

COMMUNITY EQUIPMENT

SERVICE SPECIFICATION



VERSION 5
(21/11/2024)

VERSION CONTROL

The following is a record of the changes/updates that have occurred on this document:

Version	Section	Changes/ updates	Date of change	Authors
V1	All	First draft	28/08/2024	Deborah Gent
V2	All	Second Draft following changes from feedback	10/10/2024	Deborah Gent Gemma Dexter
V3	All	Amended with feedback from LCC Legal	28/10/2024	Deborah Gent Donna Aspey Michelle Ellison
V4	All	Amended following feedback from workshop and Procurement. Definitions and appendix added	07/10/2024	Gemma Dexter
V5	All	Final review prior to market engagement	21/11/2024	Deborah Gent

TABLE OF CONTENTS

1.	BACKGROUND	3
1.1	Introduction	3
1.2	Aim, objectives and core values	3
1.3	National legislation, policy and guidance	4
1.4	Scope	6
1.5	Operational details	7
1.6	Timescales and service transition period	8
1.7	Acronyms	10
2.	SERVICE DELIVERY	11
2.1	The core service	11
2.2	Equipment and stock control	11
2.3	Delivery and installation	16
2.4	Planned preventative maintenance (PPM), service and repair	19
2.5	Collection, decontamination and recycling	20
2.6	Training, demonstration and awareness raising	24
2.7	Outcomes	25
3.	SERVICE COMPONENTS	27
3.1	Staffing	27
3.2	Training	28
3.3	Management	30
3.4	Premises	31
3.5	Vehicles	33
3.6	Referral process	34
3.7	Quality	36
3.8	Damage to property	37
3.9	Business continuity and disaster recovery	37
4.	DELIVERY REQUIREMENTS	38
4.1	IT system and information governance	38
4.2	Performance management and reporting	40
4.3	Communication	43
4.4	Costing schedule	44
4.5	Safeguarding	45
4.6	Governance	45
4.7	Social value	48
4.8	Contract	49
4.9	TUPE statement	50
5.	APPENDICES	51

1. BACKGROUND

1.1 Introduction

1.1.1	This specification is for the provision of equipment, maintenance, collection of items no longer required, effective decontamination, recycling and robust data gathering, based on a credit model for agreed standard items.
1.1.2	The provision of community equipment is essential for promoting the independence of people with disabilities of all ages and will often result in an individual being able to cope independently, without the need for other services.
1.1.3	The timely and appropriate provision of equipment is key in the prevention of hospital admissions, reducing admissions into residential care, reducing delayed transfers of care and length of stay, and reducing demand for home care. It also has more immediate benefits such as preventing and enabling people to remain independently mobile in their own homes and enabling them to recover more quickly following surgery. Demand for disability equipment is increasing because of the ageing population, user expectations, and advances in technology and medical science.
1.1.4	Our community equipment service will provide most of the disability equipment needed but it will also provide a well-informed gateway to other equipment services such as those recommended as part of an AskSARA (link) self-assessment, or from local retailers and voluntary organisations.
1.1.5	The Provider of this service will ensure that residents in Lancashire, who have either social care or health needs (or a combination of both) are provided with high quality equipment that enables them to stay independent, remain at home and live healthy lives for longer.

1.2 Aim, objectives and core values

1.2.1	The aim of this service is to provide Prescribers and local people with a single point of access and contact, for equipment and equipment support that maintains independence and enhances the efficacy of short-term enabling interventions.
1.2.2	The service objectives are to: <ul style="list-style-type: none">• Provide a single simplified pathway for equipment from the service to the individual;• Improve and maintain people's health and wellbeing through increased independence, choice, control, dignity and quality of life, within their own home environment;• Prevent avoidable admission to hospital;• Increase the number of people successfully discharged from hospital to their own homes;

	<ul style="list-style-type: none"> • Improve the efficacy of the Discharge to Assess (D2A) and Home First pathways; • Minimise the number of people entering residential care settings; • Minimise the need for extensive care packages such as domiciliary care; • Increase the number of people able to live with dignity in their chosen environment, which is made safe and secure; • Support carers, who may have their own physical support needs; • Support carers to deliver support to those who have assessed needs; • Support end of life care to be delivered within the person’s chosen environment; • Support families to care for their children at home; • Support children, young people and older people to gain a parity of access to education, leisure and social opportunities in their communities; and • Deliver the service in a manner that meets the principles of best value (including but not limited to value for money, service quality, service performance, high levels of customer care and communications, and best and appropriate use of all available resources).
1.2.3	<p>The Provider will have responsibility for ensuring core values are enacted in the manner it delivers the service. The Provider is expected to:</p> <ul style="list-style-type: none"> • Promote independence, health and wellbeing, maximising people's resilience; • Safeguard the health and wellbeing of people who need equipment, through providing a responsive, safe, appropriate and caring service; • Seek out ways of implementing and developing innovative installation or use of equipment to meet the health and social care needs of the community. This approach is also fundamental to achieving best value services in alignment with maximising use of public funding; • Ensure that skilled and competent staff are utilised in the provision of the service and that they are appropriately trained for the role; • Treat people as individuals and promote their dignity, privacy and independence; • Acknowledge the choices of people and their right to take risks in their lives; • Consider equality, diversity and inclusion, respecting each persons’ gender, sexual orientation, age, ability, ethnicity, religion, culture and lifestyle; • Provide support for carers, whether formal or informal, relatives or friends, and recognise the rights of other family members; and • Provide and maintain excellent levels of customer satisfaction.

1.3 National legislation, policy and guidance

1.3.1	It is expected that the following list of resources (which should be considered indicative rather than exclusive) will directly influence the development and delivery of the service.
1.3.2	<p>Legislation, policy and statutory guidance</p> <ul style="list-style-type: none"> • Mental Capacity (Amendment) Act, 2019 - link

	<ul style="list-style-type: none"> • Data Protection Act, 2018 - link • The Safety and Quality Act, 2015 - link • The Care Act, 2014 - link • Care and support statutory guidance, 2014 - link • Health and Social Care Act, 2012 – link • Management of Health and Safety at Work Regulations, 1999 - link • Lifting Operations and Lifting Equipment Regulations (LOLER), 1998 - link • Provision and Use of Work Equipment Regulations (PUWER), 1998 - link • Manual Handling Operations Regulations, 1992 - link • Personal Protective Equipment at Work Regulations, 1992 - link • Workplace (Health, Safety and Welfare) Regulations, 1992 - link • Electricity at Work Regulations, 1989 – link • Health and Safety at Work etc. Act, 1974 - link
1.3.3	<p>CECOPS (Community Equipment Code of Practice Scheme)</p> <ul style="list-style-type: none"> • Your guide to CECOPS and the Code of Practice for Community Equipment, 2012 - link
1.3.4	<p>NHS England and NHS Improvement</p> <ul style="list-style-type: none"> • National infection prevention and control manual for England, 2024 - link
1.3.5	<p>Medicines and Healthcare products Regulatory Agency (MHRA)</p> <ul style="list-style-type: none"> • Managing Medical Devices, 2021 - link
1.3.6	<p>National Institute for Health and Care Excellence</p> <p>NICE guidance for the use of community equipment in the following publications:</p> <ul style="list-style-type: none"> • Healthcare-associated infections: prevention and control in primary and community care, 2012 - link • Electronic instructions for use of medical devices: guidance on regulations, 2013 - link • Custom-made medical devices in Great Britain, 2020 - link • Medical devices: how to comply with the legal requirements in Great Britain, 2020 - link • In vitro diagnostic medical devices: guidance on legislation, 2023 - link • Medical devices: off-label use, 2023 - link • Virtual manufacturing of medical devices, 2023 - link • Medical devices: software applications (apps), 2023 - link • Medical devices regulations: compliance and enforcement, 2024 - link • Notify MHRA about a clinical investigation for a medical device, 2024 - link
1.3.7	<p>CQC Fundamental Standards:</p> <ul style="list-style-type: none"> • Outcome 11 (Safety, availability and sustainability of equipment) • Outcome 8 (Cleanliness and infection control)
1.3.8	<p>The service must be able to flex to respond to changes in national guidance. The safety and welfare of people is paramount and there may be requirements for</p>

	the Provider to implement changes in national policy with immediate effect (e.g., Covid-19 legal restrictions).
1.3.9	The provider is expected to undertake regular internal audits of their performance against the above legislation, policy and statutory guidance to ensure compliance.

1.4 Scope

1.4.1	The scope of the service includes equipment services to support children, young people and adults.
1.4.2	The core equipment and service elements in scope are: <ul style="list-style-type: none"> • Provision of simple aids to daily living (SADLs); • Provision of complex aids to daily living (CADLs); • Provision of bespoke and specialist equipment; • Specialist medical equipment such as nebulisers and suction machines; • Short term wheelchair provision; • Provision of educational aids and sensory equipment; and • Planned preventative maintenance, repairs and servicing.
1.4.3	The out-of-scope service elements are: <ul style="list-style-type: none"> • The assessment of need; • Consumables; • Long term use wheelchairs. • Invasive equipment that is introduced into the body, either through a break in the skin or an opening in the body; and • Specialist auditory and visual sensory equipment.
1.4.4	The service will cover the Lancashire area, as detailed below: <p>The districts of:</p> <ol style="list-style-type: none"> 1. Burnley 2. Chorley 3. Fylde 4. Hyndburn 5. Lancaster 6. Pendle 7. Preston 8. Ribble Valley 9. Rossendale 10. South Ribble 11. West Lancashire 12. Wyre. <p>The unitary authorities of:</p> <ol style="list-style-type: none"> 13. Blackburn with Darwen 14. Blackpool.
1.4.5	The Provider shall have the responsibility of delivering the entire service across all 12 areas in Lancashire plus the two unitary authorities where they have entered into a Service Contract with the Provider under the Framework Agreement.

1.4.6	It is anticipated that Blackpool Council will operate a staggered implementation of the Services as each of its current contracts expires, starting with the provision of adult beds only.
1.4.7	As Blackpool Council transitions, the Provider’s responsibilities will likely expand beyond adult beds to cover a much broader range of community equipment services.

1.5 Operational details

1.5.1	<p>The service will take a preventive approach, recognising that effective equipment provision (including for people with moderate disabilities) is likely to:</p> <ul style="list-style-type: none"> • Help people to maintain their independence and live at home; • Slow down deterioration in function and consequent loss of confidence and self-esteem; • Prevent accidents; • Prevent pressure sore damage; and • Support and better protect the health of carers.
1.5.2	<p>The Provider will deliver the following service elements:</p> <ul style="list-style-type: none"> • Source, procure, store, supply and install equipment as specified in the Equipment Catalogue and/or as requested by Prescribers, to the standards and guidance as set by the MHRA (i.e., <ul style="list-style-type: none"> ○ Special items: These are items of equipment that are not part of the Equipment Catalogue. They are often designed to meet the specific needs of people that cannot be addressed by standard stock; ○ Bespoke items: Refer to highly specialised equipment that is uniquely modified or tailored to accommodate the highly specific needs of a person. Bespoke items are often custom-made to measure or designed to meet the unique requirements of a particular user; and ○ Non-stock items: These are items that are not kept in regular stock by the Provider. They are typically ordered on a case-by-case basis and may include special or bespoke equipment that is not commonly used or readily available). • Provide on-site technical advice, working with Prescribers (e.g. Occupational Therapists, Community/District Nurses and Physiotherapists), attending joint visits and advising Prescribers on all aspects of instillation and technicalities around equipment; • Deliver, collect, demonstrate, assemble, adjust, install, and fit equipment (unless otherwise instructed by a Prescriber). • Maintain, refurbish, recycle and dispose of specified equipment as authorised to do so by the Contract Manager; • Help, support, and assist Prescribers to reduce the number of individuals admitted to hospitals and residential and nursing homes by providing equipment;

	<ul style="list-style-type: none"> • Provide a demonstration and training facility to support local people, Prescribers and all staff utilising this contract; • Ensure stocks at the peripheral stores are constantly and regularly monitored to allow staff access to equipment; • Have in place an IT system, including a specialist, mobile web application (App) and an online ordering system, accessible on desktop computers and mobile devices; and • Produce regular management reports in line with KPIs, as a minimum monthly.
--	--

1.6 Timescales and mobilisation period

1.6.1	The Framework Agreement will be for a term of 3 years, starting on 1 st April 2025. LCC may extend the Framework Agreement by any number of defined periods up to a maximum of a further 24 months.
1.6.2	The Framework Agreement will be awarded in April 2025, to allow an 11-week lead in time to ensure an appropriate and smooth transition. The service will commence on 1 st July 2025.
1.6.3	The Provider will be required to exercise and implement its comprehensive implementation plan, which will describe how it will undertake the successful transition of equipment and the equipment service during the transition period.
1.6.4	The plan will detail specific activity to be undertaken, resources required and timelines for completion including weekly landmarks for the successful completion of the transition including all data transfer.
1.6.5	The Provider must have in place an oversight group to manage the mobilisation of the service and ensure the success of the mobilisation of the service.
1.6.6	<p>The Provider's implementation plan must include as a minimum, the following:</p> <p>Premises</p> <ul style="list-style-type: none"> • All leases of premises are entered into, to ensure occupation of staff from the service commencement date. <p>Finance</p> <ul style="list-style-type: none"> • The Provider must identify from the financial envelope a transition budget to support the transition plan to be used for activities such as the establishment of the mobile web app and online ordering system and app, and the purchase of consumables such as laptops, computers and telephones. <p>Resources</p> <ul style="list-style-type: none"> • Detail of any resources including the Provider's dedicated mobilisation team prior to the service commencement date; and • All equipment is procured and ready to use. <p>HR, Staffing and TUPE</p> <ul style="list-style-type: none"> • TUPE transition arrangements and/or recruitment plans to be submitted to the Contract Manager upon commencement of the mobilisation period;

	<ul style="list-style-type: none"> • An organisational structure chart clearly outlining the Provider's staffing levels including management structure in place during mobilisation and from commencement of the contract e.g. number of part time/full time posts, roles/responsibilities upon commencement of the mobilisation period; • Sufficient suitably qualified and experienced staff are recruited and in post and all required staff security and safeguarding clearance completed; and • Training plan to be agreed with the Contract Manager. <p>Governance and Risk</p> <ul style="list-style-type: none"> • A risk register, identifying and quantifying risks in achieving full-service delivery from the service commencement date, proposing actions to mitigate the impact and likelihood of identified risks to the satisfaction of the Contract Manager. This includes risks in meeting mobilisation timelines and requirements; • Establish information governance and clinical governance systems and ensure they are in place in advance of the service commencement date ensuring all policies and procedures are ratified and in place; • The Provider, during the mobilisation period, must ensure that each stage of the mobilisation plan is delivered and that any identified risks or issues are communicated to the Contract Manager and are managed to ensure the service is fully operational from the service commencement date; and • The Provider must report to the Contract Manager at the earliest opportunity, any anticipated failures to deliver the mobilisation plan within due dates. <p>Communications and Marketing</p> <ul style="list-style-type: none"> • Strategy for effective communication and engagement with key partners and stakeholders such as, but not limited to Practitioners and people in receipt of equipment. <p>Information Management and Data</p> <ul style="list-style-type: none"> • Details of the IT System that meets the requirements outlined in Section 4.1, to ensure these are procured and in place and that all person level data and file transfer will be completed by the service commencement date; and • A detailed plan of the required data transfer which aligns with the Provider's mobilisation timeline. <p>Generic</p> <ul style="list-style-type: none"> • Key milestones and timescales for the Service to be fully operational by the service commencement date, and who/what roles will be accountable for delivery of each milestones; • Working with the Contract Manager to ensure that all the requirements in the Service Specification are clearly addressed from the service commencement for the full duration of the Framework Agreement; and • A demonstration of how the Provider will ensure planned preventative maintenance for equipment in people's homes.
1.6.7	The Contract Manager will require regular updates to monitor the progress of the transition phase against the Provider's implementation plan.
1.6.8	The Provider will work in a spirit of co-operation with all parties in order to minimise disruption.

1.7 Acronyms

A&E	Accident and Emergency Department
BwD	Blackburn with Darwen Council
CADL	Complex aid to daily living
CECOPS	Community Equipment Code of Practice Scheme
ConCR	Connected Care Record
CQC	Care Quality Commission
CTE	Close technical equivalent
DBS	Disclosure and Barring Service
DHSC	Department of Health and Social Care
GDPR	General Data Protection Regulations
ICB	Integrated Care Board
ICS	Integrated Care System
IT	Information technology
KPI	Key performance indicator
LCC	Lancashire County Council
LGA	Local Government Association
LOLER	Lifting Operations and Lifting Equipment Regulations
MCA	Mental Capacity Act
MHRA	Medicines and Healthcare products Regulatory Agency
NHS	National Health Service
NHSEI	NHS England and NHS Improvement
NWAS	North West Ambulance Service
NICE	National Institute for Health and Care Excellence
PA	Personal assistant
PAT	Portable Appliance Testing
PBP	Placed based partnership
PPE	Personal protective equipment
PPM	Planned preventative maintenance
PUWER	Provision and Use of Work Equipment Regulations 1998
QSF	Quality Standards Framework
ROI	Return on investment
SADL	Simple aid to daily living
ShCR	Shared Care Record
SOP	Standard Operating Procedure

2. SERVICE DELIVERY

2.1 The core service

2.1.1	<p>The service will be delivered in accordance with the following overarching requirements. The Provider will:</p> <ul style="list-style-type: none">• Deliver a cost-effective service and maximise value for money on equipment purchases, using the collective buying power of the Commissioning Partnership;• Provide an effective system for the timely ordering, delivery and collection of equipment;• Deliver enhanced performance by utilising an efficient logistics model that will provide prompt delivery and meet the timescales required by the people we support;• Reduce the impact on the environment through recycling of products;• Achieve a high reissue and reuse rates through scale of operation and interoperability of health and social care services;• Maintain a safety record that is aligned to the principles of the Commissioning Partnership and strives for excellence in compliance and practice; and• Utilise a person-centred approach with regular stakeholder feedback.
2.1.2	<p>The Provider shall deliver the service, which includes office staff, between the standard operating hours of 08.00 and 18.00 hours, Monday to Friday, excluding Bank Holidays.</p>
2.1.3	<p>An out of hours, weekend and Bank Holiday service (18:00 – 08:00 Monday – Friday, 24/7 weekends and Bank Holidays) must be available to facilitate timely hospital discharges and/or urgent and emergency deliveries for specific (clinically essential) items.</p>
2.1.4	<p>The out of hours service will include as a minimum, emergency repair or exchange, provision of stock equipment and access to emergency technical advice.</p>
2.1.5	<p>The use of the out of hours service shall be recorded by and reported by the Provider with the data being contained in the monthly management reports. There is an expectation that, from the time the call is received, the Provider staff will be on-site within the timeframe pre agreed with the Contract Manager.</p>

2.2 Equipment and stock control

2.2.1	<p>The Equipment Catalogue will be agreed by the Commissioning Partnership and the Provider prior to the commencement of the Framework Agreement. This catalogue will be selected with advice from Prescribers. This catalogue may include some Provider suggested close technical equivalents (CTEs) but will ultimately be selected by the Commissioning Partnership based on local needs.</p>
-------	--

2.2.2	In alignment with the recycling credit model and finance schedule, all equipment supplied will be charged at cost price to the Provider.
2.2.3	The Provider shall purchase and maintain stock of new and refurbished items to a type and specification agreed by the Commissioning Partnership in quantities sufficient to provide the Service.
2.2.4	The Provider's operations and cumulative/organisational purchasing power may result in a volumised discount to individual product prices. Where this is the case, the price paid by the Provider will be reflected in the charge passed to the Partnership Organisation.
2.2.5	The Provider shall implement an automated and robust stock control management system, that not only audit trails products, but also utilises bar codes with full unique equipment traceability for all items issued (whether new or issued from the Peripheral Stores).
2.2.6	The Provider will treat all agreed CTE as stock equipment in all respects. Prescribers, in most cases, must accept the use of CTE. This to be facilitated through a referral annotation system to indicate that a CTE would not suffice where appropriate. To assist Prescribers in their clinical decision making an indication of when items are expected to be back in stock will also be provided. Where a CTE is agreed and is added to the catalogue to replace another product, it is expected there will be an amount of viable and recyclable existing products in the community. These products should not be scrapped where further use can be achieved. Therefore, treating the replaced product as an alternative to the CTE will be expected. The replaced product will carry the equivalent value of the CTE should the CTE be lower priced than the replaced item.
2.2.7	The Provider will show a proactive approach to sourcing and purchasing new products. The Provider will continuously review the availability, price and the appropriateness of the Equipment Catalogue and will make the Contract Manager aware when new or alternative equipment representing new or additional functionality, better value and/or outcomes could be added to the Equipment Catalogue.
2.2.8	It is expected that an audit of the catalogue will be carried out at least annually to help the process of refining the Equipment Catalogue to produce better outcomes whilst maximising the cost effectiveness of the contract. In addition to continually refining the Equipment Catalogue, the Provider will also proactively manage the availability of the current catalogue. This will include providing a robust process for mitigating market forces and trends or managing the availability of products caused by supply shortages, material availability manufacturing issues or shipping/freight delays. As such the Provider will be expected to source appropriate CTEs at similar price points to existing stock that will allow people to safely manage their needs and achieve good health outcomes, unencumbered by delivery delays. All CTEs must be approved by the Contract Manager and in consultation with the Clinical Prescriber Leads and Equipment Review Groups.

2.2.9	In addition to continuous product refreshes, the Provider will be responsible for facilitating an Equipment Review Group (which will consist of the Commissioning Partnership’s Prescribers). This group will target specific items where non-stock items should become stock items, where items require update to conform with legislation changes, or where significant performance or budgetary impact may occur because of equipment change.
2.2.10	The Provider may be required to assist with sourcing equipment for trials and evaluation and will provide advice, technical detail, and cost information about prospective products.
2.2.11	<p>All equipment items, including those newly approved for use will be uploaded on the Provider’s online ordering system (inc. the mobile web app). All items, without exception, will be meticulously catalogued and will include:</p> <ul style="list-style-type: none"> • A full description of their intended use and benefits; • Detailed, accurate, product specifications and measurements; • High-resolution images, including all components; and • For select equipment items, video demonstrations will be available. These short videos will showcase how the equipment functions, how to set it up, and any safety considerations.
2.2.12	A bulletin or push notification shall proactively inform Prescribers of new equipment or discontinued items of stock.
2.2.13	The Provider shall make recommendations to the Contract Manager where standard stock or non-standard stock items are no longer fit for use i.e., they no longer comply with safety standards or have become obsolete. The Provider will also make recommendations for withdrawal of these items from the community that minimises the cost risk to the Partnership Organisation for example, phased or gradual withdrawal of equipment.
2.2.14	The range of goods, and indeed services, may alter and/or be reviewed and changed during the term of the Framework Agreement. The Provider is to support all change/amendment initiatives. Any fundamental change of Service will be facilitated through the Change Control Process accounted for within the Framework Agreement documentation.
2.2.15	There may be occasions where people move into Lancashire from out of area or vice versa. There may be circumstances in which the person’s equipment will have to move with them. Decisions of this nature are made on a case-by-case basis and must be agreed with the Contract Manager and the relevant Partnership Organisation.
2.2.16	<p><u>Stock control (bespoke or non-stock items)</u></p> <p>The Provider shall provide a procurement, sourcing and advisory service for special bespoke equipment (non-stock equipment) including, where requested, subsequent delivery, assembly, fitting/installation, collection and recycling as appropriate. This service is to ensure best value and timely provision.</p>

2.2.17	For the avoidance of any doubt, the equipment sourcing and procurement element of the service is more than simply a reactive ordering function, this Service component includes seeking and providing technical advice, assisting Prescribers in deciding the most cost-effective technical equipment solution, and making alternative suggestions, if appropriate.
2.2.18	The Partnership Organisations reserve the right to purchase special bespoke equipment direct from manufacturers/suppliers, however this right is only likely to be exercised when the Provider cannot demonstrate best value.
2.2.19	The Provider shall ascertain the lead-time from the manufacturer or supplier of special or bespoke equipment and inform the Prescriber of the lead time within 48 hours of the enquiry.
2.2.20	Orders for non-stock equipment shall be raised on the same day as receiving an authorised order from the Prescriber. Any “out of time” non-received bespoke Equipment shall be queried with the supplier by the Provider, the Prescriber shall be informed of the results within 1 working day. The Provider should make every effort to ensure that the equipment is supplied within time.
2.2.21	The Provider will have a mechanism for displaying stock levels of bespoke or non-catalogue items and ensure that these listings are appropriately labelled and categorised to aid the Prescriber with finding cost effective alternatives to new bespoke or special orders.
2.2.22	An intuitive mobile web app and online ordering system will be available where products can be ‘built’ or configured resulting in all necessary parts grouped into a single order.
2.2.23	The Provider will perform robust data collecting and management to evidence the successful gatekeeping of non-stock items and the cost benefits of re-deployment of these items. Regular reports will be prepared by the Provider and reported to the Contract Manager for monitoring purposes and benefits tracking due to this process.
2.2.24	The Provider will employ two suitably competent and skilled professionals who have the clinical knowledge and expertise of equipment and can reliably advise Prescribers on the options available for adult and paediatric equipment. The clinical team will assist in matching recycled equipment to demand to maximise reuse and ensure that the Provider does not carry large amounts of stock holding. In cases where there is no suitable equipment to recycle, they will also place orders for specialist equipment, to ensure all needs are met.
2.2.25	Prescribers will communicate to the Provider where there are additional instructions for fitting or installation equipment and what level of intervention is required from the manufacturer, Prescriber or Provider to fulfil the order fully.
2.2.26	Where a recycled non-stock product is available immediately (including any component parts necessary for installation) delivery should occur within the

	<p>standard ordering timescales in line with section 2.3.7 i.e. between same day and dated delivery time. Where a modification is requested, the Provider will agree a time with the Prescriber of not more than 15 working days. The Provider will be proactive in updating the Prescriber on the progress of the items to be delivered and so will aid the Prescriber in setting expectations with the person. Where the expected timescales cannot be adhered to, the Provider will make the Prescriber aware of this with clear rationale why and will supply an estimated date of delivery.</p>
2.2.27	<p>As per stock items of equipment, used bespoke and non-stock items that are in the warehouse will be shown on the mobile web app and online ordering system. The Provider will ensure Prescribers are given advice and guidance about availability of such items and any required component parts. Should a Prescriber wish to view the recycled products the Provider will facilitate this and will store equipment so that it is easily accessible, within the service operational hours.</p>
2.2.28	<p>The Provider will facilitate the sharing of used bespoke and special non-contract equipment and shall be responsive in respect of suggesting products that may be purchased from another member of the Commissioning Partnership.</p>
2.2.29	<p><u>Equipment instructions and labelling</u></p> <p>Alongside each delivery made, an information leaflet will be provided (and will be briefly explained by driver). The information leaflet will contain the following information as a minimum:</p> <ul style="list-style-type: none"> • Manufacturer's instructions for the equipment; • Details of the service operating hours and the out of hours service; • Customer service contact telephone numbers; • Expectations of reasonable use and wear and tear; • What to do if the equipment breaks or becomes faulty; • Instructions for arranging a collection where items are no longer needed. <p>Instruction leaflets must contain a statement clearly indicating all equipment supplied by the Provider is loaned to the person and is the property of the Lancashire Community Equipment Service.</p>
2.2.30	<p>In line with providing high quality information, advice and guidance the Provider will ensure all information is available in accessible formats such as Braille, large print, easy read or alternative languages, on request. Additional interpretation services may be required to support with delivery and set up. The provider will be expected to utilise the commissioning partnership's existing translation services, where required, for this purpose.</p>
2.2.31	<p>This written information will be supplied in addition to verbal instruction of the same nature. Acknowledgement of acceptance and understanding of these instructions is to be achieved through the person's or authorised representative's (e.g. carer's) signature.</p>
2.2.32	<p>The equipment shall be correctly labelled upon delivery with a provider order identifying number, barcode, a contact telephone number for the Provider's customer service team and an indication that the equipment is provided on loan.</p>

2.2.33	Where supported by the manufacturer (and the Provider’s clinical resource staff for high volume items without manufacturer support) items will be supplied with a scannable QR code linked to correct usage and set up guides for Prescribers and users.
--------	--

2.3 Delivery and installation

2.3.1	All deliveries will be made during the standard working hours of the contract unless the Prescriber has requested an urgent or a joint visit for delivery.																			
2.3.2	The driver technician will upon arriving at the person’s address install/fit the equipment as per the manufacturer’s instruction and in line with the Prescriber’s instructions. Where the Prescriber has alternative instructions, these must be taken and referenced during the delivery.																			
2.3.4	The driver technician will demonstrate the equipment to the person following installation. Instructions and advice will be given verbally (where appropriate) and will include the basic operation of the equipment and how to clean it following use.																			
2.3.5	A simple instruction sheet must be included with all products delivered. Contact details for the Provider should be included on the instruction sheet (and product labelling) so the person can contact the Provider if they experience any problems with the equipment (or should the wish to return it).																			
2.3.6	<p>Each delivery will be carried out:</p> <ul style="list-style-type: none"> • Within the confirmed delivery window; • In good working order; • Having been tested/inspected as safe (if not new); • Complete with all components or modifications; • Clean (or cleaned if not new); and • Containing the correct instruction sheets and user guides. 																			
2.3.7	<p>Each delivery will be made within the following timescales:</p> <table border="1" data-bbox="331 1509 1425 2024"> <thead> <tr> <th data-bbox="336 1509 564 1628">Deliveries</th> <th data-bbox="569 1509 1289 1628">Description</th> <th data-bbox="1294 1509 1420 1628">Daily cut off time</th> </tr> </thead> <tbody> <tr> <td data-bbox="336 1635 564 1709">Out of hours delivery</td> <td data-bbox="569 1635 1289 1709">Delivery outside the standard operating hours of the service</td> <td data-bbox="1294 1635 1420 1709">N/A</td> </tr> <tr> <td data-bbox="336 1715 564 1789">Under 4 hours delivery</td> <td data-bbox="569 1715 1289 1789">Delivery within 4 hours of receiving an authorised order</td> <td data-bbox="1294 1715 1420 1789">14:00</td> </tr> <tr> <td data-bbox="336 1796 564 1870">Next day delivery</td> <td data-bbox="569 1796 1289 1870">Delivery within 24 hours (working days only) of receiving an authorised order</td> <td data-bbox="1294 1796 1420 1870">16:00</td> </tr> <tr> <td data-bbox="336 1877 564 1951">3-day delivery</td> <td data-bbox="569 1877 1289 1951">Delivered within 3 working days of receiving an authorised order</td> <td data-bbox="1294 1877 1420 1951">18:00</td> </tr> <tr> <td data-bbox="336 1957 564 2031">Peripheral store</td> <td data-bbox="569 1957 1289 2031">Delivery to a peripheral store weekly or on an agreed day following receipt of an authorised order</td> <td data-bbox="1294 1957 1420 2031">18:00</td> </tr> </tbody> </table>		Deliveries	Description	Daily cut off time	Out of hours delivery	Delivery outside the standard operating hours of the service	N/A	Under 4 hours delivery	Delivery within 4 hours of receiving an authorised order	14:00	Next day delivery	Delivery within 24 hours (working days only) of receiving an authorised order	16:00	3-day delivery	Delivered within 3 working days of receiving an authorised order	18:00	Peripheral store	Delivery to a peripheral store weekly or on an agreed day following receipt of an authorised order	18:00
Deliveries	Description	Daily cut off time																		
Out of hours delivery	Delivery outside the standard operating hours of the service	N/A																		
Under 4 hours delivery	Delivery within 4 hours of receiving an authorised order	14:00																		
Next day delivery	Delivery within 24 hours (working days only) of receiving an authorised order	16:00																		
3-day delivery	Delivered within 3 working days of receiving an authorised order	18:00																		
Peripheral store	Delivery to a peripheral store weekly or on an agreed day following receipt of an authorised order	18:00																		

	Timed/Dated delivery	Delivery specified by the Prescriber at least 2 days later.	18:00
	For the purpose of clarity, all delivery speeds will be treated as being processed and initiated on the day of receipt within the cut off times detailed above, i.e. the day of receipt is classed as day 1.		
2.3.8	Urgent deliveries (under 4 hours) are considered top priority within the Provider delivery schedule. When making any urgent order, the Prescriber will include all necessary information for the Provider to make a safe delivery and installation of equipment, including any specific risk factors associated with the emergency installation.		
2.3.9	<p>The Provider must have robust route planning software in place. This software must enable efficient and optimised delivery routes for both deliveries and collections, which:</p> <ul style="list-style-type: none"> • Allows for intelligent route planning, minimising travel time and ensuring timely deliveries; • Consider factors such as traffic patterns, road closures, and delivery priorities; • Provides real-time updates to adapt to unforeseen circumstances (e.g., traffic congestion, weather conditions); • Utilises accurate geospatial data, including mapping and GPS coordinates; and • Seamlessly integrates and exchanges data with the mobile web app and online ordering system (e.g., dispatch and estimated time of arrival). 		
2.3.10	<p><u>Delayed delivery</u></p> <p>If the Provider has reason to delay an agreed delivery, they will inform the person and the Prescriber as soon as possible. The Provider will also estimate the timeframe in which the issue can be resolved and suggest a new delivery time. The Provider will detail the nature of the delay and will seek to proactively mitigate any further disruption to the scheduled delivery.</p>		
2.3.11	Where a full delivery is not made (i.e. only some parts of the whole order are delivered) a delivery charge will not be applied. The delivery charges will only be made once all items of the ordered items are delivered.		
2.3.12	If a delivery has failed (or is delayed) and this is not the fault of the Provider, a charge will still be applicable to the Partnership Organisation, a reorganised delivery will also be chargeable according to the required delivery timescale.		
2.3.13	To minimise the number of failed or delayed deliveries, the Provider should have a robust system in place to ensure alternative stock is suggested where an item is out of stock. Where no alternative products are available for out-of-stock equipment, a prompt to discuss with the Provider should be displayed in the mobile web app and online ordering system. This will allow the Provider to suggest clinically appropriate alternative items and whether these can be delivered as an interim solution (or whether part delivery of the order is appropriate without the 'Out of Stock' item).		

2.3.14	<p><u>Failed or not accepted delivery</u></p> <p>Where a delivery has failed because the person or their representative is unavailable to provide access to their property and take delivery of the equipment, the driver will immediately inform the Prescriber via the mobile web app and online ordering system. This will allow the Prescriber to attempt to make a resolution whilst the driver is still at the delivery address.</p>
2.3.15	<p>If the Prescriber cannot be contacted or if the Prescriber is not able to arrange for the person to attend the property for delivery, then the driver will place a card containing the Provider contact details through the door to inform them the delivery has been missed.</p>
2.3.16	<p>Following a failed delivery the Provider will message the Prescriber immediately advising them of the failed delivery and reasons why and will begin attempts to contact the person to rearrange a delivery slot.</p>
2.3.17	<p>Where a person refuses to accept a delivery (and where this is not for a reason relating to quality issues i.e., they have deemed the equipment to be delivered in an unacceptable condition) then the order will be cancelled and classed as not delivered.</p>
2.3.18	<p>As above, the Prescriber will be informed immediately and reasons for the delivery failure communicated. The delivery will not be considered a failed delivery if the driver has not attended the property at the correct and agreed dates and times.</p>
2.3.19	<p>Upon two failed delivery attempts the Prescriber will be informed that the order shall be cancelled.</p>
2.3.20	<p><u>People moving home</u></p> <p>For people that move house within the Lancashire area, the Provider shall be responsible for uninstalling and moving any equipment required by the person (this includes CHC funded items).</p>
2.3.21	<p><u>Prisons</u></p> <p>The Provider shall ensure that equipment requested from the prison service is supplied and installed on the same basis as all other equipment requests, unless advised otherwise by the Contract Manager. Timescales for delivery will be agreed on a case-by-case basis with the Contract Manager.</p>
2.3.22	<p><u>Deliveries outside of Lancashire</u></p> <p>The Framework Agreement is designed to deliver equipment provisions to residents of Lancashire only. Individuals living outside of this area are not able to access equipment via this service. The criteria for what constitutes a Lancashire resident are those individuals residing in a property that pay council tax to Blackburn with Darwen Council, Blackpool Council, any of the 12 District Councils listed in section 1.4.4, or those people registered to a General Practitioner (GP) Practice associated with the Lancashire and South Cumbria ICB.</p>

2.3.23	From time-to-time deliveries and or collections will be required for people who are placed or live in properties outside of the Lancashire borders. The Provider is expected to undertake these deliveries and/or collections up to a maximum of 6 miles outside of the Lancashire borders without additional cost to the Partnership Organisation. Any requests outside of this will be discussed on a case-by-case basis with the Contract Manager.
2.3.24	There may be exceptional circumstances that require the Provider to work outside of these usual requirements, for example, if a person has moved outside of Lancashire or is moving into Lancashire, collection or movement of equipment may need to be facilitated. Where this type of activity is needed, the Provider will agree their responsibilities with the Contract Manager, the Prescriber and the person prior to carrying out any collection or delivery. If there are additional costs incurred, these too will need to be agreed by the same parties.

2.4 Planned preventative maintenance (PPM), service and repair

2.4.1	Following deployment of equipment into the community, the Provider will be responsible for all planned preventative maintenance and/or urgent repair of the equipment. These activities are inclusive of both of electrical and mechanical equipment and the associated annual safety checks for all electrical equipment (PAT testing). A list of all items requiring PPM visits will be agreed by the Partner Organisations and will include a mix of standard stock and specials.
2.4.2	All equipment requiring maintenance, inspection and/or servicing shall be maintained, inspected and/or serviced in line with the Medicines and Health Regulatory Agency (MHRA) and other relevant regulations, in particular the Lifting Operations and Lifting Equipment Regulations 1999 (LOLER), the Provision and Use of Work Equipment Regulations 1998 (PUWER) requirements and Portable Appliance Testing (PAT).
2.4.3	People with equipment requiring repair or maintenance will be contacted by the Provider to arrange a convenient time and date for the inspections and work to be carried out. If the person is not contactable in respect of their PPM activity the Provider will escalate this issue to the Prescriber for resolution immediately.
2.4.4	If, when carrying out PPM activities the equipment cannot be maintained or repaired on site, the Provider will make a like for like replacement of the equipment whilst the original equipment is maintained or repaired. It is paramount that people's safety is maintained and as such the Provider must not leave the person without essential equipment.
2.4.5	Where repairs are needed for standard stock equipment and these items are within their warranty period, no charges will be made to the Partnership Organisation, however, if repairs are required outside of the warranty period, they will be chargeable.

2.4.6	Where repairs to bespoke or special equipment are needed the Provider will liaise with the manufacturer if the items are still in warranty and will support all PAT and LOLER testing. However, if the warranty has elapsed the Partnership Organisation will become responsible for ongoing maintenance or repair. The provider will support with obtaining quotes for repairs for these items and seek approval from the relevant Partner Organisation to proceed with ordering replacement parts or repair or service visits from manufacturers.
2.4.7	Inspections shall be part of the recycling process or as part of planned preventative maintenance (PPM), whichever is the sooner.
2.4.8	The Provider shall maintain a register of all maintenance and repair certificates and reports as completed by the competent person undertaking the works. These are to be made available to the Contract Manager, on request.
2.4.9	All equipment issued prior to the Framework Agreement, that has a maintenance/servicing requirement shall be maintained by the Provider providing that the Provider has the relevant details on the maintenance schedule.
2.4.10	The Provider will maintain and support all stock items issued under this Framework Agreement.
2.4.11	Should the Provider be made aware of any misuse or abuse of any equipment issued as part of the Framework Agreement, then the Prescriber must be informed, within 1 working day of being made aware.
2.4.12	All staff completing PPM tasks must be suitably trained and competent to carry out their roles and tasks. This level of competency and training is applicable to all sub-contracted parties undertaking work on behalf of the contract. This includes the correct use of tools and materials necessary to complete all tasks of PPM.
2.4.13	All staff must work in compliance to manufacturer's recommendations and instructions for effective repair and maintenance of the equipment and will conform to legal standards and advice.
2.4.14	The Contract Manager reserves the right to monitor staff, training, and PPM compliance data upon request, to ensure effective and safe working practice is evident.

2.5 Collection, decontamination and recycling

2.5.1	<u>Collections</u> When equipment is no longer required, the person, the organisation or the Prescriber will contact the Provider to arrange collection of the equipment.
2.5.2	To improve recall and recycling rates the Provider must implement an automated telephony system. The automated system must keep in touch with equipment users on a regular basis to ensure unwanted equipment is returned when

	appropriate, that it is still working properly, and it continues to meet their care and support needs.
2.5.3	The Provider will arrange a convenient date and time for the collection of unwanted equipment with the person, carer or family. Collections should be made in line with the expected timescales agreed with the person, their carer, a family member or the Prescriber. Where preferable and practicable, the provider must offer the option for the service user or their representative to return unwanted equipment to the depot.
2.5.4	In the event of a person's death, the collection will be facilitated as promptly as possible and will be made in agreement with the family or representative of the deceased person. Prescribers will ensure the Provider is suitably briefed on the circumstances of collection following a death so that contact with carers or relatives and the collections are made sensitively and respectfully.
2.5.5	A process shall also be in place for organising collections from local refuge centres and addresses or settings where multiple people require equipment e.g. schools. This will require close liaison to ensure that end of term collections are coordinated, cost effective and timely.
2.5.6	Where equipment items to be collected are attached to a wall, floor or ceiling, these fixtures will be removed, and the Provider will 'make good' including filling and smoothing of any holes made. Whether 'making good' is required or not, all rubbish or packaging etc. will be collected, removed and the area left clean and tidy.
2.5.7	In line with the recycling credit model of the Framework Agreement, collected equipment shall be repaired, decontaminated and recycled ready for use by others. Where recycling is not economically viable, or the equipment is damaged, contaminated or unsuitable for reissue the Provider will be responsible for scrappage and disposal, after authorisation from the Contract Manager
2.5.8	Once collected, equipment will be separated in both transit and at the Provider storage facility. This process is critical to minimise the risk of contamination or cross infection. Vehicles and storage areas must comply with infection control regulations and sanitation requirements, as outlined in national policy.
2.5.9	Once any item has been collected and has gone through a process of cleaning and recycling the Provider's mobile web app and online ordering system will be updated to reflect that the item is back 'in stock' and is available to order. The recycling credit will then be applied.
2.5.10	The Provider will demonstrate their ability to reduce contract waste and maximise financial efficiency of the local recycling model through reporting against key performance indicators and targets.

2.5.11	<p><u>Collection times</u></p> <table border="1" data-bbox="336 212 1423 533"> <thead> <tr> <th data-bbox="336 212 628 253">Collection time</th> <th data-bbox="628 212 1423 253">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="336 253 628 333">Next working day</td> <td data-bbox="628 253 1423 333">It is anticipated this level of service will be used infrequently and only in an emergency.</td> </tr> <tr> <td data-bbox="336 333 628 414">5 working days</td> <td data-bbox="628 333 1423 414">This is the standard collection timeframe, from the request being received by the Provider.</td> </tr> <tr> <td data-bbox="336 414 628 533">Dated collection</td> <td data-bbox="628 414 1423 533">Where the collection timeliness is not an important factor for the person or their carer/representative, an agreed date can be used.</td> </tr> </tbody> </table> <p>All collections will be made within the standard operation hours, unless agreed with the Contract Manager.</p>	Collection time	Description	Next working day	It is anticipated this level of service will be used infrequently and only in an emergency.	5 working days	This is the standard collection timeframe, from the request being received by the Provider.	Dated collection	Where the collection timeliness is not an important factor for the person or their carer/representative, an agreed date can be used.
Collection time	Description								
Next working day	It is anticipated this level of service will be used infrequently and only in an emergency.								
5 working days	This is the standard collection timeframe, from the request being received by the Provider.								
Dated collection	Where the collection timeliness is not an important factor for the person or their carer/representative, an agreed date can be used.								
2.5.12	The Provider must introduce regular and planned collection days for unwanted items in specific postcode areas. These collection days will help to streamline the process, reduce waste, and ensure environmentally friendly disposal.								
2.5.13	The Provider will also have the facility to accept individual or Prescriber drop offs of unused equipment.								
2.5.14	<p><u>Collection audits</u></p> <p>The Contract Manager will regularly audit and monitor the Provider’s compliance and performance in relation to collection activity. The Provider shall also carry out Customer Surveys which assess people’s satisfaction including their satisfaction in relation to collection. The results of such surveys and feedback will be shared with the Commissioning Partnership.</p>								
2.5.15	<p><u>Decontamination</u></p> <p>Robust and appropriate infection control systems must be put in in place to minimise the risk of cross infection. The provider must allow access to the Partnership organisation as required to undertake audits on infection control and health and safety systems within the depot.</p>								
2.5.16	The Provider must ensure that no contaminated items are either returned to the community or are scrapped prior to decontamination.								
2.5.17	All aspects of the cleaning and decontamination process will be in accordance with and compliant to the guidance set out within MHRA Managing Medical Devices, 2021.								
2.5.18	<p>The Provider must have an appropriate working area to carry out the decontamination processes. This area will be compliant with Health and Safety requirements and best practice advice for cleaning processes, including:</p> <ul style="list-style-type: none"> • Work surfaces that are kept clean and disinfected at all times; • Cleaning and decontamination areas appropriately marked, with signage clearly stating the use of such areas; 								

	<ul style="list-style-type: none"> • All cleaning products used will have COSHH risk assessments completed and stored alongside the decontamination area for reference or accessible immediately in the case of an incident; • Appropriate provision of PPE and first aid equipment shall be made in cleaning and decontamination areas to minimise the risk to staff carrying out these activities; and • All equipment used for decontamination will be clearly labelled and traceable.
2.5.19	<p><u>Recycling standard stock</u></p> <p>The primary objective when collecting equipment is to recycle and re-issue items where possible.</p>
2.5.20	<p>The cost of cleaning and decontamination (unless specialist services are required to carry out these tasks) will be included as part of the credit model as this activity is a prerequisite of effective recycling and reissue.</p>
2.5.21	<p>The Provider will meet and strive to exceed recycling targets for the contract and will evidence their effort to do so with monthly reporting in line with the KPIs. The recycling target for the contract may, however, vary over the contract duration dependent on stock changes and expectations regarding product durability or expected scrappage levels.</p>
2.5.22	<p>As described within the Collections section of this specification, the Provider will make their best efforts to recycle collected equipment and make equipment available for reuse.</p>
2.5.23	<p>Working relationships must be developed or established with locations where equipment items are taken contrary to collection instructions. This may include accident and emergency departments at local hospitals, local charity shops, recycling centres etc., The purpose of these relationships is to facilitate timely communication to the Provider in instances where items have presented that can be collected, recycled or disposed of appropriately.</p>
2.5.24	<p>The Provider will take an active approach to recycling and will make suitable suggestions and efforts for increasing the volume of collection with reissue. This may involve efforts to identify inappropriate prescription of equipment or where the equipment is no longer used. The Provider will also apply such efforts to formal (residential) care settings and education settings.</p>
2.5.25	<p><u>Recycling bespoke or non-stock equipment</u></p> <p>Bespoke or special equipment is not included as a part of the credit model. However, all bespoke or non-standard stock equipment collected will be subject to the same cleaning and storage requirements as standard stock items.</p>
2.5.26	<p>The same diligence, care and efforts will be made to manage recycling of non-stock and bespoke items. The value of these items is frequently high, and therefore the ability to reissue these items is critical to managing costs.</p>

2.5.27	The Provider will have in place robust processes to ensure that recycling of bespoke or non-stock equipment is promoted, and a proactive approach will be taken to suggesting the use of in-stock/available bespoke or special items as an alternative to newly ordered equipment.
2.5.28	Scrap equipment items that have been collected and identified as unsafe, no longer recyclable or contaminated beyond economic repair will be moved to a scrapping store or location separate from the contract stock.
2.5.29	These items will be placed onto a scrappage list compiled monthly. The list of items to be scrapped will be agreed monthly with the Contract Manager.
2.5.30	Where possible, components or parts of the scrapped items should be salvaged for future use and repair purposes.
2.5.31	At times the Contract Manager may make an authorised officer available to carry out inspection of scrap, including the facility itself and the nature of equipment being scrapped.
2.5.32	Under no circumstance will a scrapped item be disposed of without decontamination in line with MHRA guidance. Similarly, under no circumstances should an item identified as being unfit for purpose or unsafe be returned to the standard stock.
2.5.33	In keeping with the scrap processes and reporting requirements of the Commissioning Partnership, the Provider will have systems that ensure records of scrapped items are kept including the type of equipment, reason for scrapping and value. The responsibilities, actions and data management systems for all scrapping activities will be clear and understood and these processes and systems will be open to audit and monitoring by the Contract Manager.
2.5.33	<u>Waste management.</u> Waste management must be carried out in compliance with all statutory and regulatory guidance. The Provider will act in accordance with MHRA and Health and Safety working practices, including possessing any required licenses or certification.
2.5.34	The Provider will ensure that where it does not carry out waste management functions, that its sub-contractors are also working in a manner that is safe and lawful.
2.5.35	Waste audits should be completed in accordance with Health Technical Memorandum 07-01 (link) to monitor policy adherence and legislation compliance.

2.6 Training, demonstration and awareness raising

2.6.1	Training is critical to the safe use and prescription of equipment. The Provider will facilitate an ongoing programme of equipment training in respect of items provided under the Framework Agreement, which will be made available to all
-------	---

	Prescribers and any member of staff from the Partner Organisations who would benefit from receiving such training e.g. care sector staff in residential or domiciliary care settings.
2.6.2	The Provider and manufactures will deliver formal training to Prescribers to understand the functions of the equipment and how it is best used. This includes but is not limited to basic equipment training and practical demonstration. The training will be supplemented by appropriate written information.
2.6.3	The Provider will liaise with Prescribers and assist where possible with additional equipment training, relating to newly introduced product ranges and types, as agreed by the Commissioning Partnership.
2.6.4	The Contract Manager will monitor the quality of training provision being delivered through evaluation sheets and other methods such as mystery shopping.
2.6.5	The equipment contained within the demonstration facility will be kept up to date to reflect the currently supplied and in-demand products that are relevant for Prescribers and self-funders.
2.6.6	The demonstration and assessment facility will be used by Prescribers who wish to demonstrate or assess. The facility will be customer friendly and easily accessible.
2.6.7	The Provider will also have an available retail offer (whether physical or virtual) that will allow individuals (wishing to purchase equipment) a route to buy equipment directly. In line with this requirement the Provider will give advice and offer independent assessments directly to members of the public.
2.6.8	The assessment, demonstration and training facility should be available to the wider health and social care community including partner agencies such as voluntary sector organisations, patient groups, residential and nursing homes and any other organisations involved in providing care and equipment in the community e.g., domiciliary care agencies or Personal Assistants (PAs).
2.6.9	A mobile unit for assessment and retail sales, able to visit town centres and events to promote community equipment, will also be made available.

2.7 Outcomes

2.7.1	Outcome-focused services are fundamentally person-centred in approach, recognising that each individual is unique and will have different equipment requirements.
2.7.2	This service specification requires the Provider to meet the following agreed outcomes: <ul style="list-style-type: none"> • Disabled adults, older people and children can stay at home in a safe environment;

	<ul style="list-style-type: none"> • The provision of equipment helps people maintain independent living at home, in education and at work; • Paid and unpaid carers are supported and safe; • Statutory organisations' risks are managed; • Prescribers are skilled and working efficiently; and • The service is responsive to the needs of local residents and Prescribers.
2.7.3	<p>In addition, the service should ensure:</p> <ul style="list-style-type: none"> • The Partnership Organisations can better manage demand into our services, as well as the services of our partners, where appropriate; • Access to data about what has been provided and its success; • Partnership Organisations keep pace with innovation and not be confined to always doing the same because that is what we know or what we are given; • Our workforce takes ownership of understanding that equipment and other preventative solutions work well; • Processes to access equipment are straightforward and quick, so that it is not a barrier; • The equipment offer supports assessment of needs and provision where possible and appropriate; • Integration into existing IT platforms, where appropriate (e.g., LiquidLogic, RiO and EMIS); • A true partnership to build the best delivery model possible; • Data is used intelligently for future commissioning, predicting, and forecasting. and • A partnership that innovates based on problem statements posed by an informed and open culture with the people we support, workforce, and partners.

3. SERVICE COMPONENTS

3.1 Staffing

3.1.1	The Provider must establish a workforce that is of sufficient size and competence to adequately provide the service offered in accordance with this service specification. The Provider must ensure that staff have the necessary experience, skills, attitudes and behaviours to deliver high quality, compassionate care and support.
3.1.2	It is the Provider's responsibility to ensure that adequate and appropriate staff coverage is provided to support this Framework Agreement at all times, irrespective of public holidays, annual leave, periods of extended sickness or planned training.
3.1.3	<p>The Provider will employ person-centred professionals who will work alongside a range of Prescribers to ensure a high-quality service is delivered. Staff will provide equipment-related advice and guidance to Prescribers enabling them to make the best clinical decisions and prescribe the most effective equipment packages. including, but not limited to:</p> <ul style="list-style-type: none">• Supporting the deployment of non-stock equipment items and suggestion of close technical equivalents;• Supporting product evaluation and the refresh of stock equipment;• Supporting Prescribers with assessments;• Undertaking joint assessments, when requested;• Specialist knowledge of paediatric equipment (both stock and non-stock items) to enable participation in the assessment process, set up and adaptations of equipment, refurbishing, repairing and cleaning of items;• Inputting directly into health and social care records systems to build a singular and consistent picture of interventions; and• Promoting the recycling of equipment and supporting equipment recall projects.
3.1.4	The Provider will ensure that a range of clinically trained and expert staff are available to support the contract and Prescribers in delivering more complex equipment.
3.1.5	The Provider will ensure as a minimum that all workers receive the National Living Wage, irrespective of age.
3.1.6	The Provider will ensure that staff, who are eligible, are paid statutory sick pay.
3.1.7	The Provider will ensure that workers are offered a workplace pension in line with statutory requirements and fulfil their employer's obligation to the pension schemes in place.
3.1.8	The Provider will have a robust, objective and demonstrably fair recruitment procedure in place, complying with the requirements of legislation, including but not limited to, written terms and conditions of employment, job description, robust

	DBS process, effective induction programme and comprehensive policies and procedures.
3.1.9	<p>The Provider shall ensure that the following checks are made on all members of staff:</p> <ul style="list-style-type: none"> • Verification of identity; • Two written references one of which must be provided by the most recent employer (and in the event that a previous employer declines to provide a reference, the Provider shall make such alternative or additional checks as may be reasonable in the circumstances) If the staff are recruited who have voluntary experience but have not been in employment then a reference should be provided by the organisation for which they were a registered volunteer; • Work permit where appropriate; • Driving licence and insurance, where appropriate; • Certificates of training and qualifications claimed that are relevant to the position; and • Medical fitness in relation to the position.
3.1.10	For staff who are involved in working with or have regular contact with people, the Provider will ensure that all necessary clearances are obtained through the Disclosure and Barring Service, prior to commencing any front-line work or accessing any Patient Identifiable Data. The Commissioning Partnership requires Enhanced DBS checks to be completed on a 3-yearly basis in line with guidance. Details should be kept on file of the checks undertaken and due dates for all members of staff, regardless of position or responsibilities.
3.1.11	The Provider shall not employ anyone who is on the lists of individuals considered unsuitable to work with vulnerable adults, children or young people in the performance of the service.
3.1.12	The Provider shall upon request produce evidence of any employee registrations and certificates necessary for that employee to provide the services or any aspect of them.
3.1.13	Staff must wear identity badges (complete with photograph and verification telephone number) at all times, in a visible position. The identification must be renewed every three years and must be dated. Appropriate mechanisms must be in place to withdraw identification cards from staff when they cease working in the service.
3.1.14	The Provider will notify the Contract Manager of any posts that are vacant and of any long-term sickness that may impact on the delivery of the service.

3.2 Training

3.2.1	The Provider will nurture and develop their workforce, ensuring that workers are well trained and supported to deliver a high standard of care and support, at no additional cost to the employee.
3.2.2	The Provider will have in place an identifiable training policy which demonstrates a commitment to staff and volunteer development, and the maintenance of professional knowledge and competence. This will be accompanied by a training plan that is 'fit for purpose' to ensure delivery of the service specification, considering relevant legislation and guidelines for community equipment and associated services.
3.2.3	The Provider shall ensure that all staff delivering the service receive induction training and an ongoing training programme appropriate to their role which will ensure competency and compliance with changing statutory requirements and best practice.
3.2.4	<p>Training shall include:</p> <ul style="list-style-type: none"> • Child protection • Communicating with sensory loss or elderly individuals • Confidentiality and data protection • Customer services • Data protection and confidentiality • Dealing with individuals in times of bereavement • Dementia awareness • Dignity in care • Disability and equalities awareness • Health and safety, COSHH, PAT testing (where applicable), legal framework, workplace safety, electrical safety, moving and handling, risk assessment • Infection prevention and control • Moving and handling procedures • Risk awareness • Safeguarding children and adults.
3.2.5	<p>Where carrying out order fulfilment roles, staff are also expected to receive training in:</p> <ul style="list-style-type: none"> • Controls assurance (where applicable) • Driving skills • Fitting, assembly and adjustment of equipment to be provided • Installations and technician services • Maintenance and refurbishment • Operating procedures including maintenance • Relevant technical courses in conjunction with manufacturers guidelines • Risk assessments • Safe use of equipment.
3.2.6	The above lists are not viewed by the Commissioning Partnership as exhaustive and should not be viewed as such by the Provider.

3.2.7	The Provider shall make available, on request, the training records of those staff that are employed to work within the service. All staff shall be fully aware of the Provider's policies governing confidentiality and adhere fully to those rules.
3.2.8	All staff will be trained in the prevention and control of infection as outlined in the Health and Social Care Act, 2008. This will be included in all new staff induction programmes, and an ongoing process of infection prevention and control update training will be integrated into the organisation's training portfolio.
3.2.9	The Provider shall train (and equip) all driver technicians in the skills and techniques of demonstrating, fitting and installing equipment.
3.2.10	All staff completing PPM tasks must be suitably trained and competent to carry out their roles and tasks. This level of competency and training is applicable to all sub-contracted parties undertaking work on behalf of the contract. This includes the correct use of tools and materials necessary to complete all PPM tasks.
3.2.11	The Provider shall ensure that those staff employed to refurbish, maintain and make equipment ready for re-issue are appropriately trained and equipped to do so.
3.2.12	The Provider shall train and equip all delivery staff in the skills and techniques of fitting and installing Prescriber determined equipment, ensuring that no staff member undertakes any activity unless appropriately trained, qualified and certified to do so e.g., electrical works.
3.2.13	The Provider will ensure that all staff are trained so that they are sensitive to people's situations and circumstances, with particular importance given to ensure that the person's dignity is not compromised i.e. adequate and appropriate communication is provided, equipment is not left on doorsteps, equipment which could be perceived as of a sensitive nature or potentially embarrassing to recipients should be thoughtfully supplied (consideration of packaging as applicable) etc.
3.2.14	Whilst carrying out the delivery, installation or collection, the staff will come into contact with a broad range of different people (and their representatives, carers and members of the public), regular training should be provided to ensure they are sufficiently skilled to deal with adults and children with a range of needs. This will include people with learning disabilities, challenging behaviour, autism, mental health, cognitive impairments such as dementia, palliative care needs, living with the effects of stroke or sensory impairments.

3.3 Management

3.3.1	The Commissioning Partnership requires a 'single point of contact' management structure with the Provider. The Provider is to maintain a dedicated Service Manager in support of the Framework Agreement. In periods of absence an approved deputy is to be notified to the Contract Manager.
-------	---

3.3.2	<p>The Service Manager shall ensure that they act with all due skill, care, diligence and competence. They will:</p> <ul style="list-style-type: none"> • Provide and maintain a detailed description of staffing; • Ensure staff competence and professional development; • Ensure that the service is sufficiently staffed to ensure continuity of service, taking into account sickness, holidays, and other absences; • Ensure that all staff have access to appropriate supervision and training to develop and maintain their professional competence and that staff qualifications are up to date; and • Ensure that the service is fully compliant with statutory requirements (e.g., protection of vulnerable adults), conduct Disclosure and Barring Service checks for all new recruits and monitor the existing workforce in this respect.
3.3.2	<p>Formal procedures such as discipline, grievance, and performance management will be managed by the Service Manager.</p>

3.4 Premises

3.4.1	<p>The Provider will supply warehouse, storage, office, retail, and demonstration facilities. The facility or facilities must be organised in such a way to meet the operational demand and speed of response service requirements.</p>
3.4.2	<p>The Provider will supply details of their premises, including evidence of building security.</p>
3.4.3	<p>The premises will conform to the following standards for the duration of the Framework Agreement:</p> <ul style="list-style-type: none"> • Planning and building control regulations and standards; • Health and safety standards; • Fire safety standards; and • Equalities Act (2010) requirements.
3.4.4	<p>The Provider must consider the usage requirements, and the premises must be able to facilitate the following functions:</p> <ul style="list-style-type: none"> • Warehousing <ul style="list-style-type: none"> ○ Suitable racking and space for appropriate stock storage including managing seasonal or emergency variation in stock levels; ○ Suitable recycling, cleaning, and decontamination area; ○ Suitable areas for scrap equipment to be held prior to disposal; ○ Areas for repair, maintenance, modifications, inspection, and testing; and ○ Adequate space for the anticipated growth and on-going service development. • Office, retail, and demonstration space <ul style="list-style-type: none"> ○ Suitable space to demonstrate equipment and train Prescribers on correct use;

	<ul style="list-style-type: none"> ○ Assessment and demonstration space for local residents; ○ Meeting rooms for use by the Commissioning Partnership and other stakeholders, in respect of community equipment provision; ○ Sufficient office and desk space that Prescribers will be able to (on occasion) work out of the Provider’s offices particularly where close collaboration is required i.e. organisation of training, equipment evaluation complex equipment cases; and ○ Suitable parking for customers attending the facility to use the retail, demonstration, and assessment service. <p>To enable joint working the Provider will ensure they also have processes and facilities for guest access to parking, facilities, desk space, IT network etc.</p>
3.4.5	The facility or facilities may only be utilised for the provision of this service and must be conducive to effective stock control and management. The space must be able to cope with sudden changes in stock volumes or emergency provision.
3.4.6	<p><u>Peripheral stores</u></p> <p>Peripheral stores must be located across Lancashire within community and acute settings, to meet population needs.</p>
3.4.7	The Provider shall manage these stores with effective and clear stock management and tracking. Additional store locations may be added and/or removed as required, during the term of the contract.
3.4.8	The Provider will re-stock peripheral stores on a regular, scheduled basis. However, the Provider may at times be required to carry out emergency restocking activities in the case of exceptional demand depleting stock.
3.4.9	The Provider will be required to carry out audits of peripheral stores (annually as a minimum) to verify stock levels and usage of each peripheral store is accurately recorded. This will form the basis of planned stock replenishment and ensure safe levels of stock are always available.
3.4.10	The Provider shall clearly state (and promote) correct usage of Peripheral Stores using its mobile web app and online ordering system. The processes for accessing and using the peripheral stores must be instructional, robust, and well publicised to Prescribers.
3.4.11	Prescribers will be able to use the mobile web app and online ordering system to order equipment from the peripheral stores, with barcode scanning to promote easier and more effective use of peripheral store equipment.
3.4.12	All goods provided to peripheral stores shall be treated by the Provider as far as provision, literature and accessories are concerned as though the items were being delivered directly to people’s homes.

3.4.13	Upon the request of a Prescriber the Provider shall accept back into stores equipment held at peripheral stores.
3.4.14	<u>Retail and demonstration facilities</u> The Provider will have an assessment, demonstration, and display facility available within Lancashire.
3.4.15	The equipment contained within the demonstration facility will be kept up to date to reflect those currently supplied and in-demand products that are relevant for Prescribers and self-funders.
3.4.16	The demonstration facility will be customer friendly, easily accessible, and available for use by Prescribers who wish to demonstrate or assess people. Equipment will be displayed in a user-friendly setting that mimics the home environment helping people and Prescribers to contextualise the equipment's use.
3.4.17	The facility used will be in an accessible location and meet the requirements of the Equalities Act, 2010, health and safety legislation and all current building and fire safety regulations for use by the general public The Provider is responsible for ensuring appropriate insurances are in place to cover the intended use of the assessment and demonstration facility.
3.4.18	The Provider will maintain an 'easy-to-use' booking system to reserve the use of the demonstration facility by professionals.

3.5 Vehicles

3.5.1	A fleet of vehicles are required for the smooth operation of this logistics-style contract.
3.5.2	The Vehicles used must be suitably adapted for all delivery and collection activities and will also be used to carry all equipment and tools needed for installations.
3.5.3	The vehicles must comply to infection control requirements and MHRA Managing Medical Devices Guidance, 2015. Regular cleaning of the interior and exterior of the vehicles must be carried out and an audit trail completed to ensure that vehicles are compliant with infection control guidance and that risk of cross contamination is minimised.
3.5.4	All fleet vehicles must be roadworthy, safe and carry valid MOT, vehicle tax certification and insurance. The vehicles must be maintained in a roadworthy condition that complies with all applicable road traffic legislation.
3.5.5	Vehicles are a prominent and visual example of how the Provider is perceived by the public. The branding of the vehicles as well as their general appearance is therefore an important part of developing a trusted brand. As such, all vehicles will

	be presentable and undamaged (as far as possible).
3.5.6	The Provider will be committed to developing a 'Smart Fleet' of vehicles. Configuration of a Smart Fleet will be the responsibility of Provider; however, this may include electric/hybrid vehicles, the delivery, routing and tracking of the logistical operations or any innovations that allow smooth operation of the entire delivery system.
3.5.7	The vehicles used for the installation and maintenance work, shall be kept in a serviceable and hygienic condition, and have appropriate identifiable branding.
3.5.8	If vehicles are used to deliver and collect equipment from people's homes, peripheral stores or other locations during the same round then appropriate precautions and safeguards must be imposed to protect against potential cross infection as specified by MHRA guidance – link .
3.5.9	Vehicles used to provide services shall carry the appropriate equipment for staff use (e.g., disposable gloves, face masks, equipment bags, plastic aprons, mobile phones).

3.6 Referral process

3.6.1	<u>Equipment orders</u> Equipment orders will be made by Prescribers through the mobile web app or an online ordering system. If on occasion, the app and online ordering system are unavailable, orders may be made by telephone. The mobile app and online ordering system will have the ability to accept orders for all standard stock, bespoke and non-stock (special) equipment from the commencement of the contract and book a delivery slot.
3.6.2	The Provider will accept, triage and fulfil the requirements of the order according to the urgency of the delivery and in the identified timescale required by the Prescriber.
3.6.3	The Provider will have a single point of contact via telephone where Prescribers can call to discuss any issues in relation to their order or to seek advice and guidance about equipment.
3.6.4	The Provider will use a proactive approach to correcting errors made by the Prescriber when ordering and will make suitable efforts to resolve an order to progress a delivery. Where this is not possible a notification of error and suggested mitigations to the Prescriber is required.
3.6.5	<u>Authorised Pin Holders (Prescribers)</u> The Commissioning Partnership will supply a list detailing all Prescribers (and their details; teams, level of authorisation etc.) to the Provider. This list will vary during the contract due to changes in roles and responsibilities.

3.6.6	The Provider will utilise a database for administering the list of authorised Prescribers and as a means of allocating a unique PIN (Personal Identification Number) for use by individual Prescribers.
3.6.7	Prescribers will request equipment using a PIN system that has various levels of authorisation. It is proposed that these PINs will be a simple alpha-numeric format that uses a database within the Providers IT system. The IT system is to “automatically” manage authorisation and prescribing levels, accurately attribute costs between each Commissioning Partner and manage a scheme of delegation.
3.6.8	The Provider will supply an online training programme to enable new Prescribers to carry out access training remotely. Prescribers will be issued with a PIN by the Provider upon successful completion of PIN training.
3.6.9	The allocation of PINs will be carried out by the Provider in line with the protocols agreed with the Contract Manager in respect of levels of access etc. Prescribers’ details, including the issuing of Personal Identification Numbers (PINs) will be administered and maintained by the Provider in line with data protocols agreed with each Partnership Organisation and the ICB, and in compliance with the GDPR.
3.6.10	The Commissioning Partnership expects that the Provider’s PIN system will account for the following Prescriber definable areas: <ul style="list-style-type: none"> • Employer/organisation; • Clinical discipline; • Role/job title; • Authorisation/access levels – clinical, financial, other: and • Be able to differentiate the authorisation and invoicing of orders containing both social care and health funded items.
3.6.11	Further e-learning tools and practitioner advice will be made available on the mobile web app and online ordering system to facilitate Prescriber competence and ensure that equipment is ordered only by those qualified to do so. The mobile web app and online ordering system shall not permit delivery of items that are outside of the level of training or competence required or that exceed the budgetary authorisation of the individual prescribing without additional authorisation.
3.6.12	The Provider will not issue any equipment before receiving receipt of an appropriate order from an authorised Prescriber (using their individual PIN).
3.6.13	The ICS operates a protocol for the provision of equipment into registered residential care and nursing homes. This protocol will be agreed and updated with the Provider prior to contract award. The protocol aims to clearly set out the roles and responsibilities relating to the provision of equipment in residential and nursing care home settings with a view to: <ul style="list-style-type: none"> • Ensure residents receive appropriate equipment to maximise their independence and preserve their dignity; • Avoid ‘double funding’ of service provision; and • Improve standards.

--	--

3.7 Quality

3.7.1	At the time of installation, the driver technicians will carry checks that the equipment is working as intended and has no obvious faults or issues that prohibit safe use. This will involve a visual inspection of the equipment and will confirm the installation is compliant with manufacturer or Provider standards and that the equipment is clean and presentable. This inspection will also confirm that all components or modifications have been correctly installed and any specific Prescriber instructions have been followed.
3.7.2	Where the equipment to be installed has become damaged the Provider will label and remove the item. The item will be returned to the stores. A replacement will be arranged to be installed on the same day, at no extra charge.
3.7.3	Where the Provider is responsible for fitting or installing equipment in the person's home, the Provider shall leave the premises in a clean and tidy condition, and/or as it was found. The Provider shall ensure that residents undergo the minimum disruption necessary whilst staff undertake the activities requested.
3.7.4	The Provider shall move or reposition people's furniture as is necessary to undertake the tasks as requisitioned (but is not expected to move people's furniture up or down the stairs).
3.7.5	The Provider shall put right and put back to the original condition, any damage caused by staff, or any organisation commissioned by the Provider. The costs of such repair will be borne by the Provider.
3.7.6	Unless otherwise requested, the Provider shall ensure that all waste and packaging is removed from the person's property. For the avoidance of any doubt all subcontractor's staff (and indeed the organisation) are bound by the standards, expectations and quality assurances as laid out within this Specification. It is the responsibility of the Provider to ensure that these requirements are met.
3.7.7	The Provider will ensure the following key themes, in relation to standards, are met: <ul style="list-style-type: none"> • Simplified systems and procedures; • Health and Safety requirements are met, including specific arrangements for stock equipment; • Improved management information; • Agreed timescales for service delivery; and • The provision of accurate information in relation to recycling and equipment disposal.
3.7.8	The Provider will be invited to share best practice both locally and regionally where appropriate, striving to deliver a community equipment service that is pioneering, best in class and has an excellent reputation with individuals, their families and beyond.

3.7.9	The Provider will be part of a multi-agency partnership delivering high quality care and support to local people and will work closely with locality hospital teams and community OT teams, both remotely and physically.
-------	---

3.8 Damage to property

3.8.1	The Provider shall bring to the notice of the Prescriber/ Contract Manager, and confirm in writing, as soon as discovered, any defects or anomalies revealed or arising. Should the Provider fail to do so, they will be required to carry out all necessary works as directed by the Contract Manager to remedy the defect or anomaly, wholly at the Provider’s own cost.
3.8.2	The Provider shall exercise great care at all times to prevent damage to the building structure, fittings and fixtures, furniture, equipment, finishes or the like and shall make good any damage caused at their own expense. Details of any such damage must be reported by the Provider to the Contract Manager.

3.9 Business continuity and disaster recovery

3.9.1	The Provider shall have a formal approach to business continuity management that aligns with ISO22301.
3.9.2	The Provider must ensure that adequate arrangements are in place for continuity of the service in the event of major incidents, disaster, staffing shortages, facilities, and system failures appropriate to the service.
3.9.3	A Business Continuity Plan must be in place at the start of the contract and will be presented to the Contract Manager. The Plan must be reviewed regularly and be available upon request, during the term of the Framework Agreement.

4. DELIVERY REQUIREMENTS

4.1 IT system and information governance

4.1.1	<p>The Provider will utilise their own electronic ordering IT system, which is accessible via desktop and mobile devices, and make available a practitioner web app to support all aspects of the service. The following system capabilities will be expected:</p> <p>Stock:</p> <ul style="list-style-type: none">• Online ordering that also feeds into stock management processes;• Live stock level information;• Displays all recycled products (and details of any modifications);• Smart stock management for equipment that ‘goes together’ for example a shower chair may have compatibility with a commode attachment. Where equipment exists with such compatibility a facility should be added to combine equipment into a single order and delivery;• Recording peoples’ information and their equipment requirements with filterable fields that are able to demonstrate which items currently comprise an individual’s equipment package;• Tracking of each equipment item through a unique identification number;• Equipment tracking when issued from Peripheral Stores; and• Automated top up of equipment stocks (including at Peripheral Stores). <p>Ordering:</p> <ul style="list-style-type: none">• A comprehensive Equipment Catalogue including descriptions and products categorised (and filterable) by usage;• Availability and booking of delivery slots;• Regular status updates to Prescribers including completed orders and delays or issues (in multiple formats – text, email or on system);• Delivery tracking to show at which stage of the fulfilment process the product is in;• Automatic ‘flagging’ or notifications to signal alterations in delivery scheduling and the proactive response or mitigations suggested by the Provider;• Use of mandatory forms and check boxes where required, to aid with providing clinical reasoning;• Ability to upload documents to orders for example assessment forms, and clinical reasoning forms, to be viewed by authorisers;• Ability to configure authorisation levels at an organisation, job role, team, and individual level; and• Ability to configure authorisers based on type of equipment ordered, basket total, delivery speed, standard or specials items and delivery address.
-------	--

	<p>Prescriber Support:</p> <ul style="list-style-type: none"> • Patient identifiable data; • Recording and scheduling reviews and customer service calls; • Provision of management, performance and financial information; and • Access to and the ability to download the Policies, Procedures and Guidance from the 3 Local Authorities and the ICB onto the ordering platform. <p>Commissioner Partnership data:</p> <p>A live dashboard, accessible to commissioners only, showing key activity data including but not limited to:</p> <ul style="list-style-type: none"> • Number of deliveries completed • Number of deliveries outstanding • Number of collections completed • Number of PPMs outstanding • Number of PPMs completed • Spend data • Order numbers broken down by team/organisation • Number of unique service users with equipment in situ • Any other KPIs deemed necessary through the Contract Manager. <p>It is essential that the Provider’s IT and infrastructure platforms are available as a mobile web application and online ordering platform. This will facilitate Prescribers accessing ordering, information and peoples records whilst agile working.</p>
4.1.2	The Provider must follow latest national technical codes of practice and security guidelines, as issued by the National Cyber Security Centre and Cabinet Office.
4.1.3	The Provider must provide appropriate open interfaces for Partnership Organisations to engage with for data sharing.
4.1.4	The Provider will ensure ease of access and interoperability through open data standards and adhering to the latest UK Government standards.
4.1.5	The Provider will ensure that all components of the mobile web app and online ordering system are running vendor-supported versions of the various software, and that all security patches are installed and up to date.
4.1.6	The Provider must have a documented system in place for recording and investigating security breaches (losses of data, inadvertent release to unauthorised personnel, accidents) and a process to ensure lessons are learnt from any incident. The Contract Manager must be immediately notified of any breaches of information security.
4.1.7	<p><u>Information governance</u></p> <p>The mobile web app and online ordering system shall comply with NHS and the Councils Information Governance policies by incorporating password protection,</p>

	activity time out and use of a unique identifier number to prevent Patient Identifiable Data from being communicated in referral confirmation communications.
4.1.8	IT procedures must be fully compliant with the Data Protection Act, 2018, Caldicott Guidance and Practice and Information Commission Guidance and Practice.
4.1.9	The Provider is authorised to receive information regarding new referrals from Commissioning Partnership Prescribers, however, all necessary precautions must be taken to ensure that any information given, irrespective of its nature and the method presented is only used for its intended purpose.
4.1.10	Breaches of the above provisions may leave the Provider liable to prosecution under the Data Protection Act, 2018.

4.2 Performance management and reporting

4.2.1	The service needs to show how the money it spends delivers sustainable outcomes by evidencing what it does, how it does it, and how well it does it. Specifically, the service needs to evidence that its service/interventions have made a difference to the individuals it supports. The Provider must compile, maintain and submit such Information or data as the Partnership Organisation may reasonably require.
4.2.2	Performance management will be undertaken using a number of methods including: <ul style="list-style-type: none"> • Local data sets; • Qualitative reporting; and • Financial and workforce reporting.
4.2.3	The Provider will work with the Commissioning Partnership to evaluate the overall effectiveness of the service at agreed intervals, using an appropriate methodology (e.g., cost benefit analysis, social return on investment).
4.2.4	The Provider shall submit to the Contract Manager monthly management reports in line with the following KPIs. This list is not exhaustive and should only be used as a minimum indicator: <ul style="list-style-type: none"> • The number and value of both deliveries and collections made, broken down by Partner Organisation and team; • The number and value of items delivered by type (inc. decision to supply and issue dates); • The numbers and value of items collected by type (inc. issue date, collection request date and collection date); • The number and value of items scrapped by type (inc. reason for write off and authorisation receipt if applicable); • The number of deliveries made within the timescales requested, breakdown by speed of response requested; • The number of collections made within the timescales requested,

	<p>breakdown by speed of response requested;</p> <ul style="list-style-type: none"> • The number of deliveries made outside the timescales requested, breakdown by speed of response requested; • The number of collections made outside the timescale requested, breakdown by speed of response requested; • Prescribers' use of speeds of response; • Inventory of items on loan within the community; • The number and value of orders placed but not delivered (commitment report); • Approximate value of items awaiting collection from people; • Value and type of work undertaken by sub-contractors; • Planned preventative maintenance inspections/visits completed; • Warranty claims or actions (new or recycled); • Number, source and nature all of complaints received; • The steps taken to resolve the complaints; • Verbal and physical stakeholder surveys undertaken including feedback; • Financial demand on the service (equipment and overheads); • Listing of active and de-active PINs; and • Any other indicators, following discussion, as requested by the Contract Manager, especially those required as part as Governmental indicators/reporting.
4.2.5	<p>The monthly management reports should be in an electronic format. The style and layout should be standard and shall accommodate all the Partnership Organisations specific requirements. Even though the content may vary for each partner, the Provider shall ensure that all available or presented management information is in a user-friendly format and a form that is easy to manipulate, as agreed by the Contract Manager. In addition, commissioners should have access to a dashboard where live activity data can be viewed for each contract.</p>
4.2.6	<p>In addition to the above report the Provider will provide the Contract Manager with evidence of their monthly data validation checks to ensure date and data accuracy. A minimum of 10% of requisitions must be sampled to ensure information accuracy. This volume is subject to change depending on satisfactory outcomes of sampling exercise.</p>
4.2.7	<p>The Commissioning Partnership shall discuss, agree and establish a protocol for management reporting prior to the operational launch of the service.</p>
4.2.8	<p>The Provider will work closely with the Commissioning Partnership to ensure that all opportunities for continuous service improvement and best value are highlighted and acted upon. This includes providing challenge to the local processes and use of the service.</p>
4.2.9	<p>The Commissioning Partnership will require a range of service Information to be made available on an ongoing and ad-hoc basis to ensure the quality and standards outlined within the contracts are maintained.</p>

4.2.10	If the Commissioning Partnership identifies further information requirements, the Provider shall provide this at no extra cost to the Commissioning Partnership where the Information is in possession or control of the Provider to do so.
4.2.11	<p><u>Outcomes</u></p> <p>The Provider will ensure that outcome data is recorded systematically and submitted to the Contract Manager at quarterly intervals. Data should include evidence to support:</p> <ul style="list-style-type: none"> • Disabled adults, older people and children can stay at home in a safe environment; • The provision of equipment helps people maintain independent living at home, in education and at work; • Paid and unpaid carers are supported and safe; • Statutory organisations' risks are managed; • Prescribers are skilled and working efficiently; and • The service is responsive to the needs of local residents and Prescribers.
4.2.12	The Provider will also be expected to produce case studies from different aspects of the service, at a frequency to be agreed with the Commissioning Partnership.
4.2.13	<p><u>Compliance</u></p> <p>The performance data required under this specification is subject to change by the Commissioning Partnership. Such changes will be discussed in advance and managed by the Contract Manager.</p>
4.2.14	A final agreement will be reached during the set-up phase as to the precise monthly and quarterly returns and quality reporting required by the Commissioning Partnership and the Contract Manager.
4.2.15	<p>In relation to overall compliance, the Provider will be expected to:</p> <ul style="list-style-type: none"> • Follow the guidance set out in Community Equipment Code of Practice Scheme (CECOPS) Code Standards 11 and 12; • Provide the following financial, performance and governance functions: <ul style="list-style-type: none"> ○ Information governance reporting (quarterly and ad hoc) ○ Financial reporting (monthly) ○ Workforce reporting (quarterly) ○ Social value reporting (quarterly); • Make full use of performance information as part of continuous service development; and • Assist the Commissioning Partnership in servicing strategic commissioning functions.
4.2.16	<p><u>Community Equipment Board meetings</u></p> <p>Community Equipment Board meetings will be formal meetings and will take place on a monthly basis. Prior to the meetings the Contract Manager will inform the Provider of any areas of underperformance or concern. The Provider will provide exception reports to address these issues.</p>

4.3 Communication

4.3.1	<u>Communications Standards</u> The Provider is to respond to written or email communications within 3 working days or earlier if specifically requested. Holding replies or acknowledgements are accepted as good practice but will not constitute a reply.
4.3.2	The Provider will respond to telephone messages within 24 hours except where weekends or bank holidays intervene or where urgent attention is required. The Provider must maintain a dedicated email address to receive and send instructions and communications.
4.3.3	The Provider will ensure the design and implementation of a communications strategy detailing how they will respond to the full range of communication requirements including: <ul style="list-style-type: none">• Responding to general enquiries;• Complaints;• On-going equipment management issues; and• The handling of crisis and emergency situations.
4.3.4	<u>Complaints and Compliments</u> All complaints and compliments will be recorded by the Provider in writing or within a spreadsheet or database for assessment and analysis and will be discussed at the monthly contract monitoring meeting.
4.3.5	The record of the complaint/compliment will state: <ul style="list-style-type: none">• The location;• A description of the issue in sufficient detail to define whether it relates to the employee or the Provider;• The date of the complaint/compliment; and• The referral reference where applicable. <p>Repeat complaints about the same issue will be counted as separate instances.</p>
4.3.6	The Provider shall deal with any complaint as follows: <ol style="list-style-type: none">1. The Provider will deal with any complaint that is received in a prompt (within two working days) courteous and efficient manner;2. Details of any unresolved complaint must be passed to the Contract Manager, in writing as soon as possible;3. The Provider shall keep and maintain a record of all complaints received from any source together with any remedial action taken. Copies of such reports shall be supplied to the Contract Manager on a monthly basis, including all nil returns;4. At the end of each quarter, the Provider shall submit a status report of complaints, clearly identifying such complaints alongside results of Provider's satisfaction survey information.
4.3.7	<u>Media</u>

	The Provider will also work with the Contract Manager, the Council Press Offices and the ICB Communications Team to, where appropriate, jointly respond to media related issues. Press releases and responses to media enquiries will be approved by an Executive Director.
--	---

4.4 Costing schedule

4.4.1	<u>Equipment costs</u> The service shall operate based on a credit, buy back, model for the purchase of standard stock items.
4.4.2	Prior to issue, all standard items of stock will be owned by the Provider. At the point of issue equipment is purchased by the Partnership Organisation. During the period in which the equipment is loaned to people, ownership will pass from the Provider to the relevant Partner Organisation, based on the equipment type and the postcode of the resident.
4.4.3	In alignment with the credit model and finance schedule any products supplied will be charged to the Partner Organisation at cost price by the Provider.
4.4.4	The collection recycle credits will apply to all standard community equipment products, detailed in the agreed Community Equipment Catalogue. Special and bespoke products outside of the scope of the Catalogue shall not be subject to collection recycle credits. Consumables are not subject to collection credits. Special and bespoke items will be owned by the Partnership Organisation when on issue and when in the depot.
4.4.5	At the point at which the equipment has been collected, decontaminated and is ready for re-use, the Provider shall credit back the agreed percentage of the original cost of each item to the relevant Partnership Organisation. Ownership will transfers back to the provider.
4.4.6	The responsibility for accountability, serviceability and maintenance for equipment will remain with the Provider.
4.4.7	Any recycled equipment will be reused in preference to new items.
4.4.8	The Provider will maintain a detailed budget monitoring system and will submit monthly invoices for all equipment to the relevant budget holders based on the postcode of the recipient and type of equipment ordered.
4.4.9	The Provider shall agree a purchase value with the relevant incumbent providers to acquire any existing stock equipment currently held in the stores by the Commissioning Partnership and a disposal procedure for those that require disposal by agreement.
4.4.10	<u>Service costs</u>

	Each contract includes the delivery, collection, cleaning, storage, installation, decontamination, servicing, maintenance and recycling of the equipment.
4.4.11	<p>The Provider is expected to submit a clear breakdown of all activity costs, covering each element of the service, including:</p> <ul style="list-style-type: none"> • Delivery and installation - The expenses associated with delivering, fitting and setting up the equipment. <ul style="list-style-type: none"> ○ Delivery to a person’s home, peripheral store or prison ○ Fitting ○ Installation and setup • PPM, servicing and repairs – The costs for ongoing maintenance, repairs, and replacements. <ul style="list-style-type: none"> ○ Annual maintenance contract per person ○ General repairs (average cost per repair).

4.5 Safeguarding

4.5.1	The Provider is required to ensure that the service has policies and procedures for safeguarding vulnerable children and adults. These should be developed with reference to the policies and procedures of the Lancashire Safeguarding Adults Board and the Children's Safeguarding Assurance Partnership – link .
4.5.2	The Provider is required to ensure that all staff and volunteers working within the service are aware of their safeguarding responsibilities and receive initial and refresher training appropriate to their role.
4.5.3	The Provider shall ensure that all staff working within the service know how to make a safeguarding referral to each partner organisation.
4.5.4	Owing to the vulnerable nature of some people, the Provider is to arrange Enhanced Disclosure and Barring checks of all staff and volunteers to show whether they have a criminal record, caution, warning or conviction. If the check does show a conviction that is serious in nature or relevant to the role, the Provider must deem the staff member, volunteer or prospective staff member unsuitable.
4.5.5	The Provider will be required, when requested, to provide the Contract Manager with access to the DBS documentation for all staff and volunteers engaged on the contract.

4.6 Governance

4.6.1	LCC will take lead responsibility for all activities under the Framework Agreement.
-------	---

4.6.2	The Commissioning Partnership and the Provider will work in collaboration to ensure the full range of stakeholder needs are considered and as far as possible are met.
4.6.3	To ensure that the Provider can fulfil these roles, they must display an awareness of the critical function the service delivers and the strategic direction guiding service provision. Strong working relationships must be established and built upon across maintained across all stakeholder organisations including health partners, social care, children’s services and the voluntary sector.
4.6.4	A range of Strategic and Operational, Clinical and Patient Focussed Groups will be operated by the Commissioning Partnership to manage the performance of the Framework Agreement and guide strategic development of the service. The Provider will be required to attend and participate as appropriate in these groups.
4.6.5	<p><u>Partnership working and interdependencies</u></p> <p>The service must be demonstrably accountable to the Commissioning Partnership and to the people they serve. The Provider will ensure that services are outward looking and will engage with all relevant partners to achieve better outcomes for the people who need support. In doing so the Provider will take account of the following interdependencies:</p> <ul style="list-style-type: none"> • Acute Trusts; • Adult Social Care (including Hospital Discharge Teams, Reablement and Occupational Therapy); • Children's Services; • District Councils; • General Practitioners; • Housing departments, private agencies and social landlords; • Local neighbourhoods; • Mental health services; • Non-facilitated self-help groups; • North West Ambulance Service; • Pharmacies; • Practice Based Partnerships; and • Schools.
4.6.6	The Provider will contribute to the development of shared protocols with other health and social care organisations that are appropriate for the people who access support. They will ensure all policies and procedures have clearly stated objectives and stipulate who is responsible for implementation and monitoring arrangements.
4.6.7	<p><u>Legal compliance</u></p> <p>The Provider shall ensure that its employees comply with all relevant legislation, regulations and statutory circulars insofar as they are applicable to the service, as detailed in section 1.3.2.</p>

4.6.8	The Provider must demonstrate that it is compliant with appropriate legal requirements and must demonstrate that it has an adequate range of evidence-based policies, protocols and strategies in place.
4.6.9	The Provider will share all policies and updates with the Contract Manager.
4.6.10	<u>Insurance</u> The Provider will hold the appropriate level insurance cover as set out in the Framework Agreement.
4.6.11	In the event of a claim the Provider and the Commissioning Partners shall cooperate in the provision of information requested by the other, subject to legislation. The Provider shall, where reasonably requested by the Contract Manager, support the Commissioning Partnership in any press and media enquiries.
4.6.12	<u>Internal governance</u> The Provider is expected to have a strong internal governance structure and organisational governance plan. This should cover issues including: <ul style="list-style-type: none"> • Communication between people who use the service and staff (including managers and Prescribers); • Communication between staff across the service; • Effective reporting mechanisms; • Client/patient records; • Service data; • Incident reporting; and • Health and safety. Such governance arrangements will take into account all current or any future legislation that applies.
4.6.13	The Provider will ensure all policies and other relevant documentation (e.g., assessment forms) are Equality Impact Assessed prior to use.
4.6.14	<u>Clinical governance</u> Appropriate clinical governance is of paramount importance to the NHS, and it is intended that clinical governance matters will be overseen by the ICB Commissioners as appropriate. They will oversee the implementation of clinical governance frameworks to monitor and improve service quality and conduct regular audits and inspections to ensure that the equipment provided is safe, effective, and meets the required standards. This includes checking that equipment is properly maintained and that staff are adequately trained.
4.6.15	The Provider will: <ul style="list-style-type: none"> • Have robust mechanisms and processes in place to manage all aspects of clinical governance. These governance arrangements will cover (but are not limited to): <ul style="list-style-type: none"> ○ Safeguarding; ○ Untoward incidents; ○ Risk reduction and prevention;

	<ul style="list-style-type: none"> ○ Dissemination of alerts; ○ Training; and ○ Monitoring of services. <p>Processes will include escalation and notification of events to the Contract Manager as required;</p> <ul style="list-style-type: none"> ● Ensure that all clinical interventions will be delivered in line with national guidance such as NICE and or local guidance, where applicable. The Provider has a responsibility to keep up to date with changes in guidelines; ● Ensure that there are clear quality governance structures supporting any Patient Group Directions within the service; ● Ensure there is a policy and procedures regarding infection control; ● Deliver a Serious Untoward Incident Policy which is consistent with the guidance issued by the National Patients Safety Agency in April 2002; ● Have clear procedures for investigating and acting upon any serious and untoward incidents findings; ● Notify the ICB and Contract Manager within 24 hours of critical incidents (this must be the trigger to investigate the incident), and further provide quarterly reports to the Contract Manager; and ● Produce reports on serious untoward incidents, adverse health care incidents, and near misses, based on appropriate national guidance.
--	--

4.7 Social value

4.7.1	<p>Social value is a process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and economy, whilst minimising damage to the environment.</p>
4.7.2	<p>The key outcomes for social value for this service are as follows, as identified in Lancashire County Council's Social Value Policy (Social value - Lancashire County Council).</p> <p>Employment and Skills</p> <ul style="list-style-type: none"> ● NT1 - No. of full time equivalent direct local employees (FTE) hired or retained for the duration of the contract; and ● NT9 - No. of weeks of training opportunities (BTEC, City & Guilds, NVQ, HNC - Level 2,3, or 4+) on the contract that have either been completed during the year, or that will be supported by the organisation until completion in the following years. <p>Community Building: health and wellbeing</p> <ul style="list-style-type: none"> ● NT26 - Initiatives taken or supported to engage people in health interventions (e.g. stop smoking, obesity, alcoholism, drugs, etc.) or wellbeing initiatives in the community, including physical activities for adults and children;

	<ul style="list-style-type: none"> • NT27 - Initiatives to be taken to support older, disabled and vulnerable people to build stronger community networks (e.g. befriending schemes, digital inclusion clubs); and • NT52 - Innovative measures to enable healthier, safer and more resilient communities to be delivered on the contract - these could be e.g. co-designed with stakeholders or communities, or aiming at delivering benefits while minimising carbon footprint from initiatives, etc. <p>Environmental sustainability</p> <ul style="list-style-type: none"> • NT32 - Car miles saved on the project as a result of a green transport programme or equivalent (e.g. cycle to work programmes, public transport or car-pooling programmes, etc.); • NT53 - Innovative measures to safeguard the environment and respond to the climate emergency to be delivered on the contract - these could be e.g. co-designed with stakeholders or communities, or aiming at delivering benefits while minimising carbon footprint from initiatives, etc.; • NT72 - Hard to recycle waste diverted from landfill or incineration through specific recycling partnerships (e.g. Terracycle or equivalent); and • NT88 - Reduce waste through reuse of products and materials.
--	---

4.8 Contract

4.8.1	<u>Compliance</u>
4.8.2	The Commissioning Partnership expects to build a strong and effective working relationship with the Provider, with shared values and vision regarding the delivery of the Framework Agreement.
4.8.3	<u>Contract management.</u> The Provider will produce relevant reports including finance and evidence of delivery and outcomes. It is the Commissioning Partnership's aim to ensure that the governance arrangements applied to this specification are outward as well as inward looking and therefore views and experiences of stakeholder organisations in terms of the delivery of this service specification will be sought as part of contract management.
4.8.4	The Provider will keep a risk register for all risk factors relating to this Framework Agreement, which will be shared openly with the Commissioning Partnership.
4.8.5	The Provider is expected to be transparent in all areas of contract delivery and provide early warnings with an accompanying action plan for any areas of underperformance, detailed in an assurance framework.
4.8.6	<u>Review of the service specification</u> The Commissioning Partnership may review and/or vary this service specification from time to time in the interests of the people who use the service. The Provider

	will be closely involved in this process to identify any implications (financial and human resources) for service delivery.
4.8.7	The Commissioning Partnership reserves the right to review the content and detail of this service specification to take account of changes in national policy and funding. This may also include the inclusion or exclusion of specific elements of services.
4.8.8	It is essential that the Commissioning Partnership and the Provider are committed to working together in the spirit of mutual co-operation and trust in developing this service and taking it forward during the period of the Framework Agreement.
4.8.9	Any changes to services or how they are delivered shall be negotiated between the Commissioning Partnership and the Provider, including any associated changes to the price.

4.9 TUPE statement

4.9.1	The Provider will ensure that where TUPE applies to the existing employees, the Provider will comply with all of its obligations under the TUPE regulations.
-------	--

5. APPENDICES

Definitions	
Acute care	Health care that you receive in hospital following an injury, operation, or illness. It is different to any care received for an ongoing health condition from GPs, community nurses or other professionals in the community.
Bespoke equipment	Highly specialised equipment that is uniquely modified or tailored to accommodate the highly specific needs of a person. Bespoke items are often custom-made to measure or designed to meet the unique requirements of a particular user.
Care worker	A person who is paid to support someone who is ill, struggling or disabled and could not manage without this help.
Carer	A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help.
Commissioning Partnership	The organisations that plan the services that are needed by the people who live in the area the organisation covers and ensures that services are available. For the purpose of this contract this includes Blackburn with Darwen Council, Blackpool Council, Lancashire County Council and the Lancashire and South Cumbria Integrated Care Board.
Complex Aids to Daily Living (CADLs)	Equipment that helps with complex tasks usually requiring a more specialised approach to support those with impairments.
Community equipment	A service in the area that supplies equipment on loan, to enable people to live safely in their own home and remain independent.
Consumables	Non-durable supplies used for patient care, diagnosis or treatment.
Contract Manager	Person(s) responsible for the management agreements from their creation to execution by the chosen party and eventual termination of the contract
Credit model	A financial model where a percentage or agreed amount of credit is given back within a contractual agreement.
Decontamination	The process of removing contaminants on an object or area, including chemicals, micro-organisms or radioactive substances. This may be achieved by chemical reaction, disinfection or physical removal.
Delayed Transfers of Care	Delayed discharges from a hospital setting due to the care required not being available.
Desktop	Software and systems that are compatible with computers and laptops to perform computationally tasks efficiently.
Disability equipment	Tools and technologies that help people with disabilities perform daily tasks.
Discharge to Assess/Home First Pathways	A program that helps people leave the hospital when their acute medical care is complete but may require further assessment to determine their ongoing health and social care needs.
Domiciliary care	A range of in-person, care services put in place to support someone in their own home.

End of life	People considered to be approaching the end of their life and are likely to die within the next 12 months.
Equipment Catalogue	A list of items available along with their details and uses.
Framework Agreement	Agreement between parties to determine the number of conditions for a contract within a certain period of time.
Health care	The organised provision of medical care to individuals or a community.
Integrated Care System (ICS)	Partnership between organisations that work together to meet health and needs in a specific area.
Invasive equipment	A device that is intended to be inserted into the body, either through an opening or direct through the skin.
Minor adaptations	Simple changes or fixtures to a home to aid in accessibility for people and do not require structural changes to the home.
Mobile	Portable device used for connecting to telecommunications networks in order to transmit and receive voice, video and data.
Non-stock items	Items that are not kept in regular stock by the Provider. They are typically ordered on a case-by-case basis and may include special or bespoke equipment that is not commonly used or readily available).
Nursing care home	A home that is lived in with other people, with staff providing care and support. The home provides accommodation, meals and personal care. Nursing homes employ registered nurses to provide nursing care. Homes may be privately owned or may be run by a charity or a local council.
Patient/user	Someone in receipt of health and social care services and/or equipment.
Peripheral stores	Small locality based smaller stores used for supporting people to return to their home safely within a short time frame usually located within established healthcare environments.
Planned Preventative Maintenance	Proactive maintenance prevents unexpected equipment and machinery failures through regular scheduled inspections, services, and repairs.
Prescribers	A professional who has the legal authority to prescribe and order community equipment on behalf of someone else.
Proportionate care	Providing the right level of response to suit the needs of the person and includes the right profession and skills mix to avoid duplication.
Provider	The organisation providing the Community Equipment Service.
Recycle	To use a special industrial process in order to make equipment ready to be used again.
Reissue	Making equipment available again.
Repairs	The restoration of an item of equipment to such a condition that it may be effectively utilised for its designed purpose again.
Residential care	A home that is lived in in with other people, with staff providing care and support. The home provides accommodation, meals, and personal care. Care homes may be privately owned or may be run by a charity or a local council.
Reuse	To use something again.

Self-assessment	A measure that determines and asks people to rate their own health and needs.
Servicing	The act or process of overhauling or repairing an item of equipment on a regular contractual arrangement.
Simple Aids to daily living (SADLs)	Low cost, simple items of equipment that help people with impairments to perform everyday activities.
Single Point of Access	A service that provides a first point of contact for people looking to access services.
Social Care	Care and support for those who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems, and carers. It includes residential care, home care, personal assistants, day services, and the provision of aids and adaptations,
Specialist Application (App)	A computer program or piece of software designed for a particular purpose that can be downloaded onto a cellular phone or other mobile devices.
Specialist Auditory Equipment	Devices that can amplify sounds.
Specialist equipment	Items of equipment that are not part of the Equipment Catalogue. They are often designed to meet the specific needs of people that cannot be addressed by standard stock.
Specialist medical equipment	Devices, controls, or appliances that are care specific to perceive, control or communicate with their environment.
Stakeholder	A person or group of people who have a vested interest in the decision -making and activities of a business organisation or project.
Visual sensory equipment	A collection of equipment that can stimulate the visual senses.
Warehouse/depot	Main centralised distribution centre that collects, stores and delivers equipment.
Web Based	Software application that runs on a web server rather than a devices operating system and can be accessed through a web browser using internet connection.