

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	A06/S/f
Service	Specification for Haemodialysis Providers delivering only Dialysis Away from Base (DAFB)
Commissioner Lead	
Provider Lead	<i>The name of the individual leading on the service for the provider</i>
Period	12 months
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

End stage renal failure (ESRF), also known as established renal failure (ERF), is an irreversible, long-term condition as a result of chronic kidney disease for which regular dialysis treatment or transplantation is required if the individual is to survive. If the kidneys fail, the body is unable to excrete certain waste products, excess water, acid and salts resulting in increasing symptoms and eventually death. When ESRF is reached, renal replacement therapy (RRT), in the form of dialysis or transplantation, is required as a life-saving and life-sustaining measure. In 2011, 108 patients per million (ppm) population in the UK started renal replacement therapy (RRT) for established renal failure but the UK Renal Registry showed significant variation in the crude acceptance rate from 50 to 226 ppm. Some of this variation is explained by ethnicity and socioeconomic deprivation both of which influence the prevalence of kidney disease.

All 52 renal referral centres in England have an integral haemodialysis unit. These are referred to as Main Renal Units (MRUs). In addition to providing an essential support function for in-patient renal care including new and unstable patients they typically also provide routine in-centre haemodialysis (ICHD) for patients who live near to the main hospital. In 2011, 43% of ICHD patients in England were treated in MRUs.

There are a small number of dialysis units which exclusively provide treatment to patients when away from their from their main base unit on a temporary basis. This

may be due to the patient's work commitments, visiting family, or for a holiday. This is commonly known as temporary dialysis away from base (DAFB) and it is to these units providing DAFB that this service specification applies.

1.2. Evidence Base

The National Service Framework (NSF) for Renal Services (Department of Health, 2004/5)

NHS Estates Health Building Notes 07-01 Satellite Dialysis Unit and 07-02 Main Renal Unit. 2009

European Best Practice Guidelines Expert Group on Haemodialysis. Nephrology Dial Transplant 2007; 22: (Suppl 2) S1–S120.

Clinical Practice Guidelines for Haemodialysis: UK Renal Association, 5th Edition, April 2010

Roderick P et al: An evaluation of the costs, effectiveness and quality of RRT provision in renal satellite units in England and Wales. Health Technol. Assess 2005; 9(24)

The Renal Team: A multi-professional renal workforce plan for adults and children with Renal Disease. Recommendations of the National Workforce Planning Group. British Renal Society: 2002

UK Renal Registry. Nephron. Clin. Prac. Vol. 120, Suppl. 1, 2012. 14th Annual Report of the Renal Association.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	√
Domain 2	Enhancing quality of life for people with long-term conditions	√
Domain 3	Helping people to recover from episodes of ill-health or following injury	√
Domain 4	Ensuring people have a positive experience of care	√

Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	√
-----------------	---	---

Patient Reported Outcome and Experience Measures should be prioritised and should be the principle barometer of success

The DAFB service aims to deliver the following outcomes:

- Patient centred and integrated care (domain 4)
- Provision of care in a harm-free environment. (domain 5)
- Provision of cost-effective services.
- Care delivered at the appropriate time and place.(domain 3)
- Ensuring effective communication and support between patients, families/carers and the service providers (domain 4)

3. Scope

3.1 Aims and objectives of service

The provider will offer safe, effective, haemodialysis therapy in an appropriate care setting.

3.2 Service description/care pathway

The provider will deliver HD Services that:

Infrastructure:

Are provided in a safe and secure environment in a facility which complies with NHS Estates Building Notes and which meets all the technical standards detailed in the Renal Association Guidelines.

The provider will ensure that all equipment used in the delivery and monitoring of haemodialysis is CE marked and approved to ensure compliance with the relevant safety standards BS EN 60601-1:2006 'General safety standards for electrical equipment in clinical use' 2010) and BS EN 60601-2-16:2008 'Particular requirements for basic safety and essential performance of haemodialysis, haemodiafiltration and haemofiltration equipment' and Renal Association guidelines (2009).

Water treatment standards must comply with all Renal Association guidelines.

In the event that the provider is unable to provide sufficient equipment for treating patients at any time, or in the event of technical difficulties, or other emergencies, the provider shall have contingency systems in place. This may include urgent liaison with the patient's base unit or other more local dialysis facilities.

Clinical Management:

The provider shall ensure that it adheres to all national policies and guidelines relating to infection control and decontamination. The provider will take all steps required to reduce the risk of the spread of any infections to patients. This will include the provision of information to patients and carers regarding infection control processes.

The provider will ensure that all patients should be included in the clinical governance (CG) processes of the unit. By embedding CG within day to day operations there should be a commitment to monitoring clinical quality and outcomes. Delivery of care must be safe, timely, effective, efficient, equitable, patient centred and sustainable.

The provider will ensure that in advance of acceptance for treatment, information is received from the patient's base unit including dialysis prescription, medical history and confirmation that the patient is suitable to dialyse in a nurse-led facility.

Staffing structure:

The provider will ensure that the nurse staffing levels in the haemodialysis unit is adequate to manage the delivery of care.

In patient care for DAFB patients

The provider will ensure that clear protocols are in place for the urgent transfer of patients for in-patient care in the event of intercurrent medical emergencies. This may include 'blue-light' transfer to the nearest A&E department, or urgent transfer to the nearest main renal unit (MRU). Receiving departments must be fully appraised of and in agreement with the protocols.

The Multi-Professional Renal Team

Providers will supply patients during a ICHD session with a drink and an appropriate snack.

Pharmacy services

The provider will ensure that medications required during HD are prescribed and dispensed. This will include intravenous fluids and medications as well as anticoagulants.

3.3 Population covered

The service outlined in this specification is for patients ordinarily resident in England*; or otherwise the commissioning responsibility of the NHS in England (as defined in *Who Pays?: Establishing the responsible commissioner* and other Department of Health guidance relating to patients entitled to NHS care or exempt from charges). * - Note: for the purposes of commissioning health services, this EXCLUDES patients who, whilst resident in England, are registered with a GP Practice in Wales, but INCLUDES patients resident in Wales who are registered with a GP Practice in England

3.4 Any acceptance and exclusion criteria and thresholds

Because units that principally provide temporary dialysis away from base are small usually with no or limited space to offer isolation of patients it is reasonable that they may choose to decline referrals to treat patients who require isolation. For example patients who are known to be MRSA carriers or who have the potential to infect staff or other

patients with hepatitis B. Expert guidance with respect to the need to isolate patients with infections changes with time and it is appropriate that UK units follow the current advice, this would mean accepting referrals for patients with known infections that do not require isolation.

3.5 Interdependencies with other services/providers

Medical cover for emergencies

Acute Admissions Wards

Accident and Emergency

Pharmacy services

Related Services

Secondary provider clinicians and specialist nurses

Environmental waste service

4. Applicable Service Standards

4.1 Applicable national standards e.g. NICE

The provider is expected to comply with the legislative provisions of renal replacement therapy and the Care Standards Act (2000), and to provide services in accordance with regulations as defined by, but not limited to, the following authorities and organisations which may change over time:

4.1 Regulatory bodies and legislation

Care Quality Commission and any successor organisations; and

All applicable law on Health and Safety at work

Anti-discrimination and equal opportunities legislation

General Medical Council

4.2. Professional bodies with an interest and national guidance

Renal Association Clinical Practice Guideline for Haemodialysis 2010

UK Renal Registry

British Renal Society

National and local health service bodies and relevant local government authorities

Strategic Clinical Networks.

NHS Employment Check Standards

CNST General Clinical Risk management standard appropriate to the service being delivered;

National Service Framework for Renal Services

Royal College of Physicians Clinical Standards for Renal Services

Good Practice Guidelines for Renal Dialysis/Transplantation Units – Prevention and Control of Blood-borne virus infection 2010

5. Applicable quality requirements and CQUIN goals

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

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:

Appendix 1

Quality standards specific to the service using the following template

Quality Requirement	Threshold	Method of Measurement	Consequence of breach
Domain 1: Preventing people dying prematurely			
To reduce the incidence of MRSA and MSSA bacteraemia related to vascular access	No more than one bacteraemia per 25 patient years of receiving treatment	Number of bacteraemia per 100 patient years for interval patients receiving treatment at unit. Annual audit.	As per Standard NHS Contract General Conditions Clause 9 (GC9) Remedial Action Plan
Domain 2: Enhancing the quality of life of people with long-term conditions			
Availability of dialysis	70% of patients accessing DAFB at the unit report being satisfied with the choice of dialysis slot time.	Patient satisfaction questionnaire results. (Annual)	As per Standard NHS Contract General Conditions Clause 9 (GC9) Remedial Action Plan
Domain 3: Helping people to recover from episodes of ill-health or following injury			
Ensure patients receive continuation of appropriate dialysis treatment	100% of patients to have dialysis prescription	Spot check on an annual survey	As per Standard NHS Contract General Conditions Clause 9 (GC9) Remedial Action Plan

Quality Requirement	Threshold	Method of Measurement	Consequence of breach
Domain 4: Ensuring that people have a positive experience of care			
Views and feedback from patients is sought proactively. Evidence of positive view of complaints received.	Benchmark to be followed by evidence of improvement.	Annual survey on patient satisfaction and quality of service. Annual report on complaints received and outcomes.	As per Standard NHS Contract General Conditions Clause 9 (GC9) Remedial Action Plan
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm			
Adherence to latest guidelines on management of blood borne viruses. Provider policies and ongoing professional development of staff in situ. Evidence of infection control procedures being maintained.	100%	Annual audit of policies and continual professional development programme. Hand hygiene audits and/or environmental audits	As per Standard NHS Contract General Conditions Clause 9 (GC9) Remedial Action Plan

ANNEX 1 TO SERVICE SPECIFICATION:

PROVISION OF SERVICES TO CHILDREN

Aims and objectives of service

This specification annex applies to all children's services and outlines generic standards and outcomes that are fundamental to all services.

The generic aspects of care:

- The Care of Children in Hospital (Health Service Circular 1998/238) requires that:
- Children are admitted to hospital only if the care they require cannot be as well provided at home, in a day clinic or on a day basis in hospital.
- Children requiring admission to hospital are provided with a high standard of medical, nursing and therapeutic care to facilitate speedy recovery and minimize complications and mortality.
- Families with children have easy access to hospital facilities for children without needing to travel significantly further than to other similar amenities.
- Children are discharged from hospital as soon as socially and clinically appropriate and full support provided for subsequent home or day care.
- Good child health care is shared with parents/carers and they are closely involved in the care of their children at all times unless, exceptionally, this is not in the best interest of the child. Accommodation is provided for them to remain with their children overnight if they so wish.

Service description/care pathway

- All paediatric specialised services have a component of primary, secondary, tertiary and even quaternary elements.
- The efficient and effective delivery of services requires children to receive their care as close to home as possible dependent on the phase of their disease.
- Services should therefore be organised and delivered through "integrated pathways of care" (National Service Framework for children, young people and maternity services (Department of Health & Department for Education and Skills, London 2004)

Interdependencies with other services

All services will comply with Commissioning Safe and Sustainable Specialised Paediatric Services: A Framework of Critical Inter-Dependencies – Department of Health

Imaging

All services will be supported by a 3 tier imaging network (*'Delivering quality*

imaging services for children' Department of Health 13732 March 2010). Within the network;

- It will be clearly defined which imaging test or interventional procedure can be performed and reported at each site
- Robust procedures will be in place for image transfer for review by a specialist

radiologist, these will be supported by appropriate contractual and information governance arrangements

- Robust arrangements will be in place for patient transfer if more complex imaging or intervention is required
- Common standards, protocols and governance procedures will exist throughout the network.
- All radiologists, and radiographers will have appropriate training, supervision and access to continuing professional development
- All equipment will be optimised for paediatric use and use specific paediatric software

Specialist Paediatric Anaesthesia

Wherever and whenever children undergo anaesthesia and surgery, their particular needs must be recognised and they should be managed in separate facilities, and looked after by staff with appropriate experience and training.¹ All UK anaesthetists undergo training which provides them with the competencies to care for older babies and children with relatively straightforward surgical conditions and without major co-morbidity. However those working in specialist centres must have undergone additional (specialist) training² and should maintain the competencies so acquired³ *. These competencies include the care of very young/premature babies, the care of babies and children undergoing complex surgery and/or those with major/complex co-morbidity (including those already requiring intensive care support).

As well as providing an essential co-dependent service for surgery, specialist anaesthesia and sedation services may be required to facilitate radiological procedures and interventions (for example MRI scans and percutaneous nephrostomy) and medical interventions (for example joint injection and intrathecal chemotherapy), and for assistance with vascular access in babies and children with complex needs such as intravenous feeding.

Specialist acute pain services for babies and children are organised within existing departments of paediatric anaesthesia and include the provision of agreed (hospital wide) guidance for acute pain, the safe administration of complex analgesia regimes including epidural analgesia, and the daily input of specialist anaesthetists and acute pain nurses with expertise in paediatrics.

*The Safe and Sustainable reviews of paediatric cardiac and neuro- sciences in England have noted the need for additional training and maintenance of competencies by specialist anaesthetists in both fields of practice.

References

- GPAS Paediatric anaesthetic services. RCoA 2010 www.rcoa.ac.uk
- CCT in Anaesthesia 2010
- CPD matrix level 3

Specialised Child and Adolescent Mental Health Services (CAMHS)

The age profile of children and young people admitted to specialised CAMHS day/in-patient settings is different to the age profile for paediatric units in that it is

predominantly adolescents who are admitted to specialised CAMHS in-patient settings, including over-16s. The average length of stay is longer for admissions to mental health units. Children and young people in specialised CAMHS day/in-patient settings generally participate in a structured programme of education and therapeutic activities during their admission.

Taking account of the differences in patient profiles the principles and standards set out in this specification apply with modifications to the recommendations regarding the following:

- Facilities and environment – essential Quality Network for In-patient CAMHS (QNIC) standards should apply (<http://www.rcpsych.ac.uk/quality/quality accreditationaudit/qnic1.aspx>)
- Staffing profiles and training - essential QNIC standards should apply.
- The child/ young person's family are allowed to visit at any time of day taking account of the child / young persons need to participate in therapeutic activities and education as well as any safeguarding concerns.
- Children and young people are offered appropriate education from the point of admission.
- Parents/carers are involved in the child/young persons care except where this is not in the best interests of the child / young person and in the case of young people who have the capacity to make their own decisions is subject to their consent.
- Parents/carers who wish to stay overnight are provided with accessible accommodation unless there are safeguarding concerns or this is not in the best interests of the child/ young person.

Applicable national standards e.g. NICE, Royal College

Children and young people must receive care, treatment and support by staff registered by the Nursing and Midwifery Council on the parts of their register that permit a nurse to work with children (Outcome 14h Essential Standards of Quality and Safety, Care Quality Commission, London 2010)

- There must be at least two Registered Children's Nurses (RCNs) on duty 24 hours a day in all hospital children's departments and wards.
- There must be an Registered Children's Nurse available 24 hours a day to advise on the nursing of children in other departments (this post is included in the staff establishment of 2RCNs in total).

Accommodation, facilities and staffing must be appropriate to the needs of children and separate from those provided for adults. All facilities for children and young people must comply with the Hospital Build Notes HBN 23 Hospital Accommodation for Children and Young People NHS Estates, The Stationary Office 2004.

All staff who work with children and young people must be appropriately trained to provide care, treatment and support for children, including Children's Workforce Development Council Induction standards (Outcome 14b Essential Standards of Quality and Safety, Care Quality Commission, London 2010).

Each hospital who admits inpatients must have appropriate medical cover at all times taking account of guidance from relevant expert or professional bodies (National

Minimum Standards for Providers of Independent Healthcare, Department of Health, London 2002). "Facing the Future" Standards, Royal College of Paediatrics and Child Health.

Staff must carry out sufficient levels of activity to maintain their competence in caring for children and young people, including in relation to specific anaesthetic and surgical procedures for children, taking account of guidance from relevant expert or professional bodies (Outcome 14g Essential Standards of Quality and Safety, Care Quality Commission, London 2010).

Providers must have systems in place to gain and review consent from people who use services, and act on them (Outcome 2a Essential Standards of Quality and Safety, Care Quality Commission, London 2010). These must include specific arrangements for seeking valid consent from children while respecting their human rights and confidentiality and ensure that where the person using the service lacks capacity, best interest meetings are held with people who know and understand the person using the service. Staff should be able to show that they know how to take appropriate consent from children, young people and those with learning disabilities (Outcome 2b) (Seeking Consent: working with children Department of Health, London 2001).

Children and young people must only receive a service from a provider who takes steps to prevent abuse and does not tolerate any abusive practice should it occur (Outcome 7 Essential Standards of Quality and Safety, Care Quality Commission, London 2010 defines the standards and evidence required from providers in this regard). Providers minimise the risk and likelihood of abuse occurring by:

- Ensuring that staff and people who use services understand the aspects of the safeguarding processes that are relevant to them.
- Ensuring that staff understand the signs of abuse and raise this with the right person when those signs are noticed.
- Ensuring that people who use services are aware of how to raise concerns of abuse.
- Having effective means to monitor and review incidents, concerns and complaints that have the potential to become an abuse or safeguarding concern.
- Having effective means of receiving and acting upon feedback from people who use services and any other person
- Taking action immediately to ensure that any abuse identified is stopped and suspected abuse is addressed by:
 - having clear procedures followed in practice, monitored and reviewed that
 - take account of relevant legislation and guidance for the management of alleged abuse
 - separating the alleged abuser from the person who uses services and others who may be at risk or managing the risk by removing the opportunity for abuse to occur, where this is within the control of the provider
 - reporting the alleged abuse to the appropriate authority
 - reviewing the person's plan of care to ensure that they are properly supported following the alleged abuse incident.
- Using information from safeguarding concerns to identify non-compliance, or any risk of non-compliance, with the regulations and to decide what will be done to return to compliance.
- Working collaboratively with other services, teams, individuals and agencies in relation to all safeguarding matters and has safeguarding policies that link with local authority policies.

- Participates in local safeguarding children boards where required and understand their responsibilities and the responsibilities of others in line with the Children Act 2004.
- Having clear procedures followed in practice, monitored and reviewed in place about the use of restraint and safeguarding.
- Taking into account relevant guidance set out in the Care Quality Commission's Schedule of Applicable Publications
- Ensuring that those working with children must wait for a full CRB disclosure before starting work.
- Training and supervising staff in safeguarding to ensure they can demonstrate the competences listed in Outcome 7E of the Essential Standards of Quality and Safety, Care Quality Commission, London 2010.

All children and young people who use services must be:

- Fully informed of their care, treatment and support.
- Able to take part in decision making to the fullest extent that is possible.
- Asked if they agree for their parents or guardians to be involved in decisions they need to make.

(Outcome 4I Essential Standards of Quality and Safety, Care Quality Commission, London 2010)

Key Service Outcomes

Evidence is increasing that implementation of the national Quality Criteria for Young People Friendly Services (Department of Health, London 2011) have the potential to greatly improve patient experience, leading to better health outcomes for young people and increasing socially responsible life-long use of the NHS. Implementation is also expected to contribute to improvements in health inequalities and public health outcomes e.g. reduced teenage pregnancy and STIs, and increased smoking cessation. All providers delivering services to young people should be implementing the good practice guidance which delivers compliance with the quality criteria.

Poorly planned transition from young people's to adult-oriented health services can be associated with increased risk of non adherence to treatment and loss to follow-up, which can have serious consequences. There are measurable adverse consequences in terms of morbidity and mortality as well as in social and educational outcomes. When children and young people who use paediatric services are moving to access adult services (for example, during transition for those with long term conditions), these should be organized so that:

- All those involved in the care, treatment and support, provide robust hand-over arrangements from one specialist to another and participate actively in the planning and provision to ensure that the services provided continue to be appropriate to the age and needs of the person who uses services.

The *National Minimum Standards for Providers of Independent Healthcare*, (Department of Health, London 2002) require the following standards:

- **A16.1** Children are seen in a separate out-patient area, or where the hospital does not have a separate outpatient area for children, they are seen promptly.
- **A16.3** Toys and/or books suitable to the child's age are provided.

- **A16.8** There are segregated areas for the reception of children and adolescents into theatre and for recovery, to screen the children and adolescents from adult Patients; the segregated areas contain all necessary equipment for the care of children.
- **A16.9** A parent is to be actively encouraged to stay at all times, with accommodation made available for the adult in the child's room or close by.
- **A16.10** The child's family is allowed to visit him/her at any time of the day, except where safeguarding procedures do not allow this
- **A16.13** When a child is in hospital for more than five days, play is managed and supervised by a qualified Hospital Play Specialist.
- **A16.14** Children are required to receive education when in hospital for more than five days; the Local Education Authority has an obligation to meet this need and are contacted if necessary.
- **A18.10** There are written procedures for the assessment of pain in children and the provision of appropriate control.

All hospital settings should meet the *Standards for the Care of Critically Ill Children* (Paediatric Intensive Care Society, London 2010).

There should be age specific arrangements for meeting Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These require:

- A choice of suitable and nutritious food and hydration, in sufficient quantities to meet service users' needs;
- Food and hydration that meet any reasonable requirements arising from a service user's religious or cultural background
- Support, where necessary, for the purposes of enabling service users to eat and drink sufficient amounts for their needs.
- For the purposes of this regulation, "food and hydration" includes, where applicable, parenteral nutrition and the administration of dietary supplements where prescribed.
- Providers must have access to facilities for infant feeding, including facilities to support breastfeeding (Outcome 5E, of the Essential Standards of Quality and Safety, Care Quality Commission, London 2010)

All paediatric patients should have access to appropriately trained paediatric trained dietitians, physiotherapists, occupational therapists, speech and language therapy, psychology, social work, play specialists and CAMHS services within nationally defined access standards.

All children and young people should have access to a professional who can undertake an assessment using the Common Assessment Framework and access support from social care, housing, education and other agencies as appropriate

All registered providers must ensure safe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines (Outcome 9 Essential Standards of Quality and Safety, Care Quality Commission, London 2010). For children, these should include specific arrangements that:

- ensure the medicines given are appropriate and person-centred by taking account of their age, weight and any learning disability
- ensure that staff handling medicines have the competency and skills needed for

children and young people's medicines management

- ensure that wherever possible, age specific information is available for people about the medicines they are taking, including the risks, including information about the use of unlicensed medicine in paediatrics.

Many children with long term illnesses have a learning or physical disability.

Providers should ensure that:

- They are supported to have a health action plan
- Facilities meet the appropriate requirements of the Disability Discrimination Act 1995
- They meet the standards set out in Transition: getting it right for young people. Improving the transition of young people with long-term conditions from children's to adult health services. Department of Health, 2006, London.

DRAFT FOR PUBLIC CONSULTATION