request background information not contained on the referral form to support the onward referral.	90% of referrals will be triaged within 1 working day
Face to Face Triage	Face-to face triage will lead to a similar outcome: – To order diagnostics or further investigation – To offer treatment - a course of physiotherapy – To discharge back to GP, with management advice if necessary – To refer on to other community health or social care services – To refer on to secondary care (orthopaedic or rheumatology consultant as appropriate). If this is necessary, the CATS admin team may contact the GP to request background information not contained on the referral form to support the onward referral.	90% of face-to-face triage will be within 5 working days of paper triage

	ESPs will have access to consultant support and /or opinion where necessary. At face-to-face triage patients will also have smoking status, BMI, exercise and falls risk assessed – and either be given information or be referred appropriately. Patients who DNA a booked appointment without notice, either face to face triage or physiotherapy treatment, will be discharged back to their GP, with a letter / fax sent to the GP to inform them.	DNA rates for face-to-face triage will be managed <5%
Access to diagnostics	The provider must be able to access routinely the following diagnostic tests – blood testing, X-ray, magnetic resonance imaging, nerve conduction studies, ultrasound, and such other tests that may become recognized as good practice in positive diagnosis or exclusion. These should be on-site or near to site of the CATs service. Access to phlebotomy and X-ray should preferably be available at the same time as a face-to-face triage if they are to be used, to avoid patients making unnecessary journeys.	90% of diagnostic tests ordered will be returned with report within 20 working days. Volume of diagnostic tests will be managed <12.5% of referrals
Physiotherapy service	The service will be able to offer physiotherapy to all those who may benefit, regardless of body site. Appropriate examination techniques and treatments / therapies will be used (e.g. manual therapy, electro-therapy, rehabilitation exercises, etc.) Access may be made to relevant diagnostics The number of physiotherapy treatments offered will not normally exceed 6. Intervals between sessions will be consistent with good practice	90% of offers of a first physio appointments will be made within 5 working days of a decision to offer physio, and 90% of appointments offered will be within 10 working days of paper triage or receipt of self-referral forms. 100% of patients offered physiotherapy will be offered a first date that is within 4 weeks of triage. Numbers of physiotherapy sessions given will be recorded for each patient. DNA rates for first and subsequent physiotherapy appointments will be managed to <10%
Management of Back Pain	The approach to patients referred with uncomplicated low back pain will be managed by a structured, supervised and individually tailored exercise programme, unless contra-indicated.	
Physiotherapy / podiatry combined assessment	For patients presenting with relevant foot problems the service will run a joint assessment clinic with a physiotherapist and podiatrist to agree a treatment plan. Where podiatry is agreed as the main intervention the patient will be referred to the podiatry service. It is unlikely that more than one combined (half-day) clinic would be needed a week.	Same waiting time targets as for physiotherapy service above. Not open to self-referrals without prior assessment. Activity and disposition data collected for this clinic and reported monthly.
Patient choice – Choose and Book	For patients needing a referral to see a consultant in secondary care (not the consultant within the service) the provider will ensure they have their legitimate choices through the Choose and Book	100% of referrals to a consultant in secondary care are via Choose and

	system.	Book unless another system is in place
18 week target	The provider will support the PCT to meet its 18 week delivery target. All referrals must have a first definitive treatment identified within 4 weeks of referral. All referrals to secondary care should be referred within a maximum of 4 weeks from receipt of initial referral.	100% of secondary referrals are made within 4 weeks of receipt of paper triage request.
Referral to other appropriate services from CATS	Referrals can be made by ESPs, physiotherapists and consultants: • Pain Management clinic • Orthotics/appliances • Biomechanics • Psychological support • Exercise prescription • Obesity pathway • Other dietetics • Podiatry • REACH (social care / equipment/ carer assessment) • Hand therapy (OT) • Expert Patient Programme • Stop Smoking Helpline	90% of referrals to another service / pathway sent within one working day
Psychological Support	GP referrers will indicate on referral form whether a patient has a history of depression, and if currently having treatment. As part of the first assessment the ESP or other assessor will ask the two key questions: ' 1. During the last month, have you often been bothered by feeling down, depressed or hopeless? Yes / No' ' 2. During the last month have you been bothered by having little interest or pleasure in doing things? Yes / No' If the answer is 'Yes' to either of the questions the patient will be offered administration of the PHQ9 self-score tool. Patients scoring 10+/27 will be offered referral to the IAPT service. Patients scoring 20+ need to be assessed for suicidal intent as part of the providers Risk Management Protocol .Patients with expressed suicidal intent will have same day referral to Mental Health service and notification to GP. Others will be referred to back to their GP.	GP will be notified of patients scoring 10+/27 on PHQ9 within 2 working days (100% target) and their disposition Number of patients referred to IAPT recorded Mental Health Service will be notified of patients scoring 20+ on PHQ9 with expressed suicidal intent within 1 working day (100% target) Provider will have a Risk Management Protocol for patients that are violent or potentially suicidal.
Self – referral physiotherapy	The provider will also provide a self – referral physiotherapy service. Patients will be able to self –refer for physiotherapy, using a form provided and stamped by their general practice. Requirements as in physiotherapy service. The commissioner would not expect self-referrals to exceed 15% of overall referrals.	90% of appointments offered will be within 10 working days of receipt of referral

Training / support to referrers	The service provider will provide ongoing support and education for GPs and other referrers in order to ensure that: •Best management practice is shared •Only appropriate referrals are made •Conditions are increasingly managed in primary care The provider will arrange: •a formal education event twice yearly that assists GPs with CPD – all Camden GPs to be invited •a workshop twice yearly for referrers to discuss case studies / challenging presentations – all Camden GPs to be invited •contributions to PCT newsletters sent to practices with clinical updates – at least twice a year	Training policy and programme in place, to be shared with Commissioner on request.
Discharge management and communication to GPs	The patient's GP will be informed by letter at the following points of the pathway: if the patient is discharged at triage if the patient is to be referred to a secondary care consultant if the patient is to start physiotherapy treatment if the patient scores 11/27 or more on PHQ9 when the patient is discharged from the service The discharge letter should contain, as a minimum: •Patient's name, date of birth, and NHS number •Reason for referral •Treatment approach and number of sessions attended •Outcome – symptoms resolved / improved functionality / patient to self-manage with home exercise / discharged due to poor attendance •Referral to any other service •Recommendations for future management All discharge letters will be addressed to the named referrer. Copies of discharge letters sent to all patients	100% of discharge letters copied to patients 90% of discharge letters sent to named referrer within 2 working days of discharge or onward referral (audit every 6 months) 100% of discharge letters sent to named referrer within 5 working days of discharge or onward referral (audit every 6 months)
Service improvement and innovation	The provider will demonstrate ongoing improvements and innovations to service delivery, by participation on quality improvement programmes, service redesign, lean thinking, benchmarking, audits, and such other initiatives as may deliver continuous improvement.	Summary to be contained with Annual Governance Report and forward work programme.

2. GOVERNANCE

AREA	REQUIREMENT	TARGETS
Best practice	The Provider will carry out the Services in accordance with best practice in health care and shall comply in all respects with the standards and recommendations contained in, issued or referenced as follows: a. Issued by *Health Care Commission (HCC)* including *Standards for Better Health* b. Issued by the *National Institute for Health and Clinical Excellence (NICE* : or c. Issued by any relevant professional body d. Implement *National Service Frameworks (NSFs)* e. Learning from significant untoward incidents (SUIs) *f. Clinical Negligence Scheme for Trusts (CNST) / National Health Service Litigation Scheme* *g. National Patient Safety Agency (NPSA)* *h. Data Protection Act 1998* And such other best practice guidance or quality standards as shall, from time to time, be issued by the DoH or related bodies.	Provider to provide evidence of compliance on request**.**
Service outcomes	Service outcomes will include: • Meeting the service response times for patients set out for the core elements of the service • Demonstrating high levels of patient satisfaction with patient experience • GPs report that educational support has been offered • Demonstrating high levels of referrer satisfaction with the service • Patients report that the education on self-management they've received is helpful • Patient choice of secondary referral is demonstrated	Undertake an annual GP satisfaction survey covering all Camden PCT practices – content to be agreed with Commissioner Covered in twice yearly patient satisfaction surveys
Clinical outcomes	Clinical outcomes will include: • Managed levels of referral to secondary care consultations at paper triage and at face to face triage. Referrals to secondary care are not expected to exceed 20% of all GP referrals • Minimal level of referrals to secondary care after a course of physiotherapy • GP satisfaction with the clinical management advice received For physiotherapy services: • Measure of whether patients feel they've benefited after a course of physiotherapy • Before and after treatment self-assessment using EQ-5D • If referred for pain, the use of pre/post treatment VAS pain scale • Before and after treatment Oxford hip or knee score, or Oswestry Disability Score for back pain.	Numbers and % of patients referred for secondary care: • At paper triage • At face to face triage • after a course of physiotherapy Numbers and % of patients discharged: • At paper triage • At face to face triage • after a course of

		physiotherapy 90% of patients having physio treatment to have before/after self-assessment with EQ-5D. Number of patient who re-present to the service within 6 months with same or similar condition
Internal governance arrangements	The Provider shall ensure that robust clinical governance processes are in place to include: • Clinical Governance Lead • Incident reporting • Infection Control • Significant Event Analysis • Managing Alerts • Quality Assurance • Health and Safety (including needle stick injury policy and sharps policy) • Compliance with national and local standards including NICE and NSFs • Compliance with locally or nationally agreed audits	The Provider can evidence all the requirements. The provider can produce its own clinical governance policy. Annual governance report and workplan provided.
Patient consent	Patient consent to treatment established Patient consent to share records established	100% target 100% target To be audited six monthly
Complaints	The Provider shall establish and operate a robust complaints procedure in line with NHS guidelines to deal with any complaints in relation to any matter connected with the provision of services under the Contract. All complaints should be monitored, audited and appropriate action taken when required. The Provider shall take reasonable steps to ensure that patients are aware of: • The complaints procedure; • The role of the PCT and other bodies in relation to complaints about services under the SLA, and • The right to assistance with any complaint from independent advocacy services provided under section 19A of *the Health and Social Care Ac 2001t*. • The Provider shall take reasonable steps to ensure that the complaints procedure is accessible to all patients; taking ognizance of language, and communication needs.	The provider shall provide a summary of all complaints, commendations and inequalities received, outcome and actions taken quarterly to the commissioning PCT
Patient safety / SUI	The provider will promptly provide the commissioner with full copies of any notifications made by the Provider to the HCC where such notifications directly or indirectly concerns any patient The provider will agree with the commissioner arrangements for the notification and investigation of any	SUI notified to commissioner on same working day or to Commissioner Director on Call if late in day

	SUIs and will provide further investigation reports and action plans With regard to patient safety incidents the provider will: • Report patient safety incidents to the NPSA electronically via the nationally reporting and learning system. • Have local risk management procedures in place to analyse and learn from patient safety incidents. • Produce a monthly monitoring report on patient safety incidents for its clinical governance committee • Provide staff training and maintain staff competencies on patient safety.	Included in quarterly Governance report
Safeguarding adults / Protection of vulnerable adults	The Provider shall ensure it has systems in place to effectively manage cases of adult protection (within the guidelines of the PCT's Safeguarding Policy).	The Provider shall demonstrate: • Identification of all adult protection cases • Compliance with Laming recommendations • Multi-agency liaison • Development of its own safeguarding policy Include summary report in quarterly Governance report
Information governance	The Provider shall ensure that information relating to patients is safeguarded and take account of: • Confidentiality • Caldicott Guardian • PCT Information Sharing Protocols • Consent • Record keeping protocols	The Provider shall have in place: • Caldicott Guardian • Confidentiality Policy • Consent Policy • Information Governance policy
Financial robustness	The Provider shall manage the allocated budget with due regard to the administration of public funds, and take account of cost- effectiveness and fraud	The Provider shall have a fraud policy in place.
Risk management	Have a Risk Assessment and Risk Management Plan in place for the service and that this is regularly reviewed.	The Provider shall have a Risk Management Plan
Insurance	Medical negligence indemnity insurance will be the responsibility of the provider All cases of medical indemnity reported to Commissioner	The Provider will provide adequate, valid insurances on demand.
Business continuity	The Provider shall ensure that it has a Business Continuity Plan and a Medical Emergency Plan, as part of Emergency Planning to include: • Short term major incident	The Provider shall have in place a robust Business Continuity Plan and Medical Emergency Plan

	• Disruption to information systems • Disruption to premises • Flu Pandemic / other disease outbreak / causing significant staff shortages	
HPC registration	All physiotherapists engaged by the service will have live and ongoing Health professions Council registration. The Provider will have mechanisms in place to establish that this is so.	
Provider Compliance with Care Quality Commission requirements	All health care providers will be required to demonstrate compliance with Care Quality Commission standards and requirements.	The Provider will provide evidence of compliance on demand.

3. INFRASTRUCTURE

AREA	REQUIREMENT	TARGETS
Premises	• The service (face–to-face triage & physiotherapy treatments) must be provided from a fixed location within the boundary of Camden PCT. The location must be readily accessible by public transport. It must be within 0.5 mile of bus route, ot train station, or tube station. • The premises must comply with all reasonable requirements for disability access, as set out in the Disability Discrimination Act (2005). • An information leaflet providing a service outline, service location, contact and access details, and opening times, should be made available to patients via all referring GP practices. • Within the service location the actual clinic should be well-signposted, to a standard set within the Disability Discrimination Act (2005). • The premises will meet acceptable H&S standards, including management of noise, light, hazards. • Patient waiting areas and all treatment areas will meet the highest cleanliness standards. • Patient privacy, dignity and confidentiality will be maintained in all patient contact areas. The Provider shall ensure that: • Premises are owned / leased for the period of the contract, and a signed lease is in place • All patient equipment is entirely safe to use. All necessary equipment and maintenance contracts in place. The Provider will ensure that the premises is maintained to minimum standards as described under schedule 1 of the 2004 Premises Directions. • Any works to improve the premises or bring it up to minimum standards shall meet the standards provided under the "Primary and Social Care Premises – Planning and Design Guidance" and CPCT control of infection policy guidance. All works must be discussed and approved with the PCT prior to any work commencing on site.	The Provider can evidence the requirements
Staffing	The service to be led by a lead clinician/manager who can effectively demonstrate: • Leadership of the overall clinical team • Day to day management of all the services commissioned • Management of waiting lists, tracking of times to triage and treatment, adherence to waiting time targets and supporting the delivery of 18 weeks target. • User and carer involvement within the service • Provision of clinical supervision and ensuring staff work to a clinical governance framework. • Ongoing and evidence-based development of clinical guidelines, policies and protocols for effective working practices within the service • Provision of relevant training and professional development for clinical staff	

	• Leadership in audit, service evaluation and service development • Safe and sound investigation and management of untoward incidents and complaints • Appropriate utilization of all other appropriate services and referral pathways	
Staff development / staff competency	The provider of the service will develop a framework for competency and professional development for all staff involved in service delivery and support. Camden PCT may require the provider to provide evidence of how they ensure the ongoing education of all service staff. All staff employed or engaged by the Provider are informed and aware of the standards of performance they are required to provide and are able to meet that standard. The adherence of the provider's staff to such standards of performance will be routinely monitored, reported and remedial action will be promptly taken where such standards are not attained The provider will provide staff training and maintain staff competencies on patient safety.	The Provider will provide on demand: •Competency framework •Professional Development Policy for staff. •Staff induction pack •All HR policies Governance Annual Report and forward workplan to contain section on: •Number of staff& %/ turnover •% undertaked CPD activities •% up to date with all mandatory training •% staff having had annual appraisal •Action plan to remedy
Human Resources Management	The Provider shall ensure that: • Any transferring staff do so under TUPE • Induction training is in place • A full set of HR policies are in place • Appraisal system is in place	As above
Security	Provider will ensure security of stored records. Provider will have in place a staff protection policy.	The Provider will provide on demand: •Policy on security of records •Policy on staff security
Information Technology	The Provider shall work in ways that support national and local programmes and utilises IT in ways that maximise patient care. The Provider will have regard to: • Connecting for Health – the provider will have New National Network (N3) connectivity • Choose and Book • Pathology / diagnostics ordering • Communication Use of NHS Mail • Participation in PCT audits and data collection	The Provider will provide on demand: Policies on all these areas

	• Clinical coding Future developments: • Spine migration for patient summary notes • Full participation in Connecting for Health The provider will maintain a secure and backed-up database holding the patient information requirements for reporting on performance, on managing treatment plans, discharge planning and onward referral.	
Information Management	The relevant information about service activity will be made available through SUS system by years 2 of activity. The provider should expect that Camden PCT will use SUS data for performance monitoring, reconciliation and payments from Q1 Yr 2 of contract.	

4. ACCESS

AREA	REQUIREMENT	TARGETS
Hours of service	The service will provide face to face triage, physiotherapy treatment, appointments-making, and associated clinical services (i.e.. diagnostics) during normal working hours, (9am – 5pm) on Monday – Friday as a minimum, with the exception of bank holidays. To maximise access there will be appointments for for face-to-face triage by an ESP, first appointment from 8.00 am until last appointment at 6.30 pm, on three days a week The remaining two weekdays will have first appointment at 9.00 and last appointment at 4.30. Consultant (or GpwSI) sessions will be on set days and times of the week to meet referral demand and waiting list targets.	The Provider will share with the PCT its sessional timetable updating any appointments as these occur. Monitor % of all appointment slots filled (target 90%)
Waiting times	As set in targets for Core Services	
Appointment-making	For GP referrals it will be the responsibility of the service provider to contact the patient and arrange appointments Direct access self-referrers will contact the service	
Exclusions	The only exclusions from referral to this service will be age, and not registered with a Camden PCT GP. All referrals will come from a Camden GP practice. Self-referrals to physiotherapy service will be on a form stamped by a Camden GP practice.	
Effective Communication	The Provider will demonstrate the ability to meet the communication needs of a diverse and multi-cultural population (i.e. it shall ensure that it accesses appropriate BSL, minicom and language interpreting services to meet the needs of its patients)	
Ethnic Monitoring	The Provider shall comply with national standards for ethnic coding of referrals	Monitor % of face-to-face referrals coded (target 75%)
Patient transport	The Provider will arrange and fund transport for patients referred if their condition renders them unable to travel to appointments by any other means.	

5. CONTRACT MONITORING

AREA	REQUIREMENT	TARGETS
Overview	The provider will be held to account for performance against the service specification and attached schedules by • Data provided to Commissioners (as in information schedule) • Contract review meetings *quarterly* • Meeting service level agreement contract requirements and targets • Provider site assessment visits	
Contract monitoring meetings	The Provider shall attend quarterly contract monitoring meetings convened by the Commissioner and shall provide detailed information as required Contract monitoring data will be provided monthly (or as set out in the information schedule) by calendar month, on the XXth day of each following month.	Provider will attend and share requested information
Policies, protocols, procedure, guidelines	The Provider will make available to the Commissioner within 10 working days of the request for any policies, protocols, procedures, and guidelines or patient information required. The Provider will make the Commissioner aware of any substantial changes made to the above documents.	
Site visits	Through prior arrangement the Commissioner can visit the site of service provision to undertake annual assessment and other assessments as required, talking to patients and staff to validate evidence provided.	
Minimum data set	The Provider shall take and record patient data and demographics on an appropriate computer system. The data will include the name, age, date of birth, gender, general medical practitioner, contact telephone number, home address, ethnic coding .	Twice yearly audit of completeness of minimum data set.

6. PATIENT INVOLVEMENT

AREA	REQUIREMENT	TARGETS
	The Provider shall work with the patients and staff in ways that foster partnerships and provide opportunities for individual and collective feedback, which include: • Patient feedback on services, using participation and/or focus groups, surveys and questionnaires, comments and suggestion schemes • Work with the PALs service • A local complaints process and 3-6 monthly reviews of complaints. • Staff feedback on patients' experience	The Provider will make arrangements to carry out a patient satisfaction survey twice a year. Each survey will cover at least 20% of discharges over a month period. There will be separate surveys for patients discharged / referred on from triage and patients who have physiotherapy treatment. Surveys will be agreed with the Commissioner in advance. Improvement plans will be developed and shared with the Commissioner. The Provider will cooperate with any such surveys as may be carried by the Commissioner.

CONTRACT PERIOD

The duration of the contract will be for three years initially, with the possibility of extension by a further year, and also a further year, subject to satisfactory performance. The maximum period of the contract will not exceed five years.

REVIEW DATE

SERVICE SPECIFICATION PREPARED BY

AGREED BY

DATE