**Schedule 2**

**Service Specification**

**Part 1**

**General Service Delivery Requirements**

1. **Equity of Access**

1.1 The Contractor shall:

1. Not discriminate between Patients on the grounds of age, sex, sexuality, ethnicity, disability, or any other non-medical characteristics;
2. implement Royal National Institute for the Blind and Royal National Institute for the Deaf guidance as amended from time to time to ensure Patients who have relevant disabilities and/or communications difficulties are able to receive the Services;
3. provide a dedicated telephone number for text phone users and a signing service with British Sign Language Speakers for Patients who have hearing difficulties to enable them to access the Services;
4. provide information in Braille or audio format for people with a sensory impairment of a visual nature;
5. supply to all non-English speaking users professional translation services and establish arrangements for both telephone based and face to face interpreting as well as translations of materials describing procedures and clinical prognosis as approved by the commissioner.
6. encourage and deliver health promotion and disease prevention activities to all Patients including those from hard-to-reach groups encouraging active involvement with existing networks including a well-established Equality, Diversity and Human Rights Group.
7. The Contractor acknowledges that a hard-to-reach group shall include but not be limited to the following:

* those who do not understand written or spoken English.
* those who cannot hear or see, or have other disabilities.
* working single parents.
* asylum seekers or refugees.
* those who have no permanent address.
* travelling communities.
* black or minority ethnic communities.
* Adolescents.
* elderly and/or housebound people.
* those who have mental illnesses.
* those who misuse alcohol or illicit drugs; and
* those who belong to a lower socio-economic class, or who are unemployed.

1.2 The Contractor acknowledges that to improve equity of access for black, Asian and minority ethnic (**“BAME”**) Communities, it is important to collect information on ethnicity and first language due to the need to take into account culture, religion, and language in providing appropriate individual care, for shared care, including secondary care, and the need to demonstrate non-discrimination and equal outcomes. The Contractor shall therefore be required to record the ethnic origin and first language of all Registered Patients in accordance with Clause 32.9A.

1.3 The Contractor will, where known, flag on patient records the needs of Patients who have physical, sensory, or learning disabilities so that necessary arrangements are highlighted prior to consultation.

**2 Patient Dignity & Respect**

2.1The Contractor shall:

1. ensure that the provision of the Services and the environment / Practice Premises protect and preserve Patient dignity, privacy and confidentiality in line with national recommendations and the Contractors policy.
2. 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.
3. provide a chaperone for intimate examinations to preserve Patient dignity and respect cultural preferences, in line with national guidance [[1]](#footnote-1)
4. ensure that Contractor Staff behave professionally and with discretion towards all Patients and visitors at all times and that Equality and Diversity training will be mandatory for all staff.
5. Not discriminate on the grounds of race, religion and belief, disability, gender, age or sexual orientation, marriages / civil partnership and pregnancy and maternity

**3 Informed Consent**

3.1The Contractor shall comply with NHS requirements in relation to obtaining informed consent from each Patient as notified to the Contractor by NHS England from time to time prior to commencing treatment including the following as amended from time to time:

(a) Reference Guide to Consent for Examination or Treatment 2nd Edition 2009;

and

(b) Guidance on Professional Standards and Ethics of Doctors: Decision Making and Consent GMC November 2020.

**4 Children**

4.1The Contractor shall:

### provide the Services to Children who attend the Premises in accordance with the standards contained in the National Service Framework for Children, young people, and maternity services, as well as local protocols notified to the Contractor, as amended from time to time.

### ensure that Staff who manage and treat Children are familiar with, including regular training in, local Child protection policies and Contractor Policy, annually for GPs, two years in three for Nursing staff and tri-ennially for all other staff;

### ensure that all staff know how to document concerns, who the safeguarding lead in the practice is and refer on to appropriate organisations

### have open access to supervision, mandatory training, and support from a registered Children’s nurse within the local health care community, and possess the common core competencies to:

#### carry out clinical assessments;

#### provide immediate necessary treatment required by the protocols established under paragraph 4.1(a) above; and

#### arrange onward referral to an appropriate specialist service required by the protocols referred to in paragraph 4.1(a) above.

#### Offer an appointment on the same working day for all children under 5 years of age, as appropriate

#### Ensure the practice system has an agreed means of identifying children, Patients and siblings on the Child Protection Register

#### Have ad-hoc and scheduled meetings between GPs, health visitors, practice nurses and midwifes in respect of children about whom there are concerns.

# 5 Prescribing

## 5.1 Without prejudice to Clause 19 of this Contract which shall prevail in case of conflict or ambiguity with this paragraph 5, the Contractor shall:

## prescribe the most clinically and cost-effective medicines in accordance with national and local guidance from time to time including:

#### NICE guidance and Department of Health directives relating to prescribing.

#### Good Prescribing Practice as defined by BNF and the local prescribing formulary.

#### shared care protocols agreed between the SYICB and other secondary care NHS Contractors; and

#### Patient Group Directions, such as emergency contraception, antibiotics.

### manage their prescribing budget and followrecommendations regarding prescribing initiatives. Should the Contractor exceed the prescribing budget, they will be expected to provide suitable justification for this position; The practice Pharmacy advisor will audit and analyse patient groups or medicines to improve quality and value for money

### have a prescribing rate for generic, non-branded drugs in accordance with the prescribing table set out in Schedule 6 (Performance Management)

### have a system that ensures regular medication review for all Patients on four or more repeat medicines

### cooperate with and apply recommendations of the body responsible for medicines management

### supply prescriptions using a Prescriber

### where relevant, levy NHS prescription charges and collect NHS overseas visitors’ charges in accordance with the relevant overseas visitors hospital charging regulations

### use NHS Prescription Forms (for dispensing in the community); and

### 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>; and adhere to the most recent safe and secure handling of medicine advice

### develop and implement standard operating procedures for storage, transportation, security and control of wastage.

### Repeat prescriptions will be available within 2 working days and can be requested online, by telephone or in consultation and follow appropriate guidance and protocols in relation to electronic repeat dispensing

## The practice will work with Nursing and Residential Care homes to

## improve repeat prescription request systems and support staff

## medicines management education.

## **6. Clinical Safety & Medical Emergencies**

**6.1** The Contractor shall:

### Ensure that all Contractor Staff have and maintain basic life support and first aid certification with competence in Automated External Defibrillator Use, which is reviewed annually; and procure that all Contractor Staff comply with the UK Resuscitation Council guidelines on Basic Life Support and the Use of Automated External Defibrillators;

### Provide locums and new staff with information and training as appropriate in line with the Contractors Medical Emergencies policy;

### ensure the availability of sufficient numbers of Contractor 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; and that all staff are trained to respond to a panic alarm and assess the situation;

### 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; and that Resuscitation equipment is kept in a secure central location where named individuals have responsibility for checking and readiness on a daily basis;

### ensure that at any given time a named GP is on-call for acute medical emergencies with a second on-call rota for ensure cover at all times; Basic life support will be given where appropriate and all life-threatening conditions passed to the ambulance service as soon as practicable by dialling 999 and requesting the ambulance service;

### adhere to any national or local guidelines relating to clinical safety and medical emergencies in primary care as amended from time to time; and

### ensure all medical emergencies are discussed as significant events within the team meetings.

# 7. Good Clinical Practice

## **7.1** Without prejudice to Clause 66 of this Agreement, the Contractor shall perform the Services in accordance with the following requirements as amended from time to time:

### Any Care Quality Commission Standards in force from time to time during the term of this Contract;

### 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 paragraph 7.1 Part 1, of Schedule 2 and

### the General Medical Council guidance on Good Medical Practice (2013).

**7.2** Results of investigations will be notified to the Patient on the day of receipt where these indicate a medical condition requiring urgent attention, or in writing within two (2) working days where no further follow up or explanation is required.

# 8. Equipment

## **8.1** The Contractor shall provide medical and surgical equipment, medical supplies including medicines, drugs, instruments, Appliances, and materials necessary for Patient care which shall be adequate, functional and effective.

## 

## **8.2** The Contractor shall establish and maintain a planned preventative programme for its equipment as referred to in paragraph 8.1 above and make adequate contingency arrangements for emergency remedial maintenance.

## **8.3** All goods and equipment will be registered on a database which will be used as a whole life cycle toolkit to ensure Portable Appliance Testing, contract, reactive and planned preventative maintenance schedules.

**9. Infection Control**

## **9.1** The Contractor shall have in place arrangements that meet the standards outlined in the NICE guidelines on infection control “Healthcare-associated infections: prevention and control in primary and community care (February 2017)”. [Overview | Healthcare-associated infections: prevention and control in primary and community care | Guidance | NICE](https://www.nice.org.uk/guidance/cg139) to maintaining a safe, hygienic and pleasant environment at the Practice Premises and shall:

### ensure that appropriate procedures are implemented in relation to cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices;

### ensure that procedures implemented in accordance with paragraph 9.1(a) 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; and

### 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 Contractor has asked to carry out clinical activity).

* 1. conduct an annual audit for infection control and decontamination in line with best practice.
  2. ensure that the minor surgery room complies with requirements for infection control and decontamination.

# 10. Referrals

## **10.1** The Contractor shall:

### monitor and minimise inappropriate referrals and hospital admissions;

### cooperate with and make effective use of:

#### 111 including offering electronic booked appointments to 111 triage;

#### the community matron/case management team;

#### SYICB commissioned services provided outside acute hospitals including health promotion services; and

#### local authority services and employment advisers;

#### c. work with other service Contractors, such as A& E, Out of Hours services, Local Authority and Community Services, to ensure that care and treatment is effectively co-ordinated across Health and Social Care boundaries

#### d. cooperate with service Contractors carrying out Out of Hours Services to ensure safe and seamless care for Patients including ensuring that clinical details of all out of hours consultations received from the out of hours provider are reviewed by a clinician within the Contractor’s practice on the same working day; information requests in respect of any out of hours consultations are responded to by a clinician on the same day or next working day, comply with any systems which the out of hours provider has in place to ensure the rapid, secure and effective transmission of patient data and agree with the out of hours provider a system for the provision of information about registered Patients who due to chronic disease or terminal illness are predicted as more likely to present themselves for treatment during the out of hours period.

#### 

e. provide complete and comprehensive referral information to the service the Patient is being referred to, to enable any further activity to proceed;

1. use robust clinical pathways and build on local integrated care pilot schemes for referral, agreed with other local healthcare Contractors;
2. routinely collect data about the appropriateness of the Contractor’s referrals;
3. implement national referral advice including Referral Guidelines for Suspected Cancer and NICE guidance;

### ensure urgent suspected cancer referrals are sent electronically and received by the relevant trust within twenty-four (24) hours;

### review referrals practice to ensure it is in line with latest guidance and protocols;

### develop and implement policies in relation to nurse and nurse specialist referrals and their extended role in treatment and investigation of Patients with specified diseases; and

### provide community based specialist clinics for individual patient consultations with secondary care specialists.

m. implement and operate electronic referral systems at point of referral for specialist services, and provide a booking facility (in accordance with the e-RS service)

n. to avoid unplanned hospital admissions by:

* Maintaining advanced care planning and palliative registers
* Working closely with residential and care homes within the practice area
* Joint mental health liaison work
* Closer working with the Ambulance service for paramedics/ECPs to manage category C type calls to the ambulance service
* Ensuring practice opening times are well published and there is clear information with regard to facilities and services
* Maintain Patients in their homes or a community setting where this meets their needs working with community health and social teams
* Monitoring referrals and unplanned admissions practice data

**11. Vision for Primary Care Services**

## 11.1 The Contractor shall cooperate with the CCG and other GP practices to build governance structures that ensure and are encompassed by an assurance framework; and implement all developments arising from the

## Care Quality Commission (CQC);

* NHS Outcomes Framework;

## High Quality Care for All;

* NHS Long Term Plan
* Network Contract Direct Enhances Service (DES)

## Agreed NHS Strategies for the provision of care and treatment of patients including without limitation, implementation of:

### a) Clinical Commissioning;

### b) Patient experience surveys;

### c) self care, expert Patient programs and self monitoring;

d) Digital Optimisation

### e) choice in care and treatment, including secondary Contractor; and

### f) an open list service.

### **12. Co-operation With Other NHS Contractors**

## 12.1 The Contractor will provide an integrated and fully supported primary health care team to work in partnership with all other NHS and non NHS healthcare Contractors and stakeholders, (including, but not limited to, health visitors, district nurses, social services, mental health services, acute trusts and acute trust laboratories, community health Contractors, other GP practices and healthcare Contractors and local voluntary and third sector organizations) on the same basis as other GP practices;

## 12.2 The Contractor shall:

### a.

#### meet with key community Health Care Professionals (particularly district nurses, health visitors, psychiatric nurses, social workers midwives and social services) with a view to accommodating them on the Practice Premises, so as to facilitate opportunities for local engagement; and

#### establish good information flows to/from pathology and diagnostic Contractors and NHS and non-NHS healthcare Contractors;

### foster good working relationships and gain mutual understanding of systems, policies and procedures with key local stakeholders;

### establish a directory of information regarding local resources and foster a good understanding of the local Patient care pathways to promote effective referrals; and

### utilise specialist services (for example drug misuse, minor surgery, dermatology, NHS dentistry) from central primary care locations and other services at local locations to avoid duplication of services, promote economies of scale, and bring practices together to plan and implement common aims for the benefit of those practices and their Patients.

1. Build on the Contractors inventory of existing community activities and area-based activities and maintain their proactive partnership with the local Healthwatch, local Carers groups, and to further establish links with neighbourhood partnerships, to identify those who could become “agents of change” and community champions.
2. co-operate with any person responsible for the provision of out of hours services, enhanced services or any service not provided by the Contractor. This must include the reasonable request for information from such a person or from the Commissioner relating to the provision of such services.

## 12.3 The Contractor shall be required to collaborate with the SYICBin the following areas:

### structures - to ensure that links are maintained with key structures within the SYICB and local health economy, particularly with forums dealing with Patient and Public Involvement (an NHS defined term) which is an initiative to involve Patients and the public in the planning of services, including the development of a framework for the practice;

### process – to ensure that similar policies and protocols are in place between the Contractor and SYICB(e.g. clinical policies, workforce planning including training opportunities and structured secondment programmes subject to agreement by the Commissioner and Department of Health); and

## 12.4 The Contractor shall:

### discuss and develop policies and procedures with to ensure there is compatibility with local policies and procedures, including clinical and non-clinical issues;

### develop referral protocols with local health facilities including NHS England and the SYICB; and

## **13. South Yorkshire Integrated Care Board (“SYICB”)**

## 13.1 The Contractor will in relation to SYICB:

### engage in local SYICB arrangements and work in partnership to reconfigure local services to provide modernised clinical pathways;

### comply with any DH guidance on SYICB now, or in the future;

### work with the SYICB and other GP practices to submit practice, PCN or locality commissioning plans; and develop a strategic vision for the area in conjunction with the SYICB and Health and Wellbeing Board.

### reflect pre-existing commissioning arrangements made by the SYICBsuch as options for choice of referral provided by the SYICB for all GP practices in the SYICB’s area;

## involve Patients and the local community in service developments and improvements;

### ensure that Patients are able to exercise choice;

### deliver key national targets and value for money; and

### ensure commissioning is within the outcomes framework;

### Work closely to assist in prioritising patient initiatives and sharing experiences and innovative methods of engaging Patients; as well as innovative services in relation to the public health challenges of the area.

**14. Primary Care Networks**

14.1 The Contractor must participate in Primary Care Network meetings, in so far as is reasonable, co-operate with any person responsible for the provision of services under the Network Contract DES, comply with any reasonable request for information relating to the provision of Network DES services, have due regard to guidance published by NHS England and take reasonable steps to provide information to its registered Patients about the services provided under the DES, including details of how to access services and any changes to them and ensure that it has in place suitable arrangements to enable the sharing of data to support the delivery of services, business administration and analysis activities.

# 15. Quality Assurance

## 15.1 The Contractor shall:

### comply with the Quality and Outcomes Framework (**“QOF”**) as indicated in Part 4 of this Schedule 2;

### operate an effective, comprehensive, System of Clinical Governance with clear channels of accountability, supervision and effective systems to reduce the risk of clinical system failure;

### operate an effective, comprehensive, System of Integrated Governance using a framework that also demonstrated compliance with CQC standards and the QOF;

### have medical leadership in place in accordance with this Agreement.

### nominate a person who will have responsibility for ensuring the effective operation of the System of Clinical Governance, in line with the Contractors integrated governance framework, and who is accountable for any activity carried out on a Patient;

### continuously monitor clinical performance and evaluate untoward events and near misses arising from any activity and provide the Commissioner with the Records referred to in paragraph 19.4 to enable the Commissioner to assess whether standards are being met; and to review systematically by the Organisational Medical Director and Practice Management Team.

### use appropriate formal methods such as root cause analysis for untoward incidents, near misses and complaints;

### robust auditing of clinical care against clinical standards with frequent auditing of the quality of consultations in the first three months post service commencement;

### comply with the Commissioner’s governance requirements and inspections, and, make available on reasonable notice to the Commissioner, any and all Contractor records (including permitting the Commissioner to take copies) relating to Contractor clinical governance to enable the Commissioner to audit and verify the clinical governance standards of the Contractor;

### where appropriate, fully implement any recommendations following Commissioner clinical governance inspections within suitable time frames agreed with the Commissioner, proportionate to the issue identified;

### provide the Commissioner with a service improvement plan for the GP Practice Service; and

### participate in all quality and clinical governance initiatives agreed between the Commissioner and its other GP practices.

### commitment to work towards affiliation to approved MRCGP practice accreditation;

### meet all standards in the stated CQC Registration Requirements; and have reporting arrangements in place to ensure that the Contractor is discharging its responsibilities in terms of delivery of its Sustainable Development Strategy.

### Maximise opportunities to learn from patient safety incidents and near misses and share learning via national reporting systems Learning from Patient Safety Events (LFPSE).

### Outline a process for learning from patient safety incidents and share incident reporting with the commissioner on a regular basis.

### **16. Practitioner Skill Mix/Continuity**

## 16.1 The Contractor shall:

### use its reasonable endeavours to notify and consult with the Commissioner about any planned material changes to the skill mix of Clinical Staff at the GP Practice; and

### to maintain continuity of Clinical Staff and keep the Commissioner informed of any changes in GPs or nurse practitioners.

* 1. To staff the practice with appropriate clinical staff to meet patient demand.

# 17. Risk Management

## 17.1 The Contractor shall operate:

### Robust and rigorous mechanisms for managing risk; and to identify and report all incidents and near misses.

### disaster recovery, contingency and business continuity plans;

### keep the Commissioner fully informed about the:

#### Contractor’s approach to risk management (risk philosophy) including the risk the Contractor is willing to bear before taking action and what processes are implemented;

#### detail of the risk management structures and processes that exist and how they are implemented; and

### notify the Commissioner about the resource allocation to risk management (existing/planned) and to put in place individuals for the leadership roles set out in Clause 50 of this Agreement.

1. A ‘fair blame’ incident reporting and learning culture within the practice

# 18. Provision of Reception Services

## 18.1 Reception services will be provided by the Contractor at the Practice Premises in accordance with the Opening Hours.

## 18.2 The receptionist duties will include:

### taking Patient details (name, time of appointment, service required, name of GP);

### inputting Patient details and allocating the Patient appointment on the appointment system (whether electronic or paper);

### reporting the Patient’s arrival to those providing patient-facing appointments

### directing the Patient on arrival at the Practice Premises to the appropriate waiting room or treatment area in the Practice Premises; and

### answering and co-ordinating Patient queries and requests.

### providing privacy for Patients and respecting confidentiality; and

### respecting and maintaining Patients’ dignity at all times.

### **19. Patient Records**

## 19.1 The Contractor shall at its own cost retain and maintain individual patient clinical records in accordance with Part 32 of this Contract. The entries should be in chronological order and in a form that is capable of audit.

## 19.2 The Contractor shall at its own cost retain and maintain individual Patients clinical records in chronological order and in a form that is capable of audit.

## 19.3 Wherever practical, original records shall be retained and maintained in electronic form.

## 19.4 The Contractor shall make such records available for inspection to authorised representatives of the Commissioner and any other relevant Health Service Body where it has reasonable cause for requiring such records, on giving reasonable notice.

# 20. Contractor Records

## 20.1 The Contractor shall during the term of this Agreement 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 Charges and/or the performance by the Contractor of its obligations under this Agreement as the Commissioner may reasonably require in any form (the **“Records”**) and in accordance with the Records management Code of Practice ([Records Management Code of Practice 2021 - NHSX](https://www.nhsx.nhs.uk/information-governance/guidance/records-management-code/records-management-code-of-practice-2021/#appendix-ii-retention-schedule)) including information relating to:

### contract management reporting;

### national / data set reporting;

### activity reporting, including:

#### monthly activity reporting to the Department of Health and the Commissioner;

#### preparation and submission of weekly status reports to the Department of Health and the Commissioner;

#### activity reporting in support of quarterly monitoring returns (QMAE) to the Department of Health (as agreed with the Commissioner);

#### by practice and host SYICB;

#### requisite data for payment purposes; and

#### activity and outcomes data in support of service evaluation including without limitation, the Practice Performance Report (Schedule 6 Performance Management) enabling the GP Practice Service to be monitored against the Quality and Outcomes Framework in line with other practices to assess whether the threshold of 95%, (as referred to in Part 4 of this Schedule 2) has been met presenting conditions versus actual outcome, age group and gender activity data, attendance trends (day/time) and prescribing data.

## 20.2 The Contractor shall:

### 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 Contractor’s compliance with this Agreement, including all activities of the Contractor, the Charges and the performance, and the security and integrity of the Contractor in providing the Services under this Agreement;

### preserve the integrity of the Records in the possession or control of the Contractor and Contractor Staff and all data which is used in, or generated as a result of, providing the Services;

### prevent any corruption or loss of the Records; and

### provide any assistance reasonably requested by the Commissioner in order to interpret or understand any Records.

## 20.3 The Contractor shall ensure that during any Records inspection the Commissioner and/or its authorised representatives receive all reasonable assistance and access to all relevant Contractor Staff, premises, systems, data and other information and records relating to this Agreement (whether manual or electronic).

# 21. Information Management & Technology (this section may be subject to change)

* 1. Clinical System

The information technology infrastructure and systems, plus the service management arrangements and the necessary services to support the Service delivery are provided by South Yorkshire Integrated Care Board (SYICB).

All clinical activity must be recorded on the IT system, including any hand written notes.

* 1. Infrastructure

South Yorkshire Integrated Care Board has provided a secure IT infrastructure that underpins and supports all the requirements mentioned in this document. The IT Infrastructure provided has been identified within Schedule 3, Part 2, Provisions relating to loaned equipment Annex 1. In particular:

### The technical infrastructure and systems will be sufficient to deliver a satisfactory and timely service to the patient regardless of level of usage, even at peak times. The Service and its technical solution will be scalable so that capacity can be added if demand increases beyond the predicted volumes.

### South Yorkshire Integrated Care Board will be responsible for the provision and management of the IT system including hardware and software, management training, implementation, refresh and support associated with the Service.

### Where appropriate, the Contractor ,must provide a telephone solution that enables them to meet the requirements of the Service. South Yorkshire Integrated Care Board may support the Contractor in the provision of this solution should funding be available.

* 1. Systems Interoperability and Integration

South Yorkshire Integrated Care Board and the contractor should maintain an awareness of information strategy in the NHS and local health community, and to develop their systems to integrate or interoperate with NHS national systems such as e-Referral Service (e-RS), SCR (Summary Care Record), PDS (Personal Demographics Service), etc.

South Yorkshire Integrated Care Board and the contractor is required to work with the local health community and IT Providers to develop and improve interoperability and integration of structured, coded information, so that electronic transfer and/or access to information is available in as simple and easy a manner as is possible.

The Contractor will consider ways in which technology can be used to improve the cost effectiveness of service delivery.

* 1. Information Requirements

The Infrastructure provided will supply a data extraction of all data items for the commissioning system; therefore:

### The IT System will provide a mechanism for all data to be exported regularly from the system and transferred to any specified destination in a recognised and acceptable format. It is the responsibility of the contractor to activate all relevant systems needed to run a data extraction. The system will provide a data dictionary of all fields within the application in line with the NHS data dictionary where relevant.

### The Contractor must have data quality processes and checks in place to ensure that the data recorded is complete, accurate and timely, and that duplicate or empty records are managed correctly.

### The information systems should ideally use a recognised coding system.

### Contractors will be expected to comply with all aspects of community information system dataset standards:. The system will comply with any ISNs (Information Standards Notice) that are relevant to the service specification for the duration of the contract.

* 1. Information Governance

The Contractor must have comprehensive information governance policies and procedures in place to include:

### Appropriate information management and governance systems and processes in place to safeguard patient confidential data and to comply with confidentiality and Data Protection laws/regulations and Confidentiality Codes of Practice. This will need to be supported by appropriate training and contracts for all staff. All information must be secure in any form or media, such as paper or electronic system. Any exchange of personal/sensitive information must be via an appropriate secure method/process;

### Ensuring full detailed information is available for performance management, audit trail of each activity, prevention of fraud and investigation of any complaints; and

### All staff must respect the confidentiality of any information relating to The Practice, its staff, or its Patients.

The Contractor will ensure that all data processing is done in the European Economic Area, or if not, that appropriate safeguards are in place, as required by the Data Protection Act 2018.

The Contractor will undertake data migration support, if appropriate, from existing systems to the new Service system to ensure a seamless transfer.

The Contractor will be responsible for the appropriate management of and secure storage of all records, including paper. At the end of the contract, these will be transferred to Primary Care Support England (PCSE).

The Contractor or its staff must not disclose any confidential information (relating to this Service) to any person other than a person authorised in writing by the practice or nominated organisations working on behalf of the practice.

The Contractor will appoint a Caldicott Guardian – this must be a senior clinician within the Contractor’s organisation, and a Senior Information Risk Owner (SIRO) – this must be a senior member within the Contractor’s organisation.

The Contractor shall have in place an up to date completed NHS Information Governance Statement of Compliance (IGSoC).

The Contractor will identify an Information Governance lead within the Contractor’s organisation.

The Contractor must complete and provide evidence that they have achieved at least the minimum required standard for their organisation’s Information Governance Toolkit: <https://nww.igt.hscic.gov.uk/> at the required intervals.

The Contractor shall comply with all relevant national information governance and best practice standards including NHS Security Management – NHS Code of Practice, NHS Confidentiality – NHS Code of Practice and Records Management – NHS Code of Practice.

The Contractor will participate in additional Information Governance audits agreed with the Commissioner.

The Contractor will take appropriate technical and organisational measures against any unauthorised or unlawful processing of Personal Data, and against the accidental loss or destruction of or damage to such Personal Data having regard to the state of technological development, the nature of the data to be protected and the harm that might result from such unauthorised or unlawful processing or accidental loss, destruction or damage.

# 22. Health Promotion and Disease Prevention

* 1. The Contractor shall deliver Services that are focused heavily on health promotion and disease prevention. The Contractor acknowledges that the Commissioner has a number of key public health challenges that it needs to address and that it shall as a result be required to support the Commissioner in meeting such challenges.

## The Contractor acknowledges that the burden of long term conditions are increasing and that it shall ensure it has effective strategies for health promotion and disease prevention in place to tackle the lifestyle issues that underlie some of these diseases. These shall include but not be limited to:

## smoking;

## alcohol;

## obesity;

## lack of exercise;

## dietary habits; and

## sexual behaviour.

## For the purposes of this paragraph, “Long Term Conditions” shall be deemed to be those conditions that cannot at present be cured but which can be controlled by medication and other therapies (cancers, sexually transmitted infections and unwanted pregnancies).

## The Contractor shall identify and proactively screen and manage Patients at risk of developing long term conditions, cancers and sexually transmitted infections as well as those more likely to have unwanted pregnancies.

## Evidence based interventions and NICE guidelines will be followed in order to provide a broad range of patient centred integrated service close to home, in partnership with secondary care. The Contractor shall develop the Expert Patient Programme and work with Mental Health Teams to ensure Patients with long term conditions, including Mental Health problems receive the full range of care required

## A multi-disciplinary Elderly Care team and network will be developed for the elderly to address their needs physical, mental and social

## Hard to reach groups will be targeted using social marketing to identify key groups and barriers

## Uptake of population screening and immunisation programme will be analysed to identify low uptake groups; and interventions and services will be monitored for efficacy.

## The Primary Care Team will deliver lifestyle intervention programmes for overweight Patients

## The Primary Care Team will be trained in the use of and to provide alcohol risk assessments; and GPs and Nurses will provide increased support and treatment opportunities for Patients with identified alcohol issues.

## The Primary Care Team will engage with local youth groups to encourage young people to attend local GUM/sexual health clinics for education, advice and support

# Adverse Incidents

## The Contractor shall have in place a system for collecting data on and analysing Adverse Incidents in a systematic and detailed manner to ascertain any lessons learnt about the quality of care and to identify actions that might lead to future improvements or avoidance of further incidents.

## The Contractor shall report on Adverse Incidents on request from the Commissioner.

## a) The recording of all incidents, accidents, complaints and claims; and record adverse incidents under the following headings:

1. Death occurring in practice premises
2. New cancer diagnosis
3. Death where terminal care took place at home
4. Patient complaint
5. Patient suicide
6. Section under the Mental Health Act
7. Prescribing-related events
8. Nursing-related events
9. Other medical incidents
10. Other administrative incidents; and
11. Other incidents
12. All adverse incidents will be audited in line with the audit cycle and target work to be addressed.
13. **Patient Experience**

24.1 In line with Clause 35A practices must

1. Provide an opportunity for people who use the practice to give anonymous feedback through the FFT.
2. Use the standard wording of the FFT question and the responses exactly, as set out in NHS England guidance. NHS England has published advice on how feedback can be collected from people who may not be able to answer the FFT question on their own.
3. Include at least one follow up question which allows the opportunity to provide free text.
4. Submit data to the commissioner each month.
5. Publish results locally.

**Part 2**

**GP Practice Service**

# 1. Services To Be Performed By The Contractor

## 1.1 The Contractor shall provide:

### (a) GP and nurse led primary medical care services as set out in this Schedule 2 to Patients residing in the Practice Areas referred to in paragraph 7.1 of Part 2 of this Schedule 2; and

### The Services in accordance with the clinical service requirements set out in Part 3 of this Schedule 2.

### Those services already provided by Barnburgh Surgery in order that the status quo be maintained.

# Contracted Activity and Growth For The GP Practice

## The Commissioner has not projected the list size for the practice throughout the period of the contract.

## The Contractor shall ensure that the Contractor’s List of Registered Patients in respect of the GP Practice Service is derived from the population within the Practice Area specified in Annex 1.

## 

# Access To Services

## The Contractor must ensure as a minimum:

### a) That GP Practice is open 08:00-18:30 Monday to Friday - a minimum of 52.5 hours per week, offering sufficient sessions by appropriate clinical staff to meet patient demand. The Contractor must deliver services in accordance with the times set out in the table below.

### 

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From the Commencement Date until termination or expiry of the Agreement** | | | | |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 08:00 – 18:30 | 08:00 – 18:30 | 08:00 – 18:30 | 08:00 – 18:30 | 08:00 – 18:30 |

### subject to paragraph 3.1(a) above that:

#### Patients are able to consult an appropriate Health Care Professional within one working day and a GP within two working days of contacting or attending the GP Practice;

#### that Registered Patients are able to book appointments with a GP or appropriate Health Care Professional at the GP Practice up to four (4) weeks in advance and consult by telephone and any other online facilities;

#### that in a clinical emergency a Patient is able to book an emergency appointment on the same day; and that the duty clinician will decide to triage telephone consult or call the patient into surgery

#### Patients are able to consult an appropriate Health Care Professional or GP of their choice within seven (7) working days;

### doctors surgeries will be able to be booked up to a minimum of eight weeks in advance and Nurse appointments booked up to three months in advance.

### that appointment lengths are tailored to the clinical needs of Patients, and that appointments are available same day or in advance as required.

### appointment times will be doubled for any patient requiring an interpreter, This will only be available to pre-booked Patients, therefore for acute/urgent appointments an accredited telephone translation service will be employed.

### in respect of Registered Patients booked to see a GP at the GP Practice, consultation is commenced within thirty (30) minutes of the scheduled appointment time unless there are exceptional circumstances;

### treatment for Patients suffering from immediate and life threatening conditions (as determined by a clinically trained individual at the Contractor acting reasonably) is commenced within five (5) minutes;

### a full range of consultation methods are offered and utilised according to clinical need including but not limited to telephone, e-mail, and face to face consultation at the GP Practice;

### Patients will receive appointment reminders via text if requested

### Registered Patients who do not attend booked appointments **(“DNAs”**) are minimised for booked appointments at the GP Practice; First DNA will be coded, second DNA will be noted through either a call to the Patients or letter, at the third DNA the patient will be invited to meet with the practice manager and discuss the problem. Patients with special needs, mental health problems and learning disabilities are exempt from this process, although their DNA rate is monitored.

### (k) to allow Patients who contact the Practice Premises by telephone to be able to do so without difficulty and allow Patients as far as possible to be able to consult the Health Care Professional that they request on making the appointment.

(l) Information on what to do in case of an emergency and how to access treatment out of hours including information on 111, will be stored on the practice answerphone.

(m) at busy times around public holidays, a rota system will operate to maximise the number of patient slots

(n) the practice will have doctors on call throughout the core hours of 8:00 – 18:30.

(o) Patients will be able to access telephone advice during opening hours from an appropriately trained individual and all GPs will have available telephone consultation slots.

(p) triage of same day and urgent requests will be dealt with over the phone if possible where the patient may be given advice and information and if investigations are required, the triaging clinician will arranged for these to be done at the practice and book the appointment; and

1. where the urgent request requires a face-to-face consultation, an appointment will be given with the appropriate healthcare professional and any follow up required will be booked in at the consultation. Alternatively, the patient will be contacted by telephone to review their condition.
2. for minor ailments Patients will be offered the option of obtaining treatment from the local pharmacy

## 3.2 The Contractor shall manage the continuity of care of Patients who:

### (a) have been recently discharged from hospital; or

## (b) require the frequent use of Out of Hours Services; or

# (c) have long term conditions.

# General

## 4.1 The Contractor shall:

### provide a GP Practice Service (as detailed in this Part 2 of Schedule 2) at the Practice Premises; and

### provide the GP Practice Service for Registered Patients (except where stated to the contrary in respect of particular services) who have booked an appointment to see a clinician at the Practice Premises.

# GP Practice Services

## 5.1 The Contractor shall provide the following clinical services as part of the GP Practice Services:

### Essential Services as detailed in paragraph 1 of Part 3 of this Schedule 2;

### Minor Surgery Services as detailed in paragraph 2 of Part 3 of this Schedule 2;

### Directed Enhanced Services and National Enhanced Services are not embedded within the contract, the Contractor will receive remuneration for these enhanced service as per the DES directions and SFEs.

### 5.2 The Contractor shall:

### provide services focusing on health promotion and disease prevention and work with the SYICB, other local GP practices and other health Contractors on initiatives to promote health and prevent disease within the SYICB area;

### ensure it has effective strategies for health promotion and disease prevention in place and shall meet the requirement of paragraph 20 of Part 1 of this Schedule 2;

### provide information about, and access to, self-management programmes for Registered Patients with long term conditions where appropriate;

### identify local care pathways for Registered Patients with long term conditions to reduce inappropriate and unnecessary hospital admissions;

### provide information and advice to Registered Patients on self-monitoring for long-term conditions;

### participate in expert Registered Patient programmes;

### use computer-based disease management templates; and

### implement appropriate DH, NICE, MHRA and any other relevant guidelines (as amended from time to time) that apply to the provision of primary medical care services for Registered Patients.

# Home Visits As Part Of The GP Practice Service

### 6.1 The Contractor shall ensure that in relation to visits to Registered Patients in the Practice Area other than at the Practice Premises:

* + 1. Registered Patients are seen as soon as practicable according to clinical need at a time agreed with the patient and in any event on the same day as the GP Practice being alerted;
    2. Registered Patients are informed of the timescale in which they will be visited if the agreed visit is delayed; and
    3. visits are made according to clinical need as determined by GP acting in accordance with Good Clinical Practice.

## 6.2 House calls will be available every day (Monday – Friday). A Nurse Practitioner or GP will routinely telephone housebound Patients to engage in discussion and optomise care.

## 6.3 The Contractor shall ensure that in relation to visits to Temporary Residents, that such Temporary Residents are seen as soon as possible according to clinical need but not necessarily on the same day as the GP Practice being alerted. Each vehicle used for visiting Patients will be equipped with the appropriate emergency and palliative care drugs.

# Patient Registration Area

## The Practice Area means the areas identified on the map attached as Annex 1 to this Schedule 2 in respect of which persons resident in it will be entitled to seek registration with the Contractor or seek acceptance by the Contractor as a Temporary Resident for the purposes of the Contractor’s List of Registered Patients at the main site and branch site.

7.2 Where this agreement

(a) specifies an area edged in red on the map referred to in paragraph 7.1, being an area other than that referred to in paragraph 7.1, which is to be known as the outer boundary area as respect which a patient already registered at the practice-

(i) who moves into that outer boundary area to reside; and

(ii) who wishes to remain on the contractor's list of Patients,

may remain on that list if the contractor so agrees, notwithstanding that the patient no longer resides in the area referred to in clause 7.1; and

(b) specifies an outer boundary and a patient remains on the contractor's list of Patients as a consequence of sub-paragraph (a) the outer boundary area is to be treated as part of the contractor's practice area for the purposes of the application of any other terms and conditions of the agreement in respect of that patient.

# 8. Long Term Conditions Management

## The Contractor shall:

### have in place effective call and recall systems to manage Registered Patients with long term conditions; and remote monitoring systems will be utilised for selected Patients

### make effective use of computer disease management templates to ensure the QOF Score is greater than the national average and in any event no less than ***95%*** of the total maximum points available.

c) establish systems for early identification of Patients with LTC and/or palliative care needs being discharged from hospital and who attend A&E and Out of Hours services.

* + 1. Ensure each patient receives an initial care plan at time of diagnosis and updated as appropriate
  1. Ensure each patient receives an individualised, written care plan which identifies their management plan and individual goals including health and social needs, which is developed and agreed by the individual and their carer; and include a “Traffic Light System” to define severity of the condition at any given time.
  2. Ensure each patient has a named key professional worker to coordinate their care
  3. Ensure a GP or Nurse Practitioner contacts any patient with an LTC within two working days of discharge from hospital or out of hours services for the purpose of review of management of the LTC;
  4. Regularly review Patients with an LTC. Frequency will be tailored to need but at a minimum annually; and to ensure that where it is appropriate they are seen in their own home as well in one single visit in the case of multiple conditions.
  5. The Contractor will manage LTCs by doing the following:
  + Screening and targeting interventions for population wide prevention
  + Managing risk factors – smoking, diet, weight, exercise, alcohol
  + Positive outreach
  + Self management and patient education programmes
  + Medication reviews
  + Integrated pathways for common conditions and reviews
  + Anticipatory care plans for Patients with predefined needs
  + Identification of high service users and those at risk of frequent admissions
  + Proactive links with specialist teams and community matrons
  + Practice based multidisciplinary teams to include community staff, social workers and pharmacists to manage Patients with long term conditions
  + Cancer referrals within specified target times
  + Out of Hours effective interface
  + Offering nurse led chronic disease clinics with the support of secondary specialist care nurses

# 9. Contractor’s List of Registered Patients

Please note that in clause 9.1 the commissioner’s representative is Primary Care Support England (PCSE) located at PCSE Enquires, PO Box 359, Darlington, DL1 0QN.

Section 31 in the APMS contract refers.

## 9.1 The Contractor’s List of Registered Patients will open on the Commencement Date and the Commissioner shall prepare and keep it up to date to reflect Registered Patients who have:

### been accepted by the Contractor for inclusion in the Contractor’s List of Registered Patients and who have not subsequently not been removed by the Contractor from that list; or

### been assigned to the Contractor by the Commissioner and whose assignment has not subsequently been rescinded; and

### (c) not been removed from the Contractor’s List of Registered Patients

**10. Newly Registered Patients**

10.1 Where a patient has been accepted onto the Contractor’s list of Patients or been assigned to the practice by the Commissioner, the Contractor must invite the patient to participate in a consultation either at the Contractor’s practice premises or, if the patient’s medical condition so warrants, at one of the places in Section 6 of this Part. Such an invitation must be issued by the Contractor before the end of the period of six months beginning with the date of acceptance of the patient on, or assignment of the patient to, the Contractor’s list of Patients.

10.2 Where a patient (or the patient’s parent if a child) agrees to participate in a consultation mentioned in clause 10.1 above, the Contractor must, during the course of that consultation, make such enquiries and undertake such examinations as appear to the Contractor to be appropriate in all the circumstances.

**11. Patients Not Seen Within 3 Years**

11.1 This clause applies to registered Patients between the age of 16 and 75 years who request a consultation with the Contractor and have not attended either a consultation with, or a clinic provided by, the Contractor within the period of three years prior to the date of the request.

11.2 The Contractor must provide such Patients with a consultation and during that consultation make such enquiries and undertake such examinations of the patient as the Contractor considers appropriate in all the circumstances.

**12. Patients aged 75 years and over**

12.1 Where a registered patient who requests a consultation has attained the age of 75 years and has not participated in a consultation within the 12 month period prior to the date of the request; the Contractor must provide such a consultation during which it must make such enquiries and undertake such examinations as it considers appropriate in all the circumstances.

12.2 The consultation must take place in the home of the patient, where in the reasonable opinion of the Contractor, it would be inappropriate, as a result of the patient’s medical condition, for the patient to attend at the practice premises.

12.3 The Contractor must ensure that for each patient aged 75 years and over that there is assigned an accountable GP in accordance with Clause 31.121.

**Part 3**

**General Practice Clinical Service Requirements**

# Essential Services

* 1. The Contractor shall provide Essential Services and as further described in paragraphs 1.3 to 1.5 in Part 3 of this Schedule 2 at such times, within Opening Hours, as are appropriate to meet the reasonable needs of Registered **Patients**.
  2. The Contractor shall have in place arrangements for **Patients** to access such services throughout the Opening Hours in case of emergency.

# 1.3 The Contractor shall provide:

### (a) Essential Services required for the management of Patients and who are, or believe themselves to be:

#### ill with conditions from which recovery is generally expected;

#### terminally ill; or

#### suffering from chronic disease;

### Essential Services that are delivered in the manner determined by the GP Practice following discussion with the Registered Patient; and

### (c) appropriate ongoing treatment and care to all Registered Patients taking account of their specific needs including:

#### (i) advice in connection with the Registered Patient’s health, including relevant health promotion advice;

#### (ii) the referral of the Registered Patient for other services under the

#### Act; and

#### primary medical care services required in Opening Hours for the immediately necessary treatment of any person to whom the Contractor has been requested to provide treatment owing to an accident or emergency at any place in the Practice Area; and

#### Cervical screening services, child health surveillance services, contraceptive services, maternity medical services and vaccine and immunisation services as defined in this Part.

# 1.4 For the purposes of paragraph 1.3(a) above, “management” includes:

### offering a consultation and, where appropriate, physical examination for the purpose of identifying the need, if any, for treatment or further investigation; and

### making available such treatment or further investigation as is necessary and appropriate, including the referral of the Registered Patient for other services under the Act and liaison with other Health Care Professionals involved in the Registered Patient’s treatment and care.

1.4A For the purposes of paragraph 1.3(a(ii)) advanced care planning including appropriate completion, review, sharing of ReSPECT Forms in accordance with the Doncaster wide ReSPECT Policy.

# 1.5 For the purposes of paragraph 1.3(c)(iii), “emergency” includes any medical emergency whether or not related to the Services provided under this Agreement.

1.6 For the purposes of paragraph 1.3 (c)(iv) “cervical screening services” means the following:

1.6.1 providing necessary information and advice to assist identified women as recommended nationally for a cervical screening test in making an informed decision as to their participation in the NHS Cervical Screening Programme.

1.6.2 performing cervical screening tests on women who have agreed to participate in that programme

1.6.3 ensuring that test results are followed up appropriately;

1.6.4 where a cervical screening test is performed, recording in the patient’s notes the carrying out of the test, the result of the test and any clinical follow up requirements.

1.7 For the purposes of paragraph 1.3 (c)(iv) “child health surveillance” is defined as:

1.7.1 monitoring the health, well-being and physical, mental and social development (“development”) of a patient who has not attained the age of five years (a “relevant patient”) with a view to detecting any deviations from normal development by the consideration of information concerning the relevant patient received by or on behalf of the Contractor; and on any occasion when the relevant patient is examined or observed by or on behalf of the Contractor.

1.7.2 offering to the patient an examination of the relevant patient at the frequency agreed with the Commissioner in accordance with the nationally agreed evidence-based programme set out in the fifth edition of Health for All Children (Emond, Alan Oxford University Press 2019).

1.7.3 where any offer of an examination under sub-clause 1.7.2 is accepted, carrying out the examination of the relevant patient;

1.7.4 maintaining, in the relevant patient’s record (kept in relation to a patient in accordance with Clause 32), an accurate record of the development of the patient whilst under the age of five years, which is compiled as soon as reasonably practicable following the first examination of the relevant patient and, where appropriate, amended following each subsequent examination; and

1.7.5 recording in the relevant patient’s record (kept in relation to a patient in accordance with Clause 32) the response (if any) to any offer of an examination under sub-clause 1.7.2.

1.8 For the purposes of paragraph 1.3 (c)(iv) “contraceptive services” means:

1.8.1 The giving of advice about the full range of contraceptive methods;

1.8.2 where appropriate, the medical examination of Patients seeking such advice;

1.8.3 the treatment of such Patients for contraceptive purposes and the prescribing of contraceptive substances and appliances (excluding the fitting and implanting of intrauterine devices and implants);

1.8.4 the giving of advice about emergency contraception and, where appropriate, the supplying or prescribing of emergency hormonal contraception;

1.8.5 the giving of advice about emergency contraception, and, where appropriate, the supplying or prescribing of emergency hormonal contraception;

1.8.6 the giving of advice and referral in cases of unplanned pregnancy including advice about the availability of free pregnancy testing in the Contractor’s practice area;

1.8.7 the giving of initial advice about sexual health promotion and sexually transmitted infections; and

1.8.8 the referral as necessary to specialist sexual health services, including tests for sexually transmitted infections.

1.9. For the purposes of paragraph 1.3 (c)(iv) “maternity medical services” means:

1.9.1 providing to expectant mothers all necessary relevant services throughout the antenatal period;

1.9.2 providing to mothers and their babies (if relevant) all necessary relevant services throughout the postnatal period other than neonatal checks;

1.9.3 inviting each mother who gives birth to a child (which, for the purposes of this sub-clause, includes a still-born child within the meaning of the Births and Deaths Registration Act 1953) to attend a maternal postnatal consultation;

1.9.4 where the invitation is accepted, providing the mother with such a consultation: otherwise than at the same time as any consultation at which the physical health of the baby is reviewed (if relevant); and wherever possible within the postnatal consultation period;

1.9.5 providing all necessary relevant services to Patients whose pregnancy has terminated as a result of miscarriage or abortion;

And for the purposes of this definition of maternity medical services:

1.9.6 “antenatal period” means the period beginning with the start of the pregnancy and ending with the onset of labour;

1.9.7 “maternal postnatal consultation” means a consultation with a general medical practitioner, at which the physical and mental health and well-being of the mother is reviewed;

1.9.8 “postnatal consultation period” means the period which:

Begins six weeks after the conclusion of the delivery of the baby; and ends eight weeks after the conclusion of the delivery, or, if the mother has not been discharged from secondary care services before the end of that period, eight weeks after the mother’s discharge from secondary care services;

1.9.9 “postnatal period” means the period which:

Begins with the later of the conclusion of the delivery of the baby and the mother’s discharge from secondary care services; and ends eight weeks after the conclusion of the delivery.

1.9.10 “relevant services”: in relation to a patient (other than a baby) means all primary medical services relating to pregnancy, including intra partum care; and in relation to a baby, means any primary medical services necessary in their first eight weeks of life.

1.10 For the purposes of paragraph 1.3 (c)(iv) “vaccine and immunisation services” means the following services:

1.10.1 offering to administer or provide to Patients all vaccines and immunisations of the type, and in the circumstances which are, specified in the GMS Statement of Financial Entitlements;

1.10.2 providing appropriate information and advice to Patients and, where appropriate, to the parents of Patients, about such vaccines and immunisations;

1.10.3 in relation to Patients other than children and taking into account individual circumstances of the patient, considering whether: immunisation ought to be administered by the Contractor or by another health care professional; or a prescription form ought to be provided for the purpose of self-administration by the patient of the immunisation;

1.10.4 recording of the patient’s record (kept in relation to a patient in accordance with clause 32) any refusal of the offer mentioned in 1.10.1:

1.10.5 where:

The offer mentioned in sub-clause 1.10.1 is accepted; and in case of a patient who is not a child, the immunisation is to be administered by the Contractor or another health care professional, administering the immunisations and recording the immunisation information in the patient’s record (kept in relation to a patient in accordance with clause 32) using codes agreed by the Commissioner for this purpose:

1.10.6 where:

The offer mentioned in subclause 10.1 is accepted; and in the case of a patient who is not a child, the immunisation is not to be administered by the Contractor or another health care professional, issuing a prescription form the purposes of self-administration by the patient;

And for the purposes of this definition of vaccines and immunisation services, “immunisation information” means:

1.10.7 either the patient’s consent to immunisation; or where another person consents to immunisation on behalf of the patient, the name of the person who gave that consent and their relationship to the patient:

1.10.8 the batch number, expiry date and title of the vaccination

1.10.9 the date of administration of the vaccine

1.10.10 where two vaccines are administered by injections, in close succession, the route of administration and the injection site of each vaccine;

1.10.11 any contraindications to the vaccine; and

1.10.12 any adverse reactions to the vaccine.

# 1.11 The Contractor shall provide primary medical care services required in Opening Hours for the immediately necessary treatment of any person falling within paragraph 1.12 below who requests such treatment, for the period specified in paragraph 1.13.

# 1.12 A person falls within this paragraph 1.12, if he is a person:

### whose application for inclusion in the Contractor’s List of Registered Patients has been refused in accordance with clause 31.17, 31.63A and 31.63A.6 and who is not registered with another Contractor of Essential Services (or their equivalent) in the Practice Area;

### whose application for acceptance as a Temporary Resident has been rejected under clause 31.17, 31.63A and 31.63A.6 ; or

### who is present in the Practice Area for less than twenty-four (24) hours.

# 1.13 The period referred to in paragraph 1.11 above is:

### in the case of paragraph 1.12(a), fourteen (14) days beginning with the date on which that person’s application was refused or until that person has been registered elsewhere for the provision of Essential Services (or their equivalent), whichever occurs first;

### in the case of paragraph 1.12(b), fourteen (14) days beginning with the date on which that person’s application was rejected or until that person has been subsequently accepted elsewhere as a Temporary Resident, whichever occurs first; and

### in the case of paragraph 1.12(c), twenty-four (24) hours or such shorter period as the person is present in the Practice Area.

1.14 The Contractor does not have to provide the services described in 1.3 or 1.6 during any period in respect of which the Care Quality Commission has suspended the Contractor as a service provider under Section 18 of the Health and Social Care Act 2008.

# 2. Minor Surgery

## 2.1 The Contractor shall:

### provide such facilities and equipment as are necessary to enable it properly to properly perform minor surgery.

1. where minor surgery is to be funded under the global sum, the Contractor must provide that minor surgery at such times, within core hours, as are appropriate to meet the reasonable needs of its Patients. The Contractor must also have in place arrangements for its Patients to access such services throughout the core hours in case of emergency.

## 2.2 The Contractor shall provide minor surgery to:

(a) Registered Patients

(b) Persons accepted as temporary residents.

2.3 Minor surgery means curettage, cautery and cryocautery of warts, verrucae and other skin lesions as appropriate to the needs of the patient.

2.4 Details of the minor surgery provided to the patient and the consent of the patient to that surgery should be recorded in the Patients notes.

**3. Enhanced Services**

## 3.1 The Contractor shall provide the Directed Enhanced Services and National Enhanced Services and Local Enhanced Services Commissioned by the Commissioner within Opening Hours to Registered Patients

## 3.2 The Contractor shall:

### accept any changes or amendments to the Enhanced Services as other participating GP practices on the financial basis set out in Schedule 4 (Finance) of the APMS contract; and

1. notify the Commissioner’s clinical governance lead of all emergency admissions or deaths or Registered Patients receiving Enhanced Services, where such admission or death is or may be due to usage of drug(s) or attributable to the relevant underlying medical condition within 72 hours of the information becoming known.

### **Part 4**

### **Quality and Outcomes Framework**

The Quality & Outcomes Framework is intended to measure, encourage and support clinical care and Patient experience which is constantly improving. The framework sets out a range of national standards based on the best available research evidence.

The Quality & Outcome Framework (QOF) is reviewed annually and is divided into three (3) domains of clinical, public health and quality improvement.

The Contractor acknowledges that QOF changes each year and that it shall be required to meet each year’s QOF requirements to ensure Patients continually receive the highest standards of clinical care.

The Contractor will be required to gain at least 95% of Quality & Outcomes Framework points each Contract Year. The Contractor will also be required to set standards over and above the QOF requirements to ensure Patients continually receive the highest standards of clinical care. The Contractor shall minimise exception and improve prevalence rates on practice registers.

### **Part 5**

Service Mobilisation / Transition Plan[[2]](#footnote-2)

The contractor shall ensure that those services and requirements described in this contract are implemented in accordance with the timetable and plan described below.

For the avoidance of doubt where any service or requirement is not specified in the Service Mobilisation / Transition Plan this shall be deemed to have been implemented by the contract commencement date.

Any plan proposed by the Contractor following a procurement process will be included here:

|  |  |  |  |
| --- | --- | --- | --- |
| Priority | Task | Responsible | By when |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Annex 1  
Patient Registration Area and Outer Boundary Area

**Reference: Clause 7.1 and 7.2**

## The Contractor is responsible for the provision of primary healthcare services in the Patient Registration Area which is defined in black below:

**Map

Description automatically generated**

Map

Description automatically generated

KEY

**Black**: Inner Boundary

**Red:** Outer Boundary

**Orange:** Doncaster

1. GMC intimate examinations and chaperones 2013 [↑](#footnote-ref-1)
2. For local agreement [↑](#footnote-ref-2)