

GP Access Fund

**(GP Extra)**

SERVICE SPECIFICATION

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# Appendix 1 Inclusion in and Exclusion from the GP Extra Service

**Service Specification**

**Part A**

**General Service Delivery Requirements**

The Provider shall provide GP led primary medical care services as set out in Part B to patients registered with GP practices in Halton, in accordance with the requirements set out in this - Part A.

1. **Equity of Access**

The Provider shall:

* Not discriminate between Patients on the grounds of medical condition, age, sex, sexuality, ethnicity, disability, or any other non-medical characteristics;
* Not discriminate as per the requirements set out in the APMS;
* Utilise the available professional translation services currently commissioned by the Commissioner (or where this is no longer available, source own professional translation services): as required for all non-English speaking Patients during all consultations; to provide appropriate translations of materials describing procedures and clinical prognosis, where it is normal procedure to provide such materials in English, for the languages most commonly spoken by Patients who are likely to use the Services.
* Actively advertise and promote the service and appointments to local patients.
* Actively target patients who have poor access to GP services to use the service.
	1. **Patient Dignity and Respect**

The Provider shall:

* Ensure that the provision of the Services and the Practice Premises protect and preserve patient dignity, privacy and confidentiality at all times;
* Allow patients to have their personal clinical details discussed with them by a person of the same gender, where required by the patient and if reasonably practicable;
* Provide a trained chaperone who will work in accordance with the most up-to-date chaperone good practice guidance for intimate examinations (of the same gender where requested and if reasonably practicable) if requested by the patient to preserve patient dignity and respect cultural preferences;
* Ensure that patients are aware of their right to a chaperone and how to request one;
* Ensure that the Provider’s staff and anyone acting on behalf of the Provider behaves professionally and with discretion towards all patients and visitors at all times.
1. **Informed Consent**

The Provider will comply with all current NHS requirements in relation to obtaining informed consent from each patient prior to commencing treatment, including the Department of Health (DH) Good Practice in Consent Implementation Guide: Consent to Examination or Treatment 2001 or any superseding guidance.

1. **Safeguarding Adults at Risk and Safeguarding Children and Looked After Children**

The Provider shall:

* Ensure they have a named professional that takes a lead and is appropriately trained in relation to adults at risk and children safeguarding as set out in Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework 2015, and in line with Working Together (2015), Care Act (2015), Children Act (1989) and Children Act (2004);
* Have policies and procedures in place that align with and meet the requirements set out in current guidance and legislation pertaining to Adults at Risk, Safeguarding Children and Looked After Children (LAC) as well as specific and local arrangements as prescribed by the Local Safeguarding Adult Board (LSAB) and the Local Safeguarding Children Boards (LSCB) of Halton. The policies must include domestic violence, honour-based abuse, PREVENT, Modern Slavery, managing allegations against staff and the chaperoning of children, young people and adults at risk. Policies must comply with legislation that underpins safeguarding adults at risk, e.g. Mental Capacity Act (MCA) 2005, Deprivation of Liberty (DoLS);
* Contribute to serious case reviews (SCRs), Safeguarding Adult Reviews (SARs), domestic homicide reviews (DHRs) and multi-agency case reviews as requested by the Halton LSAB and LSCB and Child Death Review Process, including provision of information to the Child Death Overview Panel (CDOP) and the rapid response team when a child dies unexpectedly. The Provider is expected to have a safeguarding lead within the organisation. The Provider will actively seek and accept support from the named professional leads for safeguarding within the CCG;
* Ensure that records are retained of incidents relating to allegations made against staff working with children, young people and adults at risk. This will include details of referrals/discussions with the Local Authority Designated Officer (LADO) and outcome of the allegation;
* Use appropriate Halton LSAB LSCB/local authority endorsed systems to make safeguarding referrals and ensure that such information is appropriately flagged within the health care record;
* Ensure that all staff has access to training and development in relation to all aspects of safeguarding children (including Looked After Children) and adults at risk commensurate with their role. This will include including PREVENT, MCA and DoLS and will ensure that in-house training packages/resources used are in line with professional body recommendations, requirements of the LSAB and LSCB, additionally for children as per Working Together to Safeguard Children 2015 and the Intercollegiate Document (Safeguarding Children: Roles and Competences for Health Care Staff 2014; Looked After Children, knowledge, skills and competencies of healthcare staff 2015).
1. **Prescribing**

The Provider shall prescribe the most clinically safe and cost effective medicines in accordance with national and local guidance from time to time including:

* National Institute for Health and Care Excellence (NICE) guidance and DH directives relating to prescribing;
* Good Prescribing Practice as defined by the latest edition of the British National Formulary (BNF);
* Shared care protocols agreed between the Commissioner and other secondary care NHS Providers;
* Patient Group Directions, such as emergency contraception and antibiotics; and
* Meet all requirements of the prescribing or medicines optimisation work plan agreed with the CCG.

**5. Medicines Management**

Safe and secure Handling of medicines

* The Provider shall demonstrate robust processes to ensure the safe and secure handling of medicines and medicines-related processes (including prescribing, supply and administration) in accordance with the CCG Prescribing Policies.
* The Provider shall demonstrate to the Commissioners that robust, auditable systems are in place to cover responsibility, reconciliation, record keeping and disposal requirements for the drugs for which the Provider is responsible. Medicines handling activities (e.g. procurement, storage, prescribing, dispensing and disposal of medicines) shall be covered by the Provider standard operating procedures and shall be safe and in line with current legislation, licensing requirements and good practice. The Provider shall demonstrate regular risk assessments of all processes used in medicines handling and supplying/ administering medicines to patients. The Provider shall ensure that all staff involved in medicines handling and supply/ administration of medicines to patients have regular education and training needs assessments, and the Provider shall be able to demonstrate that identified education and training needs of staff are met.
* All prescribers shall adhere to legal, professional and good practice guidance on prescribing and medicines management in line with relevant medicines legislation and regulations e.g. Medicines Act 1968, Misuse of Drug Act 1971 etc.
* The GP Extra Service shall have robust systems in place to manage and report medication errors, near misses and adverse reactions utilising the ‘yellow card’ reporting system and/or patient incident reporting software e.g. Datix.
* The Provider shall demonstrate to the Commissioners’ satisfaction that they have processes to manage patient safety and governance e.g. compliance with any relevant patient safety alerts i.e. NPSA/MHRA and drug recall notices, policies in place for all aspects of medicines and data protection.
* All staff shall be appropriately trained and be deemed competent in medicines use e.g. Patient group directions. The Provider shall be responsible for the associated training of, and a robust internal governance process shall be in place to ratify medicine related documents.
* The Provider shall be responsible for the ordering and secure storage of FP10s.

**6. Clinical Safety and Medical Emergencies**

## The Provider will:

* Ensure that all relevant Provider Staff comply with and maintain basic life support skills and competences in accordance with the UK Resuscitation Council guidelines on Basic Life Support and the Use of Automated External Defibrillators;
* 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 patients with urgent conditions at all times;
* Maintain any equipment and in-date emergency drugs held by the service in order to treat life-threatening conditions such as anaphylaxis, meningococcal disease, suspected myocardial infarction, status asthmatics and status epilepticus;
* Adhere to any national or local guidelines relating to clinical safety and healthcare emergencies in primary care and in Out of Hours as amended from time to time.

**7. Good Clinical Practice**

The Provider shall perform the services in accordance with the following requirements as amended from time to time:

* Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009 (Part 4) including the Care Quality Commission’s Fundamental Standards;
* The “Excellent GP” according to Good Medical Practice for General Practitioners (RCGP 2008);
* Any relevant MHRA guidance, technical standards, and alert notices;
* The highest level of clinical standards that can be derived from the standards and regulations referred to in this Section;
* The General Medical Council guidance on Good Medical Practice (2013).

**8. Equipment**

The Provider shall provide all medical and surgical equipment, medical supplies including medicines, drugs, instruments, Appliances, and materials necessary for the delivery of services under this Agreement. The Provider must ensure that all Equipment used in the delivery of the service is fit for purpose, complies with statutory requirements and the latest relevant British Standard or European equivalent specification, and is purchased with compatibility in mind. This applies to equipment supplied directly by the Provider and to equipment made available to the Provider by the Commissioner, both fixed and mobile, for the purposes of delivery of the service and operation of the facilities.

The Provider must provide, install, operate and maintain all Equipment in accordance with all applicable regulations and manufacturers' instructions. The Provider must ensure that Equipment used to deliver the Services would not cause interference with or damage to equipment used by others.

The Provider should have processes for the backup of systems - this may be covered by the Information Governance Statement of Compliance (IGSOC) toolkit.

* The Provider will maintain an asset register for all Equipment.
* The Provider will be responsible for arranging and managing clinical sharps and healthcare clinical waste disposal at the premises. Any equipment used for invasive procedures which is required to be sterile must be single use; or in accordance with the minor surgery specification.
* The Provider shall establish and maintain a planned maintenance programme for its equipment and make adequate contingency arrangements for emergency remedial maintenance. The Commissioner should be able to view upon request the Provider’s annual maintenance schedule for Equipment.

### Management of Equipment

The proper and adequate control of Equipment is an important aspect in the safe and effective delivery of the Services.

The Provider is responsible for making arrangements:

* To establish and manage a planned preventative maintenance programme;
* To make adequate contingency arrangements for emergency remedial maintenance;
* To make arrangements for the provision of substitute equipment to ensure continuity of the Services;
* To ensure compliance with statutory requirements, including Health and Safety standards, and appropriate British Standards concerning the inspection, testing, maintenance and repair of equipment; and
* To maintain records open to inspection by the Commissioner of the maintenance, testing and certification of the Equipment.

## Consumables

The Provider must ensure that consumables are stored safely, appropriately and in accordance with all applicable laws, good practice guidelines and suppliers' instructions.

**9. Infection Control and Prevention**

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 PH 36 (March 2012”). <http://www.nice.org.uk/pdf/infection_control_fullguideline.pdf>, “Prevention of healthcare associated infections in primary and community care”, maintaining a safe, hygienic and pleasant environment at the premises and shall:

* Ensure that appropriate procedures are implemented in relation to cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices including complying with agreed policy;
* Ensure that procedures implemented in accordance with the above shall be such as to ensure that reusable medical devices are handled safely and decontaminated effectively prior to re-use;
* Make arrangements for the ordering, recording, handling, safe keeping, safe administration and disposal of medicines used in relation to the Services;
* Make arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff (including any clinical practitioners which the Provider has asked to carry out clinical activity);
* Ensure that establishment contingency planning arrangements are fully informed regarding clinical expectations and in the safe and decent management of serious infectious or contagious disease or illness where there are implications for the wider patient population and staff support services.
* Conduct regular (annual as a minimum) infection control audits where appropriate;
* Ensure an Infection Control Policy is in place, available to all staff and annually reviewed.
* Ensure that a named Infection Control Lead is identified.

**10. Referrals**

The Provider shall:

* Ensure that referrals to NHS hospitals should not be arranged where it is within the Provider’s competence to deal with the healthcare issue.
* Ensure there is an auditable system in place to check that all patients are seen within the national referral to treatment standards.
* Ensure there is an auditable system in place to check that urgent cancer referrals are seen within national deadlines. The Doctor will Dictate HSC205 during the session and the referral is sent to the appropriate service within one working day.
* Where clinically necessary, ensure a patient is able to access a healthcare practitioner, or GP if appropriate, on the same day as the referral being made.
* Ensure that all staff act in the patient’s best interests when making referrals;
* Ensure that, whenever possible, referrals are made via the e-referral system and the Directory of Service is utilised;
* Record all referrals in the patient record using the appropriate SNOMED clinical terms;
* Ensure that any healthcare professional to whom Clinical Staff refer a patient is accountable to a statutory regulatory body or is employed within a managed environment, and where this is not the case the transfer of care is to be regarded as a delegation (and not a referral) and the Provider shall remain responsible for the overall management of the patient and shall be accountable for the decision to delegate;
* Monitor secondary care activity relating to patients utilising the GP Extra service and minimise inappropriate referrals, A&E attendances and hospital admissions;
* Co-operate with service Providers carrying out Out of Hours Services to ensure safe and seamless care for Patients;
* Provide complete and comprehensive information to support any Referral made;
* Use robust clinical pathways for referral, where these are agreed with other local healthcare Providers and/or issued by the CCG;
* Be aware that:
* Patients referred into a nurse-led clinic should be seen within a maximum of 12 weeks of the referral being initiated.
* Patients referred to the Optometry and Podiatry service should be seen within a maximum of 12 weeks of the referral being initiated.
* Patients referred into the integrated mental health care service should be seen within 12 weeks or earlier if clinical needs dictate. Treatment for patients suffering from immediate and life threatening conditions (as determined by a clinically trained individual at the Provider acting reasonably) must be commenced immediately and the emergency services / protocols implemented as required. Referrals should be initiated the same day where agreed.

**11. Co-operation with Other NHS Providers**

The Provider will work in partnership with all other NHS and non-NHS healthcare Providers and stakeholders (including, but not limited to health visitors, district nurses, social services, mental health services, acute trusts and acute trust laboratories, community health providers, Halton GP practices and healthcare providers and local voluntary and third sector organisations). This will include participating in any local collaborative models of working.

**12. Clinical Governance and Quality Assurance**

The Provider shall:

* Have medical leadership in place in order to operate an effective, comprehensive, system of Clinical Governance with clear channels of accountability, supervision and reporting, and effective systems to reduce the risk of clinical system failure;
* Continuously monitor and report on clinical performance and evaluate Serious Incidents, significant events, near misses and complaints. The Provider must ensure that records and reports are available to the Commissioner on request;
* Use appropriate formal methods such as root cause analysis for Serious Incidents, significant events, near misses and complaints;
* Have in place a system for collecting data on Serious Incidents, significant events, near misses and complaints 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. Furthermore, the Provider shall have in place a system for adopting such changes into practice and processes going forward;
* Receive and respond to relevant CAS (central alert system) Patient Safety Alerts and messages. The central alert system is a web-based cascading system for issuing alerts, important public health messages and other safety critical information and guidance to the NHS and other organisations;
* Ensure contractual compliance against the Information Governance Toolkit and any future returns requested by the Commissioner, implementing suitable action plans until all standards are achieved;
* Implement a suite of standard operating procedures that comply with relevant primary and secondary legislation and relevant regulations. As a minimum this suite of procedures shall cover: Medicines Management; Staffing (appraisal, competency, training and lone working); Delivering equity of access to the service; Communications and engagement; Information Governance; Infrastructure management (premises, technology and equipment); Patient safety; Incident reporting; Safeguarding (adults and children); Emergency planning; Complaints; and Infection prevention and control.
* Operate robust auditing of clinical care against clinical standards and in line with CQC Fundamental standards;
* Comply with the Commissioner’s governance requirements and inspections and make available, on reasonable notice to the Commissioner, any and all Provider records (including permitting the Commissioner to take copies) relating to Provider clinical governance to enable the Commissioner to audit and verify the clinical governance standards of the Provider;
* Where appropriate, fully implement any recommendations following Commissioner inspections within three (3) months of notification by the Commissioner of the recommendations;
* Provide the Commissioner with a service improvement plan where appropriate;
* Participate in all quality and clinical governance initiatives agreed with the Commissioner and the CCG where appropriate.
* Ensure hubs meet CQC requirements for the delivery of medical services which, as a minimum, shall be those required for the delivery of general medical services.

**13. Provider Workforce: Recruitment and Competence**

The Provider must have a comprehensive, robust plan for recruitment, selection and employment procedures in place that are compliant with employment legislation and European directives.

The principle objectives of the Provider must:

* Reflect the local community and range of languages spoken to support access to services;
* Meet the essential day-to-day staff leadership, management and supervisory needs of the contract during its lifetime, including during mobilisation and, if appropriate, contract termination;
* Support the provision of safe, high quality clinical services;
* Aim to provide continuity of care for patients and minimise use of locum staff;
* Ensure that every member of the staff has a job description and appropriate contracts of employment setting out their terms and conditions, and roles and obligations as well as their rights;
* Ensure that, where appropriate any transference of employees to its employment must comply with TUPE regulations;
* Specify arrangements to ensure that all mandatory pre-employment checks are implemented for all staff working in the organisation, including ensuring compliance with Disclosure and Barring Service (DBS) requirements for all staff before they start employment.
* Not employ or engage a health care professional to perform services under this contract unless:
	+ - 1. a minimum of two written clinical references have been received relating to two recent posts, covering a minimum of three years
			2. the received references have been checked, validated and are satisfactory.
* Where the employment or engagement of a medical or health care professionalis urgently needed and it is not possible to obtain and check the references in accordance with the above clause before employing or engaging the person, the person may be employed or engaged on a temporary basis for a single period of up to 14 days whilst references are checked and considered, and for an additional single period of a further 7 days if the Provider believes the person supplying those references is ill, on holiday or otherwise temporarily unavailable.
* Where the Provider employs or engages the same person on more than one occasion within a period of three months, they may rely on the references provided on the first occasion, provided that those references are not more than twelve months old.
* If a Provider uses a third party to assist with recruitment and recruitment checks, the Provider is responsible for ensuring the relevant checks have been undertaken and documentary evidence of this is available on request by the Commissioner.
* Ensure, through appropriate audit, training and continuous professional development, that all staff involved in treating patients are and remain qualified and competent to do so.
* Support the implementation of all relevant statutory and non-statutory NHS standards, regulations, guidelines and codes of practice.
* Ensure there are systems in place to monitor that clinicians do not work excessive shifts or hours to the detriment of patient safety and their own welfare.
* Provide details of their staffing structure highlighting the persons that are to have responsibility for the operation of the contract.
* Provide details of the management structure and the escalation procedures for resolving problems.
* Detail how during periods of annual leave, sickness, industrial dispute or any other absence the service will be delivered.
* Ensure that all Clinical Staffare registered with all appropriate regulatory bodies; and that all medical provider staff performing specialist procedures, are suitably qualified, competent and experienced and are registered in the GMC Specialist Register in respect of the specialty in which they perform specialist procedures.
* Ensure that all GPs are registered with the GMC and on the GMC GP register; hold appropriate certificates confirming their eligibility to work in general practice in the UK including current membership on the Medical Performers List; are fully licensed to practice; and have undergone a revalidation process as appropriate.
* Ensure that all Nursing Staff are registered on the Nursing and Midwifery Council and, if they are to prescribe drugs and/or medicine, that the corresponding entry in the register indicates that they hold a prescribing qualification; subject to robust procedures for re-registering and monitoring subsequent re-registration for Health Care Professionals as appropriate; and subject to revalidation.

**14. Risk Management**

The Provider shall:

* Operate mechanisms for assessing and managing clinical and general business risk including the maintenance of a suitable risk register that is reviewed, as a minimum by the Provider on a monthly basis;
* Prepare disaster recovery, contingency and business continuity plans that should be available for inspection by the Commissioner at any time;
* Keep the Commissioner fully informed about any significant risks that have been identified that could impact on the performance of the contract;
* Notify the Commissioner of the person responsible for risk management within the Provider’s organisation.

# 15. Information Management and Technology

The Provider as a single accountable provider will need to ensure that IM&T Systems (as defined below) are effective for referrals and bookings including appointment booking, scheduling, tracking, management and the onward referral of patients for further specialised care provided by the NHS, independent sector or social care and must be compliant with eReferral requirements including the use of smart cards. The appropriate security, information management and technology is in place to support the services. This includes the call handling and telephony elements of the service.

## Standards and Compliance

The Provider must ensure that appropriate “IM&T Systems” are in place to support the medical services. “IM&T Systems” means 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 to facilitate information gathering and reporting. The Provider will be expected to meet performance management commitments under the contract requirements and other statutory obligations which must include:

* Clinical Services including ordering of pathology, radiology and other diagnostic procedures;
* Prescribing; medicine reviews;
* Individual electronic patient health records;
* Inter-communication or integration between clinical and administrative systems;
* Access to knowledge bases for healthcare at the point of patient contact;
* Access to research papers, reviews, guidelines and protocols;
* Provision of printed materials, telephone, text messaging, website, and email;
* The maintenance of detailed records as to diversity and protected characteristics;

The Provider’s IM&T Systems must comply with the following standards as appropriate to the services commissioned from the Provider:

* GP Systems of Choice (GPSoC) programme;
* Referrals and booking;
* NHS Terminology Service, NHS Classifications Service and Healthcare Resource Groupings;
* Alternative Medical Services (APMS) contract;
* Information Governance Toolkit;
* Computerised Databases.

The Provider will have a policy relating to the use of computerised systems and databases which is compliant with Data Protection principles, including ensuring patient information is backed up regularly and these backups are stored securely.

Service users should be explicitly advised of their rights with regard to confidentiality, including their right to access the information that is held on them.

## GP Systems

The Provider must use the EMIS clinical system and have facility to access all Halton patient records. The Provider must also comply with the standard terms and conditions of the GPSoC programme as may be updated from time to time.

NHS Digital has issued a specification that sets out the requirements for IM&T systems and infrastructure needed to support clinical applications in use in primary care, now and in the future, including the GPSoC programme. Providers should use this specification for guidance including:

* E- Referral System: use of the Directly Bookable Service (DBS) for all patient referrals into secondary care;
* N3: use of the national network for all external system connections to enable communication and facilitate the flow of patient information;
* Summary Care Record: includes essential health information about any medicines, allergies and adverse reactions derived from the GP record;
* Electronic Transfer of Prescriptions (ETP): use of the electronic prescribing service for supply, administration and recording of medications prescribed and transmission to the Prescription Pricing Division (PPD);
* Patient Demographic Service (PDS): use of the PDS to obtain and verify NHS Numbers for patients and ensure their use in all clinical communications;
* NHSMail: use of the NHSMail email service for all email communications concerning patient-identifiable information or the appropriate local solution;

The Provider must undertake testing of the IM&T Systems proposed, including those supplied by the Commissioner, by the Provider, by third party suppliers and also of any interfaces and inter-working arrangements between parties or systems, so as to guarantee compliance with all appropriate standards.

The provider must use the e-referral system, and Directory of Service when these are available.

## IM&T Policies

The Provider must ensure that the IM&T Systems and processes comply with statutory obligations for the management and operation of IM&T within the NHS, including:

* 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 2001.

## Standards

The Provider must be compliant with national standards and follow appropriate NHS good practice guidelines for information governance and security, including, but not exclusively:

* NHS Confidentiality Code of Practice;
* Use of the Caldicott principles and guidelines;
* Appointment of a Caldicott Guardian;
* Policies on security and confidentiality of patient information;
* Achieve and maintain the data quality standards achieved by practices under the former requirements of the IM&T Directly Enhanced Service;
* Clinical governance in line with the NHS Information Governance Toolkit;
* Risk and incident management system;
* Information Governance Statement of Compliance (IGSoC);
* Good practice guidelines for general practice electronic records and smart cards.

**Part B**

**Services**

# Background

In 2015 NHS Halton CCG successfully bid to the Prime Ministers Challenge Fund which aimed to improve access to General Practice by testing various potential models. GP Extra was one of the projects within the Halton bid. It provided additional weekday evening and weekend GP appointments for Widnes patients.

In 2016/17 Prime Minsters Challenge Fund sites received additional funding to continue to expand the additional primary care appointments, ensuring that all patients within a CCG footprint had access to such a service. Nationally this programme was re-branded as the GP Access Fund.

During the second half of 2016 work commenced on replicating the Widnes model into Runcorn. GP Extra became operational in Runcorn in April 2017.

In 2017/18 NHS England expanded the GP Access funding to all Clinical Commissioning Groups in order to commission additional primary care evenings and weekend appointments across the country, and expanded on the core requirements of the service.

This specification sets out the Commissioner’s service requirements with the objective of securing the best possible health outcomes and value for patients accessing healthcare. Service outcomes should ensure a standard of care that is commensurate to that which is offered to people in the wider community.

## Service Principles and Values

The Commissioner will commission and expect services to be delivered in accordance with the following documents and references (and their successors):

* The NHS Constitution - <http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution>
* The NHS Mandate - <http://mandate.dh.gov.uk/>
* Everyone Counts – NHS England Planning Guidance - <http://www.england.nhs.uk/everyonecounts/>
* National Partnership Agreement National Partnership and Co-commissioning Agreement
* NHS England Primary Medical Care Policy and Medical Guidance Manual (PGM)
<https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>
* Health and Safety Executive [www.hse.gov.uk](http://www.hse.gov.uk)
* General Practice Forward View - NHS England <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>
* NHS Five Year Forward View – NHS England <https://www.england.nhs.uk/ourwork/futurenhs/>

## Aims and Outcomes

The principal aim of the service is to deliver a high quality primary care service during weekday evenings and at weekends that is outside of core hours (Monday to Friday 8am – to 6.30pm) for patients registered with a Halton GP practice. The GP Extra Service will be delivered as an APMS contract. The service is to provide general medical services to patients registered with a Halton GP practice and cannot be used for any other circumstance.

The service also aims:

* To provide a comprehensive range of general healthcare services which meet the health needs of patients and provide equity within community services
* To provide additional capacity for pre-bookable and urgent on the day appointments.
* To reduce variation in access to general practice.
* To provide services that contribute to health and well-being outcomes;
* To provide services which have capacity and capability to respond to changes in health needs arising from changes in policy;
* To provide high quality, safe and effective best value services, with robust integrated clinical governance arrangements that enable continuous quality improvement in service delivery that demonstrate value for money for the Commissioner;
* To provide care and treatment which is consistent with national standards (e.g. Quality and Outcomes Framework (QOF), NICE guidelines);
* To deliver an integrated service where all stakeholders work together as a team to deliver patient centred care, and there is close partnership with in hours primary care and all parts of the urgent care system to ensure effective, efficient service delivery.;
* To develop positive and effective interfaces between healthcare services, the wider establishment and the local community;
* To provide administrative and management support to enable the operation of healthcare services to be delivered;
* To ensure the service is advertised throughout the local community including local general practice and urgent care facilities so that it is clear to patients how they can access the GP Extra service.
* To deliver services in partnership with the Commissioner;

### 1.3 National Requirements for the delivery of GP Access Fund

NHS England has developed 7 core national requirements for the delivery of Improved Access in order to bring parity to the Improved Access offer across the country; these are reflected throughout this Service Specification:

**Timing of appointments:**

* Weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours per day;
* Weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet the population needs;
* Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week.

**Capacity:**

* A minimum additional 30 minutes consultation capacity per 1000 head of population, rising to 45 minutes per 1000 population should demand require this. The current data suggests, when promoted, there will be demand in Halton for a 45 minute per 1000 population service and the provider shall therefore provide an additional 45 minutes consultation capacity per 1000 population per week from the start of, and throughout the contract period.

**Measurement:**

* Ensure usage of a nationally commissioned new tool to be introduced during 2017/18 to automatically measure appointment activity by all participating practices, both in-hours and in improved hours. This will enable improvements in matching capacity to ties of great demand.

**Advertising and ease of access:**

* Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity in the community, so that it is clear to patients how they can access these appointments and associated service;
* Ensure ease of access for patients including:
	+ All practice receptionists able to direct patients to the service and offer appointments to Improved Access service on the same basis as appointments to non-Improved Access services
	+ Patients shall be offered a choice of evening or weekend appointments on an equal footing to core in-hours appointments.

**Digital:**

* Use of digital approaches to support new models of care in general practice.

**Inequalities:**

* Issues of inequalities in patients’ experience of accessing general practice identified by local evidence and actions to resolve put in place.

**Effective Access to wider whole-system services:**

* Effective connection to other system services enabling patients to receive the right care from the right professional including access from and to other primary care and general practice services such as urgent care.

To deliver their commissioning vision the CCG recognises the provision of the GP Extra service within primary care is not just about delivering additional appointments in general practice; it also provides the opportunity to link the GP Extra service with the vision for developing primary care at scale as part of a wider set of integrated services including, where possible and appropriate to do so, integration of the GP Extra service with Out-of-Hours services and urgent care services, including reformed 111 and local Urgent Treatment Centres (UTC). The Provider shall support the CCG with its commitment to ensuring that the GP Extra service addresses the requirements of the national Urgent and Emergency Care Delivery Programme and maximize the opportunities presented to deliver a safe, high quality service, responsive to local needs and systems which demonstrate excellent value for money.

### 1.4 Local Defined Outcomes

Objective one: To commission services which continually improve the health and wellbeing of Halton residents

Objective two: To continually improve the quality of the services we commission ensuring compliance with NHS constitutional requirements

Objective three: To deliver our statutory duties in respect of commissioning, quality, equality, safeguarding, consultation and engagement and finance including QIPP

Objective four: To create a high performing organisation that seeks to create excellence in its skill base enabling the building of effective partnerships with our staff and key stakeholders

## Scope of Services

The scope of the service is for the provider to deliver a consistent, accessible, high quality, safe, effective healthcare service for patients accessing the service. A table detailing what is included and what is excluded from the service is detailed in Appendix 1.

The contract will be for 1 year with potential to extend by 1 further year.

The Commissioner will manage this contract. The Provider will be invited to contract management meetings and will be expected to produce and present relevant reports as identified by the Commissioner in accordance with the contract requirements. It is the Commissioner’s aim to ensure that the governance arrangements applied to this specification are ‘outward’ as well as ‘inward’ looking and therefore views and experiences of stakeholder organisations in terms of the delivery of this service specification will be sought as part of contract management.

* The Commissioner will review performance and financial management of the Provider.
* The Provider is expected to demonstrate transparency in all areas of contract delivery and promptly escalate any issues relating to underperformance to the Commissioner. An action plan outlining how underperformance will be addressed will also be required.
* The Provider will maintain and update a risk register to capture any risks and issues relating to the delivery of the contract, which will be shared openly and routinely with the commissioners.

###  Private Health Care

Private procedures and practice is outside of the scope of this specification. If a patient wishes to obtain private treatment this can only be achieved if there is agreement with the Provider, Commissioner and Patient. Any private work must occur outside of the agreed sessions detailed within this specification and the patient must bear all costs for treatment.

###  Corporate Indemnity

Appropriate arrangements need to be made to ensure that all parties are adequately protected with appropriate indemnity insurance.

###  Termination

The Provider may terminate the contract, but will be required to give a notice period of six months. However in the event of serious circumstances, the Commissioner reserves the right to terminate the contract as outlined within the APMS contract.

##  Essential Services

The Provider shall provide Essential Services, outside of Core Hours, as are appropriate to meet the reasonable needs of Halton Registered Patients. The Provider shall:

* Have in place arrangements for patients to access such services throughout service opening hours if clinically urgent.
* Provide Essential Services required for the management of patients who are, or believe themselves to be, ill with conditions from which recovery is generally expected; terminally ill; or suffering from a long term condition.
* Provide appropriate ongoing treatment and care to all Halton registered patients taking account of their specific needs including: advice in connection with the patient’s health, including relevant health promotion advice; the referral of the patient for other services under the Act; and primary medical care services required during GP Extra service hours for the immediately necessary treatment of any person to whom the Provider has been requested to provide treatment owing to an accident or emergency at any place within Halton.
	1. **Additional Services**

The Provider shall provide Additional Services as defined in the GMS Contracts Regulations as amended from time to time. The Provider shall:

* Provide Additional Services at such times, within the GP Extra service opening Hours, as are appropriate to meet the reasonable needs of registered patients.
* Provide such facilities and equipment as are necessary to enable it properly to perform each Additional Service that it provides.
* The Additional Services the Provider may provide, subject to agreement with the Commissioner, to Registered Patients are:
	+ 1. Vaccinations and Immunisations;
		2. Contraceptive Services;
		3. Maternity Medical Services (excluding intra-partum care);
		4. Cervical Screening Services; and

## Enhanced Services

Standard GMS enhanced services as updated annually may be provided within the contract, subject to agreement with the Commissioner:

1. Near Patient Testing
2. NHS Health Checks

ii. Childhood Seasonal Influenza Vaccination Programme

iii. HPV Booster

iv. Learning Disabilities

v. Meningococcal (Men C) Fresher Vaccination

vi. Meningococcal ACWY

vii. Meningococcal B

viii. Meningococcal Booster Vaccination

ix. Meningococcal C (Men C) Booster

xi. MMR (aged 16 and over)

xii. Pertussis (Pregnant Women) Vaccination

xiii. Rotavirus (pregnant women)

xiv. Seasonal Influenza and Pneumococcal Polysacchiaride Vaccination

xv. Shingles (Catch-up) Vaccination

xvi. Shingles (routine) Vaccination

**2.7**  **Safeguarding**

If any clinical and safeguarding concerns arise in relation to a patient seen by the service, the provider staff delivering care shall notify the relevant Safeguarding lead at the point of contact and the patient’s registered GP by the earliest working day (via telephone and email correspondence). The details of the consultation shall be updated on the patient’s electronic record.

## Access to Services

* 1. **GP Extra Service Opening Hours**

The Service shall be provided every day of the year including bank holidays. The Service shall be accessible during Service Opening Hours, as defined below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| 18.30 to 21.00 | 18.30 to 21.00 | 18.30 to 21.00 | 18.30 to 21.00 | 18.30 to 21.00 | 09.00 to 15.00 | 09.00 to 15.00 |

**3.2 Pathways and Appointment Booking**

The GP Extra Service should be an extension to general medical services and patients should experience this when they book and attend GP Extra appointments. Patients should normally be required to only make one call in order to make an appointment and not be asked to call back.

The GP Extra service shall operate in an integrated way with general practice across the CCGs, NHS111/CAS, Out of Hours and local A&E departments.

The Provider shall ensure that the contact details, location and operational delivery times of each GP Extra site are included in the NHS 111 Directory of Services.

All consultations at GP Extra shall be booked appointments; GP Extra shall not be a walk-in service where patients arrive and queue. Entry points into GP Extra shall be via: the patient’s registered practice; NHS 111; direct patient booking; or via Out of Hours.

The GP Extra service shall work towards using digital technology to enable patient access to directly book appointments.

Appointments shall be booked via the patient’s registered practice following the appropriate triage process if the practice does not have available appointments at suitable times, or the patient requests an appointment during GP Extra operational hours. Practice receptionists shall offer appointments within the GP Extra service on an equal footing to standard appointments at the registered practice. Some appointments shall be pre-bookable up to 5 days in advance; some shall be pre-booked on the day to meet urgent needs. Practices shall be able to book appointments in a fair and equitable way (i.e. all practices are allocated a number of slots in accordance with their list size).

The Provider shall ensure that NHS 111, following the appropriate triage process, shall have access to a number of pre bookable and urgent on-the-day appointments. The number of these appointments shall be subject to local demand according to utilisation and need. Patients triaged by NHS 111 as requiring/seeking routine appointments beyond 5 days shall be re-directed to their registered practice.

The Provider shall ensure the adequacy of appropriate triage/decision-making processes at patients’ registered practices and via NHS111 in order to ensure equity of access and maximum use of available capacity.

The Provider shall ensure pathways are in place to support onward referrals to secondary care specialists and diagnostics either directly from the Service or from the registered GP as per the CCGs’ demand management process; the Provider shall ensure this is efficient and effective. Governance arrangements in place shall support and secure smooth effective services. The Provider shall be responsible for ensuring comprehensive governance structures are in place for the implementation of pathways and ensure that adequate responsibility and accountability is transparent and clear. The GP Extra service shall support access to Pharmacists and Pharmacies, where necessary, to ensure that access to medication is prompt and easy.

Patients who require further case management/follow up after receiving treatment from the GP Extra service shall be discharged back into the care of their registered GP.

## Appointments

The Provider shall:

* Offer a full range of consultation methods according to clinical need and patient preference including, but not limited to face to face, telephone and online consultation.
* Face to face appointments will be available at:

An appropriate Runcorn site AND

An appropriate Widnes site

* Halton registered patients shall be able to access either site for their appointment.
	1. **Appointment Capacity**

The GP Extra service shall provide overall capacity in terms of bookable clinical appointments of a minimum of 45 minutes per 1000 Halton registered patients per week. This may be a combination of GP and “other” clinical appointments that may include a pharmacist.

Capacity (bookable clinical appointments) shall be delivered outside core contracted hours of Primary Medical Care and must not include any additional capacity delivered via the Extended Hours DES.

Providers must use the new national tool (when it is available) that enables automatic measurement of appointment capacity, and shall deliver national data requirements and participate in patient polling.

* 1. **Home Visits**

The Provider shall not conduct home visits.

1. **Monitoring**
* The Provider shall attend, with appropriate representation, quarterly performance monitoring meetings.
* Data generated in the course of delivering the Service shall be available to the Commissioners on request. The Commissioners will have due regard to data protection and confidentiality requirements.
* The Provider shall comply promptly with Commissioners requests for Clinical Audit.

**4.1 Performance Management – Key Performance Indicators (KPIs)**

Reporting on the KPIs and dataset outlined in the table below shall be furnished by the Provider to the Commissioners in accordance with the reporting frequency outlined.

|  |  |  |  |
| --- | --- | --- | --- |
| Reference | Description | Metric | Reporting method/frequency |
| 1 | The provider will collect its own activity data and submit a quarterly activity report to NHS Halton CCG. This data shall include:Proportion of pre-bookable/see on the day appointments offeredNumber, type (Nurse, web etc.) and times of appointments offeredNumber, type and time of appointment DNAsNumber of appointments used by each Halton practiceHow patients have accessed appointments (e.g. via practice NHS111, direct booking)Patient demographics | 100% | Quarterly Report |
| 2 | Until the national tool is available the provider will submit a monthly utilisation report (i.e. For each day of the month: state the number of appointments available, the number pf appointments booked and the number of DNAs. This will be submitted to NHS Halton CCG. The provider will use the national tool when it is available to automatically submit this data. | Minimum 70% utilisation | Monthly Report |
| 3 | Service available at the contracted hours | 100% | Quarterly Report |
| 4 | Service provides 45 minutes of clinical appointments per 1000 Halton registered population per week | 100% | Quarterly Report |
| 5 | There is equality of service across all Halton GP practices (e.g. all practices have opportunity to book their registered patients into GP Extra slots). | 100% | Quarterly Report |
| 6 | Medicines Management targets (to be confirmed) are achieved | % to be agreed | Quarterly Report/ Quarterly contract meeting |
| 7 | Service provides a proportion of see on the day and pre-bookable appointments to meet patient need. | Rationale for proportion outlined. | Quarterly Report |
| 8 | Patients will know how to access the service. The service will be advertised on all Halton practice websites, local urgent care services, and within the wider community. | 100% | Quarterly Contract Meeting |
| 9 | The provider will ensure there are mechanisms in place to enable all patients to give feedback on the service in order to assist in the development of the service over the contract period. Patient feedback will be collated and reported to the CCG with any actions taken in response to feedback. | 100% | Quarterly Report |

1. **Contract Value and Payments**
* £722,000 per annum
* With the exception of prescribing, this is an all-inclusive cost including rent, consumables and IT etc.
* The contract value does not include prescribing costs.
* Payments for the contract will be made monthly.
1. **Confidentiality and Intellectual Property Rights (IPR)**

The confidentiality and IPR clauses stated within NHS standard terms and conditions (APMS Contract) shall apply.

**7. Interpretation of this Service Specification**

Any conflict, perceived or actual, presented within this Service Specification and/or within any referenced documents shall be referred to the Commissioners for resolution. The Commissioners’ decision(s) shall be final.

**8. Status of this Service Specification**

This Specification is a draft version and may be subject to change(s) by the Commissioners at any time in order, *inter alia*, they may deliver on the intent and purposes of the General Practice Forward View and NHS England.

# Appendix 1: Inclusions in and Exclusions from the GP Extra Service

#

|  |  |
| --- | --- |
| **Service Offering** | **Available** |
| **Who Can Access Services** |  |
| Patients on the registered lists of GP practices within Halton CCG | Yes |
| Patients on the registered lists of GP practices outside Halton CCG | **No** |
| Temporary residents | Yes |
| Unregistered patients (Immediate and Necessary patients)  | Yes |
| Vulnerable / homeless patients  | Yes |
| Hard-to-reach patients  | Yes |
| Special Allocation Scheme (SAS) | No |
| **How Will Appointments be Booked** |  |
| Pre-booked appointments – up to 5 days in advance | Yes |
| On-the-day booked urgent appointments | Yes |
| Face-to-face consultations | Yes |
| Walk-in consultations | **No** |
| Further alternative forms of consultation: Video, email and online | Yes - To be tested and implemented as appropriate to be agreed by Commissioners & Provider(s) |
| Appointment bookable via own practice on phone or in person | Yes |
| Appointment bookable on phone via NHS 111/CAS  | Yes  |
| Appointment bookable by attendance in person at an Access hub | Yes |
| Appointment bookable on phone by patient ringing Access hub | Yes  |
| Appointment bookable online | Yes - To be tested and implemented as appropriate to be agreed by Commissioners & Provider(s) |
| Appointment bookable via UTC  | Yes – To be tested and implemented as appropriate to be agreed by Commissioners & Provider(s) |
| **WHAT** |  |
| Urgent or Unscheduled Care | Yes |
| Routine care | Yes |
| Essential services including management of patients who believe themselves to be ill | Yes |
| Appropriate assessment, diagnosis, treatment (including prescribing of presenting complaints), care, and health promotion | Yes |
| Diagnostics requests - as available to GPs in a CCG GP practice - with a process for results to be seen and actioned by the patient’s own GP | Yes |
| Referrals–on to other services as necessary and appropriate, to the same standards, protocolsand pathways as in Halton CCG GP practices. Patients registered practice to manage long term outcomes from referral. | Yes  |
| Working in partnership with the patient’s own GP and other services for on-going holistic care. | Yes |
| Accurate record keeping with a summary included in the patient’s record. Use of appropriate digital solution to enable safe and high quality patient care to be delivered. | Yes |
| Basic sexual health services | Yes |
| Cervical screening (follow-up with registered GP Practice) | Yes |
| Flu Immunisation | Yes |
| Childhood Immunisation  | Yesbut only a limited number of routine slots, and for hard-to-reach groups |
| IUCD & Implanon fitting  | **No**  |
| Maternity Medical Services (registered GP Practice)  | **Yes**Pregnant women to be offered Improved Access appointments **ONLY** if clinically appropriate to do so. |
| Substance misuse | **No** |
| Minor surgery | **No** |
| Home visiting  | **No** |
| Phlebotomy (blood taking) | **No** |
| Repeat Prescriptions | **Yes –** Tobe tested and implemented as appropriate to be agreed by Commissioners & Provider(s) |
| Private provision | **No** |