

NHS Standard Contract - SCHEDULE 2 – THE SERVICES

Suture Removal Service Specification

For Stitch/Staple removal and non-complex dressings for patients that have undergone surgical procedures

Service Specification No.	
Service	Secondary to Primary Care Transfer (Basket) LES – Suture Removal
Commissioner Lead/s	Dr Avanthi Gunasekera, Strategic Clinical Executive
Provider Lead	As signed
Period	1st April 2020 to 31st March 2021 <u>1 April 2021 to 31 March 2022</u>
Date of Review	End of contract period or as necessary

1. Population Needs

This service aims to provide a practice-based, post-operative suture removal service for a specific cohort of patients who have had treatment in secondary care.

As per the NHS Rotherham CCG Quality Contract, if practices do not wish to deliver this service it must be sub-contracted to another practice following discussions with the CCG. All patients must have access to this service.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	N/A
Domain 2	Enhancing quality of life for people with long-term conditions	N/A
Domain 3	Helping people to recover from episodes of ill-health or following injury	Yes
Domain 4	Ensuring people have a positive experience of care	Yes
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Yes

3. Scope

This will include stitch/staple removal and non-complex dressings for patients that have undergone surgical procedures. This may involve more than one attendance at the practice.

3.1 Exclusions

- Non-ambulatory/house bound patients
- Complex wound problems requiring regular doctor review

Where practices cannot provide the service because of the specialist nature of the work, these patients should be referred back to the originating acute provider of care.

3.2 Service Delivery

TRFT will ensure that relevant instructions are given to the patients and the practice.

Practices will adhere to any agreed Rotherham or National Guidelines in wound management.

3.3 Prevention/ Self Care and patient and carer Information

Information and instruction on wound care should be given to patients and / or their carers. Staff undertaking this must be skilled and competent in wound management and able to give advice.

3.4 Quality Standards

Practices which take part in the scheme must:

- Demonstrate that LES provision is of high quality, evidence based, safe and effective, with robust governance systems in place, and that staff have received appropriate training. Practices may be required to provide commissioners with assurance that services provided are within the criteria specified.
- Collect measurable activity data related to the provision of these services including who provides the service, type of activity and number of contacts.
- Maintain adequate records of the service provided, incorporating all known information relating to significant events e.g. hospital admissions, wound infections, drug reactions and premature withdrawal of therapy.

3.5 Remuneration

The CCG will pay £19.29 per patient per secondary care procedure upon receipt of a quarterly claim from the practice. Practices will submit a quarterly data report to the CCG via the LES data worksheet when requested by the Primary Care Team.

For the avoidance of doubt, this is one payment per patient per episode.

Consequences for late submission of activity data:

- 1 – 7 days: 5% of payment
- 8 – 14 days: 10% of payment and payment won't be released until the next payment run
- 15 – 21 days: 50% of payment and payment won't be released until the next payment run
- Submissions received after 21 days (3 weeks) will receive no payment.

A reminder by email will be sent out at least one week prior to submission date. It is the responsibility of the practice to ensure that any changes to contact details for the Practice lead/ practice manager are notified to the GP Commissioning team.

In the event of unforeseen exceptional circumstances e.g. unplanned admission to hospital, there is scope for the CCG to process a payment without precedent. It is however a practice responsibility to put in place sufficient contingency arrangements to ensure activity is submitted by the date specified.

If the CCG makes a payment to a practice under the LES and :

- a) The practice was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment **or because the payment was calculated incorrectly** (including where a payment on account overestimates the amount that is to fall due);or
- b) the CCG was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money is already been paid,

then the CCG is entitled to repayment of all or part of the money paid.

Any suspicions of fraud will be referred to the CCG's Counter Fraud Specialist for further investigation. It is important to recognise that claiming for procedures that do not fall within the service specification may constitute fraud and will be referred to the CCGs Counter Fraud Specialist for further investigation.

3.6 Monitoring

The following method of monitoring must be undertaken:

- Quarterly activity reports
- Participation in contract and quality reviews

- Significant event analysis of individual patients who should have received treatment under this agreement, but are found to have received treatment elsewhere and of any patients requiring further treatment elsewhere because of complications.

3.7 Patient Satisfaction

In order to ensure patients are satisfied with the Suture Removal service, the CCG will undertake a rolling SMART survey to monitor patient satisfaction. GP practices will provide the patient with the appropriate link for completion.

3.8 Clinical Governance Requirements

As part of the delivery of the LES practices must:

- Ensure that all services are delivered to quality, patient safety and clinical governance standards detailed in service specifications and appropriate clinical records must be kept.
- Work with Rotherham Clinical Commissioning Group to support negotiations with secondary care on repatriation of funding for services performed in primary care, ensuring that these are not paid twice.

3.9 Training

The Practice will ensure that all staff are competent to work under the conditions of this enhanced service

3.10 Audit – Compliance with the Scheme

Practices will be selected at random for audit (and also if the GP for Primary Care identifies any potential irregularities). Practices selected for audit are required to work with the auditors to demonstrate to them that all parts of the scheme have been complied with.

3.11 Termination of Agreement

This service forms part of the basket of enhanced services of the Rotherham Quality Contract, and is therefore subject to the terms outlined in the Quality Contract.

Following the recent publication of the 'Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' the CCG acknowledges that further guidance may influence the future delivery of Local Enhanced Services.

All Local Enhanced Services will be subject to regular review in line with the development of Primary Care Networks (PCNs). Three months' notice will be given to Providers if services are to transfer to PCN delivery and/or payment.

The Practice and/or CCG may give three months written notice to terminate the service for reasons other than those outlined above.