

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
 Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	Draft v15
Service	Community Gynaecology Ultrasound Service
Commissioner Lead	Sara White, Assistant Director – Service Redesign
Provider Lead	tbc
Period	1 March 2018 – 28 February 2019
Date of Review	Annually

1. Population Needs
<p>1.1 National/local context and evidence base</p> <p>1.1.1 National context</p> <p>Nationally, the NHS supports the need to develop improved access to diagnostic tests as part of the drive to reduce waiting times and improve choice options for patients. The need to develop community based diagnostic services is supported by the Royal College of Radiologists and Royal College of General Practitioners as part of a strategy to improve access to tests and ensure that the tests are delivered at the right stage of the patient care pathway.</p> <p>1.1.2 Local context</p> <p>1.1.2.1 The purpose of this service specification is to outline a new community based direct access, non-urgent and non-obstetric gynaecology ultrasound scan service that NHS Lambeth Clinical Commissioning Group (CCG) will be commissioning for its adult GP registered Population 18 years and above. The service is scheduled to commence on 1st March 2018 and will offer trans-abdominal and trans-vaginal scans.</p> <p>1.1.2.2 A community based non-urgent, direct access and non-obstetric gynaecology ultrasound has been in place since April 2012 – March 2017 (extended to 28 February 2018), with services provided in two sites for patients in the South East and South West localities of the borough.</p> <p>1.1.2.3 Following a service review by the CCG between July-October 2016 which included patient interviews from existing community service, the acute sector and GP surveys, the CCG decided to re-procure a new and expanded service to cover the whole borough.</p> <p>1.1.2.4 Services will be offered from three geographically distributed sites that are easily accessible for patients by public transport. The sites will be mandated by the CCG and will offer same services.</p>

1.1.2.5 The contract will run for a period of 3 years with an option to extend for a further 2 years, with variations incorporated based on regular evaluation, performance monitoring and termination of contract as outlined in the NHS Standard Contract 2016-17.

1.1.2.6 Total annual activity

The table below shows the expected level of activity across the three localities. Assumptions on growth are based on GLA (Greater London Authority) projections.

Projected Activity	Yr 1 2018/19	Yr 2 2019/20	Yr 3 2020/21	Yr 4 2021/22	Yr 5 2022/23	TOTAL
Projected Activity - South East and South West	3,473	3,508	3,541	3,575	3,604	17,702
Projected Activity - North	868	877	885	894	901	4,425
Total Activity	4,342	4,385	4,426	4,469	4,505	22,127

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

2.2 Local defined outcomes

Please see Quality Requirements 5.1

3. Scope

3.1 Aims and objectives of service

- To ensure patients receive the right test at the right time and in the most clinically appropriate local setting.
- To ensure diagnostic testing is integrated across pathways of care, that the report and images follows the patient and that there is no unnecessary duplication of investigation.
- To develop local service provision as part of a diagnostic commissioning plan, which aims to improve access and choice for patients.
- To enable patients and referring clinicians to access a choice of provision according to patient choice, clinical need and relevant care pathway.
- To ensure diagnostic tests are appropriate, necessary, clinically correct, of high quality, with timely access and test results reporting and information provided to the referring clinician.

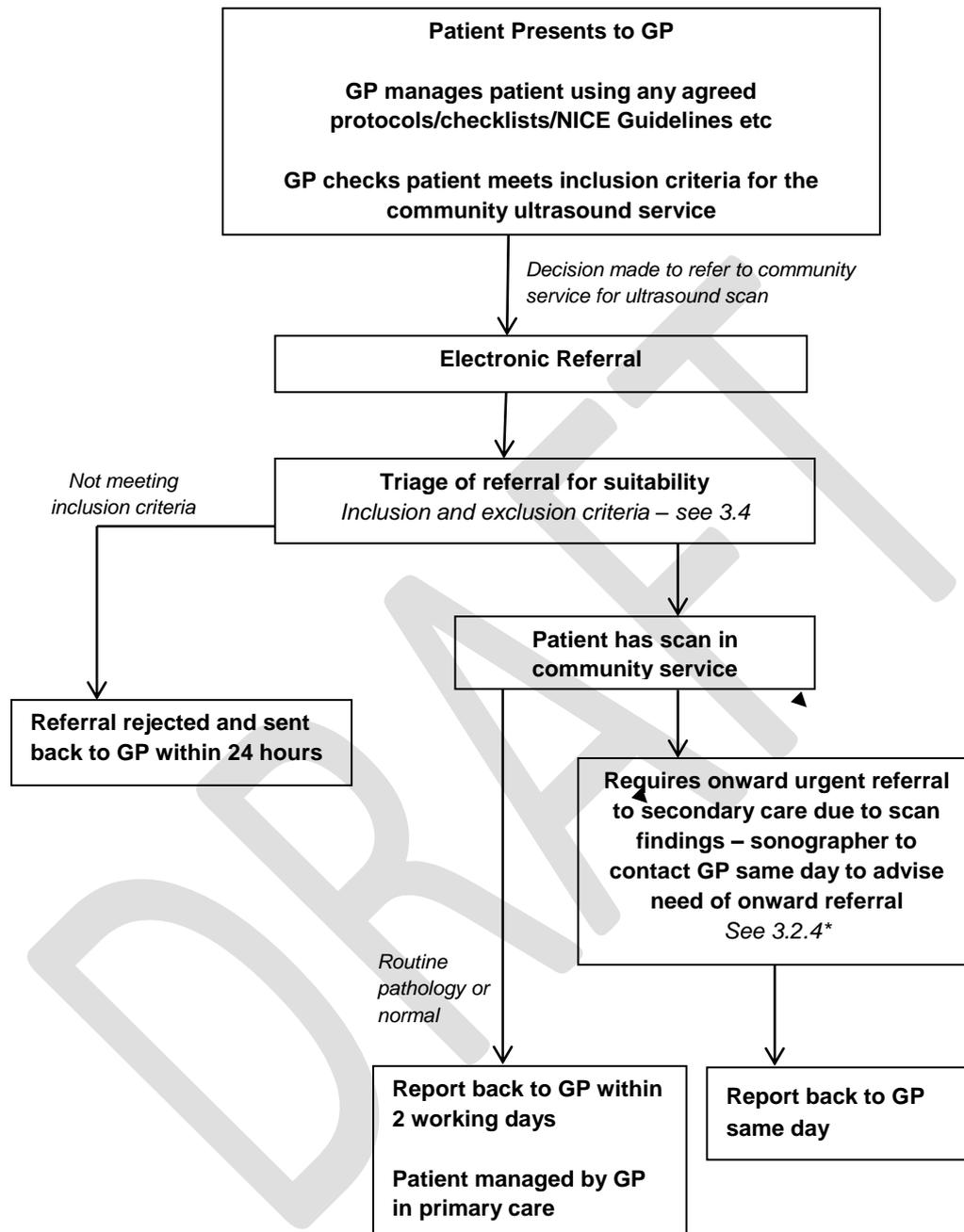
3.2 Service description/care pathway

- 3.2.1 The care pathway being commissioned is pre-appointment communication with patients, the diagnostic investigation and a report being sent to the referrer which covers not only the description of the investigation and the findings, but also, covers where appropriate any recommendations for further imaging or investigation and advice on management. Structured reporting will be encouraged to support local referrers in their options for further clinical management. Please see under 3.2.6. The service will need to be fully quality assured, validated and supported by the CCG.
- 3.2.2 The provider must aim to provide an excellent patient experience during all parts of the process – to include the examination and the administrative services. In order to measure this, providers should have in place robust mechanisms for consistently collecting patient feedback using approaches that reflect the diverse nature of their patient population. This should include as a minimum, a patient experience survey, and a real time feedback mechanism. There must be a sound process for receiving and dealing with patient suggestions, compliments and complaints.

Please see pathway flow chart on next page

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Figure 1: Community Ultrasound Service Pathway



Note:

PACS (Picture Archiving and Communication Systems) must be in place linked as a minimum to Guys and St Thomas and Kings College Hospitals NHS Foundation Trusts (and other local trusts where technical capability exists), and viewable 24 hours every day to avoid duplication of scans.

3.2.3 Pre-referral

- The referrer needs to ensure that any guideline is followed that would minimise the need for unnecessary ultrasounds taking place. Importantly that delay in having to carry out and report an ultrasound would not present a threat to the patient's health e.g. bleeding aortic aneurysm or cancer.
- The patient should have the procedure explained pre-referral and why it is needed.

3.2.4 Referral

- Referrals from GPs will be made electronically. The provider will be expected to be connected to ERS (*previously known as Choose and Book*) at the earliest opportunity if and when it becomes available for booking direct access ultrasound scans. They will also be expected to work with the CCG on future developments relating to access via ERS.
- Where appointments are not directly bookable, an appointment should be identified immediately or as a maximum, within 2 working days. The patient should be contacted within the 2 working days of acceptance of referral.
- The patient should be offered choice of day, time and location of appointment (where applicable) that is convenient to them, but this must not allow any urgent scan to be unnecessarily delayed.
- It is anticipated that all referrals will be directly from general practice.
- The provider must provide information to GPs outlining the service they offer and the referral process. This will be uploaded onto the DXS system for GPs by the CCG.
- The provider will inform the referring clinician that:
 - the patient does not meet inclusion criteria and therefore not scanned within 24 hours.
 - the patient was scanned – routine pathology or normal results within 2 working days.
 - *the patient was scanned - urgent results requiring onward referral – report back to GP same day ensuring there is a system in place to acknowledge receipt of notification and urgency to the GP and assurance. The onward referral will be made by the GP.
- The care pathway being commissioned includes pre-appointment communication with patients to include the diagnostic investigation. The provider must ensure patients have an adequate understanding of the proposed ultrasound scan before the appointment and any particular preparations that they will need to make, by providing written information by letter in advance explaining the purpose of the ultrasound scan, what it involves, how long it will take, and when and how they can expect to receive the results. This information should be reinforced on arrival at the appointment, consistent with the written information already given. Examples of information to be included: whether the gynaecology scan will be trans-vaginal or trans-abdominal, translation services and chaperone services.
- The provider shall not discriminate between or against patients or carers on the grounds of gender, age, ethnicity, disability, religion, sexual orientation or any other non-medical characteristics. The provider shall provide appropriate assistance and make reasonable adjustments for patients and carers who do not speak, read or write English or who have communication difficulties.

- Providers will provide to commissioners detailed referral statistical information on referrers, referring practice, service utilisation, referral rejection rate and clinical outcome to allow refinement of the clinical pathway. This will be via a monthly performance report.

3.2.5 **Assessment**

- Staff must be qualified to appropriate levels of skill and experience in using ultrasound equipment which complies with the guidance set by the Royal College of Radiologists, connection to NHS image transfer solutions, the ability to integrate with the electronic referral system (ERS), robust performance management systems and stringent levels of clinical governance.
- The provider will triage referrals against the criteria for inclusions and exclusions to the service and provide information back to the referring clinician within 2 working days of receipt of referral where the referral does not meet the criteria (see 3.4).
- Scanning should be undertaken within 10 working days (two weeks) of acceptance of referral and at an absolute maximum of 20 working days (4 weeks).
- A minimum of verbal consent should be obtained for all patients and should be recorded in the ultrasound report.
- When a chaperone has been present at the time of the scan, the initials of that individual should be recorded in the report.
- The patients must be offered the option of chaperone provision for the examination. The definition of intimate or invasive ultrasound may differ between individual patients for ethnic, religious or cultural reasons and should be considered by the clinician.
- The provider should be aware of the weight limit for various examination couches and ensure that the appropriate equipment is available or make suitable alternative arrangements when necessary.
- The provider will not usually provide the result of the diagnostic test at the time of the investigation, but will explain that a report will be sent without delay to the referrer and indicate timescale. However, where the patient requests further information the sonographer will use their knowledge and discretion to determine the appropriateness of imparting the result within their scope of practice.

3.2.6 **Reporting**

- A written clinical report should be sent electronically to the GP (or referrer) within 2 working days following the examination. The information should be communicated electronically via a secure network such as N3 and linked to the Local Care Records Service.
- The provider shall ensure that the diagnostic report is produced according to the guidance set out within the document 'Standards for the Reporting and Interpretation of Imaging Investigations' as published by the Royal College of Radiologists and as updated from time to time in the form agreed with the Authority.
- The report will provide the referrer with a differential diagnosis wherever possible – this will be based upon the presenting complaint described in the referral and the objective findings of the scan.
- The report should contain the following headings:
 - a) Main report findings.
 - b) Summary – e.g. a lesion of indeterminate nature i.e. cannot be sure what it is.

- c) Action taken by sonographer – e.g. onward referral to gastrointestinal clinic.
- d) Action required for GP – e.g. Please review patient urgently.

- Reports will be audited quarterly for quality assurance – *please see under 5.1*
- Patients with a suspected cancer are specifically excluded from this service. However, there will be occasions when a diagnostic study identifies a serious and/or unexpected pathology. The provider will need to have a clear patient pathway for this group of patients, which will ensure that the referrer is made aware of the potential diagnosis and the report is expedited for onward communication and that the diagnostic images are immediately available for review within the secondary care institution. This would include an immediate telephone conversation with the referrer, in line with guidance set out within the document 'Standards for the communication of critical, urgent and unexpected significant radiological findings', Royal College of Radiologists. The provider should maintain adequate electronic records of such communication, with whom and that it has been acknowledged by the referring organisation.
- GPs or other clinical staff wishing to discuss individual cases will be provided access to the reporting individual through a central contact number.
- Evidence that the protocols have been developed in conjunction with a radiologist expert in ultrasound shall be provided and that there is a programme of constant review of the examination protocols, ideally by an NHS substantive post radiologist.
- Sonographers will be expected to undertake regular audit and revalidation in keeping with the policy of the SCoR (Society and College of Radiographers).
- The provider should have a clearly defined pathway for images to be reviewed by other specialists e.g. a radiologist in conjunction with the sonographer where there is uncertainty about the findings.
- The image and report is forwarded, at no charge, to other providers of NHS funded treatment applicable to the patient care pathway, within 1 working day for urgent pathways and within a maximum of 5 working days for all other pathways to correspond with patient care needs.
- The CCG will expect reports to be completed and verified at the end of each session/same day to ensure that communication regarding any serious untoward diagnosis is not delayed.

3.2.7 **Equipment**

- The provider shall provide equipment that meets or exceeds the following:
 - Complies with the latest guidance from the National Imaging Clinical Advisory Group and professional bodies.
 - Transducers that ensure good visualisation at sufficient depth of image without significant loss of accurate spatial resolution.
 - Be capable of flow imaging and measurement.
 - Electrical Safety Testing is required annually with regular maintenance and quality assurance testing.
 - Details of maintenance contracts to include regular and emergency service cover must be provided; and
 - Replacement schedule must be available with the maximum age of equipment of 3 years.

3.2.8 Information Management and Technology (IM&T)

- Images and reports must be stored in electronic format, in accordance with The Royal College of Radiologist 'Retention and Storage of Images and Radiological Patient Data' publication, via a Picture Archiving and Communications System (PACS) system. The storage system must have access to the Local Care Records Service via a secure network e.g. N3 network connection. The PACS system used should be inter-operable and integrated with the PACS systems of the two local trusts, Guys and St Thomas' (GSTT) and King's College Hospitals (KCH) NHS Foundation Trusts. Radiologists, radiographers and sonographers at the trusts should be able to access all images and reports from the service 24 hours a day, 7 days a week.
- The provider will be responsible for long term storage of PACS images from the scans for the duration of the contract.
- Where data is transferred from the Ultrasound Scanner to the provider, Picture Archiving and Communications System (PACS) system or image store, then the removable media device must have encryption software. Standard operating procedures for handing the data will be implemented as required by the CCG.
- The image and report is forwarded, at no charge, to other providers of NHS funded treatment applicable to the patient care pathway, within 1 working day for urgent pathways and within a maximum of 5 working days for all other pathways to correspond with patient care needs.
- In the event of cancellation of the contract (for whatever reasons), the provider will be required to maintain systems to allow continued access, in a timely manner, to all of the patient information, images and associated patient records. The provider will submit to the CCG their exit plan on how they will wind down the contract.
- At the end of the contract, the provider will also be expected to submit to the CCG an exit similar to the above bullet point, and required to upload all images to the local GSTT and KCH PACS systems.

3.2.9 Facilities

- Equipment - will be up to date and compliant with minimum service standards in accordance with the College of Radiographers/NHS Exec (1998) – Occupational Standards for Diagnostic Ultrasound. The provider is expected to demonstrate that all equipment used is safe and effective, fit for purpose, regularly calibrated and maintained, is used and stored according manufacturers recommendations and relevant best practice guidance.
- Equipment - the Society and College of Radiographers and British Medical Ultrasound Society (2015) recommends the following:
 - Equipment will be regularly safety-tested for patient and staff protection.
 - Adequate cleaning and disinfection protocols will be put in place, to include use of latex-free gloves and latex-free probe covers.
 - Equipment will be regularly maintained, in line with the manufacturer's recommendations.
 - Old equipment and equipment with inadequate image resolution or functionality for the examinations performed will be promptly replaced.
 - Accessory equipment, such as examination couches and scanning stools will be of appropriate safety standard and ergonomic design to prevent injury.
- Whilst it is anticipated that the service will be provided from a number of locations, each site must meet the minimum requirements:

- Facility will be DDA compliant (Disability Discrimination Act).
- Minimum room size 12 square meters to ensure an appropriate environment for patient care.
- Is supported by a staffed reception and waiting area for the duration of the clinic operation time.
- Facility needs to be provided to enable safe and convenient patient access in relation to transport links.
- Patient couch-hydraulic height and backrest and adjustable scan chair.
- Has access to toilet facilities, which include disabled access (DDA compliant).
- Hand-washing facilities for Radiologist/Sonographer and patients.
- Air-conditioning (or adequate ventilation system).
- Non-slip flooring.
- Black-out blinds for windows.
- Adequate lighting with dimmer facilities.
- Patient changing facilities/curtain area.
- Storage facilities for consumables
- Computer with internet access (N3 connection) and CD drive.
- Access to Local Care Records.
- Access to local PACS (Picture Archiving and Communications System).

3.2.10 Staffing

- Clinical leadership - the CCG will require the provider to nominate a clinical lead for the service, responsible for leading the team and implementing a robust clinical governance framework within the service.
- The provider will have clear and appropriately integrated information and clinical governance; is appropriately indemnified to provide the service; is registered with the CQC (where required) and able to provide recent reports; and notifies the CCG of any quality concerns through recognised NHS processes.
- The provider must demonstrate a commitment to continuous improvement and learning.
- The provider will employ appropriately qualified staff – *as shown under c) below.*
- The provider shall ensure and be able to evidence if required that the service is delivered by staff who meet the following service requirements:
 - a) Criminal Records Bureau (CRB) checks - now called Disclosure and Barring Service (DBS) checks.
 - b) UK registered radiologists on the GMC Specialist Register who have performed and reported on a minimum of 400 a year.
 - c) UK registered sonographers who:
 - have performed and reported on a minimum of 900 ultrasound scans in the last 12 months.
 - have successfully completed an appropriate postgraduate certificate or diploma in medical ultrasound approved and validated by a Higher Educational Institution and accredited by the Consortium for the Accreditation of Sonographic Education (CASE); or the Certificate/Diploma of the College of Radiographers in Medical Ultrasound, or hold an equivalent level of qualification in medical ultrasound (or example if trained overseas) or individual accreditation from the Society for Vascular Technology for vascular imaging.
 - have maintained their Continuing Professional Development in accordance with professional guidelines.
- It is suggested that all sonographers who are not otherwise statutorily registered are registered on the Public Voluntary Register of Sonographers, which is administered by

the College of Radiographers. (Please note: Acceptance on to the Voluntary Register does not in itself authenticate competence or fitness to practice).

- Staff will have English as a first language or have passed a suitable English language examination to the level of requirement set out on the Health Professions Council website (<http://www.hpc-uk.org/apply/international/requirements>)

3.2.11 Quality assurance

Ultrasound services are very operator dependent. It is therefore necessary for a clear and stringent quality assurance process to be an integral requirement of the service, at individual operator level. Whilst independent practice is appropriate for sonographers, working in isolation is not and this must be addressed by providers.

The proposed Quality Assurance process must include, as a minimum:

- Audit of 10-12 cases per sonographer/peer supervision per year (minimum of 1 per month as part of peer supervision).
- Evidence of 12 months affiliation and supervision with a radiologist
- Evidence of:
 - Professional indemnity
 - Employer liability
 - Public indemnity
- Imaging Services Accreditation (ISA) – optional but desired.
- Evidence of equipment maintenance and updated/upgraded as per national guidance - see 3.2.5
- Greater than 95% scans are confirmed as accurate and of good quality during audits.
- An annual observed competency assessment as part of an annual appraisal relevant to the area of practice.
- Clear process of education/remediation in the event of significant error or persistent poor performance.
- Participation by sonographers and all other clinical staff in 'local errors meetings' or similar clinical governance process and information on these meetings and subsequent actions to be shared with the CCG.
- The provider must follow The British Medical Ultrasound Society (BMUS) safety guidelines and demonstrate understanding of the 'As Low As Reasonably Achievable' (ALARA) 1 principle, and have an effective system in place to ensure awareness of recent safety publications by national and international bodies.
- The provider will ensure a mechanism of audit/quality control to ensure patients continue to receive the same level of diagnostic accuracy as they would expect to receive in the acute sector.
- Staff appraisals.

(Adapted from: DH Best Practice Guidance (February 2013): Any Qualified Provider Diagnostics Non-Obstetrics (NOUS) Ultrasound Implementation Packs)

3.3 Population covered

The service will include the adult (age 18+) GP registered population of NHS Lambeth CCG.

3.4 Any acceptance and exclusion criteria and thresholds

Referrals for inclusion

- Non-obstetric and non-urgent gynecology including trans-abdominal and trans-vaginal from NHS Lambeth GPs.

Exclusions

- Cancer – any patient suspected of cancer – should be referred through the

- 2-week wait pathway.
- Any scans looking for non-gynaecological pathology.
- Any acutely unwell patients.
- Ultrasound-guided procedures.
- Ultrasound contrast studies.
- Males.
- Pregnant women – this service will not conduct obstetric scans.
- Aged under 18.
- Non-NHS patients.
- Patients not registered with an NHS Lambeth GP.
- Investigations for any emergency condition i.e. requiring same day investigation within 24 hours.
- Non-ambulant patients will be offered referral to hospital as happens currently, where patients transport is available.

3.5 Interdependence with other services/providers

- The provider will need to develop relationships with other local providers and become an integral member of the health and social care community. They will be required to be involved in local care pathway work and discussions and in particular, have a relationship with the radiology departments at the local trusts – Guys and St Thomas' and Kings College hospitals.
- The provider may need to develop relationships within the health community in order to enable fulfilment of the Quality Assurance requirements.
- The provider will be required to be involved in local care pathway work and discussions, ensuring the best and most efficient means of treating patients are adopted, including the movement of the relevant clinical information (i.e. images and clinical output).

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

- Ultrasound Equipment Evaluation Project (UEEP) recommendations as published from time to time – MHRA (Medicines and Healthcare Products Regulatory Agency).
- Right Test, Right Time, Right Place - Royal College of Radiologists and Royal College of General Practitioners (2006).
- iRefer: Making the Best Use of Clinical Radiology (2012), ISBN 978-1-905034-55-0
- Standards for Ultrasound Equipment - Royal College of Radiologists (2005).
- Ultrasound Training, Employment and Registration – Society and College of Radiographers (2010).
- Guidelines for Professional Working Standards: Ultrasound Practice – United Kingdom Association of Sonographers (2008). UKAS merged with the SCoR on 01/01/2009.
- Standards for the communication of critical, urgent and unexpected significant radiological findings - Royal College of Radiologists (2008).
- Guidelines for Professional Ultrasound Practice (2015), Society and College of Radiographers and British Medical Ultrasound Society
https://www.sor.org/sites/default/files/document-versions/ultrasound_guidance.pdf

Society and College of Radiographers suggested documents:

- <http://doc-lib.sor.org/scope-practice-medical-ultrasound>
- <http://doc-lib.sor.org/ultrasound-training-employment-and-registration>
- <http://doc-lib.sor.org/profession-standards-independent-practitioners>
- <http://doc-lib.sor.org/guidelines-profession-working-standards-ultrasound-practice>
- Diagnostic Tests, Direct Access Non-Obstetric Ultrasound Service (Feb 2013), Best Practice Guidance, DH
http://www.sor.org/system/files/article/201407/refreshed_implementation_nous_2013.pdf
- Royal Society and College of Radiographers and Royal College of Radiologists;

Standards for the Provision of an Ultrasound Service
[https://www.rcr.ac.uk/sites/default/files/documents/BFCR\(14\)17_Standards_ultrasound.pdf](https://www.rcr.ac.uk/sites/default/files/documents/BFCR(14)17_Standards_ultrasound.pdf)

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

As above under 4.1

4.3 Applicable local standards

Please see under 3.2.10 and 3.2.11

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

Quality Requirement	Threshold	Method of measurement
Referral - patient contacted within 2 working days of referral request received data	95% minimum compliance	Monthly
Choice - patient offered choice of day, time and location of appointment (where applicable)	100%	Monthly
Waiting time - scanning within 10 working days (two weeks) of acceptance of referral, absolute maximum of 20 working days (4 weeks)	90% within 10 working days Less than 10% within a maximum of 20 working days	Monthly
DNA (did not attend)	Less than 10%	Monthly
Appointment cancellation by patient - on the day	Less than 5%	Monthly
Appointment cancellation by clinician – on the day	Less than 1%	Monthly
Verbal consent from all patients for scan and recorded in report	100%	Monthly
Reporting – reports sent to GPs within 2 working days – electronically via a secure network	100%	Monthly
Reporting – urgent results requiring onward referral – inform referring clinician with 24 hours maximum regardless of public holidays or weekends	100%	Monthly
Total number of patients suggested for onward referral and reasons to be recorded	100%	Monthly
Complaints – all complaints recorded and responded to within 3 weeks of receipt and actions documented	100%	Monthly
All Serious Untoward Incidents (SUIs) recorded and reported	100%	Monthly
Patient experience survey target – of those using the service	100%	Monthly
GP experience with using service - survey target	100%	Annually
Quality assurance – reports: - audit reports against minimum	95% minimum compliance	Quarterly

standard under 3.2.6 (approx. 10 random reports to be assessed by a GP against standard)		
Quality assurance – 3.2.11 to be audited yearly	95% minimum compliance	Yearly
Equalities – data collected and recorded - as per Equality Act 2010 protected characteristics: - Age - Disability - Gender Reassignment - Marriage and Civil Partnership - Pregnancy and Maternity - Race - Religion or Belief - Sex - Sexual Orientation	100%	Monthly

5.2 Applicable CQUIN goals (See Schedule 4D)

Not applicable

6. Location of Provider Premises

6.1 Services will be provided from the following CCG mandated sites, at an agreed rent to be paid directly by the Provider (Rental information and arrangements attached – Appendix x)

South West Locality:

Gracefield Gardens Health and Social Care Centre
Streatham, London SW16

South East Locality:

West Norwood Health and Leisure Centre
25 Devane Way, West Norwood, London SE27 0DF

North Locality:

Akerman Health Centre (in SE Locality but will covers the North Locality very well)
Patmos Road, London SW9 6SF

6.2 Opening times:

- Clinics will be open between 8-8pm in line with primary care access and modern working patterns and spread across Monday-Saturday.
- Actual clinics schedules will be confirmed with the provider.
- Radiologists, radiographers and sonographers at the trusts should be able to access all images and reports from the community service 24 hours a day, 7 days a week.

7. Individual Service User Placement

Not applicable