

**NHS Standard Contract**

**2014/15**

**Primary Eyecare (Yorkshire and the Humber) Ltd**

**NHS Standard Contract**

**2014/15**

*Particulars*

**First published: December 2013**

**Gateway No: 00821**

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| Contract Reference | Primary Eyecare Ltd |

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| **DATE OF CONTRACT** | **18th February 2014** |
| **SERVICE COMMENCEMENT DATE** | **1st April 2014** |
| **CONTRACT TERM** | **1 Years**  **[Subject to extension in accordance with Schedule 1 Part C]** |
| **COMMISSIONERS** | 02Y NHS East Riding of Yorkshire CCG  **Health House, Grange Park Lane, Willerby, HU10 6DT** |
| **CO-ORDINATING Commissioner** | **Not Applicable** |
| **PROVIDER** | **Primary Eyecare**  (Yorkshire and the Humber) Ltd,  **c\o 12 Middlewood Close, Rufforth, York, YO23 3QG**  **Company number: 8669793** |

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**CONTRACT**

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

1. the **Particulars**;
2. the **Service** **Conditions**;
3. the **General Conditions**,

as completed and agreed by the Parties and as varied from time to time in accordance with General Condition 13 (*Variations*).

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

|  |  |
| --- | --- |
| **SIGNED by** | ……………………………………………………….  Signature |
| **Jane Hawkard for**  **and on behalf of**  **NHS East Riding of Yorkshire CCG** | ……………………………………………………….  Title  ……………………………………………………….  Date |
| **SIGNED by** | ……………………………………………………….  Signature |
| **Lisa Barker for**  **and on behalf of** Primary Eyecare **(Yorkshire and the Humber) Ltd** | ……………………………………………………….  Title  ……………………………………………………….  Date |

|  |  |
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| **SERVICE COMMENCEMENT AND CONTRACT TERM** |  |
| **Effective Date** | **1st April 2014** |
| **Expected Service Commencement Date** | **1st April 2014** |
| **Longstop Date** | **30th June 2014** |
| **Commissioner Documents** | **None** |
| **Service Commencement Date** | **1st April 2014** |
| **Contract Term** | **12 Months**  **[Subject to extension in accordance with Schedule 1 Part C]** |
| **Option to extend Contract Term** | **YES**  **By 12 months** |
| **Expiry Date** | **31st March 2015**  **[Subject to extension in accordance with Schedule 1 Part C]** |

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| **SERVICES** |  |
| **Service Categories** | **Tick all that apply** |
| **Accident and Emergency (A+E)** |  |
| **Acute Services (A)** |  |
| **Ambulance Services (AM)** |  |
| **Cancer Services (CR)** |  |
| **Care Home Services (CH)** |  |
| **Community Pharmaceutical Services (Ph)** |  |
| **Community Services (CS)** | **** |
| **Diagnostic, Screening and/or Pathology Services (D)** |  |
| **Hospice Services (H)** |  |
| **Mental Health and Learning Disability Services (MH)** |  |
| **Mental Health Secure Services (MHSS)** |  |
| **Patient Transport Services (PT)** |  |
| **Radiotherapy Services (R)** |  |
| **Substance Misuse Services (SM)** |  |
| **Surgical Services in a Community Setting (S)** |  |
| **Urgent Care/Walk-in Centre Services/Minor Injuries Unit (U)** |  |
| **Service Requirements** |  |
| **Service Specifications** | **Set out in Schedule 2 Part A** |
| **Indicative Activity Plan** | **Not applicable** |
| **Activity Planning Assumptions** | **Not applicable** |
| **Essential Services (NHS Trusts only)** | **Not applicable** |
| **Services to which 18 Weeks applies** | **NO** |

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| **PAYMENT** |  |
| **National Prices** | **Not applicable** |
| **Local Prices** | **Set out in Schedule 3 Part A** |
| **Local Variations** | **Not applicable** |
| **Local Modifications** | **Not applicable** |
| **Small Provider** | **YES** |
| **Expected Annual Contract Value Agreed** | **NO** |
| **Any Services not included in Expected Annual Contract Value** | **NO** |
| **First/Last Contract Year less than 12 months** | **NO** |
| **Notice given to aggregate payments** | **NO** |
| **Notice given to disaggregate payments** | **NO** |

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| **QUALITY** |  |
| **Sanction Variations** | **NO** |
| **CQUIN Scheme(s)** | **NO** |
| **CQUIN Variations** | **NO** |
| **CQUIN Payments on Account Made** | **Not applicable** |
| **Local Incentive Scheme** | **NO** |
| **Provider type** | **Other** |
| **Clostridium Difficile Baseline Threshold** | **Not applicable** |

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| **GOVERNANCE AND REGULATORY** |  |
| **Documents Relied On** | **Not applicable** |
| **Mandatory Material Sub-Contractors** | **Not applicable** |
| **Permitted Material Sub-Contractors** | Set out in Schedule 5 Part B2 |
| **IPR** | **Not applicable** |
| **Commissioner Roles and Responsibilities** | **Not applicable** |
| **Nominated Mediation Body** | **CEDR** |
| Provider’s Information Governance Lead | **Lisa Barker**  **Email:** [lisa.barker6@nhs.net](mailto:lisa.barker6@nhs.net)  **Tel: 07912315007** |
| **Provider’s Caldicott Guardian** | **Lisa Barker**  **Email:** [lisa.barker6@nhs.net](mailto:lisa.barker6@nhs.net)  **Tel: 07912315007** |
| **Provider’s Senior Information Risk Owner** | **Lisa Barker**  **Email:** [lisa.barker6@nhs.net](mailto:lisa.barker6@nhs.net)  **Tel: 07912315007** |
| **Provider’s Accountable Emergency Officer** | **Lisa Barker**  **Email:** [lisa.barker6@nhs.net](mailto:lisa.barker6@nhs.net)  **Tel: 07912315007** |
| **Provider’s Safeguarding and Prevent Lead** | **Jane Gray**  **Email:** [jane.grayeyloc@btinternet.com](mailto:jane.grayeyloc@btinternet.com)  **Tel: 07930221496** |

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| **CONTRACT MANAGEMENT** |  |
| **Addresses for service of Notices** | Commissioner:  Jane Hawkard  02Y NHS East Riding of Yorkshire CCG  Health House, Grange Park Lane, Willerby, HU10 6DT  **Provider:**  **Lisa Barker**  **Primary Eyecare:**  (Yorkshire and the Humber) Ltd,  **c\o 12 Middlewood Close, Rufforth, York, YO23 3QG**  Email: [lisabarker888@gmail.com](C:\\Users\\john.brennan\\AppData\\Local\\Microsoft\\Windows\\Temporary Internet Files\\Content.Outlook\\0PMMK4VV\\lisabarker888@gmail.com) |
| **Frequency of Review Meetings** | Quarterly |
| **Commissioner Representative(s)** | Matthew Groom  02Y NHS East Riding of Yorkshire CCG  Health House, Grange Park Lane, Willerby, HU10 6DT  [matthew.groom@nhs.net](C:\\Users\\john.brennan\\AppData\\Local\\Microsoft\\Windows\\Temporary Internet Files\\Content.Outlook\\0PMMK4VV\\matthew.groom@nhs.net) |
| **Provider Representative** | **Lisa Barker**  **Primary Eyecare**  (Yorkshire and the Humber) Ltd,  **c\o 12 Middlewood Close, Rufforth, York, YO23 3QG**  Email: [lisabarker888@gmail.com](C:\\Users\\john.brennan\\AppData\\Local\\Microsoft\\Windows\\Temporary Internet Files\\Content.Outlook\\0PMMK4VV\\lisabarker888@gmail.com) |

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| **PENSIONS** |  |
| **New Fair Deal applies** | **NO** |

**SCHEDULE 1 – SERVICE COMMENCEMENT**

**AND CONTRACT TERM**

1. **Conditions Precedent**

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

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| 1. Copies of all Permitted Material Sub-Contracts, signed and dated and in a form approved by the Co-ordinating Commissioner |

The Provider must complete the following actions:

|  |
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|  |

1. **Commissioner Documents**

|  |  |  |
| --- | --- | --- |
| **Date** | **Document** | **Description** |
| Not Applicable |  |  |

1. **Extension of Contract Term**
2. As advertised to all prospective providers during the competitive tendering exercise leading to the award of this Contract, the Commissioners may opt to extend the Contract Term by 12 months
3. 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 6 months before the original Expiry Date.
4. The option to extend the Contract Term may be exercised:
   1. only once, and only on or before the date referred to in paragraph 2 above;
   2. only by all Commissioners; and
   3. only in respect of all Services
5. 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.

# SCHEDULE 2 – THE SERVICES

1. **Service Specifications**

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement

Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

|  |  |
| --- | --- |
| **Service Specification No.** | CORRS 1 |
| **Service** | **Community Ophthalmic Referral Refinement Service** |
| **Commissioner Lead** | Matthew Groom |
| **Provider Lead** | **Lisa Barker** |
| **Period** | **1 April 2014 – 31 March 2015 (with option to extend for a further 12 months)** |
| **Date of Review** | **September 2014** |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**      1. A report published by the College of Optometrists in 2010 found that many optometrists were working within structured, co-managed schemes in order to provide enhanced services to patients (UK Eye Care Services Project – Warwick Medical School Sept 2010 revised Feb 2011). The report concluded that as the population ages, such schemes will be increasingly necessary in order to stem the flow of referrals to a heavily loaded hospital eye service (HES),      2. Research evidence suggested that the optometrists providing the eye care schemes looked at by the report provided a safe and high quality service, which is already incorporated within the core skills of their initial degree training.      3. These diversionary schemes have become increasingly common as they bring services closer to the patient (most optometric practices are on or near the High Street) and are convenient (most practices are open 6 days a week and some evenings). In addition, new treatments in Ophthalmology, in particular the anti vascular endothelial growth factor (VEGF) drugs for age related macular degeneration (AMD) and diabetic macular oedema (DMO), have created a massive workload problem in secondary care. Removing patients with minor eye conditions which can be dealt with safely in primary care frees up clinic time in hospital to deal with patients with more complex ophthalmological needs.      4. The publication of NICE glaucoma guidelines in 2009 also presented a challenge to hospital based services as it raised the prospect of a significant increase in referral numbers. A number of local schemes based on the repeat testing of patients with suspected glaucoma in the community were therefore introduced to reduce the number of false positives which have proved successful. As a result in February 2013 the College of Optometrists and The Royal College of Ophthalmologists concluded that “Repeat measurement schemes involving community optometrists should be established as a priority” (‘Commissioning better eye care’, Clinical commissioning guidance - Glaucoma).      5. In the East Riding a community based referral refinement scheme was introduced for general eye conditions in 2011 following the operation of an earlier pilot scheme. This scheme gives GPs, Minor Injury Units and community pharmacists the ability to seek the opinion of an accredited optometrist rather than referring patients directly into secondary care. The scheme is also open to patients who self refer.      6. Evidence collected over two years appears to suggest that between 75% - 80% of the patients who accessed this local service were not referred to hospital. Previous evidence also suggests that the scheme achieves high levels of patient satisfaction, a finding that mirrors the outcome of studies of other schemes referred to in the UK Eye Care Services Project report.      7. Acknowledging the need for further study, particularly in relation to the arrangements for self referrals, NHS East Riding of Yorkshire CCG has decided to continue to offer a referral refinement scheme once the current contract for provision of the service expires in March 2014. |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**   |  |  |  | | --- | --- | --- | | **Domain 1** | **Preventing people from dying prematurely** |  | | **Domain 2** | **Enhancing quality of life for people with long-term conditions** |  | | **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | **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** | |
| **3. Scope** |
| * 1. **Aims and objectives of service**      1. The service will provide for the assessment and, where appropriate, management of a number of acute eye care conditions in the community. This will:      + Help reduce inequality of care across East Riding of Yorkshire through provision of an accessible and convenient ophthalmic refinement service in a community based environment;      + Reduce unnecessary hospital referrals and thereby release clinic capacity in secondary care to deal with more complex ophthalmic conditions;      + Reduce patient anxiety caused by referral to hospital for conditions that can be safely managed in primary care;      + Reduce false positive referrals for patients with ocular hypertension or suspect glaucoma;      + Enable people to be seen closer to home;      + Enable people to be seen more quickly, thereby reducing patient anxiety;      + Provide more cost effective use of NHS resources   **3.2 Service description/care pathway**  3.2.1 The service should be available 5 days per week between core hours (9am – 5pm). On receipt of a referral (including a self-referral), the Provider shall arrange for the assessment and, where appropriate, the treatment of the patient, within two working days of such referral unless the patient requests a later appointment. This standard does not apply to patients with suspected glaucoma who require repeat pressures; these patients should be seen in accordance with NICE guidelines ie within 14 days.  3.2.2 The Provider must ensure that patients using the service have access to appropriate information about their condition and understand what to do if the condition persists. In the case of patients who do not speak English, or who have sensory impairments or learning disabilities, the Provider will ensure there are arrangements in place to ensure the patient is still able to access the service.  3.2.3 The Provider will also ensure that information about how to access the service, including details of premises and opening hours, is made available to all GP practices, community pharmacies and MIUs in the East Riding of Yorkshire. The Provider will be expected to liaise with the CCG to ensure the NHS 111 Directory of Service is up to date and accurate.  **Part A General Eye Conditions**  3.2.4 The service provides for the assessment and management of patients presenting with recent and significant changes or the onset of such changes which may include any of the conditions listed in section 3.4.2.    3.2.5 The service can be accessed by patients either by:  • self-referral to the service via local signposting ("self-referral")  • attending a GP who recommends attendance and treatment ("GP referral")  • on the advice of a local Pharmacy (via the Minor Ailments Scheme) (“Pharmacy”)  • referral from a Minor Injuries Unit (“MIU”)  3.2.6 The Provider must be able to undertake the following range of procedures in order to assess and treat patients presenting with the conditions covered by this service specification:  • Examine the fundus by binocular indirect ophthalmoscopy (e.g Volk lens) through a dilated pupil  • Use Van Herrick technique  • Use a slit lamp and staining agent to differentially diagnose causes of red-eye  • Undertake and accurately interpret visual field tests - field exams must produce a printed field plot  • Use an Amsler chart  • Examine the anterior vitreous for the presence of pigment cells  • Epilate eyelashes  • Test for RAPD (Relative Afferent Pupillary Defects)  • Perform applanation tonometry (Goldmann or Perkins method)  • Undertake other standard tests like motility, pin-hole as appropriate  3.2.7 The Provider must ensure that the clinical record for each patient is full, accurate and contemporaneous. The record must include details of relevant symptoms, history, clinical findings and advice given. Details of any drugs or stains used must also be recorded.  3.2.8 If the results of the examination indicates that referral to hospital is appropriate, the Provider must refer the patient for specialist consultant opinion unless the GP has requested that the patient is referred back to the GP practice before any decision to refer to secondary care is made. The referral must be completed within 2 working days. There is no requirement to refer the patient to secondary care via the Choose and Book system but the patient should be made aware that they have a choice of secondary care provider.  3.2.9 In the event that it is necessary to refer the patient to hospital:  3.2.9.1 the Provider will use the electronic GOS 18 referral form (or an alternative version that contains the same minimum detail). together with a copy of the visual field plots (where the visual fields were measured as part of the examination) to the appropriate hospital eye service as agreed with the patient.  3.2.9.2 In the case of patients who are assessed as in need of cataract surgery, the healthcare professional must give the patient an appropriate information booklet (such as the College of Optometrists patient guide) and ensure the patient understands what a cataract is, the treatment options and potential risks. Patients should only be referred if they want surgery and fully understand the potential risks and benefits involved.    3.2.9.3 The Provider must ensure that it is clear on the referral form that the patient has been seen under the terms of this service specification.  **Part B Glaucoma Repeat testing**  3.2.10 The pathway for repeat testing is attached (Please see Document 12)    3.2.11 Primary open angle glaucoma is an optic neuropathy documented by visual field loss and optic disc changes for which raised Intra Ocular pressure (IOP) is a risk factor – it cannot be diagnosed by a single parameter.   * Primary open angle glaucoma can occur at any IOP. * Glaucoma patients tend to have higher IOPs in the morning. * Approximately 5% of people over 50 will have an IOP measured greater than 21mmHg on a single visit. * Early optic disc changes may precede visual field defects. * Ptosis, spectacle lens rim, refractive error, lens opacities and pupil size all affect visual field results, as do patients’ concentration span, anxiety and comprehension of the test.   3.2.12 The Provider will repeat fields, IOP, or both under this scheme plus assess the anterior angle depth using Van Herrick or similar where the patient meets the acceptance criteria set out in section 3.4 below.  3.2.13 If a patient meets the acceptance criteria, the Provider should check the suspicious findings under this scheme. This means that if the patient’s IOP is >21mmHg the optometrist should recheck on a separate occasion, (ie a different day) using an applanation method (Goldmann or Perkins).  3.2.14 If there is a field defect present, the Provider should repeat the visual fields (full or supra threshold technique – not Frequency Doubling Technique, although this can be done as the ‘first’ fields). The participating optometrist can claim an additional fee for repeating these tests.  3.2.15 This service is not for patients presenting with signs of suspect glaucoma that the Practitioner would normally refer to secondary care on the basis of the initial readings eg high IOP and obviously cupped discs. If the discs alone are suspicious then the patient should be referred to hospital regardless of any other parameters.  3.2.16 Patients should be referred to hospital where:  • IOP alone on repeat: IOP >21 mmHg by applanation tonometry  • Visual field alone – consistent glaucomatous-type defect. If repeat field defect is consistent but unlikely to be glaucomatous and cannot be explained refer via GOS 18 or equivalent, but complete fee claim forms.  • IOP and discs – IOP >21mmHg (by applanation) along with suspicious optic disc or cup asymmetry of 0.2 or greater.  Note: Discs and fields – if both show definite glaucomatous change, IOP is ‘irrelevant’.  **3.3 Population covered**  3.3.1 The service covers all patients registered with a GP practice that is a member of East Riding of Yorkshire CCG (all practices in the East Riding of Yorkshire except Pocklington).  **3.4 Any acceptance and exclusion criteria and thresholds**  3.4.1 The service is open to all patients aged 16 and over.   * GP referral * Self-referral * Non-participating optometrist referral * Community Pharmacy referral * MIU referral   The Provider should have the ability to be able to receive referrals through the national NHS Choose & Book electronic referral system (entry level with ability to upgrade). Where a referrer is unable to use or access Choose & Book, an alternative (i.e. paper) referral process should be utilised.  3.4.2 The service is restricted to patients who present with the following conditions:  • Symptomatic dry eye  • Conjunctivitis  • Symptomatic field loss  • Flashes and floaters  • Ingrowing eyelash(es)  • Non-penetrating foreign body  • Painful eye  • Red/sore eye  • Epiphora  • Sudden or recent reduction in vision in one or both eyes  3.4.3 The Provider may use this service to see patients who present with flashes and/or floaters that are of recent onset (within the past 3 months), the purpose being to exclude a retinal break, tear or detachment.  For patients with other conditions that are covered by this service it is up to the professional judgement of the Provider as to whether it is appropriate for the patient to be seen using this service, bearing in mind the length of time the patient’s condition has been present for.  If the condition has been present for a long time the Provider may be called upon to justify his/her actions in seeing the patient under this service.  An example would be a patient who has had a particular condition for a long time, but whose symptoms are now worsening recently, causing them to seek help.    3.4.4 The scheme does not cover patients attending for a sight test. Where patients are seen following an NHS sight test, the CORRS appointment should normally involve a separate appointment on a different day except where the patient expresses a wish to be seen on the same day or if it is deemed clinically necessary to carry out the examination without delay.  3.4.5 The following conditions are NOT covered by this service.   * + Sudden total loss of vision\*   + Very significant eye pain\*   + Significant trauma\*   + Chemical burns\*   + Diabetic retinal screening   + Basic refraction   \* In these cases the patient should be asked to attend an ophthalmic hospital (which includes an ophthalmic department of a hospital) casualty or accident and emergency department (“hospital eye services”)  3.4.6 The Provider should arrange for repeat glaucoma testing (repeating fields, pressures or both) in the following circumstances:   * + - IOP alone (i.e. normal fields and disc appearance) – IOP >21mmHg in either eye by applanation or air puff tonometry (N.B. at least 4 air puff readings should be taken on each eye). ;     - A difference in IOP reading between the two eyes of greater than 5 mmHg by applanation or air puff tonometry with normal fields and disc appearance (NB at least 4 air puff readings should be taken on each eye);     - Visual field alone (i.e. normal IOP and disc appearance) –visual field loss (i.e. ‘suspicious’ or ‘defect’ on Henson or equivalent).   3.4.7 **Repeat tests for suspected glaucoma should not be carried out where**:   * + - Patients have definite chiasmal and post-chiasmal visual field defects. These cases should be referred;     - There is a visible and untreatable cause of field loss such as dry or end-stage wet age-related macular degeneration. These patients should not be referred.   3.4.8 **In addition, the following cases should be referred to secondary care and not repeat tested**:   * + - Acute glaucoma (angle-closure or rubeotic) – such cases should be referred as an emergency via the accepted urgent referral method;     - Patients with IOPs of 45mmHg and over should be referred as an emergency     - Patients with pressures over 35mmHg (and less than 45mmHg) or raised pressure in the presence of active uveitis should be considered urgent and not within the scope of this scheme and should be referred via the accepted urgent referral method;     - Patients identified as possibly having glaucoma or ocular hypertension at a domiciliary visit will not be able to have a full assessment in that environment and, on practical grounds, will be exempt from this scheme. Such patients should be referred to the Hospital Eye Service;     - Patients presenting with the following should be referred via GOS 18 or equivalent as they are not part of the refinement scheme. A fee payable under this scheme cannot be claimed for disc assessment alone:       1. Optic disc appearance alone – pathological cupping must be unequivocal. Disc size should be considered when deciding whether or not discs are suspicious – large cups on large discs are less likely to be suspicious than large cups on small discs.       2. Change in optic disc – documented change in disc appearance (i.e. cup size, neuro-retinal rim configuration, new haemorrhage or change in cup/disc of 0.2 or greater   3.4.9 The treatment of long term chronic conditions is not included within this specification.  3.4.10 An NHS sight test shall not normally be performed concurrently with assessment or treatment for this acute service except where, in the clinical opinion of the practitioner, this is considered to be necessary and appropriate. In such circumstances the Provider should ensure that the record is clear as to why this is the case.  3.4.11 A list of the eligible presenting conditions along with accompanying notes is set out in the following table as a summary of the basic requirements**. This list does not exclude other procedures that may also be required to investigate/treat in specific circumstances. Providers will (always) have to do other core tests in addition to those specified above (e.g. take the patient’s VA)**      **3.5 Interdependence with other services/providers**  3.5.1 The Provider will be required to liaise and establish regular communications with other organisations involved in the delivery of ophthalmology services in order to promote a ‘whole pathway approach’. These other organisations include:   * Hull and East Yorkshire Hospitals NHS Trust * York Teaching Hospital NHS Foundation Trust (to include Scarborough and Bridlington Hospitals) * North Lincolnshire and Goole Hospitals NHS Foundation Trust * GP practices * Optometric practices   3.5.2 The Provider will ensure potential referrers and in particular local GP practices and Optometric practices not involved in the scheme are aware of the service and how to access it. |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (eg NICE)**  4.1.1 As stated in paragraphs SC2 (Regulatory Requirements) and SC3 (Service Standards) the Provider is required to adhere to all national standards as issued from time to time by any relevant Regulatory and Statutory bodies including guidance issued by appropriate competent bodies (eg Royal Colleges).  **4.2 Applicable local standards**  4.2.1 The Provider will ensure all patients are seen within 2 working days of the referral from the GP or following contact with the patient unless the patient requests a later appointment. This standard does not apply to patients requiring repeat glaucoma testing.  4.2.2 The Provider must provide a written communication on the outcome of a consultation carried out under this scheme. This must be sent or faxed to the patient’s GP within 3 working days of the Provider seeing the patient. In the case of urgent referrals to secondary care the initial communication with the HES will be by telephone but this must be followed up by a communication in writing (a legible fax would constitute a written communication).  4.2.3 The Provider will ensure all referrals to secondary care are made within 2 working days. Urgent referrals must be made the same day.    4.2.4 The Provider is also required to have a written infection control and decontamination policy which all performers are familiar with and understand. This should comply with guidance issued by the College of Optometrists.  4.2.5 The Provider should comply with the CCG’s incident reporting scheme  4.2.6 The Provider must have access to the following equipment:  • Slit lamp  • Goldmann or PerkinsTonometer  • Threshold-controlled electronic visual field testing equipment that produces a printed field plot (Henson, Humphrey or equivalent)  • Condensing lens (eg Volk lens) for binocular indirect ophthalmoscopy  • Direct ophthalmoscope for use with patients who cannot access the slit lamp  • Amsler chart  • Epilation equipment  • Diagnostic drugs (mydriatics, stains, local anaesthetics)  • Pachymeter preferable but not essential  4.2.7 The Provider must possess documentary evidence that the equipment used in the service is fully maintained and calibrated in line with the manufacturer’s instructions.  4.2.8 Performers must have achieved level 2 Quality in Optometry Standards and possess a minimum of 3 years post qualification experience.  4.2.9 All performers must be proficient in the use of the techniques required by this scheme (including but not limited to the use applanation tonometry) and must have the qualifications and experience required to deliver this service.  4.2.10 The Provider will be required to demonstrate that their Performers have appropriatecontinuing educational training. The Commissioner may require the provider to submit evidence of this training by supplying, on request, a copy of their Performers’ CET over the past 3 years  4.2.11 The Provider must ensure all Performers involved in the delivery of this service attend any training events specifically arranged to support this scheme.  4.2.12 The Provider is required to ensure their Performers attend peer review groups as organised by the Provider to discuss the scheme, variations in activity and to examine sample case studies |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable quality requirements (See Schedule 4 Parts A-D)**   2. **Applicable CQUIN goals (See Schedule 4 Part E)** |
| **6. Location of Provider Premises** |
| 6.1 Premises: |
| **7. Individual Service User Placement** |
| Not applicable |

1. **Indicative Activity Plan**

|  |
| --- |
| **Not Applicable** |

1. **Activity Planning Assumptions**

|  |
| --- |
| **Not Applicable** |

1. **Essential Services**

|  |
| --- |
| **Not Applicable** |

1. **Essential Services Continuity Plan**

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| --- |
| **Not Applicable** |

1. **Clinical Networks**

|  |
| --- |
| **Not Applicable** |

1. **Other Local Agreements, Policies and Procedures**

|  |  |  |
| --- | --- | --- |
| **Policy** | **Date** | **Weblink** |
| **Not Applicable** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Transition Arrangements**

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| --- |
| **Not Applicable** |

1. **Exit Arrangements**

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| --- |
| **Not Applicable** |

1. **Social Care Provisions**

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| --- |
| **Not Applicable** |

1. **Transfer of and Discharge from Care Protocols**

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| --- |
| **Not Applicable** |

1. **Safeguarding Policies**

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| --- |
| **East Riding of Yorkshire CCG Policies**    **Provider Policy** |

**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:* <http://www.monitor.gov.uk/locallydeterminedprices>*) 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 any agreed regime for adjustment of prices for the second and any subsequent Contract Year(s)*.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **Service Description** | **Currency** | **Price** | | **Ophthalmic Referral Refinement service** | First appointment | **£50 per appointment** | | Follow up appointment (not glaucoma) | **£32 per appointment** | | Glaucoma repeat fields | **£40 per patient** | |

**B. Local Variations**

*For each Local Variation which has been agreed for this Contract, copy or attach the completed publication template required by Monitor (available at:* <http://www.monitor.gov.uk/locallydeterminedprices>*) – or state Not Applicable. Additional locally-agreed detail may be included as necessary by attaching further documents or spreadsheets.*

|  |
| --- |
| Not Applicable |

**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 Monitor (available at:*

<http://www.monitor.gov.uk/locallydeterminedprices>*). For each Local Modification application granted by Monitor, copy or attach the decision notice published by Monitor. Additional locally-agreed detail may be included as necessary by attaching further documents or spreadsheets*.

*Or state Not Applicable*

|  |
| --- |
| Not Applicable |

**D. Marginal Rate Emergency Rule: Agreed Baseline Value**

|  |
| --- |
| Not Applicable |

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

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| --- |
| Not Applicable |

**F. Expected Annual Contract Values**

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| --- | --- |
| **Commissioner** | **Expected Annual Contract Value** Not Applicable |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**G. Notices to Aggregate / Disaggregate Payments**

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| --- |
| Not Applicable |

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

|  |
| --- |
| Not Applicable |

**SCHEDULE 4 – QUALITY REQUIREMENTS**

1. **Operational Standards**

| **Ref** | **Operational Standards** | **Threshold**  **(2014/15)** | **Method of Measurement (2014/15)** | **Consequence of breach** | **Timing of application of consequence** | **Applicable Service Category** |
| --- | --- | --- | --- | --- | --- | --- |
|  | **RTT waiting times for non-urgent consultant-led treatment** |  |  |  |  |  |
| CB\_B1 | Percentage of admitted Service Users starting treatment within a maximum of 18 weeks from Referral | Operating standard of 90% at specialty level (as reported on Unify) | Review of monthly Service Quality Performance Report | Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £400 in respect of each excess breach above that threshold | Monthly | Services to which 18 Weeks applies |
| CB\_B2 | Percentage of non-admitted Service Users starting treatment within a maximum of 18 weeks from Referral | Operating standard of 95% at specialty level (as reported on Unify) | Review of monthly Service Quality Performance Report | Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £100 in respect of each excess breach above that threshold | Monthly | Services to which 18 Weeks applies |
| CB\_B3 | 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 monthly Service Quality Performance Report | Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £100 in respect of each excess breach above that threshold | Monthly | Services to which 18 Weeks applies |
|  | **Diagnostic test waiting times** |  |  |  |  |  |
| CB\_B4 | Percentage of Service Users waiting less than 6 weeks from Referral for a diagnostic test | Operating standard of >99% | Review of monthly Service Quality Performance Report | Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £200 in respect of each excess breach above that threshold | Monthly | A  C  CR  D |
|  | **A&E waits** |  |  |  |  |  |
| CB\_B5 | 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 monthly Service Quality Performance Report | Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £200 in respect of each excess breach above that threshold. To the extent that the number of breaches exceeds 8% 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** |  |  |  |  |  |
| CB\_B6 | 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 monthly Service Quality Performance Report | Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £200 in respect of each excess breach above that threshold | Quarterly | A  CR  R |
| CB\_B7 | 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 monthly Service Quality Performance Report | Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £200 in respect of each excess breach above that threshold | Quarterly | A  CR  R |
|  | **Cancer waits – 31 days** |  |  |  |  |  |
| CB\_B8 | 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 monthly Service Quality Performance Report | Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each excess breach above that threshold | Quarterly | A  CR  R |
| CB\_B9 | Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery | Operating standard of 94% | Review of monthly Service Quality Performance Report | Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each excess breach above that threshold | Quarterly | A  CR  R |
| CB\_B10 | 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 monthly Service Quality Performance Report | Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each excess breach above that threshold | Quarterly | A  CR  R |
| CB\_B11 | 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 monthly Service Quality Performance Report | Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each excess breach above that threshold | Quarterly | A  CR  R |
|  | **Cancer waits – 62 days** |  |  |  |  |  |
| CB\_B12 | 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 monthly Service Quality Performance Report | Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each excess breach above that threshold | Quarterly | A  CR  R |
| CB\_B13 | 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 monthly Service Quality Performance Report | Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each excess breach above that threshold | Quarterly | A  CR  R |
| CB\_B14 | Percentage of Service Users waiting no more than 62 days for first definitive treatment following a consultant’s decision to upgrade the priority of the Service User (all cancers) | [Insert as per local determination] | Review of monthly Service Quality Performance Report | [Insert as per local determination] | Quarterly | A  CR  R |
|  | **Category A ambulance calls** |  |  |  |  |  |
| CB\_B15\_01 | Percentage of Category A Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes | Operating standard of 75% | Performance measured monthly with annual reconciliation | Monthly withholding of 2% of Actual Monthly Value with an end of year reconciliation with 2% of the Actual Annual Value retained if annual performance is not met,  or the withheld sums returned (with no interest) if annual performance is met | Monthly withholding, annual reconciliation | AM |
| CB\_B15\_02 | Percentage of Category A Red 2 ambulance calls resulting in an emergency response arriving within 8 minutes | Operating standard of 75% | Performance measured monthly with annual reconciliation | Monthly withholding of 2% of Actual Monthly Value with an end of year reconciliation with 2% of the Actual Annual Value retained if annual performance is not met,  or the withheld sums returned (with no interest) if annual performance is met | Monthly withholding, annual reconciliation | AM |
| CB\_B16 | Percentage of Category A calls resulting in an ambulance arriving at the scene within 19 minutes | Operating standard of 95% | Performance measured monthly with annual reconciliation | Monthly withholding of 2% of Actual Monthly Value with an end of year reconciliation with 2% of the Actual Annual Value retained if annual performance is not met,  or the withheld sums returned (with no interest) if annual performance is met | Monthly withholding, annual reconciliation | AM |
|  | **Mixed sex accommodation breaches** |  |  |  |  |  |
| CB\_B17 | Sleeping Accommodation Breach | >0 | Verification of the monthly data provided pursuant to Schedule 6 Part C in accordance with the Professional Letter | £250 per day per Service User affected | Monthly | A  CR  MH |
|  | **Cancelled operations** |  |  |  |  |  |
| CB\_B18 | 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 monthly Service Quality Performance Report | Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care | Monthly | A  CR  S |
|  | **Mental health** |  |  |  |  |  |
| CB\_B19 | 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 monthly Service Quality Performance Reports | Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £200 in respect of each excess breach above that threshold | Quarterly | MH  MHSS |

1. **National Quality Requirements**

|  | **National Quality Requirement** | **Threshold**  **(2014/15)** | **Method of Measurement (2014/15)** | **Consequence of breach** | **Monthly or annual application of consequence** | **Applicable Service Category** |
| --- | --- | --- | --- | --- | --- | --- |
| CB\_A15 | Zero tolerance MRSA | >0 | Review of monthly Service Quality Performance Report | £10,000 in respect of each incidence in the relevant month | Monthly | A |
| CB\_A16 | Minimise rates of Clostridium difficile | [Insert Baseline Threshold identified for Provider] | Review of monthly Service Quality Performance Report | As set out in Schedule 4 Part G, in accordance with applicable Guidance | Annual | A |
| CB\_S6 | Zero tolerance RTT waits over 52 weeks for incomplete pathways | >0 | Review of monthly Service Quality Performance Report | £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 |
| CB\_S7a | All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes | >0 | Review of monthly Service Quality Performance Report | £200 per Service User waiting over 30 minutes in the relevant month | Monthly | A+E |
| CB\_S7b | All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes | >0 | Review of monthly Service Quality Performance Report | £1,000 per Service User waiting over 60 minutes (in total, not aggregated with CB\_S7a consequence) in the relevant month | Monthly | A+E |
| CB\_S8a | Following handover between ambulance and A & E, ambulance crew should be ready to accept new calls within 15 minutes | >0 | Review of monthly Service Quality Performance Report | £20 per event where > 30 minutes in the relevant month | Monthly | AM |
| CB\_S8b | Following handover between ambulance and A & E, ambulance crew should be ready to accept new calls within 15 minutes | >0 | Review of monthly Service Quality Performance Report | £100 per event where > 60 minutes (in total, not aggregated with CB\_S8a consequence) in the relevant month | Monthly | AM |
| CB\_S9 | Trolley waits in A&E not longer than 12 hours | >0 | Review of monthly Service Quality Performance Report | £1,000 per incidence in the relevant month | Monthly | A+E |
| CB\_S10 | No urgent operation should be cancelled for a second time | >0 | Review of monthly Service Quality Performance Report | £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 monthly Service Quality Performance Report | Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £200 in respect of each excess breach above that threshold | Monthly | A |
|  | Publication of Formulary | Continuing failure to publish | Publication on Provider’s website | Withholding of up to 1% of the Actual Monthly Value per month until publication | Monthly | A  MH  MHSS  CR  R |
|  | Duty of candour | Each failure to notify the Relevant Person of a suspected or actual Reportable Patient Safety Incident (as per Guidance) | Monthly number of Duty of Candour breaches as reported within an incident of moderate harm or greater per month | 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 |
|  | 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 monthly Service Quality Performance Report | 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  MHHS |
|  | 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 monthly Service Quality Performance Report | 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 Minimum Data Set ethnicity coding for all detained and informal Service Users, as defined in Contract Technical Guidance | Operating standard of 90% | Review of monthly 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 Contract Technical Guidance | Operating standard of 90% | Review of monthly 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 |

1. **Local Quality Requirements**

| Quality Requirement | Threshold | Method of Measurement | Consequence of breach |
| --- | --- | --- | --- |
| **Domain 1: Preventing people dying prematurely** | | | |
| Insert text locally |  |  |  |
| **Domain 2: Enhancing the quality of life of people with long-term conditions** | | | |
| Insert text locally |  |  |  |
| **Domain 3: Helping people to recover from episodes of ill-health or following injury** | | | |
| Insert text locally |  |  |  |
| **Domain 4: Ensuring that people have a positive experience of care** | | | |
| All patients to be invited to complete a patient experience questionnaire. A minimum of 35% of patients using the service to complete the questionnaire | 35% (this threshold applies at sub-contractor level where appropriate) | Annual report | 1% of total contract value or 1% of contract value attributable to sub-contractor – whichever is applicable |
| All patients to be seen within 2 working days of referral to the service (excluding patients seen for repeat glaucoma testing) | 85% (this threshold applies at sub-contractor level where appropriate) | Activity return | 1% of total contract value or 1% of contract value attributable to sub-contractor – whichever is applicable |
| Self-referrals | The proportion of self-referrals seen by the Provider or individual sub-contractor exceeds 60% after 6 months (excludes repeat IOPs) | Activity return | Provider to undertake an audit of self-referrals for discussion with external advisor appointed by the Commissioner. |
| **Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm** | | | |
| Serious incidents to be reported to East Riding of Yorkshire CCG within 2 days | 100% (this threshold applies at sub-contractor level where appropriate) | By exception | Failure to report in the timescale – maximum penalty of £1,000 per incident |
| Following assessment patients who need to see a secondary care consultant are referred into the hospital eyecare service by the practitioner directly using a referral form that meets CCG requirements | 95% (this threshold applies at sub-contractor level where appropriate) | Monthly reporting | 1% of total contract value or 1% of contract value attributable to sub-contractor – whichever is applicable |

1. **Never Events**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Never Events** | **Threshold** | **Method of Measurement** | **Never Event Consequence (per occurrence)** | **Applicability** | **Applicable Service Category** |
| **SURGICAL** | | | | | |
| Wrong site surgery | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Premises | A  S |
| Wrong implant/prosthesis | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Premises | A  S |
| Retained foreign object post-operation | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Premises | A  S |
| **MEDICATION** | | | | | |
| Wrongly prepared high-risk injectable medication | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Settings | All except PT |
| Maladministration of potassium-containing solutions | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Settings | A |
| Wrong route administration of chemotherapy | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Premises | A  CR |
| Wrong route administration of oral/enteral treatment | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Settings | All except PT |
| Intravenous administration of epidural medication | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Premises | All except PT, Ph |
| Maladministration of insulin | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Settings | All except PT |
| Overdose of midazolam during conscious sedation | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Premises | A  S |
| Opioid overdose of an opioid-naïve Service User | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Settings | All except PT |
| Inappropriate administration of daily oral methotrexate | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Settings | All except PT |
| **MENTAL HEALTH** | | | | | |
| Suicide using non-collapsible rails | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All mental health inpatient premises | MH  MHSS |
| Escape of a transferred prisoner | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All medium and high secure mental health inpatient premises | MH  MHSS |
| **GENERAL HEALTHCARE** | | | | | |
| Falls from unrestricted windows | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Premises | All except AM, PT, Ph |
| Entrapment in bedrails | >0 | Review of reports submitted to/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All adult inpatient premises | A  MH  MHSS |
| Transfusion of ABO incompatible blood components | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Premises | A&E  A  AM  CR  R  SM  S  U |
| Transplantation of ABO incompatible organs as a result of error | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Premises | A |
| Misplaced naso- or oro-gastric tubes | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Premises | All except PT, Ph |
| Wrong gas administered | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Premises | All except PT, Ph, CH |
| Failure to monitor and respond to oxygen saturation | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Premises | All except PT |
| Air embolism | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Premises | All except PT |
| Misidentification of Service Users | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Premises | All |
| Severe scalding of Service Users | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Premises | All |
| **MATERNITY** | | | | | |
| Maternal death due to post-partum haemorrhage after elective caesarean section | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All Healthcare Premises | A |

**E. Commissioning for Quality and Innovation (CQUIN)**

**CQUIN Table 1: CQUIN Schemes**

|  |
| --- |
| Not Applicable |

**CQUIN Table 2**: **CQUIN Payments on Account**

|  |  |  |  |
| --- | --- | --- | --- |
| **Commissioner** | **Payment** | **Frequency/Timing** | **Agreed provisions for adjustment of CQUIN Payments on Account based on performance** |
| Not Applicable |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Local Incentive Scheme**

|  |
| --- |
| **Not Applicable** |

1. **Clostridium difficile**

**Clostridium difficile adjustment: NHS Foundation Trust/NHS Trust**

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

Y = 0

Z = ((A – B) x 10,000) x 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)

C = no. of inpatient bed days in respect of Service Users in the Contract Year

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 Service Condition 36.47 (*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.

**Clostridium difficile adjustment: Other Providers**

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 Service Condition 36.47 (*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.

1. **Sanction Variations**

|  |
| --- |
| Not Applicable |

1. **CQUIN Variations**

|  |
| --- |
| Not Applicable |

**SCHEDULE 5 - GOVERNANCE**

1. **Documents Relied On**

**Documents supplied by Provider**

|  |  |
| --- | --- |
| **Date** | **Document** |
| **Not Applicable** |  |
|  |  |
|  |  |
|  |  |

**Documents supplied by Commissioners**

|  |  |
| --- | --- |
| **Date** | **Document** |
| **Not Applicable** |  |
|  |  |
|  |  |
|  |  |

**B1. 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** |
| **Not applicable** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**B2. 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** |
|  | Community Ophthalmic Referral Refinement Service | 1st April 2014 – 31st March 2015 | **Yes** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**C. IPR**

**Commissioner IPR**

|  |  |
| --- | --- |
| **Commissioner** | **Document/Data/Process** |
| **Not Applicable** |  |
|  |  |
|  |  |

**Provider IPR**

|  |  |
| --- | --- |
| **Provider/Sub-Contractor** | **Document/Data/Process** |
| **Not Applicable** |  |
|  |  |
|  |  |

1. **Commissioner Roles and Responsibilities**

|  |  |
| --- | --- |
| **Co-ordinating Commissioner** | **Role/Responsibility** |
| **Not Applicable** |  |
|  |  |
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|  |  |

1. **Partnership Agreements**

**To which the Provider is a party:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Parties** | **Description** |
| **Not Applicable** |  |  |
|  |  |  |
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**To which a Commissioner is a party:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Parties** | **Description** |
| **Not Applicable** |  |  |
|  |  |  |
|  |  |  |
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**SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**

1. **Recorded Variations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variation Number** | **Description of Variation** | **Date of Variation Proposal** | **Party proposing the Variation** | **Date of Variation Agreement** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **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 assessed mandated collections published on the HSCIC website to be found at <http://www.hscic.gov.uk/datacollections>   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** |
| 1. PROMS | As set out in relevant Guidance | As set out in relevant Guidance | As set out in relevant Guidance | **All** |
| 1. NDTMS | As set out in NTA Guidance | As set out in NTA Guidance | As set out in NTA Guidance | **SM** |
| **National Requirements Reported Locally** |  |  |  |  |
| 1. Monthly Activity Report | Monthly |  | Using SUS data, where applicable | **All** |
| 1. Service Quality Performance Report, detailing performance against Operational Standards, National Quality Requirements, Local Quality Requirements, Never Events, including, without limitation:    1. details of any thresholds that have been breached and any Never Events that have occurred;    2. details of all requirements satisfied;    3. details of, and reasons for, any failure to meet requirements and;    4. the outcome of all Root Cause Analyses and audits performed pursuant to Service Condition 20 (*Venous Thromboembolism*). | Monthly |  | Submit to Co-ordinating Commissioner within 10 Operational Days of the end of the month to which it relates. | **All**  **All**  **All**  **A** |
| 1. 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 |  |  |  | **All** |
| 1. Monthly report on performance against the HCAI Reduction Plan | Monthly |  |  | **All** |
| 1. Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints |  |  |  | **All** |
| 1. 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** |
| 1. 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** |
| 1. Monthly summary report of all incidents requiring reporting | Monthly |  |  | **All** |
| 1. 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** |
| 1. 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, and from ambulance services paramedics (where the casualties do not require A&E department, urgent care and walk-in centre attendance), to the local community safety partnership and the relevant police force, in accordance with applicable Guidance (College of Emergency Medicine Clinical Guidance Information Sharing to Reduce Community Violence (July 2009)) | Monthly | As set out in relevant Guidance | As set out in relevant Guidance | **A**  **A+E**  **AM**  **U** |
| 1. Report on outcome of reviews and evaluations in relation to Staff numbers and skill mix in accordance with General Condition 5.2 (*Staff*) | 6 monthly (or more frequently if and as required by the Co-ordinating Commissioner from time to time) |  |  | **All** |
| **Local Requirements Reported Locally** |  |  |  |  |
| **Monthly Activity Report** | Monthly | The dataset in electronic format as specified by the CCG | Electronic submission by 10th day after the end of the previous month |  |
| **Annual Report** | Annual | All patients to be invited to complete a patient experience questionnaire | Format of report to be agreed |  |

1. **Data Quality Improvement Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data Quality Indicator** | **Data Quality Threshold** | **Method of Measurement** | **Milestone Date** | **Consequence** |
| **Not Applicable** |  |  |  |  |

1. **Incidents Requiring Reporting Procedure**

|  |
| --- |
| **Procedure(s) for reporting, investigating, and implementing and sharing lessons learned from: (1) Serious Incidents (2) Reportable Patient Safety Incidents (3) Other Patient Safety Incidents** |
| **Commissioner Procedure**    **Provider Procedure** |

1. **Service Development and Improvement Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Milestones** | **Timescales** | **Expected Benefit** | **Consequence of Achievement/ Breach** |
| **Not Applicable** |  |  |  | [ |
|  |  |  |  |  |

1. **Surveys**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Survey** | **Frequency** | **Method of Reporting** | **Method of Publication** |
| 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 |

**SCHEDULE 7 – PENSIONS**

**Not Applicable**

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