

NHS BRENT GP ACCESS WALK-IN CENTRE

DRAFT SERVICE SPECIFICATION

VERSION 2

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1 INTRODUCTION

Brent GP Access Walk-in Centre

The Brent GP Access Centre is located at the Wembley Centre for Health and Care and delivers a combination of Essential, Additional and Enhanced Services for primary care to registered and unregistered patients. Staffed by experienced nurses and GPs, it provides access to GP services for registered and unregistered patients without the need for a booked appointment. Although there is potential overlap with other providers of care outside of 'normal' hours (e.g. GP Access Hubs), the service should still deliver extended hours provision and be available between 8:00AM and 8:00PM 7-days per week.

The outcomes expected for the Brent GP Access Walk-in Centre are:

- Delivery of a service model based upon the need to provide improved access to primary care services to registered and unregistered patients.
- Integrating with current primary care service provision landscape including urgent care and available extended hours services (as well as social care, voluntary and community resources).
- Supporting unregistered patients to register with a local GP practice of their choice.

Please note that this document reflects the detailed specifications, aims and desired outcomes. These should be read in the context of the desire of the CCG to develop a fully integrated unscheduled care system in the future.

1.1 AIMS

The aim of the unscheduled care components is to deliver assessment and treatment for patients with a variety of non-life-threatening health conditions, injuries or illnesses outside of the acute hospital setting. Generally such services are considered to reside within the primary care setting and the integration aim is to develop a model of care that integrates primary and urgent care. In delivering unscheduled care, the services need to satisfy the strategic aims of NHS Brent CCG (the Commissioner) with regards to the redesign of unscheduled care services

1.1.1 Provide an excellent experience for the patient

The patient experience should lie at the core of the services. The Commissioner's aim is to ensure a positive, patient experience across the pathways. A good patient experience captures a range of features which the Commissioner expects from the service, including convenience, good customer service, polite and compassionate staff, efficient processes, personalised care, pleasant and accessible surroundings, timely treatment and safe services. In addition, through the integration of services, steps towards the aim of a 'seamless' patient journey through the healthcare system can be achieved.

1.1.2 Deliver excellent clinical outcomes

The Commissioner expects commissioned services to deliver excellent and sustainable clinical outcomes to patients and adhere to relevant clinical guidelines and quality standards.

1.1.3 Deliver value for money

Care needs to be delivered efficiently as well as effectively. The NHS (Procurement, Patient Choice & Competition) (No. 2) Regulations 2013¹ has a general requirement to procure services from one or more providers that "provide best value for money".

¹ http://www.legislation.gov.uk/ukxi/2013/500/pdfs/ukxi_20130500_en.pdf

1.2 OUTCOMES

1.2.1 NHS Outcomes Framework Domains & Indicators

The outcomes for the services are framed in accordance with the relevant Domains of the National Outcomes Framework, as follows.

Domain 1	Preventing people from dying prematurely
Outcome:	People are seen, assessed, treated (where clinically appropriate) and discharged within the specified timeframe of two hours by appropriately trained and qualified staff leading to an appropriate clinical outcome
Domain 2	Enhancing quality of life for people with long-term conditions
Outcome	Not directly applicable in an urgent care setting although equitable access to such Services provide reassurance to patients with long-term conditions
Domain 3	Helping people to recover from episodes of ill-health or following injury
Outcome:	Patients contacting the Services receive timely, comprehensive information regarding their condition
Outcome:	Provide health promotion, self-management, education and sign posting of patients to other primary healthcare services in the community
Domain 4	Ensuring people have a positive experience of care
Outcome:	Continuous service improvement through peer review and self-regulation
Outcome:	Patients have a high level of satisfaction with the Services
Outcome:	The Services are fully integrated into the local health economy and efficiently run ensuring that patients receive a good quality professional care.
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm
Outcome:	The Services must be accessible to all applicable patients

Table 1: Outcomes matrix

1.2.2 Locally defined outcomes

In addition to the NHS Outcomes Framework domains, NHS Brent CCG has identified additional (local) outcome requirements:

- To see and treat the majority of patients within a single visit within the agreed timeframe and to avoid re-presentation by patients for unplanned care to this service or EDs;
- Work with the Commissioner and patient groups to ensure understanding of the purpose and appropriate use of the unscheduled care services;
- Work in collaboration with other local health care providers to ensure appropriate signposting and provide seamless care for patients;
- Provide an integrated and whole system approach to relieve pressures within both primary care and secondary care services;
- Work with London North West Healthcare NHS Trust (LNWH), the London Ambulance Service (LAS) and Imperial College Healthcare NHS Trust (ICHT) to integrate with the wider urgent care system.

2 WHOLE SYSTEM RELATIONSHIPS AND INTEGRATION

2.1 INTEGRATION OVERVIEW

On 3rd July 2015, NHS England published a letter to CCGs around 'Commissioning a Functionally Integrated Urgent Care Access, Treatment and Clinical Advice Service'. As part of this letter it highlighted that, in the winter of 2014/15, local health services responded to the highest ever number of NHS 111 calls, ambulance calls, A&E attendances and emergency admissions in NHS history. Furthermore, NHS England felt that the arrangements for access into urgent and emergency care are confusing for both patients and also professionals. Consequently, NHS England stated that a fundamental redesign of the NHS urgent care 'front door' was required, including A&E; GPs; 999; NHS 111; Primary Medical Care Out of Hours (OOH); community; and social care services, as part of the broader programme of care transformation, which was set out in the NHS Five Year Forward View.

Around the country, commissioners have adopted a range of models for the provision of NHS 111, OOH and urgent care services in the community, and not all of these models have fully met the needs of patients. Consequently, NHS England has decided that a transformation is required. An essential part of this is having a functionally integrated 24/7 urgent care access, treatment and clinical advice service (incorporating NHS 111 and OOH services). The emphasis is on providing an integrated service, with a new clinical model developed in collaboration with all the key stakeholders. A revised set of commissioning standards, together with procurement guidance, was published in November 2015.

Brent CCG, in line with the NHS England letter, is specifying a truly integrated care model that will both improve urgent care access and integrate urgent care services into the wider set of primary care whole patient management.

This specification requires the provider, along with other stakeholders referenced in 2.2 below, to engage in, promote and actively implement the development of a truly integrated model which would materially impact on the shape of and demand for urgent care services. While this includes improving communications, co-ordination, and reducing duplication between services, it also should result in improving access for patients by simplifying the array of access points (see section 3 below) and promoting greater coherence across the system.

All community-based unscheduled care services should also be primary-care focussed. By this we mean that the perspective of treatment should be about how the patient can best be managed in primary care, rather than simply an urgent care service treating only the presenting condition. Our community-based urgent care delivery needs to be seen to be part of the wider primary care set of responsibilities for the whole care of the patient. We are specifying integrated urgent care services which go beyond the base requirements of redirection and/ or registration.

The Brent Integrated Urgent Care proposals for 'face-to-face' services also set out a requirement for the GP access centre at Wembley to develop an urgent scheduled care capability over time to convert more unscheduled (or walk-in care) into better-managed and appropriately resourced urgent scheduled care. This approach is in line with the need to improve 'whole-patient' management of urgent presentations at the point of contact with the service, through a local telephone-based clinical advice and treatment service (taking clinical advice dispositions from 111 and other referrers). This service will refer patients to the Wembley Centre for walk-in care and, where practical and appropriate, urgent scheduled care. The provider of services at Wembley will be expected to participate in the further scoping, planning and work-up of the development of urgent scheduled access, as part of the requirement for participation in the development of the integrated model of service.

2.2 INTERDEPENDENCIES

Providers are required to work collaboratively with stakeholders in the local health economy and to develop integrated systems and pathways. It is essential that Providers develop strong relationships with:

- Primary care (GPs and Practice Nurses);
- Acute secondary care;
- Urgent Care Centre services;
- Out-of-hours services;
- GP Access Hubs;
- London Ambulance Service;
- Optometrists;
- Pharmacists;
- 111 services;
- Dentists;
- Third Sector services. e.g. support groups and other support services;
- Other community providers; and
- The wider community of patients and the public.

In particular, the relationship and working between the provider and GPs is a critical success factor for the delivery of a primary-care focussed model of care.

2.3 PRIMARY CARE INTEGRATION

Providers are required to work in partnership with local GPs and GP networks, including:

- Liaison with GP practices and GP Access Hubs
- Keeping GPs informed about the care provided; and
- Involving GPs and GP networks in developments within services.

2.4 INTEGRATION WITH SECONDARY CARE

Providers of unscheduled care services are required to ensure that strong relationships exist with secondary care providers and to work with local secondary care Providers to ensure that care is delivered efficiently and that patients are transferred to secondary care services appropriately.

Providers of unscheduled care services are required to engage with patients to improve their knowledge and understanding of the service being delivered and receive feedback.

3 SERVICE OVERVIEW

The diagram below summarises the current unscheduled care services available to Brent patients.

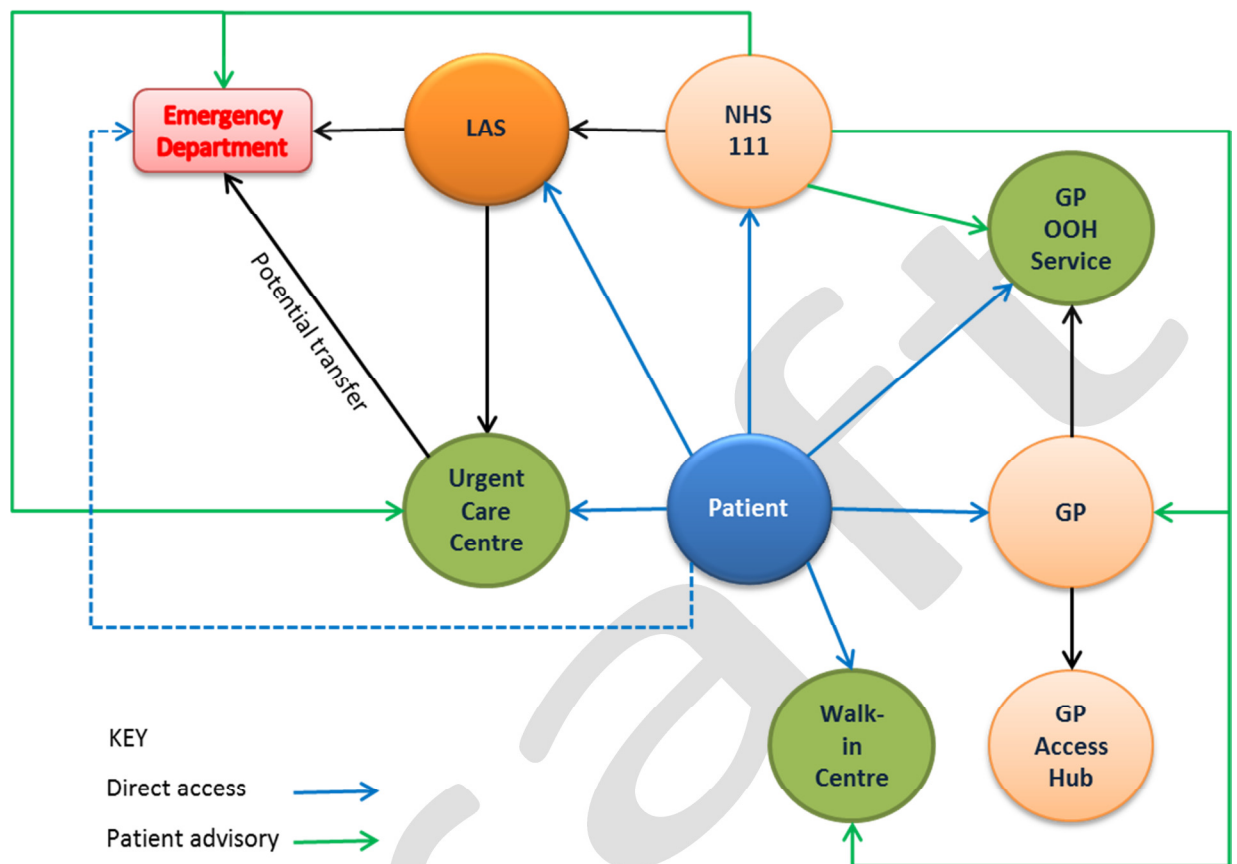


Figure 1: Summarised unscheduled care availability in Brent

Even in this simplified form, Figure 1 also illustrates how the integration of services is essential for efficient use of available resources with the multiple options available to patients. Although the patient is at the centre, their facilitation in navigating these options is provided by the 111 service.

4 GP ACCESS WALK-IN CENTRE SPECIFICATION

1. Population Needs

1.1 NATIONAL/LOCAL CONTEXT AND EVIDENCE BASE

Currently circa 38,000 walk-in consultations are provided by the provider per annum to Service Users that are not registered with the practice currently contracted to provide the service.

The Harness practice has a very high proportion of working age people, particularly men aged 20-34 years, as well as infants under 5. This suggests the Brent GP Access Centre provides services to a higher than average number of working people and young families, supporting the needs identified in the Commissioning strategy and JSNA.

Local access and provision in the surrounding area is limited; there are two other practices within 0.5 miles of Brent GP Access Walk-in Centre, one with list size under 4,200, other with a list size under 7,700. Neither offers appointments at weekends and one is closed at lunchtimes, posing an issue locally for patients in terms of access. In total there are five practices at Chaplin Road Health Centre, including the Harness practice.

Brent GP Access Walk-in Centre is located in an area of deprivation and in London this is usually associated with greater health need. There is evidence that the local health needs of the Brent population are considerable and wide-ranging and must be considered when looking at the future of this practice.

2. Outcomes

2.1 NHS OUTCOMES FRAMEWORK DOMAINS & INDICATORS

Domain 1	Preventing people from dying prematurely	Yes
Domain 2	Enhancing quality of life for people with long-term conditions	No
Domain 3	Helping people to recover from episodes of ill-health or following injury	Yes
Domain 4	Ensuring people have a positive experience of care	Yes
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Yes

2.2 LOCAL DEFINED OUTCOMES

Local	Improving Patient Access to Primary Care Services and encouraging registration of unregistered patients	Yes
Local	Diverting appropriate activity away from A&E Department,	Yes
Local	Providing Services which positively meet the needs of Service Users from a Service User perspective	Yes
Local	Enhancing quality of life for people with long-term conditions opportunistically	Yes

3. Scope

Part 1: General Service Requirements

1 Patient Dignity & Respect

1.1 The Provider shall:

- (a) ensure that the provision of the Services and the Provider's Premises and Services Environment protect and preserve Service User dignity, privacy and confidentiality;
- (b) allow Service Users to have their personal clinical details discussed with them by a person of the same gender, where required by the Service User and if reasonably practicable;
- (c) provide a chaperone for intimate examinations to preserve Service User dignity and respect cultural preferences; and
- (d) ensure that Provider Staff behave professionally and with discretion towards all Service Users and visitors at all times.

2 Children

2.1 The Provider shall:

- (a) provide the Services to Children who attend the Provider's Premises and/or Services Environment in accordance with the standards contained in the National Service Framework for Children and protocols notified to the Provider by the Commissioner, as amended from time to time;
- (b) ensure that Clinical Staff who manage and treat Children are familiar with, including regular training in, local Child protection policies;
- (c) have open access to supervision and support from a registered Children's nurse within the local health care community; and
- (d) possess the common core competencies to:
 - (i) carry out clinical assessments;
 - (ii) provide immediate necessary treatment required by the protocols established under paragraph 2.1(a) above;
 - (iii) arrange onward referral, if required under Brent CCG Child Protection Policy, to an appropriate specialist service required by the protocols referred to in paragraph 2.1(a) above; and
 - (iv) Prescribing according to local guidelines

3 Prescribing

3.1 Without prejudice to the General Conditions or Service Conditions the Provider shall:

- (a) prescribe the most clinically and cost effective medicines that are immediately necessary for walk-in Service Users, in accordance with national and local guidance as advised from time to time including:
 - (i) NICE guidance and Department of Health directives relating to prescribing;
 - (ii) Good Prescribing Practice as defined by British National Formulary ("BNF") and the CCG prescribing formulary;
 - (iii) Patient Group Directions, such as emergency contraception,

antibiotics;

- (b) not exceed the Provider's prescribing budget as set by the Commissioner each year;
- (c) have a prescribing rate for generic, non-branded drugs in accordance with Local Quality Requirement MCCG_006.
- (d) cooperate with and apply recommendations of the Commissioner in relation to medicines management;
- (e) where relevant, levy NHS prescription charges and collect NHS overseas visitors' charges in accordance with the overseas visitors hospital charging regulations in accordance with guidance contained in Annex A of the Department of Health document "Proposals to Exclude Overseas Visitors from Eligibility to Free NHS Primary Medical Services as amended";
- (f) comply with guidance relating to safe and secure handling of medicines as detailed in The Safe and Secure Handling of Medicines: a team approach <http://www.rpsgb.org.uk/pdfs/safsechandmeds.pdf>.

3.2 The Provider shall not issue repeat prescriptions to Service Users unless the issue of such a prescription is immediately necessary to safeguard the health of the Service User.

4 Clinical Safety & Medical Emergencies

4.1 The Provider shall:

- (a) ensure that all Provider Staff have and maintain basic life support and first aid certification with competence in defibrillation and procure that all Provider Staff comply with the UK Resuscitation Council guidelines on Basic Life Support and the Use of Automated External Defibrillators;
- (b) ensure the availability of sufficient numbers of Provider Staff with appropriate skill, training and competency and who are able and available to recognise, diagnose, treat and manage Service Users with urgent conditions at all times;
- (c) possesses the equipment and in-date emergency drugs including oxygen to treat life-threatening conditions such as anaphylaxis, meningococcal disease, suspected myocardial infarction, status asthmaticus and status epilepticus;
- (d) pass all life threatening conditions to the ambulance service as soon as practicable by dialling 999 and requesting the ambulance service; and
- (e) adhere to any national or local guidelines relating to clinical safety and medical emergencies in primary care as amended from time to time.
- (f) The Provider shall report in writing to the Commissioner the death on the Provider's Premises and/or Services Environment of any Service User no later than the end of the first Working Day after the date on which the death occurred. The report shall include:
 - (i) the Service User's full name;
 - (ii) the Service User's National Health Service number where known;
 - (iii) the date and place of death;
 - (iv) a brief description of the circumstances, as known, surrounding the death;
 - (v) the name of any doctor or other person treating the Service User

whilst on the Provider's Premises; and

- (vi) the name, where known, of any other person who was present at the time of the death.

5 Infection Control

5.1 The Provider shall have in place arrangements that meet the standards outlined in the NICE guidelines on infection control "Prevention of healthcare associated infections in primary and community care (June 2003 and update 2012)". http://www.nice.org.uk/pdf/infection_control_fullguideline.pdf to maintaining a safe, hygienic and pleasant environment at the Provider's Premises and/or Services Environment and shall:

- (a) ensure that appropriate procedures are implemented in relation to cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices including complying with the Commissioner's policy, including Clinical Policy CL026;
- (b) ensure that procedures implemented in accordance with paragraph 5.1(a) above shall be such as to ensure that reusable medical devices are handled safely and decontaminated effectively prior to re-use;
- (c) make arrangements for the ordering, recording, handling, safe keeping, safe administration and disposal of medicines used in relation to the Services; and
- (d) make arrangements to minimise the risk of infection and toxic conditions and the spread of infection between Service Users and staff (including any clinical practitioners which the Provider has asked to carry out clinical activity).

6 Referrals

- (a) Where, following a walk-in consultation, a Service User needs onward referral to another health or social care service, there shall be a direct clinician-to-clinician conversation between the provider's GP and the Service User's own registered GP advising him of the need for such an onward referral unless paragraph (c) applies
- (b) Such a communication shall take a form, and be completed in a timescale appropriate to the need for the onward referral
- (c) There shall be two exceptions to paragraph (a):
 - (i) If the Service User needs urgent treatment outside the scope of that which can be provided by the Provider, and needs to be sent to the local Accident & Emergency Department.
 - (ii) If the Service User has suspected cancer and needs to be referred via the two week maximum wait cancer pathway

In these circumstances the Provider shall be responsible for making the necessary referral / arrangements.

- (d) The provider shall monitor and report quarterly any onward referrals made in accordance with paragraph (c).
- (e) The provider shall cooperate with service providers carrying out Out of Hours and 111 Services to ensure safe and seamless care for Service Users.
- (f) provide complete and comprehensive referral information to the service the Service User is being referred to in accordance with paragraph (c).

- (g) implement national referral advice including Referral Guidelines for Suspected Cancer and relevant NICE guidance;
- (h) ensure, in accordance with paragraph (c) urgent suspected cancer referrals are faxed or sent electronically and received by the relevant trust within twenty-four (24) hours;

7 Co-Operation with Other NHS Providers.

7.1 The Provider will work in partnership with all relevant NHS and non-NHS healthcare providers and stakeholders.

7.2 The Provider shall:

- (a) foster good working relationships and gain mutual understanding of systems, policies and procedures with key local stakeholders;
- (b) establish a directory of information regarding local resources and foster a good understanding of the local Service User care pathways to promote effective referrals;

7.3 The Provider shall be required to collaborate with the Commissioner in the following areas:

- (a) structures - to ensure that links are maintained with key structures within the Commissioner and local health economy, particularly with forums dealing with Service User and Public Involvement (an NHS defined term) which is an initiative to involve Service Users and the public in the planning of services;
- (b) process – to ensure that similar policies and protocols are in place between the Provider and the Commissioner (e.g. clinical policies, workforce planning including training opportunities and structured secondment programmes subject to agreement by the Commissioner and Department of Health); and
- (c) outcomes – to ensure that key clinical indicators are in place to allow benchmarking with other services in the Commissioner and contribute towards the Commissioner's own performance indicators.

7.4 For the purposes of paragraph 7.3(a) above, the Provider will nominate representatives for key planning forums as reasonably requested by the Commissioner.

7.5 The Provider shall discuss and develop policies and procedures with local primary care trusts to ensure there is compatibility with local policies and procedures, including clinical and non-clinical issues.

8 Practitioner Skill Mix/Continuity

8.1 The Provider shall use its reasonable endeavours to notify and consult with the Commissioner about any planned material changes to the skill mix of Staff used in the provision of the Services, however there will be a GP available on site for all operational hours.

9 Provision of Reception Services

9.1 Reception services will be provided by the Provider at the Provider's Premises in accordance with the opening hours set out in paragraph 16.1 below.

9.2	The receptionist duties will include: <ul style="list-style-type: none">(a) taking Service User details (including but not limited to name, date of birth, service required, name of registered GP);(b) inputting Service User details and allocating the Service User Consultation slot;(c) reporting the Service User's arrival to the Clinician;(d) directing the Service User on arrival at the Provider's Premises to the appropriate waiting room or treatment area in the Provider's Premises; and(e) answering and co-ordinating Service User queries and requests.
10	<u>Provider Records</u>
10.1	The Provider shall during the term of this Contract and for a period of six (6) years thereafter, maintain at its own cost records relating to the provision of the Services, the calculation of the Price and/or the performance by the Provider of its obligations under this Contract as the Commissioner may reasonably require in any form (the "Records"), including information relating to: <ul style="list-style-type: none">(a) contract management reporting;(b) national / data set reporting;(c) activity reporting, including:(d) Monthly Activity reporting to the Commissioner;(e) preparation and submission of Quarterly Performance Reports to the Commissioner;(f) requisite data for payment purposes; and(g) Quality Performance Requirements;
10.2	The Provider shall: <ul style="list-style-type: none">(a) on request produce the Records for inspection by the Commissioner or, on receipt of reasonable notice, allow or procure for the Commissioner and/or its authorised representatives access to any premises where any Records are stored for the purposes of inspecting and/or taking copies of and extracts from Records free of charge and for the purposes of carrying out an audit of the Provider's compliance with this Contract, including all activities of the Provider, the Price and the performance, and the security and integrity of the Provider in providing the Services under this Contract;(b) preserve the integrity of the Records in the possession or control of the Provider and Provider Staff and all data which is used in, or generated as a result of, providing the Services;(c) prevent any corruption or loss of the Records; and(d) provide any assistance reasonably requested by the Commissioner in order to interpret or understand any Records.
10.3	The Provider shall ensure that during any Records inspection the Commissioner and/or its authorised representatives receive all reasonable assistance and access to all relevant Provider Staff, premises, systems, data and other information and records relating to this Contract (whether manual or electronic).
11	<u>Telephone Services & Cost of Relevant Calls</u>
11.1	The Provider shall not be a party to any contract or other arrangement under which the

number for telephone services to be used by

- (a) Service users to contact the provider of provider staff for any purpose related to this contract; or
- (b) any other person to contact the provider of provider staff in relation to services provided as part of the health service

Starts with the digits 087, 090 or 091, 0844 or any other premium rate numbers, or consists of a personal number, unless the service is provided free to the caller

11.2 In this clause 'personal number' means a telephone number which starts with the number 070 followed by a further 8 digits, or 07 followed by a further 9 digits

12 Financial Interests

- 12.1 In making a decision to refer or direct a service user for other services, or in making a decision to prescribe any drug, medicine or other appliance to any service user the provider shall have regard to all relevant clinical considerations and disregard its own financial interests and other inappropriate financial interests.
- 12.2 The Provider shall not inform service users that any prescription for any drug, medicine or other appliance must be dispensed only by the provider or a person with whom the provider is associated.
- 12.3 The Provider must not act in any way to encourage a service user to move to another of the provider's primary care contracts in order for the provider to obtain a financial gain.

Part 2 Clinical Service Requirements

13 Health Promotion and Disease Prevention

- 13.1 The Provider shall opportunistically provide health promotion and disease prevention signposting services as part of every walk-in consultation, where such a Signposting Service is both relevant and appropriate to the reason for the Service User attending the Provider's Premises and/or Services Environment.
- 13.2 Such Health Promotion and Disease Prevention Signposting Services shall include but not be limited to:
 - (a) smoking;
 - (b) alcohol;
 - (c) obesity;
 - (d) lack of exercise;
 - (e) poor dietary habits; and
 - (f) sexual behaviour.
 - (g) Chronic long term conditions
- 13.3 For the purposes of paragraphs 13.1 and 13.2, "Signposting Services" shall be deemed to be a service which directs Service Users to other local service which meet the identified health promotion and disease prevention need.

14 Adverse Incidents

- 14.1 The Provider shall have in place a system for collecting data on any event or omission relating to a Service User, visitor or staff member or any event or circumstances arising that could have or did lead to unintended or unexpected harm, loss or damage in a systematic and detailed manner to ascertain any lessons learnt about the quality of care and to indicate changes that might lead to future improvements.

15 Services To Be Performed By The Provider

- 15.1 The Provider shall provide walk-in consultations to Service Users presenting with the following conditions:

- (a) urgent initial treatment relating to:
 - (i) i.v Benzylpenicillin for suspected meningococcal disease;
 - (ii) Salbutamol Nebulizer for Acute asthma;
 - (iii) cardiac arrest;
 - (iv) respiratory arrest / airway obstruction / acute asthma;
 - (v) suspected meningitis; and
 - (vi) Anaphylaxis
 - (vii) Any other activities / treatment required to reasonably provide basic life support.
 - (viii) Meningitis
- (b) treating minor injuries and illnesses, including:
 - (i) wounds, e.g. superficial cuts and bruises, minor burns and scalds, insect or animal bites, risk of tetanus, minor head injuries;
 - (ii) muscle and joint injury, e.g. strains and sprains, back pain, tendonitis;
 - (iii) high temperature;
 - (iv) headaches and dizziness;
 - (v) coughs, colds, 'flu-like' symptoms and hay-fever;
 - (vi) ear, nose and throat infections (e.g. minor infections such as sore throats, and ear aches);
 - (vii) eye care e.g. conjunctivitis, styes, removal of superficial foreign bodies;
 - (viii) stomach ache, indigestion, constipation, vomiting and diarrhoea;
 - (ix) dermatology and Skin complaints e.g. rashes, minor allergic reactions, scabies, head lice, sunburn; and
 - (x) genito-urinary problems e.g. urinary infections, thrush and menstrual problems; and
- (c) emergency contraception;
- (d) pregnancy testing and advice
- (e) wound dressings service (subject to in-year contract variation as this service is currently being developed as a local incentive scheme)

16 Access To Services

16.1 The Provider shall ensure as a minimum:

- (i) that the Provider's Premises shall be operational for a minimum of 84 hours per week and open for 84 hours per week in accordance with the times set out in the table below

	From the Commencement Date until termination or expiry of the Contract						
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Services operational between	8am until 8pm	8am until 8pm	8am until 8pm	8am until 8pm	8am until 8pm	8am until 8pm	8am until 8pm
Services open between	8am until 8pm	8am until 8pm	8am until 8pm	8am until 8pm	8am until 8pm	8am until 8pm	8am until 8pm

- (ii) that appointment lengths are tailored to the clinical needs of Service Users, which shall be an average of ten (10) minutes for GP consultations and an average of fifteen (15) minutes for nurse consultations;
- (iii) in respect of Consultations that a Service User has a reasonable expectation that their consultation is commenced within one hundred and twenty (120) minutes of their arrival at the Provider's Premises;
- (iv) treatment for Service Users suffering from immediate and life threatening conditions (as determined by a clinically trained individual at the Provider acting reasonably) is commenced within five (5) minutes of entry to the Provider's Premises;
- (v) deliver the service through face to face consultations at the Provider's Premises;
- (vi) to allow Service Users who contact the Provider's Premises by telephone to be able to do so without difficulty.
- (vii) Locums usage must be kept within reasonable limits (up to 15% average usage within any 6-month period except in the last 3 months of the contract when this level maybe exceed if necessary).

17 Communication with Service User's registered GP

17.1 The Provider shall ensure that details of any treatment provided to Service Users are sent to the GP practice or health centre where the Service User is ordinarily registered (if the Service User is currently registered with a GP) as soon as practicable (within twenty four hours in the event of clinical urgency) after the Service User's attendance at the Provider's Premises and/or Services Environment and in any event within one working day of the Service User's attendance unless the Service User's attendance is on a Friday, Saturday or a Sunday in which case the details must be sent by 18.00 the

following Tuesday.

17.2 The Provider shall ensure that, as part of the initial clinical assessment carried out on arrival, a system is established and implemented to allow Service Users to opt out of the provisions of paragraph 1.1 above and that any Service Users opting out of the provisions of paragraph 1.1 are advised of the potential adverse consequences that may arise from the Provider withholding this clinical information from the GP practice or health centre where the Service User is ordinarily registered.

17.3 Where the Service User is not currently registered with a General Medical Practice the provider shall reasonably encourage the Service User to register with a suitable GP practice.

18 Disease Management Templates

18.1 The Provider shall make effective use of computer disease management template where relevant

19 Service Leaflet

19.1 The Provider shall:

- (a) Compile a service leaflet that contains such information as a service user would reasonably expect to find
- (b) Review its service leaflet at least once in every period of six (6) months and make any amendments necessary to maintain its accuracy
- (c) Make available a copy of the leaflet, and any subsequent updates, to its service users and prospective service users and to the commissioner
- (d) Amend the service leaflet if there are any material changes to the services or to the information provided therein within three (3) months of such changes

20 Provision of Walk-in Centre Information on the Internet

20.1 The Provider shall provide an appropriate suitably maintained website, which must describe the services provided at the provider's premises and/or services environment and the eligibility criteria for those services. The provider is required to deliver appropriate services to all service users who present at the provider's premises and/or service environment for treatment, regardless of the borough of their residency or practice of registration.

21 Any acceptance and exclusion criteria and thresholds

- (i) Any Service User presenting with a condition (from a clinical perspective) that warrants immediate direction to A&E
- (ii) Any Service User currently registered with at the Provider's Premises may be seen but will not attract payment under this Contract
- (iii) Any follow-up consultations that are booked with Service Users following an initial consultation under this Contract.

22 Interdependence with other services/providers

Local GP Practices

The Provider will maintain communication with the registered GP of patients as required. KPIs specify time period for 'post consultation summary'. GPs to be informed of non-appropriate attendances and encourage patients to see their registered GP as appropriate.

111 Service

To ensure that Service Users are aware of the 111 service. To notify 111 service of the opening hours of the Walk-In Centre and when the GP Access Walk-In Centre is closed to ensure that the 111 Centre is identified as an alternative.

Out of Hours Service

To communicate and liaise as appropriate, and ensure that the service is aware of the role of GP Access Walk-in Centre.

Local A&E Service

To communicate and liaise, as appropriate and ensure that local A&E Services are aware of the role of the Walk-In Centre.

4. Applicable Service Standards

- (i) Standards for Better Health;
- (ii) any Health Care Commission Standards in force from time to time during the term of this Contract;
- (iii) the "excellent GP" according to Good Medical Practice for General Practitioners (RCGP 2008);
- (iv) any relevant MHRA guidance, technical standards, and alert notices;
- (v) the highest level of clinical standards that can be derived from the standards and regulations referred to in this paragraph 7.1 Part 1, of Schedule 2; and
- (vi) the General Medical Council guidance on Good Medical Practice (2013).
- (vii) Any relevant guidance issued by the National Institute for Health & Care Excellence (NICE)
- (viii) Any relevant guidance and registration requirements of the Care Quality Commission

5. Applicable quality requirements and CQUIN goals

Not Applicable

6. Location of Provider Premises

Wembley Centre for Health and Care 116 Chaplin Road Wembley Middlesex HA0 4UZ
7. Individual Service User Placement
Not Applicable

5 QUALITY STANDARDS, CLINICAL GOVERNANCE & SAFETY

The following quality standards, clinical governance and safety requirements apply to all unscheduled care services described in this service specification.

5.1 SERVICE QUALITY

The Commissioner wishes to ensure that the quality of the services to be provided is of a consistently high standard and all professionals abide by the guidance of their professional self-regulatory body. Providers are expected to outline the clinical governance mechanisms to be applied when concerns about the quality of the service is raised.

Services are required to integrate with the local health economy and operate within a common framework of standards and governance. Without prejudice to any other contractual provision, the Provider is required to deliver the services in accordance with Good Clinical Practice, Good Healthcare Practice, and comply with the following standards and recommendations as a minimum. The minimum standards and recommendations include:

- Any Care Quality Commission Standards in force from time to time during the term of this Agreement;
- All local standards (as appropriate) e.g. prescribing.

As well as those:

- Issued by the National Institute for Health and Care Excellence (NICE);
- Issued by any relevant professional body and agreed between the parties;
- Arising from any audit and Serious Untoward Incident and Adverse Incident Reporting, including the reporting of such to the Commissioner;
- Included within locally or national tariff funded National Service Frameworks, agreed Integrated Care Pathways and agreed shared protocols and guidelines;
- Issued by the Department of Health or NHS England covering Out of Hours Care (e.g. the National Quality Requirements in the Delivery of Out-of-Hours Services (DH, 2006);
- Defined in the NHS Standard Contract 2016-17.

5.2 POLICIES & PROCEDURES

Full records of all procedures undertaken should be maintained in such a way that aggregated data and details of individual patients are readily accessible. Providers should regularly audit and peer-review the clinical outcomes of the service.

Any clinical procedures or intervention carried out by the Service will be carried out in appropriate environments, (which meet national standards and CQC requirements) by a competent clinician. Any such treatment must comply with all relevant NICE guidance and other clinical best practice and thresholds as agreed by the Commissioner.

All services will be required to have in place policies and procedures which comply with general legislation and any relevant NHS guidance affecting the service, including:

- The Health and Safety at Work Act 1974 including Needle Stick Management;
- Control of Substances Hazardous to Health Regulations 2002 (COSHH);
- Clinical waste and sharps disposal;
- Infection control policy;
- Incident reporting;
- Human Rights Act 1998;
- Race Relations (Amendment) Act 2000;
- Disability Discrimination Act 1995;
- Information Governance;
- NHS Code of Practice on Confidentiality 2003;
- Medical records and Storage;
- Consent to treatment;
- Data Protection and Freedom of Information;
- Discrimination;
- Working Time Regulations 1998 (as amended).

Providers will ensure that all policies are reviewed as appropriate and will state the review date clearly.

5.3 GOVERNANCE

5.3.1 Integrated clinical governance

Providers must ensure that a clear governance structure is in place, which will provide clinical leadership, education and development. Services must provide a quality, safe, equitable co-ordination of care throughout the pathway ensuring all have the required information in the manner which allows appropriate decisions/ care are provided in a timely and secure way with patient consent, decisions and outcomes at the heart of the Services.

Governance is a mechanism to provide accountability for the way an organisation manages itself. Clinical Governance is a system through which healthcare organisations are accountable for continuously improving the quality of their services and safe-guarding high standards of care, by creating an environment in which clinical excellence will flourish. Clinical Governance should be integrated into the organisation's whole governance arrangements. Such Integrated Governance is a collation of systems, processes and behaviours by which healthcare organisations lead, direct and control their functions in order to achieve organisational objectives, safety and quality of service and in which they relate to patients and carers, the wider community and partner organisations. Providers are required to have, or adopt, a system of Integrated Governance, that incorporates key elements of Clinical Governance and organisational learning, to ensure that there is the safe delivery of the Services to Patients.

An integrated service model is fundamental to delivering safe, high quality care. The key features of a genuinely integrated service model are:

- **Clear lines of responsibility and accountability**, both within and between provider organisations;
- **Clearly defined handovers** of care between providers;
- An approach to **review and continuous improvement** that transcends organisational boundaries;
- **Clear policies aimed at managing risk** and procedures to identify and remedy poor professional performance.

Clear management arrangements should be in place to ensure the workforce is of sufficient size to provide the capacity and capability to meet the range of services effectively and efficiently. There must be clearly defined structures of accountability and responsible safe service delivery.

Providers must have an Organisational Medical Director (or Acting Organisational Medical Director) and a Local Medical Director for each service location to deliver the required clinical leadership (see also section 5.4.2).

Providers are required to comply with national Department of Health (DH) Clinical Governance requirements and, as a minimum meet the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009 and adhere to the guidelines of the Care Quality Commission Essential Standards of Quality and Safety. These will be monitored on an annual basis.

Providers are required to demonstrate to Commissioners that a robust Clinical Governance framework is in place through audits to promote continued organisational and clinical development. In addition, lessons learned from Serious Untoward Incidents and the actions taken must be communicated promptly to Commissioners.

5.4 SAFE DELIVERY OF THE SERVICES

The safe delivery of clinical services is only possible when the leadership structure and governance is fit for purpose. It is important that the clinical and organisational lines of accountability end at the same level within a Provider organisation. This must be at the highest level within the organisation. Providers will be expected to promote a culture of learning within their organisations.

5.4.1 Risk management

Providers will implement mechanisms for managing risk, including disaster recovery, contingency and business continuity plans. The Commissioner is required to be informed about detail of the risk management structures and processes that exist, and how these are implemented.

5.4.2 Medical leadership

Good medical leadership to promote patient safety and to improve quality of care is a key component of a high-quality service. Consequently, Providers must have medical leadership at the following levels:

- Organisational level: there should be an Organisational Medical Director at the highest level of the organisation whose main responsibilities are to put quality of care at the heart of the Provider's aims, and to provide a framework for Clinical Governance (CG) and support for those delivering the Services. This person carries corporate/ organisational responsibility for the organisation's activities (see [Appendix 4](#)).
- Local level: there should be a Local Medical Services Director, whose responsibility is, to provide the medical leadership required for delivery of the Services at each service location, ensuring that key systems are in place for a quality Service (see [Appendix 5](#)).

5.4.3 Clinical Risk Management and legal protection

Providers will ensure that clinical risk management is an integral part of daily management with clinical risk management used to improve decision-making and encourage the continued improvement of service delivery and the best use of resources. It will be necessary for a comprehensive risk assessment to be undertaken to ensure that the patient journey is safe and appropriate.

5.4.4 Clinical safety & medical emergencies

Providers will be expected to deal with medical emergencies safely and effectively with access to appropriately trained staff, supported by suitable equipment and in-date emergency drugs.

5.4.5 Incident reporting

Most problems affecting patient safety occur as a result of weaknesses in systems and processes, rather than the acts of individuals.

Providers will ensure that there are appropriate reporting mechanisms for all incidents and that these reports feed into the relevant monitoring and reporting systems already set up by the Commissioner and DH. The system should have the ability to analyse the type, frequency and severity of incidents, in a systematic and detailed manner to ascertain any lessons learnt about the quality of care and to indicate changes that might lead to future improvements.

There are three types of incidents that should be reported:

- Incidents that have occurred;
- Incidents that have been prevented; and
- Incidents that might happen.

There must also be effective procedures for the management of all incidents. These will align with existing protocols and NHS London requirements for reporting and investigating SUI's.

Adverse incidents should include, but are not limited to, incidents relating to:

- Death occurring in Service locations;
- New cancer diagnosis;
- Patient complaint;
- Patient suicide;
- Section under Mental Health Act;
- Prescribing-related events;
- Nursing-related events;
- Other medical;
- Other administrative; and
- Other incidents.

Providers must have a culture that encourages and supports staff to report Adverse Incidents and should be committed to learning from Adverse Incidents to improve the quality of care for Patients.

6 SERVICE EXPERIENCE

6.1 PATIENT INVOLVEMENT

Providers will be expected to meet service user quality requirements with the experience of services by patients monitored and forming a part of the Commissioner's contract management obligations.

Arrangements are required to be made to carry out patient satisfaction surveys in relation to the services and Providers are required to co-operate with such surveys that may be carried out by the Commissioner. In discharging this obligation Providers shall have regard to any DH and NHS England guidance relating to patient satisfaction. Providers will be expected to demonstrate evidence of having used the patient experience of using services to make improvements to service delivery.

Specifically, each service will be required to undertake an annual patient's survey. The results of the survey will be discussed with service users, and evidence of the survey results, recommendations and action plan to implement the recommendations will be submitted to the Commissioner.

6.2 COMPLAINTS

The Lead Clinician should deal with all complaints in line with a Provider's complaints policy. The complaints should be given to the most relevant lead to respond to depending on the issue (nursing, medical or admin staff). All complaints should be logged, and escalated where appropriate.

The volume and content of complaints should be regularly analysed and used to inform internal continuous improvement processes.

6.3 SAFEGUARDING

6.3.1 Protection of Vulnerable Adults

NHS Brent CCG is responsible for ensuring that organisations from which it commissions services provide a safe system that safeguards children and vulnerable adults. Brent has a multi-agency procedure for responding to suspected abuse of vulnerable adults. This means we have an agreement where organisations work together with the person who we think may be abused, to safeguard that person and take what actions we can. Adult and Community Services co-ordinate the policy, with the Police and the NHS sharing responsibility for ensuring the correct process is used.

Providers shall ensure that concerns are reported to Adult and Community Services and the policy for Vulnerable Adults adhered to. The Police shall also be contacted where it is thought a criminal act may have been committed. Providers shall be expected to work with social services to ensure that training and supervision requirements are implemented.

6.3.2 Safeguarding Children

Providers will be expected to adhere to the standards laid out in NHS Brent Safeguarding Children Commissioning Organisation Policy & Procedures². The standards outlined in this document are core standards and apply to all organisations who supply commissioned services for NHS Brent, including all contracts and any sub contracts.

Services that work with adults must also adhere to these standards. Children and young people are part of families and safeguarding children is everybody's responsibility.

7 INFORMATION MANAGEMENT & TECHNOLOGY

Providers will be responsible for the maintenance and cost of all equipment (including Information Management & Technology (IM&T) hardware and software, licenses and IT support services required to meet the needs of the service. These will need to meet local and national standards and support NHS Brent CCG's direction of travel regarding interoperability. The Information Governance arrangements and processes will need to comply with Health Social Care Information Centre standards to ensure information flows efficiently and securely across the health and social care system, to improve patient outcomes.

Providers must ensure that appropriate IM&T Systems are in place to support the Services before Service Commencement. In this context, IM&T Systems mean all computer hardware, software, networking, training, support and maintenance necessary to support and ensure effective delivery of the Services, management of patient care, contract management and of the organisation's business processes.

7.1.1 Standards and Compliance

The IM&T systems, Information Governance arrangements and processes will need to comply with Health Social Care Information Centre standards to ensure information flows efficiently and

² http://www.brentccg.nhs.uk/en/publications/cat_view/1-publications/73-safeguarding

securely across the health and social care system, to improve patient outcomes. Providers will have an IM&T system to deliver on the required standards that includes:

- NHS Interoperability Toolkit (ITK) compliance;
- N3 connectivity;
- NHS mail;
- Health Level 7 (HL7) messaging;
- Open Architecture (Open Application Programming Interface (API)) to support interoperability – (GP Systems of Choice (GPSoc) mandated);
- Personal Demographic Service (PDS) compliance and enabled;
- The use of NHS Number as unique identifier;
- Choose and Book enabled.

Providers will be required to sign up to the Brent Harrow & Hillingdon Information Sharing Protocol (BHH ISP) agreement and appropriate Information Sharing Agreements to facilitate the secure sharing of information across health and social care delivery partners. The protocol sets out general principles, standards and governance arrangements to provide a secure framework for the sharing of information between the Partner Organisations.

7.1.2 Information Governance and security

Providers must put in place appropriate governance and security for the IM&T Systems to safeguard patient information complying with the statutory obligations for the management and operation of IM&T within the NHS, including, (but not exclusively):

- Common law duty of confidence;
- Data Protection Act 1998;
- Access to Health Records Act 1990;
- Freedom of Information Act 2000;
- Computer Misuse Act 1990; and
- Health and Social Care Act 2012.

Providers must meet prevailing national standards and follow appropriate NHS good practice guidelines for information governance and security, including, but not exclusively:

- NHS Confidentiality Code of Practice;
- Registration under ISO/IEC 17799-2005 and ISO 27001-2005 or other appropriate information security standards;
- Use of the Caldicott principles and guidelines;
- Appointment of a Caldicott Guardian;
- Policies on security and confidentiality of patient information;
- Clinical governance in line with the NHS Information Governance Toolkit; and
- Risk and incident management system.

8 EQUIPMENT

Providers are required to provide and manage the equipment used to deliver the Services. This includes:

- Ensuring that equipment meets the requirements of the Service;
- Arranging for the provision of substitute equipment to ensure continuity of the Service where necessary;
- Ensuring equipment complies with statutory requirements, including health and safety standards, and appropriate British standards concerning the inspection, testing, maintenance and repair;
- Maintaining records open to inspection by Commissioners of the maintenance, testing and certification of the equipment;
- Training and regularly updating staff in the safe and compliant use of equipment.

9 FACILITIES

9.1 FACILITIES MANAGEMENT

Providers will be responsible for all facilities management requirements and will need to take into account the requirements to:

- Meet the recurrent costs of premises, including rent, rates, utility consumption and FM services
- Securely store equipment;
- Provide clinic/ consulting space for patient assessment and treatment;
- Securely store medicines, sterile equipment etc.; and
- Enable administration support to function effectively (including IT infrastructure).

Providers must ensure that Services are delivered from a clean and pleasant environment and maintain a safe and hygienic environment for Staff, Patients and carers.

9.2 PATIENT DIGNITY AND RESPECT

Providers should deliver the Services from an environment that treats every Patient and carer as a valued individual, with respect for their dignity and privacy. Providers must:

- Ensure that the provision of the Services and the premises protect and preserve patient dignity, privacy and confidentiality;
- Allow Patients to have their personal clinical details discussed in private; and
- Ensure that all staff behave professionally and with discretion towards all Patients and visitors at all times.

10 WORKFORCE

A Provider's full staff model for a Service will reflect the need for a strong primary care presence in the assessment, diagnosis and treatment of patients, with appropriately experienced clinicians. Providers will be solely responsible for the employment of staff, payment of benefits and any disputes arising from employment-related matters.

10.1 STAFF EXPERIENCE, QUALIFICATIONS AND REGISTRATIONS

Staff will have the necessary skills and capability to deliver clinical services in adherence with all aspects of the specification and in line with national guidance. A consistent level of service will be provided within the specified operating hours. Staffing levels and protocols will be in place to ensure consistent service delivery.

Services will have in place strong cooperative leadership of both managerial and clinical staff to achieve the service objectives to build collaborative and innovative relationships with stakeholders.

Providers are required to ensure that the required workforce policies, strategies, processes and practices comply with all relevant employment legislation applicable in the UK and also comply with the provisions outlined in:

- Safer Recruitment – A Guide for NHS Employers (May 2005);
- The Code of Practice for the International Recruitment of Healthcare Professionals (December 2004) (the Code of Practice); and
- NHS Employment Check Standards (updated July 2013).

Providers will need to ensure that employment practice is adhered to, to provide assurance of qualified staff, supervision, performance management, appraisal and personal development.

Notwithstanding the requirement for suitably accredited, qualified and experienced clinical staff, Providers must ensure there is sufficient secretarial/ administrative support for all activity generated within the Services.

Administrative staff must be adequately trained in both patient confidentiality and clinical terms and policies, and must be provided with appropriate word processing and data collection facilities to allow for proper clinical audit and to support the Commissioners report requirements. Clinical and non-clinical staff must have the training and development required to deliver the services in a way such that patients receive compassionate, efficient and empathetic care.

10.1.1 Staff learning and development

It is expected that Providers will offer a robust range of training and teaching for its staff. Providers will be responsible for keeping staff up-to-date with relevant standards and clinical practice. All clinical staff should be suitably trained in the operation of any equipment used.

11 MEDICINES MANAGEMENT

11.1.1 Formulary

Providers are expected to comply with the North West London Integrated Formulary and the local Management of Infections Guidelines and any other relevant guidelines that the CCG will provide as appropriate and relevant to the services. Providers will use the locally-agreed antibiotic guidelines and formulary, and not to prescribe drugs from the locally-agreed (NWL sector) agreed 'Red Drugs' list.

11.1.2 Clinical governance of medicines management

Providers must ensure the safe and legal storage, dispensing, disposal of medicines and prescriptions.

Providers are responsible for clinical governance and compliance with applicable national guidance for all aspects of medicines management, including prescribing and providing/ administering drugs. Any incidents must be investigated by the Provider, with outcomes reported following the local incident reporting process.

Providers will need to comply with Misuse of Drugs Regulations 2001. In addition, regulations made under the Health Act 2006 require each healthcare organisation to appoint an Accountable Officer, responsible for the safe and effective use of Controlled Drugs (CDs) in their organisation. The Regulations also introduce standard operating procedures (SOPs)³ for the use and management of CDs. Providers will need to have the appropriate processes in place to agree and adopt SOPs for their use.

11.1.3 Prescribing

The Commissioner will not be invoiced by a Provider separately for medicines which have been dispensed. All tariffs are therefore 'drug inclusive'.

³ A SOP is a document that describes the responsibilities and the procedures, including audit, necessary to manage CDs safely and accountably.

12 APPENDICES

12.1 APPENDIX 1 – ORGANISATIONAL MEDICAL DIRECTOR

Role:

The post holder should provide organisational medical leadership and accountability for the delivery of safe, efficient and reliable clinical services in all the facilities and clinical functions provided within the contract, ensuring that the standards set out within the contract at inception are achieved and that the organisation works towards continuous quality improvement throughout the duration of the contract.

Key Responsibilities:

The main responsibilities of the role are to:

- Provide organisational medical leadership for clinical services provided;
- Define and articulate the organisation's vision in the provision of clinical services;
- Share corporate responsibilities with other members of the Corporate Board;
- Identify the key processes within the clinical services provided;
- Appoint appropriate people to lead the key processes;
- Provide professional leadership for all doctors engaged in the contract;
- Take responsibility for Clinical Governance, defining a framework in which it can operate;
- Establish links with the surrounding health economy, working in partnership with them to ensure a seamless pathway for patients as appropriate;
- Promote a culture of innovation and change in the pursuance of improving quality of care.
- Promote and support the continued professional development of all clinical staff that work within the service and promote education about the services and related pathways for the local GPs that refer to the service;
- Ensure that all clinicians involved in delivering the services are compliant with adult and child safeguarding policies and regulations;
- Ensure that appropriate CQC requirements are satisfied at service locations;
- Ensure that appropriate disciplinary, complaints and whistleblowing policies are in place and being effectively implemented.

12.2 APPENDIX 2 – LOCAL MEDICAL SERVICES DIRECTOR

Role:

The post holder may also be the Organisational Medical Director, if appropriately qualified. This role should provide medical leadership for the delivery of safe, efficient and reliable services at each locality. This may be specialty-specific or may include a range of clinical services.

Key Responsibilities:

The main responsibilities of the role are to:

- Provide medical leadership for the clinical services provided at a locality;
- Lead the implementation of key processes within the clinical services provided in a locality;
- Ensure that all clinicians involved in local service provision are aware of their roles in the key processes;
- Provide professional leadership for all clinicians at local level;
- Participate in activities that encourage integration with the surrounding health economy;
- Promote equal opportunities in the workplace.

13. Schedule of Key Performance Indicators

No	KPI	Description
1	Data completeness and validity	
1.1	Data completeness	<p>All fields within the Monthly Activity Report include a minimum data completeness percentage, which denotes the proportion of records which must have this value populated with a valid entry.</p> <p>This KPI will be calculated according to the number of fields which do not meet the required levels of data completeness, as measured by NHS Brent</p>

5	Walk in Centre KPIs	
	Walk-in Centre operational hours	The GP Access Walk-in Centre must be operational for a minimum of 84 hours per week for 52 weeks per year between the hours of 8.00 am and 8.00 pm, Monday to Sunday and open between the hours of 8.00 am and 8.00 pm, Monday to Sunday
		The provider is required to report to the Commissioner the number of Service Users who attend the walk-in centre more than 6 times in any twelve month period and listing actions taken by the Provider to get the patient seen by their own registered GP
	Waiting Times	<ul style="list-style-type: none"> Percentage of Service Users seen within 90 minutes of arrival >70% and seen within 120 minutes of arrival >90% number of Service Users who leave the walk-in centre without being seen by a clinician unless the Provider facilitates for the patient to book into their own registered practice <5%
	Patient satisfaction response rate	<ul style="list-style-type: none"> Percentage age of Service Users who returned the Service User Survey who rated the reception service received as either "Fairly Helpful" or "Very Helpful">98% either "agreed" or "strongly agreed" that the Clinician listed to their either "agreed" or "strongly agreed" that the Clinician gave a full and understandable explanation of their treatment and involved them in the decision about their care.>80%needs >80% either "agreed" or "strongly agreed" that the Clinician answered all of their questions to their satisfaction >80% and who rated the service received as either "Good" or "Very Good" >80%

	Communication with GPs	Details of any treatment provided to Service Users are sent to the GP practice or health centre where the Service User is ordinarily registered (if the Service User is currently registered with a GP) within 24 hours of the Service User's attendance unless the Service User's attendance is on a Friday, Saturday or a Sunday in which case the details must be sent by 18.00 the following Monday >=95%
	Referrals	<ul style="list-style-type: none">• Number of Service Users directed to A&E, UCC or Other Services during quarter• Number of Service Users referred to Local Cancer Service during quarter
	Clinical Coding	Overall percentage of Walk-in Centre records where the Service User consultation is appropriately coded to establish <ul style="list-style-type: none">• presenting condition >95% of records• ethnicity of Service User >98% of records• registered GP of Service User >98% of records
	Prescribing	Overall percentage of generic items prescribed >98%