## **SCHEDULE 2 – THE SERVICES**

## A. Service Specifications

Service Specification No.	The format for identifying service specifications could follow: Locality/Year drafted/Treatment specialty/Sequential number/Version number. For example COPD would be X/2019/340/01/1.0 Details on the numbering is as set out in Appendix 1.
Service	Name service is generally known by — check for different names in different organisations. The level at which services are specified will depend on the particular service. For example, for acute hospital services, it is unlikely that you would wish to specify at HRG level. On the other hand, a specification which covers 'all elective services' is unlikely to be appropriate. It may also be appropriate to consider whether developing a specification on the basis of a care pathway would be appropriate.
Commissioner Lead	Named lead for service from commissioner(s). We recommend using the post-holder title rather than a named current postholder to reduce the need for amending/updating.
Provider Lead	Named lead for service from provider(s). We recommend using the post-holder title rather than a named current postholder to reduce the need for amending/updating.
Period	This is the period that you expect the specification to be valid for. In practice, this will be the same as the duration of the contract but can be shorter if required. Alternatively, you may wish to indicate that the specification is likely to be valid for a longer period, for example 3 years (subject to any procurement and competition considerations).
Date of Review	This should be no less than 6 months before the end of the Period as stated above- there may be issues of notice to be considered.  If you wish to review the specification mid-contract, then a date by which the specification is to be reviewed should be inserted here. Otherwise, as above, the specification will remain valid until the expiry/termination of the contract.

## 1. Population Needs

### 1.1 National/local context and evidence base

This section should set the context for the service being commissioned, by setting out the evidence base for why this service is being commissioned for the local population.

**National context** – This sets out the national NHS agenda and strategic context regarding this service. Include key points from any national reviews on the service, e.g. for ED you could cite "Safer Faster Better", a national report which sets out the framework and principles for improving urgent care services.

**Local context** – This describes why the service needs to be commissioned locally and what patient need/demand is being met in doing so. Include local reviews, such as those by Networks, particularly where it provides a stocktake of the current service provision. Include STP reviews where sufficiently detailed.

**Evidence base** – usually covered in the national context, you should include the relevant national reviews of the evidence to set out why the service should be commissioned in this way. Note – no need to repeat the content of Applicable Service Standards (section 3) – differentiate between Evidence (why) and Standards (how).

**Background and current service provision** – This sets out the service currently being provided to the local population. Refer to recent activity/quality/finance data to set the context and scale (last 3 years if possible). Include summary analysis from local reviews of where specific improvements are required, setting out key recommendations.

## 2. Scope

### 2.1 Aims and objectives of service

A brief description of the aims and/or objectives of the service. Ideally, the 'aim' should be a single sentence setting out the mission statement for the service. The objectives should be around 5-10 bullet points, setting out the main goals that the service aims to achieve.

One concise example is from the specialised commissioning spec for cardiac electrophysiology and ablation:

#### Aims

The aim of the service is to provide timely diagnosis and appropriate treatment to patients affected by symptomatic fast heart rhythms to reduce morbidity and, for a cohort of patients, reduced mortality



### **Objectives**

EP and ablation services are designed to provide the following services in order to fulfil this aim. High quality EP and ablation services should provide the following:

- Assessment of patients with heart rhythm problems to establish whether or not the condition is life-threatening, and therefore whether urgent treatment is needed.
- Following this initial assessment, immediate treatment of any potentially life-threatening conditions with medical therapy, ablation or ICD therapy.
- For non-life-threatening conditions, most patients are treated with medication on an initial basis
- For symptomatic patients either not controlled with medication or experiencing side effects from medication, EP ablation services provide an assessment about the suitability of ablation.
- Perform EP / ablation procedures with ongoing audit of performance

It may be appropriate to clarify what the service will **not** do as well as what it will – e.g. "This service is not a crisis response service. It is not for families who are separating, or divorcing, or for children with existing mental health conditions."

### 2.2 Service description/care pathway

A brief description of the service model being commissioned, including how it sits within the broader care pathway – which may include other providers. Wherever possible include a map of the pathway setting out:

- HOW do they get into/discharged from the service?
- WHAT is the process to deliver the service, such as pathway stages and options?

### 2.3 Population covered

A description of the section/cohort of the population that the service serves e.g. adult vs children – no need to repeat the CCG's responsible population as that always applies and the spec would normally apply to associate commissioners as well. This section is particularly applicable where the service is not subject to patient choice and the service is restricted to a defined population.

e.g. "The service is accessible to all adult patients with a suspected or known rheumatological condition regardless of sex, race, or gender."



### 2.4 Any acceptance and exclusion criteria and thresholds

Set out any specific clinical criteria used to manage referrals into the service. Refer to any specific commissioning/IFR policies that will be included in the contract at Schedule 2G, e.g. those listed on the commissioner website

### 2.5 Interdependence with other services/providers

Where the service forms part of a wider care pathway, how the service links into and works with other services and/or providers is identified here. If it is complex, a diagram/map representation may be easier to set this out, rather than a textual description.

## 3. Applicable Service Standards

### 3.1 Applicable national standards (e.g. NICE)

List any national service standards published by the NHS/NICE that apply to this service and the provider will be held accountable for complying with. The evidence base is set out in section 1.

### 3.2 Applicable standards set out in Guidance and/or issued by a competent body (ego Royal Colleges)

List any national service standards published by other relevant bodies that apply to this service and the provider will be held accountable for complying with.

### 3.3 Applicable local standards

List any local service standards published by the STP/commissioners that apply to this service and the provider will be held accountable for complying with.



## 4. Outcomes, KPIs and CQUIN goals

### 4.1 Outcomes and Quality Requirement KPIs by NHS Outcomes Framework Domain:

When drafting this section, start with the 5 **National Domains**, then add any appropriate **Overarching Indicators** and **Improvement areas** from NHS Outcomes Framework<sup>1</sup>. These are shown at Appendix 2 (August version) as an example. Finally, add any **Local indicators**, i.e. locally defined and measured.

Note that this section is used to list:

- The main **patient outcomes** required from the service. Non-patient outcomes should not be included here, e.g. where submission of specific data or reports is a desired outcome this can be included in section 7 below.
- The **quality requirement/KPIs** for each outcome, i.e. how will achievement of the outcome be measured? These need to be match exactly the quality requirements included in the contract at schedules 4A-4C.
- The **threshold** for achievement i.e. what the provider will be measured against, remembering that some is not a number, soon is not a time!
- How the **data to measure achievement** will be collected this needs to cross-refer to contract schedule 6A (reporting requirements) to check this data is being requested from the provider and to what timescale etc.
- The consequence of any failure to meet the KPIs defined and
- How frequently this consequence will be measured and contractually applied
- An example of how these might work is as shown below for cardiac rehab.

"It is reasonable for specific financial consequences to be agreed for non-achievement, so long as these are proportionate. Regardless of whether specific financial consequences have been agreed in relation to Local Quality Requirements, commissioners may of course use the contract management process set out in GC9 to address any breaches – see paragraph 45 below. Where no specific financial consequences are agreed for a Local Quality Requirement, the words 'Issue of a Contract Performance Notice and subsequent process in accordance with GC9' should be inserted as the relevant consequence in Schedule 4C." (Technical Guidance para 39.9)

 $<sup>^{1}\,\</sup>underline{\text{https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework}}$ 



Outcome	Ref	Quality	Threshold	Method of	Consequence	Timing of
		Requirement/KPI		Measurement	of breach	measuremen
National Indicator/improvement area	·					
Reducing premature mortality rate from cardiovascular	1.1	Under 75 mortality	70.8 per	NHSOF annual	GC9 process	Annually
disease		rate from	100,000	indicator	followed	
		cardiovascular disease	(national av)			
Local outcomes & indicators						
Reduced Admissions – reduction in readmissions for another	L1.1	Readmission rate	10%	SUS monthly	GC9 process	Quarterly
cardiac event			reduction	extracts	followed	,
	! <b>-</b> !					
Domain 2: Enhancing quality of life for people with long-term	1	1 a 11:				
Domain 2: Enhancing quality of life for people with long-term Outcome	Ref	Quality	Threshold	Method of	Consequence	Timing of
Outcome	1	Quality Requirement/KPI	Threshold	Method of Measurement	Consequence of breach	Timing of measuremen
	1	-	Threshold		· ·	_
Outcome	1	-	Threshold		· ·	_
Outcome  National Indicator/improvement area	1	-	Threshold		· ·	_
Outcome	1	-	Threshold		· ·	_
Outcome  National Indicator/improvement area	1	-	Threshold		· ·	_
Outcome  National Indicator/improvement area	1	-	Threshold		· ·	_
Outcome  National Indicator/improvement area  Local outcomes & indicators	Ref	Requirement/KPI	Threshold		· ·	_
Outcome  National Indicator/improvement area  Local outcomes & indicators	Ref	Requirement/KPI		Measurement	of breach	measuremen
Outcome  National Indicator/improvement area	Ref	Requirement/KPI  ng injury  Quality	Threshold		of breach  Consequence	_
Outcome  National Indicator/improvement area  Local outcomes & indicators  Domain 3: Helping people to recover from episodes of ill-heal Outcome	Ref	Requirement/KPI		Measurement	of breach	measuremen
Outcome  National Indicator/improvement area  Local outcomes & indicators  Domain 3: Helping people to recover from episodes of ill-heal	Ref	Requirement/KPI  ng injury  Quality		Measurement  Method of	of breach  Consequence	measuremen
Outcome  National Indicator/improvement area  Local outcomes & indicators  Domain 3: Helping people to recover from episodes of ill-heal Outcome	Ref	Requirement/KPI  ng injury  Quality		Measurement  Method of	of breach  Consequence	measuremen

Outcome	Ref	Quality	Threshold	Method of	Consequence	Timing of
		Requirement/KPI		Measurement	of breach	measuremen
National Indicator/improvement area	1					
Local outcomes & indicators						

Outcome	Ref	Quality	Threshold	Method of	Consequence	Timing of
		Requirement/KPI		Measurement	of breach	measurement
National Indicator/improvement area					•	
Local outcomes & indicators						

## 4.2 Applicable CQUIN goals

Where any CQUIN goals apply to the service, whether national or local schemes, these should be listed here. These will cross-refer to contract schedule 4D.

## 5. Location of Provider Premises

#### The Provider's Premises are located at:

This section is only needed where it is considered important to specify that a service is provided from a particular location (or where services are to be provided within a certain area, or easily accessible from it) and therefore there is a need to list specific provider premises. Otherwise it can be left blank. For example:

- A certain locality may find it difficult to access the service because of its location and the commissioners wish to specify that the provider needs to provide the service at a particular site to address this
- It may be considered essential that the service is co-located with another service, e.g. level 1 adult critical care, and this is only provided at one of the provider's premises

### 6. Individual Service User Placement

This section may be used to include details of any long-term individual service user placements (or Individual Placement Agreement as described in section 27 of the Contract Technical Guidance). This is usually only relevant where the service provides tailored specialist placements. It may also be used to record any specialist equipment that is provided as part of an individual care pathway.

Otherwise, this section can be left blank.

## 7. Personalised Care Requirements

This section may be used to include details of service-specific requirements for personalisation of care, aligned with the content of contract schedule 2M (Development Plan for Personalised Care).

Otherwise, this section can be left blank.

## 8. Reporting Requirements

List any specific reporting requirements that supply the source data needed to measure the achievement of the KPIs listed in section 4. Ultimately these will need to be incorporated into schedule 6A (reporting requirements) of the contract but can be listed here for completeness and to ensure the spec can be read more easily as a standalone document.

If the requirement is a national contractual requirement, e.g. the monthly activity and finance report or the monthly Service Quality Performance Report, they do not need to be listed again in this section. These will be listed under 'National Requirements Reported Centrally' and 'National Requirements Reported Locally' in schedule 6A of the contract.

Reporting Requirement	Reporting Period	Format of Report	Timing and Method for delivery of
			Report
e.g.: Additional Maternity Ante-natal / Post-natal Pathway Datasets	To be supplied monthly until the release of the new maternity SUS dataset	Indicating the split of standard, intermediate, intensive tariffs, and the backing of indicators that trigger these categories.	Submit to DSCRO by no later than the First Reconciliation Date for the month to which it relates, consistent with data submitted to SUS.

## 9. Payment Mechanism

Set out any local pricing arrangements or payment mechanism that applies to this service. This would cover issues such as:

Туре	Example
Replacing national prices with local price variations/departures	activity recorded as an emergency admission with a length of stay under 4 hours to be charged against the blended payment at a locally-agreed unit price of £250
Local currency variations	all non-consultant led outpatients to be charged as a follow-up attendance, even if recorded as a first attendance
Local 'blended payment' agreements	80% of planned activity funded as a block, with 20% paid on trajectory towards achievement of outcomes in section 4
Incentivise using the required pathway	non-face-to-face outpatient attendances to be charged against the blended payment at 10% more than the equivalent face-to-face national price

Ultimately these will need to be incorporated into schedule 3A (local prices) or 3B (local price variations) of the contract but can be listed here for completeness and to ensure the spec can be read more easily as a standalone document.

## Service specifications numbering format

The format for identifying service specifications follows the format: Locality/Year drafted/Treatment specialty/Sequential number/Version number

Name	Description	Example
Locality	X/Y/B	Locality X, Y or Both
Year drafted	Start year	2019 etc!
Treatment specialty	See list below	e.g. 340 (respiratory med)
Specification identifier	There will be a number of specs within each treatment specialty e.g. Respiratory will include COPD, TB, Asthma etc.  Suggest each gets its own number – but someone (contracts team?) needs to keep	e.g. 01 for COPD, 02 for TB, 03 Asthma
Version number	Starting from 1.0, change first number when draft issued, second for minor changes/comments/amendments	e.g. 2.1 for first draft of second version

## So - COPD might be X/2019/340/01/1.0

## **Current Treatment Specialties and their national codes:**

Code	Name
Surgical Sp	pecialties:
100	General Surgery Service
101	Urology Service
102	Transplant Surgery Service
103	Breast Surgery Service
104	Colorectal Surgery Service
105	Hepatobiliary and Pancreatic Surgery Service
106	Upper Gastrointestinal Surgery Service
107	Vascular Surgery Service
108	Spinal Surgery Service

Code	Name
109	Bariatric Surgery Service
110	Trauma and Orthopaedic Service
111	Orthopaedic Service
113	Endocrine Surgery Service
115	Trauma Surgery Service
120	Ear Nose and Throat Service
130	Ophthalmology Service
140	Oral Surgery Service
141	Restorative Dentistry Service
143	Orthodontic Service
144	Maxillofacial Surgery Service
145	Oral and Maxillofacial Surgery Service
150	Neurosurgical Service
160	Plastic Surgery Service
161	Burns Care Service
170	Cardiothoracic Surgery Service
172	Cardiac Surgery Service
173	Thoracic Surgery Service
174	Cardiothoracic Transplantation Service
191	Pain Management Service
Specialised C	Children's Services:
142	Paediatric Dentistry Service
171	Paediatric Surgery Service
211	Paediatric Urology Service
212	Paediatric Transplantation Surgery Service
213	Paediatric Gastrointestinal Surgery Service



Code	Name
214	Paediatric Trauma and Orthopaedic Service
215	Paediatric Ear Nose and Throat Service
216	Paediatric Ophthalmology Service
217	Paediatric Oral and Maxillofacial Surgery Service
218	Paediatric Neurosurgery Service
219	Paediatric Plastic Surgery Service
220	Paediatric Burns Care Service
221	Paediatric Cardiac Surgery Service
222	Paediatric Thoracic Surgery Service
223	Paediatric Epilepsy Service
230	Paediatric Clinical Pharmacology Service
240	Paediatric Palliative Medicine Service
241	Paediatric Pain Management Service
242	Paediatric Intensive Care Service
250	Paediatric Hepatology Service
251	Paediatric Gastroenterology Service
252	Paediatric Endocrinology Service
253	Paediatric Clinical Haematology Service
254	Paediatric Audio Vestibular Medicine Service
255	Paediatric Clinical Immunology and Allergy Service
256	Paediatric Infectious Diseases Service
257	Paediatric Dermatology Service
258	Paediatric Respiratory Medicine Service
259	Paediatric Nephrology Service
260	Paediatric Medical Oncology Service
261	Paediatric Inherited Metabolic Medicine Service



Code	Name
262	Paediatric Rheumatology Service
263	Paediatric Diabetes Service
264	Paediatric Cystic Fibrosis Service
270	Paediatric Emergency Medicine Service
280	Paediatric Interventional Radiology Service
290	Community Paediatric Service
291	Paediatric Neuro-disability Service
321	Paediatric Cardiology Service
421	Paediatric Neurology Service
Medical Spec	cialties:
180	Emergency Medicine Service
190	Anaesthetic Service
192	Intensive Care Medicine Service
200	Aviation and Space Medicine Service
300	General Internal Medicine Service
301	Gastroenterology Service
302	Endocrinology Service
303	Clinical Haematology Service
304	Clinical Physiology Service
305	Clinical Pharmacology Service
306	Hepatology Service
307	Diabetes Service
308	Blood and Marrow Transplantation Service
309	Haemophilia Service
310	Audio Vestibular Medicine Service
311	Clinical Genetics Service



313 Clinical Immunology and Allergy Service 314 Rehabilitation Medicine Service 315 Palliative Medicine Service 316 Clinical Immunology Service 317 Allergy Service 318 Intermediate Care Service 319 Respite Care Service 320 Cardiology Service 321 Clinical Microbiology Service 322 Clinical Microbiology Service 323 Spinal Injuries Service 324 Anticoagulant Service 325 Sport and Exercise Medicine Service 326 Acute Internal Medicine Service 327 Cardiac Rehabilitation Service 328 Stroke Medicine Service 329 Transient Ischaemic Attack Service 330 Dermatology Service 331 Congenital Heart Disease Service 332 Inherited Metabolic Medicine Service 333 Rare Disease Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	Code	Name
315 Palliative Medicine Service 316 Clinical Immunology Service 317 Allergy Service 318 Intermediate Care Service 319 Respite Care Service 320 Cardiology Service 321 Clinical Microbiology Service 322 Clinical Microbiology Service 323 Spinal Injuries Service 324 Anticoagulant Service 325 Sport and Exercise Medicine Service 326 Acute Internal Medicine Service 327 Cardiac Rehabilitation Service 328 Stroke Medicine Service 329 Transient Ischaemic Attack Service 330 Dermatology Service 331 Congenital Heart Disease Service 333 Rare Disease Service 334 Respiratory Medicine Service 345 Respiratory Physiology Service 346 Respiratory Physiology Service 347 Respiratory Physiology Service 348 Adult Cystic Fibrosis Service	313	Clinical Immunology and Allergy Service
316 Clinical Immunology Service 317 Allergy Service 318 Intermediate Care Service 319 Respite Care Service 320 Cardiology Service 321 Clinical Microbiology Service 322 Clinical Microbiology Service 323 Spinal Injuries Service 324 Anticoagulant Service 325 Sport and Exercise Medicine Service 326 Acute Internal Medicine Service 327 Cardiac Rehabilitation Service 328 Stroke Medicine Service 329 Transient Ischaemic Attack Service 330 Dermatology Service 331 Congenital Heart Disease Service 333 Rare Disease Service 335 Inherited Metabolic Medicine Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	314	Rehabilitation Medicine Service
317 Allergy Service 318 Intermediate Care Service 319 Respite Care Service 320 Cardiology Service 321 Clinical Microbiology Service 322 Clinical Microbiology Service 323 Spinal Injuries Service 324 Anticoagulant Service 325 Sport and Exercise Medicine Service 326 Acute Internal Medicine Service 327 Cardiac Rehabilitation Service 328 Stroke Medicine Service 329 Transient Ischaemic Attack Service 330 Dermatology Service 331 Congenital Heart Disease Service 333 Rare Disease Service 335 Inherited Metabolic Medicine Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	315	Palliative Medicine Service
318Intermediate Care Service319Respite Care Service320Cardiology Service322Clinical Microbiology Service323Spinal Injuries Service324Anticoagulant Service325Sport and Exercise Medicine Service326Acute Internal Medicine Service327Cardiac Rehabilitation Service328Stroke Medicine Service329Transient Ischaemic Attack Service330Dermatology Service331Congenital Heart Disease Service333Rare Disease Service340Respiratory Medicine Service341Respiratory Physiology Service342Pulmonary Rehabilitation Service343Adult Cystic Fibrosis Service344Complex Specialised Rehabilitation Service	316	Clinical Immunology Service
319 Respite Care Service 320 Cardiology Service 322 Clinical Microbiology Service 323 Spinal Injuries Service 324 Anticoagulant Service 325 Sport and Exercise Medicine Service 326 Acute Internal Medicine Service 327 Cardiac Rehabilitation Service 328 Stroke Medicine Service 329 Transient Ischaemic Attack Service 330 Dermatology Service 331 Congenital Heart Disease Service 333 Rare Disease Service 335 Inherited Metabolic Medicine Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	317	Allergy Service
320 Cardiology Service 322 Clinical Microbiology Service 323 Spinal Injuries Service 324 Anticoagulant Service 325 Sport and Exercise Medicine Service 326 Acute Internal Medicine Service 327 Cardiac Rehabilitation Service 328 Stroke Medicine Service 329 Transient Ischaemic Attack Service 330 Dermatology Service 331 Congenital Heart Disease Service 333 Rare Disease Service 335 Inherited Metabolic Medicine Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	318	Intermediate Care Service
322 Clinical Microbiology Service 323 Spinal Injuries Service 324 Anticoagulant Service 325 Sport and Exercise Medicine Service 326 Acute Internal Medicine Service 327 Cardiac Rehabilitation Service 328 Stroke Medicine Service 329 Transient Ischaemic Attack Service 330 Dermatology Service 331 Congenital Heart Disease Service 333 Rare Disease Service 335 Inherited Metabolic Medicine Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	319	Respite Care Service
323 Spinal Injuries Service 324 Anticoagulant Service 325 Sport and Exercise Medicine Service 326 Acute Internal Medicine Service 327 Cardiac Rehabilitation Service 328 Stroke Medicine Service 329 Transient Ischaemic Attack Service 330 Dermatology Service 331 Congenital Heart Disease Service 333 Rare Disease Service 335 Inherited Metabolic Medicine Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	320	Cardiology Service
324 Anticoagulant Service 325 Sport and Exercise Medicine Service 326 Acute Internal Medicine Service 327 Cardiac Rehabilitation Service 328 Stroke Medicine Service 329 Transient Ischaemic Attack Service 330 Dermatology Service 331 Congenital Heart Disease Service 333 Rare Disease Service 335 Inherited Metabolic Medicine Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	322	Clinical Microbiology Service
325 Sport and Exercise Medicine Service 326 Acute Internal Medicine Service 327 Cardiac Rehabilitation Service 328 Stroke Medicine Service 329 Transient Ischaemic Attack Service 330 Dermatology Service 331 Congenital Heart Disease Service 333 Rare Disease Service 335 Inherited Metabolic Medicine Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	323	Spinal Injuries Service
326 Acute Internal Medicine Service 327 Cardiac Rehabilitation Service 328 Stroke Medicine Service 329 Transient Ischaemic Attack Service 330 Dermatology Service 331 Congenital Heart Disease Service 332 Rare Disease Service 333 Rare Disease Service 334 Respiratory Medicine Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	324	Anticoagulant Service
327 Cardiac Rehabilitation Service 328 Stroke Medicine Service 329 Transient Ischaemic Attack Service 330 Dermatology Service 331 Congenital Heart Disease Service 333 Rare Disease Service 335 Inherited Metabolic Medicine Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	325	Sport and Exercise Medicine Service
328 Stroke Medicine Service 329 Transient Ischaemic Attack Service 330 Dermatology Service 331 Congenital Heart Disease Service 333 Rare Disease Service 335 Inherited Metabolic Medicine Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	326	Acute Internal Medicine Service
329 Transient Ischaemic Attack Service 330 Dermatology Service 331 Congenital Heart Disease Service 333 Rare Disease Service 335 Inherited Metabolic Medicine Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	327	Cardiac Rehabilitation Service
330 Dermatology Service 331 Congenital Heart Disease Service 333 Rare Disease Service 335 Inherited Metabolic Medicine Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	328	Stroke Medicine Service
331 Congenital Heart Disease Service 333 Rare Disease Service 335 Inherited Metabolic Medicine Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	329	Transient Ischaemic Attack Service
333 Rare Disease Service 335 Inherited Metabolic Medicine Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	330	Dermatology Service
335 Inherited Metabolic Medicine Service 340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	331	Congenital Heart Disease Service
340 Respiratory Medicine Service 341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	333	Rare Disease Service
341 Respiratory Physiology Service 342 Pulmonary Rehabilitation Service 343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	335	Inherited Metabolic Medicine Service
<ul> <li>342 Pulmonary Rehabilitation Service</li> <li>343 Adult Cystic Fibrosis Service</li> <li>344 Complex Specialised Rehabilitation Service</li> </ul>	340	Respiratory Medicine Service
343 Adult Cystic Fibrosis Service 344 Complex Specialised Rehabilitation Service	341	Respiratory Physiology Service
344 Complex Specialised Rehabilitation Service	342	Pulmonary Rehabilitation Service
	343	Adult Cystic Fibrosis Service
345 Specialist Rehabilitation Service	344	Complex Specialised Rehabilitation Service
	345	Specialist Rehabilitation Service



Code	Name
346	Local Specialist Rehabilitation Service
347	Sleep Medicine Service
350	Infectious Diseases Service
352	Tropical Medicine Service
360	Genitourinary Medicine Service
361	Renal Medicine Service
370	Medical Oncology Service
371	Nuclear Medicine Service
400	Neurology Service
401	Clinical Neurophysiology Service
410	Rheumatology Service
420	Paediatric Service
422	Neonatal Critical Care Service
424	Well Baby Service
430	Elderly Medicine Service
431	Orthogeriatric Medicine Service
450	Dental Medicine Service
451	Special Care Dentistry Service
460	Medical Ophthalmology Service
461	Ophthalmic and Vision Science Service
501	Obstetrics Service
502	Gynaecology Service
503	Gynaecological Oncology Service
504	Community Sexual and Reproductive Health Service
505	Fetal Medicine Service
560	Midwifery Service



Code	Name
Therapies:	
650	Physiotherapy Service
651	Occupational Therapy Service
652	Speech and Language Therapy Service
653	Podiatry Service
654	Dietetics Service
655	Orthoptics Service
656	Clinical Psychology Service
657	Prosthetics Service
658	Orthotics Service
659	Dramatherapy Service
660	Art Therapy Service
661	Music Therapy Service
662	Optometry Service
663	Podiatric Surgery Service
670	Urological Physiology Service
673	Vascular Physiology Service
675	Cardiac Physiology Service
677	Gastrointestinal Physiology Service
Psychiatry:	
700	Intellectual Disability Service
710	Adult Mental Health Service
711	Child and Adolescent Psychiatry Service
712	Forensic Psychiatry Service
713	Medical Psychotherapy Service
715	Old Age Psychiatry Service

# Service specifications numbering format

Code	Name
720	Eating Disorders Service
721	Addiction Service
722	Liaison Psychiatry Service
723	Psychiatric Intensive Care Service
724	Perinatal Mental Health Service
725	Mental Health Recovery and Rehabilitation Service
726	Mental Health Dual Diagnosis Service
727	Dementia Assessment Service
730	Neuropsychiatry Service
Radiology:	
800	Clinical Oncology Service
811	Interventional Radiology Service
812	Diagnostic Imaging Service
Pathology:	
822	Chemical Pathology Service
834	Medical Virology Service
Other:	
840	Audiology Service
920	Diabetic Education Service

### Source:

https://www.datadictionary.nhs.uk/data\_dictionary/attributes/t/tran/treatment\_function\_code\_de.asp

Indicator number	Indicator	Data source	Frequency of publication
Domain 1:	Preventing people from dying prematurely		
Overarching	g Indicators:		
1a.i	Potential years of life lost (PYLL) from causes considered amenable to healthcare - Adults	ONS avoidable mortality / ONS populations / ONS period and cohort life expectancy	Annual
1a.ii	Potential years of life lost (PYLL) from causes considered amenable to healthcare - Children and young people	ONS avoidable mortality / ONS populations / ONS period and cohort life expectancy	Annual
1b	Life expectancy at 75 - i. Male ii. Female	ONS period and cohort life expectancy	Annual
1c	Neonatal mortality and stillbirths	ONS Child Mortality in England and Wales	Annual
Outcome:	Reducing premature mortality from the major causes of death		
1.1	Under 75 mortality rate from cardiovascular disease	ONS Mortality / ONS populations	Annual
1.2	Under 75 mortality rate from respiratory disease	ONS Mortality / ONS populations	Annual
1.3	Under 75 mortality rate from liver disease	ONS Mortality / ONS populations	Annual
1.4	Under 75 mortality rate from cancer	ONS Mortality / ONS populations	Annual
1.4.i	One-year survival from all cancers	ONS Cancer Survival for Clinical Commissioning Groups in England	Annual
1.4.ii	Five-year survival from all cancers	ONS Cancer Survival for Clinical Commissioning Groups in England	Annual
1.4.iii	One-year survival from breast, lung and colorectal cancer	ONS Cancer Survival for Clinical Commissioning Groups in England	Annual
1.4.iv	Five-year survival from breast, lung and colorectal cancer	ONS Cancer Survival for Clinical Commissioning Groups in England	Annual
1.4.v	One-year survival from cancers diagnosed at stage 1&2	To be confirmed	Annual
1.4.vi	Five-year survival from cancers diagnosed at stage 1&2	To be confirmed	Annual
Outcome:	Reducing premature death in people with mental illness		
1.5.i	Excess under 75 mortality rate in adults with serious mental illness	Linked PCMD-MHMDS data / ONS Mortality / ONS populations	Annual
1.5.ii	Excess under 75 mortality rate in adults with common mental illness	To be confirmed	To be confirmed

1.5.iii	Suicide and mortality from injury of undetermined intent among people with recent contact from NHS services	To be confirmed	To be confirmed		
Indicator	Indicator	Data source	Frequency of		
number		Duta source	publication		
<b>Outcome: R</b>	Outcome: Reducing mortality in children				
1.6.i	Infant mortality	ONS Child Mortality in England and Wales	Annual		
1.6.ii	Five-year survival from all cancers in children	ONS Childhood Cancer Survival in England	Annual		
Outcome: Reducing premature death in people with a learning disability					
1.7	Excess under 60 mortality rate in adults with a learning disability	To be confirmed	To be		
1./			confirmed		

Indicator number	Indicator	Data source	Frequency of publication
Domain 2	: Enhancing quality of life for people with long-term conditions		
Overarchir	ng Indicator:		
2	Health-related quality of life for people with long-term conditions	GPPS	Annual
Outcome:	Ensuring people feel supported to manage their condition		
2.1	Proportion of people feeling supported to manage their condition	GPPS	Annual
Outcome:	Improving functional ability in people with long-term conditions		
2.2	Employment of people with long-term conditions	LFS	Quarterly
Outcome:	Reducing time spent in hospital by people with long-term conditions		
2.3. i	Unplanned hospitalisation for chronic ambulatory care sensitive conditions	HES / ONS populations	Annual
2.3.ii	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	HES / ONS populations	Annual
Outcome:	Enhancing quality of life for carers		
2.4	Health-related quality of life for carers	GPPS	Annual
Outcome:	Enhancing quality of life for people with mental illness		
2.5.i	Employment of people with mental illness	LFS	Quarterly
2.5.ii	Health-related quality of life for people with mental illness	To be confirmed	Annual
Outcome:	Enhancing quality of life for people with dementia		
2.6.i	Estimated diagnosis rate for people with dementia	QOF / Dementia UK report (2007) / ONS populations (including very elderly)	Annual
2.6.ii	A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of	To be confirmed	To be
	life		confirmed

Outcome: Enhancing quality of life for people with multiple long-term conditions				
2.7	Health-related quality of life for people with three or more long-term conditions	GPPS	Annual	

Indicator number	Indicator	Data source	Frequency of publication
Domain 3	: Helping people to recover from episodes of ill health or following injury		
Overarchi	ng Indicators:		
3a	Emergency admissions for acute conditions that should not usually require hospital admission	HES / ONS populations	Annual
3b	Emergency re-admissions within 30 days of discharge from hospital	HES / ONS populations	Annual
Outcome:	Improving outcomes from planned treatments		
3.1.i	Total health gain as assessed by patients for elective procedures - Physical health-related procedures	PROMs	Annual
3.1.ii	Total health gain as assessed by patients for elective procedures - Psychological therapies	IAPT	Annual
3.1.iii	Recovery in quality of life for patients with mental illness	To be confirmed	To be confirmed
Outcome:	Preventing lower respiratory tract infections (LRTIs) in children from becoming serious		
3.2	Emergency admissions for children with lower respiratory tract infections	HES / ONS populations	Annual
Outcome:	Improving recovery from injuries and trauma		
3.3	Survival from major trauma	TARN	Annual
Outcome:	Improving recovery from stroke		
3.4	Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin scale at 6 months	SSNAP	Annual
Outcome:	Improving recovery from fragility fractures		
3.5.i	Hip fracture: Proportion of patients recovering to their previous levels of mobility at 30 days	NHFD	Annual
3.5.ii	Hip fracture: Proportion of patients recovering to their previous levels of mobility at 120 days	NHFD	Annual
Outcome:	Helping older people to recover their independence after illness or injury		
3.6.i	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	ASCOF	Annual
3.6.ii	Proportion offered rehabilitation following discharge from acute or community hospital	ASCOF / HES	Annual
Outcome:	Improving dental health		
3.7.i	Decaying teeth	To be confirmed	To be confirmed
3.7.ii	Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under	HES	Annual

Indicator number	Indicator	Data source	Frequency of publication			
Domain 4: Ensuring that people have a positive experience of care						
Overarchir	Overarching Indicators:					
4a.i	Patient experience of primary care - GP services	GPPS	Annual			
4a.ii	Patient experience of primary care - GP out-of-hours services	GPPS	Annual			
4a.iii	Patient experience of primary care - NHS dental services	GPPS	Annual			
4b	Patient experience of hospital care	Inpatient survey (CQC)	Annual			
4c	Friends and Family Test	F&F survey	To be confirmed			
4d.i	Patient experience characterised as poor or worse - primary care	GPPS	Annual			
4d.ii	Patient experience characterised as poor or worse - hospital care	Inpatient survey (CQC)	Annual			
Outcome:	Improving people's experience of outpatient care					
4.1	Patient experience of outpatient services	Outpatient survey (CQC)	Irregular			
Outcome:	Improving hospitals' responsiveness to personal needs					
4.2	Responsiveness to inpatients' personal needs	Inpatient survey (CQC)	Annual			
Outcome:	Improving people's experience of accident and emergency services					
4.3	Patient experience of A&E services	A&E survey (CQC)	Irregular			
Outcome:	Improving access to primary care services					
4.4.i	Access to GP services	GPPS	Annual			
4.4.ii	Access to NHS dental services	GPPS	Annual			
Outcome:	Improving women and their families' experience of maternity services					
4.5	Women's experience of maternity services	Maternity survey (CQC)	Irregular			
Outcome:	Improving the experience of care for people at the end of their lives					
4.6	Bereaved carers' views on the quality of care in the last 3 months of life	VOICES survey	Annual			
Outcome:	Improving the experience of healthcare for people with mental illness					
4.7	Patient experience of community mental health services	Community Mental Health survey (CQC)	Annual			
Outcome:	Improving children and young people's experience of healthcare					
4.8	Improving children and young people's experience of inpatient services	To be confirmed	To be confirmed			
Outcome:	Improving people's experience of integrated care					
4.9	Improving people's experience of integrated care	To be confirmed	To be confirmed			

Indicator number	Indicator	Data source	Frequency of publication		
Domain 5	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm				
Overarchir	ng Indicators:				
5a	Deaths attributable to problems in healthcare	To be confirmed	To be confirmed		
5b	Severe harm attributable to problems in healthcare	To be confirmed	To be confirmed		
Outcome:	Reducing the incidence of avoidable harm				
5.1	Deaths from venous thromboembolism (VTE) related events within 90 days post discharge from hospital	HES-ONS / HES	Annual		
5.2.i	Incidents of healthcare associated infection (HCAI) - MRSA	PHE	Annual		
5.2.ii	Incidents of healthcare associated infection (HCAI) - C. difficile	PHE	Annual		
5.3	Proportion of patients with category 2, 3 and 4 pressure ulcers	To be confirmed	To be confirmed		
5.4	Hip fractures from falls during hospital care	NHFD	Annual		
Outcome:	Outcome: Improving the safety of maternity services				
5.5	Admission of full-term babies to neonatal care	NNRD / ONS populations	Annual		
Outcome:	Outcome: Improving the culture of safety reporting				
5.6	Patient safety incidents reported	NRLS / ONS populations	Biannual		

### Source:

 $\underline{https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework/current}$