

# Primary Care Support Services Call-Off Terms

## Schedule 3.1

**Supplier Solution**

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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. Solution**

- 2.1 The Supplier shall provide, in accordance with Paragraph 2.2, the Transformed Services as detailed in the 'Description' column in accordance with the Supplier Solution as detailed in the 'Supplier Solution' column and by implementing the Transformed Services IT Solution as detailed in Table 4 (Transformed Services IT Solution) and Appendix 2 (High Level Functional Design Diagrams).
- 2.2 The Transformed Services shall be implemented and delivered in accordance with the timescales and other matters set out in the Transformation Plan.
- 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 Schedule 2.1 (Service Description) shall take precedence over this Schedule 3.1 (Supplier Solution). The Parties acknowledge that the precedence of Schedule 2.1 (Service Description) and this 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 occurrence of the Transformation Completion Milestone, this Schedule 3.1 (Supplier Solution) shall take precedence over Schedule 2.1 (Service Description).
- 2.4 The Supplier shall operate all the Transformed Services as set out in this Schedule 3.1 (Supplier Solution) in accordance with the following principles:
- 2.4.1 "Taking the Pressure off Primary Care": the Supplier shall, when designing or making changes to the Services, operate in a manner which:
- (a) aims to reduce the burden for Service Users of interacting with the Supplier's Service or operating the Supplier's System and processes;

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(b) improves efficiency; and

(c) as a minimum, does not increase the administrative burden on Service Users.

2.4.2 “Effective and easy to use”: the Supplier shall design the Supplier System and Services that are designed to match Service Users’ needs and expectations, as described in this Schedule 3.1 (Supplier Solution) and implemented using User Centred Design, as described in the Transformation Plan.

2.4.3 “Reliable and secure”: the Supplier shall adhere to the Service Levels as set out in Schedule 2.2 (Service Levels) Annex 1 in order to provide consistent and reliable Services.

2.4.4 “Quietly efficient”: the Services the Supplier shall design will be automated where possible and delivered via online channels where feasible.

2.4.5 “Supportive and personable”: the Supplier shall provide assistance to Service Users who require it via a Service Desk with a named contact to users to manage problems to conclusion.

2.5 The contents of this Schedule 3.1 (Supplier Solution) shall be updated:

2.5.1 with an appropriate description of the Supplier Solution components that shall be developed during Transformation;

2.5.2 by agreement of the Customer and in line with changes made to the Supplier’s solution design documentation; and

2.5.3 in any event within five (5) Working Days of the relevant Milestone described as SAC2 as set out in the Transformation Plan.

2.6 Notwithstanding Paragraph 2.5 above and in any event, the contents of this Schedule 3.1 (Supplier Solution) shall be updated and completed no later than five (5) Working Days following the date of the final SAC2 Milestone as set out in the Transformation Plan.

2.7 Wherever stakeholder involvement is required to determine the appropriateness of the Supplier Solution (indicated within the table below by sections including EITHER and OR), the Customer shall facilitate the engagement of stakeholders and the Supplier shall agree with the stakeholders which of the Supplier Solution options is most appropriate. The aim of such engagement is to improve the way services operate for Service Users and to determine wherever possible a standardised way of working that reflects the needs of all participants in the service, in particular to aid reconciliation of payments to the relevant claims or Services.

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- 2.8 Where a particular stakeholder or group of stakeholders in the Service Management Board rejects the Supplier Solution options in accordance with Paragraph 2.7, a fall-back position shall be implemented that may not deliver the same level of improvement to Service Users.
- 2.9 The Customer shall take reasonable steps to support the Supplier in its attempts to standardise working practices and policies nationally and will take reasonable steps to promote agreed standard practices where appropriate and relevant.
- 2.10 The Parties acknowledge that the Supplier Solution contained in this Schedule 3.1 (Supplier Solution) is based on a delivery model under which all Services shall be provided from within the United Kingdom.
- 2.11 Whilst demand exists and the Parties agree that it is operationally sustainable, the Supplier shall maintain the use of paper forms.
- 2.12 The supporting IT Solution, delivered in accordance with the Transformation Plan, for the Transformed Services (Tables 1 and 2) is described in Table 4 (Transformed Services IT Solution) and Appendix 2 (High Level Functional Design Diagrams). Cross-references between the Supplier Solution for the Transformed Services and the Transformed Services IT Solution are provided in the “Cross-reference to Transformed Services IT Solution” columns of Tables 1 and 2. The level 2 rows (shaded in light blue and numbered 1.1, 1.2, 1.3 etc.) cross-refer to the relevant section(s) in Table 4 and the level 3 rows (unshaded and numbered 1.1.1, 1.1.2, 1.1.3 etc.) refer to the specific elements of Appendix 2.

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
1	Payments, Registrations & 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)			The high level Transformed Services IT Solution is described in Table 4, Section 1.1 and the functional design is described in Appendix 2.1
1.1.1	Basic contracted Services	The Supplier shall generate payment files in relation to GP payment (basic contracted Services and extra income).	<p>The Supplier shall create payment files, according to the agreed schedule of payments, containing the relevant payment amounts for each GP Practice based upon the data known to the Supplier at the relevant cut-off time within the pay period.</p> <p>Once the Supplier has, in accordance with the Transformation Plan, created a new system that replaces the NHAIS GP payment functions, the files shall be automatically generated once authorised on that system and sent to ISFE for payment.</p> <p>The Supplier shall produce a statement (the GP Payment Statement), which shall be made available via Open Exeter (subsequently via the GP Practice Portal – see the IT Solution below as per the cross-references in the ‘Cross-reference to Transformed Services IT Solution’ column), that will show which payments have been included within the overall monthly payment for each practice. Sufficient data shall be included within the GP Practice Portal, subject to the availability of such data to the Supplier, to enable GP Practices to determine which payments are being made in the payment period and which claims may remain outstanding, supported by such information as may be reasonable and appropriate to support payment reconciliation by GP Practices.</p>	GP Practice Portal (Appendix 2.1, Section 1) GP payment system (Appendix 2.1, Section 5) Payment system interface (Appendix 2.1, Section 7) ISFE interface (Appendix 2.1, Section 6.1)

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<b>TABLE 1: Primary Care Support Services</b>				
<b>Ref</b>	<b>Service</b>	<b>Description</b>	<b>Supplier Solution</b>	<b>Cross-reference to Transformed Services IT Solution</b>
1.1.2	GP on a GMS contract - monthly	The Supplier shall generate a payment file in relation to GP payment (GP on a GMS contract) and upload a payment file to ISFE for a payment to be made.	Once the Supplier has, in accordance with the Transformation Plan, created a new system that replaces the NHAIS GP payment functions, the Supplier shall receive patient data extracts for each GP Practice from the Customer's provider (HSCIC). These extracts shall provide sufficient information at an appropriate level of granularity to calculate GMS global sum/baseline payments. The Supplier shall include the relevant patient attributes in its implementation of the Carr-Hill formula (age, gender etc.). The Supplier shall include the output from this calculation, and any additional adjustments in line with Area Team instructions, within the GP Payment File and the GP Payment Statement.	Payment system interface (Appendix 2.1, Section 7) GP payment system (Appendix 2.1, Section 5) ISFE interface (Appendix 2.1, Section 6.1)
1.1.3	GP on a PMS or an APMS contract - monthly	The Supplier shall generate a payment file in relation to GP payment (GP on a PMS or APMS contract) and upload a payment file to ISFE for a payment to be made.	Once the Supplier has, in accordance with the Transformation Plan, created a new system that replaces the NHAIS GP payment functions, the Supplier shall receive patient data extracts for each GP Practice from the Customer's provider (HSCIC). These extracts shall provide sufficient information at an appropriate level of granularity to calculate PMS and APMS baseline payments. The Supplier shall include the relevant patient attributes in its implementation of the Carr-Hill formula (age, gender etc.). The Supplier shall include the output from this calculation, and any additional adjustments in line with Area Team instructions, within the GP Payment File and the GP Payment Statement.	GP payment system (Appendix 2.1, Section 5) ISFE interface (Appendix 2.1, Section 6.1)
1.1.4	Drugs payments - monthly	The Supplier shall generate a payment file in relation to drugs payments (relating to drugs ordered by a GP Practice) and upload a payment file to ISFE for a payment to be made.	The Supplier shall, in accordance with the Transformation Plan, work with stakeholders, to redesign the end to end process for GP Practices to make claims for drugs such that:  1. GP Practices shall make claims for drugs using the GP Practice Portal (see the IT Solution below as per the cross-references in the 'Cross-reference to Transformed Services IT	GP Practice Portal (Appendix 2.1, Section 1.16) GP payment system (Appendix 2.1, Section 5) ISFE interface (Appendix 2.1, Section 6.1)

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
			<p>Solution' column).</p> <ol style="list-style-type: none"> <li>2. The Supplier shall EITHER: <ol style="list-style-type: none"> <li>a. provide access to authorised users to approve payment directly within the GP Practice Portal (preferred solution); OR</li> <li>b. output the order details in an agreed format and email to the appropriate party for authorisation and await authorisation from that party.</li> </ol> </li> <li>3. The authorising third party shall provide approval via the GP Practice Portal OR (if 2b is implemented) provide a file that includes reference numbers from the original orders placed through the GP Practice Portal.</li> <li>4. Exception processes shall be included to permit rejection and partial rejection of claims, ensuring that sufficient data is input by the authorising third party to enable GP Practices to identify which claims or parts of claims are being rejected.</li> <li>5. The Supplier shall include the approved payments within the next GP Payment File.</li> <li>6. The Supplier shall include the details of approved claims within GP Payment Statement and update the relevant orders/claims on the GP Practice Portal to "paid".</li> </ol>	
1.1.5	Childhood immunisations payments - quarterly	The Supplier shall generate a payment file in relation to childhood immunisation payments and upload a payment file to ISFE for a payment to be made.	<p>The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to redesign the end to end process for GP Practices to monitor and manage data in respect of childhood immunisations such that:</p> <ol style="list-style-type: none"> <li>1. The Supplier shall receive cohort data quarterly in advance from the Customer's provider (HSCIC) containing the relevant details of all young patients requiring immunisation during the forthcoming quarter.</li> <li>2. The Supplier shall make available to relevant GP Practice via</li> </ol>	<p>GP Practice Portal (Appendix 2.1, Section 1.4)</p> <p>Payment system interface (Appendix 2.1, Section 7)</p> <p>GP payment system (Appendix 2.1, Section 5)</p> <p>ISFE interface (Appendix 2.1, Section 6.1)</p>

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<b>TABLE 1: Primary Care Support Services</b>				
<b>Ref</b>	<b>Service</b>	<b>Description</b>	<b>Supplier Solution</b>	<b>Cross-reference to Transformed Services IT Solution</b>
			<p>the GP Practice Portal (see the IT Solution below as per the cross-references in the 'Cross-reference to Transformed Services IT Solution' column) the patient details for those children included within the cohort.</p> <ol style="list-style-type: none"> <li>GP Practices shall record on the GP Practice Portal which immunisations have been completed for which patients, including all agreed data in respect of those immunisations.</li> <li>GP Practices shall be able to view current and previous periods' immunisation details via the GP Practice Portal, alongside any previous payments made in respect of those periods and immunisations.</li> <li>At the end of the quarter the Supplier shall calculate the amounts due based upon parameters held within its system and include the payments within the next GP Payment File.</li> <li>The Supplier shall include the details of payments within GP Payment Statement and update the relevant immunisation records on the GP Practice Portal to "paid".</li> </ol>	
1.1.6	Seniority payments - quarterly	The Supplier shall generate a payment file in relation to seniority payments and upload a payment file to ISFE for a payment to be made.	Once the Supplier has, in accordance with the Transformation Plan, created a new system that replaces the NHAIS GP payment functions, the Supplier System shall automatically calculate seniority payments from the data held and include the payments within the next GP Payment File.	GP Practice Portal (Appendix 2.1, Section 1.9) GP payment system (Appendix 2.1, Section 5) ISFE interface (Appendix 2.1, Section 6.1)
1.1.7	Locum costs - monthly	The Supplier shall generate a payment file in relation to locum payments and upload a payment file to ISFE for a payment to be made.	<p>The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to redesign the end to end process for GP Practices to claim locum costs such that:</p> <ol style="list-style-type: none"> <li>GP Practices shall claim locum costs using the GP Practice Portal (see the IT Solution below as per the cross-references in the 'Cross-reference to Transformed Services IT Solution'</li> </ol>	GP Practice Portal (Appendix 2.1, Section 1.7) GP payment system (Appendix 2.1, Section 5) ISFE interface (Appendix 2.1, Section 6.1)



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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
			<p>column).</p> <ol style="list-style-type: none"> <li>2. The Supplier shall EITHER: <ol style="list-style-type: none"> <li>a. provide access to authorised users to approve payment directly within the GP Practice Portal (preferred solution); OR</li> <li>b. output the order details in an agreed format and email to the appropriate party for authorisation and await authorisation from that party.</li> </ol> </li> <li>3. The authorising third party shall provide approval via the GP Practice Portal OR (if 2b is implemented) provide a file that includes reference numbers from the original claims placed through the GP Practice Portal.</li> <li>4. Exception processes shall be included to permit rejection and partial rejection of claims, ensuring that sufficient data is input by the authorising third party to enable GP Practices to identify which claims or parts of claims are being rejected.</li> <li>5. The Supplier shall include the approved payments within the next GP Payment File.</li> <li>6. The Supplier shall include the details of approved claims within GP Payment Statement and update the relevant claims on the GP Practice Portal to "paid".</li> </ol>	
1.1.8	Premises costs for rent - monthly	The Supplier shall generate a payment file in relation to premises costs (rent reimbursement) and upload a payment file to ISFE for a payment to be made.	<p>The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to redesign the end to end process for GP Practices to claim premises costs (where actual payments are being claimed) such that:</p> <ol style="list-style-type: none"> <li>1. GP Practices shall claim rent reimbursements using the GP Practice Portal (see the IT Solution below as per the cross-references in the 'Cross-reference to Transformed Services IT Solution' column).</li> <li>2. The Supplier shall provide access to authorised users to</li> </ol>	<p>GP Practice Portal (Appendix 2.1, Section 1.8)</p> <p>GP payment system (Appendix 2.1, Section 5)</p> <p>ISFE interface (Appendix 2.1, Section 6.1)</p>

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Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
			<p>approve payment directly within the GP Practice Portal (preferred solution).</p> <ol style="list-style-type: none"> <li>The authorising third party shall provide approval via the GP Practice Portal.</li> <li>Exception processes shall be included to permit rejection and partial rejection of claims, ensuring that sufficient data is input by the authorising third party to enable GP Practices to identify which claims or parts of claims are being rejected.</li> <li>The Supplier shall include the approved payments within the next GP Payment File.</li> <li>The Supplier shall include the details of approved claims within GP Payment Statement and update the relevant claims on the GP Practice Portal to "paid".</li> </ol> <p>Where payments are for notional rent or cost rent, the Supplier shall provide a means for the Area Team to set the amount to be paid and shall include the approved amount within the relevant GP Payment File and GP Payment Statement.</p>	
1.1.9	Premises costs for rates - monthly	The Supplier shall generate a payment file in relation to premises costs (rates) and upload a payment file to ISFE for a payment to be made.	<p>The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to redesign the end to end process for GP Practices to claim agreed rates costs such that:</p> <ol style="list-style-type: none"> <li>GP Practices shall claim rates using the GP Practice Portal (see the IT Solution below as per the cross-references in the 'Cross-reference to Transformed Services IT Solution' column).</li> <li>The Supplier shall provide an ability to upload scanned copies of the relevant invoices (or receive paper copies which the Supplier shall scan and upload).</li> <li>Exception processes shall be included to permit authorised third parties (Area Team) to identify practices who will receive</li> </ol>	<p>GP Practice Portal (Appendix 2.1, Section 1.8)</p> <p>GP payment system (Appendix 2.1, Section 5)</p> <p>ISFE interface (Appendix 2.1, Section 6.1)</p>

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Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
			<p>a proportion of rates invoices and what proportion that is.</p> <ol style="list-style-type: none"> <li>The Supplier shall have the ability to reject of claims, ensuring that sufficient data is to enable GP Practices to identify which claims are being rejected, in the event of inaccurate or non-compliant claims.</li> <li>The Supplier shall include the approved payments within the relevant GP Payment File (or Files).</li> <li>The Supplier shall include the details of approved claims within GP Payment Statement and update the relevant claims on the GP Practice Portal to “paid”.</li> </ol>	
1.1.1 0	GP registrar payments - monthly	The Supplier shall generate a payment file in relation to GP registrar payments and upload a payment file to ISFE for a payment to be made.	<p>The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to redesign the end to end process for GP Practices to claim the costs for registrars such that:</p> <ol style="list-style-type: none"> <li>The Supplier shall upload registrar details against the appropriate practices based upon data supplied by the Local Education and Training Boards / Deaneries.</li> <li>The Supplier shall work with these bodies to create an automated accurate means to achieve this in a timely fashion.</li> <li>GP Practices shall claim registrar payments using the GP Practice Portal (see the IT Solution below as per the cross-references in the ‘Cross-reference to Transformed Services IT Solution’ column).</li> <li>The Supplier shall check evidence of previous salaries in order to establish the appropriate salary to be paid.</li> <li>Exception processes shall be included to permit rejection of claims, ensuring that sufficient data is input by the authorising third party to enable GP Practices to identify which claims are being rejected.</li> <li>The Supplier shall include the approved payments within the next GP Payment File.</li> </ol>	<p>GP payment system (Appendix 2.1, Section 5)</p> <p>ISFE interface (Appendix 2.1, Section 6.1)</p>

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			<p>7. The Supplier shall include the details of approved claims within GP Payment Statement and update the relevant claims on the GP Practice Portal to “paid”.</p> <p>The Supplier shall recognise those Local Education and Training Boards / Deaneries (Lead Employers) that pay registrars directly and ensure that there is no duplication of effort and/or payment. In these cases, evidence for salaries need not be checked as salaries are not funded through PCS.</p>	
1.1.1 1	GP training grant payments - monthly	The Supplier shall generate a payment file in relation to GP training grant payments and upload a payment file to ISFE for a payment to be made.	<p>The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to redesign the end to end process for GP Practices to claim training grants such that:</p> <ol style="list-style-type: none"> <li>1. The Supplier shall upload registrar details against the appropriate practices based upon data supplied by the Local Education and Training Boards / Deaneries.</li> <li>2. The Supplier shall work with these bodies to create an automated accurate means to achieve this in a timely fashion.</li> <li>3. GP Practices shall claim training grant payments using the GP Practice Portal (see the IT Solution below as per the cross-references in the ‘Cross-reference to Transformed Services IT Solution’ column).</li> <li>4. The Supplier shall provide access to authorised users to approve payment directly within the GP Practice Portal (preferred solution).</li> <li>5. The authorising third party shall provide approval via the GP Practice Portal.</li> <li>6. Exception processes shall be included to permit rejection of claims, ensuring that sufficient data is input by the authorising third party to enable GP Practices to identify which claims are being rejected.</li> <li>7. The Supplier shall include the approved payments within the</li> </ol>	<p>GP Practice Portal (Appendix 2.1, Section 1.8)</p> <p>GP payment system (Appendix 2.1, Section 5)</p> <p>ISFE interface (Appendix 2.1, Section 6.1)</p>

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Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
			<p>next GP Payment File.</p> <p>8. The Supplier shall include the details of approved claims within GP Payment Statement and update the relevant claims on the GP Practice Portal to “paid”.</p> <p>The Supplier shall recognise those Local Education and Training Boards / Deaneries (Lead Employers) that pay training grants directly and ensure that there is no duplication of effort and/or payment.</p>	
1.1.1 2	Enhanced Service payments via CQRS - monthly	The Supplier shall generate a payment file in relation to enhanced Service payments and upload a payment file to ISFE for a payment to be made.	The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to redesign the end to end process for GP Practices to claim enhanced Service payments such that payments are traceable back to claims made. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5. Once confirmation of payments is received from CQRS, any such payments received prior to the agreed cut-off date shall be included within the GP Payment File.	GP Practice Portal (Appendix 2.1, Section 1.3) Payment system interface (Appendix 2.1, Section 7) GP payment system (Appendix 2.1, Section 5) ISFE interface (Appendix 2.1, Section 6.1)
1.1.1 3	Quality and Outcomes Framework payments (aspiration) - calculates annually, paid monthly	The Supplier shall generate a payment file in relation to Quality and Outcomes Framework (aspirational) payments and upload a payment file to ISFE for a payment to be made.	The Supplier shall receive the aspirational Quality and Outcomes Framework data annually from CQRS in respect of each practice. The Supplier shall include one twelfth of the annual value of the aspirational payment within each monthly GP Payment File for the remainder of that year. If for any given practice there is a delay or error in the new aspirational data, the Supplier shall use the previous month's data and make a retrospective adjustment once the new data is clarified. All such adjustments shall be made clear within the GP Payment Statement.	GP Practice Portal (Appendix 2.1, Section 1.5) Payment system interface (Appendix 2.1, Section 7) GP payment system (Appendix 2.1, Section 5) ISFE interface (Appendix 2.1, Section 6.1)
1.1.1 4	Quality and Outcomes Framework payment	The Supplier shall generate a payment file in relation to Quality and Outcomes Framework (achieved)	The Supplier shall receive the achieved Quality and Outcomes Framework data annually from CQRS in respect of each practice. The Supplier shall automatically calculate the difference between the payments made for the relevant year and the amount due. If an	GP Practice Portal (Appendix 2.1, Section 1.5) Payment systems interface (Appendix 2.1, Section 7)

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Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
	(achieved) - ad hoc	payments and upload a payment file to ISFE for a payment to be made.	adjustment is required, the Supplier shall include that adjustment in the next GP Payment File. All such adjustments shall be made clear within the GP Payment Statement.	GP payment system (Appendix 2.1, Section 5) ISFE interface (Appendix 2.1, Section 6.1)
1.1.1 5	Public Health Immunisation Schedules payments - monthly	The Supplier shall generate a payment file in relation to Public Health Immunisation Schedules payments (achieved) payments and upload a payment file to ISFE for a payment to be made.	<p>The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to redesign the end to end process for GP Practices and Public Health England in respect of immunisation payments such that:</p> <ol style="list-style-type: none"> <li>GP Practices shall claim immunisation costs using the GP Practice Portal (see the IT Solution below as per the cross-references in the 'Cross-reference to Transformed Services IT Solution' column).</li> <li>The Supplier shall EITHER: <ol style="list-style-type: none"> <li>provide access to authorised users in Public Health England to approve payment directly within the GP Practice Portal (preferred solution); OR</li> <li>output the order details in an agreed format and email to the appropriate party in Public Health England for authorisation and await authorisation from that party.</li> </ol> </li> <li>The authorising third party shall provide approval via the GP Practice Portal OR (if 2b is implemented) provide a file that includes reference numbers from the original claims placed through the GP Practice Portal.</li> <li>Exception processes shall be included to permit rejection and partial rejection of claims, ensuring that sufficient data is input by the authorising third party to enable GP Practices to identify which claims or parts of claims are being rejected.</li> <li>The Supplier shall include the approved payments within the next GP Payment File.</li> <li>The Supplier shall include the details of approved claims within GP Payment Statement and update the relevant claims on the</li> </ol>	GP Practice Portal (Appendix 2.1, Section 1.4) GP payment system (Appendix 2.1, Section 5) ISFE interface (Appendix 2.1, Section 6.1)

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			GP Practice Portal to “paid”.	
1.1.1 6	GP retainers - monthly	The Supplier shall generate a payment file in relation to GP retainers payments and upload a payment file to ISFE for a payment to be made.	The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to redesign the end to end process for GP Practices’ retainer payments such that the GP Practice Portal and the GP Payment Statement both clearly show what payments have been made and what is expected to be paid. The Supplier shall ensure that all approved payments are included within the GP Payment File.	GP Practice Portal (Appendix 2.1, Section 1.8) GP payment system (Appendix 2.1, Section 5) ISFE interface (Appendix 2.1, Section 6.1)
1.1.1 7	Changing bank details for payment - as received	The Supplier shall process change of bank details for GPs, including sending them to Area Teams for approval and instructing the relevant party to update details on ISFE.	The Supplier shall receive change of bank forms either directly from GP Practices or via Area Teams and shall check the Supplier’s System to ensure that the number of signatories to the change of bank is the same as the number of partners within the practice. The Supplier shall indicate to the Area Team if the numbers match or not. The Area Team shall be responsible for updating ISFE.  The Supplier shall work closely with stakeholders, including ISFE, with the aim of standardising this process and reducing hand-offs.	Change bank details (Appendix 2.1, Section 6.4)
1.1.1 8	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.	See section 7.1.1 below.	Service Desk (Table 4, Section 7.1, Appendix 2.9)
1.1.1 9	Local Medical Committee levies - depends on	The Supplier shall calculate Local Medical Committee levies for each practice and deduct the payments required from each practice	The Supplier shall automatically calculate levies based upon locally agreed simple formulae, such as percentage split based upon patient counts for GP or by pensionable earnings, including statutory and voluntary levies, and provide a means to link (and view/change as required) individual practices to the relevant local committee to ensure	GP Practice Portal (Appendix 2.1, Section 1.5) Email submission (Appendix 2.1, Section 4) GP payment system (Appendix 2.1,

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
	contract type	from the practice payment.	levies are correctly apportioned.  The resulting amounts shall be included as deductions in the relevant GP Payment File and GP Payment Statement. The Supplier shall remit the appropriate totals to the relevant Local Medical Committees.	Section 5) ISFE interface (Appendix 2.1, Section 6.1)
1.2	Payment Services for primary care contractors (ophthalmic)			The high level Transformed Services IT Solution is described in Table 4, Section 1.2 and the functional design is described in Appendix 2.2
1.2.1	Calculating payments and entitlements	The Supplier shall be responsible for calculating ophthalmic contractor payments and entitlements.	<p>The Supplier shall, in accordance with the Transformation Plan, work with relevant stakeholders to reduce the need for paper GOS forms within the ophthalmic payment supply chain. The Supplier shall:</p> <ol style="list-style-type: none"> <li>1. Create a simple web portal (the Ophthalmic Portal – see the IT Solution below as per the cross-references in the ‘Cross-reference to Transformed Services IT Solution’ column) where ophthalmic contractors can enter data about the GOS claim.</li> <li>2. Provide an interface where third party software providers can export patient data so that it pre-populates the form with any data required for a patient claim that has already been captured within the practice’s own patient management system.</li> <li>3. Embed the rules on eligibility for the various GOS services into the Ophthalmic Portal in order to avoid the need for ongoing changes to third party software in the event of changing eligibility rules.</li> </ol> <p>Additionally the Supplier shall, in accordance with the Transformation Plan:</p> <ol style="list-style-type: none"> <li>4. Provide a means for ophthalmic contractors to submit claims</li> </ol>	<p>Ophthalmic Portal (Appendix 2.2, Section 2) Ophthalmic bulk scanning system (Appendix 2.2, Section 3.2) Ophthalmic payment system (Appendix 2.2, Section 4) ISFE interface (Appendix 2.2, Section 6.1)</p>



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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
			<p>for other entitlements and payments via the Ophthalmic Portal.</p> <p>5. Enable viewing of outstanding claims and provide an electronic statement showing which claims are being settled within which payment.</p> <p>The Supplier shall, in accordance with the Transformation Plan, work with relevant stakeholders to redesign the paper GOS forms to enable them to be scanned and enable automated data capture.</p> <p>The Supplier shall store data captured via the electronic process and the paper process within an optical payments database and will retain any electronic document images for both calculation of payments and subsequent probity analysis.</p> <p>The Supplier shall calculate the sums due to each ophthalmic contractor for each month and create a payment file (the OC Payment File) containing all relevant payments and entitlements, and submit this to ISFE for payment.</p>	
1.2.2	Claim forms	The Supplier shall check all claims forms received from ophthalmic contractors for completeness and accuracy before processing, returning incomplete/incorrect forms and providing statistics on rates of return by form and by contractor.	<p>The Supplier shall check all paper forms prior to processing, based upon an agreed set of business rules for acceptance. Those forms that fail these checks shall be returned to the relevant ophthalmic contractor. The Supplier shall keep a record of returned forms to track against contractors.</p> <p>The Supplier shall design the Ophthalmic Portal to ensure that only those submitted claims that pass the agreed validation criteria are processed via that mechanism.</p>	Ophthalmic bulk scanning system (Appendix 2.2, Section 3.2) Ophthalmic Portal (Appendix 2.2, Section 2.4) Ophthalmic payment system (Appendix 2.2, Section 4.2)
1.2.3	Payment for GOS vouchers, 1,	The Supplier shall accept, check (for completeness and accuracy) and process	The Supplier shall process all claims and generate the OC Payment File according to the mechanisms and processes set out in sections 1.2.1 and 1.2.2 above. Where contractors have access to the	Ophthalmic bulk scanning system (Appendix 2.2, Section 3.2) Ophthalmic payment system

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
	3, 4, 5 and 6 - monthly	all GOS vouchers.  The Supplier shall run a payment schedule to provide a payment statement for each ophthalmic contractor (this should include details on any incomplete / inaccurate GOS forms for future resubmission).	Ophthalmic Portal, the Supplier shall make available an online statement showing details of claims submitted and claims paid, and any partially completed claims where relevant.  Where contractors have not got access to the Ophthalmic Portal, the Supplier shall generate a statement using the inherited system or its replacement and send it to the contractor by email, or if email is not available by hard copy. This statement shall include the details of those claims being paid within the relevant monthly OC Payment File as well as information on returned forms as appropriate.	(Appendix 2.2, Section 4.1) Ophthalmic Portal (Appendix 2.2, Section 2.1) ISFE interface (Appendix 2.2, Section 6.1)
1.2.4	Payment for GOS vouchers, 6 only - monthly	The Supplier shall inform the Area Team of planned ophthalmic contractor domiciliary visits and match planned visits to claims made.	The Supplier shall, in accordance with the Transformation Plan, provide within the Ophthalmic Portal the ability for ophthalmic contractors to log planned visits to domiciliary care homes. The Ophthalmic Portal shall be able to reject such requests according to agreed business rules relating to other scheduled visits or previous visits. GOS 6 claims that are received subsequently shall be matched against the planned visits to enable business rules for valid claims to be applied automatically. The Supplier shall provide access to view planned visits directly to the Area Team.  Prior to the implementation of this Supplier Solution, the inherited processes and systems shall be used – notifications shall be received by email or fax. The Supplier shall log patient details using Open Exeter and cross-check when the GOS6 for is received.	Ophthalmic Portal (Appendix 2.2, Section 2.2) Ophthalmic bulk scanning system (Appendix 2.2, Section 3.2) Ophthalmic payment system (Appendix 2.2, Section 4)
1.2.5	Payment for pre-registration trainee training grants -	The Supplier shall generate a payment file in relation to payment for pre-registration trainee training grants and upload a payment file to ISFE for a payment to be	The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to redesign the end to end process for ophthalmic practices to claim training grants such that:  1. Ophthalmic practices shall claim training grant payments using the Ophthalmic Portal (see the IT Solution below as per the	Ophthalmic bulk scanning (Appendix 2.2, Section 3.2) Ophthalmic payment system (Appendix 2.2, Section 4) ISFE interface (Appendix 2.2, Section 6.1)

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Schedule 3.1 (Supplier Solution)

<b>TABLE 1: Primary Care Support Services</b>				
<b>Ref</b>	<b>Service</b>	<b>Description</b>	<b>Supplier Solution</b>	<b>Cross-reference to Transformed Services IT Solution</b>
	annually	made.	<p>cross-references in the 'Cross-reference to Transformed Services IT Solution' column).</p> <ol style="list-style-type: none"> <li>2. The Supplier shall provide access to authorised users in the Area Team to approve payment directly within the Ophthalmic Portal.</li> <li>3. Exception processes shall be included to permit rejection of claims, ensuring that sufficient data is input by the authorising third party to enable ophthalmic practices to identify which claims are being rejected.</li> <li>4. The Supplier shall include the approved payments within the next OC Payment File.</li> <li>5. The Supplier shall include the details of approved claims within OC Payment Statement and update the relevant claims on the Ophthalmic Portal to "paid".</li> </ol>	
1.2.6	Payment for CET - annually	The Supplier shall generate a payment file in relation to CET payments and upload a payment file to ISFE for a payment to be made.	<p>The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to redesign the process for ophthalmic practices to claim CET payments such that:</p> <ol style="list-style-type: none"> <li>1. Ophthalmic practices shall claim CET payments using the Ophthalmic Portal (see the IT Solution below as per the cross-references in the 'Cross-reference to Transformed Services IT Solution' column).</li> <li>2. The Supplier shall include the relevant CET payments in the OC Payment File.</li> </ol> <p>Where cheques need to be raised they shall be processed using the ISFE system.</p>	<p>Ophthalmic bulk scanning (Appendix 2.2, Section 3.2)</p> <p>Ophthalmic payment system (Appendix 2.2, Section 4)</p> <p>ISFE interface (Appendix 2.2, Section 6.1)</p>
1.2.7	Patient refunds - monthly	The Supplier shall accept notification from the Department of Work and	The Supplier shall process authorised HC5 forms received from the DWP, raise a cheque for the amount of the claim and upload a payment file to ISFE.	<p>Ophthalmic bulk scanning (Appendix 2.2, Section 3.2)</p> <p>Ophthalmic payment system</p>

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Schedule 3.1 (Supplier Solution)

<b>TABLE 1: Primary Care Support Services</b>				
<b>Ref</b>	<b>Service</b>	<b>Description</b>	<b>Supplier Solution</b>	<b>Cross-reference to Transformed Services IT Solution</b>
		Pensions for a patient to reclaim a payment they have made raise a payment for the amount of the claim and upload a payment file to ISFE for a payment to be made.	The Supplier shall, in accordance with the Transformation Plan, work with the DWP to design an electronic process for providing HC5 information in order to automate this process if practical.	(Appendix 2.2, Section 4) ISFE interface (Appendix 2.2, Section 6.1)
1.2.8	Provision of payment information - ad hoc	The Supplier shall periodically (on instruction from NHS England) send NHS England statistical reports relating to voucher claim volumes and provide a list of payments and levies for ophthalmic contractors.	The Supplier shall retain data within the optical payments database (once the new systems have been developed and implemented) for audit and management information purposes and make available an agreed set of standard reports to include voucher claim volumes as well as payments and levies by ophthalmic contractor.	PCS payments data warehouse (Appendix 2.2, Section 5)
1.2.9	Deduction of statutory and voluntary (including charitable) levies - monthly	The Supplier shall calculate levy deductions in relation to statutory and voluntary (including charitable) levies, generate a payment file and upload a payment file to ISFE for a payment to be made.	The Supplier shall automatically calculate levies based upon locally agreed simple formulae, including statutory and voluntary (including charitable) levies, and provide a means to link (and view/change as required) individual practices to the relevant local committee to ensure levies are correctly apportioned.  The resulting amounts shall be included as deductions in the relevant OC Payment File and OC Payment Statement.	Ophthalmic payment system (Appendix 2.2, Section 4.16) ISFE interface (Appendix 2.2, Section 6.1)
1.2.10	Changing bank details for payment - as received	The Supplier shall receive change of bank forms either directly from ophthalmic practices or via Area Teams and shall check the Supplier's	The Supplier shall receive change of bank forms either directly from ophthalmic practices or via Area Teams and shall check the Supplier's System to ensure that the number of signatories to the change of bank is the same as the number of partners within the practice. The Supplier shall indicate to the Area Team if the numbers match or not. The Area Team shall be responsible for updating ISFE.	Change bank details (Appendix 2.2, Section 6.6)

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		System to ensure that the number of signatories to the change of bank is the same as the number of partners within the practice (currently achieved through completing the NHAIS supplier set-up form). The Area Team then shall be responsible for approving and forwarding to SBS for updating ISFE.	The Supplier shall work closely with stakeholders, including ISFE, with the aim of standardising this process and reducing hand-offs.	
1.3	Payment Services for primary care contractors (pharmacy)			The high level Transformed Services IT Solution is described in Table 4, Section 1.3 and the functional design is described in Appendix 2.3
1.3.1	Local pharmacy payments	<p>The Supplier shall be responsible for the processing of a number of local pharmacy payments paid via the relevant organisation (currently the Prescription Pricing Authority). These include:</p> <ul style="list-style-type: none"> <li>a. Rotas - on direction from NHS England;</li> <li>b. High cost drugs (this involves reimbursement in advance);</li> </ul>	<p>The Supplier shall, in accordance with the Transformation Plan, provide a Pharmacy Portal, enabling users to see the status of claims and check what has been paid and when.</p> <p>The Supplier shall enable Area Teams to provide any information that is needed and to authorise payment directly without the need for double handling.</p> <p>The Pharmacy Portal shall enable users to trace the status of claims and will provide alerts to individuals if they are in danger of breaching expected service levels. The Supplier shall work closely with relevant stakeholders to automate the transfer of payment data to PPA if feasible.</p>	Pharmacy payment system (Appendix 2.2, Section 1.8)

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		<ul style="list-style-type: none"> <li>c. Residential / nursing homes (not all bases);</li> <li>d. EPS payments;</li> <li>e. Pre-registration grants;</li> <li>f. Payment adjustments as directed by NHS England; and</li> <li>g. Appliance contractors as directed by NHS England.</li> </ul>		
1.3.2	Additional payments sent (one ledger) to PPA for payment to pharmacies - monthly	The Supplier shall (on instruction from the Area Team) in relation to bank holiday opening hours, high cost drugs, residential/nursing homes and additional payments for ad-hoc Services send an instruction with a payment description and amount for each pharmacy to the relevant organisation (currently the PPA) .	The Supplier shall implement the processes and systems as described in section 1.3.1 above.	Pharmacy payment system (Appendix 2.2, Section 1.8) Pharmacy payment system (Appendix 2.2, Section 1.10)
1.3.3	Pharmacy training grants - monthly	The Supplier shall calculate any back pay owed to the pharmacist with regards to training grants and send an	The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to redesign the end to end process for training grant payments and provide functionality within the Pharmacy Portal to enable claims to be requested by the pharmacy, authorised by the	Pharmacy payment system (Appendix 2.2, Section 1.8)

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<b>TABLE 1: Primary Care Support Services</b>				
<b>Ref</b>	<b>Service</b>	<b>Description</b>	<b>Supplier Solution</b>	<b>Cross-reference to Transformed Services IT Solution</b>
		instruction with a payment description and amount for each pharmacy to the relevant organisation (currently the PPA)	Area Team and automatically paid (if feasible).	
1.3.4	Electronic Prescription Service payments - monthly	The Supplier shall receive notification of an approved EPS payment (standard tariff) eligibility from the Area Team and send an instruction with a payment description and amount for each pharmacy to the relevant organisation (currently the PPA).	<p>The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to redesign the process for pharmacies practices to claim Electronic Prescription Service payments such that:</p> <ol style="list-style-type: none"> <li>1. Pharmacies shall claim Electronic Prescription Service payments using the Pharmacy Portal (see the IT Solution below as per the cross-references in the 'Cross-reference to Transformed Services IT Solution' column).</li> <li>2. The Area Team shall authorise the payment by updating the Supplier's System.</li> <li>3. The Supplier shall include the relevant Electronic Prescription Service payments in the OC Payment File continuously thereafter.</li> </ol>	<p>Pharmacy payment system (Appendix 2.2, Section 1.8)</p> <p>Pharmacy payment system (Appendix 2.2, Section 1.10)</p>
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 relevant organisation (currently the PPA) database for each pharmacist to demonstrate entitlement to a payment in relation to 'appliance contractors' which is made by the PPA.	The Supplier shall explore with the relevant stakeholders the possibility of automating this update such that the notification from the Customer is capable of updating this marker directly.	<p>Pharmacy payment system (Appendix 2.2, Section 1.8)</p> <p>Pharmacy payment system (Appendix 2.2, Section 1.10)</p>

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Schedule 3.1 (Supplier Solution)

<b>TABLE 1: Primary Care Support Services</b>				
<b>Ref</b>	<b>Service</b>	<b>Description</b>	<b>Supplier Solution</b>	<b>Cross-reference to Transformed Services IT Solution</b>
1.3.6	Deduction of levies - monthly	The Supplier shall ensure that levies are applied to the appropriate pharmacy on NHS Prescription Services payments online system.	The Supplier shall update individual pharmacies' records on the NHS Prescription Services payments online system as required for levies to be calculated and deducted from those pharmacies.	Pharmacy payment system (Appendix 2.2, Section 1.1) Pharmacy payment system (Appendix 2.2, Section 1.10)
1.3.7	Hard copy drug tariff	The Supplier shall receive and distribute a copy (hard copy where appropriate) of the drug tariff to pharmacists, including dispensing GP Practices on behalf of the Area Team.	The Supplier shall distribute drug tariffs via the supplies delivery Services where possible or by post.  The Supplier shall work with stakeholders to identify suitable alternative mechanisms for providing drug tariff information without the need for distribution of hard copies where practical and appropriate.	Supplies Management (Table 4, Section 2.8)  Drug Tariff Distribution (Appendix 2.4, Section 3.9)
1.4	Pensions administration			The high level Transformed Services IT Solution is described in Table 4, Section 1.4 and the functional design is described in Appendix 2.1 & 2.2
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.	The Supplier shall review the activities, processes, volumes of work and channels associated with pensions administration and identify candidate processes for reengineering or automation. The Supplier shall work with key stakeholders to streamline administrative activities where feasible and appropriate to reduce duplication of effort, replace paper forms with online services and improve speed of processing.	There is no specific Transformed Services IT Solution required to support this Service.
1.4.2	Administration of the NHS Pension	The Supplier shall be responsible for the administration of the NHS	The Supplier shall undertake administrative activities using inherited systems and processes until, in accordance with the Transformation Plan, the Supplier introduces new ways of working, including making	GP Practice Portal (Appendix 2.1, Section 1) Email submission (Appendix 2.1,



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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
	Scheme for GPs or OMPs	<p>Pension Scheme for GPs and OMPs, including non-clinical partners and practitioners carrying out locum and solo work. This shall include:</p> <ul style="list-style-type: none"> <li>a. Processing estimates of profit for principal partners, salaried GPs and non-clinical partners to determine their contributions and tier rate;</li> <li>b. Processing GP year end actual profit certificates plus self-assessment forms for salaried GPs;</li> <li>c. Processing solo and locum forms;</li> <li>d. Administering pension tiers and notifying other Service providers;</li> <li>e. Processing deductions from remuneration (including additional contracts and added years,</li> </ul>	forms available to be completed on line or via the GP Practice Portal.	<p>Section 4) GP payment system (Appendix 2.1, Section 5) ISFE interface (Appendix 2.1, Section 6) Ophthalmic payment system (Appendix 2.2, Section 4) ISFE interface (Appendix 2.2, Section 6.1)</p>

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		<p>which are to be paid over to NHS Pensions along with payments received relating to solo or locum work, with adjustments made relating to year-end profit certificates);</p> <p>f. Processing refunds or additional payment requests as appropriate;</p> <p>g. Maintaining members' records including on NHS Pensions Online;</p> <p>h. Processing error handling on NHS Pensions Online;</p> <p>i. Processing pension estimates and confirming membership as required on request;</p> <p>j. Processing retirement applications;</p> <p>k. Liaising with widows / widowers of practitioners in</p>		

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		<p>relation to the scheme;</p> <p>l. Processing additional pension applications for practitioners;</p> <p>m. Processing bank cheques, receipt and remit and sending remittances out to practitioners;</p> <p>n. Processing BACS payments;</p> <p>o. Processing 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> <p>p. Processing any legacy work (in relation to previous years' reconciliations) or administration work to ensure pension</p>		

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Schedule 3.1 (Supplier Solution)

TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		records are accurate and up-to-date for contractor / performers and 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 (or its replacement when provided by the Supplier)) - monthly	The Supplier shall process pension payments for GPs (principal partners) and eligible OMPs including making adjustments for any under/over payment for GPs who are no longer working at the practice.	The Supplier shall, in accordance with the Transformation Plan, enable practices to inform it of start and end dates and pensionable income for pension scheme members such that calculations, deductions and payments are, as far as feasible, automatic. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	GP Practice Portal (Appendix 2.1, Section 1) Email submission (Appendix 2.1, Section 4) GP payment system (Appendix 2.1, Section 5) ISFE interface (Appendix 2.1, Section 6) Ophthalmic payment system (Appendix 2.2, Section 4) ISFE interface (Appendix 2.2, Section 6.1)
1.4.5	Pensions payments for GPs (salaried) - as specified	The Supplier shall process pension payments for GPs (salaried) including making adjustments for any under/over payment from the previous financial year.	The Supplier shall, in accordance with the Transformation Plan, enable practices to inform it of start and end dates and pensionable income for pension scheme members such that calculations, deductions and payments are, as far as feasible, automatic. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	GP Practice Portal (Appendix 2.1, Section 1) Email submission (Appendix 2.1, Section 4) GP payment system (Appendix 2.1, Section 5)

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
				ISFE interface (Appendix 2.1, Section 6)
1.4.6	Pension payments for GPs (locums and solo)	The Supplier shall process pension payments for GPs (locums and solo) including reconciling any under/over payment.	The Supplier shall, in accordance with the Transformation Plan, enable practices to inform it of start and end dates and pensionable income for pension scheme members such that calculations, deductions and payments are, as far as feasible, automatic. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	GP Practice Portal (Appendix 2.1, Section 1) Email submission (Appendix 2.1, Section 4) GP payment system (Appendix 2.1, Section 5) ISFE interface (Appendix 2.1, Section 6)
1.4.7	Pension payments for GPs (registrars) - monthly	The Supplier shall process pension payments for GPs (registrars) including reconciling any under/over payment.	The Supplier shall, in accordance with the Transformation Plan, enable practices to inform it of start and end dates and pensionable income for pension scheme members such that calculations, deductions and payments are, as far as feasible, automatic. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	GP Practice Portal (Appendix 2.1, Section 1) Email submission (Appendix 2.1, Section 4) GP payment system (Appendix 2.1, Section 5) ISFE interface (Appendix 2.1, Section 6)

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
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 (or its replacement when provided by the Supplier), 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 (or its replacement when provided by the Supplier) 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 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, bank</p>	<p>The Supplier shall undertake administrative activities using inherited systems and processes until, in accordance with the Transformation Plan, the Supplier introduces new ways of working, including making forms available to be completed on line or via the GP Practice Portal. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.</p>	<p>Email submission (Appendix 2.1, Section 4) GP payment system (Appendix 2.1, Section 5) ISFE interface (Appendix 2.1, Section 6)</p>

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		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 queries in relation to legacy work.		
1.5	Receipting income streams			The high level Transformed Services IT Solution is described in Table 4, Section 1.5

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
1.5.1 & 1.5.2	Income generating Services and any receipting of income on ISFE as income is received	<p>The Supplier will collect income on behalf of the Customer in line with the Customer's income policy for primary care support services.</p> <p>The Supplier shall receipt all income/monies it receives on the ISFE system and send confirmation of payment to the payer.</p> <p>The Supplier shall pass income/monies to the appropriate organisation.</p>	<p>The Supplier shall administer the service using inherited systems and processes. The Supplier shall, during the Transformation, identify opportunities for increased automation and efficiency and implement such changes where feasible and appropriate. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.</p> <p>The Supplier shall ensure that the following receipts are recorded to the Customer's account:</p> <ol style="list-style-type: none"> <li>1. GP locum and solo pension contributions for additional money generated through other work and qualifying earnings;</li> <li>2. GP year end certificate cheques from practices, rather than through the contract payment - previous years;</li> <li>3. GPs purchasing additional years to their pension as a lump sum;</li> <li>4. Recouping of monies from ophthalmic contractors;</li> <li>5. Monies received for Market Entry applications;</li> <li>6. Income from Breast Screening Offices for provision of cohort data; and</li> <li>7. Income in association with the delivery of Primary Care Support Services to the Defence Medical Services.</li> </ol> <p>The Supplier shall recoup the money in relation to the above Services and send it onto the relevant organisation.</p> <p>The Supplier shall ensure that the following receipts are recorded to the Supplier's account:</p> <ol style="list-style-type: none"> <li>8. Directly received 'access to medical records for living subject' access requests and 'deceased records' access requests;</li> <li>9. Income generated through additional Services offered by the Supplier outside of this scope; and</li> <li>10. Copying of records in support of (8) and (9) above.</li> </ol>	There is no specific Transformed Services IT Solution required to support this Service.



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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
1.6	Registration data quality checks			The high level Transformed Services IT Solution is described in Table 4, Section 1.6 and the functional design is described in Appendix 2.3
1.6.1	Up-to-date records on PCRM	The Supplier shall maintain the accuracy of all patient records on PCRM.	The Supplier shall work with stakeholders and Service Users to minimise the introduction of errors or delays in data processing. Where data is required to be entered directly by the Supplier it shall adhere to agreed Service Levels for accuracy and timeliness of data input. The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to redesign the end to end process for registration and other data updates from GP Practices in line with the replacement system(s) for NHAIS. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	Spine PCRM (Appendix 2.3, Section 2)
1.6.2	Patient registration notifications	The Supplier shall process patient registration notifications in relation to patient registrations and de-registrations.	The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to redesign the end to end process for registration in order to implement the processes set out in Figures 1 to 3 in Appendix 1.	Spine PCRM (Appendix 2.3, Section 2)
1.6.3	Patients registering with a practice for the first time - daily	The Supplier shall perform data quality checks on new patients registering with a practice for the first time (or where a NHS number is issued for the first time such as gender reassignment or adoption) and issue NHS numbers where relevant.	As shown in Figure 1 in Appendix 1, the Customer's IT supplier (HSCIC)'s systems shall check whether a patient that is being registered as a new patient is already in existence within the registration systems. Where the automatic business rules cannot accurately determine a match (or no match) the Supplier shall examine the data. Where a decision cannot be made due to inadequate information, the Supplier shall request the outstanding information from the practice.  If the patient is matched against a previous record, the registration will be processed as a re-registration (see section 1.6.4 below). If the patient doesn't match a previous record the Supplier shall issue a new	Spine PCRM (Appendix 2.3, Section 2)  Medical records management system (Appendix 2.3, Section 4.9) Medical records management system (Appendix 2.3, Section 4.15)

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Schedule 3.1 (Supplier Solution)

TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
			NHS number to the patient (or patient's parent/guardian) and create a new medical envelope and send it to the practice.	
1.6.4	Existing patients registering with a different practice (incoming) - daily	The Supplier shall perform data quality checks on new patient registrations.	<p>As shown in Figure 2 in Appendix 1, the Customer's IT supplier (HSCIC)'s systems shall attempt to match the patient registration with an existing patient within the registration systems. Where the automatic business rules cannot accurately determine a match (or no match) the Supplier shall examine the data. Where a decision cannot be made due to inadequate information, the Supplier shall request the outstanding information from the practice.</p> <p>If the patient cannot be matched against an existing record, the registration will be processed as a new registration (see section 1.6.3 above). If the patient is successfully matched against an existing registration record, the Supplier shall issue instructions for the Medical Record Envelope to be retrieved and despatched to the new GP.</p>	<p>Spine PCRM (Appendix 2.3, Section 2)</p> <p>Medical records management system (Appendix 2.3, Section 4)</p> <p>Medical records logistics &amp; storage (Appendix 2.3, Section 5)</p>
1.6.5	Existing patients registering with a different practice (outgoing) - daily	The Supplier shall process patient de-registrations and conduct data quality checks accordingly.	As shown in Figure 2 in Appendix 1, the Supplier shall issue instructions for the Medical Record Envelope to be retrieved and despatched to the new GP.	<p>Spine PCRM (Appendix 2.3, Section 2)</p> <p>Medical records management system (Appendix 2.3, Section 4)</p> <p>Medical records logistics &amp; storage (Appendix 2.3, Section 5)</p>
1.6.6	De-registration of deceased, embarked (left England for more than three	The Supplier shall process patient de-registrations (deceased and embarked patients) and conduct data quality checks accordingly.	As shown in Figure 3 in Appendix 1, the Supplier shall examine any requests where the Customer's IT supplier (HSCIC)'s systems are unable to process deductions automatically. Once a deduction request is confirmed, the Supplier shall issue instructions for the Medical Record Envelope to be retrieved and despatched to the Supplier's storage facility.	<p>Spine PCRM (Appendix 2.3, Section 2)</p> <p>Medical records management system (Appendix 2.3, Section 4)</p> <p>Medical records logistics &amp; storage (Appendix 2.3, Section 5)</p>

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PCSS Call-Off Terms  
Schedule 3.1 (Supplier Solution)

<b>TABLE 1: Primary Care Support Services</b>				
<b>Ref</b>	<b>Service</b>	<b>Description</b>	<b>Supplier Solution</b>	<b>Cross-reference to Transformed Services IT Solution</b>
	months) or no re-registration elsewhere - daily			
1.7	Patient requested assignments and removals			The high level Transformed Services IT Solution is described in Table 4, Section 1.7 and the functional design is described in Appendix 2.3
1.7.1	Informing the patient	The Supplier shall inform the patient, that they have been assigned by an Area Team (where the patient has experienced difficulty and cannot secure a registration).	The Supplier shall administer this Service using inherited systems and processes. The Supplier shall, during the Transformation Period, identify opportunities for increased automation and efficiency and implement such changes where feasible and appropriate. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	Spine PCRM (Appendix 2.3, Section 2)
1.7.2	Patient requires assistance to be assigned to a practice - daily	On instruction from the Area Team, the Supplier shall notify the patient of assignment to a practice.	The Supplier shall administer this Service using inherited systems and processes. The Supplier shall, during the Transformation Period, identify opportunities for increased automation and efficiency and implement such changes where feasible and appropriate. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	Spine PCRM (Appendix 2.3, Section 2)
1.7.3	Patient moves out of the practice catchment area - daily	The Supplier shall inform the patient that they have moved out of the current GP catchment area and that they need to re-register with another practice. If no superseding action occurs	The Supplier shall administer this Service using inherited systems and processes. The Supplier shall, during the Transformation Period, identify opportunities for increased automation and efficiency and implement such changes where feasible and appropriate. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	Spine PCRM (Appendix 2.3, Section 2)

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PCSS Call-Off Terms  
Schedule 3.1 (Supplier Solution)

<b>TABLE 1: Primary Care Support Services</b>				
<b>Ref</b>	<b>Service</b>	<b>Description</b>	<b>Supplier Solution</b>	<b>Cross-reference to Transformed Services IT Solution</b>
		the Supplier shall de-register the patient from the GP list after 30 days.		
1.7.4	14 day removals (patient request)	The Supplier shall process patient requested removals (within 14 days of receipt of request) including holding the relevant patient record in storage until the patient is re-registered.	The Supplier shall administer this Service using inherited systems and processes. The Supplier shall, during the Transformation Period, identify opportunities for increased automation and efficiency and implement such changes where feasible and appropriate. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	Spine PCRM (Appendix 2.3, Section 2)
1.7.5	8 day removals (GP request)	The Supplier shall process GP requested removals (within 8 days of receipt of request) including holding the relevant patient record in storage until the patient is re-registered.	The Supplier shall administer this Service using inherited systems and processes. The Supplier shall, during the Transformation Period, identify opportunities for increased automation and efficiency and implement such changes where feasible and appropriate. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	Spine PCRM (Appendix 2.3, Section 2) Medical records management system (Appendix 2.3, Section 4) Medical records logistics & storage (Appendix 2.3, Section 5)
1.8	Reassignments under the Special Allocation Scheme (SAS)			The high level Transformed Services IT Solution is described in Table 4, Section 1.8 and the functional design is described in Appendix 2.3
1.8.1	Special Allocation Scheme (SAS) - daily	The Supplier shall administer the SAS including assisting the Area Team in conducting a review of all the patients on the SAS and provision of documents e.g. lists of any	The Supplier shall administer this Service using inherited systems and processes. The Supplier shall, during the Transformation Period, identify opportunities for increased automation and efficiency and implement such changes where feasible and appropriate. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	Spine PCRM (Appendix 2.3, Section 2)

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Schedule 3.1 (Supplier Solution)

TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		documentation relating to removal and re-registration.		
1.9	Additional maintenance activities on the patient records database			The high level Transformed Services IT Solution is described in Table 4, Section 1.9 and the functional design is described in Appendix 2.3
1.9.1	Amendments on the NHAIS system (or its replacement when provided by the Supplier)	<p>The Supplier shall be responsible for making additional amendments to patient records including:</p> <ul style="list-style-type: none"> <li>a. Basic changes to the patient record (e.g. change of name or address);</li> <li>b. Sensitive registrations (e.g. adoptions, gender re-assignments);</li> <li>c. Completing a 'close of quarter' process to establish quarterly GP Practice list sizes and informing GP Practices;</li> <li>d. Tracing NHS numbers for existing NHS patients; and</li> <li>e. Resident to registered project.</li> </ul>	The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to redesign the end to end process for registration in order to implement a set of processes that align with those set out in Figures 1 to 3 in Appendix 1.	Spine PCRM (Appendix 2.3, Section 2)

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Schedule 3.1 (Supplier Solution)

<b>TABLE 1: Primary Care Support Services</b>				
<b>Ref</b>	<b>Service</b>	<b>Description</b>	<b>Supplier Solution</b>	<b>Cross-reference to Transformed Services IT Solution</b>
1.9.2	Patient / duplicate registrations	The Supplier shall undertake a number of functions (in conjunction with others) to address patient/duplicate registrations in order to ensure that NHS numbers and clinical records are assigned to the correct patient, including checking data from the Spine and National Back Office to validate existing records or remove from GP lists.	The Supplier shall work with relevant stakeholders to identify improvements in processes, systems and business rules that would lead to reductions in duplications or errors.	Spine PCRM (Appendix 2.3, Section 2)
1.9.3	Data quality routines	The Supplier shall undertake regular data quality routines so that anomalies in the NHAIS database (or its replacement when provided by the Customer) are identified and investigated and reconcile practice lists to the NHAIS database (or its replacement when provided by the Customer).	In accordance with the Transformation Plan, the Supplier shall work closely with the Customer's IT supplier (HSCIC) to implement reporting, data analysis, reconciliation and update activities targeted at identifying data quality issues in the Transformed Systems.	Spine PCRM (Appendix 2.3, Section 2)
1.9.4	Additional activities associated with the NHAIS	The Supplier shall undertake relevant maintenance activities on the patient records database as follows:	The Supplier shall follow established good practice in delivering these services on inherited systems. The Supplier shall, in accordance with the Transformation Plan, work with stakeholders to aid design of the Suppliers own systems and other stakeholders' systems (e.g. the Customer's IT supplier (HSCIC)) to optimise these processes at a	Spine PCRM (Appendix 2.3, Section 2)

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
	database (or its replacement when provided by the Supplier) - as individually specified	<ul style="list-style-type: none"> <li>a. Action relevant changes to patient information when notified through the relevant system (currently GP Links by a GP Practice or directly by a patient).</li> <li>b. Trace a patient in another area using their NHS number, when required.</li> <li>c. Carry out data quality checks .</li> <li>d. Receive a 'close of quarter' report to establish GP Practice list sizes and publish these to practices .</li> <li>e. Undertake a reconciliation exercise for lists with all practices in the Supplier base area.</li> <li>f. Monitor closed lists (where practices are no longer accepting patients) and seek advice when registration</li> </ul>	national level and eliminate such issues as cross-border county transfers, resident to registered etc. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	

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Schedule 3.1 (Supplier Solution)

TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		<p>requests are received.</p> <p>g. Monitor Royal Mail postcode address file updates and update postcodes on individual patients as necessary; and</p> <p>h. Investigate and resolve issues in relation to the transfer of data, sent to the Supplier from GP Practices – currently flagged on the interchange errors screen on the GP Links.</p>		



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Schedule 3.1 (Supplier Solution)

TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
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			The high level Transformed Services IT Solution is described in Table 4, Section 2.1 and the functional design is described in Appendix 2.3
2.1.1	Patients registering with a practice for the first time - daily	The Supplier shall: a. Create a physical "first medical record" (sometimes referred to as a Lloyd George envelope) and arrange secure delivery to the relevant GP Practices; and b. Issue patient with a NHS number (for all first registration patients).	See section 1.6.3, above.  Where a patient is confirmed as a new patient, the Supplier shall print a personalised label and affix to the front of a new Lloyd George envelope. This envelope will be delivered to the relevant GP Practice via the Supplier's courier service at the next available opportunity. The Supplier shall communicate the NHS number to the patient (or their parents/guardians in the case of births) via an appropriate channel. Where there is no known electronic means of communication the Supplier shall issue the NHS number via post.	Medical records management system (Appendix 2.3, Section 4) Medical records logistics & storage (Appendix 2.3, Section 5)
2.1.2	Existing patients registering with a	The Supplier shall arrange for secure transfer of patient medical records from GP Practice to GP	See section 1.6.4, above.  The Supplier shall, in accordance with the Transformation Plan, replace the existing records transfer service with a tracked service to	Medical records management system (Appendix 2.3, Section 4) Medical records logistics & storage (Appendix 2.3, Section 5)

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Schedule 3.1 (Supplier Solution)

<b>TABLE 1: Primary Care Support Services</b>				
<b>Ref</b>	<b>Service</b>	<b>Description</b>	<b>Supplier Solution</b>	<b>Cross-reference to Transformed Services IT Solution</b>
	different practice (incoming) - daily	Practice where patients register with a different practice. This shall include urgent transfers where the Supplier receives '48 hour' requests from GP Practices received to prevent continued appearance on OSMR.	<p>enable receiving practices to determine where any outstanding record is within the country. Collections shall be weekly and the Supplier shall deliver the record to the destination practice within the week of collection or the following week unless an urgent (48 hours) request is received from the new practice via the GP Practice Portal or the Service Desk. In the case of urgent deliveries the Supplier shall contact both practices and undertake one of the following by agreement:</p> <ol style="list-style-type: none"> <li>1. Arrange for the outgoing practice to fax the patient's summary sheet to the incoming practice, with the full record to follow using the standard process;</li> <li>2. Facilitate a telephone conversation between the two practices so that the urgent information can be provided prior to the transfer of the record;</li> <li>3. Arrange for the record to be delivered via Royal Mail special delivery (or equivalent service) and shall request that the receiving practice inform the Supplier of receipt;</li> <li>4. Another mutually acceptable solution.</li> </ol> <p>The Supplier shall update its records tracking systems as appropriate.</p>	
2.1.3	Existing patients registering with a different practice (outgoing) - daily	The Supplier shall arrange for secure transfer of patient medical records from GP Practice to GP Practice where patients register with a different practice. This shall include urgent transfers where the Supplier receives '48 hour' requests from GP Practices.	<p>See section 1.6.5, above.</p> <p>In line with the Supplier's medical record collection and delivery service described in section 2.1.2, all records being collected from a GP Practice shall have an individual barcode associated with the record for tracking purposes. The barcoded label will include the new GP's address. The Supplier shall make the following options available to practices:</p> <ol style="list-style-type: none"> <li>1. A barcoded label affixed to a sealable transfer wallet - managed centrally;</li> </ol>	<p>Medical records management system (Appendix 2.3, Section 4)</p> <p>Medical records logistics &amp; storage (Appendix 2.3, Section 5)</p>

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
			<p>2. Barcoded labels produced centrally and sent to GP Practice to affix to a transfer wallet or directly onto medical record;</p> <p>3. GP Practice prints barcoded labels and either affixes to a transfer wallet or directly onto medical record.</p> <p>In the case where the barcode is affixed directly onto the medical record, the Supplier shall insert the record into a clear plastic wallet upon collection. In this way all records being transferred are individually contained within single wallets with visible barcoded labels showing the destination address.</p> <p>The Supplier shall monitor the effectiveness of each of these options from the perspective of effort at the GP Practice, elapsed time for transfer and any reported issues with the process with a view to moving to a standardised process if feasible.</p> <p>Where an urgent (48 hour) request for a particular record is received, the Supplier shall follow the process outlined within section 2.1.2, above.</p>	
2.1.4	Existing patients deceased, embarked (for more than three months), de-registered and no immediate re-registration - daily	<p>The Supplier shall arrange for secure archiving and destruction (where appropriate) of patient medical records in the following scenarios:</p> <ul style="list-style-type: none"> <li>a. Existing patients deceased;</li> <li>b. Existing patients embarked (for more than 3 months);</li> <li>c. Existing patients</li> </ul>	<p>See section 1.6.6, above.</p> <p>The Supplier shall consolidate all suspense and death records held within the PCS estate into a single storage utility in order to enable the Site Closure Programme. The Supplier shall further consolidate off-site storage as required and appropriate, in line with appropriate breaks in third party contracts. The Supplier shall maintain a database of all stored records (whether deceased or suspense) to enable speedy retrieval upon request. The Supplier's courier service shall pick up and drop off to the consolidated location at least once per week.</p> <p>The Supplier shall, at least once per year, securely destroy Medical</p>	<p>Medical records management system (Appendix 2.3, Section 4)</p> <p>Medical records logistics &amp; storage (Appendix 2.3, Section 5)</p>

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		de-registered and no immediate re-registration. When a relevant request is received, the Supplier shall arrange for retrieval of suspense records and arrange secure delivery to requesting GP Practice.	Record Envelopes once the relevant timescale for retention is exceeded (currently ten years after death or de-registration).  Where an urgent (48 hour) request for a particular record is received following a registration of a patient whose record is held in suspense, the Supplier shall retrieve the record from storage within 24 hours and follow a process analogous to the one outlined within section 2.1.2, above.	
2.1.5	Temporary patients - daily	The Supplier shall process information (currently a GMS3 form) relating to temporary patients including holding such information in suspense where no patient registration exists.	The Supplier shall scan all GMS3 forms on receipt, determine which GP Practice should receive them and forward electronic images of the forms to that practice via email, via the GP Practice Portal or via post if neither option is available and appropriate.  The Supplier shall work with relevant stakeholders within the end to end process to identify ways in which this transfer can be automated.	Medical records management system (Appendix 2.3, Section 4) Medical Records Logistics & Storage (Appendix 2.3, Section 5)
2.2	External requests for access to / copies of healthcare records			
2.2.1	Living subject access requests under the Data Protection Act 1998 - 40 days (Department of Health advise 21	The Supplier shall process subject access requests (including the fee for such requests) under the Data Protection Act 1998.	The Supplier shall receive subject access requests directly from patients, their representatives or via the Area Team. The Supplier shall request a standard fee, as agreed in writing between the Parties, where relevant, to be paid by cheque and process the request once the cheque has been cleared.  The Supplier shall retrieve a copy of the patient record and contact the relevant GP or Area Team clinician (according to agreed policy) for authorisation to release the information or redaction of the record to be released.  The Supplier, once authorised, shall forward the redacted information	Subject access requests (living) (Appendix 2.3, Section 4.6)

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
	days)		to the requesting party.	
2.2.2	Deceased patient record access requests under the Access to Records Act 1990 - 40 days (Department of Health advise 21 days)	The Supplier shall process subject access requests (including the fee for such requests) under the Access to Records Act 1990.	<p>The Supplier shall receive subject access requests directly from patients, their representatives or via the Area Team. The Supplier shall request a standard fee, as agreed in writing between the Parties, where relevant, to be paid by cheque and process the request once the cheque has been cleared.</p> <p>The Supplier shall retrieve a copy of the patient record and contact the relevant GP or Area Team clinician (according to agreed policy) for authorisation to release the information or redaction of the record to be released.</p> <p>The Supplier, once authorised, shall forward the redacted information to the requesting party.</p>	Subject access requests (deceased) (Appendix 2.3, Section 4.6)
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	The Supplier shall process valid miscellaneous information requests including referring requests outside agreed data sharing protocols to the NHS England Caldicott Guardian or the local Area Team and maintaining a log of all such subject access requests.	The Supplier shall administer this Service using inherited systems and processes in line with the Customer's Information Governance Protocol. The Supplier shall, during the Transformation Period, identify opportunities for increased automation and efficiency and implement such changes where feasible and appropriate. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	Medical record copy permission (Appendix 2.3, Section 4.12)

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
	on the request made and governance applicable to it)			
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> <p>a. base participation in an annual data collection exercise (currently an eight page questionnaire) provided by HSCIC regarding community pharmacies and Market Entry statistics; and</p> <p>b. providing requested information to Area Teams in relation to the pharmacy application process.</p>	The Supplier shall make available to the Area Teams (or directly to HSCIC if appropriate) a standard set of information about pharmacy Market Entry in an agreed format to satisfy the demands of the annual survey.	Data Warehouse & Analytics (Appendix 2.8, Section 2.4)
2.4	Administration of records on practice closure / merger			
2.4.1	Administration on closing or merging of	The Supplier shall conduct administration on the closing or merging of GP	The Supplier shall administer this Service using inherited systems and processes.	<p>Medical records management system (Appendix 2.3, Section 4)</p> <p>Medical records logistics &amp; storage</p>

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Schedule 3.1 (Supplier Solution)

<b>TABLE 1: Primary Care Support Services</b>				
<b>Ref</b>	<b>Service</b>	<b>Description</b>	<b>Supplier Solution</b>	<b>Cross-reference to Transformed Services IT Solution</b>
	any GP lists / practices as required	lists/practices including informing relevant patients of such closure/merger, informing them of alternative practices, arranging secure transfer of medical records from GP Practice to GP Practice, storage/archiving of records as appropriate and where relevant processing outstanding secure stationery from the closing GP.	The Supplier shall, during the Transformation Period, make use of the Transformed Solutions as they become available, such as bulk printing for closure letters, the new courier network for record transfers, the central storage point for archived records and our secure destruction processes for outstanding stationery. Unopened boxes of secure stationery shall be logged back into stock for re-use by the Supplier provided that the seal on the box has not been broken. Opened boxes shall be destroyed by the Supplier.	(Appendix 2.3, Section 5)  Stock management (Appendix 2.4, Section 3.6) Stock control (Appendix 2.4, Section 3.15)
2.5	Forwarding of correspondence to patients			
2.5.1	Forwarding of correspondence to patients	The Supplier shall process requests to forward correspondence to patients, either directly or through approved organisations (e.g. GP Practice, Salvation Army), having sought authorisation to proceed from the NHS England Caldicott Guardian.	The Supplier shall administer this Service using inherited systems and processes. The Supplier shall, during the Transformation Period, identify opportunities for increased automation and efficiency and implement such changes where feasible and appropriate. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	Spine PCRM (Appendix 2.3, Section 2)
2.6	Routine data quality checks on the patient records system			

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
2.6.1	Routine data quality checks - as specified	<p>The Supplier shall conduct checks on patient data in order to address GP list inflation. Such checks shall include (but not be limited to) confirmation of status of patients:</p> <ol style="list-style-type: none"> <li>Aged 100+ years;</li> <li>Aged under 16 years and who are the sole occupier of registered address;</li> <li>Registered at a house of multiple occupancy (HMO) where there are 8+ patients;</li> <li>Registered at universities/colleges/residential school address for 4+ years;</li> <li>Who have had no contact with the GP for 5+ years;</li> <li>Whose correspondence has been returned/undelivered.</li> </ol> <p>Having conducted checks, the Supplier shall deregister patients where</p>	<p>In accordance with the Transformation Plan, the Supplier shall implement the principles of the June 2013 policy for Tackling List Inflation for Primary Medical Services by:</p> <ol style="list-style-type: none"> <li>Undertaking nationwide checks on multiple occupancy, university/college/ student, patients aged over 100 years and under 16 who are sole occupiers, immigrant, demolished addresses and patients not seen in five years;</li> <li>Working with stakeholders to develop these and other categories of patients in line with evolving risks to further refine this process and implement these during the lifetime of this Call-Off Agreement;</li> <li>Investigating the feasibility of using broader sources of information than the current NHAIS system and intra-agency working. For example joint working with the DWP would allow identification of people who have their state pensions paid abroad.</li> </ol>	<p>Routine data quality (Appendix 2.3, Section 1) Spine PCRM (Appendix 2.3, Section 2)</p>



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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		appropriate.		


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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
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 (or its replacement when provided by the Customer) 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</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 this Schedule 3.1 (Supplier Solution) in accordance with the provisions of Clause 19.1 (Call-Off Terms).	Non-routine data quality (Appendix 2.3, Section 1.4) Spine PCRM (Appendix 2.3, Section 2)

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		<p>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 Customer) 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>		

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
				
2.8	Primacy care contractor's supplies			The high level Transformed Services IT Solution is described in Table 4, Section 2.8 and the functional design is described in Appendix 2.4
2.8.1	Primary care contractor supplies	<p>The Supplier shall arrange the processing and delivery of controlled stationery, forms and agreed sterile products (e.g. needles and syringes) to primary care contractors. This shall include:</p> <ul style="list-style-type: none"> <li>a. Provision and management of the catalogue of in scope supplies</li> <li>b. Acknowledgement and validation of orders;</li> </ul>	<p>The Supplier shall inherit a range of processes and systems for managing this Service in different locations. Where those processes are working effectively and efficiently they may continue until the Site is closed.</p> <p>Prior to Site closures and in accordance with the Transformation Plan the Supplier shall implement an online supplies management solution for GPs, optometrists, pharmacists and dentists, backed up by the central Service Desk for those practices unable to order online.</p> <p>The Supplier shall maintain a reasonable stock of items to be ordered such that fulfilment can be completed within one week of ordering. An urgent orders process will be available at an additional charge to the requestor if supplies are needed prior to the scheduled delivery in the following week.</p>	<p>Supplies Ordering Portal (Appendix 2.4, Section 2)</p> <p>Order &amp; stock control system (Appendix 2.4, Section 3)</p> <p>Consignment tracking (Appendix 2.4, Section 6.2)</p> <p>Data warehouse &amp; analytics (Appendix 2.4, Section 4)</p> <p>Service Desk (Appendix 2.9)</p>

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		<p>c. Obtaining authorisation for the fulfilment of orders where necessary;</p> <p>d. Maintaining a log of all orders, by customer and items ordered;</p> <p>e. Monitoring order levels against national call off contracts;</p> <p>f. Providing a disposal Service for unused / damaged prescription items; and</p> <p>[REDACTED]</p>	<p>The Supplier's System shall retain a full audit trail for reporting purposes of items ordered, authorisations requested and received, stock in and out. The Supplier shall configure business rules to enable alerts to be provided in exceptional circumstances and users shall be able to track orders via the Supplies Ordering Portal.</p>	

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Schedule 3.1 (Supplier Solution)

TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
2.9	Open Exeter replacement access requests			
2.9.1	Access to Open Exeter's replacement	The Supplier shall administer appropriate and secure access (including revoking access) to its Practice Portal solution(s) to eligible organisations/individuals.	<p>As the Supplier introduces replacement and additional online Services through the Transformation Plan, it shall provide a secure means for establishing access credentials for each Service User. The Supplier shall consult with the Service User base and key stakeholders to ensure that this process is not unduly onerous for users. Password reset Services shall be available via automated online / email channels. Nominated Practice Senior Users shall be able to nominate and remove Service Users for their practice themselves.</p> <p>The Supplier's System shall audit usage and flag unusual access patterns for investigation.</p>	Authentication (Table 4, Section 3.3.2)
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 10 years.	<p>During the Transformation Period the Supplier shall transfer all Medical Records Envelopes from existing locations at inherited PCS Offices and with third party suppliers to its single storage location in accordance with section 2.1.2, above.</p> <p>The Supplier shall identify for destruction, and subsequently destroy, any Medical Records Envelopes where the date of death or date of de-registration is more than 10 years prior to the current date at the time of indexing.</p>	There is no specific Transformed Services IT Solution required to support this Service.
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	During the Transformation Period, the Supplier shall transfer all relevant files that are not Medical Records Envelopes from existing locations at inherited PCS Offices and with third party suppliers to its single storage location alongside those records that are being moved in accordance with section 2.10.1, above.	There is no specific Transformed Services IT Solution required to support this Service.

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		facility and apply the Customer's storage and/or destruction policies.	The Supplier shall inspect the records upon receipt into its storage facility and apply the agreed Policy and Operating Procedures in respect of storage and destruction of these records and files. Where a file is identified for destruction the Supplier shall destroy that file. Where a file is required to be retained for a period, the Supplier shall store the file for the designated period and destroy files once their destruction date is passed. Such destruction shall be carried out at least once per year.	
3	Screening Programme Administration Services			
3.1	General screening services			The high level Transformed Services IT Solution is described in Table 4, Sections 3.2 and 3.3 and the functional design is described in Appendix 2.5
3.1.1	Regular additional functions required	<p>The Supplier shall, as appropriate:</p> <ul style="list-style-type: none"> <li>a. produce regular and ad hoc public health reports/statistics and information on request to public health and commissioning teams;</li> <li>b. participate in other</li> </ul>	<p>The Supplier shall comply with each of these requirements.</p> <p>In accordance with the Transformation Plan, the Supplier shall develop and implement a centralised Service for screening activities supported by a central print function. The Supplier shall work with key stakeholders – including Public Health England and the Customer's IT supplier (HSCIC) – to ensure that the design of the new Service is robust and resilient and that appropriate data are recorded throughout the process and made available for audit purposes, analytics and management controls, including at the central print facility.</p> <p>Within 6 months of the Service Commencement Date, the Supplier shall undertake an audit of inherited systems and processes in each of</p>	<p>Screening reports (Appendix 2.5, Section 7.2)</p> <p>Screening analytics (Appendix 2.5, Section 7.2)</p>

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		<p>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;</p> <p>c. respond to queries on the call/recall element of the screening programme for GPs and the general public, participate in the sample takers training programme;</p> <p>d. maintain a set of standard operating procedures for the call/recall programme, maintain a National Information Governance Board register for staff involved in call/recall Services;</p> <p>e. produce quarterly a</p>	<p>the PCS locations that provides screening Services. The Supplier shall also review any previous audit recommendations and meet with relevant stakeholders if appropriate to agree a revised set of actions that aligns with the Transformation Programme.</p> <p>The Supplier shall agree a schedule of governance meetings with the Customer on a regular basis and shall provide an appropriate representative to each.</p> <p>The Supplier shall comply with the agreed reporting and resolution requirements for incidents and Serious Untoward Incidents, such reporting to be additionally provided to the Service Management Team.</p> <p>The Supplier shall agree with key stakeholders as part of the design of the screening system those elements of the screening programme that should be identified as parameters liable to change. The Supplier shall use reasonable endeavours to design those elements of the system in such a way that will minimise the cost of future changes as far as is practical within the constraints of the Transformation Programme and Transformation Plan.</p> <p>The Supplier shall additionally provide functionality to enable more complex selection rules in the future (e.g. if in the future the next test due dates for cervical screening are adjusted for patients who have received the HPV vaccine).</p> <p>The Supplier shall co-operate with commissioner-led initiatives and any changes arising from such initiatives shall follow the change control procedure in Schedule 5.2 (Change Control Procedure).</p> <p>The Supplier shall maintain appropriate operational controls to ensure that staff are adhering to standard operating procedures and</p>	



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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		<p>return (currently KC53) for HSCIC and produce yearly a return (currently KC63) for HSCIC;</p> <p>f. allocate leads to represent screening call and recall function at screening related boards, working groups and user groups; and</p> <p>g. rectify errors flagged on data transmission through the relevant system (currently GP Links) error screens.</p>	information governance requirements.	
3.2	Cervical screening call and recall administration			The high level Transformed Services IT Solution is described in Table 4, Section 3.2 and the functional design is described in Appendix 2.5
3.2.1	Cervical screening call letters - weekly	Having engaged GP Practices, the Supplier shall ensure that only eligible patients receive invitations to screening (which shall be sent in the name of the	<p>The Supplier shall, in accordance with the Transformation Plan and in consultation with key stakeholders, design and build a new standalone cervical screening system that shall:</p> <ol style="list-style-type: none"> <li>1. Use Spine as the logical master data set (e.g. each patient's GP and home address), receiving updates from Spine</li> </ol>	<p>Spine screening patient demographics (Appendix 2.5, Section 2.2)</p> <p>GP Practice Portal (Appendix 2.5, Section 4)</p> <p>Screening management system (Appendix 2.5, Section 5)</p>

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Schedule 3.1 (Supplier Solution)

TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		<p>relevant NHS body) 6 weeks before the test due date.</p> <p>The Supplier shall, where patients have:</p> <ol style="list-style-type: none"> <li>provided informed consent;</li> <li>will be out of the age range for screening; or</li> <li>who have had a hysterectomy.</li> </ol> <p>send a confirmation 6 weeks before (what would have been the next test due date) that screening call/recall invitations will cease.</p>	<p>Services (and in advance of new Spine Services being made available, interim data feeds from NHAIS or other systems) of new registrations, newly eligible patients (e.g. those aged 24 years and 6 months and over) and changes to personal details (e.g. change of address).</p> <ol style="list-style-type: none"> <li>Provide GPs with a simple process for access to a full list of all patient data as they move through the screening process.</li> <li>Match all information pulled from approved sources (e.g. results from labs).</li> <li>Provide a central store for real-time information updates from approved sources (e.g. electronic PNL process and next test date from colposcopy clinics) applied automatically where possible.</li> <li>Archive 'old' records when patients are deceased, de-register or are beyond the age range parameters.</li> <li>Validate information against an NHS number which will be used as the primary key.</li> <li>Distribute electronic PNL information to all GPs at the agreed point in time, enabling GPs to update the data as appropriate, with that update automatically implementing the appropriate action.</li> <li>Issue call/recall communications at the agreed point in time, in an agreed format, via an agreed channel and using an agreed template. Where letters are being produced they shall be generated in the Supplier's central printing site.</li> <li>Similarly issue reminder communications according to agreed business rules.</li> <li>Issue 'cease' communications when rules dictate that a patient should be ceased.</li> </ol>	<p>Screening lab interface (Appendix 2.5, Section 1)</p> <p>Screening bulk printing (Appendix 2.5, Section 8)</p>

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Schedule 3.1 (Supplier Solution)

TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
3.2.2	Cervical screening non-responders - weekly	<p>The Supplier shall generate and make available to GP Practices a non-responder report relating to women invited for screening who have had no test result entered within the relevant timeframe (currently 32 weeks after the initial letter was sent and 14 weeks after 18 week reminder sent).</p> <p>The Supplier shall action recommendations from GP Practices received in relation to the non-responder report.</p>	The Supplier shall provide a range of functions through the GP Practice Portal to enable GP Practices to manage prior notifications, ceasing audit, abnormal results and non-respondents. Where urgent action is required (e.g. electronic PNL window is about to close and no updates have been received) the Supplier's System shall alert the relevant GP Practice via email that action is required. Data updates provided by the practice shall be automatically actioned.	<p>Screening management system (Appendix 2.5, Section 5)</p> <p>Failsafe processing (Appendix 2.5, Section 5.7)</p> <p>GP Practice Portal (Appendix 2.5, Section 4)</p>
3.2.3	Lab results - daily unless specified otherwise	<p>The Supplier shall log all screening results and update all patient medical records accordingly.</p> <p>The Supplier shall communicate results to patients (using national standard wording depending on the code from the lab) within 24 hours of receipt of the result from the lab (notifying the GP of any cases where</p>	<p>The Supplier shall, in accordance with the Transformation Plan and in consultation with key stakeholders, design and build a new cervical screening system that shall:</p> <ol style="list-style-type: none"> <li>1. Match all results information from labs to the appropriate patient record.</li> <li>2. Issue results communications in accordance with the agreed SLAs, in an agreed format, via an agreed channel and using an agreed template.</li> <li>3. Notify the GP via the GP Practice Portal of any abnormal results that cannot be communicated by the Supplier and generate an alert that action is required.</li> </ol>	<p>Results processing &amp; matching (Appendix 2.5, Section 5.5)</p> <p>Screening bulk printing (Appendix 2.5, Section 8)</p> <p>Abnormal results (Appendix 2.5, Section 4.7)</p> <p>Screening lab interface (Appendix 2.5, Section 1)</p> <p>Gone Away processing (Appendix 2.5, Section 5.6)</p>

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		abnormal results have not been communicated to women because they have moved out of area or the communication has been returned undelivered).		
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 requests outside of the Customer for full history prints from the Supplier's System and send through a secure communication channel.	The Supplier shall, in accordance with the Transformation Plan and in consultation with key stakeholders, design and build a new cervical screening system that shall create a national dataset for cytology results. The Supplier shall replicate the existing formats for sending history data 'out of area' within the new system for the purposes of transferring history outside of the Customer. The Supplier shall engage with representatives of the health service in the other parts of the UK to identify if there is a better, standardised electronic data interchange that can be agreed and implemented with a view to reducing manual interventions.	Failsafe cohort reconciliation (Appendix 2.5, Section 5.7)

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
3.2.5	Failsafe into the area - weekly	<p>The Supplier shall produce a report (currently a CIN report) on NHAIS (or its replacement when provided by the Supplier) that shows which cytology records have been received in automatically through re-registration and which have failed to reconcile, manually input any records that have not been automatically applied and confirm receipt of a cervical screening record from another area and that the patient has been added to a screening programme for the relevant area.</p> <p>If the patient is not yet registered for the area on NHAIS (or its replacement when provided by the Supplier), the Supplier shall "hold" the cytology record until an NHS number is found that matches.</p> <p>The Supplier shall send reminders to the sending area for any outstanding screening histories being</p>	<p>The Supplier shall, in accordance with the Transformation Plan and in consultation with key stakeholders, design and build a new cervical screening system that shall create a national dataset for cytology results and avoid the need for this process except when women move in from areas of the UK that are not being managed within the Supplier's System (e.g. Scotland).</p> <p>The Supplier shall create interfaces that are capable of receiving and process the existing formats for receiving history data 'into the area' within the new system from outside of the Customer. The Supplier shall engage with representatives of the health service in the other parts of the UK to identify if there is a better, standardised electronic data interchange that can be agreed and implemented with a view to reducing manual interventions.</p>	<p>Failsafe cohort reconciliation (Appendix 2.5, Section 5.7) Screening histories (Appendix 2.5, Section 4.4)</p>

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		waited for, notify the GP of any newly registered women on early recall/medical follow up, run monthly "integrity" checks 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 for deducted patients and for some bases - accept cytology failsafe colposcopy correspondence received and update records.		
3.3	Breast cancer screening administrative support to call and recall and failsafe functions			The high level Transformed Services IT Solution is described in Table 4, Section 3.3 and the functional design is described in Appendix 2.5
3.3.1	Breast screening call letters - per batch as specified by BSOs	<p>Having received a specification from the BSO, the Supplier shall provide a list of eligible patients for breast screening to BSOs.</p> <p>The Supplier shall maintain records of attendance/non-attendance (including end</p>	<p>The Supplier shall, in accordance with the Transformation Plan and in consultation with key stakeholders, design and build a new standalone breast screening system that shall:</p> <ol style="list-style-type: none"> <li>1. Use Spine as the logical master data set (e.g. each patient's GP and home address), receiving updates from Spine Services (and in advance of new Spine Services being made available, interim data feeds from NHAIS or other systems) of new registrations, cohorts of newly eligible patients and</li> </ol>	<p>Spine screening patient demographics (Appendix 2.5, Section 2)</p> <p>BSO screening portal (Appendix 2.5, Section 3)</p> <p>Screening management system (Appendix 2.5, Section 5)</p> <p>BSO interface (Appendix 2.5, Section 6)</p>

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		code) for patients who have opted out or are ineligible.	<p>changes to personal details (e.g. change of address).</p> <ol style="list-style-type: none"> <li>2. Provide BSOs with a simple interface for access to full lists of all patient data and a set of parameters for them to alter as appropriate to create a selection size that can be processed for screening and export that data in an agreed format to an agreed location for use within the breast screening programme.</li> <li>3. Retain a full history of those records selected within each tranche.</li> <li>4. Match all information received back from BSOs in relation to attendance, end codes, eligibility and opt-outs.</li> <li>5. Archive 'old' records when patients are deceased, de-register or are beyond the age range parameters.</li> <li>6. Validate information against an NHS number which will be used as the primary key.</li> </ol> <p>Where a BSO is unable to select data directly from the system, the Supplier shall provide a service to follow the selection process described in (2) above on behalf the BSO.</p>	
3.3.2	Breast screening failsafe out of area	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 (or its replacement when provided	The Supplier shall, in accordance with the Transformation Plan and in consultation with key stakeholders, design and build a new breast screening system that shall create a national dataset for breast screening data and avoid the need for this process except when women move to areas of the UK that are not being managed within the Supplier's System (e.g. Scotland). The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	Failsafe cohort reconciliation (Appendix 2.5, Section 5.7)

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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		by the Supplier) and send these through a secure communication channel.		
3.3.3	Breast screening failsafe into the area	<p>The Supplier shall input (currently undertaken manually) any records not received through automatic income via NHAIS (or its replacement when provided by the Supplier), confirm 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 to determine the number of eligible women for screening which match a defined "failsafe" specification provided by the BSO.</p> <p>The Supplier shall supply this number to the BSO.</p> <p>The Supplier shall establish parameters on NHAIS (or its replacement when</p>	The Supplier shall, in accordance with the Transformation Plan and in consultation with key stakeholders, design and build a new breast screening system that shall create a national dataset for breast screening data and avoid the need for this process except when women move in from areas of the UK that are not being managed within the Supplier's System (e.g. Scotland). The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	<p>Failsafe cohort reconciliation (Appendix 2.5, Section 5.7)</p> <p>Screening histories (Appendix 2.5, Section 4.4)</p>



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TABLE 1: Primary Care Support Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		provided by the Supplier) 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 are able to construct a failsafe list to call for screening from NHAIS (or its replacement when provided by the Supplier)), for some bases - run the parameters on NHAIS (or its replacement when provided by the Supplier) and provide the list of "failsafe" patients as well (if requested) and run monthly "integrity" checks on NHAIS (or its replacement when provided by the Supplier) (including any routine reconciliation and investigation required for re-registered patients to ensure all anomalies are resolved).		

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4	Probity Administration Services	Requirements in relation to probity and assurance Services for ophthalmic contractors and patient eligibility.			Comments
4.1	Post payment verification administration				The high level Transformed Services IT Solution is described in Table 4, Section 4.1 and the functional design is described in Appendix 2.6
4.1.1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Data warehouse & analytics (Appendix 2.6, Section 4.2) Probity checking system (Appendix 2.6, Section 5) Area Team interface (Appendix 2.6, Section 7)
		[REDACTED]	[REDACTED]	[REDACTED]	
		[REDACTED]	[REDACTED]	[REDACTED]	
		[REDACTED]	[REDACTED]	[REDACTED]	

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			<div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div>	
4.1.2	<div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div>	Data warehouse & analytics (Appendix 2.6, Section 4.3) Probity checking system (Appendix 2.6, Section 5) Patient eligibility and debt collection (Appendix 2.6, Section 6)

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			<div> <div></div> <div></div> </div>	
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).		Comments
5.1	Processing of Performers List applications			The high level Transformed Services IT Solution is described in Table 4, Section 5.1 and the functional design is described in Appendix 2.7
5.1.1	Performers List applications - six week turnaround from receipt of application to notification of decision	<p>The Supplier shall, in line with the Standard Operating Procedure, process and validate performer list applications within 6 weeks of initial receipt of the application.</p> <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 manage the process of adding an applicant to the Performer's List, including external checks, collating the application dossier and verifying</p>	<p>The Supplier shall, in accordance with the Transformation Plan, implement a new Performer List system within its CRM platform that will:</p> <ol style="list-style-type: none"><li>1. Provide an online application form (capable of being completed in instalments) and workflow processes to manage the application through to completion.</li><li>2. Automatically issue requests for information via email (where feasible) to the relevant parties who are required to provide information (e.g. references, qualifications, details of investigations etc.) as part of the application process.</li><li>3. Enable an operator to check returned documentation to ensure that it relates to the correct applicant and fulfils basic</li></ol>	<p>Performer List website (Appendix 2.7, Section 1.1)</p> <p>Performer List administration system (Appendix 2.7, Section 5)</p> <p>Approvals and notification (Appendix 2.7, Section 6.1)</p> <p>Applicant verification (Appendix 2.7, Section 3)</p> <p>Application tracker (Appendix 2.7, Section 1.2)</p> <p>National Performer List Website (Appendix 2.7, Section 4.1)</p>

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		<p>documents/identity/information/history.</p> <p>The Supplier shall circulate the outcome to relevant interested parties (this will vary from area to area depending on local distribution lists). The Supplier shall add the performer status to the relevant Performers List, NHAIS (or its replacement when provided by the Supplier), Primary Care Information System and any other relevant database with performer details (including any flags/conditions of entry received from the Area Team).</p>	<p>standards check.</p> <ol style="list-style-type: none"> <li>4. Create a single, national database for all Performers, such that there is no need to re-apply when changing locality.</li> <li>5. Alert the Area Team when all of the steps of the process have been completed to enable them to view the complete information (the 'dossier') and make a decision.</li> <li>6. Update the status of the application (on an on-going basis such that the applicant can view the current status) to Performer automatically if the Area Team approve the application, and communicate this data to relevant third parties.</li> <li>7. Make agreed information from the Performers List available to the public through the web front end to the portal.</li> </ol> <p>The Supplier shall employ local home-based staff, as set out in section 7.2.1 below, who will administer face-to-face identity documentation checks, taking an image of those documents for inclusion within the 'dossier'.</p> <p>The Supplier shall provide, populate and support a Performers List website.</p>	
5.2	Administration of the Performers List		<p>The high level Transformed Services IT Solution is described in Table 4, Section 5.2 and the functional design is described in Appendix 2.7</p>	

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5.2.1	Maintenance of the Performers List	<p>The Supplier shall maintain the Performers List including:</p> <ol style="list-style-type: none"> <li>Making amendments, insertions, deletions, suspensions;</li> <li>Communication with other organisations as appropriate;</li> <li>Updating the related databases / information systems;</li> <li>Undertaking annual Performers List reviews of entries assigned to Area Team Responsible Officers;</li> <li>Processing change of area notifications; and</li> <li>Transfer of associated information and the transfer of records between Area Teams.</li> </ol>	<p>The Supplier shall, during the Transformation Period, work with stakeholders to design maintenance processes on the Transformed Systems that are simple and effective, provide appropriate access for data to be input at the earliest feasible stage in the process by the party most appropriate to do so and provide visibility of data to those parties who need it.</p> <p>The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.</p>	<p>Performer List administration (Appendix 2.7, Section 5.8) Performer List administration system (Appendix 2.7, Section 5) Approvals and notification (Appendix 2.7, Section 6.1) National Performer List Website (Appendix 2.7, Section 4.1)</p>
5.2.2	For Performers leaving the list entirely - three months	<p>The Supplier shall manage the process for Performers leaving the Performers List, including updating the Performer's List.</p>	<p>The Supplier shall, during the Transformation Period, work with stakeholders to design maintenance processes on the Transformed Systems that are simple and effective, provide appropriate access for data to be input at the earliest feasible stage in the process by the party most appropriate to do so and provide visibility of data to those parties who need it. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.</p>	<p>Performer List administration (Appendix 2.7, Section 5.8) Performer List administration system (Appendix 2.7, Section 5) Approvals and notification (Appendix 2.7, Section 6.1) National Performer List Website (Appendix 2.7, Section 4.1)</p>
5.2.3	For Performers moving between practices within the Area Team (including mergers and	<p>The Supplier shall manage the process for Performers moving between practices within the Area Team (including moves related to practice mergers and closures), including updating the Performers List.</p>	<p>The Supplier shall, during the Transformation Period, work with stakeholders to design maintenance processes on the Transformed Systems that are simple and effective, provide appropriate access for data to be input at the earliest feasible stage in the process by the</p>	<p>Performer List administration (Appendix 2.7, Section 5.8) Performer List administration system (Appendix 2.7, Section 5) Approvals and notification</p>

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	closures) - two weeks		party most appropriate to do so and provide visibility of data to those parties who need it. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	(Appendix 2.7, Section 6.1) National Performer List Website (Appendix 2.7, Section 4.1)
5.2.4	For Performers moving to a practice in a different area (receiving area) - two weeks	The Supplier shall manage the process for Performers moving to a practice in a different area, including updating the Performers List.	The Supplier shall, during the Transformation Period, work with stakeholders to design maintenance processes on the transformed systems that are simple and effective, provide appropriate access for data to be input at the earliest feasible stage in the process by the party most appropriate to do so and provide visibility of data to those parties who need it. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	Performer List administration (Appendix 2.7, Section 5.8) Performer List administration system (Appendix 2.7, Section 5) Approvals and notification (Appendix 2.7, Section 6.1) National Performer List Website (Appendix 2.7, Section 4.1)
5.2.5	For Performers moving to a practice in a different area (sending area) - two weeks	The Supplier shall manage the process for Performers moving to a practice in a different area, including updating the Performers List.	The Supplier shall, during the Transformation Period, work with stakeholders to design maintenance processes on the Transformed Systems that are simple and effective, provide appropriate access for data to be input at the earliest feasible stage in the process by the party most appropriate to do so and provide visibility of data to those parties who need it. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	Performer List administration (Appendix 2.7, Section 5.8) Performer List administration system (Appendix 2.7, Section 5) Approvals and notification (Appendix 2.7, Section 6.1) National Performer List Website (Appendix 2.7, Section 4.1)
5.2.6	Performer changing form salaried to partner (GP only) as received	The Supplier shall manage the process in relation to a Performer changing from a salaried GP to a partner GP.	The Supplier shall, during the Transformation Period, work with stakeholders to design maintenance processes on the Transformed Systems that are simple and effective, provide appropriate access for data to be input at the earliest feasible stage in the process by the party most appropriate to do so and provide visibility of data to those parties who need it.	Performer List administration (Appendix 2.7, Section 5.8) Performer List administration system (Appendix 2.7, Section 5) Approvals and notification (Appendix 2.7, Section 6.1) National Performer List

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			The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	Website (Appendix 2.7, Section 4.1)
5.2.7	For Performers not attached to a practice - annually	The Supplier shall be responsible for periodic (currently annual) 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 the agreed timeframes (currently 22 months) from the Performers List.	The Supplier shall, during the Transformation Period, work with stakeholders to design maintenance processes on the Transformed Systems that are simple and effective, provide appropriate access for data to be input at the earliest feasible stage in the process by the party most appropriate to do so and provide visibility of data to those parties who need it. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	Performer List administration (Appendix 2.7, Section 5.8) Performer List administration system (Appendix 2.7, Section 5) Approvals and notification (Appendix 2.7, Section 6.1) National Performer List Website (Appendix 2.7, Section 4.1)
5.2.8	Performers removed or suspended due to conduct issues - daily	The Supplier shall manage, on instruction from the Area Team, the notification, management and updating process regarding the removal/suspension of Performers due to conduct issues.	The Supplier shall, during the Transformation Period, work with stakeholders to design maintenance processes on the Transformed Systems that are simple and effective, provide appropriate access for data to be input at the earliest feasible stage in the process by the party most appropriate to do so and provide visibility of data to those parties who need it. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	Performer List administration (Appendix 2.7, Section 5.8) Performer List administration system (Appendix 2.7, Section 5) Approvals and notification (Appendix 2.7, Section 6.1) National Performer List Website (Appendix 2.7, Section 4.1)



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6	Market Entry Administration Services	Requirements in relation to the administration of Market Entry for pharmaceutical Services (including maintenance of pharmaceutical lists).		Comments
6.1	Market Entry applications administration			The high level Transformed Services IT Solution is described in Table 4, Section 6.1 and the functional design is described in Appendix 2.8
6.1.1	Applications received under the policy	<p>The Supplier shall be responsible for validating and processing Market Entry applications received under the policy including:</p> <ul style="list-style-type: none"><li>a. Verifying applications for completeness and accuracy.</li><li>b. Processing payments for applications.</li><li>c. Submitting valid applications to the Pharmaceutical Services Regulations Committee.</li><li>d. Communicating progress of the application using standard templates.</li><li>e. Where an application is successful, 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.</li></ul> <p>The Supplier shall process a fitness to practice check for first time</p>	<p>The Supplier shall, in accordance with the Transformation Plan, build a single workflow-based Market Entry solution to use consistently for every region. The Supplier shall centralise the delivery of the service in one of its target Sites and comply with standard operating procedures. The Supplier's System shall:</p> <ul style="list-style-type: none"><li>1. Provide an online application form with validation to automatically ensure completeness, including payment receipt.</li><li>2. Include a complete process map for each type of application.</li><li>3. Support the statutory pharmacy needs assessment.</li><li>4. Provide GIS mapping of locations and distance mapping.</li><li>5. Provide visibility of real-time pharmacy information and data management.</li><li>6. Support task allocation and management, with alerts providing reminders of key dates and timescales and reports made available to show where bottlenecks or delays are occurring.</li><li>7. Collate images into dossiers.</li></ul>	Market Entry Portal (Appendix 2.8, Section 1.1) Market Entry system (Appendix 2.8, Section 2) PCS mapping system (Appendix 2.8, Section 1.3) Dossier management (Appendix 2.8, Section 2.5)

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		applicants.	8. Ensure correct checks are undertaken.	
6.1.2	Notifications received on pharmacists	<p>The Supplier shall:</p> <ul style="list-style-type: none"> <li>a. process and action notifications relating to suspended and removed pharmacists by updating the relevant systems;</li> <li>b. provide information on applications for appeals to the NHS Litigation Authority's Family Health Services Appeal Unit (or replacement unit if applicable) or for some fitness issues the 'First-Tier Tribunal'</li> <li>c. 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.</li> </ul>	<p>The Supplier shall, in accordance with the Transformation Plan, develop the pharmacy Market Entry system to enable the Area Team to simply update the appropriate record with the relevant data and the Supplier's System shall automatically amend the status of that record according to agreed business rules. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.</p>	<p>Market Entry system (Appendix 2.8, Section 2) Fitness to practice (Appendix 2.8, Section 2.3)</p>
6.1.3	Fitness to Practice - new admissions to the list	<p>The Supplier shall be responsible for validating and processing new applications, including undertaking appropriate pre-entry checks with third parties, including:</p> <ul style="list-style-type: none"> <li>a. General pharmaceutical committee (online check);</li> <li>b. NHS Protect (send relevant annexe per procedure guideline);</li> </ul>	<p>The Supplier shall, in accordance with the Transformation Plan and if feasible and appropriate, adapt the workflow implemented for Performer List applications to support "Fitness to Practice" applications for pharmacists. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.</p>	<p>Market Entry system (Appendix 2.8, Section 2) Fitness to practice (Appendix 2.8, Section 2.3)</p>

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		<p>c. NHS Litigation Authority (as per procedure guideline); and</p> <p>d. Companies House (validation of date of incorporation) if required.</p> <p>Once complete, the Supplier shall pass the application to PSRC for a decision and in turn 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.</p>		
<b>7</b>	<b>Additional Services</b>	<b>Requirements that apply generally to the provision of Services across the range of PCS functions described</b>		<b>Comments</b>
7.1	Service Desk			The high level Transformed Services IT Solution is described in Table 4, Section 7.1 and the functional design is described in Appendix 2.9
7.1.1	Service Desk	The Supplier shall acknowledge and respond to queries from a range of stakeholders, including GPs, practice managers and their accountants, opticians and optometrists, pharmacy staff, members of the public (specifically in relation to the call / recall elements of the cervical cancer screening programme) Performer List and Market Entry applications and other stakeholders	In accordance with the Transformation Plan, the Supplier shall create an instance of Dynamics CRM (see the IT Solution as per the cross-references in the 'Cross-reference to Transformed Services IT Solution' column) that will provide a Service Desk for the PCS and its Service Users e.g. Performers, practice managers etc. The Service Desk will log the contacts from performers and their associated staff. The operating model for this Service Desk shall be to create named persons for each practice, who would be the primary contact for	<p>Contact management system (Appendix 2.9, Section 4)</p> <p>Logistic queries (Appendix 2.9, Section 5.1)</p> <p>Storage queries (Appendix 2.9, Section 5.2)</p> <p>Access to Transformed Service IT systems (Appendix 2.9, Section 7)</p> <p>Data warehouse &amp; analytics (Appendix 2.6, Section 6)</p>

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			<p>that caller. If for some reason they are unavailable then an alternative will be selected. In all cases the complete contact history will be available to the Service Desk.</p> <p>The Service Desk shall be available to Service Users between the hours of 08:00 and 17:00 every Working Day. Service Desk operating hours shall be reviewed to reflect the requirements of the majority of practice staff and Performers. This review shall take into account demand for the Service measured by the Supplier's telephony systems and could lead to the provision of Services during evenings and weekends if demand is clear.</p> <p>The Service Desk shall be multi-channel, capable of responding to calls, emails, written correspondence and faxes, with system functionality to provide answers to frequently asked questions.</p> <p>The Service Desk shall operate on the principle of right first time where possible, but shall forward complex queries and cases to specialists in the relevant subject via the Supplier's System workflow. Cases shall be monitored for progress automatically and alerts generated when the time elapsed may breach agreed Service Standards.</p> <p>The Supplier shall collect reports and data through the Service Desk activity for analysis for causes of failure within processes, systems, personnel, training, communications etc. in order to provide some focus and evidence for the Suppliers' service improvement initiatives.</p>	
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7.2	Local Teams			The high level Transformed Services IT Solution is described in Table 4, Section 7.2.
7.2.1	Local Support Team	The Supplier shall maintain a local presence around England in order to provide support for Primary Care Practitioners	<p>The Supplier shall recruit and maintain a small team of home-based staff (during Transformation, thirty (30) full-time equivalent and thereafter subject to review by and agreement with the Customer based upon agreed outcome measures, to include Customer satisfaction) to support local Service delivery in areas such as:</p> <ol style="list-style-type: none"> <li>1. The face-to-face checking of identity documents as part of Performers List management.</li> <li>2. Providing support and advice to practice staff in the use of existing (e.g. Open Exeter) and new IT systems, as well as how to minimise exceptions/rejections caused by data quality issues within their own administrative systems.</li> <li>3. Preparing GP Practices for changes as they arrive, e.g. the changes needed to support the revised records movement process and the introduction of the GP Practice Portal.</li> <li>4. Visiting local optical practices following risk-based assessments of data to help with issues understanding patient eligibility, reduce the number of returned forms by improving quality of information, or explaining the benefits of electronic-GOS.</li> </ol>	<p>Performer Face to Face (Appendix 2.7, Section 6.4)</p> <p>Market Entry Rurality (Appendix 2.8, Section 3.2)</p>
7.2.2	Stakeholder Team	The Supplier shall employ a small team for the purposes of maintaining	The Supplier recognises that many of the stakeholders with whom it needs to engage are	There is no specific Transformed Services IT

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		stakeholder relationships at a national, regional and sub-regional level	<p>organised regionally or locally, including the Customer's regional and sub-regional teams, the Local Medical Committees/LOC/LPCs and Public Health England. The Supplier's stakeholder team (during Transformation, twelve (12) full-time equivalent staff and thereafter subject to review by and agreement with the Customer based upon agreed outcome measures, to include Customer satisfaction) shall be responsible for engaging and consulting with these bodies (as appropriate) in order to:</p> <ol style="list-style-type: none"> <li>1. Involve stakeholders within the user-centred design process for Transformation.</li> <li>2. Communicate changes.</li> <li>3. Promote standardisation of approach.</li> <li>4. Attend governance forums as appropriate, representing PCS.</li> </ol>	Solution required to support this Service.
7.3	Analytics			The high level Transformed Services IT Solution is described in Table 4, Section 7.3.
7.3.1	Data Analytics Services	The Supplier shall provide an analytics service to provide insight to NHS England from the national data collected and managed by the Supplier	The Supplier shall be collecting data on a regular basis that can be used to identify anomalies and patterns: claims for Service payments across Primary Care Support Services, patient registrations and de-registrations/deaths, Performer applications around the country, results from probity assessments, performance data on MRE collection and delivery timescales and accuracy, usage of supplies for comparison between contractors etc. The Supplier shall provide a database for the purposes of analysis and reporting and shall employ a dedicated analytical function to exploit it.	Reporting and Data Warehouse (Table 4, Section 3.3.7)

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			The data collected within the Services could be enhanced with additional data from open sources (and potentially other government data subject to data sharing arrangements being in place) to drive further benefit.	
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TABLE 2: Defence Medical Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
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 medical units, monitor links and transactions from DMS medical units and liaise with the medical units to resolve any anomalies identified, process notification of newly registered patients from DMS medical units and utilise the NHAIS interface (or its replacement when provided by the Supplier) 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 also verify whether Service personnel are still recorded as being registered with a DMS medical unit and check with that medical unit to confirm whether persons have been discharged from the forces or are still under the care of DMS.</p> <p>The Supplier shall on notification of a closure of a medical unit, transfer the patient registrations to the DMS</p>	<p>The Supplier shall administer this Service using processes and systems similar to those described in Table 1 above. Where there are considerations for DMS patients that require specific variations from the standard NHS process, the Supplier shall build those variations into the design for these DMS Services.</p> <p>The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.</p>	Spine PCRM (Appendix 2.3, Section 2)



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TABLE 2: Defence Medical Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		<p>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 (or its replacement when provided by the Supplier), respond to subject access requests referring to the Ministry of Defence for authorisation, respond to requests for disclosure of information referring to Ministry of Defence for authorisation to release and run the standard NHAIS (or its replacement when provided by the Supplier) routine to close registration quarter.</p> <p>Once the relevant design processes have been completed, the Parties shall agree any variation to this description in accordance with Paragraph 2.5</p>		
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.	Upon receipt of a registration notification for a member of the armed forces, the Supplier shall forward the medical record to the Supplier's secure storage facility.	Medical Records Logistics & Storage (Appendix 2.3, Section 5)

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TABLE 2: Defence Medical Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
1.3	NHS medical records for forces personnel registered in Scotland	The Supplier shall run reports on the DMS population database to identify if any forces personnel registered in Scotland prior to them joining the forces have since left the DMS and if so request the medical records from the Scottish Health Board.	The Supplier shall work with stakeholders, both in England and Scotland to specify the data reporting required in order to meet this requirement. The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.	Spine PCRM (Appendix 2.3, Section 2)  Medical records management system (Appendix 2.3, Section 4) Medical records logistics & storage (Appendix 2.3, Section 5)
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> <ul style="list-style-type: none"> <li>a. Process medical records received from DMS medical units and NHS GP Practices for persons registering with a new DMS medical unit;</li> <li>b. Securely store medical records for Service personnel;</li> <li>c. Despatch medical records received for Service dependents to the applicable DMS medical unit;</li> <li>d. Ensure any medical records sent to DMS medical units are securely transferred (currently double wrapped</li> </ul>	<p>The Supplier shall administer this Service using processes and systems similar to those described in Table 1 above. Where there are considerations for DMS records that require specific variations from the standard NHS process, in order to meet requirements set out in this section 2.1 of Table 2, the Supplier shall build those variations into the design for these DMS Services.</p> <p>The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.</p>	Medical records management system (Appendix 2.3, Section 4) Medical records logistics & storage (Appendix 2.3, Section 5)

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TABLE 2: Defence Medical Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		<p>and sent via Royal Mail special delivery post);</p> <p>e. Transfer medical records for Service dependents who have been removed from DMS and registered with the NHS to the new NHS GP Practice;</p> <p>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;</p> <p>g. Ensure that for any medical records for ex Service personnel being sent to a 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;</p> <p>h. Provide medical records for any Service dependents registering with a DMS medical unit who have not previously been registered</p>		

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TABLE 2: Defence Medical Services				
Ref	Service	Description	Supplier Solution	Cross-reference to Transformed Services IT Solution
		<p>with the NHS;</p> <p>i. Process requests from DMS practices to trace clinical notes/parts of medical records which may be missing;</p> <p>j. Send reminders of any medical records outstanding from either the DMS or NHS GP Practices;</p> <p>k. Process requests to expedite the transfer of any medical records which have been notified as clinically urgent;</p> <p>l. Transfer details of NHS treatment provided for Service personnel who have obtained treatment as a temporary patient or who have attended a NHS hospital to the registered DMS medical unit; and</p> <p>m. Process requests for access to/sight of medical records seeking authorisation for release of records from a designated clinician.</p>		

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3	Cervical screening call / recall		
3.1	Provision of call / recall 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 all eligible DMS women are included in the screening programme and verify the appropriateness of the invitations.</p> <p>The Supplier shall process test results received from laboratories, record test results received and send the results to the relevant DMS medical unit.</p> <p>The Supplier shall make information available to DMS medical units 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 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</p>	<p>The Supplier shall administer this Service using processes and systems similar to those described in Table 1 above. Where there are considerations for DMS patients that require specific variations from the standard NHS process, e.g. the use of DMS unit addresses for patients and/or the use of email for communication purposes, the Supplier shall build those variations into the design for these DMS Services.</p> <p>The detail for how this will be achieved shall be included within this section in accordance with Paragraph 2.5.</p> <p>Spine screening patient demographics (Appendix 2.5, Section 2.2) Screening management system (Appendix 2.5, Section 5) Screening lab interface (Appendix 2.5, Section 1) GP Practice Portal (Appendix 2.5, Section 4) Screening bulk printing (Appendix 2.5, Section 8)</p>

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		any armed forces personnel).		
3.2	Not used			
3.3	Not used			
3.4	Overseas units	All DMS units located in England will be registered to use Open Exeter (or its replacement when provided by the Supplier) 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.	The Supplier shall support access to Open Exeter, subsequently the GP Practice Portal, for overseas medical units as needed. Where a specific overseas unit is unable to access these services, the Supplier shall work with the relevant DMS unit to ensure that screening Services are maintained appropriately.	Spine screening patient demographics (Appendix 2.5, Section 2.2) Screening management system (Appendix 2.5, Section 5) Screening lab interface (Appendix 2.5, Section 1) GP Practice Portal (Appendix 2.5, Section 4) Screening bulk printing (Appendix 2.5, Section 8)

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<b>4</b>	<b>Management of Open Exeter (or its replacement when provided by the Supplier)</b>			
4.1	Requests for access to Open Exeter	The Supplier shall undertake the role of Access Control Manager on behalf of the Ministry of Defence setting up user access for DMS medical unit staff and nominate a minimum of three staff members to act as Access Control Managers for the Supplier's portal systems.	<p>As the Supplier introduces replacement and additional online Services through the Transformation Plan, it shall provide a secure means for establishing access credentials for each user. The Supplier shall consult with the Service User base and key stakeholders to ensure that this process is not unduly onerous for users. Password reset Services shall be available via automated online / email channels.</p> <p>The Supplier's System shall audit usage and flag unusual access patterns for investigation.</p>	<p>Does this requirement drive any additional security clearance requirements for our support staff?</p> <p>Authentication (Table 4, Section 3.3.2)</p>
<b>5</b>	<b>Registration Authority Service</b>			
5.1	Bureau Service for printing of smart cards	The Supplier shall be responsible for providing a bureau Service to print and verify the information on smart cards and to provide a level of assurance that DMS are working within the agreed Registration Authority practices.	<p>The Supplier shall provide this Service using inherited systems and processes.</p> <p>Any further detail for how this will be achieved that is required for this Schedule 3.1 (Supplier Solution) shall be included within this section in accordance with Paragraph 2.5.</p>	

**TABLE 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 and Supplier Solution set out in this Schedule 3.1 (Supplier Solution), 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;



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- 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;
- 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);

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- 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 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);

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- 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 Pharmaceutical Services) (England) Directions 2013.

**TABLE 4: Transformed Services IT Solution**

The Supplier shall operate the Transformed Services as set out in Table 1 (Primary Care Support Services) and Table 2 (Defence Medical Service) with the support of a new IT Solution as detailed in Table 4 (Transformed Services IT Solution).

Table 1 (Primary Care Support Services) and Table 2 (Defence Medical Service) have been cross-referenced to the relevant paragraphs in Table 4 (Transformed Services IT Solution) and Appendix 2 (High Level Functional Design).

The Transformed Services IT Solution shall be implemented and delivered in accordance with the timescales and other matters set out in the Transformation Plan.

The contents of Table 4 (Transformed Services IT Solution) and Appendix 2 shall be updated in accordance with Paragraph 2.5.

Appendix 2 contains the High Level Functional Design Diagrams that provide the underpinning design for each of the Services contained in Table 1 (Primary Care Support Services) and Table 2 (Defence Medical Service).

**1 Transformed Services IT Components**

Section 1 diagrams use the following key to:

Application Access

Method by which external users interface with the Transformed Services IT Solution component.

Key functionality

Key functionality that the Transformed Services IT Solution component is providing.

External interface

External IT applications that the Transformed Services IT Solution component is interacting with.

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1.1	Payment Services for primary care contractors (General Practitioners)	
	<div data-bbox="260 309 673 383" style="background-color: #003366; color: white; text-align: center; padding: 5px;">GP Practice Portal</div> <div data-bbox="260 405 673 555" style="background-color: #CC0000; color: white; text-align: center; padding: 5px;">Application for payment, payment history, payment calculations, outstanding payments, statements</div> <div data-bbox="260 591 673 665" style="background-color: #6B8E23; color: white; text-align: center; padding: 5px;">ISFE</div> <div data-bbox="260 687 673 761" style="background-color: #6B8E23; color: white; text-align: center; padding: 5px;">CQRS</div> <div data-bbox="260 784 673 857" style="background-color: #6B8E23; color: white; text-align: center; padding: 5px;">PPD</div> <div data-bbox="260 880 673 954" style="background-color: #6B8E23; color: white; text-align: center; padding: 5px;">SPINE</div> <div data-bbox="260 976 673 1050" style="background-color: #6B8E23; color: white; text-align: center; padding: 5px;">NHS Pensions</div> <p data-bbox="260 1104 858 1160">See Appendix A2.1 for the high-level functional design</p>	<p data-bbox="866 320 1150 353"><b>Application Overview</b></p> <p data-bbox="866 365 963 398">Access</p> <ol data-bbox="922 409 1362 678" style="list-style-type: none"> <li>1. GP payments functionality is accessed via the GP Practice Portal by authorised GP Practice staff.</li> <li>2. GP payment claims activity can be viewed, submitted and approved via the GP Practice Portal.</li> </ol> <p data-bbox="866 689 1070 723">Key functionality</p> <ol data-bbox="922 734 1362 992" style="list-style-type: none"> <li>3. The application manages workflow and processing associated with payment activity including application for payment, payment history, payment calculations, outstanding payments, statements and output payment files for upload to ISFE.</li> </ol> <p data-bbox="866 1003 1107 1037">External Integration</p> <ol data-bbox="922 1048 1362 1440" style="list-style-type: none"> <li>4. The application uses Microsoft BizTalk to interface with external systems to deliver the e2e payments process requirements. These are: <ol style="list-style-type: none"> <li>a. ISFE</li> <li>b. CQRS</li> <li>c. PPD</li> <li>d. SPINE</li> <li>e. NHS Pensions</li> </ol> </li> </ol>

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1.2	Payment Services for primary care contractors (ophthalmic)
	<div data-bbox="276 338 675 432">Ophthalmic Portal</div> <div data-bbox="276 461 675 584">Electronic submissions, payment claim management, payment calculations</div> <div data-bbox="276 613 675 687">ISFE</div> <div data-bbox="276 714 675 786">NHS Pensions</div> <div data-bbox="276 813 675 884">Supplier bulk scanning</div> <p data-bbox="268 920 826 981">See Appendix A2.2 for the high-level functional design</p> <div data-bbox="874 322 1149 353"><b>Application Overview</b></div> <p data-bbox="874 371 1038 398">Portal Access</p> <ol data-bbox="922 418 1350 510" style="list-style-type: none"> <li>1. Ophthalmic payments functionality is accessed via the Ophthalmic Portal.</li> </ol> <p data-bbox="874 528 1070 555">Key functionality</p> <ol data-bbox="922 575 1362 786" style="list-style-type: none"> <li>2. The application provides functionality for the management of electronic submissions, calculation, management of ophthalmic payment claims and output payment file for upload to ISFE.</li> </ol> <p data-bbox="874 804 1107 831">External Integration</p> <ol data-bbox="922 851 1369 1167" style="list-style-type: none"> <li>3. The application uses Microsoft BizTalk to interface with external systems to deliver the e2e payments process requirements. These are: <ol data-bbox="1018 1016 1369 1167" style="list-style-type: none"> <li>a. ISFE</li> <li>b. NHS Pensions</li> <li>c. Supplier bulk scanning of GOS forms</li> </ol> </li> </ol>

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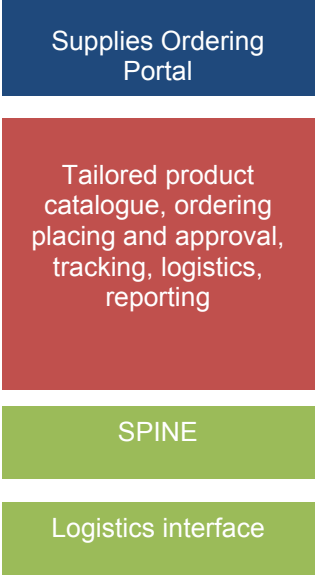
<b>1.4</b>	<b>Pensions administration</b>
	<div> <div>Ophthalmic Portal</div> <div>GP Practice Portal</div> <div>Pension deductions</div> <div>NHS Pensions</div> </div> <p>See Appendix A2.1 and A2.2 for the high-level functional designs</p>
	<p><b>Application Overview</b></p> <p>Access</p> <ol style="list-style-type: none"> <li>GP Pensions functionality is accessed via the GP Practice Portal.</li> <li>Ophthalmic contractor pensions functionality is accessed via the Ophthalmic Portal.</li> </ol> <p>Key functionality</p> <ol style="list-style-type: none"> <li>The application manages pension deductions.</li> </ol> <p>External Integration</p> <ol style="list-style-type: none"> <li>The application uses Microsoft BizTalk to interface with external systems. These are: <ol style="list-style-type: none"> <li>NHS Pensions</li> </ol> </li> </ol>
<b>1.5</b>	<b>Receipting income streams</b>
	There is no specific Transformed Services IT Solution requirement for receipting income streams.
<b>1.6</b>	<b>Registration data quality checks</b>
	There is no specific Transformed Services IT Solution requirement for Registration data quality checks, as the IT requirement will be delivered via the Customer's IT Supplier (HSCIC).
<b>1.7</b>	<b>Patient requested assignments and removals</b>
	There is no specific Transformed Services IT Solution requirement for patient requested assignments and removals.
<b>1.8</b>	<b>Reassignments under the Special Allocation Scheme (SAS)</b>
	There is no specific Transformed Services IT Solution requirement for reassignments under the Special Allocation Scheme (SAS).
<b>1.9</b>	<b>Additional maintenance activities on the patient records database</b>
	There is no specific Transformed Services IT Solution requirement for additional maintenance activities on the patient records database.

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2.1	<b>Medical records management and movement</b>	<p><b>Application Overview</b></p> <p>Access</p> <ol style="list-style-type: none"> <li>1. Medical records management and movement functionality is accessed via the GP Practice Portal by authorised GP Practice staff.</li> </ol> <p>Key functionality</p> <ol style="list-style-type: none"> <li>1. Medical record movements for GPs are tracked via the GP Practice Portal and medical record movement labels can be printed or requested if required.</li> <li>2. The application provides central management of all records movements with simplified workflow.</li> <li>3. Medical record movements are initiated by SPINE patient registration and deduction events which is integrated with the application.</li> <li>4. The application integrates with the logistics provider in order to track and report on the status of MRE movements.</li> <li>5. The application integrates with the Supplier records storage management systems to manage the storage and retrieval of records.</li> </ol> <p>External Integration</p> <ol style="list-style-type: none"> <li>6. The application uses Microsoft BizTalk to interface with external systems to deliver the e2e medical records movement process. These are: <ol style="list-style-type: none"> <li>a. SPINE – Registration and deduction Events</li> <li>b. Logistics provider – movement and tracking</li> <li>c. Supplier records storage management systems</li> </ol> </li> </ol>
2.2	<b>External requests for access to / copies of healthcare records</b>	
	The relevant functionality shall exist within the system to process external requests for patient records from patients, their representatives, Area Teams according to relevant policies and controls.	



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2.3	<b>Miscellaneous information request</b>	
	The relevant functionality shall exist within the system to process external requests for information from miscellaneous third parties according to relevant policies and controls.	
2.4	<b>Administration of records on practice closure / merger</b>	
	The relevant functionality shall exist within the system to conduct administration on the closing or merging of GP lists/practices including providing sending communications to patients, arranging secure transfer of medical records from GP Practice to GP Practice, storage/archiving of records and processing outstanding secure stationery from the closing GP. See Appendix A2.3 for high-level functional design	
2.5	<b>Forwarding of correspondence to patients</b>	
	The relevant functionality shall exist within the system to process requests to forward correspondence to patients, either directly or through approved organisations (e.g. GP Practice, Salvation Army), having sought authorisation to proceed from the NHS England Caldicott Guardian.	
2.6	<b>Routine data quality checks on the patient records system</b>	
	The capability shall exist within the system to support routine data quality checks on patient data through querying SPINE or the data warehouse and having conducted checks deregister patients where appropriate. See Appendix A2.3 for high-level functional design	
2.7	<b>Non-routine data quality projects</b>	
	No detailed requirement exists for this however it is anticipated that generally the requirements can be satisfied through querying SPINE or the data warehouse. See Appendix A2.3 for high-level functional design	
2.8	<b>Primacy care contractor's supplies</b>	
	 <p>See Appendix A2.4 for high-level functional design</p>	<p><b>Application Overview</b></p> <p>Access</p> <ol style="list-style-type: none"> <li>1. Supplies Ordering Portal is used for supplies ordering and tracking by Primary Care Contractors.</li> <li>2. Emergency orders via the Service Desk.</li> </ol> <p>Key Functionality</p> <ol style="list-style-type: none"> <li>3. Provision of a product catalogue aligned to Primary Care Contractor type.</li> <li>4. Ordering permissions and approval controlled and automated by workflow.</li> <li>5. The logistics module within Dynamics CRM delivers all aspects of this service component including reordering and secure stationary tracking.</li> <li>6. Closely allied to the management of MREs, and associated with the logistics process.</li> </ol> <p>External Integration</p> <ol style="list-style-type: none"> <li>7. The application uses Microsoft BizTalk to interface with external systems to deliver supplies.</li> </ol>

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		<p>These are:</p> <ul style="list-style-type: none"> <li>a. SPINE – prescriber codes for prescription pads</li> <li>b. Logistics provider – movement and tracking</li> </ul>
<b>2.9</b>	<b>Open Exeter replacement access requests</b>	
	<p>The functionality shall exist within the solution to track and authenticate users' accounts and passwords. Automated password reset services shall be available as well as the ability for nominated Practice Senior Users to be able to nominate and remove Service Users for their practice. The system shall audit usage and flag unusual access patterns for investigation.</p> <p>See Appendix A2.4 for high-level functional design</p>	
<b>2.10</b>	<b>Initial records transfer services</b>	
	There is no specific Transformed Services IT Solution requirement for the initial records transfer service.	
<b>3.1</b>	General screening services	
	Covered within 3.2 and 3.3, below.	
<b>3.2</b>	Cervical screening call and recall administration	

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	<div data-bbox="268 302 668 398" style="background-color: #003366; color: white; padding: 5px; text-align: center;">GP Practice Portal</div> <div data-bbox="268 423 668 640" style="background-color: #CC0000; color: white; padding: 5px; text-align: center;">Population extracts and selection, GP screening management, call / recall, results matching, notifications, screening history, reporting and failsafes</div> <div data-bbox="268 665 668 761" style="background-color: #6B8E23; color: white; padding: 5px; text-align: center;">SPINE</div> <div data-bbox="268 786 668 882" style="background-color: #6B8E23; color: white; padding: 5px; text-align: center;">Screening laboratories</div> <div data-bbox="268 907 668 1003" style="background-color: #6B8E23; color: white; padding: 5px; text-align: center;">Supplier bulk printing</div> <p data-bbox="268 1032 770 1093">See Appendix A2.5 and A2.6 for high level functional designs</p>	<p><b>Application Overview</b></p> <p><b>Access</b></p> <ol style="list-style-type: none"> <li>1. GPs access cervical screening functionality via the GP Practice Portal.</li> </ol> <p><b>Key functionality</b></p> <ol style="list-style-type: none"> <li>2. Integrate with SPINE for screening population extracts and updates.</li> <li>3. Enable the management of screening cohort selection processes.</li> <li>4. Maintain and apply rules relating the current screening policy.</li> <li>5. Provide GPs with the prior notification list for action prior to call / recall.</li> <li>6. Provide communications for the call/recall process.</li> <li>7. Match laboratory results.</li> <li>8. Provide GP's with up to date information and notification of abnormal results.</li> <li>9. Maintain central screening history, statutory reporting and failsafes.</li> </ol> <p><b>External Integration</b></p> <ol style="list-style-type: none"> <li>10. The application uses Microsoft BizTalk to interface with external systems. These are:             <ol style="list-style-type: none"> <li>a. SPINE</li> <li>b. Screening laboratories</li> <li>c. Supplier bulk printing service</li> </ol> </li> </ol>
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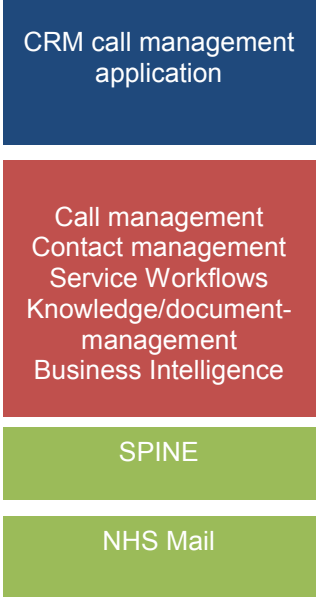
3.3	Breast cancer screening administrative support to call and recall and failsafe functions	
	<div>BSO Screening Portal</div> <div>GP Practice Portal</div> <div>Population extracts and selection, GP screening management, results matching, notifications, screening history, reporting and failsafes</div> <div>SPINE</div> <div>Breast Screening Organisations</div> <p>See Appendix A2.5 and A2.6 for high level functional diagrams</p>	<p><b>Application Overview</b></p> <p>Access</p> <ol style="list-style-type: none"> <li>1. BSOs access breast screening functionality via the BSO Screening Portal.</li> <li>2. GPs access breast screening functionality via the GP Practice Portal.</li> </ol> <p>Key functionality</p> <ol style="list-style-type: none"> <li>3. Integrate with SPINE for screening population extracts and updates.</li> <li>4. Enable the management of screening cohort selection processes.</li> <li>5. Maintain and apply rules relating the current screening policy.</li> <li>6. Match results.</li> <li>7. Provide GP's with up to date information and notification of abnormal results.</li> <li>8. Maintain central screening history, statutory reporting and failsafes.</li> </ol> <p>External Integration</p> <ol style="list-style-type: none"> <li>9. The application uses Microsoft BizTalk to interface with external systems. These are: <ol style="list-style-type: none"> <li>a. SPINE</li> <li>b. Breast Screening Organisations</li> </ol> </li> </ol>

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4.1	Post payment verification administration	
	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #003366; color: white; padding: 5px; margin-bottom: 10px;">Area Team Portal</div> <div style="background-color: #CC3333; color: white; padding: 10px; margin-bottom: 10px; text-align: center;">           Analytics, engine, workflow correspondence, creation and history, patient matching, eligibility matching, recording visit- outcomes         </div> <div style="background-color: #669933; color: white; padding: 5px; margin-bottom: 10px;">SPINE</div> <div style="background-color: #669933; color: white; padding: 5px; margin-bottom: 10px;">DWP</div> <div style="background-color: #669933; color: white; padding: 5px; margin-bottom: 10px;">Supplier bulk printing</div> <div style="background-color: #669933; color: white; padding: 5px;">Debt collection</div> </div> <p>See appendix A2.6 for the high-level functional diagram</p>	<p><b>Application Overview</b></p> <p>Access</p> <ol style="list-style-type: none"> <li>Area Team inspection scheduling and reporting functionality is accessed via the Area Team Portal.</li> </ol> <p>Key functionality</p> <ol style="list-style-type: none"> <li>Analytics to provide claim/payment analysis to identify Outliers and patient lists for eligibility checks.</li> <li>Workflows to support standard working practices, business rules and policies.</li> <li>Generation of eligibility and attendance letters to patients.</li> <li>Dossier creation for Area Team inspection.</li> <li>Penalty notice charge generation and debt collection for defaulters.</li> </ol> <p>External Integration</p> <ol style="list-style-type: none"> <li>The application uses Microsoft BizTalk to interface with external systems to deliver the e2e verification process requirements. These are:             <ol style="list-style-type: none"> <li>SPINE - NHS patient verification</li> <li>DWP for eligibility checks</li> <li>Supplier bulk printing</li> <li>Debt collection</li> </ol> </li> </ol>
	<p>The system shall provide reports on each ophthalmic contractor to support the Area Teams, NHS Protect in the post payment verification process. The system will also interface with DWP systems in order to confirm eligibility. The system will generate a sample report of GOS3 forms to support eligibility checking.</p>	

5.0	<b>Performers List Administration Services</b>	
	<div data-bbox="371 327 687 423">National Performer List Website</div> <div data-bbox="371 443 687 808"> <p>Workflow Applications Dossier management Verification, change and approval of applications Performer list access Applicant notifications Prescriber codes Reporting</p> </div> <div data-bbox="371 831 687 904">SPINE</div> <div data-bbox="371 925 687 999">Disclosure and Barring Service</div> <p>See Appendix A2.7 for the high-level functional design</p>	<p><b>Application Overview</b></p> <p>Access</p> <ol style="list-style-type: none"> <li>1. Portal for applicant access to electronic forms and submission - National Performer List Website.</li> </ol> <p>Key Functionality</p> <ol style="list-style-type: none"> <li>2. Workflows to manage list application/change verification and approvals.</li> <li>3. National Performer List access for other approved consumers (e.g. NHS Choices, National Performer List Website).</li> <li>4. Notification to applicant of decision, conditions and prescriber code.</li> </ol> <p>External Integration</p> <ol style="list-style-type: none"> <li>5. SPINE to query GP information.</li> <li>6. Disclosure and Barring Service checks.</li> </ol>
6.1	<b>Market Entry applications administration</b>	
	<div data-bbox="344 1193 743 1290">Web portal for applicant access</div> <div data-bbox="344 1312 743 1487"> <p>GIS mapping, application progression, verification and approvals, National Pharmaceutical List updates</p> </div> <p>See Appendix A2.8 for high-level functional design</p>	<p><b>Application Overview</b></p> <p>Access</p> <ol style="list-style-type: none"> <li>1. Web portal for applicant access to electronic forms and submission.</li> </ol> <p>Key functionality</p> <ol style="list-style-type: none"> <li>2. GIS mapping of locations and distance mapping.</li> <li>3. Manages workflows to manage Market Entry application, change verification and approvals.</li> <li>4. Notification to applicant of decision.</li> <li>5. National pharmaceutical list updates</li> </ol> <p>External Integration</p> <ol style="list-style-type: none"> <li>a. None</li> </ol>

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<b>7.1</b>	<b>Service Desk</b>
	<div style="display: flex; align-items: center;"> <div style="flex: 1;">  <p>See Appendix A2.9 for the high-level functional design</p> </div> <div style="flex: 1; padding-left: 20px;"> <p><b>Application Overview</b></p> <p>Access</p> <ol style="list-style-type: none"> <li>1. CRM based call management application.</li> </ol> <p>Key Functionality</p> <ol style="list-style-type: none"> <li>2. Management and recording of incoming calls from Primary Care Contractors and other parties.</li> <li>3. Call routing via the Supplier's own telephony system.</li> <li>4. Contact details recorded on MS Dynamic's CRM commercial off-the shelf module.</li> <li>5. Contact authentication workflow.</li> <li>6. Access to other PCS modules and data warehouse to resolve calls.</li> <li>7. Service Desk staff will be able to publish and access previously published knowledge base articles to facilitate call resolution.</li> </ol> <p>External Integration</p> <ol style="list-style-type: none"> <li>8. Service Desk staff will have access to Spine to resolve calls</li> <li>9. Service Desk staff will be able to send emails via NHS Mail.</li> </ol> </div> </div>
<b>7.2</b>	<b>Local Teams</b>
	The application shall provide the functionality for the creation and routing of calls to resolver groups that can be based on region or function.
<b>7.3</b>	<b>Analytics</b>
	<p>The system shall provide business / service intelligence functionality in the form of dashboards and reports to enable service performance to be measured and reported against. The system will also provide reporting capability utilising the SQL server database services to fulfil business intelligence/management information reports. SQL Integration Services shall provide the ability to build enterprise-level data integration and data transformations services whilst the SQL Analysis Services provides processing of data and data mining functionality for business intelligence applications.</p> <p>See Appendix A2.9 for the high-level functional design</p>

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<b>8</b>	<b>Transformed Services IT Solution</b>
8.1.1	<b>Overview</b>
	<p>The diagram below is a high-level illustration of the Supplier's Transformed Services IT Solution. Standardising on Microsoft-based COTS products, i.e. Microsoft Dynamics CRM, Microsoft SharePoint and Microsoft BizTalk, all of which share the common Microsoft Workflow Engine.</p> <p>The diagram is a high-level architectural view and illustrates the high-level technical components that are used to deliver the functional components described in the sections above. Technical component names do not always directly relate to functional components as functionality can be delivered from multiple technical components. e.g. GP Practice Portal will utilise both the SharePoint portal and business services CRM functionality outlined below.</p>
	<p><b>Supporting Systems</b></p> <ul style="list-style-type: none"> <li>Document management</li> <li>Bulk printing</li> <li>Bulk scanning</li> <li>Reporting</li> <li>Logistics</li> <li>Medical record storage</li> <li>SSRS</li> <li>Power View / Pivot</li> <li>Mapping</li> </ul> <p><b>MS Dynamic Business Services</b></p> <ul style="list-style-type: none"> <li>GP payment</li> <li>Ophthalmic payment</li> <li>Pharmacy payment</li> <li>Medical records management</li> <li>Order &amp; stock control</li> <li>Probiity</li> <li>Performers List</li> <li>Market Entry</li> <li>Service Desk</li> </ul> <p><b>MS Dynamic Screening Services</b></p> <ul style="list-style-type: none"> <li>Cervical screening</li> <li>Breast screening</li> </ul> <p><b>SharePoint Portals</b></p> <ul style="list-style-type: none"> <li>GP Practice</li> <li>Ophthalmic</li> <li>Pharmacy</li> <li>NHS Area Team</li> <li>Supplies ordering</li> <li>BSO Screening</li> <li>Performers List</li> </ul> <p><b>SQL</b></p> <ul style="list-style-type: none"> <li>SQL Data Instances</li> </ul> <p><b>Data Warehouse</b></p> <ul style="list-style-type: none"> <li>SQL Reporting</li> <li>SSAS (Analysis Cubes)</li> <li>SSIS (Analysis Cubes)</li> </ul> <p><b>Authentication</b></p> <ul style="list-style-type: none"> <li>AD</li> <li>AD LDS</li> </ul> <p><b>Temp Datastore</b></p> <ul style="list-style-type: none"> <li>SFTP</li> <li>Filestore</li> </ul> <p><b>ESB BizTalk</b></p> <ul style="list-style-type: none"> <li>EDIFACT</li> <li>SFTP</li> <li>HTTP/S</li> <li>XML</li> <li>FILE</li> <li>Custom</li> </ul> <p><b>Email</b></p> <ul style="list-style-type: none"> <li>Exchange linked to NHS Mail</li> </ul> <p><b>KEY</b></p> <ul style="list-style-type: none"> <li>System component (Yellow)</li> <li>Customer facing (Blue)</li> <li>Supporting technology (Green)</li> </ul>
8.1.1	<p>The Transformed Services IT Solution shall be designed to leverage standard Supplier technology products and services to deliver the required IT services to underpin the Services and service component requirements include:</p> <ul style="list-style-type: none"> <li>• Capita Private Cloud (CPC)</li> <li>• Data Centre Hosting</li> <li>• Capita Connectivity+ (MPLS WAN)</li> <li>• Managed Network Services (LAN)</li> <li>• Capita Managed Workplace</li> <li>• Capita Managed Voice Service</li> <li>• Capita ITES service desk</li> </ul>
8.2	<b>Hosting and connectivity</b>
8.2.1	<p>The Transformed Services IT Solution shall be hosted within the Capita Private Cloud (CPC) that is physically located in the Corsham and Farnborough data centres.</p>



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8.2.2	<p>The Supplier shall provide the following environments hosted within the Corsham and Farnborough data centres:</p> <ul style="list-style-type: none"> <li>• Production</li> <li>• Disaster Recovery (DR)</li> <li>• Pre-Production</li> <li>• Training</li> <li>• Testing</li> </ul>
8.2.3	The Corsham and Farnborough data centres shall present an N3 end point.
8.3	<p><b>Technology platform</b></p> <p>The Transformed Services IT Solution shall comprise primarily of Microsoft Technology Stack products, which will be configured to provide the PCS Services as per the requirements.</p>
8.3.1	<p><b>Operating System</b></p> <p>Windows 2012 R2 is the operating system that shall provide the platform for application(s) and application services to be deployed for the PCS Services.</p>
8.3.2	<p><b>Authentication</b></p> <p>AD - Active Directory is a repository that keeps track of all the user accounts and passwords in the organisation and shall be used in the authentication and authorisation process.</p> <p>DNS - Domain Name Service shall provide the repository for the translation of IP address to friendly names to access services via supported browsers.</p> <p>AD LDS - Active Directory Lightweight Directory Service provides flexible support for directory-enabled applications and Active Directory services.</p> <p>SSO – Single Sign On shall be implemented for the Supplier PCS solution users only.</p> <p>Where required by Spine information security standards SmartCard authentication shall be used by PCS staff for accessing Spine Services.</p> <p>RBAC – Role Based Access Control shall be used to provide controlled access to users and support staff.</p>
8.3.3	<p><b>Document management</b></p> <p>SharePoint 2013 shall provide a collaboration and content management platform to allow groups to have centralised, password protected space for documents.</p>
8.3.4	<p><b>Business services CRM, Screening CRM and portals</b></p> <p>SharePoint 2013 and Dynamics 2015 are the applications used to provide the workflows and services.</p>
8.3.5	<p><b>Integration and interfacing</b></p> <p>BizTalk 2013 R2 is the enterprise service bus (ESB) used to provide integration and translation between multiple systems with supported connectors.</p>
8.3.6	<p><b>Database</b></p> <p>SQL Server 2012 the relational database management system shall be used to provide the database repository for both transactional and reporting data for the Transformed Services IT Solution such as records and data warehouse(s).</p>
8.3.7	<p><b>Reporting &amp; data warehouse</b></p> <p>SQL Reporting Services shall provide the reporting capability utilising the SQL server database services to fulfil business intelligence/management information reports.</p> <p>SQL Integration Services provides the ability to build enterprise-level data integration and data transformations services.</p> <p>SQL Analysis Services provides processing of (OLAP – online analytical processing data) and data mining functionality for business intelligence applications.</p>
8.3.8	<p><b>Anti-Virus</b></p> <p>Deployed operating system(s) shall be protected against viruses with suitable anti-virus software.</p>
8.3.9	<p>Where necessary physical servers shall be deployed in resilient configuration at the server level not component level to provide process intensive services such as database servers.</p> <p>These shall employ the use of multiple network cards for client access and to provide operational management access, multiple internal and SAN attached disks to provide resilient storage internally for the required operating system and externally (SAN) for data.</p>
8.4	<b>Virtualisation</b>

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8.4.1	The hosted services shall be provisioned on servers using a hypervisor to provision virtualised operating system providing the ability to scale server resources when required.
8.4.2	Storage for documents both stored within the database and on file systems shall utilise suitably sized SAN.
8.5	<b>Client configuration</b> Supplier users of the Transformed Services IT Solution shall be provided with the supported technology specifications required to access the PCS hosted services.
8.5.1	Windows 7, 8, 8.1
8.5.2	Net Framework 4.5.2
8.5.3	IE10, IE11 for SharePoint 2013 access
8.5.4	CRM 2013 for Outlook Client
8.5.5	Office 2010, 2013 (Cached Exchange mode only)
8.5.6	The Supplier will implement multiple channels to enable stakeholders to interact with the Transformed Services IT Solution: <ul style="list-style-type: none"> <li>• Telephony</li> <li>• Email</li> <li>• Web Access (Portal) for: <ul style="list-style-type: none"> <li>○ Primary Care Contractors (GPs, opticians, pharmacists, dentists)</li> <li>○ Area Teams</li> <li>○ Clinical Commissioning Groups</li> <li>○ NHS Business Services Authority - Prescription Services</li> <li>○ Breast Screening Offices</li> </ul> </li> <li>• System to System – see 8.6 (Solution integration) below</li> </ul>
8.5.7	<b>Platform infrastructure</b> <ul style="list-style-type: none"> <li>• Centrally managed Anti-virus</li> <li>• User facing servers shall have host intrusion protection (HIPS)</li> <li>• Virtual Servers are backed up using the native virtualisation software to create snapshots (VMware)</li> <li>• VM snapshots shall be backed-up using SAN based replication</li> <li>• Disk based backups of SAN data</li> <li>• Physical Servers (non-virtualised) shall use agent based backup client</li> <li>• Microsoft RDP as part of the Microsoft Operating System software for remote management</li> <li>• NIM Soft monitoring agent for server operating system core metrics monitoring such as CPU, memory, disk space</li> </ul>
8.5.8	<b>Network infrastructure</b> <ul style="list-style-type: none"> <li>• Firewalls for user facing connectivity supporting virtual LAN configuration and for non-user facing connectivity to secure backend server infrastructure supporting virtual LAN configuration.</li> <li>• Multiple firewall vendors shall be used to protect user and backend tiers.</li> </ul>
8.6.	<b>Solution integration</b>

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8.6.1	<p>The Supplier shall deploy Microsoft's BizTalk 2012 R2 as the integration hub providing the required messaging connectivity between the Supplier Transformed Services IT Solution and the various external and services including:</p> <ul style="list-style-type: none"> <li>• SPINE</li> <li>• CQRS</li> <li>• ISFE (subject to ISFE interface availability)</li> <li>• NHS Pensions (subject to NHS Pensions interface availability)</li> <li>• PPD</li> <li>• BSA Drug System (PPA)</li> <li>• NHS Choices</li> <li>• National Performer List</li> <li>• Pharmaceutical list</li> <li>• Electronic GOS</li> <li>• NHS Mail</li> <li>• Screening laboratories</li> <li>• Breast Screening Offices</li> <li>• DWP</li> <li>• CDIS</li> <li>• CRMS</li> <li>• Logistics</li> </ul>
8.6.2	Integration into other NHS services via the BizTalk integration hub shall be via the NHS N3 Network.
8.6.3	Integration into other services via the BizTalk integration hub shall be via 3 <sup>rd</sup> party gateways.
8.6.4	<p>The Supplier BizTalk implementation shall utilise the appropriate adaptors to enable mapping of external service messages directly at a data dictionary level to the Transformed Services IT Solution shall include:</p> <ul style="list-style-type: none"> <li>• EDIFACT</li> <li>• XML</li> <li>• SFTP</li> <li>• FILE</li> <li>• HTTP/S</li> <li>• Custom</li> </ul>