



National Services Division

**Service agreement with:
NHS Greater Glasgow & Clyde**

**For:
Scottish Pulmonary Vascular Unit**

2007/10

1. Introduction

- 1.1 This agreement is between National Services Division of NHS National Services Scotland as commissioner, for and on behalf of the Scottish Executive, and NHS Greater Glasgow & Clyde as 'provider' of the Scottish Pulmonary Vascular Unit.
- 1.2 This agreement shall cover the period from 1 April 2007 to 31 March 2010.
- 1.3 The agreement is made under the provisions of Section 30 of the National Health Service and Community Care Act 1990.

2. Objective

To provide a service for the assessment and treatment of Pulmonary Vascular Hypertension for the population of Scotland.

3. Definition of service

- 3.1 The Scottish Pulmonary Vascular Unit (SPVU) will provide a comprehensive facility for the assessment of inpatients and outpatients with suspected Primary Pulmonary Hypertension (PPH).
- 3.2 This facility will include provision for inpatient investigation and initiation of treatment, outpatient assessment, follow-up and monitoring of treatment.
- 3.3 Each patient will undergo a comprehensive initial outpatient assessment to determine the need for inpatient investigation and treatment.

Investigatory facilities will include:

- chest x-ray
- echocardiography
- cardiopulmonary exercise testing
- CT scanning
- ventilation perfusion scanning
- right heart catheterisation, including pulmonary angiography and vasodilator studies

- 3.4 Patients will be regularly reviewed on an outpatient basis
- 3.5 Shared care with referring clinicians will be put in place, as appropriate. Communication with local clinicians will be continuous. Contact will be maintained and encouraged and, in particular, arrangements for the prescription of medication will be explicit.

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- 3.6 Inpatients and outpatients will be assessed by junior medical staff, and consultant or other senior medical staff.
 - 3.7 Patients will be adult unless in exceptional circumstances.
 - 3.8 Patients and their relatives or other carers will be treated with kindness and respect for their dignity. Care will be taken to support and reassure them. The hospital environment will be attractive and clean, creating an atmosphere that is welcoming to patients.
 - 3.9 Training and support of patients and carers will be provided in order to facilitate the outpatient management of patients.
 - 3.10 A full range of dedicated support services will be available including nursing, technical and secretarial support.
 - 3.11 The Unit will employ appropriately trained staff and ensure that such staff are enabled to develop skills and expertise relevant to the service.
 - 3.12 Any major change in the way the service is provided must be discussed and agreed with the commissioner before implementation. Where changes to the senior team are envisaged, the commissioner must be informed of the succession plan to be operated.
 - 3.13 The provider unit will incorporate health promotion and patient education into its daily activities.

4. Referrals

Referrals to the service will be accepted from appropriate secondary care clinicians and, in exceptional circumstances, General Practitioners from all over Scotland.

5. Activity

The indicative activity levels are agreed as:

	2007/08	2008/09	2009/10
Referrals	120	120	120
Inpatient discharges	150	150	150
Inpatient OBDs	1000	1000	1000
New outpatients	100	100	100
Return outpatients	300	320	340
Day patients	150	150	150
Patients on disease-targeted therapy	100-105	105-110	110-115

In addition, the provider will be expected to closely monitor and inform the commissioner of the number of patients involved in clinical trials and the likely end date of those trials.

6. Quality

6.1 Central guidance

The provider will be expected to comply with all relevant guidance, legislation and statutory instruments. This includes, but is not limited to:

- relevant standards set by NHS Quality Improvement Scotland
- Modernising Medical Careers
- Disability Discrimination Act 1995
- Race Relations (Amendment) Act 2000
- EC Working Times Directive
- NSCAG standards

6.2 NHS Greater Glasgow & Clyde

Baseline quality standards, performance targets and indicators established by NHS Greater Glasgow & Clyde will also be applied to the National Services Division service agreement. These will include:

- building effective alliances to improve health
- increasing value for money by improving efficiency and effectiveness
- delivering a person centred service by providing patients and/or their carers the opportunity to influence planning and decision making and by ensuring that they receive services responsive to their needs
- improving quality through the development and implementation of clinical care protocols, systematic monitoring and ensuring that strategies for research and audit are in place.

6.3 Service specific

The following additional standards should be applied:

General

- Patients and their relatives or other carers will be treated with kindness and respect for their dignity, and care will be taken to support and reassure them.
- Services will be provided irrespective of gender, race, religion, ability, culture or sexuality of individuals and their families.

Parent/carer information

- Patients (or, if more appropriate, their carers) will have access to all information on their condition, the treatments or investigations to be provided and their ongoing care plan.
- General patient information should be available in a written format and/or in a format that takes account of physical, cultural, educational and mental health needs; however, person-specific communication will also be done verbally by the relevant health care professional.
- It should, as a minimum, cover the following subject areas:
 - general information about SPVU and pulmonary vascular hypertension
 - advice on care programmes to be initiated by patients and their families/carers following discharge
 - follow up procedures
- Electronic information, including websites, must meet the recommendations for accessible communication set out in *Achieving Fair Access* [NHS Scotland and Disability Rights Commission, Oct 2006]

Discharge procedures

- Discharge arrangements will be continually reviewed for their clinical appropriateness.
- Protocols for integrated care post-discharge will be shared with all professionals involved in the care of the individual.

Feedback from parents/carers

- The provider will maintain effective arrangements for seeking and monitoring patient/carer feedback during and after episodes of care.
- Regular surveys of patients' and carers' views should be made in order to assess their perceptions of the quality of service provided.
- Summaries of these assessments and other quality audits should be made available to the commissioner.

Infection control

- An infection control policy which is regularly audited must be in place.

Health promotion and education

- The provider unit will incorporate health promotion and parent/carer education into its daily activities. Particular attention should be given to appropriate advice to parents and carers, staff development, and to the evaluation of patient education prior to discharge.

6.4 Audit and development agenda for performance indicators

The provider will ensure the service is clinically effective and meets the psychosocial needs of the patients and will constantly seek improvement. They will regularly monitor all relevant aspects of the service and make the results available to the commissioner along with documentation of regular audit meetings and the changes resulting from these meetings.

Results of specific audit measures will be included in the annual report to the commissioner as detailed at Annex C.

This will include:

- waiting times to first appointment and to subsequent treatment
- inclusion of patients in clinical trials, where appropriate
- treatment outcomes including exercise tolerance testing and quality of life data
- anonymised morbidity and mortality data

The SPVU will also participate in UK/international audits, as appropriate.

6.5 Developments in healthcare

The provider will notify the commissioner at an early stage of any new developments in the management of patients with pulmonary vascular hypertension, the potential benefits of these changes and any resource implications.

Specifically, the provider must seek written agreement from the commissioner before entering patients in clinical trials which will have revenue implications upon the end of the trial period.

6.6 Clinical governance

The Chief Executive of NHS Greater Glasgow & Clyde will be held responsible for the clinical quality of the service.

The commissioner expects the Trust to have robust systems for clinical governance in place and for the service to be incorporated into these systems.

7. Teaching and research

The SPVU is actively involved in the teaching of medical and technical staff with a focus on research and development.

The provider will aim to continue this commitment to teaching and research in health related areas in the future.

8. Confidentiality

The provider will comply with the provisions of the Caldicott Report. In particular, patient-identifiable information will only be used in clearly defined and monitored circumstances, only when absolutely necessary and should entail the use of the minimum necessary patient-identifiable information.

Access to patient identifiable information will be on a strict need to know basis, everyone in the organisation will be aware of their responsibilities with respect to patient confidentiality and the organisation will ensure that its use of patient-identifiable information is lawful.

National Services Division does not require returns to include patient-identifiable information; information on clinical activity required by NSD must be submitted in anonymised format.

9. Financial arrangements

9.1 Agreement structure

This is a standard agreement under which the provider is entitled to receive a sum based on the agreed costs of delivering the service specified.

9.2 Funded value of agreement

The indicative funded value of this agreement is agreed as:

	2007/08	2008/09	2009/10
Funded value			

A full breakdown of these figures is available at Annex E.

9.3 Payment procedure

The agreement sum will be paid monthly in 12 instalments on or around the 19th day of the month. The month 12 payment will bring funding in line with agreed levels.

9.4 Basis of funding

The baseline value of the agreement shown above is based on expected funded value for year 1 with a standard uplift for years 2 and 3. This value will be reviewed throughout the year, with the intention of reconciling expenditure and funding, wherever possible.

Formal negotiations should, in normal circumstances, only be re-opened where it is apparent that the longer-term trends in service delivery differ significantly from the current plan. The commissioner does, however, reserve the right to re-open formal negotiations with the provider at any point during the term of the agreement if there are material changes in activity and/or expenditure.

(For the purpose of this agreement, material variations in activity and expenditure will be assumed as +/-10%, although breaching this threshold will not automatically trigger a re-opening of negotiations.)

Following receipt of the 9-month statement (see Annex B), the commissioner and provider will meet to agree a final funded value.

The value may also be increased if the commissioner receives additional funding in respect of:

- national pay awards and/or policy
- other statutory changes

9.5 Cost shifting and cross-subsidisation

The provider shall not take action to shift activity or costs to other budgets or to make agreements with other commissioners or providers without prior consent in writing from National Services Division.

The staff and facilities covered by the baseline funding of this agreement should not be used to cross-subsidise local services.

9.6 Capital equipment

National Services Division receives a nominal capital allocation for equipment for specialised services. This does not cover buildings or infrastructure. NHS Greater Glasgow & Clyde will therefore ensure that the service has a planned programme for the maintenance of the buildings and facilities..

Items of minor capital (under [REDACTED] including VAT, where appropriate) are considered revenue funding. All minor capital purchases not explicitly included in the indicative baseline should be agreed with the commissioner. Additional funding may be made available for this purpose.

9.7 Charging for other UK residents

UK residents may be treated under this agreement and their activity should be allocated against this agreement and a sum equivalent to the value of that income will be removed from the baseline funding provided by NSD.

The provider will ensure that all non-Scottish residents are charged for at full cost-per-case rates, including fixed costs.

9.8 Other international patients

Treatment of EEA residents through reciprocal health arrangements is the responsibility of the host NHS Board and, as such, is excluded from the baseline of all national agreements. [Note: this includes the Republic of Ireland and the Isle of Man.]

Anyone not covered by reciprocal health care agreements are considered private patients and must provide be able to provide proof of funding (either personal or from their own health system) before any referrals can be accepted. Again, these patients should be treated within the national service and the costs of their care reflected as income against the NSD-funded baseline.

10. Performance monitoring

10.1 Information returns

The provider is responsible for the provision of information to the commissioner and for validity, accuracy and timeliness of all returns and data.

10.2 Right to visit

The commissioner retains the right to visit the Scottish Pulmonary Vascular Unit at the provider's convenience.

10.3 Reporting timetable

The provider will supply the following reports on the progress of the service agreement:

Report	Date due	Format for report
Monthly report	14th day of the following month	Annex A
Six Month report	31 October	Annex B
Nine month report	31 January	Annex C
Annual report	31 May	Annex D

Notes:

Reports should be sent to:

National Services Division, Area 062, Gyle Square, 1 Gyle Crescent, Edinburgh EH12 9EB

Email: [REDACTED]

Fax: [REDACTED]

It is the provider's responsibility to ensure that all reports are received within the agreed timescales. Failure to submit reports on time may impact on NSD's ability to reconcile funding to expenditure.

10.4 Annual review

The service will be reviewed each year in late autumn following receipt of the previous year's annual report, the extent of the review depending on local circumstances.

National Services Division will assess the service's ability to achieve indicative activity levels. The review will consider variations required to the service agreement and agreement will be reached on any necessary adjustments to the final agreed activity levels and funded value of the agreement.

11. Variations to the agreement

11.1 Variations and notification times

Variations to the agreement will only be made at the mid-year review unless there are exceptional reasons for deviating from this procedure.

Either party will give:

- six months' notice of any proposed changes to the service which require a reduction in staffing
- two months' notice of any other material changes

Variations without notice will be considered in the event of unforeseen circumstances such as:

- the occurrence of a major incident
- emergency treatment needs
- a major outbreak of illness or infection
- industrial action.

11.2 Sub-contracting

No sub-contracting shall be undertaken without the prior agreement in writing of National Services Division.

12. Resolution of disputes

The commissioner and the provider both resolve wherever possible to settle any disputes or disagreements in relation to this service agreement by negotiation.


In the unlikely event that these negotiations fail, the formal disputes procedure as detailed in NHS Circulars FIN (CON) (1992) 1 and FIN (CON) (1993) 4 will apply.

13. Distribution

A copy of this service agreement is to be held by the service director.

**For and on behalf of
The Scottish Executive**

**For and on behalf of
NHS Greater Glasgow & Clyde**

Signature 

Signature 

Block Capitals DEBORAH EVANS

Block Capitals CATH MCFARLANE

Designation DIRECTOR

Designation GENERAL MANAGER

National Services Division

NHS Greater Glasgow & Clyde

Date 21 August 2007

Date 04/10/07

Signature 

Block Capitals A-J. PEABOCK

Lead Clinician

Date 12/9/07

Annex A

Provider: NHS Greater Glasgow & Clyde
Service: Scottish Pulmonary Vascular Unit
Report Format: Monthly report

The following information should be provided for all approved disease-targeted therapies:

- UT-15
- IV Prostacyclin
- Iloprost
- Sildenafil
- Bosetan
- etc

Product: xxx
 Price: xxx per unit

<i>Unique patient ID</i>	<i>Apr</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Feb</i>	<i>Mar</i>
1							
2							
3							
etc							

<i>Unique Patient ID</i>	<i>Product</i>	<i>Unit cost</i>	<i>Total cost of treatment YTD</i>	<i>forecast costs of treatment</i>	<i>comments</i>
1					
2					
3					
etc					

Annex B

Provider: NHS Greater Glasgow & Clyde
Service: Scottish Pulmonary Vascular Unit
Report Format: Six month report

1. Statement of activity:

	<i>Actual</i>	<i>Planned</i>
Referrals (by NHS Board of residence)	x	x
Inpatient discharges	x	x
Inpatient OBDs	x	x
Outpatients (new and return)	x	x
Day patients	x	x
Patients on drug therapy (new and total)	x	x
Age of patients (mean and range)	x	x
No of deaths	x	x

Patients on trial:

	<i>Actual</i>
Patients added to trial a	x
Patients added to trial b	x

2. Comment on any material variance from agreed activity.
3. Notification of anticipated problems.
4. Comment on any trends in results of which the commissioner should be aware.
5. Possible developments with potential financial implications for future years.

6. Financial report

	<i>Agreement value to 30 September</i>	<i>Expenditure to 30 September</i>	<i>Projected outturn at 31 March</i>
Breakdown of costs	as per annex E		
Total			

Comment on any material variances from planned expenditure

Notes:

- The mid-year report must reach the commissioner by 31 October.
- Reports will not be accepted without a financial report attached.
- Reports must be sent to [REDACTED] and not to individual members of NSD staff.
- It is the provider's responsibility to ensure that reports sent by electronic means are received by the commissioner.

Annex C

Provider: NHS Greater Glasgow & Clyde
Service: Scottish Pulmonary Vascular Unit
Report format: Nine month report

Activity report

No activity report is required.

Financial projections

	<i>Agreement value to 31 December</i>	<i>Actual expenditure to 31 December</i>	<i>Projected outturn to 31 March</i>
Costs as per Annex D			
Total			

Comment on any material variances from planned expenditure

Forward year baseline

	<i>Current NSD funded value</i>	<i>Proposed baseline</i>	<i>Variance</i>
Costs as per Annex D			
Total			

All variances must be fully explained.

Developments not previously agreed with NSD must be supported by a full business case.

NB Developments highlighted at this late stage will not normally be considered for funding from 1 April of the following year

Annex D

Provider: NHS Greater Glasgow
Service: Scottish Pulmonary Vascular Unit
Report format: Annual report

Headings should include, as a minimum, the following (but may be added to at the SPVU's discretion):

1. Introduction
2. Statement of activity

	<i>Actual</i>	<i>Planned</i>
Referrals (by NHS Board of residence)	x	x
Inpatient discharges	x	x
Inpatient OBDs	x	x
Outpatients (new and return)	x	x
Day patients	x	x
Patients on drug therapy (new and total)	x	x
Age of patients (mean and range)	x	x
No of deaths	x	x

Patients on trial:

	<i>Actual</i>
Patients added to trial a	x
Patients added to trial b	x

3. Analysis of demand and referral patterns
4. Waiting times
 - first consultant appointment

5. Quality of care issues

- list of formal complaints over last 6 months and a report of the management of complaints.

6. Results of feedback surveys**7. Clinical audit and outcome measures including new developments**

- Summary of audit programme accompanied by relevant documentation on meetings and follow up action.

This should identify current and future audit issues.

Specific issues:

Unit to provide monitoring and evaluation information on:

- complications and all significant clinical incidents (anonymised)
- hospital acquired infections

8. Teaching and research activities**9. Financial report**

- as per Annex E

10. Service developments and future plans**11. Summary and conclusions****Notes:**

- The mid-year report must reach the commissioner by 31 October.
- Reports will not be accepted without a financial report attached.
- Reports must be sent to [REDACTED] and not to individual members of NSD staff.
- It is the provider's responsibility to ensure that reports sent by electronic means are received by the commissioner.

Annex E

Provider: NHS Greater Glasgow

Service: Scottish Pulmonary Vascular Unit

Report format: Funding profile/financial reporting proforma

	<i>Uplift on previous year</i>	2007/08	2008/09	2009/10
	WTE	2.75% £	2.75% £	2.75% £
Staffing				
Medical				
Consultant				
Consultant				
Specialist Reg/SHO3				
Other				
Nurse H grade				
Nurse F/G				
Pharmacist D				
Data Manager				
Secretary grd 3				
MTO 3 (respiratory testing)				
Total Staff Costs	7.05			
Supplies & Services				
Diagnostic Costs				
Ward/Clinic/Pharmacy Costs				
Supplies				
Pharmacy Named drugs only				
CADD Legacy Pumps				
BNP testing				
Hospital Overheads				
Capital Charges				
Overheads				
Total Supplies & Services				
TOTAL COSTS	7.05			

Notes

1. No provision has been made for Agenda for Change, which will be agreed when actual costs are known
2. Profile includes [redacted] WTE D grade pharmacist (recurring, c. £[redacted]k, shared post with CF)
3. BNP testing trial extended into 2007/08 to allow 18 month study
4. Additional uplift of £[redacted] added to named drugs to bring in line with 2006/07 outturn
5. Recurring budget for pumps increased by £[redacted]k

