

**NHS England South**

**Violent Patients Scheme Specification**

Violent Patient Scheme Specification – NHS England South

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On behalf of:

NHS England South Region Heads of Primary Care. NHS England, in its support to delegated CCGs, has agreed to work with a lead CCG(s) (yet to be identified) and NHS England Regional Local Office(s) in the case of non-delegated CCGs to assist them to co-ordinate the procurement of a new VPS service which is more aligned with similar services available elsewhere in the country. The management of the commissioned contract will be undertaken by the appropriate CCGs pursuant to the requirements of delegated authority, in the context of co-commissioning or NHS England Regional Local Office(s) in the case of non-delegated CCGs.

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**1 Introduction**

The Violent Patient Scheme (VPS) was introduced as a Directed Enhanced Service in 2004, with the aim of providing a secure environment in which patients who have been violent or aggressive in their GP practice can continue to receive general medical services. The VPS is a Directed Enhanced Service to provide general medical services to patients who meet the criteria for inclusion into the scheme and cannot be used for any other circumstance.

This scheme allows the Commissioner to balance the rights of patients to access general medical services with the need to ensure that GPs, their staff, patients and bystanders deliver and receive those services without the threat or occurrence of violence or who might otherwise have reasonable fears for their safety. Placing a patient onto the VPS should only be used as a last resort when all other ways of managing the patient’s behaviour have been exhausted.

This specification sets out the requirements for the service to be commissioned.

**1.1 Background**

Since 2004, the provision of the VPS has developed and evolved into the current arrangements with the establishment of NHS England in 2013, albeit across various localities. This specification and procurement process is intended to bring greater standardisation and the harmonisation of participating predecessor schemes across the South Region whilst maintaining local sensitivity in its delivery.

The Commissioner is responsible for commissioning primary care medical services for a number of patients, under the Violent Patient Scheme Directed Enhanced Service. This service is being commissioned under a lead CCG acting on behalf of participating delegated Clinical Commissioning Groups associated with the procurement. In the Crawley Lot areas the CCG is not-delegated; NHS England Regional Local Office may retain responsibility subject to local arrangements.

The service will be commissioned through an APMS Contract offered in distinct geographical lots which correspond to (or groupings of) CCG footprints. The aim of this is to facilitate subsequent service oversight/reprocurement by local commissioning / accountable bodies as and when required. The 8 offered lots are:

|  |  |  |
| --- | --- | --- |
| **Lot**  | **Area** | **CCG** |
| **1** | **Oxfordshire** | Oxfordshire  |
| **2** | **Buckinghamshire** | Aylesbury Vale  |
| Chiltern  |

|  |  |  |
| --- | --- | --- |
| **3** | **Berkshire West** | Newbury & District  |
| North & West Reading  |
| South Reading  |
| Wokingham  |
| **4** | **Berkshire East** | Winsor, Ascot & Maidenhead  |
| Braknell & Ascot  |
| Slough  |
| **5** | **Swindon** | Swindon  |
| **6** | **Wiltshire** | Wiltshire  |
| **7** | **Crawley** | Crawley  |

**1.2 Purpose**

The purpose of this service is to provide a stable environment for patients who have demonstrated violent, aggressive or abusive behaviour and been subject to immediate removal from a practice’s patient list to receive continuing health care, addressing any underlying causes of aggressive or disruptive behaviour and providing a safe environment for the delivery of such health care.

**1.3 Aims**

The scheme has the following aims:

* Provide a stable environment in which the health needs of the client group can be addressed in a proper and continuing manner;
* To provide to the greatest extent possible full general medical services for patients who have been removed from a Practice Register because of violent, aggressive and/or abusive behaviour towards a member/s of their practice team;
* Provide a thorough assessment of the patient’s clinical, psychological and social needs, especially those which may result in unrealistic expectations and which may have led previously to physically or verbally aggressive behaviour;
* Provide an environment that deters aggressive behaviour and puts in place steps to deal with such behaviour by discreet security arrangements;
* Ensure that Service Providers educate the patient and his or her family or carers on the best way to obtain good quality and continuing services from primary care in particular and the NHS in general;
* To work with CCG teams/NHS England (as appropriate) to ensure that where families have also been subject to immediate removal because of a patient’s behaviour[[1]](#footnote-1), they have access to full general medical services;
* Enable the patient to re-register with a normal General Practice and return to full access to primary care services at the earliest appropriate time following review.

**1.4 Indicative Activity**

|  |  |  |
| --- | --- | --- |
| **Area** | **Locality** | **Number of Patients being seen under the VPS** |
| Thames Valley | Oxfordshire | 4 |
|  | Buckinghamshire | 4 |
|  | Berkshire West | 7 |
|  | Berkshire East | 3 |
| Bath, Gloucester, Swindon & Wiltshire | Swindon | 7 |
|  | Wilts | 6 |
| South East | Crawley | 15 |

However, it is assumed that with the commissioning of this service (over the previous service) the activity will increase although the amount is unknown.

**1.5 Oversight of the Violent Patient Scheme**

The delivery of the VPS Service will be overseen by the Commissioner. The VPS service provision will be performance reviewed against primary care best practice and specifically the Quality Indicators (QI) outlined at para 2.3 below. The QIs will be subject to annual review between the Commissioner and the VPS Provider. The VPS Provider will attend quarterly service review meetings to discuss performance over the preceding quarter and to highlight any foreseen issues that may occur during the forthcoming quarter.

The VPS Provider on behalf of the Commissioner will prepare a report to facilitate the bi-annual VPS Patient Review Panel (see para 10.5 below). The Review Panel will determine whether a VPS patient, after an initial period of at least 6 months on the VPS, remains a threat or whether they may be reintegrated into ‘*mainstream*’ primary care.

**2 Contract Scope**

The scope of service is for the provider to deliver a consistent, accessible, high quality, safe, effective healthcare service and dedicated administration for patients that have been placed on the VPS. The service is to include provision of a call-handling service for all VPS patients in each identified geographical area, to make appointments and arrange for the provision of security escorts to attend an appointment as required.

The Provider will be expected to build relationships with the Commissioner and other multidisciplinary stakeholders to ensure that community/social interventions can be utilised in order to discharge patients from the VPS at the earliest appropriate time with any necessary support mechanisms. The Provider will be expected to work to the various best practice guidelines and NHS England standards, policies and frameworks.

To facilitate local commissioning/accountable bodies in the development of the VPS service the contract will be set for 5 years overall broken down into an initial
3 yrs with the option to extend up to an additional 2 yrs ( one plus one).

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

The Commissioner will review performance and financial management of the Provider. QIs will be set and reviewed on a quarterly basis (see Para 2.3 below).

The Provider will be expected to:

* demonstrate transparency in all areas of contract delivery and promptly escalate any issues relating to underperformance, as detailed in the assurance framework to the Commissioner. An action plan outlining how underperformance will be addressed will also be required;
* maintain and update a risk register to capture any risks and issues relating to the delivery of the contract, which will be shared openly and routinely with the commissioners.

**2.1 Termination**

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

**2.2 Contract Payments and Quality Management**

[Content to be determined by participating CCGs and will be inserted at any subsequent Invitation to Tender]

**2.3 Quality Indicators (QIs)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Description** | **Indicator** | **Frequency** | **Performance Band** |
| **A** | **B** | **C** |
|  | **Access** |
| 1 | Urgent Face to Face Appointment Availability | Percentage of **urgent** face-to-face appointments offered to patients on the VPS that take place within 24 hours of the appointment being made. Denominator = all booked urgent face to face appointments. | Quarterly | >90% | 80%-90% | <80% |
| 2 | Routine Face to Face Appointment Availability | Percentage of **routine** face-to-face appointments offered to patients on the VPS that take place within one week (5 working days) of the appointment being made. Denominator = all booked routine face to face appointments. | Quarterly | >90% | 80%-90% | <80% |
| 3 | Urgent Telephone Appointment Availability | Percentage of **urgent** telephone appointments offered to patients on the VPS that take place within 24 hours of the appointment being made. Denominator = all booked urgent telephone appointments. | Quarterly | >90% | 80%-90% | <80% |
| 4 | Routine Telephone Appointment Availability | Percentage of **routine** telephone appointments offered to patients on the VPS that take place within one week (5 working days) of the appointment being made. Denominator = all booked routine telephone appointments. | Quarterly | >90% | 80%-90% | <80% |
| 5 | Appointment Punctuality | Percentage of patients seen within 30 mins of booked appointment time. Denominator = all booked appointments | Quarterly | >90% | 80%-90% | <80% |
|  | **Service Delivery** |
| 6 | Influenza Immunisations | Percentage of patients eligible for a flu immunisation whose notes record that the influenza immunisation has been given.Denominator = all eligible patients who have not previously received one in this financial year. Those giving informed dissent to be excluded. | Annual | ≥ 80 | ≥ 70 | < 70 |
| 7 | Diagnosed Substance Misusers | Percentage of patients identified as substance misusers referred to a substance misuse programme.Denominator = all patients identified as substance misusers. Those giving informed dissent to be excluded. | Quarterly | ≥ 95 | ≥ 90 | < 90 |
| 8 | Diagnosed Substance Misusers | Percentage of patients referred to a substance misuse programme meeting programme attendance requirements.Denominator = all patients referred to a substance misuse programme. | Quarterly | ≥ 95 | ≥ 90 | < 90 |
| 9 | IV Drug Users | Percentage of patients identified as IV drug users screened for Blood Borne Viruses.Denominator = all patients identified as IV drug users. Those giving informed dissent to be excluded. | Quarterly | ≥ 80 | ≥ 70 | < 70 |
| 10 | IV Drug Users | Percentage of patients identified as IV drug users immunised against Hepatitis B.Denominator = all patients identified as IV drug users. Those giving informed dissent to be excluded. | Quarterly | ≥ 80 | ≥ 70 | < 70 |
| 11 | Alcohol Misuse / Dependence | Percentage of new VP patients offered screening for alcohol consumption using either the FAST or Audit–C tests approved by WHO. All patients with a positive score should be screened using the remaining questions in the ten-question AUDIT.Denominator = all patients assigned to the VPS. | Quarterly | ≥ 90 | ≥ 80 | < 08 |
| 13 | Alcohol Misuse / Dependence | Percentage of screened patients scoring as ‘increased or higher risk’ drinking (8-19) who have been offered ‘brief’ intervention or ‘brief lifestyle’ counselling.Denominator = all patients scoring 8-19 on alcohol screening. | Quarterly | ≥ 90 | ≥ 80 | < 80 |
| 12 | Alcohol Misuse / Dependence | Percentage of screened patients scoring 20 or more in alcohol screening who have been offered referral to specialist services.Denominator = all patients scoring 20 or more (possible alcohol dependence) on alcohol screening.  | Quarterly | ≥ 90 | ≥ 80 | < 80 |
| 14 | Mental Health | Percentage of patients diagnosed with mental health problems offered self-management advice and a personalised care plan or referral to specialist services if appropriate.Denominator = all patients diagnosed with mental health problems. | Quarterly | ≥ 90 | ≥ 80 | < 80 |
| 15 | Homelessness | Percentage of patients recorded as ‘homeless’ who have been offered referral to an appropriate housing or other related agency for long term safe accommodation.Denominator = all patients recorded as homeless (to include but not exclusively: no fixed address, ‘sofa surfing’, resident in a B&B). | Quarterly | ≥ 90 | ≥ 80 | < 80 |
| 16 | VP Reintegration | Number of patients discharged from the VPS and reintegrated back into ‘*mainstream*’ provision of primary care medical services. | Quarterly | Yes | n/a | No |

**2.4 Non-NHS Health Care**

Non-NHS procedures and practice is outside of the scope of this specification.

**3 Service Provision**

**3.1 Overview**

The Provider is expected, in line with core GP contract requirements, to provide access to registered patients during the hours of 8am-6.30pm Monday to Friday excluding bank holidays. Appointments outside of core hours may also be considered (where appropriate). The service will provide face-to-face consultations and telephone consultations during the operating hours above.

The Commissioner expects that all VPS patients requesting an appointment receive one within a clinically appropriate and responsible period of time. The Commissioner would expect this usually to take place within one week of request for planned care and 24 hours for urgent care. It would be desirable, but not essential, for the Provider to provide consultations through Skype and/or Email under the right governance framework.

In addition the Provider will be expected to:

* have contingency plans in place in the event of staff sickness or other unforeseen events, to ensure staffing levels are maintained;
* take appropriate action in the event of clinicians being delayed;
* escalate IT/technical system problems appropriately, ensuring a prompt resolution.

This could include extended access when required.

The following general principles of providing healthcare services as part of the VPS must be adhered to:

* Consultations will normally take place within a Healthcare location or premises used by healthcare professionals to be agreed. All premises must be risk assessed, have a copy of the Service Specification, provision of security arrangements, an emergency buzzer, N3 connection, couch and be clinically safe;
* The Provider shall only treat patients under the terms of this contract;
* The Provider will be expected to involve patients on the VPS in choices about their treatment as far as practicable, in accordance with the NHS operating framework;
* The Provider shall deliver healthcare services in accordance with statutory rules and standing orders laid down in the contract and follow local instructions as may from time to time be issued regarding security, communications, procedures, ordering of any goods / services and health and safety of contractors;
* The Provider will also work with other relevant statutory and voluntary services to improve the health of VPS patients.

**3.2 Service Delivery**

Service delivery must meet national expectations outlined in the relevant Local Quality Requirements (NHS Outcome Framework Domains) set out below.

NHS Outcomes Framework Domains & Indicators

|  |  |  |
| --- | --- | --- |
| Domain 1 | Preventing people from dying prematurely | x |
| Domain 2 | Enhancing quality of life for people with long-term conditions | x |
| Domain 3 | Helping people to recover from episodes of ill-health or following injury | x |
| Domain 4 | Ensuring people have a positive experience of care | x |
| Domain 5 | Treating and caring for people in a safe environment and protecting them from avoidable harm | x |

Defined Outcomes

|  |  |
| --- | --- |
| Domain 1 | People with COPD who smoke are regularly encouraged to stop and are offered the full range of evidence-based smoking cessation support (evidenced by 4-week quit rates); |
| Domain 2 | Personalised care plan offered to all patients with long-term conditions; |
| Domain 3 | Improving people’s experience of outpatient care; |
| Domain 4 | Support patients to engage fully with other medical service providers and advisory services, e.g. alcohol/substance misuse/dependence, homelessness, mental health; |
| Domain 5 | Support patients to reduce patient safety incidents resulting in severe harm or death. |

The service provided is to be comprehensive and high quality primary medical services within a suitable, safe and secure environment which is **accessible** to VPS service users taking into account specific local circumstances including the urban / rural split, transport links and available infrastructure. Service accessibility is to be scoped out in sufficient detail within tender documentation to assure the Commissioner of the proposed service’s accessibility to VPS service users.

The service to be delivered includes:

* Provision of services, including specifically: active management of long term and chronic conditions: patient referral, engagement and liaison with supplementary services where available routinely within the area, including specialist mental health services, drug and alcohol services and those available through secondary services;
* Provision of trained chaperones should they be required (in addition to appropriate security arrangements);
* Provision for patients on the VPS that may have a history of substance misuse; these patients may require signposting in order to be able to access Methadone/Subutex medicines;
* Development of good working relationships with local community and specialist teams for onward referral and support to patients for rehabilitation;
* Face-to-face consultations will be held in appropriately secure rooms. The Commissioner expects there to be sufficient security staff on the premises 15 minutes before the patient’s appointment and only leave at least half an hour after the patient has left the premises or the GP has left the premises if the appointment is held away from their own site. The security escorts will have access to a risk assessment to inform them of any potential risks;
* The Provider must ensure that referrals to NHS hospitals should not be arranged where it is within the Provider’s competence to deal with the healthcare issue. VPS patients should only be transferred from the location in the event of an emergency (e.g. collapse) arising on the premises;
* The Provider is required to hold the patient’s notes and associated records as a registered patient;
* The Provider is expected to take responsibility in encouraging patients to engage with the service;
* Following the removal of the patient from the scheme, the Provider is expected to ensure that the patient has sufficient medication as appropriate and that the new practice is aware of any referrals, medical certificates or follow up appointments;
* The Provider is expected to maintain the patient’s full medical history and in the event of being removed from the GP Practice list, inform the new practice of the patient’s full medical history and of their recent placement on the scheme;
* Where required the Provider may be required to engage with Social Services, the Prison Service and the Police to gain a full picture of the patient’s history (subject to data protection issues and agreement from partner agencies);
* Patients will be informed that they have been removed from the scheme by letter (or other communication);
* All clinical providers will be signed up to deliver the performance indicators for delivery of the VPS;
* Whilst this is an APMS contract, the Commissioner expects that the Providers subscribe to the core requirement of a GMS/ PMS contract for GP, meaning that the core requirement of a GP who provides essential services to NHS patients is “the management of” such patients. “Management” of a patient includes:
	+ Offering consultation and, where appropriate, physical examination for the purpose of identifying the need, if any, for treatment or further investigation; and
	+ The making available of such treatment or further investigation as is necessary and appropriate, including the referral of the patient for other services under the GMS/PMS contract and liaison with other health care professionals involved in the patient’s treatment and care.

**3.3 Primary Medical Services**

The following primary medical services will form the baseline of service provision:

Essential Services:

* Management of patients who are ill, with conditions from which recovery is generally expected, for the duration of that condition, including relevant health promotion advice and referral as appropriate, reflecting patient choice wherever practical;
* General management of patients who are terminally ill;
* Management of chronic disease/Long term conditions, to be determined by the practice, and in agreement with the patient; and
* Telephone triage in the event of urgent care requirements.

Additional Services:

* Cervical screening;
* Contraception services;
* Vaccination and immunisations; and
* Minor Surgery (curettage & cautery):
	+ Note: the Provider must be approved iaw local CCG requirements.

Enhanced Services:

Standard GMS enhanced services as updated annually should be provided within the contract:

* HPV Booster;
* Learning Disabilities;
* Meningococcal (Men C) Fresher Vaccination;
* Meningococcal ACWY;
* Meningococcal B;
* Meningococcal Booster Vaccination;
* Meningococcal C (Men C) Booster;
* Minor Surgery;
* MMR (aged 16 and over);
* Pertussis (Pregnant Women) Vaccination;
* Rotavirus (pregnant women);
* Seasonal Influenza and Pneumococcal Polysacchiaride Vaccination;
* Shingles (Catch-up) Vaccination;
* Shingles (routine) Vaccination;
* Quality and Outcomes Framework (or any alternative quality scheme that may replace the current (2017) QoF scheme.

**3.4 Accessing the Service**

Call Handling is required for all patients to access the service; the patient can choose whether to request a face-to-face or telephone consultation. The call handling service will liaise with the GP provider, patient, security escort provider, and administrative staff within the location of clinic to arrange the appointment. The call handling service will also be the point of contact for patients requesting repeat medication.

Face-to face consultations will be held in appropriately secure rooms. The Commissioner expects security staff to attend the venue when an appointment is booked, escorts should arrive 15 minutes before an appointment, to liaise with relevant staff, and leave no earlier than 30 minutes after the patient has left the venue. It will be important to ensure that the Manager/Administrative staff or equivalent on site ensure availability of an appropriate waiting area. The security escorts will have access to all risk assessment information, to inform them of any potential risks.

Home Visits should only be undertaken by exception due to an absolute clinical necessity, after a full telephone assessment of the patient’s medical condition. Should clinical necessity warrant a home visit then a full risk assessment must be completed to minimise and mitigate any associated risk. Appropriate security measures must be put in place during the home visit to make the site safe.

**3.5 Demand Management**

The Provider will proactively keep waiting times to a minimum by:

* Management of demand and capacity and implementation of a flexible reactive appointment system that is responsive to need;
* Accessible access to urgent care during contracted hours;
* Improved medicines management for patients;
* Taking advantage of developments in technology to enhance access to care;
* Taking care closer to the patient where possible; (e.g. community facilities or GP practice by agreement). This will be delivered across geographical areas on a sessional basis as required;
* Work towards a reduction in the number of Did Not Attends (DNAs);
* Promotion of recovery and wellbeing;
* Provision of knowledge and advice to identify, diagnose and treat patients presenting with challenging behaviour/conduct in a more appropriate setting;
* Delivering targeted efficiencies in all areas.

**4 Provider Requirements**

**4.1 Assurance Framework**

The Provider is expected to develop and maintain a joint Assurance Framework in consultation with the Commissioner. This framework will allow all partners in the contract to share and manage risk effectively, thereby ensuring a high quality service is provided at all times.

Any relevant investigations (internally, locally or nationally) will be incorporated into the Assurance Framework.

**4.2 CQC Registration**

It is a mandatory requirement for the provider to be registered with the CQC in order to provide primary medical services and to be compliant with the CQC Essential Standards for Quality and Safety (<http://www.cqc.org.uk/organisations-we-regulate>).. Registration with the CQC takes a minimum of 12 weeks. Any cost implications will be at the provider’s own cost.

**4.3 Disaster Recovery / Business Continuity**

The Provider is required to have arrangements for business continuity in the event of an incident or emergency during the life of the contract. This plan should show how the service would be delivered and maintained during an incident or emergency.

**4.4 Equipment**

The Provider shall provide any Equipment, whether fixed or mobile, necessary for the delivery of the Services and operation of the Premises (the “Provider Equipment”).

**5 Quality Assurance and Governance**

The Provider will operate an effective, comprehensive System of Clinical Governance with clear channels of accountability, supervision and effective systems to reduce the risk of clinical system failure. This will be an element within an effective and comprehensive System of Integrated Governance.

The Provider will identify a clinical lead to be clinical governance lead and provide leadership to the team delivering primary medical care services.

**5.1 Quality Outcomes Framework**

The Quality and Outcome Framework (QOF) is widely recognised as a tool which supports continuous quality improvement. Screening and checks should be provided for patients in line with the current QOF guidance.

The Provider will be expected to ensure that internal IT systems are available and fit for purpose, in order to demonstrate how identified QI targets within the service delivery model can be achieved and to improve overall communication and information flows between wider stakeholder groups, enabling local service requirements to be achieved.

The Commissioner expects the Provider to participate in achieving locally-agreed quality targets. The indicators will be reviewed annually in partnership with the Provider and clinicians to ensure they are appropriate.

The Provider will ensure that staff, clinicians and administrators have the appropriate IT skills and training to use the technology and implement appropriate strategies to find relevant information on a topic to support good quality care.

**5.2 Clinical Governance**

Clinical Governance is a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care can flourish.

The principal components of Clinical Governance are clinical effectiveness, clinical audit, quality assurance, risk management and organisational and staff development.

The Provider will be expected to have systems in place to reduce risk, monitor and report incidents and near misses and manage complaints. Furthermore, the Provider must demonstrate that it adheres to the principles of continuing education and continuous quality improvement informed by the audit process.

Responsibility for the day-to-day clinical governance will be held by the Provider. The Provider will identify a clinical governance lead and provide clinical leadership to the team delivering primary medical care services and will submit an annual governance update to the Commissioner.

Informed Consent

The Provider will comply with NHS requirements in relation to obtaining informed consent from each patient, including the following or as amended from time to time:

* Department of Health Good Practice in Consent Implementation Guide: Consent to Examination or Treatment 2002;
* Health Service Circular HSC 2001/023;
* The guidance “Consent: patients and doctors making decisions together” (GMC 2008).

**5.3 Information Governance**

The Provider will ensure high standards of information governance for the service and reassure patients of the importance of patient confidentiality. The Provider will also maintain high standards in relation to “Information Sharing Protocols” which may exist between agencies to ensure the appropriateness of the information to be shared with other agencies. The Provider will participate in the NHS IG Toolkit to provide assurance of continued high standards.

The Provider must also make patients aware of the circumstances when limitations to confidentiality from the point of assessment may exist, i.e. when and what information will be kept in confidence, when it will be shared with other services involved in their care and in what circumstances confidentiality will be breached. Including where there are concerns around safeguarding, child protection, or where specific concerns exist of risk of service users harming themselves or others (including staff or general public).

The Provider will ensure that all sub-contractors will be familiar with the principles of information governance and be able to provide assurance to the Commissioner that they are consistently applied when supporting the VPS.

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

* NHS Confidentiality Code of Practice;
* Registration under ISO/IEC 17799-2005 and ISO 27001-2005 or other appropriate information security standards;
* Use of the Caldicott principles and guidelines;
* Appointment of a Caldicott Guardian;
* Policies on security and confidentiality of patient information;
* Achieve and maintain the data quality standards achieved by practices under the former requirements of the IM&T Directly Enhanced Service;
* Clinical governance in line with the NHS Information Governance Toolkit;
* Risk and incident management system;
* Information Governance Statement of Compliance (IGSoC);
* Good practice guidelines for general practice electronic records and smart cards.

**5.4 Patient Records**

The Provider will be required to hold patient records and:

* provide evidence of patient consent;
* comply with legislation and best practice relating to patient confidentiality;
* ensure that the Provider’s staff are fully informed of records management and are aware of their obligations regarding patient records and sharing of patient information.

**5.5 External Governance**

The Provider is expected to build and maintain high quality governance arrangements with partner agencies including; commissioners, police, GPs, security staff etc., ensuring that strong partnerships are established with all related agencies, anticipating that this will lead to better outcomes for all.

The Provider will have a clearly identified procedure to record concerns, comments, complaints and compliments that is easily accessible, and will act on all complaints in a timely manner. All complaints will be shared with the Commissioner at contract management meetings, or earlier if the complaint impacts upon the assurance framework.

**5.6 Internal Governance**

The Provider is expected to have a strong internal governance structure and organisational governance plan covering all aspects of service delivery in the premises. This should cover issues including: communication between security staff, carers / families and staff (including managers and clinicians), communication between staff across the service, effective reporting mechanisms, client / service user records, service data, incident reporting and health and safety. Such governance arrangements will comply with all current and any future legislation that applies, for example, the Data Protection Act, etc. A structured approach to supervision and training programmes for all staff should include:

* Clear and documented lines of accountability for quality of care;
* Clear policies for managing clinical and non-clinical risks;
* An incident reporting system that conforms to National Patient Safety reporting requirements in place for monitoring and taking action following clinical incidents;
* Evidence that all Provider staff are trained to report incidents and are involved in reviewing patient safety incidents following the Significant Event Analysis process, set out in national guidance;
* A planned programme of clinical audit to be reviewed every year;
* A process of dealing effectively with complaints;
* Responding to National Patient Safety Alerts.

All clinical interventions should be delivered in line with local and national guidance including Department of Health and NICE guidance, where applicable.

**5.7 Clinical Safety and Healthcare Emergencies**

The Provider will:

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

**5.8 Infection Control**

The Provider shall have in place arrangements that meet the standards outlined in the NICE guidelines on infection control “Prevention of healthcare associated infections in primary and community care PH 36 (March 2012)” – <http://www.nice.org.uk/pdf/infection_control_fullguideline.pdf>, “Prevention of healthcare associated infections in primary and community care”, maintain a safe, hygienic and pleasant environment at the premises and shall:

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

**5.9 Patient Safety and Incident Reporting**

The Provider is expected to have a clear procedure for the investigation of and procedures to act upon any findings for Serious Incidents. The Provider is expected to report such instances to the Commissioner within 48 hours of the incident occurring and conduct an initial review within 72 hours of the incident being identified in accordance with NHS England’s Serious Incident Reporting Framework (Mar 2015) – <https://improvement.nhs.uk/uploads/documents/serious-incidnt-framwrk.pdf>.

The Provider is also expected to ensure that reporting systems are updated and representative of issues identified or raised, in line with local and National policy.

The Provider must comply with all criteria within the Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the prevention and control of infections and related guidance (DH 2008).

The Provider is to have contingency planning arrangements fully in place for management of serious infectious or contagious disease or illness where there are implications for the wider patient population and staff support services.

**5.10 Safeguarding – Children and Vulnerable Adults**

The Provider must have an awareness of safeguarding and will work with all agencies to develop and adhere to all safeguarding policies and processes and requirements. Any safeguarding issue must be managed in accordance with these policies and brought to the attention of the local safeguarding team.

All staff, clinical, administrative and security should be trained in basic safeguarding for children and vulnerable adults, and all doctors and nurses will have received more advanced training and updates every three years. Please note that doctors are expected to have Level 3 safeguarding.

The Provider will have a safeguarding policy detailing:

* safeguarding responsibilities / accountabilities within the service;
* whistle blowing procedures;
* safe recruitment;
* safe working practices;
* induction and training;
* complaints procedures;
* confidentiality and information sharing;
* this document can include details about accountabilities to the LSCB and reporting of serious untoward incidents.

Safeguarding Children

It is required that the Provider has systems in place to:

* Protect children from maltreatment;
* Prevent impairment of children’s health or development;
* Ensure that children are growing up in circumstances consistent with the provision of safe and effective care;
* Be alert to potential indicators of abuse or neglect;
* Be alert to the risks that individual abusers or potential abusers may pose to children;
* Ensure a process is in place to report concerns, actual abuse or neglect of a child;
* Share and help to analyse information so that an assessment can be made of the child’s needs and circumstances;
* Contribute to whatever actions are needed to safeguard and promote the child’s welfare;
* If required, take part in regularly reviewing the outcomes for the child against specific plans;
* Work cooperatively with parents, unless this is inconsistent with ensuring the child’s safety;
* Have an understanding of Common Assessment Framework and to utilise it and/or contribute to the process as required;
* The provider must have agreed safeguarding procedures, which are compliant with the Local Safeguarding Children Board (LSCB) procedures and statutory guidance for safeguarding children and protecting their welfare.

Vulnerable Adults

To promote the safety and protection of vulnerable adults the Provider’s staff and sub-contractors should work within the parameters of appropriate ‘Adult at Risk’ policies. The Provider must ensure that its staff and sub-contractors shall:

* Be aware that anyone working with vulnerable adults may encounter abuse;
* Take reasonable steps to protect vulnerable adults;
* Identify vulnerable adults within the service;
* Report any concerns or risks to a vulnerable adult;
* Be alert to the risks that known abusers may pose to vulnerable adults;
* Ensure they are fully aware of the policy in relation to protecting vulnerable adults;
* Where appropriate, develop local policy and procedures that are in line with inter-agency policy;
* Work in cooperation with all agencies involved in any investigation;
* Be aware of the referral procedures and refer as appropriate;
* Be aware of Mental Capacity Act (2005);
* It is expected that the provider will submit an annual safeguarding audit with the appropriate action plan.

**6 Premises**

The Provider will be responsible for their own premises and the use of any premises for the primary medical service to be offered. The Commissioner expects the Provider to pay for the accommodation used for all premises costs. The Provider will be required to demonstrate that the premises comply with BS ISO/IEC 17799-2005 (Code of Practice for Information Security Management) and ISO 27001:2005 (Information Security Management Systems – Requirements) for all systems used to provide IM&T Services unless otherwise agreed with the Commissioner.

The Provider shall:

* ensure that all reasonable care is taken of the Facilities;
* ensure that the consultation rooms are DDA compliant, have all been fully risk assessed and are safe places to provide care;
* observe all reasonable rules and regulations and policies that the Commissioner makes and notifies to the Provider from time to time governing the Provider’s use of the Facilities;
* make their staff available for induction briefings for the building that will address issues such as security & fire safety etc;
* risk assess their premises for its suitability to run this service (as detailed in section 8.0); and
* establish safe routes of egress for staff and patients affected by this service.

**6.1 Facilities Management (FM)**

The Provider is required to manage the overall FM requirements for their own premises and work with the owners and tenants of the other premises that they use.

The Provider is responsible for the healthcare premises, facilities and all items of equipment that are fixed or plumbed into the building. This responsibility includes cleaning, maintenance, repair and replacement, in accordance with any lease requirements.

The Provider will establish and manage a planned preventative maintenance programme; in accordance with appropriate British Standards concerning the inspection, testing, maintenance and repair of equipment; and to maintain records open to inspection by the Commissioner of the maintenance, testing and certification of the Equipment, in accordance with the requirements of statutory legislation and/or any lease requirements.

**7 Equipment: General Requirements**

**7.1 Standards**

The Provider must ensure that all equipment used in the delivery of the service is fit for purpose, complies with statutory requirements and the latest relevant British Standard or European equivalent specification, and is purchased with compatibility in mind. This applies to equipment supplied directly by the Provider (and to equipment made available to the Provider by the Commissioner, both fixed and mobile, for the purposes of delivery of the service and operation of the facilities.

The Provider must provide, install, operate and maintain all equipment in accordance with all applicable laws and manufacturers’ instructions.

The Provider must ensure that equipment used to deliver is fit for purpose and purchased with compatibility in mind and would not cause interference with or damage to equipment used by others.

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

**7.2 Management of Equipment**

The proper and adequate control of equipment is an important aspect in the safe and effective delivery of the Services. The Provider is responsible for making arrangements:

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

Equipment should include but is not be limited to:

* Stethoscope;
* Diagnostic set with adult disposable specula;
* Sphygmomanometer – larger and normal cuff;
* Pulse oximeter;
* Glucometer including appropriate strips and lancets;
* Reflex hammer;
* Multistix for urinalysis;
* Tongue depressor (preferably wrapped)
* Small torch;
* Peak flow meter with disposable mouth pieces;
* Specimen bottles and swabs;
* Scales (if required);
* Means to measure patients height (if required);
* Alcohol wipes, gloves, lubricating jelly;
* Alcohol gel for hands.

**7.3 Consumables**

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

**8 Information Management and Technology**

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

**8.1 Statutory Obligations and Compliance**

The Provider must ensure that appropriate “IM&T Systems” are in place to support the medical Services. “IM&T Systems” means all computer hardware, software, networking, training, support and maintenance necessary to support and ensure effective delivery of the Services, management of patient care, contract management and to facilitate information gathering and reporting.

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

* Common law duty of confidence;
* Data Protection Act 1998;
* Access to Health Records Act 1990;
* Freedom of Information Act 2000;
* Computer Misuse Act 1990; and
* Health and Social Care Act 2001.

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

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

**8.2 Performance Standards**

The Provider will be expected to meet performance management commitments under the contract requirements and other statutory obligations which must include:

* Clinical Services including ordering and receipt of pathology, radiology and other diagnostic procedure results and reports;
* Prescribing; medicine reviews;
* Individual electronic patient health records;
* Inter-communication or integration between clinical and administrative systems;
* Access to knowledge bases for healthcare at the point of patient contact;
* Access to research papers, reviews, guidelines and protocols (as referenced in sections 5.2.3 and 5.8.1);
* Provision of printed materials, telephone, text messaging, website, and email;
* The maintenance of detailed records as to diversity and protected characteristics; and
* The maintenance of up to date contact details for patients who are on the VPS.

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

* GP Systems of Choice (GPSoC) programme;
* Referrals and booking;
* NHS Terminology Service, NHS Classifications Service and Healthcare Resource Groupings;
* Alternative Medical Services (APMS) contract;
* Information Governance Toolkit;
* Computerised Databases;
* The Provider will have a policy relating to the use of computerised systems and databases which is compliant with Data Protection principles including ensuring patient information is backed up regularly and these backups are stored securely; and
* Service users should be explicitly advised of their rights with regard to confidentiality, including their right to access the information that is held on them.

**8.3 GP Systems (of Choice Programme)**

The Provider must use clinical systems that comply with the GPSoC programme and with the standard terms and conditions of the GPSoC programme as may be updated from time to time.

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

* E- Referral System: use of the Directly Bookable Service (DBS) for all patient referrals into secondary care;
* N3: use of the national network for all external system connections to enable communication and facilitate the flow of patient information;
* Summary Care Record: includes essential health information about any medicines, allergies and adverse reactions derived from their GP record;
* Electronic Transfer of Prescriptions (ETP): use of the electronic prescribing service for supply, administration and recording of medications prescribed and transmission to the Prescription Pricing Division (PPD);
* GP2GP: use of GP2GP so that patient records are transferred electronically when a patient registers with a new practice;
* Patient Demographic Service (PDS): use of the PDS to obtain and verify NHS Numbers for patients and ensure their use in all clinical communications;
* NHSMail: use of the NHSMail email service for all email communications concerning patient-identifiable information or the appropriate local solution; and
* Calculating Quality Reporting Service (CQRS): use of CQRS to demonstrate performance against QOF and contractual achievement targets to support quality improvements in Services provided to patients;
* The Provider must undertake testing of the IM&T Systems proposed, including those supplied by the Commissioner, by the Provider, by third party suppliers and also of any interfaces and inter-working arrangements between parties or systems, so as to guarantee compliance with all appropriate standards.

The table below shows how the cost of IT will be met:

|  |  |
| --- | --- |
| **Description**  | **GPSoC or Provider**  |
| **Hardware**  |
| GP Server Solution or Hosted Server solution  | GPSoC  |
| Local area network, Hubs and Switches  | GPSoC  |
| Wide area networking and N3  | GPSoC  |
| Desktop PCs and printers, scanners  | GPSoc  |
| **Description**  | **GPSoC or Provider**  |
| **Software**  |
| GPSoC compliant clinical system  | GPSoC  |
| Other clinical systems  | Provider  |
| Virus protection.  | GPSoC  |
| Business applications for finance, HR/payroll, Document Management  | Provider  |
| **Support and maintenance**  |
| Helpdesk, desktop, email admin, network, N3  | GPSoC  |
| GP Clinical system support  | GPSoC  |
| Any support not listed  | Provider  |
| **Training and related support**  |
| GP Clinical system  | GPSoC  |
| All other training  | Provider  |

**9 Workforce**

The Provider must ensure that adequate numbers of appropriately qualified and experienced clinicians will be in place to deliver effective Services, and to ensure adequate and timely cover for periods of sickness, study and annual leave.

They will have appropriate support to take the necessary study leave in order to develop the necessary skills and to keep up-to-date for working in secure environments e.g. RCGP Substance Misuse Certificate, STIF training, RCGP Secure Environment Group organised training days.

Where the Provider intends to sub-contract Services or provide Services through the use of agency, locum or self-employed workers they must evidence how they will ensure that all workers meet all of the criteria and standards required of staff who may be directly employed to provide these Services.

The Provider is required to ensure that an up to date workforce plan is in place. This should be developed from the findings from the Health Needs Assessments, published Commissioning Intentions and support the achievement of local partnership agreed priorities. The workforce plan must be reviewed on an annual basis.

The Provider will ensure that:

* employment legislation is adhered to regarding recruitment, equality and diversity and health and safety;
* a robust and efficient recruitment and selection processes is in place to support delivery of the right resources at the right time;
* there is the necessary absence cover to ensure that Services are delivered safely and in accordance with contractual requirement;
* contingency plans are in place to deal with staff shortages, increases in activity, changes within the population and major incidents;
* they report on specified workforce metrics as required within the contract and therefore ensure that they have robust systems to collect metric related data;
* there are robust HR policies in place to deal with Absence Management, Poor Performance, Bullying and Harassment, Grievance and Disciplinary and situations where an employee breaches policy or regulations: all staff will be expected to meet organisational policies regarding conduct and discipline;
* Equality Impact Assessments are undertaken on policies and procedures to ensure that they do not directly or indirectly discriminate on the basis of gender, age, sexual orientation, disability, age or religion and belief;
* robust clinical supervision is embedded into working practise to support staff in their role.

GP Appraisal and Revalidation

All doctors will participate in the appropriate GP Appraisal Scheme for medical revalidation and the Provider will support the doctors in developing their portfolio of supporting information, including regular patient surveys to provide feedback for the clinicians and the service, significant event reviews, clinical audits etc.

The Provider will ensure that the local clinical service lead will have a role in determining the Personal Development Plans for the clinical staff to ensure that the clinical team have the appropriate skills, training and updates appropriate for the Service.

**9.1 Human Resources**

It is a requirement that any staff member (clinical/non-clinical) or sub-contractor involved in the delivery of this Service:

* will have appropriate professional registration, are a member of an appropriate professional body and operate within their professional body’s standards, regulations and codes of conduct (All doctors employed to deliver medical services must be registered with the General Medical Council);
* will have suitable qualifications and training to enable them to deliver a safe and effective service, i.e. Clinical staff delivering the service will be qualified and registered health care professionals in accordance with RCGP Guidelines;
* will have performance, development and professional SMART objectives set and reviewed. These objectives must detail how the individual contributes to the overall effectiveness of the service;
* will have a Personal Development Plan that details what their development needs are and how these will be met. The Provider will be expected to show progress in meeting these needs through agreed regular reports;
* will attend appropriate education and training programmes to maintain their level of competency and comply with requirements of their professional body;
* are on a Performers List where this is a statutory requirement (e.g. Doctors, Dentists, Opticians and Pharmacies). If the healthcare professional is not already on a performers list they will need to submit an application;
* will have and maintain enhanced DBS (Disclosure and Barring Service) clearance. The Commissioner must be advised of any criminal charges or convictions that affect a staff member or sub-contractors DBS status. Delivery of this requirement must be subject to an annual audit by the Provider;
* will regularly update their knowledge in relation to security and personal safety requirements;
* will ensure that Staff members and sub-contractors involved in the delivery of the Services undertake an induction process;
* will have access to professional leadership and training;
* will have an appropriate management structure in place that supports service delivery and development;
* will work to their employing/contracting organisation’s policies;
* are offered vaccinations, in line with national guidance.

**9.2 Equality and Diversity**

The Commissioner, and therefore the services it commissions, has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. The Commissioner is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, the Commissioner will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998 and applies to all activities for which they are responsible, including policy development, review and implementation.

It is a requirement of the contract that the Provider must gather diversity data on all of its patients, both new and existing, covering all protected characteristics so that they may better understand their individual needs and are able to offer a personal, fair and diverse service to the whole population.

Disabled people and people with learning disabilities may also require information to be made available in alternative formats. It is expected that the Provider will ensure that when needed patients have access to Makaton and British Sign Language Interpretation and that routine patient information is available in an easy read format. Providers must demonstrate how they intend to ensure that these requirements are met.

**9.3 Human Rights Act**

The Provider shall comply with its obligations under the Human Rights Act 1998 in providing the services detailed in this specification.

The Provider shall, in providing the services detailed in this specification, take all reasonable steps to protect and promote the human rights of those to whom the services are provided so as to assist the Commissioner in complying with its statutory obligations under the Human Rights Act 1998. The Commissioner may, at any time, require the Provider to take any step or to cease to perform any act or acts so as to prevent an infringement of a client’s / service user’s human rights and the Provider shall comply immediately with any such requests.

**9.4 Respect and Dignity**

The Provider shall, and shall ensure that its sub-contractors shall, treat all patients with respect and dignity in line with the 6 C’s:

* Care;
* Compassion;
* Competence;
* Communication;
* Courage;
* Commitment.

**10 Violent Patient Scheme Processes**

The success of this scheme is the facilitation of a safe and secure environment for the delivery of primary medical services, as well as the maintenance of provision of primary medical services to a difficult patient cohort with a safe transfer of care. There is an expectation within GMS regulations and therefore Primary Care providers that should practice staff fear for their safety that processes exist to initiate immediate action (immediate removals criteria and process) to enable them to continue to provide services in a safe environment to the remainder of their patient population.

**10.1 Removal of patients who are violent[[2]](#footnote-2)**

Where a Primary Care provider wishes a patient to be removed from their patient list with **immediate effect** on the grounds that the patient has committed an act of violence (see 10.3 below) against:

* the Primary Care Provider;
* the Primary Care Provider’s staff;
* contractors employed by the Primary Care Provider to perform or assist in the performance of services under the Contract; or
* any other person present on the *practice premises* or in the place where services were provided to the patient under the Contract.

the Primary Care Provider must:

* have reported the incident to the police; and
* notify Primary Care Support England (PCSE) by any means including telephone or fax and if not given in writing, shall subsequently be confirmed in writing within 7 days[[3]](#footnote-3). (A copy of this form is at Appendix 1)

PCSE will acknowledge receipt of the request to remove a patient from a Primary Care Provider list with immediate effect. Such a request will take effect from the time the Primary Care Provider notifies PCSE

Having requested PCSE that to remove a patient with immediate effect, the Primary Care Provider shall inform the patient concerned unless it is not practicable to do so, to do so would be harmful to the patient’s health, or would put at risk the Primary Care Provider, the staff or other patients.

Where a patient is immediately removed from a Primary Care Provider’s patient list, the Primary Care Provider is to record in the patient’s medical records that the patient has been so removed and the circumstances surrounding the removal.

**10.2 Outline Process including Safe Transfer of Care**

Notwithstanding the actions of violent or abusive patients subject to immediate removal requests, there is also an expectation that patients so removed can continue to have access to primary medical services, despite their circumstances, in a safe and secure environment.

Not all immediate removal requests will warrant placement onto the VPS. Only patients who fulfil the criteria outlined below may be *permanently* placed on to the VPS. However, where a Primary Care Provider believes that a patient’s behaviour meets the criteria (at para 10.2) and can demonstrate that the criteria have been met, the Primary Care Provider will request immediate removal through PCSE and complete fully the Immediate Removal Request Form (see 10.1 above). PCSE will write to the patient and inform them that they have been removed from the requesting Primary Care Provider’s patient list and that they have been placed temporarily onto the VPS. PCSE will inform the appropriate VPS Provider.

Alternative arrangements are to be made to inform patients who may be blind or visually impaired, have learning difficulties or who do not speak English.

The patient will be immediately removed from the requesting Primary Care Provider’s patient list and placed onto the VPS, appropriate to their domiciled address, as a *temporary* patient until the VPS Provider has had the opportunity to assess (both clinically and risk) the patient. The VPS Provider will write to the patient and confirm the temporary placement on the VPS and invite the patient for assessment – this should be completed at the earliest opportunity. An example of a Risk Assessment template is at Appendix 3

Safe Transfer of Care

Once alerted to the placement of a patient *temporarily* onto the VPS, the VPS provider will contact the Primary Care Provider from whose list the patient has been removed and request appropriate information to support the assessment of the patient. This may include (but is not restricted to):

* A summary of the incident(s) that led to the immediate removal;
* A medical summary, including details of medication requirements;
* Details of any current certification, on-going referrals or other provider care;
* Any known cultural, religious or special needs (e.g. female healthcare professional, sight or hearing needs)

Where a *temporary* VPS patient refuses to engage with the VPS they will remain on the scheme until a successful assessment has been completed – this will preclude their re-registration with ‘*mainstream*’ Primary Care Providers without a risk assessment having been completed. It is expected that all VPS patients should have made contact with the Provider within 1 month. If this has not happened, the VPS Provider will write to the patient to request an assessment appointment, reminding the patient that engagement with the scheme is a condition of their eventual reintegration into ‘*mainstream*’ primary care.

Following assessment, the VPS Provider, in conjunction with the Commissioner will determine whether the *temporary* VPS patient should be retained on the VPS or reintegrated into mainstream primary care provision. If it is determined that the patient should be reintegrated into mainstream primary care, the Commissioner will provide the patient with the necessary information and liaise with Primary Care Providers as necessary to effect a registration.

VPS patients remaining on the scheme as a *permanent* patient will access their primary medical services through the VPS. VPS patients will be reviewed bi-annually to assess their suitability to return to ‘*mainstream’* primary care.

However, there are cases in which placing a patient onto the VPS would not be appropriate for that patient. Where a patient’s behaviour was **unlikely** to have been intentional, as the patient did not know what they had done was wrong either as a result of treatment administered, mental ill health, dementia or learning difficulties, the patient cannot be included onto the VPS and a local resolution/ alternative arrangements will be made as appropriate.

**10.3 Criteria for Placing a Patient onto the Violent Patient Scheme**

Violence, aggression or abusive behaviour may take the form of non-physical and physical assault.

**The NHS definition of non-physical assault is:**

*‘The use of inappropriate words or behaviour causing distress and/or constituting harassment’*

Whilst it is not possible to provide a comprehensive list of this type of incident some examples are provided below:

* Offensive language, verbal abuse and swearing;
* Racist or homophobic comments;
* Loud and intrusive conversation;
* Unwanted or abusive remarks;
* Negative, malicious or stereotypical comments;
* Invasion of personal space;
* Brandishing of objects or weapons;
* Near misses i.e. unsuccessful physical assaults;
* Offensive gestures;
* Threats or risk of serious injury to NHS staff;
* Intimidation;
* Stalking;
* Alcohol and/or drug substances misuse;
* Incitement of others and/or disruptive behaviour;
* Unreasonable behaviour and non-cooperation;
* Any of the above linked to destruction of or damage to property.

This includes all communications, e.g., by e-mail, telephone, social media, graffiti and letter as well as face to face. Behaviour as described is unacceptable, and may constitute offences under the Malicious Communications Act 1988 and Protection from Harassment Act 1997.

**The NHS definition of physical assault is:**

*‘The intentional application of force against the person of another without lawful justification resulting in physical injury or personal discomfort.’*

Whilst it is not possible to provide a comprehensive list of this type of incident some examples are provided below:

* Spitting on/at staff;
* Pushing;
* Shoving;
* Poking or jabbing;
* Scratching and pinching;
* Throwing objects, substances or liquids onto a person;
* Punching and kicking;
* Hitting and slapping;
* Inappropriate sexual contact;
* Incidents where reckless behaviour results in physical harm to others;
* Incidents where attempts are made to cause physical harm to others and fail.

The practice requesting immediate removal is required to actively assist the Police with their investigations. Active assistance can be defined as the prompt reporting of an incident, provision of information as required by the Police to carry out an investigation.

Family members of a patient who has been subject to immediate removal also registered with the practice should normally be able to remain on the practice’s patient list for the immediate future with each case being considered objectively on a case-by-case basis. The patient who has been placed on the VPS will be instructed not to attend any appointments (at the family member’s surgery or at the family member’s home) with registered family members except in genuine emergency.

**10.4 Review and Reintegration of VPS Patients**

After an initial period of at least 6 months on the VPS, VPS patients will be reviewed by a VPS Patient Review Panel to determine whether they remain a threat or whether they may be reintegrated into ‘*mainstream*’ primary care. The VPS Review Panel will be convened bi-annually by the Commissioner and will consist of representatives from: the Commissioner, the VPS service provider, a representative of the local medical committee (LMC), a consulting GP, and where appropriate local security specialists.

The VPS Provider will collate feedback from all those who have had contact with the patient under the terms of the scheme, or who may reasonably be expected to have had contact. This will include commentary from the Commissioner, local security provider, as well as those who have facilitated appointments, attended consultations or interacted with the practice following referral to other services. It is expected that the VPS Provider will collate feedback from other medical service providers and advisory services that have had contact with the patient during their period on the VPS (e.g. alcohol/substance misuse/dependence services, homelessness services, mental health services, social worker etc). It will be expected that all VPS patients will have had two face to face consultations whilst on the scheme to enable the VPS Provider to determine whether the patient is suitable to be reintegrated into mainstream general practice.

Key to the decision making process will be:

* The patients’ behaviour and compliance;
* The nature of the initial incident;
* The number of presentations under the terms of the scheme, (at least two face to face consultations are required to demonstrate engagement);
* Feedback from those having contact both under the terms of the service and in other settings;
* Feedback from Local Security Management Specialists (LSMS);
* Feedback from the Nursing Directorate and other staff as necessary;
* Additional relevant information: such as that provided by the Police regarding relevant criminal activities.

Approval to reintegrate VPS patients into ‘*mainstream*’ primary care will be given by the Review Panel after due consideration of the case. In the event that the Review Panel does not give approval, the patient under consideration will continue to receive care under the terms of the VPS, though such an extension will be subject to subsequent review at the next meeting, or to other criteria being met as the Panel may deem appropriate.

Where a patient is deemed to be able to be reintegrated into ‘*mainstream*’ primary care, it is anticipated that the patient will return wherever possible to the practice of their choice. This would not normally include the practice from which the patient was initially referred. However, should this prove necessary, the Commissioner will need to seek the view of the practice, review the incident, risk assess the degree to

which there exists the risk for conflict with specific team members, consider and plan alternative routes to accessing GMS care for that patient.

Following the decision to reintegrate a patient into ‘*mainstream*’ primary care, the Commissioner will write to the patient informing them of this decision. This letter will contain information about local practices where the patient is eligible to register, expectations for future behaviour and the consequences of failing to meet those expectations. In exceptional circumstances the Commissioner, may allocate a patient to a practice, this will be done following discussion with both the patient and practice.

In exceptional circumstances it may be appropriate to remove a patient from the VPS scheme where it can be shown that the healthcare needs of the patient can no longer be provided for under the terms of the scheme, e.g. a patient who has complex medical needs and/or is classed as vulnerable. These patients will be dealt with on a case by case basis and the decision to return them to ‘*mainstream*’ primary care only made after consultation with all appropriate sources. In these situations the patient will be assigned to the practice best able to provide the services the patient. This practice will be kept fully informed of the process and the Commissioner will ensure that the practice has an up to date risk assessment for the patient, so that they can take appropriate measures for the protection of their staff.

**10.5 VPS Patients moving between Geographical Areas**

Where the Commissioner is informed that a patient on the scheme in another part of the country is moving into a VPS service area, the practice at which the VPS patient is trying to register can request that the patient is placed on the appropriate VPS.

Where the Commissioner is informed by Primary Care Support England that a VPS patient has moved out of the area, the Commissioner will make appropriate efforts to inform the NHS England Local Office in the area into which the patient has moved.

**10.6 VPS Patients who are sent to prison or admitted to long-stay hospitals**

Where the Provider is informed that a VPS patient has been sent to prison or admitted to a long term hospital the Provider will inform the Commissioner. The patient’s status on the VPS will remain on the scheme but be suspended until their release, at which point their status on the scheme will be reviewed.

**Appendix 1**

**Violent Patient Scheme Immediate Removal Flowchart – Removal to Reintegration**

Practice

PCSE

CCG P/C Team

VP provider

Registered practice request PCSE to arrange removal and transfer of patient onto VP scheme *temporarily* using PCSE form [see Appx 1]

[*within 24 hours of the incident*]

pcse.immediateremovals@nhs.net This must be reported to the CQC using their notification form [see CQC Website]

VPS Provider writes to the patient [*and invites for assessment*] and contacts the registered practice requesting patient summary information [*within 48 hours of receipt of PCSE notification*]

Registered practice immediately reports incident to police and obtains an incident number

PCSE issue letter to patient (copy to registered practice) and inform the VPS provider [*within 24 hours of receiving request*]

VPS Provider assesses temporary patient for retention on / removal from the VPS with Commissioner & Referring Practice input a/r [*within 1month*]

The registered practice sends a summary of the patient’s medical history to the VPS Provider and the full notes to PCSE [*within 48 hours of receiving the request from the VPS provider*]

**Retention** on the VPS

**Removal** from the VPS

VPS provider notifies local practices of the VP Register update so practices may update their list and check this prior to registering new patients

VPS Provider informs Commissioner and notifies local practices of the VP Register update.

[*within 24 hrs of assessment*]

VPS patients retained on the scheme access their primary medical services through the VPS.

VPS Provider informs Commissioner and notifies patient of assessment outcome.

[*within 24 hrs of assessment*]

Where a patient is deemed to be able to reintegrate into ‘*mainstream*’ primary care, it is anticipated that they will return wherever possible to a practice of their choice.

After at least 6 months on VPS, patient is reviewed by the **VPS Patient Review Panel** to determine whether they remain a threat or whether they may be reintegrated into ‘*mainstream*’primary care.

Commissioner writes to patient inviting them to register with a local GP provider. Commissioner informs PCSE. [*within 24 hrs of result*]

Should the Panel not approve reintegration, the patient will continue to access their primary care needs through the VPS. The patient will be reviewed 6 monthly by the **VPS Patient Review Panel** until deemed able to reintegrate.

**Appendix 2**

**PRIMARY CARE SUPPORT ENGLAND REQUEST FOR REMOVAL OF PATIENT FROM PRACTICE LIST**

PRACTICE NAME:…………………………………………………………………… Practice Code …………………

Practice Address: ………………………………………………………………………………………………………....

TYPE OF REMOVAL **(*tick applicable box*)**

Immediate removal – *this will result in the patient going on to the Violent Patient Scheme*

8 day removal

Outside Area of Practice - for 30 day removals please deduct via the GP link

PATIENT DETAILS – If there is more than one member of a family being removed please complete this form with the names of all patients involved.

**Total number of patients in request: 🖵** Please use continuation sheet if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** |  | NAME |  |
| **DOB:** |  | **DOB:** |  |
| **NHS NO:** |  | **NHS NO:** |  |
| **ADDRESS:** |  | **ADDRESS:** |  |
| **NAME:** |  | NAME |  |
| **DOB:** |  | **DOB:** |  |
| **NHS NO:** |  | **NHS NO:** |  |
| **ADDRESS:** |  | **ADDRESS:** |  |

The above named patient(s) is/are being removed because of the following:

1. Threats of violence/actual violence/verbal abuse to doctor or staff Yes/No (Immediate removals only)
2. Breakdown of relationship Yes/No (8 day removal)

Other matters, please specify:……………………………………………………………………….

**8 Day Removal Requests:**

I confirm the contractor has notified the patient of its specific reason for requesting removal

(see paragraph 24(1)(b) and 22(2) or statement of irrevocable breakdown of patient/doctor relationship.

The patient(s) being removed has/have previously received a warning in writing explaining that

he/she was at risk of removal … Yes/No

If Yes please give date of warning……………………………..

If No please indicate with a ✓ which of the following apply:

1. It is not practicable to issue such a warning 🞏
2. Such a warning would be harmful to the physical or mental wellbeing of the patient 🞏
3. Such a warning would put the safety of the GP or staff at risk 🞏

*N.B Were a warning has not been issued the Area Team may require reasonable evidence of why this has not taken place.*

Doctor’s Signature:………………………………. Date:……………../……………./………………

Please send (email) as soon as possible to Primary Care Support England **pcse.patientremovals@nhs.net**

**Incomplete forms will not be actioned**

**TO BE COMPLETED FOR IMMEDIATE REMOVALS ONLY *this will result in the patient going on to the Zero Tolerance Scheme/ Special Allocation Scheme***

Please complete this form in full for the removal of a patient following a violent incident towards a GP, a member of staff or a patient, and submit via email to pcse.patientremovals@nhs.net. The incident **must** be reported to the Police, in-order for the patient to be removed. If the incident has not been reported to the Police, then the removal will be done as an 8 day removal and not as an immediate removal.

If you have obtained a **Police Incident Number**, please record it on this form. If one is not available at present, please provide it within 5 working days to the email address above; although please note it is not mandatory to obtain one.

|  |
| --- |
| **Details of the Incident** |
| **Date of Incident** |  |
| **Time of Incident** |  |
| **Location of incident****(Surgery/ Patient’s address etc)** |  |
| **Type of Incident** **(please tick appropriate box)** | Non physical violencei.e. intimidation, abuse, threats etcPhysical Violence Aggravated Physical Violence e.g. use of weaponsVandalism to PremisesVandalism to Vehicle

|  |  |
| --- | --- |
| Approximate cost of damage (£): (optional) |  |

 |
| **Date Incident Reported to the Police** |  |
| **Police Incident Number (if applicable)** |  |
| **Assault to (please tick the** **appropriate box)** |

|  |  |  |
| --- | --- | --- |
|  | Verbal  | Physical |
| GP |  |  |
| Staff |  |  |
| Other Patient(s) |  |  |

 |
| **Please supply details of** **this Incident** |  |
| **Has there been any *previous*****Incidents involving the patient(s)?** **please provide brief details** | **Details of Previous Incident****Date of Previous Incident****Outcome of Previous Incident** |
| **GP signature** **(Actual signature must be provided):** |  |

**Appendix 3**

**General Risk Assessment Form**

|  |  |
| --- | --- |
| Risk Assessor (Print Name): |  |
| Subject of Assessment: |  |
| Date: |  |
|  |  |  |  |  |
| **STEP 1: Summary of Risk / Hazard patient presents** (describe risk patient has shown or presents) |
|  |
| **STEP 2: Persons Affected** (Staff / Client(s) / General Public / Contractors / Organisation / Other) |
|  |
| **STEP 3: Immediate Action taken to control risk** (Behavioural Letter, VP Scheme, Security present, Police intervention, NHS intervention) |
|  |
| **Initial Risk Rating** (use matrix attached)Consequence x Likelihood = Risk Rating x = | **Reasoning:** |
| **Risk Rating** **with Controls**(use matrix attached)Consequence x Likelihood = Risk Rating x = | **Reasoning:** |
| **STEP 4: Additional Action Required** (if not adequately controlled what more could be done) |
| Proposed Actions | By Whom | Target Date |  | Completed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Risk Rating** **with Additional Controls**(use matrix attached)Consequence x Likelihood = Risk Rating x = | **Reasoning:** |
| **STEP 5: Review Date** (review in accordance with risk matrix minimum review period) | Risk Rating **AFTER** this Review |  |
| Lead/Responsible Officer for review: | Is further action required? (if so go back to **Step 4**) |  |
| Date of next review: |  |

**Risk Scoring Matrix**

To be used as a guide when assessing the potential risk presented by a patient and scoring the risk, initially, with controls and with additional controls.

|  |  |
| --- | --- |
| **Step 1** | **Consequence Score** |
| Consequence Scoring  | 1Negligible | 2Minor | 3Moderate | 4Major | 5Catastrophic |
| Staff / Patient Safety(physical / psychological) | Minimal injury requiring no / minimal intervention | Assault NOT requiring professional intervention, hospital attendance or treatment | Assault requiring professional intervention and hospital attendance but no treatment required. Police intervention required. | Assault requiring hospital attendance and treatment. RIDDOR reportable. Time off work > 7 days from date of incident | Incident leading to death |
| No time off work  | Attempted physical assault resulting in near miss. | Staff feeling vulnerable and fearful of patient and repeat behaviour and suspected repeat behaviour and / or damage to property | Assault including: spitting at staff, pushing & shoving, poking & jabbing, scratching & pinching, punching & kicking, slapping & biting. In appropriate sexual contact. Causing physical harm to others. | Stalking, brandishing weapons. |
| Staff unaffected by behaviour | Staff feeling upset by behaviour causing alarm and distress using the following offensive language and verbal abuse. Offensive gestures, unreasonable and non-cooperative behaviour. |  | Behaviour resulting in racial or homophobic offensive comments. | Multiple persons / staff assaulted causing injury requiring professional intervention or hospital treatment. |

|  |
| --- |
| **Step 2 Likelihood Scoring** |
| How likely is this to happen, taking into account the controls already in place to prevent or mitigate the harm |
| Frequency | Likelihood | Score |
| Not expected to occur for years | <1% - will only occur in exceptional circumstances | 1. Rare |
| Occur at least annually | 1-5% - unlikely to occur | 2. Unlikely |
| Occur at least monthly | 6-20% - reasonable chance of occurring | 3. Possible |
| Occur at least weekly | 21-50% - Likely to occur | 4. Likely |
| Occur at least daily | >50% - More likely to occur than not | 5. Almost certain |

|  |
| --- |
| **Step 3 Establishing Overall Score and Rating** |
| Using the appropriate score for Consequence and the appropriate score for Likelihood follow the table below to obtain the overall incident / risk severity rating |
| Consequence | Likelihood |
| 1 – Rare | 2 – Unlikely | 3 – Possible | 4 – Likely | 5 – Almost Certain |
| 5 – Catastrophic | 5 – Moderate | 10 – High | 15 – Extreme | 20 – Extreme | 25 – Extreme |
| 4 – Major | 4 – Moderate | 8 – High | 12 – High | 16 – Extreme | 20 – Extreme |
| 3 – Moderate | 3 – Low | 6 – Moderate | 9 – High | 12 – High | 15 – Extreme |
| 2 – Minor | 2 – Low | 4 – Moderate | 6 – Moderate | 8 – High | 10 – High |
| 1 – Negligible | 1 – Low | 2 – Low | 3 – Low | 4 – Moderate | 5 – Moderate |

1. For example, a single parent family where the single parent was removed. [↑](#footnote-ref-1)
2. The text in this a paragraph does not supersede or replace the statutory regulatory text: See GMS Regulations 2004. [↑](#footnote-ref-2)
3. This should be done using the PCSE Immediate Removal Form to ensure that all the necessary information is communicated: <https://pcse.england.nhs.uk/media/1156/patient-removal-request-form.doc> [↑](#footnote-ref-3)