

# Personal Medical Services Contract 2016/17: Service Requirements

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## Part I: general service delivery requirements

### 1. Equity of access

#### 1. The Contractor shall:

- 1.1. utilise professional translation services as commissioned for use by general practices in the local area as required for all non-English speaking Patients during consultations.
- 1.2. take reasonable steps to proactively deliver health promotion and disease prevention activities to all Patients including those from hard-to-reach groups.
- 1.3. The Contractor is encouraged to record the ethnic origin and first language of all Registered Patients.

### 2. Patient dignity & respect

#### 2. The Contractor shall:

- 2.1. ensure that the provision of the Services and the Practice Premises protect and preserve Patient dignity, privacy and confidentiality;
- 2.2. allow patients to have access to a clinician of the same gender where required by the patient and if reasonably practicable;
- 2.3. provide a chaperone for intimate examinations if requested by the patient to preserve Patient dignity and respect cultural preferences.

### 3. Informed consent

#### 3. The Contractor shall comply with all requirements in relation to obtaining informed consent from patients as required by:

- 3.1. Department of Health Good Practice in Consent Implementation Guide: Consent to Examination or Treatment 2001;
- 3.2. Health Service Circular HSC 2001/023; and
- 3.3. Seeking Patients' Consent - The Ethical Consideration: GMC November 1998

as amended or reissued from time to time.

### 4. Children

#### 4. The Contractor shall:

- 4.1. provide services to children who attend the Premises in accordance with the standards contained in the National Service Framework for Children and protocols notified to the Contractor by the Commissioner, as amended from time to time; .
- 4.2. ensure that a review of health is offered to children within 30 days of receipt of the children's records following their registration at the practice, where clinically appropriate. This review may take the form of a review of records. It is mandatory that the offer of review be made, but not that the review take place.
- 4.3. ensure that the Contractor's clinical and reception/administrative staff and anyone working on behalf of the Contractor are familiar with, and receive regular training in, local Child protection policies as directed by the Commissioner and as amended from time to time;

## 5. Clinical Safety & Medical Emergencies

### 5. The Contractor shall:

- 5.1. ensure that all Contractor staff that have contact with patients have and maintain basic life support certification with competence in defibrillation, and comply with the UK Resuscitation Council guidelines on basic life support and the use of automated external defibrillators (including following the recommended update period of 12 months as a maximum!)
- 5.2. ensure that all staff are trained and competent to recognise life threatening emergencies and that they have access to clinical advice at all times during core hours and the necessary systems in place to respond to medical emergencies appropriately (e.g. dial 999, contact appropriate clinician, perform CPR etc).
- 5.3. possess the equipment and in-date emergency drugs including oxygen to treat life-threatening conditions such as anaphylaxis, meningococcal disease, suspected myocardial infarction, status asthmaticus and status epilepticus;
- 5.4. adhere to any national or local guidelines relating to clinical safety and medical emergencies in primary care as amended from time to time.
- 5.5. ensure that for any health care professional that is
  - 5.5.1. Performing clinical services under this agreement; or
  - 5.5.2. Employed or engaged to assist in the performance of such services, there are in place arrangements for the purpose of maintaining and updating their skills and knowledge in relation to the services which they are providing or assisting in performing
- 5.6. afford to each employee reasonable opportunities to undertake appropriate training with a view to maintain that employee's competence

## 6. Referrals

### 6. The Contractor shall:

- 6.1. record all referrals in the patient record using the appropriate Read Codes;
- 6.2. follow local or national clinical pathways to minimise inappropriate referrals and hospital admissions in line with best practice on use of resources as defined by the GMC;
- 6.3. co-operate with and make effective use of:
  - 6.3.1. NHS 111;
  - 6.3.2. the community matron/case management team;
  - 6.3.3. Commissioner - commissioned services provided outside acute hospitals, including health promotion services; and
  - 6.3.4. local authority services and employment advisers;
  - 6.3.5. co-operate with service contractors carrying out Out of Hours Services to ensure safe and seamless care for Patients, including exchanging information on, as clinically appropriate, to such contractors carrying out Out of Hours Services on Patients that may require their services or who have special clinical requirements;
- 6.4. use robust clinical pathways for referral, where these are agreed with other local healthcare Contractors and/or issued by the relevant CCG;
- 6.5. implement national referral advice including Referral Guidelines for Suspected Cancer and NICE guidance, in line with local guidance on transmission of information;
- 6.6. ensure urgent suspected cancer referrals are faxed or sent electronically within twenty-four (24) hours in accordance with local Trust protocols;
- 6.7. implement and operate the NHS e-Referral Service (formerly Choose and Book) at point of referral for services, and provide a booking facility unless this is managed by a third party under contract with the CCG. (in accordance with the NHS Choice agenda).

## 7. Practitioner skillmix/ continuity

- 7.1 When the Contractor determines that delivery of the Services under the contract is at risk due to workforce changes within the practice they shall inform the commissioner.

## 8. Patient records

- 8.1. The Contractor shall at its own cost retain and maintain all the clinical records in accordance with:

- 8.1.1. Good Clinical Practice; and
- 8.1.2. Clause 29, 31 and 33 of this agreement
- 8.2. The Contractor shall at its own cost retain, maintain and keep retrievable all the paper based clinical records.
- 8.3. The Contractor shall comply with GMC guidance on record keeping.

## 9. Contractor records

- 9. The Contractor shall comply with good record keeping guidance, including
  - 9.1 contract management reporting;
  - 9.2 national / data set reporting;
  - 9.3 activity reporting, including: requisite data for payment purposes;
    - 9.3.2 reporting in support of quarterly monitoring returns to the Department of Health (as agreed and advised by the Commissioner);
    - 9.3.3 KPI measures (where not covered elsewhere).
  - 9.4 The Contractor shall, subject always to the provisions of relevant legislation and Directions
    - 9.4.1 on request produce the Records for inspection by the Commissioner or, on receipt of reasonable notice, allow or procure for the Commissioner and/or its authorised representatives access to any premises where any Records are stored for the purposes of inspecting and/or taking copies of and extracts from Records free of charge and for the purposes of carrying out an audit of the Contractor's compliance with this Contract, including all activities of the Contractor, the Charges and the performance, and the security and integrity of the Contractor in providing the Services under this Contract;
    - 9.4.2 preserve the integrity of the Records in the possession or control of the Contractor and Contractor Staff and all data which is used in, or generated as a result of, providing the Services;
    - 9.4.3 prevent any corruption or loss of the Records, including keeping a back-up copy; and
    - 9.4.4 provide any assistance reasonably requested by the Commissioner in order to interpret or understand any Records.
    - 9.4.5 Both the Contractor and Commissioner will at all times comply with Information Governance requirements when handling or moving patient identifiable data.
  - 9.5 The Contractor shall ensure that during any Records inspection the Commissioner and/or its authorised representatives receive all reasonable assistance and access to all

relevant Contractor staff, premises, systems, data and other information and records relating to this Contract (whether manual or electronic).

## Part 2 – Services

### I. Services to be provided by the contractor

I. The Contractor shall provide:

- I.1. GP led primary medical care services as set out in the PMS Agreement and this Schedule 2 Part 2 to patients residing in the Patient Registration Area and Outer Boundary Area, and/or patients registered with the practice as temporary patients

### 2. Patient Voice

2.1 Patient Surveys

- 2.1.1 The Contractor shall be required to fully cooperate and assist the Commissioner in measuring patient satisfaction on an on-going basis.

### 3. End of life care

- 3.1 The Contractor shall implement up to date end of life care guidance in line with local policies and procedures;

### 4. Enhanced services

- 4.1 Contractors must ensure that their registered patients can access the full range of services commissioned by the local CCG and/or NHS England. This means informing and sign posting patients to available services locally and documenting this as appropriate and referring where clinically appropriate.

## Part 3: access to services

### I. Routine opening hours

- I.1 The practice shall be open and offer continuous reception and telephony services as defined at paragraph 2 below, and deal with clinical issues appropriately, being accessible within core hours, defined as 0800 to 1830 from Monday to Friday.

- I.2 This is the minimum requirement, and there is nothing in this Agreement that prohibits the contractor from opening and providing clinical Services outside of PMS Core Hours.
- I.3 It is permitted for the practice to close for 16 hours per year for staff training and/or development, provided the commissioner is notified, and reasonable steps are taken to inform patients.

## 2. Provision of reception services

- 2.1 The Contractor must provide full reception services at the Practice Premises throughout the PMS Core Hours
- 2.2 Reception services will include but not be limited to:
  - 2.2.1 Answering the telephone by a practice staff member
  - 2.2.2 Free access to the premises without the need to be physically admitted;
  - 2.2.3 Booking appointments;
  - 2.2.4 Answering and co-ordinating Patient queries and requests;
  - 2.2.5 Signposting Patients to services.
  - 2.2.6 Making arrangements for the issuing of repeat prescriptions

## 3. Registration policy

- 3.1 The Contractor shall adhere to the Once for London GP Patient Registration Operating Principles (see appendix 2).
- 3.2 At point of registration and on-going patients should be made aware of their right to see a specific GP if they choose to do so, but that they may need to wait longer if they choose this option.

## 4. Appointments

- 4.1 The Contractor shall offer patients a choice of access options to a full range of consultation methods to best suit their needs, as appropriate based on system capability.
  - 4.1.1 The contractor should consider the following consultation modes: face to face, telephone, e-consultation, video consultation.
- 4.2 Practices need to ensure that all information governance and safety issues have been addressed to ensure compliance when completing consultation methods such as skype.
- 4.3 The Contractor shall undertake continuous assessment of its appointment system and access, monitoring demand and supply and taking action to address gaps in provision.

## 5. Booking an appointment

- 5.1 The Contractor shall ensure that, without recourse to further contact, upon contacting the practice during PMS Core Hours in person or by telephone or online:
- 5.2 Patients will be able to make an appointment when they get through to the practice and not be asked to call back;
- 5.3 Contractors shall endeavour to facilitate patients' requests for appointments with a clinician of their choice.
- 5.4 Practices must offer the facility for patients to be able to book an appointment with the GP or other appropriate Health Care Professional of their choice at the practice up to four (4) weeks in advance, where appropriate.
- 5.5 If clinically urgent, a patient is able to book an appointment on the same day.
  - 5.5.1 Patients who contact the practice will be able to speak to an appropriate clinician on the day, if they so wish, and receive appropriate clinical advice and care.
  - 5.5.2 Patients who need to be seen on the same day will be able to do so within core hours. Consultations could be face-to-face or on the phone (or video phone) but will be provided by a GP or an appropriately skilled nurse on the same day, as appropriate.
  - 5.5.3 If patients are being offered a locality hub service appointment, the practice must ensure they keep a record of this, as a number of patients being referred into this service will be requested on a quarterly basis. It is required that the hub is granted access to the patient's medical record, subject to patient permission and local interoperability constraints.
- 5.6 A 'Consultation' may consist of a completed appointment with an outcome for the patient, or a triage leading to an appointment at a time in the future, within the criteria set out in 5.6 above.

## 6. Length of Appointments

- 6.1 Appointment length shall be tailored to the clinical needs of the patient.

## APPENDIX I: PATIENT REGISTRATION AREA AND OUTER BOUNDARY AREA

[INSERT DETAILS / MAP HERE]

## APPENDIX 2: ONCE FOR LONDON GP PATIENT REGISTRATION OPERATING PRINCIPLES

### Approach

A set of task and finish groups have been established to ensure that there is wide collaboration from across London. These task and finish groups have provided a forum through which primary care leaders have shared experiences, skills and knowledge to develop a unified approach to a basket of key QIPP challenges.

Approximately 45 primary care leaders have participated in this work to date with representatives from clusters, contractors, LMC, LDC, FHS organisations, clinicians, practice managers, public health, finance and contracting.

Each task and finish group is chaired by a Cluster Primary Care Director and is signed off by NHS London's Primary Care PLG.

### Aims

The operating principles aim to:

- Embed best practice approaches across all commissioning organisations
- Support continuing improvement in the quality and productivity of primary care services as part of QIPP
- Ensure fairness, equity and transparency in the way general practice services are being commissioned across London

NHS London has overseen the successful production of operating principles for Local Enhanced Services, PMS Contract Review and List Maintenance. The second tranche of operating principles addresses GP Practice Contractual Compliance, GP Patient Registrations and Premises.

### Introduction and Background

The NHS Act places an obligation on commissioners to secure primary care services for residents in their area.

NHS London wishes to establish operating principles for GP Practices for patient registrations that promote human rights and public health.

Who can register for free primary care services?

Nationality is not relevant in giving people entitlement to apply to register for NHS primary care services. Anyone who is in the UK is entitled to apply to receive NHS primary medical services at a GP Practice.

There is no set length of time that a patient must reside in the UK in order to become eligible to receive NHS primary care services.

A patient does not need to be "ordinarily resident" in the UK to be eligible for NHS primary care – this only applies to secondary care (see below)

The length of time that a patient is intending to reside in an area in the UK relates to whether a patient applies to be registered as a temporary or permanent patient. Patients should be offered the

option of applying to be registered as a temporary resident if they are resident in the practice area for more than 24 hours but less than 3 months.

This includes asylum seekers and refugees, overseas visitors, students, people on work visas and those who are homeless

Overseas visitors, whether lawfully in the UK or not, are also eligible to apply to register with a GP Practice even if those visitors are not eligible for secondary care services.

Patients should be offered the option of registering as a temporary resident if they are resident in the practice area for more than 24 hours but less than 3 months – unless the practice has “reasonable” grounds for refusing the application (see over)

### Immediately necessary treatment

General Practices are also under a duty to provide emergency or immediately necessary treatment where clinically necessary irrespective of nationality or immigration status. They are also required to provide 14 days of further cover following provision of immediate and necessary treatment.

### Documentation

Practices are not obliged to ask patients for official documentation in order to prove ID or proof of residence and there is no requirement in the regulations for them to do so.

However it is not unreasonable for practices to ask for documentation in order to establish where a patient lives, and who a patient is, if they choose to do so.

Any practice that does request such documentation must do so for every patient, inconsistent application of policy could lead to legal action against them under the 2010 Equalities Act.

Although all individuals working within the NHS have a duty to protect NHS resources it is not the role of general practice to police fraud. If a practice suspects a patient of fraud (such as fake or multiple ID) then they should register and treat the patient but hand the matter over to their local counter fraud specialist.

### Determining if the patient lives in the practice area.

If a practice asks new patients for proof of residence then it must request this from all patients. Anyone who resides within the practices boundary is entitled to apply to register for primary care medical services and the practice boundary should be clearly advertised to patients on the GPs practice leaflet or website if they have one.

### Proof of identity

If a practice asks new patients to provide some form of ID then it must request this from all patients. Seeing some form of ID will help to ensure the correct matching of a patient to the NHS central patient registry to ensure previous medical notes are passed onto the new practice.

Patients can reasonably be asked for their NHS card but if they do not have one then any other form of personal ID should be sufficient. This does not have to be photo ID (practices can not insist on seeing passports for example as this could be discriminatory). The following are examples of some of the types of documentation which patients may provide:

- Utility bill (gas, electricity, community charge etc.)
- Phone bill stating address

- Credit card / Bank statement
- Rent book or tenancy agreement
- Pension book
- Benefit / family credit book
- Home office permit to stay
- Bank card
- Document showing University / college hall of residence
- Driving License (with address)
- HM Revenue and Customs Statements
- Council Tax Bill / Council rent book
- Home insurance policy
- Documentation from a reputable source, for example a letter from a voluntary organisation or a refuge

### Patients who cannot provide documentation (when it is the practice's policy to ask for it)

The majority of patients will not find it difficult to produce ID/residence documentation, however there will be some patients who do live in the practice area, but are legitimately unable to produce any of the listed documentation. Reasonable exceptions therefore need to be considered as outlined below:

If a patient cannot produce the listed documentation but states that they reside within the practice boundary then practices should either:

- Accept the registration but a note should be made for them to bring documentation next time they attend the surgery.
- Agree to register them as an NHS patient if he or she is accompanied to the practice by other household members who do have the necessary documentation

Registration and appointments should not be withheld because a patient does not have the necessary proof of residence or personal identification

### Homeless & vulnerable patients

Some patients may not be able to produce any documentation. Vulnerable patients (for example street homeless patients, those with chaotic lifestyles or non-English speaking elderly patients who live with their family) have often experienced difficulty trying to register with a GP due to a lack of documentation. People who are homeless face an increased risk of mental illness, physical illness, of contracting infectious disease and drink and drug abuse and it is therefore essential that practices provide primary care services to such patients.

Practices are expected to register homeless people or those legitimately unable to provide documentation living within their catchment area who wish to register with them in line with the guidance above.

Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them if they wish. Practices should try to ensure they have a way of contacting the patient if they need to (for example with test results).

Some boroughs will have special services for homeless patients and practices may refer homeless patients into those services in line with local arrangements where it is in the best interests and with the agreement of the patient.

Practices should ensure there is equitable access for all patients who wish to register with them.

Registration should be available to all patients every day rather than on particular days and throughout the practice's advertised opening hours.

Patients should be informed of the most suitable times of day for them to register.

Where possible it is good practice for practices to provide pre-registration documentation in advance e.g. on line prior to a patient attending to register in person.

Patients have the right to change practices if they wish. If a patient is registered at another practice this is not a reason to prevent them from registering at another practice.

### New patient health checks

It is desirable that patients, once they are registered, should be invited to have a new patient check.

However, neither registration or appointments to see the doctor should be delayed because of the unavailability of a new patient check appointment.

### Practice boundary areas

Most practices are required to agree an "inner" and "outer" practice boundary with their area.

Patients who move out of a practice's inner boundary area but still reside in the outer boundary area may be able to remain registered with the practice where appropriate. Patients in both the inner and outer boundaries will be entitled to receive home visits if clinically indicated.

### Secondary care

Not all patients who are entitled or eligible to receive NHS primary care medical services are entitled or eligible to receive NHS secondary care services without charge.

Only patients who are "ordinarily resident" in the UK are entitled to receive secondary care services. Patients who are classed as "overseas visitors" are subject to charges for secondary care (unless there is a reciprocal agreement with their country of residence).

"Overseas visitors" are eligible to receive primary care services.

Where a GP refers an overseas visitor for hospital services they should inform the patient that the hospital may charge them for treatment even though the GP may have treated them on the NHS.

Visiting nationals from the European Economic Area in possession of a Form EI28, EI12 or European Health Insurance (EHIC) or nationals from any state with which the UK has a reciprocal agreement are eligible to receive free NHS care. However they may not be entitled to free treatment for a pre-existing condition or where it is reasonable for to delay treatment until the visitor returns home.

The Department of Health has a series of helpful leaflets which the practice may wish to utilise when referring such patients to secondary care.

It is not however the responsibility of the practice to establish entitlement to NHS hospital treatment as hospitals have overseas visitor managers who are trained to formally determine this.

Advice on entitlement to free NHS hospital services can be found here:

[http://www.dh.gov.uk/en/Healthcare/Entitlementsandcharges/OverseasVisitors/Browsable/DH\\_074373](http://www.dh.gov.uk/en/Healthcare/Entitlementsandcharges/OverseasVisitors/Browsable/DH_074373)

### Summary of principles

- Practice GP registration policies must be clear, transparent, equitable and consistently applied.
- A patient is entitled to join a practice list if they live in the practice area.
- In order to register with a practice, patients can provide their medical card and/or complete a GMS1 form (or equivalent).
- Practices may request some form of proof of residence and ID but these requests must be asked of all patients and it may be necessary to apply this sympathetically to an individual's particular circumstances
- Immigration status does not affect eligibility to primary care (see page 7 for secondary care regulations) - practices should not enquire about patients immigration status
- All individuals working within the NHS have a duty to protect NHS resources. If a practice suspects a patient of fraud (such as fake or multiple ID) then they should register the patient but contact their local counter fraud specialist for advice.
- Practices should endeavour to allow patients to register everyday that they are open and not on selected days of the week.
- Practices should register those who live in their practice area, including those who wish to change practices from another local practice, unless they have reasonable non-discriminatory grounds for refusing (see below).
- Appointments to see the doctor should not be withheld where the patient has need of one, because of the unavailability of a new patient check appointment.
- Appointments should also not be withheld because of the unavailability of proof of residence or personal ID
- Practices must keep a record of patients that they refuse to register and make this available to the CCG on request. The practice must have reasonable non-discriminatory grounds, and they should inform the applicant in writing of their refusal and reason for it.
- Practices should ensure that their registration process and practice boundary is clearly outlined on their practice leaflet, relevant NHS Choices section or website if they have one