

PCSS Call-Off Terms
Schedule 2.1 (Service Description)

Primary Care Support Services

Schedule 2.1

Service Description

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1. DEFINITIONS

Unless defined within this Schedule, or in the Call-Off Order Form applicable to this Call-Off Agreement, the definitions in Schedule 1 of the Framework Agreement shall apply.

2. INTRODUCTION

- 2.1 This Schedule sets out the intended scope of the Day 1 Services to be provided by the Supplier as at the Service Commencement Date under this Call-Off Agreement, provides a description of what each Day 1 Service entails and applies to the Service Recipients as identified in the Call-Off Order Form.
- 2.2 The Day 1 Services to be provided by the Supplier as set out in this Schedule are subject to change during Transformation as described in the Transformation Plan and in accordance with Schedule 3.1 (Supplier Solution).
- 2.3 In accordance with Clause 8.2 of this Call-Off Agreement, as at the Service Commencement Date, the Day 1 Services described in this Schedule 2.1 (Service Description) shall take precedence over Schedule 3.1 (Supplier Solution). The parties acknowledge that the precedence of this Schedule 2.1 (Service Description) and Schedule 3.1 (Supplier Solution) shall reverse during the Term of this Call-Off Agreement, in respect of any given Service. This is to reflect the transformation of Services from Day 1 Services to Transformed Services, by reference to the Supplier's Achievement of Milestones (from the Milestone described as SAC6), such transition being further described in the Service Migration Plan set out in the Transformation Plan and in any event such transition to be completed by the applicable governance gate date described as SAC8 in the Transformation Plan. Following the Achievement of the Transformation Completion Milestone, Schedule 3.1 (Supplier Solution) shall take precedence over this Schedule 2.1 (Service Description).

3. SERVICES DESCRIPTION

- 3.1 As at the Service Commencement Date, the Day 1 Services to be provided by the Supplier under this Call-Off Agreement comprise the following (each of which is described in more detail in the tables below):
- 3.1.1 Payments, Registrations and Pensions Services including payments, registration data quality checks and pension payments Services for primary care;
- 3.1.2 Medical Records and Administration and Movement Services including Services relating to the movement of medical records for GP Practices, including related courier and storage Services and GP supplies;
- 3.1.3 Screening Programme Administration Services including administration for cervical and breast cancer national screening programmes;
- 3.1.4 Probity Administration Services including probity and assurance Services for ophthalmic contractors and patient eligibility;
- 3.1.5 Performers List Administration Services including administration of the Performers List (eligibility of practitioners to provide Services e.g. qualifications and visa checks);

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- 3.1.6 Market Entry Administration Services including administration of Market Entry for pharmaceutical Services (including maintenance of pharmaceutical lists); and
- 3.1.7 support Services for the Ministry of Defence "Defence Medical Service" (DMS) the primary medical Service provision for serving armed forces personnel and their families.
- 3.2 Any changes to the scope of the Day 1 Services, including Primary Care Support Services, Defence Medical Services, or Additional Services shall be made in accordance with the Change Control Procedure outlined in Schedule 5.2 (Change Control Procedure).
- 3.3 Nothing in this Schedule shall in any way limit the obligation of the Supplier to meet its obligations relating to the Day 1 Services specified elsewhere in the Call-Off Agreement.

4. SERVICES

4.1 Primary Care Support Services

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| 1 | Payments, Registrations and Pensions Services | Requirements in relation to payments, registration data quality checks and pension payment Services for primary care. |
| 1.1 | Payment Services for primary care contractors (General Practitioners) | |
| 1.1.1 | Basic contracted Services | The Supplier shall be responsible for paying GPs for their basic contracted Services and for the extra income that they generate. |
| 1.1.2 | GP on a GMS contract - monthly | The Supplier shall calculate the global sum amount (the basic payment amount for each practice) (with MPIG) using NHAIS at the end of each quarter and upload the payment file generated on NHAIS to ISFE for payment to be made. |
| 1.1.3 | GP on a PMS or an APMS contract - monthly | The Supplier shall apply the Area Team supplied set value to PMS contracts and upload the payment file generated on NHAIS to ISFE for a payment to be made. |
| 1.1.4 | Drugs payments - monthly | The Supplier shall accept a NHAIS compatible spreadsheet of drugs ordered by a GP Practice from the Prescription Pricing Authority (part of the Business Services Authority), generate a payment file from this data using NHAIS and upload the payment file generated on NHAIS to ISFE for a payment to be made. |

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| 1.1.5 | Childhood immunisations payments - quarterly | The Supplier shall, at the start of every quarter, extract the cohort of patients eligible to receive childhood immunisation vaccinations, publish to GPs (through Open Exeter) the list of children eligible to receive childhood immunisation, calculate through NHAIS the sum each practice is entitled to receive from immunisations they have given and upload the payment file generated on NHAIS to ISFE for a payment to be made. |
| 1.1.6 | Seniority payments - quarterly | The Supplier shall calculate (on NHAIS) the seniority payment for each GP, go through the individual calculations and check the length of Service is correct and earnings are accurate, generate a payment file from this data using NHAIS, run annual reconciliations when advised by NHAIS and make any necessary adjustments and upload a payment file to ISFE for a payment to be made. |
| 1.1.7 | Locum costs - monthly | The Supplier shall receive a spreadsheet for the Area Team which details locums used and in which practices (whereby in some bases the Supplier finance staff shall be required to calculate the payment on behalf of the Area Team), upload the information to NHAIS, generate a payment file from the data using NHAIS and upload a payment file to ISFE for payment to be made. |
| 1.1.8 | Premises costs for rent - monthly | The Supplier shall receive Area Team instructions of rent reimbursement through an NHAIS compatible spreadsheet, upload this information onto NHAIS, generate a payment file from the data using NHAIS and upload a payment file to ISFE for a payment to be made. |
| 1.1.9 | Premises costs for rates - monthly | The Supplier shall receive copies of receipted invoices (water and business premises) from GP Practices, check for accuracy and that they meet the premises reimbursement regulations, input the data onto a spreadsheet and upload this information onto NHAIS, generate a payment file from this data using NHAIS and upload a payment file to ISFE for a payment to be made. |

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| 1.1.10 | GP registrar payments - monthly | The Supplier shall set the salary for the registrar (GPs in training) on their NHAIS record using a payslip from the last employer, set the increment date and weighting allowances e.g. London living allowance, calculate any salary deductions / additions that will be required, note any exception reporting or adjustments which may need to be made to individual records and action these as appropriate, generate a payment file from the data using NHAIS and upload a payment file to ISFE for a payment to be made. |
| 1.1.11 | GP training grant payments - monthly | The Supplier shall ensure that trainers are marked on NHAIS and linked to the trainee which will enable NHAIS to generate the grant payment, run a query on NHAIS to pull any GPs who have training flags on their record, generate a payment file from the data using NHAIS and upload a payment file to ISFE for a payment to be made. |
| 1.1.12 | Enhanced Service payments via CQRS - monthly | The Supplier shall accept a file on NHAIS from the Calculating Quality Reporting Service for enhanced payments, generate a payment file from the data using NHAIS and upload a payment file to ISFE for a payment to be made. |
| 1.1.13 | Quality and Outcomes Framework payments (aspiration) - calculates annually, paid monthly | The Supplier shall accept a file on NHAIS from the Calculating Quality Reporting Service for Service payments to GPs, generate a payment file from the data using NHAIS, upload a payment file to ISFE for a payment to be made and adjust the next payment if a previous month's payment is found to be an over / underpayment. |
| 1.1.14 | Quality and Outcomes Framework payment (achieved) - ad hoc | The Supplier shall accept a file on NHAIS from the Calculating Quality Reporting Service for the Quality and Outcomes Framework achieved payments for GPs, generate a payment file from the data using NHAIS and upload a payment file to ISFE for a payment to be made. |
| 1.1.15 | Public Health Immunisation Schedules payments - monthly | The Supplier shall accept the NHAIS compatible spreadsheet from Public Health England (which details the payments achieved by each GP), generate a payment file from the data using NHAIS and upload a payment file to ISFE for a payment to be made. |
| 1.1.16 | GP retainers - monthly | The Supplier shall accept a spreadsheet from the Area Team, which is NHAIS compatible and which details which practices should receive payment for retainers, generate a payment file from the data using NHAIS and upload a payment file to ISFE for a payment to be made. |

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| 1.1.17 | Changing bank details for payment - as received | The Supplier shall accept change forms for bank details from GPs, send the change forms to the Area Team for approval of changes and pass to NHS Shared Business Services for amending bank details on ISFE. |
| 1.1.18 | Miscellaneous queries and actions - as received | The Supplier shall acknowledge and respond to queries from GPs, practice managers and their accountants in relation to current and previous years. |
| 1.1.19 | Local Medical Committee levies - depends on contract type | The Supplier shall accept the Local Medical Committee invoice or schedule for statutory and voluntary levies, calculate, based on list size, the levies for each practice including more complex calculations for practices with polled lists and deduct the payments required from each practice from the practice payment. |
| 1.2 | Payment Services for primary care contractors (ophthalmic) | |
| 1.2.1 | Calculating payments and entitlements | The Supplier shall be responsible for calculating ophthalmic contractor payments and entitlements using Open Exeter. |
| 1.2.2 | Claim forms | The Supplier shall check all claims forms received from ophthalmic contractors for completeness and accuracy before processing and return incorrect forms to contractors and track such forms to ensure prompt action on resubmission. |
| 1.2.3 | Payment for GOS vouchers, 1, 3, 4, 5 and 6 - monthly | <p>The Supplier shall accept all GOS vouchers (hard copy or electronic copy) with any associated supplementary approved application forms required, check forms for completed fields and accurate information and that they meet the regulations for payment - log and set aside inaccurate / incomplete forms to be returned, manually input any hard copy vouchers onto Open Exeter, run an analysis on Open Exeter to confirm the number of vouchers per type and amount each ophthalmic contractor is to be paid and check amounts against each voucher submission.</p> <p>The Supplier shall also run a payment schedule to provide a printed statement of payment for each ophthalmic contractor and post a hard copy / securely send an email statement of payment to the contractor with any incomplete / inaccurate GOS forms for future resubmission (within five days of original receipt).</p> |

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| 1.2.4 | Payment for GOS vouchers, 6 only - monthly | The Supplier shall receive a fax or email from ophthalmic contractors with a list of domiciliary visits planned for next month, refer local visits planned to the local Area Team and match intended visits notified to claims made. |
| 1.2.5 | Payment for pre-registration trainee training grants - annually | The Supplier shall accept the claim form for grant payment from ophthalmic contractors, send to the Area Team for authorisation and on receipt of authorisation generate a payment file and submit to NHS Shared Business Services for payment through ISFE. |
| 1.2.6 | Payment for CET - annually | The Supplier shall accept a CET payment claim form from ophthalmic contractors and generate a payment file and submit to NHS Shared Business Services for payment through ISFE. |
| 1.2.7 | Patient refunds - monthly | The Supplier shall accept submission of a HC5 form from the Department of Work and Pensions for a patient to reclaim a payment they have made, raise a cheque for the amount of the claim and send a payment (via ISFE) to the patient by cheque. |
| 1.2.8 | Provision of payment information - ad hoc | The Supplier shall twice a year produce and send to NHS England a report of statistics relating to voucher claim volumes and annually provide a list of payments and levies for ophthalmic contractors. |
| 1.2.9 | Deduction of statutory and voluntary (including charitable) levies - monthly | The Supplier shall receive information relating to annual levy charges and where notification of a levy is received the Supplier shall calculate the amount to be deducted and assign a proportion of the levy to each ophthalmic contractor, deduct payment from ophthalmic contractors, generate payment files from the data using Open Exeter and upload payment files to ISFE for payments to the Local Optical Committee and Local Optical Committee Support Unit. |
| 1.2.10 | Changing bank details for payment - as received | The Supplier shall accept change forms for bank details from ophthalmic contractors, send to the Area Team for approval of changes and pass to NHS Shared Business Services for amending details on ISFE. |
| 1.3 | Payment Services for primary care contractors (pharmacy) | |
| 1.3.1 | Local pharmacy payments | <p>The Supplier shall be responsible for a number of local pharmacy payments processed on a monthly basis, paid via the Prescription Pricing Authority. These are:</p> <p style="margin-left: 40px;">a. Rotas - on direction from NHS England;</p> |

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| | | <ul style="list-style-type: none"> b. High cost drugs (this involves reimbursement in advance); c. Residential / nursing homes (not all bases); d. EPS payments; e. Pre-registration grants; f. Payment adjustments as directed by NHS England; and g. Appliance contractors as directed by NHS England. |
| 1.3.2 | Additional payments sent (one ledger) to PPA for payment to pharmacies - monthly | <p>The Supplier shall in relation to bank holiday opening hours:</p> <ul style="list-style-type: none"> a. receive a claim form from the local Area Team with an authorising email to make a payment, in relation to high cost drugs; b. receive an email from the Area Team instructing a payment, in relation to residential/nursing homes; c. receive an email from the Area Team for drugs supplied authorising a payment (not all bases) and in relation to additional payments for any other/ad hoc Services; and d. receive an instruction via email from NHS England. <p>The Supplier shall in relation to all of these instances send a single instruction on a monthly basis with a payment description and amount for each pharmacy onto the PPA for them to make the payment on behalf of NHS England.</p> |
| 1.3.3 | Pharmacy training grants - monthly | <p>The Supplier shall receive an email from the local Area Team which contains an application form confirming the junior's training location and length of training, divide the payment amount (nationally set one payment per trainee) over a 12 month period, calculate any back pay owed to the pharmacist for previous months (if the form is submitted after the trainee has started) and include such a form on the single instruction sent on a monthly basis to the PPA.</p> |
| 1.3.4 | Electronic Prescription Service payments - monthly | <p>The Supplier shall receive notification of an approved EPS payment (standard tariff) eligibility from the Area Team via email and include this information on the single instruction sent on a monthly basis to the PPA.</p> |

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| 1.3.5 | Pharmacy markers for appliance contractors on the PPA database - ad hoc | On notification from NHS England, the Supplier shall add a 'marker' to the account on the PPA database for each pharmacist to demonstrate entitlement to a payment in relation to 'appliance contractors' which is made by the PPA. |
| 1.3.6 | Deduction of levies -monthly | The Supplier shall accept notification of statutory levies on pharmacists from NHS England and apply a marker of the levy on the PPA website for each pharmacist to inform them of the amount of levy which should be applied to their account for statutory obligations. |
| 1.3.7 | Hard copy drug tariff | The Supplier shall receive and distribute a hard copy of the monthly drug tariff to pharmacists, including dispensing GP Practices, on behalf of the local Area Team. |
| 1.4 | Pensions administration | |
| 1.4.1 | Administration of the NHS Pension Scheme | The Supplier shall be responsible for the administration of the NHS Pension Scheme for contractors and performers, including non-clinical partners and practitioners carrying out locum and solo work. |
| 1.4.2 | Administration of the NHS Pension Scheme for GPs or OMPs | <p>The Supplier shall:</p> <ul style="list-style-type: none"> a. Receive estimates of profit for principal partners, salaried GPs and non-clinical partners to determine their contributions and tier rate; b. Receive GP year end actual profit certificates and processing on NHAIS plus Type 2 self-assessment forms for salaried GPs; c. Record solo and locum forms on NHAIS; d. Administer pension tiers and notify other Service providers; e. Make deductions from remuneration (including additional contracts and added years, which are to be paid over to NHS Pensions on a monthly basis along with payments received relating to solo or locum work, with adjustments made relating to year-end profit certificates); f. Process refunds or additional payment requests as appropriate via NHAIS monthly; g. Update members' records on NHAIS and via NHS Pensions Online or manually for joiners, updates, leavers and retirements; h. Manage error handling on NHS Pensions |

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| | | <p>Online;</p> <ul style="list-style-type: none"> i. Obtain pension estimates and confirm membership as required; j. Process retirement applications; k. Liaise with widows / widowers of practitioners when death benefits applications need to be completed, when certificates are to be seen and when general information needs to be given; l. Administer additional pension applications for practitioners; m. Bank cheques, receipt and remit on Oracle and send remittances out to practitioners; n. Code BACS payments; o. Provide year-end NHS Pensions assurance statements compiled in accordance with the regulations and submitted to NHS England (to meet a deadline provided by NHS Pensions); and p. Continue any legacy work (in relation to previous years' reconciliations) or administration work to ensure pension records are accurate and up-to-date for contractor / performers, incorporate queries and amendments relating to current and previous years pension related work. |
| 1.4.4 | Pension payments for GPs (principal partners) and eligible OMPs (if any on NHAIS) - monthly | <p>The Supplier shall (annually in February) send out an estimated profit certificate for completion by the GP, receive the estimation back from the GP, input the estimated profit for the practice on NHAIS, calculate the pension contribution tier (provided by NHS Pensions) for each GP (depending on the profit predicted) and enter this on NHAIS, recover the pension contribution amount from the GMS/PMS payment, pay the contribution recovered for each GP through the transfer facility on the NHS Pensions website (authorised access will be granted to limited Supplier staff in order to make these transfers), pay the contribution recovery for each GP, receive an annual certificate of pensionable profit for the previous financial year and vary the contract payment on NHAIS to adjust for any under/over payment manually for GPs who are no longer working at the practice.</p> |

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| 1.4.5 | Pensions payments for GPs (salaried) - as specified | <p>The Supplier shall (annually in February) send out an estimated earnings certificate for completion by the employing GP Practice, receive the estimated earnings certificate back from the employing GP annually, input the estimated earnings for the GP on NHAIS annually, calculate the pension contribution tier (provided by NHS Pensions) for the GP (depending on the earnings predicted) and enter this on NHAIS annually and recover the pension contribution amount from the GMS/PMS/APMS payment of the practice the GP is salaried with monthly.</p> <p>The Supplier shall also pay the contribution recovered for each GP through the reliable transfer facility on the NHS Pensions website (authorised access will be granted to limited Supplier staff in order to make these transfers) monthly, annually receive a self-assessment form (Type 2) for the previous financial year from the salaried GP, calculate any adjustment (under/over payment of contribution) based on the actual contribution due and in relation to the previous allocated tier annually and vary the practice contract payment on NHAIS to adjust for any under/over payment from the previous financial year annually.</p> |

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| 1.4.6 | Pension payments for GPs (locums and solo) | <p>The Supplier shall accept Form A and B from locums with the relevant pension contribution payment, send in a solo form along with the relevant pension contribution on a monthly basis i.e. the month following when the work was carried out and send contributions to NHS Pensions via the reliable transfer facility on NHS Pensions Online monthly.</p> <p>If requested at the end of the financial year, the Supplier shall supply a statement to confirm the total received and reconcile for any under/overpayments relating to possible tier changes and match to the self-assessment form and update NHS Pensions via NHS Pensions Online annually.</p> |
| 1.4.7 | Pension payments for GPs (registrars) - monthly | <p>The Supplier shall recover the employee pension contribution (salary will already be on NHAIS for GP payment purposes and tier is automatically calculated - from the GP registrar payment made to the GP Practice charge, as set out in 1.1.10), charge the employer contribution to the primary care programme cost budget and pay the contribution recovered for each registrar through the transfer facility on the NHS Pensions website (authorised access will be granted to limited Supplier/staff in order to make these transfers) monthly.</p> |
| 1.4.8 | Pension payments - additional duties as needed | <p>The Supplier shall process additional payment requests from GPs, investigate and resolve any errors on NHS Pensions Online in relation to GPs on NHAIS, obtain pensions estimates and confirmation of membership for a GP as requested, receive retirement forms and input to NHS Pensions Online for GPs and update NHAIS for new joiners, leavers and those retiring from the scheme, update NHS Pensions Online for new joiners, leavers and those retiring from the scheme.</p> <p>The Supplier shall also action refunds through the main contract payment in the event of a pensions overpayment, supply information from the deceased contractor pension records and calculate the first three months entitlement for widows/widowers (in order for them to complete death benefit applications), bank cheques received for pensions contributions, receipt to contractors and remit on Oracle, code BACS payments received from GPs who have submitted additional payments for pensionable earnings from out of hours work, provide a year end pensions assurance statement for the Area Team and supply information/resolve</p> |

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| | | queries in relation to legacy work e.g. previous years' pension payments. |
| 1.5 | Receipting income streams | |
| 1.5.1 | Income generated Services | <p>The Supplier, in relation to the following income generated Services, shall ensure that the payment is 'receipted' on the ISFE system (to the relevant account as indicated below) and a copy confirming payment is provided to the Customer:</p> <p>To the Customer's account:</p> <ul style="list-style-type: none"> a. GP locum and solo pension contributions for additional money generated through other work and qualifying earnings; b. GP year end certificate cheques from practices, rather than through the contract payment - previous years; c. GPs purchasing additional years to their pension as a lump sum; d. Recouping of monies from ophthalmic contractors; e. Monies received for Market Entry applications; f. Income from Breast Screening Offices for provision of cohort data; g. Income in association with the delivery of Primary Care Support Services to the Defence Medical Services; and h. Income associated with the movement of records between GPs. <p>The Supplier shall recoup the money in relation to the above Services and send it onto the relevant organisation.</p> <p>To the Supplier's account:</p> <ul style="list-style-type: none"> i. Directly received 'access to medical records for living subject' access requests and 'deceased records' access requests; j. Income generated through additional Services offered by the Supplier outside of this scope; and k. Copying of records in support of (i) and (j) above. |

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| 1.5.2 | Receipting income on ISFE - as income is received | <p>The Supplier shall accept income from a variety of sources e.g. patients, contractors, NHS England in any format e.g. cheque, cash, electronic transfer and where in cash or cheque format pay into a designated bank account for holding income.</p> <p>The Supplier shall also manually input an income description against entries shown on ISFE, for GP pension contributions, end of year certificate payments and purchasing or additional years ensure all monies are collected and sent to NHS Pensions via the reliable transfer facility on the NHS Pensions website, retain income generated through access to medical records and through recharging i.e. cost of processing collaborative claims to the Clinical Commissioning Group and create receipts for every income item and send to the relevant payee.</p> |
| 1.6 | Registration data quality checks | |
| 1.6.1 | Up-to-date records on NHAIS | The Supplier shall be responsible for ensuring that it is permanently up-to-date with the records of all patients' details held on NHAIS. |
| 1.6.2 | Patient registration notifications | <p>The Supplier shall be responsible for receiving the notifications set out below (usually on a regular, mostly daily basis, unless specified otherwise, either through (primarily) NHAIS or via other means, and undertaking certain processes in relation to the patient registration:</p> <ul style="list-style-type: none"> a. A patient registering with a GP for the first time. b. A patient registers with a different GP Practice. c. When a patient de-registers from a practice or when a patient dies. |
| 1.6.3 | Patients registering with a practice for the first time - daily | The Supplier shall obtain a list of newly registered patients from NHAIS via GP Links or from manual notifications and perform data quality checks on new registrations for obvious errors and resolve these on the record, conduct a data quality check against details held by the PDS, depending on the base - issue an NHS number: for every new registration; those on first registration with the NHS or where an NHS number is first issued, such as for gender re-assignment and adoption; or, only on request, print and post the NHS number to the patient. |

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| 1.6.4 | Existing patients registering with a different practice (incoming) - daily | The Supplier shall accept a list of newly registered patients through NHAIS from GP Links or from manual notifications, perform data quality checks on new registrations for obvious errors and resolve these on the record and conduct a data quality check against details held by the PDS. |
| 1.6.5 | Existing patients registering with a different practice (outgoing) - daily | The Supplier shall receive notification on NHAIS via the Central Health Reporting Information System to determine which patients have been de-registered from the area, de-register patient from area on NHAIS and conduct a data quality check against details held by the PDS. |
| 1.6.6 | De-registration of deceased, embarked (left England for more than three months) or no re-registration elsewhere - daily | The Supplier shall use NHAIS to determine which patients have been de-registered from the area (in the case of embarkation this can be notified by a patient or a GP Practice) and de-register the patient from an area on NHAIS. |
| 1.7 | Patient requested assignments and removals | |
| 1.7.1 | Informing the patient | The Supplier shall write to and inform the patient that they have been assigned to an Area Team (where the patient has experienced difficulty and cannot secure a registration). If all practices in the area have closed lists, NHS England will convene a 'panel' in accordance with the NHS regulations to decide which closed practice should receive the patient and the Supplier shall then be responsible for writing to and informing the patient. |
| 1.7.2 | Patient requires assistance to be assigned to a practice - daily | The Supplier shall accept the Area Team notification of patient assignment and write to the patient to notify them of assignment to a practice. |
| 1.7.3 | Patient moves out of the practice catchment area - daily | The Supplier shall receive notification from GP Practices in writing (i.e. that they cannot keep a patient on their list), update the NHAIS record with a change of address and note on the file that the patient is now out of the current GP catchment area, for some bases - write to the patient informing them that they have moved out of a current GP catchment area and that they need to re-register with another practice and if no superseding action occurs de-register the patient from the GP list after (thirty) 30 days. |

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| 1.7.4 | 14 day removals (patient request) | The Supplier shall receive notification from a patient in writing of a request to be moved from a practice list, write to the patient and the GP Practice to confirm removal from the current GP list on NHAIS, de-register the patient on NHAIS fourteen (14) days from receiving a request and send the patient record in a weekly courier collection and hold the record in store (suspense) until the new registration or request for the record is received. |
| 1.7.5 | 8 day removals (GP request) | The Supplier shall receive notification from a GP Practice in writing of the request for an eight (8) day removal of a patient, write to the patient and GP Practice to confirm removal from the current GP list, after eight days from receiving request de-register the patient from the GP list on NHAIS and send the patient record in a weekly courier collection and hold the record in store (suspense) until the new registration or request for the record is received. |
| 1.8 | Reassignments under the Special Allocation Scheme (SAS) | |
| 1.8.1 | Special Allocation Scheme - daily | <p>The Supplier shall receive notification from a GP Practice by phone of the patient removal and then followed up in an email/letter with a crime number, depending on the site - send / receive a completed violent incident form, put a flag on the patient record on NHAIS, deduct the patient from the existing GP register immediately and add the patient to SAS list of patients, write to the patient and the GP Practice to confirm removal from the current GP list.</p> <p>For those who do not administer the SAS in their area, the Supplier shall send the SAS list of patients to a third party provider who will arrange for the patient to be accepted by a practice that is part of the SAS and write to a practice who has an open list and has agreed to take the patient on the SAS.</p> <p>The Supplier shall on confirmation of acceptance of the patient, process the new practice registration for the patient, in accordance with 1.1, and shall assist (on an annual basis) the Area Team in conducting a review of all the patients on the SAS, including provision of documents e.g. lists of any documentation relating to removal and re-registration.</p> |

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| 1.9 | Additional maintenance activities on the patient records database | |
| 1.9.1 | Amendments on the NHAIS system | <p>The Supplier shall be responsible for making a number of additional amendments on the NHAIS system as and when notified, specifically:</p> <ul style="list-style-type: none"> a. Basic changes to the patient record e.g. change of name or address; b. Sensitive registrations (e.g. adoptions, gender re-assignments); c. Complete a 'close of quarter' process to establish quarterly GP Practice list sizes and publish these to practices via Open Exeter; d. Tracing NHS numbers for existing NHS patients held by the PDS; and e. Resident to registered project. |
| 1.9.2 | Patient / duplicate registrations | <p>The Supplier shall undertake a number of functions (in conjunction with others) to resolve confusion of patient/duplicate registrations in order to ensure that NHS numbers and clinical records are assigned to the correct patient, including processing and checking data received from the Spine and Central Health Reporting Information System to validate existing records or to deduct them from GP lists.</p> |
| 1.9.3 | Data quality routines | <p>The Supplier shall undertake regular data quality routines so that anomalies in the NHAIS database are identified and investigated and reconcile practice lists to the NHAIS database on a three yearly basis (as per HSCIC recommendation) and for ad hoc queries including practices changing internal systems.</p> |
| 1.9.4 | Additional activities associated with the NHAIS database - as individually specified | <p>The Supplier shall:</p> <ul style="list-style-type: none"> a. On a daily basis - action relevant changes to patient information (name or address on their NHAIS record when notified through GP Links by a GP Practice or directly by a patient). b. When required (due to registration queries) trace a patient in another area using their NHS number. c. On a daily basis - receive notifications from the Central Health Reporting Information System through NHAIS of changes made on a patient record and ensure a data quality check of the record held on NHAIS including investigation of |

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| | | <p>all anomalies.</p> <p>d. On a quarterly basis - complete a 'close of quarter' report on NHAIS to establish GP Practice list sizes and publish these to practices via Open Exeter.</p> <p>e. On a rolling three yearly programme (or only on request in certain areas) - undertake a reconciliation exercise for lists held on NHAIS with all practices in the Supplier base area.</p> <p>f. On a monthly basis - monitor closed lists (where practices are no longer accepting patients) and seek advice when registration requests are received via NHAIS.</p> <p>g. On a quarterly basis - monitor Royal Mail postcode address file updates for the NHAIS system - provided automatically through the HSCIC interface and update postcodes on individual patients as necessary e.g. allocations to new housing stock, removals for demolitions.</p> <p>h. For cross border county transfers ensure the patient is registered on the correct NHAIS system if they move county but remain within current practice border.</p> <p>i. On a daily basis - investigate and resolve issues in relation to the transfer of data, sent to the Supplier from GP Practices - flagged on the interchange errors screen on the GP Links; and</p> <p>j. Progress the project work in relation to the resident to registered project designed to ensure the patient's information on NHAIS is linked to the base relevant to the GP Practice where the patient is registered - not their address.</p> |
| 2 | Medical Records and Administration and Movement Services | Delivery of Services relating to the movement of medical records for GP Practices, including related courier and storage Services and GP supplies. |
| 2.1 | Medical records management and movement | |
| 2.1.1 | Patients registering with a practice for the first time - daily | The Supplier shall be required to obtain a list of newly registered patients from NHAIS via GP Links or from a manual notification, create a physical "first medical record" (sometimes referred to as a Lloyd George envelope) and attach a barcode (where in use) for each new registration, issue a NHS number for all first registration patients, print the NHS number and post (for |

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| | | first registration patients) and sort Lloyd George envelopes for (weekly) secure delivery to determination GP Practices. |
| 2.1.2 | Existing patients registering with a different practice (incoming) - daily | <p>The Supplier shall be responsible for receiving incoming paper and other mediums for records e.g. CDs, and resolving any obvious issues found e.g. missing content of paper records / unreadable or corrupted CDs.</p> <p>The Supplier shall check GP Links on NHAIS to determine newly registered patients in the area or receive a manual notification from GP Practices, check data quality of new patient registration details on NHAIS and investigate/resolve any data quality anomalies with record, accept delivery of Lloyd George notes (previously requested) from courier and confirm receipt of record on NHAIS and pack notes (and sort notes if necessary) and (securely via local courier) deliver to the destination GP Practice.</p> <p>The Supplier shall receive any forty eight (48) hour requests (urgent) from GP Practices via NHAIS and contact the sending GP Practice and send onto the Supplier base to expedite the transfer.</p> <p>The Supplier shall contact GP Practices and other Supplier Services (in different areas) to request records which have not been received following patient re-registration. The Supplier shall therefore generate and send an Outstanding Medical Record list to GP Practices in the area (to send in de-registered patient records) to other areas (to request de-registered patient records) and where no original paper record is received record 'no original record received' to prevent continued appearance on OSMR.</p> |

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| 2.1.3 | Existing patients registering with a different practice (outgoing) - daily | The Supplier shall use NHAIS to determine which patients have been de-registered from the area, send requests to GP Practices for notes of patients that are de-registered and have re-registered elsewhere, collect the notes from old GP Practices that have been requested for physical transfer to other areas in England, Scotland and Wales (using externally contracted national courier system) or to Northern Ireland and the Isle of Man (using locally determined secure courier or secure post) on a daily scheduled basis, de-register the patient from the area on NHAIS and pack paper records and (securely) deliver to the new area base. |
| 2.1.4 | Existing patients deceased, embarked (for more than three months), de-registered and no immediate re-registration - daily | <p>The Supplier shall use NHAIS to determine which patients have been de-registered from the area (in cases of embarkation this can be notified by patient or GP Practice), collect (securely) the notes from GP Practices within that base that are for deceased/de-registered patients, confirm de-registration from practice/death on NHAIS, send de-registered (suspense) and deceased patient paper records to archive and destroy (where appropriate) and file any clinical information e.g. hospital letters, received into the patient records and hold in the Supplier store or return to the sender (securely if necessary), including for temporary residents where the primary record is held in suspense.</p> <p>The Supplier shall request retrieval of suspense records when the request for the record is received from another base, update NHAIS before sending, pack and send through a national courier to the new GP Practice and annually provide schedule of retention and destruction timescales to the storage company.</p> |
| 2.1.5 | Temporary patients - daily | The Supplier may receive a GMS3 form from the local GP who has seen a patient not registered to them. In such circumstances, the Supplier shall conduct a search on NHAIS to determine where a patient is registered and send the GMS3 form to the local base where the patient is registered (but if no registration exists on NHAIS send to the store for holding in suspense). The receiving base should then accept the GMS3 form and forward to the relevant GP. |
| 2.2 | External requests for access to / copies of healthcare records | |

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| 2.2.1 | Living subject access requests under the Data Protection Act 1998 - forty (40) days (Department of Health advise twenty one (21) days) | <p>The Supplier shall receive an access request for a living person from the living person or their representative, check the request is being made by a valid person (under the Data Protection Act 1998), acknowledge the request in writing and the fee to be charged, contact archive to retrieve the record from store or archive and receive the record from the archive or store via secure means.</p> <p>The Supplier shall be responsible for sending a request to the last (known) GP or suitable alternative clinical advisor within the Area Team to give permission to release the record, on receipt of permission, copying the record and sending the copy to the patient (via registered post) provided the fee has been received (if applicable), returning the record to archive or store, maintaining a log of all access requests and outcomes and banking the fee. The Supplier shall retain information relating to the request for the required period of time.</p> |
| 2.2.2 | Deceased patient record access requests under the Access to Records Act 1990 - forty (40) days (Department of Health advise twenty one (21) days) | <p>The Supplier shall receive access requests for a deceased person from an interested party, check that requests made have valid entitlement (under the Access to Records Act 1990), acknowledge the request in writing and request the fee to be charged (maximum amount mandated by the Access to Records Act 1990), on receipt of the fee contact the archive or store to retrieve the record from the store and receive the record from the archive or store via secure means.</p> <p>The Supplier shall be responsible for sending a request to the last (known) GP or suitable alternative clinical advisor within the Area Team to give permission to release the record, copying the record and sending the copy to the requestor (via registered post), returning the record to the archive or store, maintaining a log of all access requests and outcomes and banking the fee. The Supplier shall retain information relating to the request for the required period of time as per the records retention policy in force at any given time.</p> |

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| 2.3 | Miscellaneous information request | |
| 2.3.1 | Miscellaneous access requests from third parties (to be actioned within time frame mandated by relevant statute, regulation or policy, depending on the request made and governance applicable to it) | The Supplier shall receive an access request in writing on a standard application form from an external agency such as a local authority, police or the Border's Agency, check the request is valid against existing statute and protocols (as relevant), acknowledge the request in writing, refer requests outside agreed data sharing protocols to the NHS England Caldicott Guardian or the local Area Team and inform governance personnel for a decision on access, on receipt of permission, release information, send a copy to the requestor (via secure means e.g. secure email or postal Service) if required and maintain a log of all access requests and outcomes. |
| 2.3.2 | Miscellaneous non-patient identifiable data requests | <p>The Supplier shall be responsible for, in relation to the NHS England Pharmaceutical Services PS1 return form process, for all applicable bases:</p> <ul style="list-style-type: none"> a. base participation in an annual data collection exercise (an eight page questionnaire) provided by HSCIC regarding community pharmacies and Market Entry statistics; and b. providing requested information to Area Teams in relation to the Pharmacy Application Process. |

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| 2.3.3 | Miscellaneous patient identifiable data requests | <p>The Supplier shall, for all applicable bases (i.e. those that are providing this service immediately prior to the Service Commencement Date, understood to be in the North of England) and for a period of six (6) months from the Service Commencement Date, provide data extracts from the relevant NHAIS systems regarding new immigrants for TB screening clinics, the criteria for which have been agreed prior to the Service Commencement Date between the TB screening clinics and the Customer. Such extracts shall be provided to the in-scope clinics in the format already in use as at the Service Commencement Date and at the frequency previously agreed with those clinics by the Customer.</p> <p>The Parties agree to discuss and negotiate in good faith the ongoing requirement for this Service and, if appropriate, extend or amend the scope of this requirement and/or include such extended or amended requirements within Schedule 3.1 (Supplier Solution) in accordance with the provisions of Clause 19.1 (Call-Off Terms).</p> |
| 2.4 | Administration of records on practice closure / merger | |
| 2.4.1 | Administration on closing or merging of any GP lists / practices as required | <p>The Supplier shall receive and acknowledge notification (where circumstances permit) of a GP list/practice closure or GP list/practice merger through the Area Team, write to all patients on the relevant GP lists (using wording provided by NHS England) informing them of the closure/merger and if they need to re-register at a different practice (including any reminder letters which need to be sent), collect all patient records (via secure means) from the closing practice (if appropriate) to ensure that the paper medical records and outstanding stationery is collected at the point of closure and provide lists of nearby practices for alternative registration.</p> <p>For the closure of a practice where a patient pro-actively re-registers, the Supplier shall manage paper records as per other standard processes e.g. re-registration, de-registration. This may involve storing quantities of paper records for varying amounts of time.</p> <p>For NHS England directed dispersal of existing patients to other practices, the Supplier shall arrange for secure transfer of records to its base and then manage records using the standard de-registration and re-registration</p> |

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| | | <p>process.</p> <p>For practice mergers, the Supplier shall arrange for secure transfer of records to its base (if necessary) or transfer to a new practice and then manage records on NHAIS as per re-registration and ensure patient eligibility and records are maintained for screening purposes.</p> <p>The Supplier shall collect all secure stationery i.e. prescriptions from the site and destroy any personalised prescriptions securely.</p> |
| 2.5 | Forwarding of correspondence to patients | |
| 2.5.1 | Forwarding of correspondence to patients | <p>The Supplier shall on a request to forward correspondence to a patient (either directly, through the patient's GP Practice or from external agencies (e.g. the Salvation Army)) contact the NHS England Caldicott Guardian to seek authorisation to proceed with the request.</p> <p>If approved, the Supplier shall acknowledge the request in writing to forward information to a patient registered on the local NHAIS system, obtain patient details from NHAIS, return correspondence with a letter of explanation if the patient details are not found and forward correspondence to the patient with a standard wording letter from NHS England confirming that the patient's details have not been disclosed.</p> |
| 2.6 | Routine data quality checks on the patient records system | |
| 2.6.1 | Routine data quality checks - as specified | <p>The Supplier shall contribute to improved data quality of patient records on the NHAIS system and reduce list inflation by performing the following tasks:</p> <ol style="list-style-type: none"> Six monthly contact to GP Practices to confirm status of patients registered as aged one hundred (100) years or more (on NHAIS) by contacting the GP Practice that the patient is registered at to verify details that the patient details are current and accurate. Monthly contact to GP Practices to confirm status of all patients registered at a GP Practice on NHAIS who are sixteen (16) years old or under who are the sole occupant at their |

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| | | <p>registered address.</p> <ul style="list-style-type: none"> c. Monthly contact to confirm with GP Practices the names of occupants and the registered address where eight (8) or more persons are registered on NHAIS at the same address (to ensure none have subsequently moved away). d. Write to patients registered with a GP Practice (on behalf of the Area Team) who have come from a previous address overseas to confirm their name and address (six (6) months after arrival). e. Quarterly obtain an update from the Royal Mail postcode address file in relation to demolished properties. f. Annually contact GP Practices to confirm the address of pupils who have been registered at any local universities/colleges/residential school address for four (4) years or more. g. Annually contact GP Practices to confirm patient names and addresses who have had no contact with their GP for five (5) years or more (from a list provided from GP Practices). h. Apply an FP69 flag to undelivered/returned correspondence sent to patients (by the Supplier) at an address registered with them on NHAIS and notify the GP Practice. i. Apply an FP69 flag to non-responder patients in the above categories and notify the GP Practice where the patient was last registered. j. De-register patients six (6) months after FP69 flag was applied to their record. |

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| 2.7 | Non-routine data quality projects | |
| 2.7.1 | Non-routine data quality projects - as required | <p>The Supplier shall on notification from the Customer of a non-routine project identify the patient cohort on NHAIS specified by the Area Team, send initial letters addressed in NHS branded envelopes (wording provided by the Area Team) asking for confirmation of patient details to specified cohort and dealing with the responses received and send reminder letters in NHS branded envelopes (wording provided by the Area Team) to non-responders within a time frame to be specified by the Area Team and dealing with the responses received.</p> <p>The Supplier shall record patient confirmations, deducting patients who have emigrated, deducting patients who are deceased and process returns (where a returned letter indicates 'gone away' not known at this address) including making any amendments to registrations or demographic details on NHAIS (or its replacement when provided by the Supplier) applying an FP69 flag where patient registration cannot be confirmed with GP Practices and undertaking de-registration on completion of notice period (unless the GP Practice confirms otherwise).</p> <p>The Supplier shall give advice to local practices on how to manage the FP69 flag process, in accordance with Customer policy and NHS regulations, report statistics and findings from non-routine data cleansing projects to the Customer and co-operate with individual GP Practices who request routine and additional list reconciliation exercises.</p> <p>The Supplier shall track and report costs for providing this Service so as to enable the Parties to identify spend against the agreed Non Routine Data Quality Projects Cap, and to identify any additional charges that may apply in excess of that cap.</p> <p>The Parties agree to discuss and negotiate in good faith the ongoing requirement for this Service and, if appropriate, extend or amend the scope of this requirement and/or include such extended or amended requirements within Schedule 3.1 (Supplier Solution) in accordance with the provisions of Clause 19.1 (Call-Off Terms).</p> |

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| 2.8 | Primacy care contractor's supplies | |
| 2.8.1 | Primary care contractor supplies | <p>The Supplier shall be responsible for an ordering and fulfilment Service to primary care contractors for stationery, forms, needles and syringes (with specified needles and syringes supplied to the Customer as required based on demand) to NHS and private prescribers. The Supplier shall therefore:</p> <ol style="list-style-type: none"> a. Provide an electronic ordering system for use by primary care contractors; b. Acknowledge orders received through the system and confirm any additional information that is supplied relevant to the order e.g. authorised staff have placed the order, if secure stationery has been ordered this is for a member of staff working within the practice/premises and the prescribing numbers are current and a match; c. Obtain authorisation for the fulfilment of orders relating to safety needles from the Area Team; d. Hold a record of prescriber numbers issued to each contractor; e. Process orders and requisitions stock from the relevant Supplier as per national contract arrangements for each item; f. Accept and receipt delivery of goods from the supplies contractor which have been ordered for a Supplier. This may involve receipting of goods on Supplier/other relevant website in order to authorise invoice payments, as well as receipting with delivery personnel at point of physical delivery; g. Deliver goods ordered to the requested premises within ten (10) days of the original order being placed and obtain receipt (in conjunction with medical record deliveries); h. Hold secure stationery (prescription pads, controlled drugs stationery) in a secure location whilst on Supplier premises; i. Provide normal and controlled medicine prescription pads to both NHS and private; j. Maintain a log of all orders, by Customer and items ordered; k. Monitor order levels against national call off contracts; l. Accept returns and provide a disposal Service |

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| | | for unused / damaged prescription items; and [REDACTED] |
| 2.9 | Open Exeter access requests | |
| 2.9.1 | Access to Open Exeter | <p>The Supplier shall be responsible (amongst others) for granting access to Open Exeter to external parties. The Supplier shall on receipt of a written request check the eligibility of applicant to have access to Open Exeter e.g. employer, position. The Supplier shall ensure that applications for new users are signed off by persons authorised by the Supplier normally known as a "primary contact" (normally one per location or premises) who will specify what information the applicant may have access to (via a Data User Certificate) and the Supplier shall periodically check the list of primary contacts is kept up-to-date.</p> <p>The Supplier shall grant access to Open Exeter by notifying the applicant of the procedure to gain access at first use e.g. username, password reset or other instructions if the applicant is accessing Open Exeter using a smart card and revoke access to Open Exeter as notified e.g. staff leaving, practice closures.</p> |
| 2.10 | Initial records transfer services | |
| 2.10.1 | Initial Medical Record Destruction Service | The Supplier shall securely destroy records that it collects from existing locations where they are found to be beyond the Customer's retention policy period of ten (10) years. |
| 2.10.2 | Miscellaneous records movement and storage | The Supplier shall collect files and records other than Medical Record Envelopes from PCS Offices and third party providers, transfer them to its central storage facility and apply the Customer's storage and/or destruction policies. |
| 3 | Screening Programme Administration Services | Responsibility for the administration for cervical and breast cancer national screening programmes. |

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| 3.1 | Administration and audit requirements | |
| 3.1.1 | Patient-facing and testing administrative tasks | The Supplier shall undertake a number of administrative tasks in relation to the patient-facing and testing stages of the process, which are both delivered through collaboration between a number of other organisations (for cervical screening: patients, GPs, family planning clinics, NHS England Area Teams, pathology laboratories, colposcopy clinics, Quality Assurance Regional Centres (QARCs), HSCIC and NHS England / Public Health England commissioning teams and for breast screening: patients, BSOs, GP Practices, Quality Assurance Regional Team (QART), HSCIC and NHS England / Public Health England commissioning teams) in line with national, regional and local policy and in accordance with the national quality standards listed in Table 4.3. |
| 3.1.2 | Audit participation | The Supplier shall participate in a number of audits, including of the screening programme's administrative functions which are subject to a mandatory audit from the Public Health England QART three times a year and a mandatory HSCIC systems and Service delivery audit every year (largely covering system screens, jobs and utilities, security, staff competence using the system and database inconsistencies). |
| 3.1.3 | Engagement at Service governance meetings | <p>The Supplier shall attend and actively engage at scheduled Service governance meetings, in particular those organised by the NHS England Area Teams.</p> <p>The Supplier shall in relation to both cervical and breast screening attend scheduled governance meetings, including those organised / attended by the QART teams and the Breast Screening Office.</p> |
| 3.1.4 | Co-operation with and resolution of incidents | The Supplier shall be responsible for the reporting of, management of, and co-operation with the resolution of, incidents and Serious Untoward Incidents as per the NHS England and Public Health England policies and procedures set out in Table 4.3. |
| 3.1.5 | National changes to the screening programme | The Supplier shall implement any national changes to the screening programme which relate to the Service it is delivering. |
| 3.1.6 | Commissioner led initiatives | The Supplier shall co-operate with commissioner led initiatives. |

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| 3.1.7 | Continuous quality improvement for information governance | The Supplier shall undertake continuous quality improvement in relation to information governance by producing, implementing and maintaining a list of standard operating procedures for the Service and ensuring all staff involved in the screening programme sign a register to confirm adherence with the National Information Governance Board documentation. |
| 3.2 | Cervical screening call and recall administration | |
| 3.2.1 | Cervical screening call letters - weekly | <p>The Supplier shall be responsible for ensuring that only eligible patients receive invitation letters to screening (which shall be sent in the name of the relevant NHS body). The Supplier shall carry out this responsibility by creating a prior notification list of eligible women from NHAIS ten weeks before the test due date, make the prior notification list available to the GP Practices via Open Exeter to enable them to confirm that the women on the list should be invited or, to defer or cease women who should not be invited, receive the list back via Open Exeter with any amendments and action exception reports received to postpone screening reminder e.g. for pregnant women.</p> <p>The Supplier shall update patient records on NHAIS with any notification to cease a screening reminder - four option codes to apply (hysterectomy, age, informed consent/mental capacity, radiotherapy to cervix), action where directed to update a patient record to not invite a patient for the particular round of testing, print an invite letter (using a national standard template in the name of the relevant NHS body) for the patients on the updated list, check the print run against the cohort list, post the letter to patients six weeks before the test date and send a confirmation that screening call/recall letters will now cease to patients who have given informed consent, will be out of the age range for screening or who have had a hysterectomy.</p> <p>The Supplier shall process and investigate letters that are returned undelivered or marked as 'no longer at this address' by adding a FP69 flag to any such screening letters, update and maintain the parameter screens as appropriate and make amendments for GP Practices on request e.g. changes to the way notifications are received and amend details for gender re-assignment patients to exclude from cohort of eligibility.</p> |

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| 3.2.2 | Cervical screening non-responders - weekly | <p>The Supplier shall generate a non-responder report from NHAIS of women invited for screening who have had no test result entered thirty two (32) weeks after the initial letter was sent (fourteen (14) weeks after eighteen (18) week reminder sent), make available non-responders to GP Practices via Open Exeter, receive GP responses on non-responder from Open Exeter with recommended actions and action the non-responder report received - e.g. by resending reminder letters, sending ceasing notifications to patients.</p> |
| 3.2.3 | Lab results - daily unless specified otherwise | <p>The Supplier shall receive, accept and log incoming screening results - electronically through GP Links or email, input the lab result to the patient record on NHAIS, manually match patients' results who were not automatically matched and accept private cervical cytology pathology report forms e.g. from Bupa and input results onto the relevant area in NHAIS.</p> <p>The Supplier shall accept results from the lab for women not registered in the area and send these results onto the relevant area, accept out of area lab results for patients within the area and update the result on the NHAIS record, send the lab a notification to recode any results which indicate an invalid return to normal recall within twelve (12) months (as NHAIS will not presently accept this code) and then accept the recoded results for updating on NHAIS and check all manual test entries on a daily basis to ensure completeness and accuracy of entry.</p> <p>The Supplier shall on a weekly basis action the list of outstanding smear results that have been manually entered but are still incomplete, generate a letter for the patient (national standard wording applies depending on the code from the lab) with their result, post a letter to the patient within twenty four (24) hours of processing lab results and notify the GP of any cases where abnormal results have not been notified to women because they have moved out of area or the result has been returned undelivered.</p> <p>The Supplier shall accept notification of a patient's discharge from colposcopy ethics clinics and amend the next test due date on the NHAIS record, depending on the base - accept notifications of failure to attend a colposcopy appointment and issue a new screening invitation letter to the patient (copying the GP) if the</p> |

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| | | notification arrives before the next screening test date is due and add new "senders" to NHAIS i.e. new practices, clinics or hospitals which may undertake the screening test. |
| 3.2.4 | Failsafe out of the area - weekly | The Supplier shall on receipt of a de-registration notification, transfer cytology data for women moving out of an area, obtain confirmation that women moving to another area have been included in the new area's recall programme (who are not matched and have an abnormal result) and fulfil out of area requests for full history prints from NHAIS and send through (secure) post/email. |
| 3.2.5 | Failsafe into the area - weekly | <p>The Supplier shall produce a CIN report on NHAIS that shows which cytology records have been received in automatically through re-registration and which have failed to reconcile on NHAIS, manually input any records that have not been received through automatic income (CIN print) via NHAIS and give confirmation of receipt of a cervical screening record from another area and that the woman has been added to a screening programme for the relevant area (who are not matched and have an abnormal result).</p> <p>If the patient is not yet registered for the area on NHAIS, the Supplier shall "hold" the cytology record for twenty one (21) days then create a "dummy" registration for that patient and manually reconcile dummy registrations which have not automatically married together with full registration in NHAIS where an NHS number is found that matches.</p> <p>The Supplier shall send reminders to the sending area for any outstanding screening histories being waited for, notify the GP via Open Exeter of any newly registered women on early recall/medical follow up, run monthly "integrity" checks on NHAIS for live records (including any routine reconciliation and investigation required for re-registered patients to ensure all anomalies are resolved), run quarterly ad-hoc integrity checks on NHAIS for deducted patients and for some bases - accept cytology failsafe colposcopy correspondence received and update records on NHAIS.</p> |

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| 3.2.6 | Regular additional functions required | <p>The Supplier shall:</p> <ul style="list-style-type: none"> a. promote the use of Open Exeter to produce the HMR101 form (used by a sample taker and then by the lab to notify the Supplier of the test result) where appropriate; b. produce regular and ad hoc public health reports/statistics and information on request to public health and commissioning teams; c. participate in other NHS England audits in addition to the standard quality assurance audits by QART and HSCIC audits/including the invasive cancer audit for Cancer Research UK; d. respond to queries on the call/recall element of the screening programme for GPs and the general public; e. participate in the sample takers training programme; f. maintain a set of standard operating procedures for the call/recall programme; g. maintain a National Information Governance Board register for staff involved in call/recall Services; h. produce yearly a KC53 return for HSCIC (sometimes required quarterly); i. allocate leads to represent cervical screening call and recall function at screening related boards, working groups and user groups; and j. rectify errors flagged on data transmission through GP Links error screens. |
| 3.3 | Breast cancer screening administrative support to call and recall and failsafe functions | |

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| 3.3.1 | Breast screening call letters - per batch as specified by BSOs | <p>The Supplier shall identify all women eligible for breast screening on NHAIS using demographic details and provide this list to the BSO, accept batch specification by the BSO and run a query on NHAIS to determine the number of eligible women for screening (which match the defined batch specification provided), supply a list of patients to BSOs (as an electronic file for the BSOs to use in call / recall).</p> <p>The Supplier shall update NHAIS to record attendance at screening and the end code on the patient record, record non-attendance and provide a list of end codes not received from that batch back to the BSO, accept documentary evidence from the BSO and record on NHAIS any women who have opted out of screening (as the opt out notification is received), update patient records on NHAIS on notification of ineligibility for screening, provide the BSO with a monthly report of women who have not already been invited for screening but are near the next test due date and add an FP69 flag to any screening letters returned undelivered as notified by the BSO.</p> <p>The Supplier shall produce a monthly report of "open" episodes and send to the BSO, undertake actions from receipt of the "open" episodes report on NHAIS, produce reports of "uninvited" and early recall patients and send these to the BSO, undertake actions resulting from receipt of uninvited and early recall reports, produce a report of women not routinely screened and send to the BSO, undertake actions resulting from receipt of non-routinely screened reports and update and maintain the parameter screens as appropriate.</p> |
| 3.3.2 | Breast screening failsafe out of area | <p>The Supplier shall on receipt of a de-registration notification, transfer breast screening data for women moving out of area, obtain confirmation that women moving to another area have been included in the new area's recall programme and fulfil out of area requests for full history prints from NHAIS and send these through (secure) post/email.</p> |

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| 3.3.3 | Breast screening failsafe into the area | <p>The Supplier shall input manually any records not received through automatic income via NHAIS, give confirmation of the receipt of a breast screening record from another area and that the woman has been added to screening programme for the new area and run a query on NHAIS to determine the number of eligible women for screening which match a defined "failsafe" specification provided by the BSO and supply this number to the BSO.</p> <p>The Supplier shall establish parameters on NHAIS from the "failsafe" specification to enable the BSO to construct a list of eligible women who may have been missed off the main batch and provide these parameters to the BSO (so that they can be able to construct a failsafe list to call for screening from NHAIS), for some bases - run the parameters on NHAIS and provide the list of "failsafe" patients as well (if requested) and run monthly "integrity" checks on NHAIS (including any routine reconciliation and investigation required for re-registered patients to ensure all anomalies are resolved).</p> |
| 3.3.4 | Administrative functions - as required | <p>The Supplier shall add new "senders" to NHAIS i.e. new practices, clinics or hospitals which may undertake the screening test, produce yearly KC63 returns for the BSO (may be required quarterly), participate and comply with any quality assurance audits from the Public Health England QARC, participate and comply with any HSCIC audits, assist Public Health England in the development of local Health Equity Audits and Health Needs Assessments and provide data for these as required and undertake ceasing audits within specified timescales to agreed protocols (run annually).</p> <p>The Supplier shall allocate leads to represent the breast screening call and recall function at screening related boards working groups and user groups, rectify errors flagged on data transmission error screens through GP Links or on NHAIS, notify the BSO daily of patient registration changes e.g. re-registrations, changes to name, address of existing patients and de-registrations from the list, maintain a National Information Governance Board register for staff involved in call/recall Services, maintain a set of standard operating procedures for the call/recall programme and attend appropriate local and national training in relation to updates in the breast screening programme.</p> |

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| 4 | Probity Administration Services | Requirements in relation to probity and assurance Services for ophthalmic contractors and patient eligibility. |
| 4.1 | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |

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| Ref | Service | Description |
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| 4.1.2 | | |
| 5 | Performers List Administration Services | Requirements in relation to the administration of the Performers List (eligibility of practitioners to provide Services e.g. qualifications and visa checks). |
| 5.1 | Processing of Performers List applications | |
| 5.1.1 | Performers List applications - six week turnaround from receipt of application to notification of decision | <p>The Supplier shall be required to deal with any initial queries from both potential Performers and prepare the information with which the Area Team can then decide whether to admit the potential Performers to the Performers List.</p> <p>The Supplier shall provide information to the applicant at the initial point of query about the process of entry onto the Performers List, accept the list of newly qualified professionals, accept and confirm receipt of the electronic application with the applicant, create a checklist and collate the application dossier through compliance with the Standard Operating Procedure requirements for each profession.</p> <p>In relation to the external checks required for admission to the Performers List, the Supplier shall:</p> <ul style="list-style-type: none"> • Request references from two external individuals; • Verify the applicant's professional registration with the relevant professional body; • Check counter fraud history with NHS Protect; • Check any legal history with the NHS Litigation Authority; and |

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| | | <ul style="list-style-type: none"> For GPs and dentists - check with the National Clinical Assessment Service on investigation status. <p>The Supplier shall meet with the applicant to verify their identify and ensure that the applicant has an up to date disclosure and barring record, submit the applicant's dossier (with all other associated required documents provided by the applicant e.g. indemnity, occupational health clearance, as per the Standard Operating Procedure) to the Area Team Responsible Officer, receive notification in writing of the decision from the Area Team Responsible Officer and notify the outcome to the applicant.</p> <p>The Supplier shall circulate the outcome to the provider responsible for contractor payments and contractor consumables (for supply of prescription stationery - where applicable), the Area Team primary care and revalidation team and any other locally relevant parties (this will vary from area to area depending on local distribution lists).</p> <p>The Supplier shall add the Performer status to the relevant Performers List, NHAIS, Primary Care Information System and any other relevant database with Performer details (including any flags/conditions of entry received from the Area Team), request a prescriber number via a 'D17' form, depending on the status of the Performer - notify the applicant of the prescriber number for ordering of prescription stationery and add the number to NHAIS, notify the BSA of the Performer referral code for the prescribing budget and in the event of an applicant appeal - submit any information on applicant's applications to the NHS Litigation Authority.</p> |
| 5.2 | Administration of the Performers List | |

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| Ref | Service | Description |
|-------|---|---|
| 5.2.1 | Maintenance of the Performers List | The Supplier shall be responsible, in relation to the maintenance of the Performers List, for carrying out amendments, insertions, deletions, suspensions and communication with other organisations, updating the related databases / information systems, undertaking annual Performers List reviews of entries assigned to Area Team Responsible Officers, processing change of area notifications and transfer of associated information and the transfer of records between Area Teams. |
| 5.2.2 | For Performers leaving the list entirely - three months | The Supplier shall write to the Performer to ascertain future intentions after leaving, write to the Area Team Responsible Officer to authorise removal, provide notification of the Performers List exit to the Performer and relevant parties and update NHAIS and any other information systems as needed when authorised. |
| 5.2.3 | For Performers moving between practices within the Area Team (including mergers and closures) - two weeks | The Supplier shall action change forms for change of practice within the Area Team, notify the Performer, update the Performers List and NHAIS / Open Exeter or relevant databases with change of details when the change form is received and notify the BSA of the Performer referral code for prescribing the budget. |
| 5.2.4 | For Performers moving to a practice in a different area (receiving area) - two weeks | The Supplier shall acknowledge receipt of a completed change form note, open a transfer checklist, write to the Performer's current Area Team Responsible Officer and ask them to complete a declaration form, send the relevant original material held relating to the applicant, on receipt of a declaration of information requested, if there is nothing adverse add the Performer to all relevant systems and databases, notify the Performer, notify the sending Area Team Responsible Officer of the date that the change is effective and notify the BSA of the Performer referral code for prescribing the budget. |
| 5.2.5 | For Performers moving to a practice in a different area (sending area) - two weeks | The Supplier shall open a transfer checklist, enter the date that the Performer joined the Performers List on a declaration form, send the declaration to the current Area Team Responsible Officer for sign off and forward on and send requested documents in relation to the Performer to the receiving Area Team. |
| 5.2.6 | Performer changing form salaried to partner (GP only) as received | The Supplier shall acknowledge receipt of a completed change form, request via a D17 form a prescriber number, update the Performers List and relevant electronic system/database with the change of details and notify the Performer. |

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| 5.2.7 | For Performers not attached to a practice - annually | The Supplier shall be responsible for yearly reviews of the Performers List for practitioners not attached to a practice (locum) and remove practitioners not attached to a practice who have not practiced in twenty two (22) months from the Performers List. |
| 5.2.8 | Performers removed or suspended due to conduct issues - daily | The Supplier shall accept the Area Team notification for a condition to be added - as specified in regulation 18 of NHS Performers Lists (England) Regulations 2013, notify the Performer of regulation 18 restrictions, write to the Area Team Responsible Officer twenty eight (28) days later to check if an appeal has been sought, if no appeal has been sought - update all relevant systems and databases of removals and if an appeal is sought - no further action is required until the Supplier is contacted by the Area Team Responsible Officer. |
| 6 | Market Entry Administration Services | Requirements in relation to the administration of Market Entry for pharmaceutical Services (including maintenance of pharmaceutical lists). |
| 6.1 | Market Entry applications administration | |

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| Ref | Service | Description |
|-------|--|---|
| 6.1.1 | Applications received under the policy | <p>The Supplier shall be responsible for scrutinising all of the different applications that can be made for completeness and accuracy and collecting payment for the application (to be returned to NHS England). The Supplier shall therefore accept completed applications and the relevant fee (BACS) and confirm the receipt of applications to each applicant, add to the applications log, determine the type of application and the relevant national procedure guideline, check the fee is correct, receipt the income from the fee on ISFE and send a copy of the receipt to the applicant.</p> <p>For new applicants i.e. those who have applied for the first time, the Supplier shall complete an additional check 'fitness to practise' concurrently with the application as detailed in 6.1.3.</p> <p>The Supplier shall prepare the application for submission to the Pharmaceutical Services Regulations Committee by undertaking the process outlined within the relevant procedure guideline, which will involve making enquiries and investigation to ensure the application is complete and communicating progress of the application using any standard templates contained within the guideline.</p> <p>On notification from the Pharmaceutical Services Regulations Committee that the application is successful the Supplier shall transfer the fee to the Area Team and add the applicant to the pharmaceutical list for the relevant Health and Wellbeing Board and notify any relevant parties.</p> |
| 6.1.2 | Notifications received on pharmacists | <p>The Supplier shall accept and acknowledge the notification received from the local Area Team as directed e.g. suspended, removed pharmacists, action notifications as per the requirements e.g. flag/remove from NHAIS, update/remove from PCIS and provide information on the applicants application for appeals to the NHS Litigation Authority's Family Health Services Appeal Unit or for some fitness issues the 'First-Tier Tribunal' as requested. For appeals, the Supplier shall support NHS England and its officers (through the organisations, administration and attendance at hearings) in the event of oral hearings or appeals from a pharmacist.</p> |

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| Ref | Service | Description |
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| 6.1.3 | Fitness to Practice - new admissions to the list | <p>The Supplier shall be responsible for scrutinising and undertaking any pre-entry checks with third parties.</p> <p>The Supplier shall accept fitness to practise applications from applicants and acknowledge receipt of such applications, determine the type of applicant e.g. sole trader, body corporate and the relevant national procedure guideline to be used, request any outstanding documentation, information or undertakings from the applicant if missing from the original application, if an English language test is required pass to the relevant Medical Directorate at the Area Team and hold the application until further notice of action received and write to referees given by the applicant to request references.</p> <p>The Supplier shall also undertake checks with external bodies within the process including :</p> <ul style="list-style-type: none"> • General pharmaceutical committee (online check); • NHS Protect (send relevant annexe per procedure guideline); • NHS Litigation Authority (as per procedure guideline); and • Companies House (validation of date of incorporation) if required. <p>Once complete, the Supplier shall pass the application to PSRC for a decision and on notification of the decision by PSRC notify the applicant of the decision. The Supplier shall also update the pharmaceutical contractor details on all relevant Supplier held databases for successful applicants in order for further activities e.g. payments to be made.</p> |
| 7 | Site Clearance and Vacant Possession Services | |
| 7.1 | Site Clearance and Vacant Possession Services | |
| 7.1.1 | Site Clearance and Vacant Possession Services | <p>The Supplier shall as an Additional Service, in accordance with paragraph 8 of Schedule 4.1, provide an Impact Assessment for performing such services as may be required by the Customer in order for the Customer to achieve site clearance and provide vacant possession of properties vacated under the</p> |

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| Ref | Service | Description |
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| | | Transformation Plan. |

4.2 Defence Medical Services

| Ref | Service | Description |
|----------|---|---|
| 1 | Maintaining patient population database | |
| 1.1 | Ongoing management of the patient recording Service, adding patients to the database on DMS registration, updating registration details for existing patients and updating records for removed patients | <p>The Supplier shall establish electronic links with any new DMS media units, monitor links and transactions from DMS medical units and liaise with the medical unit to resolve any anomalies identified, process notification of newly registered patients from DMS medical units and utilise the NHAIS interface with the PDS to trace NHS numbers and to allocate a new NHS number if there is no existing NHS number.</p> <p>The Supplier shall process notification batches from HSCIC confirming the registrations processed, process notifications from the DMS medical unit of changes to patient details, process cases of gender reassignment or adoption notified by HSCIC/DMS medical unit, remove patients from the DMS medical unit with immediate effect upon receipt of notifications from DMS medical units that persons are no longer under the care of DMS and remove registrations of Service dependents within DMS medical units following notifications from the Central Health Reporting Information System that the persons have registered with an NHS/GP Practice.</p> <p>The Supplier shall also receive notifications from the Central Health Reporting Information System of Service personnel who have registered with an NHS/GP Practice and if the Service personnel are still recorded as being registered with a DMS medical unit check with that medical unit to confirm whether persons have been discharged from the forces or are still under the care of DMS. Where the person's medical unit confirms that the person has been discharged from the forces, the Supplier shall remove the person from the DMS medical unit in line with the Central Health Reporting Information System notification. Where a DMS medical unit confirms the person is still under the care of the DMS, the Supplier shall reject the Central Health Reporting Information System notification of removal.</p> <p>The Supplier shall on notification of a closure of a medical unit,</p> |

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| Ref | Service | Description |
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| | | bulk transfer the patient registrations to the DMS medical unit which has taken over responsibility for the registered patients, investigate and resolve cases of potential duplicate registrations between a DMS and NHS GP Practice, undertake list reconciliation between DMS medical unit data and the data held on the NHAIS system, respond to subject access requests to provide details of information held referring to the Ministry of Defence for authorisation as appropriate, respond to requests for disclosure of information referring to Ministry of Defence for authorisation to release and run the standard NHAIS routine to close registration quarter. |
| 1.2 | NHS medical records for serving members of the armed forces | The Supplier shall hold in secure storage, the NHS medical records for serving members of the armed forces and therefore such records will not be forwarded to the DMS medical unit. |
| 1.3 | NHS medical records for forces personnel registered in Scotland | Previous NHS medical records for forces personnel registered in Scotland prior to them joining the forces are not held in the central storage and instead have been retained by the Scottish Health Board in whose area the person lived previously. The Supplier shall therefore run reports on the DMS population database to identify if any of those persons have since left the DMS and if so request the medical records from the Scottish Health Board. |
| 2 | Medical records Service | |
| 2.1 | Delivery of a medical records Service to cover all processes involved with the handling of medical records | <p>The Supplier shall:</p> <ol style="list-style-type: none"> a. Receive and process medical records received from DMS medical units and NHS GP Practices for persons registering with a new DMS medical unit; b. Arrange secure storage for any medical records received and processed for Service personnel; c. Despatch medical records received for Service dependents to the DMS medical unit that they have registered; d. Ensure any medical records sent to DMS medical units are double wrapped and sent via Royal Mail special delivery post; e. Receive medical records for Service dependents who have been removed from DMS and registered with the NHS and forward the medical records to the new NHS GP Practice; f. Retrieve medical records from storage for any Service personnel who have been discharged from the forces and have registered with an NHS GP Practice; g. Ensure that for any medical records for ex Service |

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Schedule 2.1 (Service Description)

| Ref | Service | Description |
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| | | <p>personnel being sent to NHS GP Practice either a summary of DMS records provided by the Ministry of Defence is attached or, if not provided, a standard letter advising the NHS GP how a copy of the DMS record can be obtained and reminding them of priority treatment for veterans is attached to the medical record;</p> |
| | | <ul style="list-style-type: none"> h. Provide medical records for any Service dependents registering with a DMS medical unit who have not previously been registered with the NHS; i. Process requests from DMS practices to trace clinical notes/parts of medical records which may be missing from medical records of patients registered with them; j. Send reminders of any medical records outstanding from either the DMS or NHS GP Practices; k. Process requests to expedite the transfer of any medical records which have been notified as clinically urgent; l. Receive details of NHS treatment provided for Service personnel who have obtained treatment as a temporary patient or who have attended an NHS hospital and forward the notes to the registered DMS medical unit; and <p>Process requests for access to/sight of medical records seeking authorisation for release of records from a designated clinician.</p> |
| 3 | Cervical screening call / recall | |

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| Ref | Service | Description |
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| 3.1 | Provision of call / re-call for a cervical screening Service for all women registered with DMS (including in devolved administrations & overseas DMS units but excluding women registered at DMS units in Scotland) | <p>The Supplier shall ensure that women are included in the screening programme from age twenty four (24) years six (6) months or within two (2) months of registration if no previous screening records are received from any previous NHS registration, check appropriateness of the invitation with DMS medical units by making a prior notification list available via Open Exeter, action replies from DMS medical units received via Open Exeter and send individually enveloped invitation/reminder letters to DMS medical units for all women where medical units have indicated that they should be invited or if there is no response to the prior notification list.</p> <p>The Supplier shall process test results received either electronically or on paper from laboratories, record test results received and send individually enveloped result letters for women to their registered DMS medical unit, refer any test results reported by NHAIS as 'invalid return to routine recall' to the reporting laboratory and notify sample taker/DMS medical unit of any tests where it has not been possible to produce a result letter as the woman has moved since having had the test.</p> <p>The Supplier shall make information available to DMS medical units via Open Exeter of women who have failed to respond to an invitation or reminder to attend a test and action any replies received, ensure copies of screening records are transferred to the relevant NHAIS NHS primary care system when a woman leaves the DMS and registers with an NHS GP Practice, make information available to DMS medical units of any newly registered women who are on early recall/medical follow up following a previous abnormal test and action any replies received and action requests from clinicians to cease women from the screening programme ensuring conformance to NHS guidelines but noting that recall should not be ceased due to informed choice for any armed forces personnel.</p> <p>The Supplier shall provide KC53 and other reports to the Ministry of Defence and NHS England that show, for example, coverage rates for screening and participate in any audits undertaken by HSCIC, the Ministry of Defence or by Cervical Screening Quality Assurance.</p> |
| 3.2 | Referrals to colposcopy | The Supplier shall work closely with all Area Teams to provide local arrangements for managing any cases where referral to colposcopy is recommended. |
| 3.3 | Not used | |

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| 3.4 | Overseas units | All DMS units located in England will be registered to use Open Exeter for the exchange of information regarding cervical screening. This may not be possible for some overseas units and in which case the Supplier shall adopt modified working practices which may be paper-based. |
| 4 | Management of Open Exeter | |
| 4.1 | Requests for access to Open Exeter | The Supplier shall undertake the role of Access Control Manager (who are responsible for setting up any user access requests received from DMS units) on behalf of the Ministry of Defence setting up user access for Defence Medical Service medical unit staff and nominate a minimum of three staff members to act as Access Control Managers for the Open Exeter system, grant access to Open Exeter in line with agreed access control protocol determined by the Ministry of Defence, refer any requests for access (which are not covered by access control protocol) to the nominated Ministry of Defence personnel for authorisation and reset passwords when requested by the primary contact for registered organisations. |
| 5 | Registration Authority Service | |
| 5.1 | Bureau Service for printing of smart cards | The Supplier shall be responsible for providing a bureau Service to print smart cards and to provide a level of assurance that DMS are working within the agreed Registration Authority practices. The Supplier shall check the User Identity Manager details to ensure accuracy of the smart card request and confirm that it meets the agreed standards and shall print and despatch the smart card to the Registration Authority manager. |

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4.3 Legislative Requirements

The Supplier shall (subject to the principles relating to Changes in Law set out in Clauses 19.2 and 19.3 of the Call-Off Terms) adhere to, in delivering the Services set out in this Schedule 2.1 (Service Description), the following legislation, policies, guidance and documents, including any modifications, amendments, extensions, consolidations or re-enactments of such legislation, policies, guidance and documents in accordance with Clause 1.2.4 of the Call-Off Terms:

- General Medical Services Statement of Financial Entitlements Directions 2013;
- National Health Service (General Medical Services Contracts) Regulations 2004 (S.I. 2004/291);
- National Health Service (Personal Medical Services Agreements) Regulations 2004 (S.I. 2004/627);
- Pensions Act 2014 and NHS Pension Scheme;
- National Health Service (General Medical Services – Premises Costs) Directions 2013;
- Directions regarding Health Education England and NHS Litigation Authority regarding GP Registrars;
- National Health Service (Property Expenses Scheme) Regulations 1999/874 as amended;
- Primary Medical Services (Directed Enhanced Services) Directions 2014;
- Primary Medical Services (Direct Enhanced Services) Directions 2013;
- Alternative Provider Medical Services Directions 2013 as amended;
- Personal Medical Services Agreements (Payments for Specific Purposes) Directions 2013;
- Confidentiality and Disclosure of Information (GMS, PMS, and APMS) Directions 2013;
- The Primary Medical Services (Patient Choice Extension Scheme) Directions 2013;
- National Health Service (Remuneration and Conditions of Service) Regulations 1991 as amended;
- Payments to Medical Practitioners suspended from the MPL Determination 2013;
- National Health Service (Performers Lists) Directions 2010;
- National Health Service Act 2006;
- Decision Making in General Ophthalmic Services (NHS England, 2014);
- National Health Service (Optical Charges and Payments) Regulations 2013 (S.I. 2013/461);
- Primary Ophthalmic Services Regulations 2008 (S.I. 2008/1186);
- General Ophthalmic Services Contracts Regulations 2008;
- General Ophthalmic Services Contracts (Payments) Directions 2013;
- General Ophthalmic Services Contracts (Continuing Education and Training Allowance) Payment Directions 2013;
- National Health Service (Charges for Optical Appliances) Directions 2013;
- General Ophthalmic Services Applications Policy;
- General Ophthalmic Services Assurance Policy;
- General Ophthalmic Services Contract Sanctions: breach, remedial and termination notices;
- Opticians Act 1989;
- Pharmaceutical Services (Fees for Applications) Directions 2013;

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- Local Pharmaceutical Services (Essential Small Pharmacies) Directions 2013;
- The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (S.I. 2013/349);
- The National Health Service (Pharmaceutical Services) Regulations 2012;
- The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013;
- The Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions 2013;
- PSNC consolidation of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013;
- The Payments to Suspended NHS Chemists (England) Determination 2013;
- Pharmaceutical and Local Pharmaceutical Services (Prescriptions, Payments and Listings) Directions 2013;
- Data Protection Policy (NHS England, June 2014);
- Information Governance Policy (NHS England, June 2014);
- Information Sharing - Personal Information (NHS England, August 2014);
- Tackling List Inflation for Primary Medical Services (NHS England, June 2013); (NB: This will be consolidated into the Managing Patient Lists policy from April 2015);
- The National Health Service Commissioning Board (Primary Medical Services) (Assignment of Patients) Directions 2013;
- Data Protection Act 1998;
- Managing Patient Assignments (NHS England, June 2014);
- Managing Closed Lists (NHS England, July 2014); (NB: This will be consolidated into the Managing Patient Lists policy from April 2015).
- Confidentiality Policy (NHS England, June 2014);
- HSCIC key indicators, best practice and data quality guidance;
- Royal Mail Postcode address formatting guidelines;
- Access to Health Records Act 1990;
- Access to Medical Reports Act 1988;
- Health Records (Control of Access) Regulations 1993;
- Records Management NHS Code of Practice (Department of Health, 2009);
- Corporate Records Retention and Disposal Schedule and Guidance (NHS England, 2014);
- The Good Practice Guidelines for GP electronic patient records (RCGP, British Medical Association & Department of Health, 2011);
- Guidance for Access to Health Records Requests (Department of Health, February 2010);
- 'Questions and Answers about Accessing Health Records' (Department of Health);
- Subject Access Requests Procedure (NHS England, March 2014);
- Detection of Fraud Regulations;
- Branch Closure for Primary Medical Services (NHS England, July 2014); (NB: This will be

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consolidated into the Contract Variations policy from April 2015);

- Death of a Contractor in Primary Medical Services (NHS England, June 2013);
- Tackling List Inflation (Primary Care Commissioning, February 2012); (NB: This will be consolidated into the Managing Patient Lists policy from April 2015).
- Primary Care Quality & Productivity Challenge: Good Housekeeping Guide (Primary Care Commissioning, April 2010);
- Security of Prescriptions Guidance (NHS Protect, 2013);
- National Health Service Protect Standards (3.6);
- Public health functions (Managing Incidents in National NHS Screening Programmes, Interim Guidance (National Screening Committee 2013) to be exercised by NHS England Service Specification No.25 Cervical Screening (NHS England, 2013);
- Screening Programme Specification for Call/Recall Service Provision (NHS England, 2010);
- Public health functions to be exercised by NHS England Service Specification No.24 Breast Screening Programme;
- Managing Incidents in National NHS Screening Programmes, Interim Guidance (National Screening Committee, 2013);
- National Health Service (Performers Lists) (England) Regulations 2013 (S.I. 2013/335);
- National Health Service (Performers Lists) Amendment and Transitional Provisions) Regulations 2008;
- Primary Care Commissioning Post Payment Verification Protocol (PCC, 2009);
- NHS (General Ophthalmic Services) Regulations 1986 (as amended);
- NHS (Optical Charges and Payments) Regulations 1997 (as amended);
- NHS (Travel Expenses and Remission of Charges) Regulations 2003 (as amended);
- NHS (Optical charges and Payments) Regulations 2013 (as amended);
- Procedure for the assurance of General Ophthalmic Services contracts: Standard operating policies and procedures for primary care (NHS England, 2013);
- Procedure for contract sanctions: breach, remedial and termination notices of General Ophthalmic Services Contracts (NHS England, 2014);
- Primary Ophthalmic Services Transitional Provisions Regulations 2008/1209;
- Framework for Managing Performer Concerns (NHS England, 2014);
- Standard Operating Procedures for Performers Lists (NHS England, 2014);
- The Medical Profession (Responsible Officer) Regulations 2010;
- Policy for determining applications received for new or additional premises under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013;
- Procedures for Market Entry applications (NHS England, 2015);
- NHS Pharmaceutical Services: assessing applications (Department of Health guidance, 2013); and
- National Health Service Litigation Authority (Functions Relating to Pharmaceutical and Local

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-Pharmaceutical Services) (England) Directions 2013.