Schedule 2 Part 1

SCHEDULE 2 THE SERVICES

Schedule 2 Part 1: Service Specifications

Service Specifications

<table>
<thead>
<tr>
<th>Service</th>
<th>Greater Manchester Hepatitis C Self Support Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissioner Lead</td>
<td>Siobhan Fahey, Heywood and Middleton PCT</td>
</tr>
<tr>
<td>Provider Lead</td>
<td>Nik Barstow, Black Health Agency</td>
</tr>
<tr>
<td>Period</td>
<td>May 2010 – April 2013</td>
</tr>
</tbody>
</table>

1. Purpose

1.1 Aim

The main aims of the Greater Manchester Hepatitis C Self Support Project are:

- To promote well-being and community engagement for people with Hepatitis C using a Community Development model
- To support people with Hepatitis C move towards Self-care by developing and delivering a Hepatitis C specific self-care/self-management course
- To ensure that people with Hepatitis C are engaged with the Greater Manchester Hepatitis C Strategy
- To work with the Greater Manchester Hepatitis C Strategy Support Project subgroup to obtain further funding for this project to increase the project’s reach.

1.2 Evidence Base

Hepatitis C is a serious health problem in Greater Manchester affecting 0.8% of the local population. Hepatitis C is one of the top twenty health priorities for the Greater Manchester Directors of Public Health. The Association of GM PCT’s funds a Greater Manchester Hepatitis C Strategy.

Hepatitis C is a blood borne virus. In Greater Manchester it affects in largest numbers people who are currently injecting drugs or who have ever injected drugs and people who were born or have spent time in a high-risk country, which locally is a particular issue for people from a Pakistani background.

When a person is diagnosed with hepatitis C, people may have feelings of isolation, depression, anger, sadness, guilt, self-pity, fear, anxiety or self-blame. Left untreated, Hepatitis C may cause cirrhosis of the liver and liver cancer. Hepatitis C may cause various symptoms which affect quality of life, such as fatigue and depression. There is a treatment for Hepatitis C. The treatment lasts for 3 months to 72 months, and is successful in 50-80% of cases. The treatment of Hepatitis C has many side-effects, including lack of appetite and low mood.

Provision of peer support for people with Hepatitis C is indicated in research and various Guidelines.
1.3 General Overview

Greater Manchester Hepatitis C Strategy has identified the need for a client centred project to provide a self-care support to people with Hepatitis C in Greater Manchester. The project will be funded for 3 years and will aim to provide a sustainable system for self-care support to be in place across the whole of Greater Manchester.

1.4 Objectives

The Project will work closely with existing Hepatitis C Support groups to ensure their sustainability.

It will work with people with Hepatitis C to ensure that Hepatitis C Support Groups are encouraged in areas that there is little or no provision, such as in areas of Greater Manchester such as Wigan and with the local Black and Minority Ethnic (BME) populations.

The Project will design and deliver a Hepatitis C specific evidence based self care/self management course, if necessary in conjunction with another organisation e.g. the Expert Patient Programme or the Mindfulness based course: Living Well with Pain and Illness Course.

The Greater Manchester Hepatitis C Strategy Communication Project will support Greater Manchester Hepatitis C Self Support Project with its marketing products.

1.5 Expected Outcomes

Engagement with existing service user groups to develop appropriate levels and methods of support and provision of support for the period of the contract and prepare an exit strategy through which groups will be self-sustaining in the longer-term, including establishing formal groups and supporting funding applications.

Annual increase in number of self care support sessions that occur monthly across Greater Manchester by 35%. This will be measured by totalling average monthly number of support group sessions across Greater Manchester. This will be measured quantitatively only. This figure will be compared to the baseline. This will be reported by the quarterly reports.

Annual increase of clients accessing peer support projects of 60% per annum. This will be measured by totalling average monthly attendance at each support group. This will be measured quantitatively only. This figure will be compared to the baseline. This will be reported by the quarterly reports.

Identification of needs for support arrangements in areas of Greater Manchester with little or no provision and within specific communities (eg areas such as Wigan, or in BME communities such as the Pakistani communities). Roll-out of additional self-help support arrangements across Greater Manchester during the period of the contract, including the development of web-based groups and forums.

Increase in people from high risk groups at present not attending groups. This will be measured by totalling average monthly attendance at each support group by risk factor. The threshold will be set at in the first monitoring meeting, and will be dependent on the baseline figures. This will be measured quantitatively only. This figure will be compared to the baseline. This will be reported by the quarterly reports. The risk group categories are: current injecting drug user, former injecting drug user, person born or had medical
treatment in high risk country, MSM with HIV, received blood transfusion or transplant prior to 1991 in UK.

Patients are supported to have effective representation at all levels of Hepatitis C service provision, including the Greater Manchester Hepatitis C Strategy. Patient representatives will have access to the views and experiences of others through effective networking by service user groups and web-based groups and forums.

Develop a Hepatitis C self-care course which is clinically appropriate and has been tested with service users. Identify and, if possible, develop a range of models for delivery of self care courses (including in minority languages, through web-based approaches etc)

Develop a manual and tool-kit for self-help groups.

Produce short monthly project delivery reports to the Commissioner following the template agreed. This report is to be received by the 15th of each month.

More detailed quarterly reports with information on the Performance Activity Indicators. This will follow the template agreed.

Produce a final report to disseminate widely which incorporates quantitative and qualitative findings and case studies.

1.6 Monitoring and Management of Contract:

The project will be monitored by Heywood Middleton and Rochdale PCT for the Greater Manchester Hepatitis C Strategy.

The project officer from the Self-Support Project and the lead officer for the Black Health Agency will meet with the PCT on a quarterly basis to inform and monitor content and delivery of the objectives stated above.

An outcomes-based reporting template will be jointly agreed for the quarterly report and a project delivery reporting template for the monthly report will also be agreed.

Commissioners and other key stakeholders will be regularly informed of existing and emerging needs, to ensure that appropriate services are planned and commissioned.

2. Service Scope

2.1 Service Description

This Service Specification does not specify how the work should be staffed or delivered.

An agreed work programme, will involve:

An initial needs assessment exercise including: A review of existing literature (surveys, reports, findings etc) including the HPA 2009 Report, the Greater Manchester Hepatitis C Strategy, the 2006 Health Needs Assessment on Hepatitis C in Greater Manchester etc A review reports from existing service providers (Body Positive North West, existing support groups)
Ongoing needs assessment to ensure that service users’ assessments capture existing needs holistically, as well as Hepatitis C specific. Establish other forms of gathering information on needs such as question card, web board, feedback box, focus group consultation, user satisfaction surveys.

Development of a baseline figure of how many support group sessions are being held across Greater Manchester per month. This figure will be derived from determining the average number of sessions per month at each group 2009-2010. This figure may be derived from quantitative or qualitative data sources.

Development of a baseline figure of how many people across Greater Manchester are receiving support through the peer support groups at present. This figure will be derived from determining the average regular attendance at each group 2009-2010. This figure may be derived from quantitative or qualitative data sources.

Development of a baseline figure of how many people across Greater Manchester are receiving support from each of the main risk group categories. These categories are: current injecting drug user, former injecting drug user, person born or had medical treatment in high risk country, MSM with HIV, received blood transfusion or transplant prior to 1991 in UK. This figure will be derived from determining the average regular attendance at each group 2009-2010. This figure may be derived from quantitative or qualitative data sources.

Provision of support to existing self-help support groups including identification of group needs current gaps in support etc. Undertake ongoing funding searches and bids to sustain the project and individual support groups.

Roll-out of self-help support to areas in Greater Manchester where there is little or no provision. This will be on a phased basis through 2011-13.

Provide support to patients – individually and in group work - to allow them to be involved at all levels of service provision, including the development of care pathways.

Develop a Hepatitis C self-care support course by January 2011 for delivery from May 2011. Agreed targets for the delivery of sessions will be agreed in the monitoring and ongoing evaluation of the Project.

Develop a manual and tool-kit for use by self-help support groups by January 2012.

Produce an interim report in mid 2012 and a final report in 2013 assessing the impact of different approaches to self-help support, including case studies from the point of view of outcomes for groups and individual patients.

2.2 Accessibility/acceptability

The Project will work with partners in the voluntary and community sector in all 10 boroughs in Greater Manchester through Local Involvement Networks (LINks) to identify appropriate community provision for meeting spaces. In doing this we will draw on our experience of what service users feel are safe and welcoming settings.

The project will work with existing support groups in Greater Manchester, Manchester, Stockport, Tameside and Rochdale Heywood and Middleton to provide support to existing sessions, if they wish this.
The Project will ensure that group meetings are held in locations which are accessible and acceptable to injecting drug users and will seek advice from drug users themselves and Drugs Action Teams on appropriate venues and provision.

Where a need for specific groups is established appropriate support – including sessions in Urdu/Punjabi and other languages will be made available in community settings.

2.3 Whole System Relationships

n/a

2.4 Interdependencies

The project will develop and maintain effective relationships with key stakeholders across Greater Manchester.

Partners include the Greater Manchester Hepatitis C Strategy and the clinicians at the treatment centres (at present Manchester Royal Infirmary and North Manchester General Hospital.

The project will work closely with a range of organisations that focus on support for people with substance misuse problems. These will include the Drug and Alcohol Action teams within each PCT/LA area; the healthcare NHS Trusts which provide substance misuse services in Greater Manchester (GMW and Penine Care); the substance misuse service delivery teams in each PCT/LA area, voluntary agencies working within this field such as Lifeline, ADS and MASH; agencies that work with homeless people; substance misuse service’s client user forums and healthcare services in prisons, especially HMP Forest Bank which has a HCV support group.

Links will need to be made with groups that work with people with MSM who have HIV, such as Terence Higgins Trust, Body Positive and LGF.

The project will work closely with a range of organisations to focus on providing support to people from Pakistani communities living with Hepatitis C. these will include: Greater Manchester BME Network, Pakistan Resource Centre, Community Health Involvement and Empowerment Forum, Manchester Council of Mosques, Sure Start Manchester, Manchester Drugs and Race Unit, The Roby, Asian Parent Carers Service, BCOM (Bolton Council of Mosques), HMCT (Heatons Muslim Community Trust) Stockport, Fatima Women's Association Oldham,

2.5 Relevant networks and testing programmes

Work relates to that of the Greater Manchester Hepatitis C strategy and also to local testing and treatment services.

3. Service Delivery

3.1 Service model

Not specified

3.2 Care Pathways
4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/boundaries
Greater Manchester

4.2 Location(s) of Service Delivery
Initially in Manchester, Stockport, Tameside and Rochdale. Extend to Oldham and Wigan from February 2011, extend to Bury and Trafford from February 2012, complete roll-out to Salford and Bolton November 2012. The order of rollout may be changed after discussion with commissioners.

An office base, with access to meeting facilities is currently in place in Manchester M15 but may relocate to similar premises in Old Trafford M16 in late 2010.

4.3 Days/Hours of operation
The project will be supported by a Project Co-ordinator and an Administrator/Volunteer Co-ordinator. As these staff undertake work on another programme they will be generally contactable in normal office hours.

It is expected that staff will be available to support groups meeting in the evening or at weekends.

4.4 Referral criteria & sources
Individuals living with Hepatitis C will be encouraged and supported to join or establish support groups, to take part in a self-help course or to represent patients within services.

Any individual living with Hepatitis C in Greater Manchester may access this support

4.5 Referral route
People may self-refer or be referred by a specialist nurse, GP, GUM service, specialist drug service or community group

4.6 Exclusion criteria
Self-help support groups and self-help courses will be encouraged and supported to develop codes of conduct for participation that enable all participants to feel they are in a supportive and safe environment. The particular needs of any individuals who are excluded will be evaluated.

4.7 Response time & detail and prioritisation
n/a

A Greater Manchester Hepatitis C Care Pathway is currently in development and this project will form part of the pathway.
5. Transfer of and Discharge from Care Obligations

n/a

6. Self-Care and Patient and Carer Information

Materials used in group sessions are evaluated and checked for clinical accuracy with a named clinical lead in the Greater Manchester Hepatitis C Strategy.

Participants in group sessions are to be offered the opportunity to evaluate the content and usefulness of the sessions and provide feedback.

7. Quality Requirements

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Indicator</th>
<th>Threshold</th>
<th>Method of Measurement</th>
<th>Consequence of breach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td></td>
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<tr>
<td><strong>User Experience</strong></td>
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<tr>
<td>Evidence of the feedback the project has obtained on users experience of support to groups, to individuals representing groups and of self-help courses</td>
<td>4 reports a year due 15 days after quarter end detailing feedback on support and outcome-focused case studies</td>
<td>Timely receipt of report</td>
<td>1 Extra monitoring meetings to be arranged 2 Action plan to rectify breach to be developed by provider with timescales 3 If breach is not satisfactorily remedied by the next quarter meeting the payment of the next year will be delayed by a quarter period and a second action plan with timescales will be required 4 If the breach is not satisfactorily remedied by 2nd quarter meeting the next year's payment will be withheld</td>
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<tr>
<td><strong>Improving Service Users &amp; Carers Experience</strong></td>
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<tr>
<td>Reducing Inequalities</td>
<td>Reducing Barriers</td>
<td>Access</td>
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<tr>
<td>Increase in number of clients who are accessing the support groups from high risk group categories not engaged at present. Evidence how sessions reach sections of community not otherwise reached – particular emphasis on geographical areas, Pakistani communities.</td>
<td>Identify barriers, record how tackled and outcomes. Evidence how sessions reach sections of community not otherwise reached plus analysis on languages spoken by participants.</td>
<td>Evidence that group</td>
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<tr>
<td>Percentage increase in each category to be decided at first monitoring meeting. To be based on baseline figures. Reports to contain basic demographic information on age, gender, ethnicity, high risk group category, area of residence of those engaged with.</td>
<td></td>
<td>Quarterly reporting</td>
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<tr>
<td>Timely receipt of report</td>
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<td>Extra monitoring meetings to be arranged 2 Action plan to rectify breach to be developed by provider with timescales 3 If breach is not satisfactorily remedied by the next quarter meeting the payment of the next year will be delayed by a quarter period and a second action plan with timescales will be required 4 If the breach is not satisfactorily remedied by 2nd quarter meeting the next years payment will be withheld.</td>
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<td>Extra monitoring meetings to be arranged</td>
<td></td>
<td></td>
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<tr>
<td>Activity Performance Indicators</td>
<td>Threshold</td>
<td>Method of measurement</td>
<td>Consequence of breach</td>
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<tr>
<td>Clients accessing self care support groups across Greater Manchester</td>
<td>Annual increase of clients accessing peer support projects of 60% per annum.</td>
<td>This will be measured by totalling average monthly attendance at each support group. This will be measured quantitatively only. This will be reported by the quarterly reports</td>
<td>Extra monitoring meetings to be arranged 2 Action plan to rectify breach to be developed by provider with timescales 3 If breach is not satisfactorily remedied by the next quarter meeting the payment of the next year will be delayed by a quarter period and a second action plan with timescales will be required 4 If the breach is not satisfactorily remedied by 2nd quarter meeting the next year's payment will be withheld</td>
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<tr>
<td>Support group</td>
<td>Annual increase in</td>
<td>This will be measured by</td>
<td>Extra monitoring meetings to be arranged</td>
<td></td>
</tr>
<tr>
<td><strong>sessions in Greater Manchester</strong></td>
<td>number of self-care support sessions that occur monthly across Greater Manchester by 35%.</td>
<td>totalling average monthly number of support group sessions across Greater Manchester. This will be measured quantitatively only. This figure will be compared to the baseline. This will be reported by the quarterly reports.</td>
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<td><strong>Support Group sessions supported</strong></td>
<td>To determine in contract monitoring – numbers and measures of self-sustainability</td>
<td>Reporting of numbers, feedback and sustainability assessment. To be reported in monthly and quarterly reports</td>
<td>Extra monitoring meetings to be arranged 2 Action plan to rectify breach to be developed by provider with timescales 3 If breach is not satisfactorily remedied by the next quarter meeting the payment of the next year will be delayed by a quarter period and a second action plan with timescales will be required 4 If the breach is not satisfactorily remedied by 2nd quarter meeting the next years payment will be withheld</td>
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<tr>
<td><strong>Self-Care sessions</strong></td>
<td>Course developed and trialled in 2010-11. Deliver 25 sessions pa from May 2011</td>
<td>Reporting of numbers and feed-back. To be reported in monthly and quarterly reports</td>
<td>Extra monitoring meetings to be arranged 2 Action plan to rectify breach to be developed by provider with timescales 3 If breach is not satisfactorily remedied by the next quarter meeting the payment of the next year will be delayed by a quarter period and a second action plan with timescales will be required 4 If the breach is not satisfactorily remedied by 2nd quarter meeting the next years payment will be withheld</td>
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<tr>
<td><strong>Support for involvement in services</strong></td>
<td><strong>Events</strong></td>
<td><strong>Extra monitoring meetings to be arranged</strong></td>
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<tr>
<td>Number of individuals to be determined according to service needs</td>
<td>Participation in 3-5 community events pa to promote self-help support</td>
<td>2 Action plan to rectify breach to be developed by provider with timescales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting of numbers, support plans and feed-back. To be reported in monthly and quarterly reports.</td>
<td>Reporting in monthly and quarterly reports</td>
<td>3 If breach is not satisfactorily remedied by the next quarter meeting the payment of the next year will be delayed by a quarter period and a second action plan with timescales will be required</td>
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<td></td>
</tr>
<tr>
<td>4 If the breach is not satisfactorily remedied by 2nd quarter meeting the next years payment will be withheld.</td>
<td></td>
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</tbody>
</table>
8.2 Activity Plan
See service description. Activity to be spread across four quarters

8.3 Capacity Review
This SLA does not specify in detail how the work should be staffed or delivered but information on staffing and delivery will be provided for contract monitoring.

9. Prices & Costs

9.1 Price

<table>
<thead>
<tr>
<th>Basis of Contract</th>
<th>Unit of Measurement</th>
<th>Price</th>
<th>Thresholds</th>
<th>Expected Annual Contract Value</th>
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<tbody>
<tr>
<td>National Tariff plus Market Forces Factor</td>
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<tr>
<td>Non-Tariff Price (cost per case/cost and volume/block/other)*</td>
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<tr>
<td>Year 1</td>
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<tr>
<td>Year 2</td>
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<td>Year 3</td>
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<tr>
<td>Total</td>
<td>£130 000</td>
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*delete as appropriate

9.2 Cost of Service by commissioner

<table>
<thead>
<tr>
<th>Total Cost of Service</th>
<th>Co-ordinating PCT Total</th>
<th>Associate PCT Total</th>
<th>Associate PCT Total</th>
<th>Associate PCT Total</th>
<th>Total Annual Expected Cost</th>
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<tr>
<td>£130 000</td>
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<td>£</td>
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