

Neurophysiology (Treatment of Nervous Systems)

1.1 Service Requirement

Hywel Dda University Health Board (the Commissioning Health Board) seek to commission insourcing services for Neurophysiology Services for diagnostic Electromyography, inclusive of interpretation of results and reporting, and provision of inpatient diagnostic Electromyography tests. There will also be a requirement to countersign the Nerve conduction studies and Peripheral Neuropathy test results undertaken by the Clinical Neurophysiologists.

Underpinning the delivery of services is a requirement to:

- Provide safe, effective care and reduce the risk of harm for all patients referred.
- Deliver effective care systematically and consistently across the patient cohort.

Note: It is the preference of the Commissioning Health Board to award the contract in its entirety to one provider, location of premises could be required at the following locations:

- Glangwili General Hospital, Carmarthen, SA31 2AF

Framework Lot	Specialty	Estimated Volume Requirements
	Consultant led neurophysiology diagnostic electromyography (EMG) tests	200
Lot 2a Insourcing	Consultant led inpatient neurophysiology diagnostic electromyography (EMG) tests	36
	Interpretation and reporting of electromyography (EMG) tests	240
	Interpretation and reporting of nerve conduction studies	800
	Interpretation and reporting of peripheral neuropathy tests	80

The estimated volumes are based on historic activity flows; actual demand will largely be determined by the patient cohort referred for diagnostics. Patient volumes noted within this document are estimated volumes, not guaranteed volumes.

Expected Service Start Date

Expected service start date will be January 2025, subject to mutual agreement between the commissioning health board and the awarded provider(s).

Expected Service End Date

Expected end date will be as hoc until the 31st March 2025, with the option to extend for one (1) year to 31st March 2026 and for a further one (1) year to 31st March 2027 in line with the framework, should funding become available, and to be mutually agreed by the Commissioning Health Board and provider.

Expected Service Working Days

Weekday sessions would be the preferred option but consideration for Saturdays & Sundays could be explored.

Expected Service Working Hours Per Day

09:00 to 17:00

Expected Volume of Patients Requiring Procedures

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Expected Patient Throughput Per Working Day

- 16 patients per day (8 patients per session), this will be new diagnostic EMG patients.
- Ward patients per day for EMG diagnostic test.
- Review of 30 plus results per day.

Booking Service Required

The Commissioning Health Board will provide the service.

1.1 Protocols

The Provider must be able to provide a service for the following specialist patient types:

- Adults
- Geriatrics
- Paediatrics

While the current waitlist does not include paediatric patients, there may be a requirement for paediatric EMG within this contract should it be extended as per the expected service end date.

The provider must provide the commissioner with the criteria used to assess which patients are suitable for treatment. The commissioner expects that the majority of patients with limited

The Provider must be able to provide the following as part of the solution:

- Diagnostic pathway and reporting.

Unexpected clinical issues that arise during diagnostic testing will be the responsibility of the provider.

Emergency and unplanned admissions to HDUHB following will be dealt with as part of the HDUHB service to patients and will be followed up as part of the clinical and contractual governance

1.2 Staffing

Number of Staff Required

- Consultant Neurophysiologist – one per session.

Please note, if delivery of services is on weekends, the following staff is also required:

- Clinical Physiologist
- Reception staff

The Clinical performance of the specialists must be shared with the Commissioning Health Board for validation purposes and the contact details of the Medical Director & Responsible Officer to

Details and Clarification from the General Medical Council and Care Quality Commission to be provided of any outstanding issues relating to the provider. To include any restrictions on practice
Provider to detail any reliance on temporary locum or agency staff and share associated policy/approach to identifying and appointing these staff.

1.3 Patient Records

Provider must provide:

- Patient outcome record, interpretation and reporting
- Clinical notes
- GP letters
- Discharge letter (if appropriate)

1.4 Local Patient Management

Provider must provide:

- One consultant per clinical session

The Commissioning Health Board will provide:

- Diagnostic consultation room
- Medical records staff
- Reception staff (if delivery is in the week)

- Clinical Physiologist (if delivery is in the week)

Provider to provide:

- Outcome of each patient via patient tracker
- DNA details via patient tracker
- Clinical letters to be provided as appropriate including results letters to patients and GPs.
- Weekly meeting with the Commissioning Health Board's management team
- Clinical Physiologist (if delivery is on a weekend)
- Reception staff (if delivery is on a weekend)

1.5 NHS Organisational Policies

The Provider must follow the local organisational policies (HB to state):

- Health + Safety
- Infection Control
- Patient Handling
- Data Security/Information Governance
- Neurophysiology protocols and procedures

1.6 Consumables

The Commissioning Health Board will provide all clinical consumables which are deemed appropriate for the diagnostic appointments.

1.7 Waste Disposal

The Commissioning Health Board will be responsible for all clinical and non-clinical waste to be disposed of.

2. Business Requirements

2.1 Appointment Service

The Commissioning Health Board will provide the managed appointment service. We must apply the Health Board Patient Access Policy rules in the management of the patient pathway for

2.2 Request Tracking (waiting times/wait management)

The Commissioning Health Board will provide current guidelines for:

- Breach targets – all patient diagnostic attendances to be completed by 8 week targets by 31st March 2025. This target will be managed by The Commissioning Health Board.

2.3 Statistics

The Provider must be able to provide the following statistics on an agreed period basis (Weekly):

DNA/CNA

Exception reporting

Minimum data sets

Activity

Cancellations by provider

Monthly Clinical Quality reports

Outcome reports Adverse incidents

Complaints & Congratulations

Where appropriate, detail of current provider performance at relevant site to be shared as part of response.

The Commissioning Health Board will expect prompt weekly spreadsheets detailing procedures and completions, including unsuitable patients to be sent via encrypted e-mail.

2.4 Business Management

The Provider must detail disaster recovery plans in event of an untoward incident affecting patient safety and performance of services:

The Provider must describe the Business Continuity solution provided for the following situations:

- Staff sickness
- Inability to recruit suitable Neurophysiology clinicians.
- Inability to deliver contract within agreed time frame.

3. Service Management

3.1 Service Levels & Key Performance Indicators

The Provider must agree to the following KPI's (to be provided by the Health Board):

Health Board KPI Required	Metric
Appointment/procedure cancellation rates	Less than 1%
Patient satisfaction	At least 94%

3.2 Reporting Management

The Provider must be able to provide on a period basis the following utilisation reports:

- Financials
- Service updates incl CCN's
- Patient Tracker reports
- Financials – mapped to coded activity delivered
- Activity delivered

The Provider must provide an escalation route for issues which cannot be resolved within agreed service levels.

The Provider must clarify policy and management relating to clinical incidents, to include communication with the Health Board.

All the above information will need to be escalated and shared with Donna Morris, Senior Service Manager, and Victoria Coppack, Service Delivery Manager.

Policies on Complaints, Incidents and associated escalation processes will need to cover the full range of potential incidents from lower level concerns to significant issues. Agreed policy

3.3 Governance / QA / Audit

The Provider must be able to provide the following reports on a period basis:

- Infection control (bare below the elbows/hand hygiene)
- Patient experience / feedback

- Protocol compliance
- Clinical incidents & resolution

- Adverse incidents & resolution
- Complaints & resolution

3.4 Service Reviews

The Provider must identify a formal contract lead and team who must be available for weekly operational meetings via Teams.

The Provider must be available for monthly business meetings via Teams.

The Provider must provide prior to any service review meetings all agreed period reports.

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Minimum Expected KPIs include –

For each month:

Activity

- Diagnostic assessments
- DNA/late cancellations
- DNA/late cancellations
- Patients cancelled on day of appointment due to Clinical reasons.
- Patients cancelled on the day of appointment due to non-clinical reasons.
- Unexpected patients Transferred Out due to clinical issues.
- Coded Discharges

Patient Experience

- Complaints & Congratulations received in period, categorised.
- Number of outstanding complaints
- % of the patients would recommend to Friends and Family.

PLUS - Other Quality issues requiring discussion.

For Quarterly Joint Service Reviews:

Quality (numbers and percentage of the Commissioning Health Board's cohort and total facility)

- Patient Safety Incidents SIRIs
- Clinical cancellations on day of appointment
- Non-Clinical cancellations on day of appointment
- Failure to report SRI within timescale
- Incidents reportable to a statutory body
- Falls whilst in providers care
- Onward cancer referral within 24 hours
- Medication Errors Reported
- Information Governance Breach

The Provider must provide all patient complaint reports within 5 working days of notification.

The Provider must provide incident reporting in line with the governance policies of the Provider. These will need to be confirmed by HBUHB as adequate. Provider to supply policy.

The Provider must keep a contractual risk and issues log.

The Provider must provide service improvement and development opportunities to the HBUHB at these meetings.

3.5 Project Planning

The Provider must act as the Managed Service Provider for the supply of this Service.

The Provider must provide their methodology to project planning.

The Provider must provide project management resources in this respect to work with HBUHB to agree and document a project plan including cutover arrangements and detailing HBUHB

The Provider must provide an implementation plan / project plan with HBUHB requirements listed:

The Provider must agree to a Project Initiation meeting to document and agree the solution deployment within 2 weeks of award.

The Provider must work with HBUHB to develop documents and protocols to support the implementation and safe operation of the solution; this will form part of the project plan.

· The Provider must confirm key operational leads and contact details to facilitate day to day communication around arrangement and to support prompt resolution of any issues.

3.6 Project Specifics

The Provider must provide detail on their policies on risk assessment, patient handling, lone working etc: