

# THE SERVICE PROVISION AGREEMENT

January 2014

*Outpatient Services Performance Improvement Programme*

**Guidance**

**005**

## THE SERVICE PROVISION AGREEMENT

The Service Provision Agreement is a document which details the type and quantum of services provided by a service-provider to non-admitted patients. The agreement which is set out yearly enables service-providers to plan, structure, and match capacity to demand for a specified range of services provided.

The agreement is reviewed and updated throughout the year, as required, should changes to the service occur. Table 1 sets out the minimum amount of information to be provided in relation to a specialty's outpatient service:

**Table 1. Data items of Service Provision Agreement**

1. Specialty/discipline name
2. Range of services provided, to indicate main focus of work and sub-specialism, as appropriate (set out per clinician)
3. Governance of service (who refers, admits, clinically prioritises, sees patient, discharges) and pooling arrangements
4. Description of specialty team to include consultants, junior medical staff, allied health professionals, nursing, technician, and support staff
5. Number of WTE staff as per above list
6. Description of clinic structure indicating whether standard, shared or joint delivery
7. Description of provision of telemedicine services
8. Proportion of new and review patients to be seen utilising:
  - a. Face-to-face consultation with consultant-led service
  - b. Face-to-face consultation with allied health or nurse led service
  - c. Diagnostic prior to first consultation
  - d. Direct access to outpatient procedure clinic
  - e. Direct admission to day case service
  - f. Direct admission to in-patient service
  - g. Providing advice plan to SOR
9. Number of new referrals per month in current year (in tabular format) broken down by clinician and sub-specialty where appropriate
10. Number of patients on the waiting list for a new appointment broken down by clinician and sub-specialty where appropriate
11. Number of new urgent and routine clinic slots to be provided per month in coming year (in tabular format) broken down by clinician and sub-specialty where appropriate
12. Number of review patient slots to be provided per month in coming year (in tabular format) broken down by clinician and sub-specialty where appropriate
13. New to review ratio for the specialty, per clinician, broken down to sub-specialty where appropriate
14. Specialty-specific procedure for managing patients who fail to attend
15. Associated PAS clinic codes and wait list codes per clinician or group where shared/joint clinics are operated
16. Number of clinic hours provided per week per clinician (in tabular format)
17. Maximum wait time guarantee for new urgent patients, including suspect cancer patients
18. Maximum wait time guarantee for new routine patients
19. Set out procedure/plan for managing patients at risk of breaching maximum wait time guarantees
20. Set out procedure for management of referrals awaiting clinical prioritisation at risk of breaching the required five (5) day turn-around
21. Leave management process including application and notice process. Set out cover arrangement for clinical prioritisation when clinician is on leave and procedure for seeing patients within required timeframes who have been postponed and/or rescheduled
22. Set out succession management procedure