Service Specification

South Warwickshire NHS Foundation Trust

Community Dietetics Service

From 1st April 2017 to 31st March 2018:

CMS 4304

CMIS No. 4304

SWFT

To provide a high quality, evidence based dietetic service in North Warwickshire, Nuneaton & Bedworth, Rugby and South Warwickshire for adults and children identified as requiring dietetic input, supporting public health initiatives and providing advice, support and training for other healthcare professionals on nutrition and dietetic issues. Community Dieticians are all regulated by the Health Professionals Council.

Contract Value: £700,000

For the Council:

Address: Public Health
Warwickshire County Council
PO Box 43 - Shire Hall
Public Health Department
Barrack Street
Warwick
CV34 4SX

For the attention of: Fran Poole

(ii) For the Provider:

Address: South Warwickshire Foundation Trust
SWIFT Park,
Old Leicester Road,
Rugby CV21 1DZ

For the attention of: Claire Hinds

The parties have entered into this Agreement (CMS 4302) on the date above.

Authorised signatures on behalf of the **PROVIDER**	
(1) Signature:	
Signed by: (PLEASE PRINT NAME)	
Position	

(2) Signature:	
Signed by: (PLEASE PRINT NAME)	
Position	

Authorised signatures on behalf of the **COUNCIL**	
(1) Signature:	
Signed by: (PLEASE PRINT NAME)	
Position	

(2) Signature:	
Signed by: (PLEASE PRINT NAME)	
Position	

Services	Community Dietetics – North Warwickshire, Nuneaton and Bedworth, Rugby and South Warwickshire
Commissioner Lead	**Warwickshire County Council**
Contract Ref No.	4302

1. Purpose

1.1 Aims of the WCH Dietetic Service are to:

- To provide a high quality, evidence based dietetic service in North Warwickshire, Nuneaton & Bedworth, Rugby and South Warwickshire for adults and children identified as requiring dietetic input, supporting public health initiatives and providing advice, support and training for other healthcare professionals on nutrition and dietetic issues

1.2 Evidence Base

- NICE Clinical Guideline 2006: nutrition support in adults - oral nutritional support, enteral tube feeding and parenteral nutrition
- NICE Clinical Guideline 2007: myocardial Infarction – secondary prevention
- NICE Clinical Guideline 2008: diagnosis and initial management of acute stroke and TIA
- NICE Clinical Guideline Obesity 2006: the prevention, identification, assessment and management of overweight and obesity in adults and children
- NICE Clinical Guideline 2008:the management of type 2 diabetes
- NICE Clinical Guidelines 2004: type1 diabetes: diagnosis and management of type 1 diabetes in children and young people.
- NICE Clinical Guidelines 2006: dementia - supporting people with dementia and their carers in health and social care
- NICE Clinical Guideline 2009: coeliac disease
- NICE Clinical Guideline 2008: irritable bowel syndrome in adults
- NICE Clinical Guideline 2008: maternal and child nutrition
- NICE Technology Appraisal Guidance 2008: continuous subcutaneous insulin infusion for the treatment of diabetes
- NICE Clinical Guideline 2007: atopic eczema in children – management of atopic eczema in children
- Department of Health National Service Framework for Long Term Conditions 2005
- Department of Health National Service Framework for Diabetes 2001
- Department of Health National Service framework for older people 2001
- Department of Health National Service Framework for CHD
- Department of Health National Service Framework for Children, Young People and Maternity Services
- Foresight. Tackling Obesities: Future Choice, 2007
- Healthy Weight, Healthy Lives: A Cross-Government Strategy for England. Cross Government Obesity Unit, Department of Health and Department of Children, Schools and Family 2008
- DOH Making Every Young Person with Diabetes Matter 2007
- DOH Every Child Matters: Change for Children. 2003 Government Green Paper.
- Department of Health (2007) Improving Nutritional Care: A joint action plan from the Department of Health and Nutrition Summit stakeholders.
- The Value of Nutrition and Dietetics for Stroke Survivors (Dec 2007) British Dietetic Association
- National stroke strategy (Dec 2007)
- JBS 2 – Joint British Societies' Guidelines on Prevention of Cardiovascular Disease in Clinical Practice
- BDA Consensus Statement on Dietary assessment and Monitoring of children with Special needs and Faltering Growth. (June 2006)
- British Dietetic Consensus Statement on Dietary Management and Assessment of Autism

Spectrum Disorder Jan 2008
- British Dietetic Association Professional Consensus Statement on the Enteral Tube Feeding in the Community for Adults with a Learning Disability 2008
- The Nutritional Care of Adults with a Learning Disability in Care Settings – Professional consensus statement of the British Dietetic Association. 2008

1.3 General Overview

The Dietetic service for North Warwickshire, Nuneaton & Bedworth, Rugby and South Warwickshire is based at the George Eliot Hospital, Nuneaton and Warwick Hospital, Warwick. Community Dieticians (Bands 7, 6, 5) and Dietetic Assistants (Band 3) work within multidisciplinary teams across different agencies and act as a source of specialist advice on dietetic issues. This involves provision of dietetic advice to patients, carers and families, developing and implementing nutrition guidelines, developing educational resources and providing nutrition education for patients, carers, healthcare professionals, catering staff and to the general public.

Community Dietetic Service for adults

Community Dieticians work in GP surgeries, health centres, residential and care homes, day centres and patients own homes advising patients and carers on dietetic issues including for example nutritional support, gastro conditions, cancer, diabetes, weight management. Structured group education using the DESMOND methodology is provided for people newly diagnosed with type II diabetes. Support for public health initiatives is also provided.

Community Dietetic Service for Children

Community Paediatric Dieticians work in out-patient clinics (GEH & St Cross), patients own homes and special schools including Rushton Hall residential school (RNIB). Advice and treatment is provided for example for faltering growth, weaning and feeding difficulties, food allergies & tolerance, weight management

Specialist Home Enteral Feeding Service

A specialist home enteral feeding service is provided through the West Midlands Alliance Enteral Feeding contract working in Partnership with Nutricia Advanced Medical Nutrition and Homeward support to patients on enteral feeding in the community. This service is not directly provided by local dieticians.

Specialist Learning Disabilities Dietetic Service

Through an SLA with the CWPT a specialist community dietetic service is provided for service users with learning disabilities in agreed locations. This agreement will need to be reviewed and agreed by the commissioners with immediate effect for 2013/14.

1.4 Objectives

- Provide specialist dietetic advice and support for those people whose medical condition requires dietary modification to be made.
- Promote healthy lifestyles and plan, develop, implement and evaluate health promotion and projects, with a diverse range of people about health and wellbeing, in order to prevent disease and manage long term or chronic diseases
- Interpret local and national guidelines, standards, policies that impact on the nutritional intakes and assist in implementing appropriate better practice changes
- Interpret scientific research and information regarding nutrition in the media and translate this into practical dietary advice
- Act as a source of specialist nutritional advice and provide training and professional advice for carers and community based health care staff,

1.5 Expected Outcomes

- Service users will be able to make informed choices regarding their nutritional care to optimise their nutritional status and / or medical condition.
- Service users are equipped with the necessary skills and support to allow them self manage their dietary needs in the community
- Service users are provided with up to date (evidence based / best practice) information to enable them to make dietary modifications to prevent and or manage long term conditions

2. Scope

2.1 Service Description
The WCH dietetic service provides a community dietetic service for North Warwickshire, Nuneaton & Bedworth, Rugby and South Warwickshire.

Through the West Midlands Alliance Enteral Feeding Contract the dietetic service works in Partnership with Nutricia Advanced Medical Nutrition and Homeward to support patients on enteral feeding in the community.

2.2 Accessibility/acceptability
Referrals from healthcare professionals are screened by registered dieticians in accordance with departmental referral management procedures

Routine out-patient referrals are given the option to opt in or out. A choice of out-patient clinics across North Warwickshire, Nuneaton & Bedworth, Rugby and South Warwickshire are available for patients who opt in. Patients screened as urgent are given appointments in the nearest location with the shortest waiting list or may be seen within the domiciliary service if they meet the criteria for the service.

2.3 Whole System Relationships

2.4 Interdependencies

Through the West Midlands Alliance Enteral Feeding Contract the dietetic service works in Partnership with Nutricia Advanced Medical Nutrition and Homeward support patients on enteral feeding in the community This agreement will need to be reviewed and agreed by the commissioners with immediate effect for 2013/14.

2.5 Relevant Clinical Networks and Screening Programmes

2.6 Sub-contractors
N/A

3. Service Delivery

3.1 Service Model
The dietetic service provides the following:

- General adult and paediatric dietetic out-patient clinics
- Domiciliary service for children and adults in line with department home visits policy who are unable to attend out-patient clinics
- Oversee and assure the adult and paediatric home enteral feeding service provided by West Midlands Alliance Enteral Feeding Contract in Partnership with Nutricia Advanced Medical Nutrition and Homeward support, liaise with the home delivery company and monitor the service and undertaking home visits for patients on home enteral feeding and provide reports to the commissioner on performance and delivery issues.
- Visit special schools to see referred children and advise on dietician input.
- Provide group education sessions for patients newly diagnosed with type II diabetes (Desmond)
- Input to health promotion programmes in line with national and local priorities
- Provide input to the Warwickshire Food for Health Group and support local services e.g. Healthy Living Network, Leisure Trust and Nuneaton and Bedworth Borough Council
- Produce up to date evidence based information leaflets and resources for patients and health care staff in conjunction with Public Health.
- Deliver study days on nutritional support and management of long-term conditions and training on agreed topics

- Interpret local and national guidelines, standards, policies and assist in implementing appropriate changes
- Provide clinical supervision for dietetic students on clinical placement from Coventry University (6 students / year jointly between WCH and GEH)
- Undertake clinical and professional audits in relation to nutrition and dietetic related services
- Provide evidence relating to the above as evidence for Care Quality Commission Outcomes
- Act as a resource for nutrition expertise, information and education materials for other professionals

3.2 Pathways

- Departmental guidelines on frequency of review as per the departments referral management procedures

4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/boundaries

- North Warwickshire
- Nuneaton & Bedworth
- Rugby
- South Warwickshire

4.2 Location(s) of Service Delivery

- George Eliot Hospital Out-Patient department 3.5 adults clinics per week
- George Eliot Hospital Out-Patient department 1 paediatric clinic per fortnight
- George Eliot Hospital Out-Patient department 1 food allergy / intolerance clinic per week
- George Eliot Hospital Out-Patient department 2 learning disabilities clinics per month
- St Cross Hospital Out-Patient department 1 adult clinics per week
- St Cross Hospital Out-Patient department 1 paediatric clinic every second week
- Polesworth Health Centre 1 clinic per month
- Coleshill Health Centre 1 clinic per month
- Springhill Medical Surgery 1 clinic per month
- Camphill Health Centre 1 clinic per month
- Atherstone 2-3 clinics per month
- Kingsbury Health Centre 1 clinic per month
- Bedworth Health Centre 3 clinics per month
- South Warwickshire locations to meet service user demand
- Patients own homes including nursing and residential homes
- Special schools – Exhall Grange, Brooke School, Rushton Hall
- Health promotion activities in various locations e.g. Schools, Childrens Centre's, Leisure Centres, Day Centres, Well-being Centre

4.3 Days/Hours of operation

Monday – Friday
9am – 5pm

4.4 Referral criteria & sources

All referrals are managed in accordance with the department's referral management procedures.

4.5 Referral route

- Referrals are accepted from healthcare professionals as per the departments referral management procedures

  Home visits are undertaken in line with department home visits policy

4.6 Exclusion Criteria

- Adults and children with mental health problems
- Adults and children with eating disorders

4.7 Response time and prioritisation
As per the departments referral management procedures

5. Discharge Criteria & Planning

- Departmental guidelines on frequency of review as per the departments referral management procedures
- Letters are sent to referring agents after the first appointment, if any changes or recommendations are made and on discharge
- For patients who DNA, the referring agent receives a standard letter informing them of their patients failure to attend and that they have been discharged
- Dietetic intervention will continue until treatment has been completed or no further benefit can be obtained by further dietetic intervention

- Self-Care and Patient and Carer Information

- Homeward patient information booklets
- First line dietary information available for all HCP's to issue to patients is available on the WCH intranet
- Dietetic dietary information issued by RD's only

6. Key Performance Indicators

Key Performance Indicators for SWFT Community Dietetics Service 01 July 2016 to March 2017			
Ref. Number	Quality Requirement	Threshold	Method of Measurement
CD1	Service demand including new referrals, follow ups, domiciliary and outpatients	100%	Recorded
CD2	Patient profile including reason for referral/diagnosis, referral source, routine/priority, age, gender, demographic	100%	Recorded
CD3	Record Keeping Audit	100%	Recorded
CD4	% of patients attending/do not opt in/DNA structured group education (this is 1 session) for newly diagnosed Type 2 diabetes	75%	Recorded
CD5	Waiting times, up to maximum of 12 week wait, for structured group education session for newly diagnosed Type 2 diabetes	100%	Recorded
CD6	Patient baseline knowledge using DESMOND evaluation tool pre structured group education session for newly diagnosed Type 2 diabetes	100%	Recorded

CD7	Patient outcome knowledge using DESMOND evaluation tool post structured group education session for newly diagnosed Type 2 diabetes	100%	Recorded
CD8	% patients reporting satisfied or very satisfied using the DESMOND evaluation tool once completed the group education programme for newly diagnosed Type 2 diabetes	95%	Recorded
CD9	Patient referrals recorded as BMI >30 or 28 with co-morbidities/complex needs referred to Fitter Futures services, the Health and Well Being Service (Nuneaton and Bedworth Only)	80%	Recorded
CD10	% of patients achieving their goals upon discharge	95%	Recorded
CD11	% of patients discharged from the service with a self management plan that promotes health/prevention of ill health	95%	Recorded
CD12	All new out-patients referred will receive and appointment within 18 weeks	95%	Recorded
CD13	Number of patients on the team's caseload.	100%	Recorded
CD14	Pilot BDA clinical outcomes for all Out Patients' referred during an agreed month and to follow up for 3-6 months. Then agree the strategy for e-outcome forms on Lorenzo	80% of patients have met their agreed goals.	Recorded
CD15	Number of patients with personalised care plans (treatment plans)	95%	Recorded
CD16	To develop action plan/s in collaboration with school health team to include working towards: Healthy lunch box policy & policy audit in all schools and children's centres	100%	Recorded
CD17	Healthy Food policy audit – schools and children's centres	100%	Recorded
CD18	Healthy lunch box policy in minimum 20 highest obesity prevalence schools	100%	Recorded
CD19	Healthy Food policy in minimum 20 highest obesity prevalence schools	100%	Recorded

CD20	Minimum of 10 Training sessions offered per annum (minimum 10 delegates per session or a total of 100 per annum) on obesity to Health Visitors, Midwifery, School Health Team	100%	Recorded
CD21	Obesity training - Pre-training Baseline measures	100%	Recorded
CD22	Training completion – knowledge outcomes achieved measured	100%	Recorded
CD23	All staff achieve minimum of Level 1 MECC training at induction	100%	Recorded
CD24	All staff promote flu vaccination to inpatient/outpatient/community patients	100%	Recorded
CD25	All staff promote 5 Ways to Well being to inpatient/outpatient/community patients	100%	Recorded
CD26	All staff refer inpatient/outpatient/in community (inc. telephone calls) mothers to breastfeeding support	100%	Recorded
CD27	All staff refer inpatient/outpatient/in community (inc. telephone calls) mothers to stop smoking in pregnancy service	100%	Recorded
CD28	To develop, review and monitor partnership implementation plan through the Warwickshire Food Strategy Group - health outcomes required against all actions	100%	Recorded
CD29	To co-ordinate and administrate Warwickshire Food Strategy Group meetings	100%	Recorded
CD30	8 Training sessions delivered (minimum 10 delegates per session) on malnutrition and screening to community teams	100%	Recorded
CD31	Number and % patients referred for malnutrition	100%	Recorded
CD32	% patients given dietary advice to improve their nutritional status	100%	Recorded
CD33	% patients recommended ONS to improve their nutritional status	100%	Recorded

CD34	% Clinical guidelines relevant to dietetics that are reviewed and updated as necessary (min 3 yearly)	100%	Recorded
CD35	% Patient literature / resources that are reviewed and updated as necessary (min 3 yearly)	100%	Recorded
CD36	Carry out patient satisfaction survey using "I Want Better Care" one week per month	100%	Recorded
CD37	Annual patient satisfaction survey on specific clinical area to include 1 case study per locality (i.e. all allergy referrals) per annum	100%	Recorded
CD38	Implement online booking system to promote accessibility and appointment choice	100%	Recorded
CD39	Develop, deliver and evaluate two pilot cascade training programmes on hydration in collaboration with the commissioner and falls lead by 31st May 2017. Training to be delivered for Park View Care Home frontline workers and the South Warwickshire Social Prescribing Community Navigator service	100%	Recorded

7. Prices & Costs

7.1 Price

Basis of Contract	Unit of Measurement	Price	Thresholds	Annual Contract Value
Block				
Total		**For period 01 April 17 to 31st March 18 £700,000**		**£700,000**

Appendix 1
Variation 04 to Contract from 1st April 2017 to 31st March 2018

Each provision in the section "Old provision" below shall be deemed to be deleted and replaced with the provision in the corresponding section "Provision as amended"

Old provision			**Provision as amended**		
Section of Contract	**Clause /paragraph**	**Current Wording**	**Section of Contract**	**Clause /paragraph**	**New Wording**
Service Specification	6. Key performance Indicators	N/A	6.	Key Performance Indicators	Add table 6 below
Service Specification	7. Prices and Costs	Delete table	7.1	Prices	Add table 7 below

6. Key Performance Indicators

CD39	Develop, deliver and evaluate two pilot cascade training programmes in collaboration with the commissioner and falls lead by 31st May 2017. Training to be delivered for Park View Care Home frontline workers and the South Warwickshire Social Prescribing Community Navigator service	100%	Recorded

7.1 Price

Basis of Contract	Unit of Measurement	Price	Thresholds	Annual Contract Value
Block				
Total		**For period 01 April 17 to 31st March 18**		**TB £700,000**