Reference: FOI.ICB-2526/430

Subject: Adult Gastroenterology Services

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
1. Please provide a list of all providers the ICB holds contracts with for gastroenterology services (covering any form of gastroenterology services) • Please include both statutory NHS and Independent Sector providers • Please include any broader services that include a gastroenterology element	NHS: North Bristol NHS Trust (NBT), and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) Independent Sector (IS): Practice Plus Group Emersons Green (PPG) Other: InHealth (GP led clinic)
2. For each contracted provider listed in the answer to #1, please provide the following schedules as included in the contract the ICB holds: i. Schedule 2A or equivalent: Service Specification that describes the service (whether standalone or integrated in a broader Service Specification) ii. Schedule 3A, 3B or 3C or equivalents: Describing national currencies and any local prices that apply to the services	i. Schedule 2A or equivalent NHS: NBT and UHBW - this information is published at the following website; these specifications are no longer routinely inserted in 2A: https://remedy.bnssg.icb.nhs.uk/ IS: PPG - 2A 2025-26 is enclosed

	Other: InHealth - 2A 2025-26 is enclosed ii. Schedule 3A, 3B or 3C The ICB has applied Section 43(2) to these contract schedules as the local pricing information is considered commercially sensitive to the ICB. Section 43(2) exempts from disclosure information which would, or would be likely to, prejudice the commercial interests of an organisation. The ICB believes that the disclosure of this information would prejudice the commercial interests of the ICB. Section 43(2) is a qualified exemption and the public interest test has been set out below. The public interest arguments in favour of disclosing the information include the ICB's responsibility to be transparent and accountable in its decision making, promote public understanding of processes and provide value for money. The ICB has considered that the local adult gastroenterology services are funded through public funding and therefore there is a public interest in how this money is pent and whether it constitutes value for money. The ICB discharges its duty by monthly publishing of all spend over £25,000 and this is available on the ICB website: ICB spend over £25,000 February 2026 - BNSSG Healthier Together The public interest argument in favour of maintaining the exemption include direction from the appropriate teams that the information is commercially sensitive to the ICB. Disclosure of these schedules

	would disadvantage the ICB when commissioning future contracts. Pricing is often a critical factor in decision making for services, particular across those specialities where there are both acute and independent sector options. The ICB has a responsibility to secure the best use of public resources and provide value for money and to achieve this the ICB needs to ensure that some commercial information is not disclosed to organisations which may bid for services in the future. The ICB has also considered whether the information would be considered commercially sensitive for providers. A previous request for information was tested with providers who all confirmed that the information regarding pricing was considered commercially sensitive and disclosure would prejudice their commercial interests. The ICB has considered the previous response from providers and agrees that disclosure of pricing information would out them at a competitive disadvantage, particularly for those providers able to bid for contracts nationally. The ICB has considered that disclosure of commercial information considered sensitive may have an impact on the bidding decisions for current providers and potential future providers who may consider it a risk to provide services for an organisation which disclosed information considered commercially sensitive. The ICB has a responsibility to commission a wide range of services to support the local populations and therefore needs a broad range of organisations willing to bid for contracts or offer services under contract.

	It is in the public's best interest for the ICB to be able to commission a wide range of services for the best value for money and therefore the public interest test lies with exempting the schedules containing the local pricing information.

The information provided in this response is accurate as of 1 April 2026 and has been approved for release by Helena Fuller, Deputy Director of Business, Strategy and Planning for NHS Bristol, North Somerset and South Gloucestershire ICB.

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	2A1
Service	Any Qualified Provider
Commissioner Lead	Bristol, North Somerset and South Gloucestershire ICB
Provider Lead	Practice Plus Group Hospitals Limited
Period	1 April 2024 – 31 March 2026
Date Last Reviewed	February 2025
Date of Next Review	February 2026

1. Population Needs

1.1 National/local context and evidence base

The concept of the Any Qualified Provider (AQP) was introduced in the Principles and Rules of Cooperation which were published by the Department of Health on 30 December 2007 (Revised 30 July 2010). Commissioners are able to use AQP to create a market of routine elective services and maximise choice for their health populations.

The aims of the services are to ensure plurality of provision for elective and diagnostic services to enable patients to exercise free choice as to where they receive services that are;

- Innovative in-service design
- Provided in a way that is accessible to patients and responsive to patient needs;
- Have clear and consistent care pathways including the adoption of evidence based best practice guidance; and
- Ensuring that patients are only treated where clinically appropriate and in accordance with the commissioning policies and guidance.

The Commissioner is committed to the provision of high quality acute elective services and to ensuring that patients are offered choice of provider at the point of referral. This will also apply where waiting times and activity data in the local acute trusts show significant pressure. Under such circumstances the patient may be offered the choice of an alternative provider.

The Provider will support this commitment by providing the services to meet the obligations set out in this schedule 2 part A and the rest of the NHS Standard Contract.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	✓
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	
Domain 4	**Ensuring people have a positive experience of care**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

2.2 Local defined outcomes

BNSSG's mission is "Healthier together by working together."

"People enjoying healthy and productive lives, supported by a fully integrated health and care system - providing personalised support close to home for everyone who needs it."

BNSSG ICS aims

BNSSG's Strategy and Joint Forward Plan have been developed to align with, and support, the four aims of integrated care systems:

- Improve outcomes in population health and health care
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

BNSSG Joint Forward Plan https://bnssghealthiertogether.org.uk/library/joint-forward-plan/ (published June 2023) sets out how BNSSG ICB will deliver on the national vision of high-quality healthcare for all, through equitable access, excellent experience, and optimal outcomes over the next five years.

It aims to:

- Improve the health and wellbeing of the population.
- Provide high-quality services that are fair and accessible to everyone.
- Improve the health and wellbeing of the population.
- Provide high-quality services that are fair and accessible to everyone.

The Provider shall follow all local pathways as included in the contract, e.g. in Section 2G.

3. Scope

3.1 Aims and objectives of service

The Any Qualified Provider Service specification promotes patient choice and aims for acute diagnostic and elective surgeries to be delivered from a range of accredited providers. It identifies specialties which are to be delivered as clinically appropriate under sedation, local anaesthetic and general anaesthetic; and it allows for the associated pre and post-operative services necessary for Good Clinical Practice to be delivered as part of a seamless pathway of NHS patient care.

The aim of this service specification is to indicate the requirements for sustainable, evidence based, high quality, value for money provision of elective care to NHS Patients. This will support local waiting time targets and activity plans and provide patient choice and activity.

The service will provide routine elective secondary care services for patients in the following specialties (though these may be amended in line with General Condition 13)

- ENT
- Oral Surgery (Complexity level 2)
- General Surgery
- Gynaecology
- Orthopaedics/Musculoskeletal including joints and pain management (in line with local pathways relating to the management of these conditions)
- Ophthalmology including potential for community Age-related Macular Degeneration/Glaucoma
- Urology
- Gastroenterology including upper and lower GI endoscopy
- Diagnostics procedures forming part of an agreed pathway
- Direct access to the below diagnostics procedures:
    - X-ray
    - MRI
    - Ultrasound
- The services will include, where appropriate;
- Pre-treatment e.g. referral processes; triage/clinical assessment; diagnostics; consultation; pre-treatment assessment and / or work up.
- Treatment e.g. outpatient/ambulatory/inpatient treatment; joint assessments.
- Discharge e.g. expected physical, self-care, psychological capabilities prior to discharge.

This is a service specification for routine elective, multi-disciplinary inpatient, day case, outpatient procedures, outpatient services and diagnostics from independent sector providers.

The providers must be able to offer the full patient pathway at specialty level for acute elective surgery from the first outpatient to completion of treatment with the exception of occupational therapy / physiotherapy, (as contained in 3.5.3 below).

However, providers will also be required to accept referrals where the NHS patient has already undergone an assessment and been diagnosed for treatment.

3.2 Service description/care pathway

In providing services to NHS patients, providers must at all times operate in accordance with Good Clinical Practice and Good Healthcare Practice. Where there agreed care pathways and standards across the region they would be expected to be reflected across all specialties by the independent sector. These pathways will be notified to the providers by the Commissioners.

Providers shall only be accredited via the ICB's accreditation process to provide those services for which they have been qualified. Providers will be required to submit evidence of the clinical pathways used for each specialty that they intend accepting referrals for. Pathways will comply with current National Institute for Health and Care Excellence (NICE), relevant Royal College guidance or pathways and ICB's own policies (e.g. as referenced by ICB exceptional funding request policies). Providers shall be required to deliver such elective

services at NHS Payment Scheme prices, or where no national price NHS PS exists for an agreed procedure, then locally agreed price shall apply.

3.2.1 Clinical Responsibility

For the avoidance of doubt the Patient's GP shall remain the most responsible person within the overall care pathway. Once a referral has been accepted medical responsibility for the patient's care will transfer to medical staff employed by the Provider, whether directly or through sub contractual agreement.

3.2.2 Commissioning Policies

The Provider must follow all published ICB Commissioning Policies (see schedule 2G) when delivering care. Should the Provider not have the facilities or resources to provide these services in line with commissioning policy, the patient referral should be rejected to ensure that they receive care in the most appropriate setting. Specific examples include pain management as this treatment should be provided to the patient through a multidisciplinary team (MDT) approach.

3.2.3 Referrals Process

Patients will be referred to the referral service by their GP practice using the e-referral system. If the patient has been referred for orthopaedic treatment, the referral will be made by the interface services to the Provider. Where pre-agreed referral forms have been agreed as exceptions, only referrals made using these forms will be accepted, as per service condition SC6.3.1.

Providers must only accept referrals for first outpatient consultant led services made by the e-referral system which includes ophthalmology procedures as this will bring these services in line with other services, correctly applies SC6 of the contract and supports the delivery of patient choice. This excludes oral surgery as this is an NHS England commissioned service. For a temporary period it also excludes direct access to diagnostics procedures e.g. Appendix 2G9- latest review date February 2023.

Incomplete referrals and those made to the Provider that have not been made via the appropriate processes will first be discussed with the referrer to gather further information to progress the referrals.

If this is not possible or where the Provider cannot provide appropriate treatment, the referral will be rejected by the Provider and returned to the referrer within 48 hours of receipt.

Where effective triage is not possible from the information contained within a fully complete referral document, further information will be sought and received from the referrer in order to expedite the patient's pathway or the referral will be returned. This may be obtained by telephone.

All referrals will be triaged by appropriate individuals within 48 hours of receipt of referral. The Provider will need to ensure adequate vetting procedure is in place to ensure the suitability of all diagnostic tests the patients have been referred for. This will be used to inform booking and individual patient preparation for procedure.

BNSSG ICB Commissioning Policies should be adhered to regarding expectations and requirements for managing patients referred. This includes the process for patients who Do Not Attend (DNAs), patient and provider cancellations.

3.2.4 Cancer pathway

If a patient of the Provider is discovered to have, or suspected to have, cancer, an onward referral will be made by the Provider's surgeon or healthcare professional to the central cancer team at a provider trust providing a multi-disciplinary team for that particular cancer type (within 24 hours). The method for making such onward referrals shall be via electronic mail

unless other means are agreed by Commissioners. This may be subject to change in line with relevant guidance. The Provider will communicate with the patient's GP on the same day that the discovery or suspicion of cancer is made.

The Provider will inform the patient of such onward referral either whilst they remain as an inpatient at the Provider's facility, or at an urgent outpatient appointment within 24 hours of discovery.

3.2.5 Medicines Management

The Provider shall ensure that any prescribing must follow the current recommendation of BNSSG drug formulary and in accordance with all relevant regulations including sedation. Provider shall ensure the safe and legal storage, dispensing, disposal of medicines and prescriptions.

3.2.6 Pathology

The Provider will have in place a contract with an accredited pathology service and will share details with the Commissioner.

3.2.7 Discharge Summary

Communication with the patient's GP will occur on the day of discharge by sending a discharge summary report to the GP within 24 hours and a copy will also be given to the patient. The aim should be to deliver this information electronically by a secure network.

The report must be documented in the patients records, communicated to the patient, the GP and to relatives/carers as appropriate, and should form part of any onward referral to Secondary Care if required.

3.2.8 Transfer of Care Protocols

The Provider must ensure robust processes are in place for the rapid transfer to specialties within secondary care where the patient's condition warrants this transfer. These protocols must be agreed with the secondary care provider and attached to the contract in section 2J.

3.3 Population covered

The ICB is commissioning these services on behalf of patients registered with a GP for which BNSSG ICB is responsible commissioner. The Provider premises will be located within BNSSG only. Under Patient Choice rules, patients from outside of BNSSG may choose to select the provider and in these circumstances an invoice for payment should be directed to the appropriate responsible ICB.

3.4 Accessibility

3.4.1 Facilities Provided

Patients will be managed within a single sex facility as set out in the NHS constitution. Facilities will have a suitable recovery area available to allow patients adequate time, where necessary to recover following any procedure.

Facilities from which patients are treated must be appropriately registered by the Care Quality Commission and meet all statutory requirements and be fit for purpose as required under the

Care Standards Act 2000[1], and any other legislation that affects the nature of the accommodation for the type of services to be provided.

If endoscopy services are being provided within another organisation's facility, it is the Provider's responsibility to ensure that the facility being used is JAG accredited.

3.4.2 Equality of Access

The Provider shall ensure the premises from which the service is to be provided shall be fully compliant with the Disability Discrimination Act (2005), the Equality Act (2010 – and amendment Regulations 2012) and any other statute or common law relevant to the provision of the service and relating to Equality and Discrimination

The Provider will treat all patients in a safe and appropriate environment depending upon age and any existing medical conditions. The provider must ensure that services deliver consistent outcomes for patients regardless of;

- Gender
- Race
- Age
- Ethnicity
- Income
- Education
- Disability
- Sexual Orientation

The Provider shall provide appropriate assistance and make reasonable adjustments for patients and carers who do not speak, read or write English or who have communication difficulties, in order to:

- Minimise clinical risk arising from inaccurate communication
- Support equitable access to healthcare for people whom English is not a first language
- Support effectiveness of service in reducing health inequalities

3.5 Any acceptance and exclusion criteria and thresholds

3.5.1 Commissioning Policies and Exceptional Funding

The Commissioners require the Providers to comply with the commissioning policies process and referrals will only be accepted in line with the contracting Commissioners published referral policy and acceptance criteria.

The Commissioning Policies list (previously named INNF list) identifies those interventions which are subject to access criteria either on a Criteria Based Access (CBA), Prior Approval (PA) or Exceptional Funding (EFR) basis, will be published on the Commissioner's website. These treatments and conditions shown in the Commissioning Policies list are not routinely funded and clinicians should adhere to the requirements within the policies prior to treating patients. Treatments provided that are outside these criteria will not be funded.

Commissioners will require providers to comply with audit processes which will be undertaken after each quarter of activity to monitor compliance with the clinical criteria for carrying out restricted treatments set out in the individual commissioning policies for excluded and restricted procedures. The terms of reference for each audit including the treatments and patient files to be audited will be supplied to the provider ahead of each audit. In the event that a procedure is carried out without meeting the criteria expressly stated and agreed in

[1] [1] and by Health and Social Care Act 2008, 2014, Care & Quality Commission (Registration) Regulations 2009.

commissioning policy (for excluded and restricted procedures) the Commissioner will not be liable for the cost incurred by the provider. Where it is accepted that in a number of cases treatment should not have been undertaken as the patient did not meet the criteria for treatment, the percentage of these cases against the total cases reviewed will be calculated, and the percentage of all activity undertaken against that policy during that quarter will be reimbursed to the Commissioner.

Each month, the Commissioner will identify any patients who have had a treatment without the required EFR or PA approval, and present the provider with the details of the patients seemingly treated without approval. The provider will investigate the list provided by the Commissioner to assess whether there is clear evidence of approval from the Commissioner to proceed with treatment or that there is good clinical reason for this i.e. patients have been referred and treated on the two week wait pathway (where commissioned).. Where there is no evidence that the Commissioner approved funding, payments will be refunded in full for that patient's intervention including the cost of any follow ups or complications related to that specific treatment.

3.5.2 Exclusion Criteria

The Provider will treat all patients in a safe and appropriate environment depending upon age and any existing medical conditions. The provider is entitled to exclude certain groups of patients for reasons of clinical safety or complexity of support healthcare facilities normally required, which are not available. **Providers using the exclusion criteria should be able to evidence any rationale for decisions made. Any changes to the provider's exclusion and acceptance criteria must have previously been shared and agreed with the relevant commissioner.**

The Provider shall reject any referred NHS patient for the following reasons;

- The physical status of the referred NHS patient is not ASA1, ASA2 or ASA3 (stable) where the procedure is to be undertaken with general anaesthetic
- The NHS patient has a Body Mass Index (BMI) of more than 40
- Patients requiring treatment for cancer who should be referred directly on to the appropriate cancer pathway as per section 3.2.4.
- Treatments as specified in the Commissioner's policy as EFR or PA unless funding approval is explicitly provided by the Commissioner.
- Treatments as specified in the Commissioners policy as Criteria Based Access (CBA) unless the patients are assessed clinically as meeting the criteria for treatment within the policy and the provider can provide treatment in line with Commissioner policy.
- The NHS patient is under the age of 16
- Patient with a mental health condition which means they are unable to consent to treatment, are detained under the Mental Health Act or are experiencing an acute psychotic episode.
- Patients being detained by Her Majesty's Prison Service, where security arrangements are deemed not to be appropriate.

Where it is felt the exclusion criteria should be applied, the provider should make all reasonable attempts to discuss this with the patient and where appropriate, the patients GP to ensure that the decision is informed and evidence based.

The Provider should ensure that when the exclusion criteria is applied, the patient is informed by a member of staff with an understanding of the criteria and the evidence used to inform the decision. The patient should receive a full explanation of the reasons for exclusion and where requested, the evidence used to inform the decision. The exclusion criteria should be applied and implemented prior to the patient receiving a procedure date and where possible, this should be communicated face to face.

Patients must have a responsible adult with them for a 24 hour period post-discharge if they are having either sedation or a general anaesthetic.

3.5.3 Provider exclusions

Post-discharge physio therapy

The service will not include post-discharge physiotherapy assessment, treatment and rehabilitation. This is not commissioned and all patients should be referred to their locally commissioned service directly by the provider.

- Clinically urgent procedures (NHS Patients that require surgery with 10 days for a clinical reason)
- Procedures related to the treatment of malignant diseases
- Procedures related to transplant
- Procedures related to maternity services
- Termination of pregnancy
- Surgery indicated to be for cosmetic reasons
- Any procedure that is likely to require critical care
- In vitro fertilisation treatment for an NHS patient
- Any procedures contained within the ICBs commissioning policies list

Procedures listed as specialised commissioning under NHSE

3.5.4 Rejection of Referrals

The Provider will reject a referral where;

- The NHS patient is an excluded NHS patient
- The procedure is contained within the ICB 's current commissioning policies list except under the following circumstances:
    - Where the patient meets criteria contained within the policy relating to Criteria Based Access
    - Where the procedure requires prior approval and funding approval is in place
    - Where an individual funding request (EFR) exists and funding approval is in place.
- Where the patient is exempt under the exclusion criteria in 3.5.2.

3.5.5 Patient consent

The Provider shall ensure that written informed consent is provided for all procedures/surgeries carried out, in compliance with General Medical Council. If English is not the first language, the patient is supported by a translator from a service provider recognised by BNSSG ICB.

Where appropriate, the Provider will send the necessary procedure information and consent forms to patients ahead of their appointment so the patient is prepared for their appointment and postal consent can be obtained. The clinician will nonetheless give the patient a clear explanation of the procedure/surgery, the after effects and risks at their appointment before undertaking the procedure/surgery.

3.6 Interdependence with other services/providers

The Provider has a responsibility for the interface and development of appropriate pathways with other services; ensuring services are communicated to potential referrers. The provider will be required to work in co-operation with (and not limited to);

- ICB Commissioners including the referral and Exceptional Funding Request service
- GPs, optometrists, dentists and any other ICB approved referrers
- Commissioning Support Unit
- Local acute trusts including consultants, anaesthetists and other staff
- Diagnostic services
- Local primary and community teams including musculo-skeletal and other interface services
- Social services

- Independent and third sector providers (voluntary sector)
- NHS Patient Transport Services (PTS)
- Emergency transport / ambulance services
- Patient, Advice and Liaison services (PALS)

3.7 Training/ education/ research activities

3.7.1 Staffing and training

It is the responsibility of the Provider to recruit/provide suitable personnel and as such the Provider will determine the exact person specification. However the following guidelines will apply to all staff groups including temporary staff e.g. NHS bank and agency:

- All staff will be required to satisfy appropriate DBS checks.
- Staff will have the appropriate clinical and managerial qualifications for their role.
- All staff shall be appropriately trained / qualified and registered to undertake their roles and responsibilities.
- Professional accountability must be formulated within an agreed governance structure.
- Appropriate supervision arrangements for all levels of staff will be in place, including induction and clinical supervision.
- Staff will participate in regular personal performance reviews including the development of a personal development plan.
- All staff will be required to attend relevant mandatory training.

As set out by the Care Quality Commission (CQC), registration documentation will be held on record by the Provider for all medical staff and will be available for inspection. A certificate of registration will be prominently displayed by the Provider in all sites that the service is provided from.

3.7.2 Information Governance

All organisations that have access to NHS patient data must provide assurances that they are practising good information governance and use the Data Security and Protection Toolkit to evidence this.

The Data Security and Protection Toolkit is a Department of Health Policy delivery vehicle that the Health and Social Care Information Centre (HSCIC) is commissioned to develop and maintain. It draws together the legal rules and central guidance and presents them in a single standard as a set of information governance and data security assertion. The Provider is required to carry out self-assessments of their compliance against these assertions.

The Provider will identify an Information Governance lead.

The Provider must complete and provide evidence that they have achieved a satisfactory position for their organisation's Data Security and Protection Toolkit through meeting all the mandatory requirements, https://www.dsptoolkit.nhs.uk/

Final publication assessment scores reported by organisations are used by the Care Quality Commission when identifying how well organisations are meeting the Fundamental Standards of quality and safety - the standards below which care must never fall.

The Provider shall comply with all relevant national information governance and best practice standards including NHS Security Management – NHS Code of Practice, NHS Confidentiality

– NHS Code of Practice and the National Data Security Standards. The Provider will participate in additional Information Governance audits agreed with the Commissioner.

3.8 Subcontracting

The Provider shall ensure that no part of the services outlined in this specification may be subcontracted to any other party than the approved Provider without the prior agreement and approval of the Commissioner.

3.9 Notifying and agreeing changes to services

Providers must ensure that they seek Commissioners' consent to planned service changes as proposed Variations under GC13. If changes are made without Commissioner agreement, the Commissioner may be entitled under the Contract to refuse to meet any increased costs which ensue.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

The Provider will have robust processes for reviewing, assessing, implementing and monitoring NICE technology appraisals and guidance.

Any and all treatments undertaken by providers as part of the service must be robust, evidenced based, clinically effective treatments and the Provider must be qualified and registered to provide these treatments.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

The service provider must deliver services in accordance with current best practice in healthcare and the range of policy and clinical / operational practice guidance relating to these services, complying in all respects with the standards and recommendations.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedules 4, and Annex A of Service Conditions)

5.2 Applicable CQUIN goals (See Schedule 3 Part E)
Not applicable

6. Location of Provider Premises

6.1 The service is commissioned from Provider Premises located at:

Practice Plus Group Hospital Emersons Green
The Brooms
Emersons Green
Bristol
BS16 7FH

Devizes premises:
Devizes Surgical Centre
Marshall Rd,
Devizes
SN10 3UF

Alternative premises can be commissioned under this contract at other locations when there is prior agreement from BNSSG and where they are registered with the CQC.

Premises will be accessible by public transport and have car parking facilities. The Provider will manage their occupation of any premises in such a way as to provide the best possible experience for patients arriving, leaving and using the facility, and to support the delivery of the Service. The Provider will be responsible for ensuring the locations used offer a safe environment. This includes ensuring the premises continue to meet regulatory standards and any applicable NHS standards; remain suitable for delivery of the Service; and be safe and appropriate for users with particular needs. A contingency plan will be in place which includes plans to address operational contingencies which may occur.
7. Individual Service User Placement Not Applicable
8. Applicable Personalised Care Requirements
Not Applicable

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	2A.1
Service	Any Qualified Provider
Commissioner Lead	Bristol, North Somerset and South Gloucestershire ICB
Provider Lead	Inhealth (Prime)
Period	1st April 2024 - 31st March 2026
Date Last Reviewed	September 2025
Date of Next Review	March 2026

1. Population Needs

1.1 National/local context and evidence base

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The aims of the services are to ensure plurality of provision for elective and diagnostic services to enable patients to exercise free choice as to where they receive services that are;

- Innovative in-service design
- Provided in a way that is accessible to patients and responsive to patient needs;
- Have clear and consistent care pathways including the adoption of evidence based best practice guidance; and
- Ensuring that patients are only treated where clinically appropriate and in accordance with the commissioning policies and guidance.

The Commissioner is committed to the provision of high quality acute elective services and to ensuring that patients are offered choice of provider at the point of referral. This will also apply where waiting times and activity data in the local acute trusts show significant pressure. Under such circumstances the patient may be offered the choice of an alternative provider.

The Provider will support this commitment by providing the services to meet the obligations set out in this schedule 2 part A and the rest of the NHS Standard Contract.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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Domain 4	**Ensuring people have a positive experience of care**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

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The Provider shall follow all local pathways as included in the contract, e.g. in Section 2G.

3. Scope

3.1 Aims and objectives of service

The Any Qualified Provider Service specification promotes patient choice and aims for acute diagnostic and elective surgeries to be delivered from a range of accredited providers. It identifies specialties which are to be delivered as clinically appropriate under sedation, local anaesthetic and general anaesthetic; and it allows for the associated pre and post-operative services necessary for Good Clinical Practice to be delivered as part of a seamless pathway of NHS patient care.

The aim of this service specification is to indicate the requirements for sustainable, evidence based, high quality, value for money provision of early diagnostics and elective care to NHS Patients. This will support local waiting time targets and activity plans and provide patient choice and activity.

The service will provide routine elective secondary care services for patients in the following specialties (though these may be amended in line with General Condition 13)

- Primary Care Community Gastroenterology Clinic

Achievement of the following standard objectives at contract end 2025-26 apply.

This is to increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 and also supports plans to address elective and cancer backlogs

- 95% of diagnostics test carried out in less than 6 weeks, by the end of March 26

Additional aims of the service include:

- To operate well planned and clearly articulated care pathways covering the defined presentations and conditions, delivering safe, evidence-based care.
- To ensure each patient sees a person with relevant skills, with the right equipment, in a suitable location.
- To operate a culture where all stages of the patient's care are delivered in timeframe suitable to the patient's clinical, emotional and social needs.
- To achieve appropriate intervention rates, based on evidence.
- To deliver the most efficient pathway possible, compatible with best outcomes.
- To ensure referrals are available on e-Referrals using agreed local templates.
- To work with Commissioners and other providers to ensure an integrated network of services.
- To collect and publish audit data on a variety of performance, service user and quality criteria and work collaboratively with the Commissioners to implement service development as a consequence of the feedback.
- To work collaboratively with other providers to ensure that transfer of care protocols are developed and followed which ensure that service users have a seamless pathway.

Objectives

By commissioning a community based GP Gastroenterology Service it is intended that:

- Patients with the specified gastroenterological conditions within Bristol, North Somerset and South Gloucestershire will be managed in the community.
- All patients regardless of their age, where they live, what language they speak or where their GP practice will have the same choices of providers and of locations.
- Waiting times will be managed within the nationally set access targets; see Quality Indicators in Service Conditions: Appendix A.
- Patients will be treated in a safe, respectful and equitable way.
- Patient experience and outcomes will be improved.
- Community based care, which is part of an integral pathway with secondary care will be provided.
- Patients will be treated by competent clinicians, whose practice is reviewed regularly.
- Patients' satisfaction with the service will be reviewed, reported on and improved, on a regular basis.
- Minimal readmissions to either primary or secondary care will be achieved.
- Awareness, knowledge and implementation of clinical guidance for primary and secondary care of the defined gastroenterological conditions are promoted amongst healthcare professionals and the public.
- All primary care interventions are explored and thresholds for GP referrals are demonstrably raised.
- The number of referrals to specialist services for diagnosis and treatment are significantly reduced, demonstrating fewer steps in the 'care pathway' for patients.
- Onward referrals to secondary care services for intervention are as appropriate as possible and are in line with national clinical guidance and evidence-based practice.
- Procedures and treatments are within indications recommended by authoritative guidelines and within the scope of Bristol, North Somerset and South Gloucestershire ICB approved and commissioned services.
- Referring GPs receive guidance, education and feedback to continually improve their skills.
- Conversion rates - should not increase by using agreed pathways.

3.2 Service description/care pathway

Commissioners require a community gastroenterology service with staff qualified to appropriate levels of skill and experience. Furthermore connection to NHS information and image transfer solutions, E-Referrals system, robust performance management systems and stringent levels of clinical governance.

The Provider will need to put in place a process that notifies them of vulnerable patients. The route of providing pre-attendance information for the patient will also need to be managed by the Provider plus any referral support tools to be provided to all GPs etc.

Structured reporting shall be in place to support local referrers in their options for further clinical management and to aid in overall audit reporting.

The service shall need to be fully quality assured, validated and supported by the local Commissioners. The Provider is responsible for the costs associated with delivering the service except where stated within the specification. See pathways and policies in Section 2G – local policies.

Providers shall only be accredited via the ICB's accreditation process to provide those services for which they have been qualified. Providers will be required to submit evidence of the clinical pathways used for each specialty that they intend accepting referrals for. Pathways will comply with current National Institute for Health and Care Excellence (NICE), relevant Royal College guidance or pathways and ICB's own policies (e.g. as referenced by ICB exceptional funding request policies). Providers shall be required to deliver such elective

services at NHS Payment Scheme prices, or where no national price NHS PS exists for an agreed procedure, then locally agreed price shall apply.

3.2.1 Clinical Responsibility

For the avoidance of doubt the Patient's GP shall remain the most responsible person within the overall care pathway. Once a referral has been accepted medical responsibility for the patient's care will transfer to medical staff employed by the Provider, whether directly or through sub contractual agreement.

3.2.2 Service criteria / provision

The community diagnostic service will provide local access, advice and diagnostic services (excluding endoscopy) for symptomatic patients who are referred by their GP.

This service is run by experienced GPSIs and can see patients with a range of GI problems where the diagnosis may be unclear and the GP needs support or further opinion. Alongside ensuring that important conditions are not missed, particular emphasis is given to education and explanation wherever possible.

1 New patients are booked at 30 minute intervals.
2 The emphasis is on an one stop referral, either discharging to the GP with a management plan or proceeding to endoscopy if clinically indicated.
3 The Primary Care Community GI clinic cannot arrange any tests beyond in-house OGD and Colonoscopy. All other tests and interventions, therefore, need to be co-ordinated by the individuals' registered GP. They are also not able to refer patients on to secondary care.

The service should provide options for conservative management of the specified conditions including:

- Dietary management
- Lifestyle advice and guidance
- Medication
- Pain management

See 3.5 below for a full list of inclusion and exclusion criteria & further details.(ii) The model will include an accessible Advice and Guidance service for patients with named health care practitioner who will provide support with information about patients' condition in terms of dietary and life style advice.

(iii) Where a complex assessment treatment is required, the Provider will offer patients a choice of secondary care providers and will the refer patient onwards.

3.2.3 Commissioning Policies

The Provider must follow all published ICB Commissioning Policies (see schedule 2G) when delivering care. Should the Provider not have the facilities or resources to provide these services in line with commissioning policy, the patient referral should be rejected to ensure that they receive care in the most appropriate setting.

3.2.4 Access to other services

The service should have access to the following, whether referred to directly or via the patient's GP:

- Histopathology
- Ultrasound
- Contrast radiology

3.2.5 Referrals Process

Patients will be referred by their GP practice via the e-referral system. Where pre-agreed referral forms have been agreed as exceptions, only referrals made using these forms will be accepted, as per service condition SC6.3.1.

Providers must only accept referrals for first outpatient consultant led services made by the e-referral system which correctly applies SC6 of the contract and supports the delivery of patient choice.

Incomplete referrals and those made to the Provider that have not been made via the appropriate processes will first be discussed with the referrer to gather further information to progress the referrals.

If this is not possible or where the Provider cannot provide appropriate treatment, the referral will be rejected by the Provider and returned to the referrer within 48 hours of receipt.

Where effective triage is not possible from the information contained within a fully complete referral document, further information will be sought and received from the referrer in order to expedite the patient's pathway or the referral will be returned. This may be obtained by telephone.

All referrals will be triaged by appropriate individuals within 48 hours of receipt of referral. The Provider will need to ensure adequate vetting procedure is in place to ensure the suitability of all diagnostic tests the patients have been referred for. This will be used to inform booking and individual patient preparation for procedure.

The Provider must provide literature for GPs and referrers to assist them in the decision-making processes associated with the most suitable type of pathway for the patient and presentation that will achieve the best and quickest diagnostic outcome.

BNSSG ICB Commissioning Policies should be adhered to regarding expectations and requirements for managing patients referred. This includes the process for patients who Do Not Attend (DNAs), patient and provider cancellations. BNSSG's Elective Care Access Policy and SW Cancer Access Policy (Schedule 2G.8) should be adhered to regarding expectations and requirements in terms of managing patients referred. This includes process for patients who Do Not Attend (DNAs), patient and Provider cancellations etc.

3.2.6 Patient consent

The Provider shall ensure that written informed consent is provided for all procedures/ carried out, in compliance with General Medical Council. If English is not the first language, the patient is supported by a translator from a service provider recognised by BNSSG ICB.

Where appropriate, the Provider will send the necessary procedure information and consent forms to patients ahead of their appointment so the patient is prepared for their appointment and postal consent can be obtained. The clinician will nonetheless give the patient a clear explanation of the procedure/surgery, the after effects and risks at their appointment before undertaking the procedure/surgery.

3.2.7 Suspected cancer pathway

If a patient of the Provider is discovered to have, or suspected to have, cancer, an onward referral will be made by the Provider's surgeon or healthcare professional to the central cancer team at a provider trust providing a multi-disciplinary team for that particular cancer type

(within 24 hours). The method for making such onward referrals shall be via electronic mail unless other means are agreed by Commissioners. This may be subject to change in line with relevant guidance. The Provider will communicate with the patient's GP on the same day that the discovery or suspicion of cancer is made.

The Provider will inform the patient of such onward referral either whilst they remain as an inpatient at the Provider's facility, or at an urgent outpatient appointment within 24 hours of discovery.

3.2.8 Medicines Management

The Provider shall ensure that any prescribing must follow the current recommendation of BNSSG drug formulary and in accordance with all relevant regulations including sedation. Provider shall ensure the safe and legal storage, dispensing, disposal of medicines and prescriptions.

The Provider has full responsibility for the cost of any drugs used/prescribed within the service.
The Provider shall be expected to fully comply with the relevant elements of the British Society of Gastroenterologists (BSG) quality and Safety markers.

3.2.9 Pathology

The Provider will have in place a contract with an accredited pathology service and will share details with the Commissioner.

3.2.10 Discharge Summary

Communication with the patient's GP will occur on the day of discharge by sending a discharge summary report to the GP within 24 hours and a copy will also be given to the patient. The aim should be to deliver this information electronically by a secure network.

The report must be documented in the patients records, communicated to the patient, the GP and to relatives/carers as appropriate, and should form part of any onward referral to Secondary Care if required.

3.2.11 Transfer of Care Protocols

The Provider must ensure robust processes are in place for the rapid transfer to specialties within secondary care where the patient's condition warrants this transfer. These protocols must be agreed with the secondary care provider and attached to the contract in section 2J.

3.2.12 Training/ education/ research activities

Staffing and training

It is the responsibility of the Provider to recruit/provide suitable personnel and as such the Provider will determine the exact person specification. However the following guidelines will apply to all staff groups including temporary staff e.g. NHS bank and agency:

- Staffing levels will be consistent with the British Society of Gastroenterologists standards for best practice
- All staff will be required to satisfy appropriate DBS checks.
- Staff will have the appropriate clinical and managerial qualifications for their role.
- All staff shall be appropriately trained / qualified and registered to undertake their roles and responsibilities.
- Professional accountability must be formulated within an agreed governance structure.
- Appropriate supervision arrangements for all levels of staff will be in place, including induction and clinical supervision.
- Staff will participate in regular personal performance reviews including the development of a personal development plan.
- All staff will be required to attend relevant mandatory training.
- Staff will have a commitment to continuing professional development through the pursuit of relevant professional and academic study

As set out by the Care Quality Commission (CQC), registration documentation will be held on record by the Provider for all medical staff and will be available for inspection. A certificate of registration will be prominently displayed by the Provider in all sites that the service is provided from.

Policies and protocols shall be available with a system in place to ensure staff compliance. An appropriately qualified and experienced medical lead for the service will be required with responsibility for overseeing the clinical governance framework and processes.
The Provider will have a framework that assures patient and staff safety and is supported by a range of polices and strategies including as a minimum

- Incident and Serious Incident Reporting
- Risk Management
- Clinical Governance Strategy
- Information Governance Strategy
- Health and Safety Policy
- Chaperone Policy
- Policy for protection of vulnerable adults
- Emergency and contingency procedure policies
- Infection control

The Provider must ensure the unit and all clinical staff are trained and competent to manage patients in the event of cardiac arrest, respiratory arrest, or anaphylaxis.

3.3 Population covered

The ICB is commissioning these services on behalf of patients registered with a GP for which BNSSG ICB is responsible commissioner. The Provider premises will be located within BNSSG only. Under Patient Choice rules, patients from outside of BNSSG may choose to select the provider and in these circumstances an invoice for payment should be directed to the appropriate responsible ICB.

3.4 Accessibility

3.4.1 Facilities Provided

Patients will be managed within an environment which allows for mixed gender patients to be treated whilst maintaining privacy and dignity as set out in the NHS Constitution.

Facilities will have a suitable recovery area available to allow patients adequate time, where necessary to recover following any procedure,

Facilities from which patients are treated must be appropriately registered by the Care Quality Commission to provide services from their chosen location(s) and meet all statutory requirements and be fit for purpose as required under the Care Standards Act 2000[1], and any other legislation that affects the nature of the accommodation for the type of services to be provided.

3.4.2 Days/ hours of operation

The Provider shall ensure that the services have sufficient clinics to meet waiting times. Opening times and days of opening may be flexed to meet demand and support patient choice. It is expected that most appointments will be between 08.00 and 18.00.

3.4.3 Equality of Access

The Provider shall ensure the premises from which the service is to be provided shall be fully compliant with the Disability Discrimination Act (2005), the Equality Act (2010 – and amendment Regulations 2012) and any other statute or common law relevant to the provision of the service and relating to Equality and Discrimination*.

**and by Health and Social Care Act 2008, 2014, Care & Quality Commission (Registration) Regulations 2009.*

The Provider will treat all patients in a safe and appropriate environment depending upon age and any existing medical conditions. The provider must ensure that services deliver consistent outcomes for patients regardless of;

- Gender
- Race
- Age
- Ethnicity
- Income
- Education
- Disability
- Sexual Orientation

The provider, working in partnership with BNSSG Commissioners, will ensure that the service provided is subject to an equality impact assessment to inform future decisions on service planning.

The Provider shall provide appropriate assistance and make reasonable adjustments for patients and carers who do not speak, read or write English or who have communication difficulties, in order to:

- Minimise clinical risk arising from inaccurate communication
- Support equitable access to healthcare for people whom English is not a first language.
- Support effectiveness of service in reducing health inequalities**3.5 Any acceptance and exclusion criteria and thresholds**

3.4.4 Acceptance & exclusion criteria - Primary Care Community Gastroenterology Clinic

The Provider will treat all patients in a safe and appropriate environment depending upon age and any existing medical conditions. The provider is entitled to exclude certain groups of patients for reasons of clinical safety or complexity of support healthcare facilities normally required, which are not available. **Providers using the exclusion criteria should be able to evidence any rationale for decisions made. Any changes to the provider's exclusion and acceptance criteria must have previously been shared and agreed with the relevant commissioner.**

Criteria	Primary Care Community Gastroenterology Clinic
Included	Diagnosis and Advice • Irritable Bowel Syndrome • Unexplained abdominal pain and/or bloating • Functional Constipation • Chronic diarrhoea without established diagnosis • Diverticular disease • Rectal bleeding where untreated fissure suspected • Poorly controlled/refractory GORD First line Guidance and Management* • Coeliac disease • Eosinophilic Oesophagitis • Microscopic Colitis • Proctitis • Iron deficiency anaemia • Barrett's oesophagus
Excluded	• Patients meeting 2 week wait referral criteria • Patients already under secondary care • Liver or pancreatic disease • Pregnant women • Patients under 18 years old

Further, aligned information is published in Prime's Service Guide at BNSSG ICB's Pathway and Referral Support Tool (https://remedy.bnssgccg.nhs.uk/) which provides quick and easy access to clinical pathways and guidelines for primary care clinicians across Bristol, North Somerset and South Gloucestershire.

The Provider shall reject any referred NHS patient for the following reasons;

Where it is felt the exclusion criteria should be applied, the provider should make all reasonable attempts to discuss this with the patient and where appropriate, the patients GP to ensure that the decision is informed and evidence based.

The Provider should ensure that when the exclusion criteria is applied, the patient is informed by a member of staff with an understanding of the criteria and the evidence used to inform the decision. The patient should receive a full explanation of the reasons for exclusion and where requested, the evidence used to inform the decision. The exclusion criteria should be applied and implemented prior to the patient receiving a procedure date and where possible, this should be communicated face to face.

3.5 Interdependence with other services/providers

The majority of patients will be referred by and then returned to the care of their usual GP The Provider has a responsibility for the interface and development of appropriate pathways with other services; ensuring services are communicated to potential referrers.

In addition the service will need to facilitate and develop robust two-way mechanisms for patients to move between primary, community and acute services when required.
Key interdependencies include:

- GPs
- Secondary Care
- Endoscopy Units
- Gastroenterology Services
- Gastrointestinal surgical teams (Colorectal and Upper GI)
- Histopathology departments
- Cancer MDT service
- Pain services
- Community assessment services
- Community Hospitals
- Interpreter service

3.6 Other Information

3.6 .1 Management and Leadership

There is a contractual requirement for the Provider to satisfy the Commissioner that they have an organisational structure that clearly identifies responsibilities and accountabilities in the following areas:

- Managerial leadership
- Professional leadership
- Clinical Leadership
- Clinical Governance
- Corporate Governance

The service should be provided in line with the values and patient and public rights as described in the NHS Constitution.

https://www.gov.uk/government/publications/the-nhs-constitution-for-england
The NHS Constitution (updated 14th October 2015)

3.6.2 Safety and quality

The Provider shall be expected to fully comply with the relevant elements of the British Society of gastroenterologists (BSG) Quality and Safety markers for endoscopy and the BSG guidance on sedation and analgesia.

3.6.3 Governance

The Provider will have an established Clinical Governance programme which as a minimum covers the following:

- Patient, public and carer involvement
- Infection control management and accreditation
- Risk management, including incidents and complaints
- Staff management & performance, including recruitment workforce planning and appraisals
- Education, training and continuous professional development
- Clinical effectiveness & audit
- Information Governance
- Communication both internal & external

- Leadership at all levels of the organization

The Provider shall appoint a senior clinician or other senior member of staff and a deputy who shall be responsible for ensuring clinical governance arrangements are in place and for monitoring the effectiveness of the clinical governance systems.

The Provider will share key clinical governance information with Commissioners and the local acute trust.

The Provider will act on any recommendation in any Healthcare Commission report that the Independent Regulator requires to be implemented or is otherwise agreed by the parties to be implemented. Results and recommendations from annual Healthcare Commission (including CQC) audits will be built into a programme of continual improvement.

3.6.4 Information Governance

All organisations that have access to NHS patient data must provide assurances that they are practising good information governance and use the Data Security and Protection Toolkit to evidence this.

The Data Security and Protection Toolkit is a Department of Health Policy delivery vehicle that the Health and Social Care Information Centre (HSCIC) is commissioned to develop and maintain. It draws together the legal rules and central guidance and presents them in a single standard as a set of information governance and data security assertion. The Provider is required to carry out self-assessments of their compliance against these assertions.

The Provider will identify an Information Governance lead.

The Provider must complete and provide evidence that they have achieved a satisfactory position for their organisation's Data Security and Protection Toolkit through meeting all the mandatory requirements, https://www.dsptoolkit.nhs.uk/

Final publication assessment scores reported by organisations are used by the Care Quality Commission when identifying how well organisations are meeting the Fundamental Standards of quality and safety - the standards below which care must never fall.

The Provider shall comply with all relevant national information governance and best practice standards including NHS Security Management – NHS Code of Practice, NHS Confidentiality – NHS Code of Practice and the National Data Security Standards. The Provider will participate in additional Information Governance audits agreed with the Commissioner.

3.6.5 Patient Satisfaction and Complaints

Patients must at all times be respected and treated in a kind and considerate way by staff who should at all time demonstrates a professional and patient friendly attitude.

The Provider shall operate a complaints procedure that is in line with existing NHS Complaints standards, and shall promote this to patients, providing clear details of who to contact and how to escalate complaints to their ICB or Parliamentary and Health Service Ombudsman (PHSO) as appropriate if they do not feel that their concerns have been addressed.

3.7 Subcontracting

The Provider shall ensure that no part of the services outlined in this specification may be subcontracted to any other party than the approved Provider without the prior agreement and approval of the Commissioner.

3.8 Protection of Vulnerable Adults

The Provider shall ensure that concerns are reported to social services direct or the relevant local team and the policy for Vulnerable Adults adhered to. It will then be the responsibility of the social services team to take the matter forward via an investigation or planning process.

The police shall also be contacted where it is thought a criminal act may have been committed.

The Provider shall be expected to work with social services to ensure that training and supervision requirements are implemented.

3.9 Notifying and agreeing changes to services

Providers must ensure that they seek Commissioners' consent to planned service changes as proposed Variations under GC13. If changes are made without Commissioner agreement, the Commissioner may be entitled under the Contract to refuse to meet any increased costs which ensue.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

The Provider will have robust processes for reviewing, assessing, implementing and monitoring NICE technology appraisals and guidance and to fulfil the recommendations of the following national and local policies and guidelines as set out within this specification, including:

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- Moving Health Care closer to home
  Joint Advisory Group for gastrointestinal endoscopy (JAG) http://www.thejag.org.uk
- British Society of Gastroenterology
- https://www.bsg.org.uk/

Any and all treatments undertaken by providers as part of the service must be robust, evidenced based, clinically effective treatments and the Provider must be qualified and registered to provide these treatments.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

The service provider must deliver services in accordance with current best practice in healthcare and the range of policy and clinical / operational practice guidance relating to these services, complying in all respects with the standards and recommendations.

4.3 Applicable local standards

Not used

5. Applicable quality requirements and CQUIN goals

1.2 Applicable Quality Requirements (See Schedule 4A and 6A and Service Conditions Annexe A)

1.3 Applicable CQUIN goals

Not appliable

5.1 Applicable Quality Requirements (See Schedules 4, and Annex A of Service Conditions)

5.2 Applicable CQUIN goals (See Schedule 3 Part E)
Not applicable

6. Location of Provider Premises

6.1 The service is commissioned from Provider Premises located at:

INHEALTH North Bristol Diagnostic Centre
Community Gastroenterology Clinic – North Bristol Community Diagnostic Centre
Asda Patchway Super Centre
Highwood Lane
Bristol
BS34 5TL

Alternative premises can be commissioned under this contract at other locations when there is prior agreement from BNSSG and where they are registered with the CQC.

Premises will be accessible by public transport and have car parking facilities.

The Provider will manage their occupation of any premises in such a way as to provide the best possible experience for patients arriving, leaving and using the facility, and to support the delivery of the Service.

The Provider will be responsible for ensuring the locations used offer a safe environment. This includes ensuring the premises continue to meet regulatory standards and any applicable NHS standards; remain suitable for delivery of the Service; and be safe and appropriate for users with particular needs. A contingency plan will be in place which includes plans to address operational contingencies which may occur.

7. Individual Service User Placement

Not Applicable

8. Applicable Personalised Care Requirements

Not Applicable