SERVICE SPECIFICATION

### Service Specification No.

<table>
<thead>
<tr>
<th>Service</th>
<th>Integrated Urgent Care Service (IUCS)</th>
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<tr>
<td>Commissioner Lead</td>
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<td>Provider Lead</td>
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<tr>
<td>Period</td>
<td>2016-2022</td>
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<tr>
<td>Date of Review</td>
<td>November 2017</td>
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#### 1. Population Needs

1.1 National/local context and evidence base

As set out in Equity and Excellence: Liberating the NHS, the Government is committed to developing a coherent 24/7 urgent care service in every area of England that makes sense to patients when they have to make choices about their care and to drive the integration of services.

NHS Chorley & South Ribble and Greater Preston Clinical Commissioning Groups (CCG) are committed to the provision of a high quality Integrated Urgent Care Service (IUCS) which shall include:

- Urgent Care Centres (UCC);
- GP Home visiting services during the traditional (out of hours) OOH periods;
- Deep Vein Thrombosis (DVT) Services (see separate service specification); and
- In conjunction with North West Ambulance Service (NWAS) a Pathways Alternative to Transport Service (PATS) (see separate service specification).

that are integrated with the other strands of 24/7 urgent and emergency care in Chorley & South Ribble and Preston which meets the values, rights, obligations and expectations of patients as set out in the NHS Constitution.

Following recent developments in the provision of “111” services the provision of services to patients during the traditional GP OOH periods in relation to this procurement are defined as:

*The provision of (pre booked) face to face (base visit) and home visit consultations to patients following their referral to the service from “111” during the traditional OOH periods (i.e. 6.30pm-8.00am weekdays, 24/7 Saturday, Sunday and Bank Holidays), which shall be delivered in accordance with the existing OOH National Quality Requirements (including any updates thereto) as applicable e.g. NQR 1,2,3,4,5,6,7,10,11,12,13)*

The service provided will offer an integrated, patient-centred UCS accessible either via referral from “111” or via walk in, delivered by a multi-disciplinary workforce. The service will provide an accessible local service that complements and enhances other unscheduled care services, including but not restricted to; out of hours nursing, mental health, social care, public health and dental provision.

Feedback from patients and professionals at a local and national level has identified that access to unscheduled care can be confusing and therefore the integration and co-ordination of services is key to reducing the score for such confusion and improving the accessibility.

The IUCS will be provided to individuals who are, or believe themselves to be, acutely ill with a condition that requires urgent attention, such that their immediate care needs cannot safely be deferred until the next day or to the end of the out of hours period. It is required to be sustainable, based on a service model that is clinically and commercially robust that can attract and retain suitably qualified competent practitioners and integrate with other services.
NHS Chorley & South Ribble CCG has a membership of 32 GP practices serving primary the local authority areas of Chorley and South Ribble. The CCG has a registered population of 176,033 people. Leyland and along the M61 corridor show the more densely populated areas. The population density in some areas of South Ribble is lower as five practices which are located within this area are members of NHS Greater Preston CCG.

12.6% of the CCG population reside in deprivation quintile 1 of the Indices of Multiple Deprivation provided by the Office of National Statistics, which is the most deprived level in the country or conversely 19.2% live in the least deprived areas, quintile 5. However the bulk of the population live in the intervening quintiles (20.6% in quintile 3 and 28.5% in quintile 4) making this CCG area a relatively affluent feel.

NHS Greater Preston CCG comprises of 33 GP practices serving primarily the local authority of Preston but with GP practices covering populations in Ribble Valley, South Ribble, East Lancashire and Wyre. The CCG has a registered population of approximately 209,994 people although it covers a geographical area containing 217,000 residents.

The health of Preston is generally worse than the England average. Deprivation is higher than average and 6,965, roughly 7,000 children live in poverty.

29.7% of the CCG population reside in the most deprived parts of the CCG area although conversely 22.8% live in the least deprived areas.

People living in poorer socio-economic circumstances or in the more deprived areas of the CCG tend to experience poorer health. They have higher levels of chronic disease and disability, more early deaths (under 75) and they experience the adverse effects of ageing at an earlier stage in their lives. They usually have difficulty accessing health and social care services and when contact is made it is often at a later stage in their condition. As a consequence they require more complex treatment and experience poorer health outcomes, contributing to health inequalities.

The information provided here is the core specification for the Integrated Urgent Care Service for the population of Chorley & South Ribble and Preston.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

<table>
<thead>
<tr>
<th>Domain 1</th>
<th>Preventing people from dying prematurely</th>
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<tbody>
<tr>
<td>Outcome</td>
<td>People are seen in a safe timeframe, by appropriately trained and qualified staff, in the right place, leading to an appropriate clinical outcome</td>
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<thead>
<tr>
<th>Domain 2</th>
<th>Enhancing quality of life for people with long-term conditions</th>
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<tbody>
<tr>
<td>Outcome</td>
<td>There is minimal unwarranted variation in the delivery of urgent care within the IUCS</td>
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<thead>
<tr>
<th>Domain 3</th>
<th>Helping people to recover from episodes of ill-health following injury</th>
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<tbody>
<tr>
<td>Outcome</td>
<td>Patients referred from “111” during traditional OOH periods to the service receive timely, comprehensive information regarding their condition including an appropriate management plan</td>
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<thead>
<tr>
<th>Domain 4</th>
<th>Ensuring people have a positive experience of care</th>
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<tr>
<td>Outcome</td>
<td>Patients understand their treatment journey</td>
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<tr>
<td>Outcome</td>
<td>Patients have a high level of satisfaction with the service</td>
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<tr>
<td>Outcome</td>
<td>People feel that they receive good quality professional care from presentation / phone call to resolution</td>
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<tr>
<th>Domain 5</th>
<th>Treating and caring for people in safe environment and protecting them from avoidable harm</th>
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<tr>
<td>Outcome</td>
<td>Patients receive the most appropriate care in the most appropriate setting</td>
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<td>Outcome</td>
<td>Relevant elements of the service must be accessible to all patients who</td>
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<td>Outcome</td>
<td>IUCS facilities are available 365 days a year</td>
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<tr>
<td>Outcome</td>
<td>The IUCS has access to relevant patient information</td>
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<td>Outcome</td>
<td>Relevant organisations have easy access to information about patient contacts with the IUCS.</td>
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### 2.2 Local defined outcomes

Delivery of an Integrated Urgent Care Service to be based at the Royal Preston Hospital (RPH) and Chorley District Hospital (CDH) triaging patients arriving at A&E to the most appropriate service.

Contribution to the reduction of pressures in the Emergency Department at RPH and CDH, run by Lancashire Teaching Hospitals NHS Trust (LTH), through delivery of a service that is sustainable and fit to meet future challenges,

Delivery of a continuous integrated service between time periods i.e. in hours and out of hours avoiding fragmentation.

Avoidance of duplication between services and time periods of delivery.

Improved integration of services and signposting for patients

A flow of good information from the new service to:

- Local commissioners that will help to identify emerging themes in the profiles of people attending to enable the development of programmes to prevent avoidable attendances, or prevent the conditions that cause these attendances
- Primary care so that GPs can put appropriate systems in place to prevent re-attendances by their patients

The Provider will ensure equity of provision of services especially during OOH period across the Locality. Reports will be provided to the CCG’s demonstrating compliance with all key performance indicators as well as:

- Total number of IUCS attendances by GP Practice
- Performance and outcomes by GP Practice: phone advice, treatment centre, home visit, navigation
- Number of shifts filled by local GPs, i.e. those GPs registered on the Lancashire Performers List or that of a neighbouring area.
- The reasons why patients attended the Urgent Care Centres e.g. Sports Injury, home accident etc.

### 2.3 Patient Experience

Patients are the first priority for the NHS and as such are at the centre of all service provision. It is a key priority that residents experience high quality care from all commissioned services and as such, it is imperative that systems are developed to ensure patient experience is captured and used to continuously improve the service.

The Provider should undertake the following activities to collect data regarding the patient experience:

- In addition to the National Quality Requirements, an agreed proportion of patients should be given an exit survey at the time of consultation which asks how they were kept informed and how clear the explanation was. This is to be agreed with the CCG.
• An annual audit of patients to gather information about their experience of the service, action to be taken and results fed back to the commissioners.
• The Provider should undertake the Family and Friends Test.

2.4 Patient and Public Engagement

The Provider will engage and involve patients and the public to create transformational opportunities by involving members of the public directly in the decision making processes at the heart of the service. The CCG’s are committed to ensuring that services genuinely meet the needs of people from all communities and the CCG’s actively promotes race equality, disability equality and gender equality.

3. Scope

3.1 Aims and objectives of service

The aims of the service are to provide a clinically safe and competent IUCS accessible to the local population across the CCG’s locality. The service is to provide access to unplanned urgent care, working in partnership with the wider urgent care system across primary, community, secondary health and social care.

The service must meet those urgent patient needs that cannot safely be deferred until the patient can access routine primary care services during core hours. The service must work and engage with the CCG’s and act as a complementary service to other primary care services in and out of hours and maintain treatment protocols.

The service provided should be equitable in terms of access and quality of provision, no matter where it is provided or to whom it is provided.

Patient access should be as simple and straightforward as possible.

The IUCS is an integral part of the delivery of 24 hour urgent care and as such should work in close partnership with other urgent care stakeholders and the CCG’s to deliver integrated patient centred care, making the most appropriate use of resources.

Patients should have access to the most appropriate clinician for all face to face consultations, in the appropriate place in a timely manner, in accordance with assessed clinical priority.

The service delivered should be evidence based and meet all the national quality and clinical governance requirements. Regular monitoring of outcomes should be utilised to ensure continuous improvements are made to the service.

Repetitive information gathering from the patient should be minimised and mechanisms should be in place to ensure timely and efficient flows of information to ensure continuity of care. This is especially important with the NHS 111 Service where all interoperability requirements must be met.

The service should be patient focused and have in place mechanisms to involve patients in their own care and in the future developments of the service.

Services should be provided based on patient need.

Services should make full use of and promote the effective use of ‘special patient notes’, anticipatory care plans to support the delivery of effective and appropriate patient care.

Further aims and objectives of the service are:
• To be the first point of access for the public to the emergency / urgent medical service
To provide a seamless and local patient care pathway
To be accessible to patients via walk in (self-presentation /GP or other referral) routes
Following electronic referral from "111" to provide telephone information and advice, including advice about self-care, from suitably qualified clinicians and when necessary direct patients for assessment and treatment during traditional out of hours periods.
To provide access to care, diagnostics and any subsequent treatment, when needed, delivered by appropriately trained health professionals
To provide signposting information for patients regarding access to medical services and other agencies both in and out of hours including how to register with a GP.
To provide a fully integrated Urgent Care Service as part of the overall strategic direction of the health economy.
Avoid unnecessary admission to hospital
To ensure appropriate referral between services during the traditional out of hour’s periods.
Patient information flow between services on referral
 Provision of information to patients regarding different urgent care services and more appropriate scheduled care services
Not increase pressure on in hours GP services
Reduce unnecessary attendances to acute providers of emergency care
Not increase pressure on 999 ambulance services
Innovative use of information management and technology
Be sustainable in terms of workforce
Make best use of and develop the skills of all professional groups
Meet and wherever possible exceed the applicable (National GP Out of Hours) Quality Requirements
Services must be delivered safely and through a learning environment
Services must be effective
There should be accreditation for training placements for external Clinical Staff

The links and integration between the above are vital to provide clinical oversight, ensure the maintenance of patient safety and provide a platform from which there is continual clinical quality improvement.

3.2 PATIENTS ACCESSING THE SERVICE VIA REFERRAL FROM “111” DURING TRADITIONAL OUT OF HOURS PERIODS.

3.2.1 Service Description / Care Pathway

The Provider is required to provide the service specified in the GMS / PMS / APMS regulations as applicable during an out of hours period, to a patient if, in the reasonable opinion of the Provider, it would not be reasonable for the patient to wait for the services to be available from their registered practice during opening hours e.g. 0800 until 1830 hours Monday to Friday (excluding public holidays). All areas of service provision should comply with the relevant standards and key performance indicators as outlined in this service specification.

Following Definitive clinical assessment by “111” which will determine whether it is necessary for a patient to:
• See a clinician face to face in a primary care setting;
• Receive a home visit;
• Contact their GP Practice or other appropriate clinician / service the next working day; and
• Have their condition reprioritised to Immediate and Life Threatening and an ambulance called.

The “111” service will electronically refer the patient to the “Provider” and the provider shall make contact (usually by phone) with the patient to provide advice by phone, make arrangements for a face to face appointment in the Urgent Care Centre, or receive a home visit all within the time requirements defined in the National Quality Requirements. At the close of the call, the person taking the call must always check that the caller is happy with the advice given and should be advised to call “111” again, if the condition deteriorates or gives rise to further concern.
The provider shall ensure that they can communicate electronically with the “111” provider to accept “electronic” patient referrals.

3.2.2 Face to Face Consultation and Treatment

The Provider shall offer a face to face consultations conducted by an appropriately trained clinician according to the assessed patients’ needs. In particular:

- The Provider shall offer assessment, diagnosis, treatment or treatment plan, or make arrangements for onward referral, follow up or discharge and prescribing of medicines as required in line with national and local guidelines including the Chorley & South Ribble CCG and LTHTr joint Formulary, Lancashire Medicines Management Committee guidelines and any other national or local guidance as advised.
- The consultation shall take place at the designated location
- The Provider shall make transport arrangements, for those patients who are unable to travel to the designated location yet are clinically safe to do so.
- Where appropriate the consultation can take place at the patients’ location.
- Adequate medical supervision, by at least a nurse, must be available to all non-medical staff providing a service to a patient.

Where an appointment at the designated location is required this should be within the maximum waiting times as follows:

- 1 hour for emergencies
- 2 hours for urgent cases
- 6 hours for non-urgent appointments

This should be measured from the time at which the initial call is taken by NHS 111.

The Provider must ensure that all time frames for response as listed above are notified to the patient, and patients are provided with an appointment time at the designated location, other location by agreement, or when to expect a home visit. Patients must always be contacted if a home visit or appointment is delayed.

The patient record on the electronic system will be kept up to date as the episode of care progresses.

Once at the designated location patients should be seen within 30 minutes of the appointment time or time of arrival, whichever is the later.

The prioritisation of face to face contacts, either at the designated location or a home visit, should be determined by the GP clinical lead.

Where patients self-present at the designated location and have not contacted “111” prior to attending, an initial assessment must be undertaken to ascertain whether they need to see an appropriate professional urgently. Full patient demographic, assessment and consultation details must be fully recorded in the electronic call management system including priority on initial contact, priority following definitive clinical assessment and priority on completion.

If face to face contact is not deemed necessary then patients should be given clear instructions on self-management of their current problem, what to expect in terms of improvement and the timescale. They should also be advised on what to do if, and when, significant new symptoms develop and how to register with a GP.

Reception

During the Opening Hours reception will see and record details of all unscheduled attenders to the UCC and will ensure all the required details are transferred to A&E if patients are transferred recording information such as (but not limited to) onto the hospitals electronic administration system;

  i. Patient name details;
  ii. Demographics;
3.2.3 Home Visits

The Provider shall provide a home visiting service to all patients for whom, following telephone assessment, referral from “111” and in the light of the patients medical condition and / or significantly difficult social circumstances (being ‘functionally housebound), it would not be reasonable to expect them to be able to travel to a local base.

Home visiting must be undertaken by suitably trained and experienced staff, who may be a general practitioner where required.

The Provider shall offer assessment, diagnosis, treatment or treatment plan and make arrangements for onward referral, follow up or discharge and medicines as required and in line with both Greater Preston and Chorley & South Ribble Prescribing Formulary.

Where a home visit is required, visits should be undertaken within the following maximum times:
- 1 hour for emergencies
- 2 hours for urgent
- 6 hours for non-urgent visits

This should be measured from the time at which the initial call is taken by NHS 111.

Home visits may include, where appropriate, visits to patients with urgent medical needs in community hospitals, nursing homes and intermediate care centres as well as patients’ homes.

The Provider will communicate with the patient or carer giving the anticipated time for a visit and will keep the patient / carer informed of any changes to the time. This will enable any changes to the patient’s condition to be established and the response changes accordingly.

The Provider will keep patient records and will add additional information as may be relevant following the visit.

Assessment and treatment will be provided at home wherever clinically appropriate. If the visiting health professional requires access to more specialised assessment and/or treatment, patient transport will be arranged and paid for (as appropriate/eligible) to the relevant health care facility by the provider.

Visiting health professionals will need to be able to personally administer drugs and/or provide prescriptions according to Patient Group Directions where necessary.

The patient record must be updated with details of the home visit and the Post Event Message (PEM) sent to the patient’s registered GP practice by 8am the following working day. (save for the nationally agreed PEM exceptions i.e. the “Never Send” list;

- DX 28 – Contact Pharmacist
- DX 52 – Refer to Police
- DX 60 – Contact Optician next routine appointment within 72 hours
- DX 22 – To be seen by Dental Practice within 3 working days
- DX 23 – Contact Orthodontist next working day
- DX 45 – Provide Service Location Information
- DX 46 – Refer to Health Information
- DX 63 – Refer to Fluline
All Health Professionals undertaking home visits will be expected to confirm and/or certify deaths when they occur 'out of hours'.

3.2.4 Information and Telephone Management Systems

In order to achieve an effective ‘customer focussed’ service the Provider must ensure they have appropriate mechanisms in place to deal with electronic referrals from “111”, to provide a high quality service including being able to respond to patients with particular needs, such as those with impaired hearing or language difficulties.

The Provider has to ensure it has in place a comprehensive, robust electronic information and call handling system that can interface completely with a fit-for-purpose electronic information and call management system (using the latest version of the suppliers’ software). These systems must be able to record the necessary patient demographics and presenting condition; the clinical details from the definitive clinical assessment (if carried out) and the outcome of the consultation following either the provision of telephone advice, a face to face encounter or home visit. The Provider must also be able to use the system to send the PEM in accordance with the requirements detailed above in 3.2.3 Home Visits.

The Provider will provide an information and telephone system that enables them to meet the requirements of the service, fits into the local IM&T strategy and links to 111, to accept referrals for further telephone advice (occasionally), a face to face or home visit consultation, call recording with instant access to records, resilience and any other appropriate functionality.

All information and telephone management systems must be able to capture all necessary date / time stamps and patient data required for the monitoring of National Quality Requirements. The Provider must obtain all new version releases (beta tested) of software utilised in information/telephone management systems as soon as offered by their software suppliers.

Technology utilised for information and telephone management has to be capable of the latest developments to allow the clinical assessment of patients from either a central location; remotely at designated primary care sites; in a vehicle whilst the clinician is being driving to a home visit or at a patient’s place of residence. The technology must allow the recording of, in real time, any clinical assessment undertaken remotely. This is to ensure that the patients in hours GP practice can be advised of the clinical details by 0800 hours the next working day.

The communications to GP practices should be in a clear format, electronic and compatible with the Primary Care electronic records. Information that is urgent should be telephoned through and a system of immediate access numbers with local practices should be available.

The service should alert GP Practices about complex cases, where care plans or special notes were absent and frequent users of the service by 0800 hours. Frequent users are those patients that contact the out of hour’s service at least three times within a four day period.

The Provider is required to include the availability of access to a clinician for the whole ‘out of hours’ period for necessary control room staff and details of the audit trails created. This is to include how the appropriate electronic audit trail will be provided for instances where the consultation does not follow through to normal completion e.g. request for prescriptions; patient referred to A&E for non-life threatening condition etc.

The Provider must comply with the following:

- Control centre and reception staff will be polite, helpful and efficient and will be trained to respond to callers via protocols and take information accurately.
- The Provider must ensure that before the call is terminated the patient understands the process, what help is being offered to them and what their next steps are.
- The call handling system will flag immediate life-threatening calls and responds according to the national standards
- Records of all calls, including the requirement for all messages to be voice recorded, must be
Digital Voice Recording is essential for all telephone communications.

The call handling system will flag repeat callers in order to alert clinicians of a possible reprioritisation being required.

### 3.3 PATIENTS ACCESSING THE SERVICE VIA SELF PRESENTATION (WALK-IN), REFERRAL FROM OTHER PRIMARY CARE SERVICES / AMBULANCE DIVERSION.

#### 3.3.1 Service Description / Care Pathway

All A&E (walk in) attendances at the Royal Preston and Chorley District Hospital sites are to be by referral only from the UCC. This means that unscheduled self-referred access must, in the first instance, be wholly provided within a Primary Care environment by means of an Urgent Care Centre (UCC) co-located on the same site with current A&E services.

Ambulance attenders will be assessed and triaged by LTH Trust and where the patient is suitable for the UCC (to be agreed between the parties) the patient will be redirected to the UCC.

The UCC will provide the following services:

i. Respond to the unscheduled care demand.

ii. UCC services 24 hours Monday to Sunday, including Bank Holidays. Together these are the “Opening Hours”.

iii. Provide a Primary Care function that will manage all self-referred unscheduled attendances to Royal Preston and Chorley District Hospitals.

iv. Commence a definitive clinical consultation within 1 hour of attending for 98% of attendances

v. Resolution of consultation within two hours for 95% of (non-excluded i.e. waiting for diagnostics) UCC patients, all (100%) of patients within 4 hrs.

vi. Effectively and appropriately referring the very sick and severely injured to the A&E

vii. Provide initial assessment and, where appropriate, effective referral back to, or into existing General Practice, Social Care or other health and social care pathways

viii. Provide a continuing record of care and notes for unscheduled patients, and providing relevant information to their own GP.

ix. Develop research, innovation and a training interface

x. Demonstrate a “can do” relationship with Commissioners to support sudden unseen needs and changing healthcare demands.

The Provider must meet the minimum service access requirements of the Service.

The Provider must have a system in place that enables Patients to access high quality care. This must include the ability to access:

a) Immediate or near immediate actual or virtual access to a decision-making clinician at the time that the patient requires care

The Provider must commence treatment of Patients potentially suffering from immediate and life-threatening conditions within 3 minutes of them presenting to the UCC.

**First Contact**

The first point of clinical contact for all will be an experienced GP/ENP streamer, who will be available throughout the UCC opening hours.
The streamer shall ascertain the most appropriate service provision for the patients presenting condition (e.g. A&E, UCC or Care Navigation) based on agreed clinical protocols.

Clinical assessment by an appropriately trained clinician will occur within 15 minutes of the patient arriving.

When demand and waiting times permit the provider shall also provide a see and treat service at this first contact enabling less complex patients to be managed more expeditiously including but not limited to simple medication management, symptom control, prescriptions and redirection to the care navigator/more appropriate service.

The patient pathway / flow is appended to this specification at Appendix 1

3.3.2 Emergency Decisions Unit (EDU)

Patients who require observation rather than admission are to be managed in the EDU by LTH A&E by means of rapid transfer directly from the UCC.

3.3.3 Diagnostics

Diagnostics will be those which are necessary for the immediate treatment of the unscheduled patient or which are likely to prevent a hospital admission and are required at the time of the attendance. Indicatively as follows:

Haematology
Other tests which may facilitate discharge rather than admission.

A Service level agreement/contract with LTH will be required for Pathology and Imaging;

### 3.3.5 Pathology

Samples will be analysed and reported within "TBA" mins/hrs of receipt at the laboratory. A consultant or SpR on the relevant specialist register will be available within "TBA" mins/hrs of the request to discuss results.

The service will be internally audited on a monthly basis and these results reported. Average turnaround for patients will be within "TBA" minutes.

### 3.3.6 Imaging

All images will be reviewed by a registered radiographer experienced in minor injuries and with access to consultant opinion.

All results will be reviewed under this process within "TBA" hours.

Quality assurance for reporting will be achieved by 10% of all radiographs being double reported. Quality assurance of the process will be achieved by a monthly audit of patient turnaround times and turnaround times of abnormal results.

### 3.3.7 Palliative Care

The Provider will ensure they support the needs of palliative care patients and their carer’s. The Provider will ensure systems are in place to receive store and communicate this information to those who might need it. It also must ensure timely information transfer back to practices.

### 3.3.8 Continuity of Care and Clinical Staff Skill Mix

(Staff plans & Minimum grades of staff)

All patients presenting will be streamed by a qualified GP/ENP.

The clinical service model is based on the benefits of an MDT approach which allows for the flexibility of clinician appropriate to respond best to the needs of the individual patients enabling access to the most relevant and specialised opinion as illustrated in the following diagram:
3. Information Management and Technology

The Provider’s IM&T services are considered to be an integral part of the clinical and business operation that will be delivered. The Provider must put in place the information technology infrastructure and systems plus the service management arrangements necessary to support a 24/7 urgent care service. This will include:

3.4.1 Clinical System

It is expected that the Provider will use a recognised software system for managing urgent medical care in Primary Care, including access to relevant NHS Connecting for Health applications such as the Summary Care Record and Personal Demographics Service.

All clinical activity including prescribing must be recorded on the IT system, including any notes made or hand written prescription issued on home visits.

The clinical system and supporting systems should be operated in the context of other clinical systems on the care pathway. Existing supporting information e.g. test results, end of life records, should be used to support clinical decision making and appropriate information should be forwarded to any onward referral or to the registered GP.
3.4.2 Infrastructure

The Provider must have a secure IT infrastructure that should underpin and support all the requirements mentioned in this document. In particular:

- The IT infrastructure and systems must have full and current documentation including topology diagrams.
- The technical infrastructure and systems should be sufficient to deliver a satisfactory and timely service to the patient regardless of level of usage, even at peak times.
- The service and its technical solution should be scalable so that capacity can be added if demand increased beyond the predicted volumes.

All consulting rooms used for the service must have access to the appropriate clinical and business systems, including access to the Web and N3, email, NHS Connecting for Health applications and prescription printers.

The clinical record and decision support systems must be available to the GP and Driver of mobile units through a wireless system to allow information transfer directly between the car and the base.

The Provider will be responsible for the provision and management of all voice and data infrastructure including hardware and software, management training, implementation, refresh and support associated with the service.

3.4.3 Systems Interoperability and Integration

The Provider should maintain an awareness of information strategy in the NHS and local health community and to develop their systems to integrate or interoperate with NHS national systems such as Summary Care Record and Personal Demographics Service.

The Provider is required to work with the local health community and IT Providers to develop and improve interoperability and integration of structured, coded information, so that electronic transfer of and / or access to information is available along the care pathway.

The Provider will interoperate with the NHS 111 service and both voice and data systems must be compatible. The NHS 111 interoperability standards should be met where relevant.

The Provider will consider ways in which technology such as telehealth can be used to improve patient access to the service and improve the cost effectiveness of service delivery.

3.4.4 Information Requirements

The Provider must supply a full data extract of all data items for commissioning systems.

Therefore:

- The Provider must provide a mechanism for all data to be exported regularly from the system and transferred to any specified destination in a recognised acceptable format.
- The Provider must provide a data dictionary of all fields within the application in line with NHS data dictionary where relevant.
- The Provider must be able to interface with the CMS / DoS system supported by the commissioners and health and social care providers.
- The Provider must be able to demonstrate compliance with the current NHS Interoperability Specification (Version 2).
- The Provider must have data quality processes and checks in place to ensure that the data recorded is complete, accurate and timely, and that duplicate or empty records are managed.

The information systems should ideally use a recognised coding system e.g. READ codes or Snomed.

3.4.5 Service Management (Voice and Data)

Infrastructure support, maintenance, refreshment and management should be in place under service level agreements or contracts to ensure system availability and performance for both voice and data.
Robust, detailed disaster recovery and business continuity plans should be in place that will be followed in the event of service failure. There should be a schedule of testing in place and the plans tested and reviewed regularly.

Appropriate resilience and redundancy measures should be in place to ensure that the service can continue to be delivered to a high quality and does not lose data or functionality due to the failure of a critical component.

All related aspects of the IT system, including any outsourced or remote components such as data hubs or data warehouses should be covered by support arrangements to monitor and manage systems to ensure the full operational service can be delivered 24 hours a day, 7 days a week.

The Service must have use of information technology to ensure systems are used that maximise: a) cost effectiveness; b) scheduling; c) performance management systems to provide the commissioner with information to meet the Key Performance Indicators and contract data and e) information to the patients and professionals who use the service.

- The Provider must have the ability to produce details service management reports in accordance with ITIL (or equivalent) best practice.
- The Provider must ensure proactive monitoring and management of the voice and data information technology to ensure that problems are avoided or resolved quickly and that potential issues can be managed and prevented.
- The service should have a documented and systematic approach to IM&T training to ensure appropriate staff competency in the use of IM&T. There should be training and competency standards for all staff and evidence that staff have achieve competence when using the IM&T systems.

3.4.6 Information Governance

The Provider must have comprehensive information governance policy and procedures in accordance with main contract clause GC21.

3.4.6.1 Intellectual Property Rights

These shall be in accordance with main contract clause GC22.

3.5 Location of Service Delivery

The locations from which the Services will be delivered from at Chorley District General Hospital and Royal Preston Hospital will be in new UCC clinical areas formed adjacent to the existing ED areas at both sites, facilitating integration with the existing ED departments operated by Lancashire Teaching Hospitals NHS Foundation Trust at both sites. The new provider(s) will be expected to establish and demonstrate on-going close working relationships and involvement with other health and social care providers across the locality.

All services and facilities must comply with the Disabilities Discrimination Act 1995 relating to access arrangements for people with hearing and visual impairments.

Providers shall ensure that the facilities provided should incorporate suitable waiting areas, consultation and examination rooms, furniture, fittings and equipment as required to provide a safe service. Equipment includes all computer hardware and software required to operate the service.

There must be clear signage in place to ensure easy access for patients.

All premises should meet statutory requirements and follow best practice guidance.
National Building Requirements define the standards of the above facilities and will be complied with.

Premises must:
- Facilitate the effective and efficient delivery of the services to patients
- Deliver a patient experience and environment that is in line with NHS guidelines.
- Enable the services to be delivered conveniently to patients and NHS standards
- Take into account the mobility for the local population and the availability of local public transport to maximise access to patients.

All parts of the premises in which the service operates must be suitable for the purpose, kept clean and maintained in good physical repair and condition. In particular the physical environment must comply with Infection Control in the Built Environment (NHS Estates: 2002). The document specifically includes (but is not limited to) the following aspects to reduce risks of infection:
- Sizing / space
- Clinical sinks
- Ancillary areas
- Engineering services which incorporates advice on ventilation, lighting, water supply
- Storage
- Finishes, floors, walls, ceilings, doors, windows, fixtures and fittings
- Decontamination
- Laundry and linen
- Waste – segregation, storage and disposal
- Workflow

The CCG reserve the right to inspect the services premises / records and policies at any time in accordance with main contract clause GC15.2.

3.5.1 Vehicles

The Service will ensure the availability of a sufficient number of maintained vehicles for home visits, equipped appropriately including communication equipment, satellite navigation equipment and suitable marked.

The Service will have access to 4 wheel drive vehicles for use during extreme weather conditions to ensure business continuity and all drivers should have the appropriate training for driving in adverse weather conditions and be competent to use the equipment on board the vehicle.

The Provider will have an appropriate policy in place to avoid breaching timescales in the event of vehicle breakdowns.

3.6 Days / Hours of Operation

The Urgent Care Centre shall operate 24/7 to see walk in patients and those patients who have a pre booked appointment via “111”. Call back to transfers from “111” will normally be during the (traditional) out of hours period defined as 18:30 hours until 08:00 hours on weekdays and the whole of weekends, bank and public holidays but may also occur during normal in hours periods. Home visiting services will be provided during traditional out of hour’s periods.

Access to services out of hours must therefore be available to patients from 18:30 hours on the last normal working day until 08:00 hours on the next normal working day in any period, face to face services will be provided 24/7.

On occasion the Provider may be requested by the CCG or practices to provide the service at other times and during core hours in order to provide cover for other purposes, such as Education or Governance closures. This will be subject to separate discussion and agreement between the parties concerned over availability and payment on the basis of specific requests given within an agreed and suitable notice period. However, this service is to be available in principal.
3.7 Population covered

The Service will be provided under the Contract to all persons currently registered, whether permanently or temporarily, with the GP Practices, whether or not the patient actually resides within the locality of Chorley & South Ribble and/or Greater Preston, also patients living within the geographical boundary who are not registered with any GP. During traditional out of hour’s times the service will provide medical cover to the community bed based intermediate care units and GP led care to the 3 prisons within the CCGs’ geographical boundary which may or may not include “home” based visits.

Bed Based Intermediate Care units:

- Meadowfield House (resi rehab) – Preston
- Broadfield House (resi rehab with dementia) – Leyland
- Longridge Community Hospital (step up community frailty unit) – Longridge

Prisons:

- Preston Prison – Preston
- Garth Prison – Leyland
- Wymott Prison – Leyland

Additionally the Provider shall treat those patients triaged to Primary Care via the Integrated Urgent Care triage who require an urgent primary care response both in and out of hours.

The Provider must also provide services during both the in and out of hour’s period to any person to whom it has been requested to provide treatment owing to an accident or emergency at any place within the CCG locality. In this instance “emergency” includes any medical emergency whether or not related to services provided under the contract.

Patients who are not registered with one of the GP practices, or who are so registered but are temporarily residing outside the CCG locality and who access the services will be provided with the services. Following any necessary treatment, the Provider shall ensure that any patient who accessed the service for medical services and are not registered with one of the GP practices but who reside in the CCG locality and access the services are advised to register with one of the GP practices in accordance with agreed Commissioner protocol as notified to the Provider by the Commissioner.

A schedule of the Chorley & South Ribble and Greater Preston GP Practices to be covered is attached as Appendix A. The total registered GP population of Chorley & South Ribble as at the end of December 2013 was 176,033 and for Greater Preston was 209,994. The map attached at Appendix A shows the boundaries of Chorley & South Ribble and Greater Preston CCG’s.

Patients with Challenging Behaviour

The majority of patients who are identified within this category have been referred to as ‘Violent Patients’ as they have a history of challenging behaviour and are patients who are known to pose a threat with GP practices and as a result of the inability to resolve this pattern of behaviour have been excluded from the surgery list. They are identifiable to the Provider through the special notes system.

During the day, arrangements exist whereby a designated doctor at a designated clinic can see such patients. However, there may be an occasion where such patients may require consultation out of hours.

Therefore, it is proposed that during traditional out of hours periods the following arrangements should be in place:

Consultation out of hours should be actively discouraged and home visits should not take place at all. Patients should be encouraged to attend the designated provider(s) during normal surgery hours. Under National and Local policy patients who have had their right to mainstream NHS care removed
are only entitled to service if denial of treatment would cause lasting harm or put their lives at risk. There is no obligation to provide services or home visits out of hours to patients identified as posing a risk, where there is no immediate clinical need.

Telephone clinical advice shall be the norm.

However, where a face to face consultation is deemed essential then the patients should be referred to the UCC where staff have been warned of the visit and all necessary and appropriate security measures have been considered and prepared.

Interpretation Services

The Provider must be able to provide an interpretation service within 15 minutes of becoming aware that failure to provide such a service will unduly delay a patient’s treatment and also be able to make appropriate provision for patients with impaired hearing or impaired sight. Service must confirm to the national standards for access to assist patients as and when required.

3.8 Palliative Care

The condition of those reaching the end of life can change rapidly, thereby requiring an urgent response. The Provider will deliver end of life care services in line with the recommendations of the End of Life Care Strategy ‘Promoting high quality care for adults at the end of life’ Department of Health July 2008.

Clinicians should make home visits to these patients outside of the normal home visiting policy with an express view of managing these patients at home, except in exceptional circumstances, and only after advice from the Specialist Palliative Care team once the GP or District Nurse has made a clinical assessment or where Special Patient Notes direct an alternative.

The Provider will work in partnership with local providers of end of life care to ensure that they have processes in place, to access the most up to date information about vulnerable patients, their needs and preferences. They will also ensure that the out of hour’s service database / register is kept updated with relevant information i.e. anticipatory care plans, special patient notes etc.

The Provider will have protocols in place to ensure that when these patients or their carers call they are not required to go through the normal routine assessment of needs, but are put through to a clinician in a timely manner, who can respond quickly and effectively to their needs.

The Provider will have systems in place to ensure that where possible the identified needs and expressed preferences of patients at the end of life, including preferred priorities of care are recorded and addressed. The development and implementation of a robust system of communication between the Provider and GP Practices using special patient notes is vital in this.

Systems will need to be in place to ensure patients at the end of life have access to timely and adequate medicine, as agreed within the palliative care formulary and equipment e.g. syringe drivers and catheters, during the out of hours period.

All clinicians and control room staff must receive relevant training in end of life care to ensure patients are appropriately managed within an agreed care pathway and where possible enabled to remain at home. Unnecessary calls to the ambulance service and admissions to hospital should be reduced. This training should include: symptom management, End of Life Care Plan and uDNAACP, communication skills specific to the needs of this patient group and their carer’s.

The Provider will have in place systems and suitably qualified staff to undertake verification of death.

3.9 Mental Health

For patients requiring urgent specialist mental health input, contact will be made with the local mental health services for the area. The IUCS will provide appropriate and timely clinical information to the
mental health service to facilitate the swift referral of the patient.

For those patients who have urgent physical health issues, e.g. have taken an overdose, referral will be made to A&E or if required an emergency ambulance will be called.

The Provider will ensure that they work in partnership with local providers of mental health services to ensure that patients are kept safe.

The Provider will have in place systems and suitably qualified staff to detain patients under the Mental Health Act 1983 and 2007.

3.10 Patients with Special Needs

In accordance with main contract clause SC13, the Provider will comply with procedures for the treatment and management of patients with special needs / protected characteristics (including terminal care, violent and vulnerable patients, and language barriers). The Provider must have procedures and policies in place to ensure that such patients receive good care. The Provider must demonstrate that it is aware of and follows local and national policies and guidelines in the care of patients with special needs. Providers must also make appropriate provision for patients with impaired hearing or sight.

3.11 Staffing

Notwithstanding main contract clause GC5, the main resource of any provider is a workforce made up of a mix of NHS professionals committed to providing safe, effective care to all patients, at all times and in all situations.

The Provider will enable the workforce to deliver on this commitment, now and into the future, by promoting and providing high quality relevant education and training for every member of the workforce individually and in teams.

In order to fulfil its obligation to deliver the service the Provider will undertake appropriate workforce planning activities. This will include joint working with partners across the wider health system in order to assess system-wide workforce requirements.

Demand for services is variable throughout the year with seasonal peaks, particularly over public holiday weekends and during the winter months. The Provider must ensure its capacity and demand modelling will deliver the required activity. The Provider must ensure they have the capability to use activity data to forecast demand in line with times of day (by hour of the day), days of the week and seasonal variations. In addition the Provider must clearly show when rostering staff, who is in charge of each shift and indicating the level / number of back up staff available for peaks in demand in line with their accurate forecasting of demand, working across a 24 hour period and across all days of the week.

3.12 Qualifications and Mandatory Training

All staff must be appointed in line with professional qualifications / standards as appropriate and continue to update skills in line with professional codes of conduct. The Provider must maintain a record of the dates and training given to all clinicians and staff working within the service. All such records should be immediately available to the Commissioner on request for audit purposes. The Provider must ensure that training requirements and competencies are monitored through regular assessment and staff appraisal and that staff are enables to progress through supported learning.

No healthcare professional shall perform any clinical service unless he / she has such clinical experience and training as are necessary to enable him / her properly to perform such services. The Provider shall be responsible for ensuring that their staff:

- Have relevant professional registration and enhanced checks undertaken prior to seeing patients alone.
• Have, prior to starting in post, provided two references (clinical if applicable), relating to two recent posts (which may include any current post) as a health care professional which lasted for three months without a significant break, or where this is not possible a full explanation and alternative referees.
• All access robust induction training applicable to their individual role
• Have access to and evidence of safeguarding training and development in line with their professional bodies recommendations
• Undertake annual audit to ensure compliance with the above.

If the staff member is a GP they must:
1) Be included in a Medical Performers List for NHS England.
2) Not be suspended from that List or from the Medical Register; and
3) Not be subject to interim suspension under section 41A of the Medical Act 1983.
4) Be included in the GMC specialist register with a licence for General Practice and evidence of active participation in revalidation
5) Provide evidence of professional indemnity insurance

Bullet points 1,2&3 immediately above shall not apply if;

(a) a person who is provisionally registered under section 15, 15A or 21 of the Medical Act 1983 acting in the course of his employment in a resident medical capacity in an approved medical UCC; or

(b) a GP Registrar who has applied to the CCG to have his name included in its Medical Performers List until either the CCG notifies him of his decision on that application, or the end of two (2) months starting with the date on which his Vocational Training Scheme began, whichever is the sooner; or

(c) a medical practitioner: who is not a GP Registrar who is undertaking a programme of post-registration supervised clinical UCC supervised by the Postgraduate Medical Education and Training Board (“a post-registration programme”); has notified the CCG that he will be undertaking part or all of a post-registration programme in its area at least twenty-four (24) hours before commencing any part of that programme taking place in that CCG’s area; and has, with that notification, provided the CCG with evidence sufficient for it to satisfy itself that he is undertaking a post-registration programme, but only in so far as any medical services that the medical practitioner performs constitute part of a post-registration programme.

In bullet point c) above “Vocational Training Scheme” has the meaning given in regulation 21(2) of the National Health Service (Performers Lists) Regulations 2004.

If recruited from overseas comply with the recommendations of the House of Commons Health Committee (2010) The use of overseas doctors in providing out of hours services. Providers are also expected to ensure that any overseas doctors meet the requirements of the DH 2010 Policy ‘Delivering Quality in Primary Care: Performers List – Language Knowledge’ and not just rely on their admission to a performers list as satisfactory language levels.

The Provider shall ensure that all Provider Staff:

a) have all necessary permits and/or entitlements to work in England in relation to the provision of the Services;

b) are able to communicate in English at a level appropriate to their role so that they are able to communicate effectively with Patients and other persons in relation to the Services, including (where relevant) IELTS/PLAB tests as detailed in the Code of Practice for NHS Employers as amended from time to time in relation to the international recruitment of Health Care Professionals;

c) are registered with all appropriate regulatory bodies including without limitation the following:
1. for medical Provider Staff, the GMC;
2. for nursing Provider Staff, the Nursing and Midwifery Council; and
3. for Provider Staff who are other Health Care Professionals (including Allied Health Professionals and Health Care Scientists (where appropriate), the Health Professions Council.

The Provider shall ensure that:

a) non-nursing medical Provider Staff performing specialist procedures, are suitably qualified, competent and experienced and are registered in the GMC Specialist Register in respect of the specialty in which they perform specialist procedures;

b) GPs are:
   1. registered with the GMC;
   2. hold appropriate certificates confirming their eligibility to work in general practice; and
   3. are members of the Royal College of General Practitioners, having passed the MRGCP examination or obtained membership by Assessment of Performance

c) nursing Provider Staff are registered on the Nursing and Midwifery and Health Professional Council Register and, if they are to prescribe drugs and/or medicine, that the corresponding entry in the register indicated they hold a prescribing qualification;

d) appropriate arrangements are in place for registering and monitoring subsequent re-registration for Health Care Professionals as appropriate;

e) it will not use any individual for the performance of the Services in respect of whom an Alert Letter has been issued;

f) it is (and at all times during the term of this Agreement shall be) a Registered Person within the meaning of the Police Act 1997 and the Police Act 1997 (Criminal Records) (Registrations) Regulations 2006 and an Umbrella Organisation within the meaning of the Code of Practice on Disclosure (for the purposes of applications made in relation to any sub-contractors of the Provider) and that it complies at all times with the provisions of the Rehabilitation of Offenders Act 1974, the Police Act 1997 and the Police Act 1997 (Criminal Records) (Registrations) Regulations 2006 and the Code of Practice on Disclosure as amended from time to time;

g) it shall not (and shall procure that its sub-contractors shall not) employ or engage any person in relation to the Services unless the highest form of available Disclosure is obtained by the Provider as follows:

   1. if such person would be employed or engaged in an ERC Position or CRC Position, unless and until such person provides the Provider with Enhanced Disclosure and the relevant standard of Disclosure as appropriate; and

   2. unless and until such person to whom paragraph (f) would not apply provides the Provider with Basic Disclosure and, for the avoidance of doubt, if it is not possible to obtain Enhanced Disclosure from the Criminal Records Bureau in respect of such person, unless and until such person provides the Provider with a copy of the information supplied by the relevant Data Controller in response to a subject access request by such person in respect of Personal Data held on the Police National Computer in relation to that person;

h) it shall not (and shall procure that its sub-contractors shall not) employ or engage any
Overseas Person in relation to the Services unless and until the Provider and/or any sub-contractor of the Provider and/or the Overseas Person (as the case may be in each relevant country) provide(s) Overseas Disclosure in respect of:

1. each country outside the United Kingdom of which the Overseas Person is a citizen;

2. each country outside the United Kingdom of which the Overseas Person holds a relevant professional qualification; and

3. each country outside the United Kingdom of which the Overseas Person has worked;

i) save in circumstances in which it is not possible for the Provider and/or any sub-contractor of the Provider and/or the Overseas Person using best endeavours to obtain Overseas Disclosure in or in relation to a particular country. For the avoidance of doubt, Overseas Persons shall also be subject to the Criminal Records Bureau provisions set out in paragraph (f) and the Provider shall obtain, or procure the obtaining of by any sub-contractor of the Provider/or the Overseas Person, as appropriate, (in respect of any country where Overseas Disclosure is available) the highest form of available Overseas Disclosure. In circumstances in which it is not possible in respect of an Overseas Person for the Provider and/or any sub-contractor of the Provider and/or the Overseas Person using best endeavours to obtain Overseas Disclosure in relation to a particular overseas country, the Provider shall (and shall procure that any sub-contractor of the Provider shall) not employ or engage any such person in relation to the Services by the Provider or any sub-contractor of the Provider, without the CCG’s prior written consent;

j) no person (which shall for the purposes of this paragraph include any Overseas Person) who discloses any Convictions, or in respect of whom any other matter is revealed following Disclosure or Overseas Disclosure, in either case, of which the Provider is aware or ought to be aware, is employed or engaged in the provision of the Services or any activity related to or connected with the provision of the Services by the Provider or any sub-contractor of the Provider, without the CCG’s prior written consent; and

k) the CCG is kept informed at all times of any person employed or engaged by the Provider or any of its sub-contractors in relation to the Services who, subsequent to his/her commencement of such employment or engagement, receives a Conviction of which the Provider or any sub-contractor of the Provider becomes aware or whose previous Convictions become known to the Provider or any sub-provider of the Provider:

l) an appropriate competency assessment process is implemented that includes competency assessment tools, to assess the practical competency of all Staff on recruitment.

If the staff member is a nurse they must:

- Be registered with the Nursing and Midwifery Council

The Provider must provide evidence of professional indemnity insurance if and when requested.

The Provider will plan and provide high quality education and training that supports the professional development of individuals and teams and is directly linked to improvements in patients’ outcomes by addressing variation in standards and ensuring excellence in innovation. To achieve this, the Provider will measure education and training against the indicators in the five domains of Health Education England’s national Education Outcomes Framework. The five high level domains of the Education Outcomes Framework are:
- **Excellent education:** Education and training is commissioned and provided to the highest standards, ensuring learners have an excellent experience and that all elements of education and training are delivered in a safe environment for patients, staff and learners.

- **Competent and capable staff:** There are sufficient healthcare staff educated and trained, aligned to service and changing care needs, to ensure that people are cared for by staff that are properly inducted, trained and qualified, who have the required knowledge and skills to do the jobs the service needs, whilst working effectively in a team.

- **Adaptable and flexible workforce:** The workforce is educated to be responsive to innovation and new technologies with knowledge about best practices, research and innovation that promotes adoption and dissemination of better quality service delivery to reduce variability and poor practice.

- **NHS values and behaviours:** Healthcare staff have the necessary compassion, values and behaviours to provide person centred care and enhance the quality of the patient experience through education, training and regular Continuing Personal and Professional Development (CPPD) that instils respect for patients.

- **Widening participation:** Talent and leadership flourishes free from discrimination with fair opportunities to progress and everyone can participate to fulfil their potential, recognising individual as well as group differences, treatment people as individuals and placing positive value on diversity in the workforce and there are opportunities to progress across the five leadership framework domains.

In ensuring that all members of the workforce are enabled to experience high quality education and training that meet the indicators to be described against the above five domains we expect that each member of the workforce can expect to be enabled and supported to achieve the following:

- Induction
- Keep up to date and introduce innovation through knowing about, having access to and protected time to take part in a range of learning activities. These will include web based e-learning resources, regular small group learning with peers and in teams, and a programme of large group study sessions.
- Improve the quality of performance through reflections, case reviews, audit and analysis of significant events, adverse incidents and complaints.
- Receive feedback from patients and colleagues about what they think about the individuals performance
- Annual appraisal incorporating Professional Development Plan
- Opportunities to develop careers as urgent care and out of hours workers
- Opportunities to teach urgent care/out of hours colleagues
- Near patient access to local and national protocols, pathways, guidelines and other information resources which can inform clinical decision making
- Work in a physical environment which supports learning
- Feel part of a learning organisation culture that aspires to excellence in training and a better educational experience for the entire workforce.

The Provider shall ensure that all monies, salary, benefits, tax and national insurance contributions due to be paid to any Provider Staff or HM Revenue and Customs, relating to the provision of Services by the Provider, shall be paid up in full by the Provider and the Provider shall fully indemnify the CCG in respect of any losses incurred by the CCG as a result of the Provider’s breach of this paragraph.

**Staff Performance Management**

The Provider shall:

a) put in place a performance management policy and suitable arrangements for handling concerns about the conduct and performance of all Provider Staff;

b) comply with the requirements of the regulatory bodies for revalidation and re-registration;

c) put in place processes to ensure robust clinical governance and perform appropriate clinical audits for the continuing professional development of Provider Staff needs following regular
appraisals of Provider Staff; and

d) ensure that Provider Staff are aware of the needs of those working in a health service environment, observe the highest standards of hygiene, customer care, courtesy and consideration, and keep confidential all confidential information and information relating to any Patient.

The CCG shall have the right to order the removal from the performance of the Services, or prohibit from further involvement in the provision of the Services any person employed or engaged by (or acting on behalf of) the Provider whose presence and/or involvement, (in the opinion of the CCG) is likely to have a material adverse effect on the performance of the Services or is otherwise undesirable. The decision of the CCG in this regard shall be final and conclusive and the Provider shall immediately comply with such instruction. Any such instruction shall not give rise to any liability whatsoever on the part of the CCG to the Provider or any other party and shall not affect in any way the obligations of the Provider to carry out the Services to the Specifications. Where any such person is removed, the Provider shall, as soon as it is reasonably practicable thereafter, supply a replacement where, as agreed between the parties, this is required to ensure the proper performance of the Services and/or to ensure that the Provider complies with its obligations to carry out the Services to the Specifications.

The Provider shall ensure that appropriate arrangements are in place for the supervision of all Clinical Staff. For GPs, this will include the conduct of peer reviews of each other’s performance to assess their own work, discuss clinical outcomes and specific cases of clinical importance for the team. The Provider shall ensure that this process is conducted in line with good audit practice.

3.13 General Practitioner Registrar Training

The Provider must provide training and education for doctors, including ST1’s, ST2’s and ST3’s. The Provider will facilitate training opportunities for GP registrars, every six months, who will be supernumerary and therefore separate from the practitioners delivering urgent care/out of hour’s services. This will be negotiated in liaison with their designated GP Trainer who has responsibility for the educational and clinical experience of the Registrar. A certificate of attendance detailing cumulative hours attended to be issued for each Registrar to their registered trainer.

The Provider is required to provide verification of attendance with evidence of exposure to, and competency gained in, the delivery of urgent medical care in line with the recommendations of Deanery and individual GP Trainers.

The Provider must ensure that it complies with the requirements of the Postgraduate Medical Education and Training Board (PMETB), postgraduate medical deaneries, Royal College of General Practitioners (RCGP) and any other relevant training bodies, to take on training placements. The training must fulfil the needs of the RCGP curriculum especially Curriculum Statement 3.03 – Care of Acutely Ill People http://www.rcgp.org.uk/GP-training-and-exams/GP-curriculum-overview.aspx

The Provider must also have in place:

- Sufficient clinical supervisors who are trained to teach / supervise to a level approved by the Deanery to provide adequate supervision of trainees at all times.
- Systems to ensure patient safety and the service are not adversely affected by training.
- Training available across the contract and not restricted to certain hours
- Quality control systems to ensure training is being provided to the standards expected by the CCG.

It is a requirement of the North Western Deanery that GP registrars must successfully complete training in out of hours care, covering a period of 72 hour duty, as part of their overall training to become a qualified GP. The Commissioner will need to agree with the Provider arrangements for the GP registrar training to cover the 72 hours requirement.

the Provider shall not, by reason only of having employed or engaged a GP Registrar, reduce the total number of hours for which other medical practitioners perform primary medical care services under this Agreement or for which other staff assist them in the performance of those services.
3.13 Independent Nurse Prescribers and Supplementary Prescribers;

Where the Provider employs or engages a person who is an Independent Nurse Prescriber, a Pharmacist Independent Prescriber or a Supplementary Prescriber whose functions will include prescribing; or the functions of a nurse who is an Independent Nurse Prescriber, a Pharmacist Independent Prescriber or a Supplementary Prescriber whom the Provider already employs or has already engaged are extended to include prescribing, it shall notify the CCG within the period of seven (7) days beginning with the date on which the Provider employed or engaged the person, or the person’s functions were extended, as the case may be.

Where the Provider ceases to employ or engage a person who is an Independent Nurse Prescriber, a Pharmacist Independent Prescriber or a Supplementary Prescriber whose functions included prescribing in its UCC; or the functions of a person who is an Independent Nurse Prescriber, a Pharmacist Independent Prescriber or a Supplementary Prescriber whom the Provider employs or engages in its UCC are changed so that they no longer include prescribing in its UCC; or the Provider becomes aware that a person who is an Independent Nurse Prescriber, a Pharmacist Independent Prescriber or a Supplementary Prescriber whom it employs or engages has been removed or suspended from the Relevant Register, it shall notify the CCG in writing by the end of the second Business Day after the day when the event occurred.

The Provider shall provide the following information when it notifies the CCG in accordance with Paragraph 1 (above) of this clause:

a) the person’s full name;

b) his professional qualifications;

c) his identifying number which appears in the Relevant Register;

d) the date on which his entry in the relevant register was annotated to the effect that he was qualified to order drugs, medicines and Appliances for Patients; and

e) the date on which he was employed or engaged, if applicable, or the date on which one of his functions became to prescribe in its UCC.

The Provider shall provide the following information when it notifies the CCG in accordance with Paragraph 2 (above) of this clause:

a) the person’s full name;

b) his identifying number which appears in the Relevant Register; and

c) the date on which he ceased to carry out prescribing functions.

3.14 Workforce Requirements

The Provider must have in place a comprehensive, coherent, robust plan for recruitment, management and development of staff with the principle objectives to:

- Meet the essential day to day staff leadership, management and supervisory needs to the contract during its lifetime, including during mobilisation and, if appropriate, contract termination.
- Adhere to TUPE legislation
- Support the provision of safe, high quality clinical services
- Ensure through appropriate audit, training and continuous professional development that all staff involved in treating NHS patients are and remain qualified and competent to do so.
- Support the implementation of all relevant statutory and non-statutory NHS standards, regulations, guidelines and codes of practice
- Maintain an effective working partnership with local NHS employers to continuously develop and maintain best people management practices and ways of working
• Reduce dependency on agency or locum staff to delivery services, such use not to exceed 10% unless in extreme circumstances.

The Provider must have in place a recruitment and retention strategy. This must:
• Be capable of attracting and retaining high quality job applicants
• Optimise individual skill levels and potential
• Fully harness available skills and commitment and
• Encourage and engender support for new ways of working.

There are continual challenges to the UK’s viability to opt out of the Working Time Directive on a European basis and therefore to sustain the future viability of this service the Provider must have in place a working hour’s policy which ensures the health and wellbeing of staff and users of the service. This policy must also cover the working hours of clinical staff outside of the service, and in particular, the Provider must ensure they have a mechanism in place which supports them in reviewing and monitoring the hours worked by clinical staff and assuring themselves that the service they provide is safe. The Provider must have in place a staffing strategy to meet specified levels of service that identifies the requirements for support ancillary staff services. The strategy should include contingency plans for times of high demand and/or high levels of staff absence. The Provider must have in place mechanisms for keeping the commissioner informed when staffing capacity is unlikely to meet demand and the actions that will be taken to address this. It is expected that the Provider will have in place mechanisms to actively review and monitor the working hours of all staff members. In relation to the provision of out of hours services only Commissioners do not expect any GP to work more than three out of hour’s shifts in any five day period. The Commissioners reserve the right to carry out unannounced audits to assess compliance.

3.15 Workforce Standards

The Provider must ensure that all proposed workforce strategies, policies, processes and practices comply with all relevant employment legislation applicable in the UK.

In addition the Provider is required to comply with the provisions of the following policies and guidance as amended from time to time:

(i) NHS Employment Check Standards, March 2008 (revised July 2010);
(ii) Registration with Care Quality Commission (http://www.cqc.org.uk/);
(iv) the DH’s guidance on the employment or engagement of bank staff, if any;
(v) any guidance and/or checks required by the Independent Safeguarding Authority or any other checks which are to be undertaken in accordance with current and future national guidelines and policies;
(vi) all guidance issued by the Care Quality Commission including the guidance entitled “Compliance: Essential Standards of Quality and Safety (March 2010)” and any other guidance issued by the Care Quality Commission from time to time;
www.dh.gov.uk/assetRoot/04/09/77/34/04097734.pdf
(viii) the Cabinet Office Statement entitled “Principles of Good Employment Practice (December 2010);”
3.16 Medicines Management and Prescribing Formulary

The Provider will be responsible for establishing, documenting and maintaining an effective and economical system by which medicines are managed safely and securely to meet the patients clinical needs. This must comply with current legislation including The Controlled Drugs (Supervision of Management and Use) Regulations 2013 and adhere to national standards and guidance and the local policies of the CCG. This should include formal performance reporting mechanisms and a commitment to promote awareness of the significance of the system within the organisation. It is the Providers responsibility to ensure that each clinician has access to appropriate information and training regarding systems and processes in operation pertaining to prescribing and medicines management.

The Provider will be required to designate an executive member to be the responsible lead for medicines management and to undertake and discharge responsibilities akin to those mandated of the Accountable Officer for controlled drugs of a designated body as defined in the Health Act 2006 and subsequent regulations (hereafter referred to as the Providers Accountable Officer). Appropriate management time should be assigned to this post. In addition a lead manager for medicines management should support this post and provide a further point of contact for the CCG on medicines matters.

Management systems to ensure effective, safe, secure and economic use of medicines will be underpinned by a Medicines Policy and Formulary. The Medicines Policy incorporating relevant guidance and appropriate standards for each activity in the medicines trail, from purchasing to disposal, will include details, approved, operational procedures (standard operating procedures, (SOPs)) to cover all facets of safe and secure handling of medicines with defined responsibilities, performance and audit standards. The Medicines Policy must be approved by the CCG.

3.16.1 Basic Requirements of Medicines Supply: The Drug Formulary

Based on the National Out of Hours Formulary the Provider will operate within an agreed local formulary approved by the Medicines Management Committee of the CCG. The Provider will establish and maintain a system for prescribing and supply from this list of essential drugs when it is necessary to commence drug treatment for patients.

All medicines should be supplied in appropriate quantities for the condition being treated, i.e. full courses of treatment and not starter packs) and comply with all relevant legislation regarding packaging, labelling and the use of patient information leaflets (PILs).

Manufacturers’ original packs should be used wherever possible. Any pre-packed items should only be obtained from a fully licensed supplier who complies with the relevant legislation. A full audit trail to track movements of drugs identifying the prescriber (or supplier) at the point of issue will be required.

3.16.2 Medicines Supply Service

The Provider is responsible for the supply of essential medicines. The responsibility for locating a source of medicines does not rest with the patient or their representative.

Where patients present out of hours with a condition, which in the clinical judgement of the prescriber, calls for a course of medicine that should be started within the out of hours period, if a pharmacy is open either co-located at the urgent care centre or in close proximity as defined by the CCG, the normal means for prescribing patients with medicines as part of NHS services in the community should be followed by the Provider i.e. a prescription issued for dispensing by the pharmacy. The Provider must explain to the patient where the supply can be obtained from in this case.
In all other cases where supply of medicines is deemed necessary in the out of hour’s period and such pharmacy services are not available, and in all cases for house calls, the Provider must make arrangements to supply the necessary medicines.

A stock of formulary pre-pack items must be available / held in the UCC. Storage including drug cupboards, controlled drug cupboards, and refrigerators, and oxygen cylinder storage, must comply with all safe and secure handling requirements. A similar system must operate for drugs transported and in the doctors’ bag for house visits. Supplies must comply with all relevant legislation and should be supported by a comprehensive service level agreement to provide a pharmaceutical ‘top up’ service to ensure continuity of supply and availability.

Where medicines are supplied by the Providers directly to patients i.e. not for dispensing by a pharmacy, prescribers must complete a non FP10 supply form (FP10P-REC form). Completed forms must be stored securely and all completed forms returned to the Prescription Pricing Authority of the NHS Business Services Authority in Newcastle by the 5th working day of each calendar month.

FP10 prescriptions are classed as controlled stationary and must be stored and transported as such in line with NHSBSA Security of Prescription Form Guidance. Any loss or theft of FP10s shall be reported to the appropriate person(s) in accordance with local policy at the earliest opportunity.

It is not envisaged that the out of hour’s service would provide routine repeat prescriptions for patients who have run out of or left medication at home. With a few notable exceptions e.g. insulin, anti-epileptics, those patients’ should be advised to contact an in hours GP. There are facilities for obtaining emergency supplies direct from pharmacies.

There is no provision for the supply of methadone or subutex from the out of hour’s service.

3.16.3 Access to Palliative Care Drugs Including Controlled Drugs

The Provider will be expected to stock palliative care drugs including controlled drugs as agreed with the CCG. The carer should in no case be expected to leave the patient to collect a necessary medicine or be responsible for locating a source of supply of an essential medicine in the out of hours period, neither is this the responsibility of the district nurse, this responsibility lies with the out of hours provider.

3.16.4 Controlled Drugs (Further)

The Provider must comply with all requirements with regard to storage, supply and records related to the strengthened governance arrangements now in operation in the NHS related to handling of controlled drugs. There must be a full audit trail for all aspects of handling of controlled drugs including patients own controlled drugs. Patients own controlled drugs should not be removed from the patients’ home by the Provider unless in an exceptional case on the grounds of patient or public safety. In this case the NHS England Accountable Officer and the CCG Head of Medicines Optimisation should be informed of the details on the next working day.

The Providers Accountable Officer will be responsible for all aspects of governance of controlled drugs by the Provider and these arrangements will be subject to inspection by the NHS England Accountable Officer or their representative on an annual basis and may be without notice. The Providers Accountable Officer will be required to complete a declaration and self-assessment statement usually on an annual basis and a quarterly occurrence report for the NHS England Accountable Officer. The Providers Accountable Officer will be a member of the local controlled drugs intelligence network.

3.17 Patient Dignity and Respect

The Provider must deliver the services in such a way that treats every patient and carer as a valued individual, with respect for their dignity and privacy.

The Provider must:
Ensure that the provision of the services and the premises protect and preserve patient dignity, privacy and confidentiality.

Allow patients to have their personal clinical details discussed with them by a person of the same gender, where required by the patient and if reasonably practicable.

Provide a chaperone for intimate examinations to preserve patient dignity.

Ensure that all staff behave professionally and with discretion towards all patients and visitors at all times.

3.18 Medical Equipment and Supplies

The Provider shall provide medical and surgical equipment, medical supplies including medicines, drugs, instruments, appliances and materials necessary for patient care which shall be adequate, functional, fit for purpose and effective.

Both stationary and mobile clinicians will have access to:
- A basic doctors bag which should include stethoscope, ophthalmoscope, auroscope, thermometer, pulse oximeter, British National Formulary (BNF)
- Basic diagnostics: urinalysis, glucometer and should be able to obtain specimens for laboratory analysis (and ensure that those specimens reach the lab in a timely fashion) with arrangements for follow up of results. These may all avoid an unnecessary admission
- Echo-cardiogram (ECG) machine, defibrillator, nebuliser, oxygen

The Provider shall establish and maintain a planned preventative programme for its equipment and make adequate contingency arrangements for emergency remedial maintenance.

3.19 Pathology

The Provider will be expected to accept responsibility for actioning any abnormal urgent pathology results that are communicated to the service by the pathology service.

Health professionals within the service will be expected to use pathology services in line with local guidance. Health professionals working within the service will be expected to order and take blood samples, urine samples, ECGs and any other appropriate investigation as required.

3.20 Knowledge of Local Services

The Provider must demonstrate a good knowledge of local services both within the out of hour’s service, integrated urgent care service and with other local services.

There should be links with the Directory of Services to ensure appropriate signposting information is available. There should be an up to date directory of local health and social care services on the desks or in cars used by clinical staff and a directory of locally approved and developed clinical pathways.

The service should support efficient communication and referrals from and to other services e.g. mental health, ambulance service, community nurses, dental services, A&E, neighbouring out of hour’s services and secondary care.

3.21 Clinical Governance

Notwithstanding main contract clause GC15, the Provider is expected to demonstrate robust clinical governance arrangements in line with the 7 recognised pillars to ensure the safety, efficacy and a positive patient experience of the service is maintained.

All significant patient safety incidents will be identified, investigated and reported to the commissioners in line with the national framework for Serious Incidents Requiring Investigation.

The Provider must have in place arrangements for effecting change to continuously drive
improvements and demonstrate that lessons learnt from such events have been shared throughout the organisation.

The Provider is required to obtain an appropriate level of indemnity for clinical negligence based on the activities and services to be provided under the contract that is in line with the local standards.

The Provider should comply with all national statutory employment requirements and related NHS policy.

The Provider is required to have a detailed Clinical Governance policy, which is regularly and systematically reviewed. The system must demonstrate a chain of responsibility and accountability from the individual providing care to the patient to Board Level, and evidence policies and procedures that give assurance that care is safe and effective.

In addition the Provider will have policies to include:
- Patient and Public Involvement and Experience
- Risk Management and Incident Reporting
- Clinical Effectiveness (including research)
- Information Governance
- Education and Training including Medical Revalidation
- Complaints and concerns
- Serious Incidents Requiring Investigate (SIRI) and Significant Events
- Equality and Diversity.

All policies shall have the necessary equality impact assessments.

Clinical leadership will be supported and developed in all disciplines working within the service. The Provider Board should include a Medical Director who will be responsible for:
- The clinical governance framework
- Provision of medical leadership required for delivery of the services at a local level.

All consultation activity will be audited and this audit should be fed into individual staff development and should utilise the Royal College of General Practitioners (RCGP) toolkit or an agreed equivalent.

The Provider will be appropriately registered with the Care Quality Commission and any other relevant body and will inform the CCG of any restrictions on that registration.

3.22 Safeguarding Children and Safeguarding Adults

Notwithstanding main contract clause SC32, the Provider is required to be responsible for ensuring that procedures for Safeguarding Children, Safeguarding Adults and for the application of requirements within the Mental Capacity Act (2005) are in place and adhered to at all times during the period of the contract. The Provider will be expected to follow the terms and conditions and agreements as set out in the paragraph below.

3.22.1 Safeguarding Children's and Adults Policies

The Service Provider shall devise, implement and maintain a procedure for its staff which ensures compliance with pan-Lancashire procedures for Safeguarding Children and Safeguarding Vulnerable Adults, and shall supply a copy of its procedure to the Commissioner before commencement of the service.

Pan Lancashire safeguarding children policies and procedures can be accessed at:

http://panlancashireescb.proceduresonline.com/index.htm

Pan Lancashire safeguarding adult policies and procedures can be accessed at:

http://plcsab.proceduresonline.com/
The service provider will comply with the lead commissioner’s standards for safeguarding as detailed in the CCGs safeguarding policy and will provide evidence of their safeguarding arrangements on request, at a minimum this will be annually. Monitoring of on-going compliance will be on a regular basis in year determined by the commissioner.

3.22.2 The Mental Capacity Act (2005)

The Provider will be expected to act in accordance with the Mental Capacity Act, and associated Code of Practice issued Spring 2007. The Code of Practice provides a checklist of factors to be taken into account when deciding what is in a person’s best interests. This includes the views of the person themselves. Carers and family members should be consulted. The Act created the new criminal offence of ill-treatment or willful neglect of someone who lacks mental capacity.

The Mental Capacity Act came into force in part in April 2007 and was implemented in full in October 2007. The Act provides a statutory framework to empower and protect vulnerable people, generally aged 16 and above, who are not able to make their own decisions.

Within the Act there is a presumption of capacity – every adult has the right to make their own decisions and be assumed to have capacity unless proved otherwise. The Act also addresses issues such as acts in connection with care and treatment, restraint and deprivation of liberty. Further legislation was enacted in 2008 specially to address the deprivation of liberty of someone who lacks mental capacity (the 'Bournewood gap').

The Act also deals with situations where a designated ‘decision maker’ can act on behalf of someone who lack capacity. These are the Lasting Power of Attorney which extends the current enduring power of attorney to include health and welfare decisions and Court Appointment Deputies which replaces the current system of receivership in the Court of Protection. Deputies will be able to take decisions on health, welfare and financial matters as appointed by the Court.

Statutory rules with clear safeguards allow people to make an advance decision to refuse treatment if they lose capacity in the future.

The Act also established the role of Independent Mental Capacity Advocate (IMCA). The Act provides for an IMCA to support an ‘unbefriended’ person, i.e. someone who has not family or friends to speak for them. This is when certain decisions need to be made e.g. change of “Accommodation” or “Serious Medical Treatment”. It can also become involved in some limited Adult Protection cases and “Safeguarding Liberty” decisions and some “Care Reviews” (see Code of Practice or MCIP Guides).

Specific Guidance for Professionals (and carers and Users / Patients) is available in booklet form from the Mental Capacity Implementation Programme (MCIP) via the following website – www.dca.gov.uk/legal-policy/mental-capacity/publications.htm

3.23 Equality and Diversity

3.23.1 Equity of Access, Equality and Non-Discrimination

The Provider must comply with main contract clause SC13.

3.24 Contingency

Robust contingency plans must be in place to ensure the level of primary care service is always routinely delivered as stipulated within clause SC30 of the main contract.

3.25 Response in a Major Incident

The provider must comply with the requirements of clause SC30 of the main contract.
3.26 System Resilience / Emergency Planning

The provider must comply with the requirements of clause SC30 of the main contract.

3.27 Infection Control

Notwithstanding main contract clause SC21, the Provider will ensure that it has appropriate arrangements for infection control and decontamination. The Provider is required to provide the services in accordance with the National Institute of Health and Clinical Excellence (NICE) guidelines on infection control “Prevention of healthcare associated infections in primary and community care, June 2003”

The Provider will:
- Comply with the Primary Care antibiotic Guidelines
- Take measures to minimise the risk of infection and the spread of infection between patients and staff, including any health professional which the Provider has asked to carry out clinical activity.
- Ensure the environment and equipment used for patient care is fit for purpose and where required decontaminated in line with national and local policies
- Ensure all staff receive suitable and sufficient training to ensure they are complying with local and national recommendations and are able to reduce the risk of transmissions of infection by good clinical practice and treatment.

The Provider will be required to participate with random unannounced audits’ if required by the commissioner’s e.g. environmental cleanliness and infection prevention and control. They must comply in full with recommendations made subsequent to these visits.

The Provider should demonstrate good infection control and hygiene practice and must ensure evidence based policies and guidelines in place to facilitate this. All staff will facilitate and co-operate with the Commissioners’ Infection Control Teams in monitoring, audit and investigation (including Root Cause Analysis) of the environment, patient outcomes and practices to ensure high standards are maintained.

3.28 Interdependencies with other services

- Accident and Emergency (A&E/ED) Departments (Secondary Care)
- Ambulance Service
- Social Care Providers
- Community Services/Care
- Community Pharmacists
- "111"
- Neighbouring out of hours providers
- Out of hours dental services
- Voluntary organisations
- Hospices
- Other urgent care services

3.29 Re-Tendering and Handover

a) Within twenty-one (21) days of being so requested by the CCG the Provider shall provide and thereafter keep updated, in a fully indexed and catalogued format, all the information necessary to enable the CCG to issues invitations to offer for the future provision of the service or to provide the services itself.

b) Where, in the opinion of the CCG, the Transfer of Undertakings (Protection of Employment)
Regulations 1981 are likely to apply on the termination or expiration of the Contract, the information to provide the Provider under 3.25.a shall include, as applicable, accurate information relating to the employees who would be transferred under the same terms of employment under those Regulations, including in particular (but not limited to):

i. The number of employees who would be transferred, but with no obligation on the Provider to specify their names;

ii. In respect of each of those employees, their dates of birth, sex, salary, length of service, hours of work and rates, and any other factors affecting redundancy entitlement, and specific terms application to those employees individually and any outstanding claims arising from their employment;

iii. The general terms and condition application to those employees, including Agenda for Change provisions, probationary periods, retirement age, period of notice, current pay agreements and structures, special pay allowances, working hours, entitlement to annual leave, sick leave, maternity and special leave, injury benefit, redundancy rights, terms of mobility, any loan or leasing agreements, and any other relevant collective agreements, facility time arrangements and additional employment benefits.

c) Where the services are to be retendered or offered to another external supplier, the CCG shall take all necessary precautions to ensure that the information referred to in 3.25.a is given only to Replacement Contractors who have qualified to offer for the future provision of services. The CCG shall require that such Replacement Contractors shall treat that information in confidence that they shall not communicate it except to such person within their organisation and to such extent as may be necessary for the purpose of preparing a response to an invitation to offer issued by the CCG and that they shall not use it for any other purpose.

d) The Provider shall indemnify the CCG against any claim made the CCG at any time by any person in respect of the liability incurred by the CCG arising from any deficiency or inaccuracy in information which the Provider is required to provide under clause 3.25.a

e) The Provider shall co-operate fully with the CCG during the handover arising from the completion or earlier termination of the Contract. This co-operation during the setting up operations period of the new provider shall extend to allowing full access to, and providing copies of all documents, reports, summaries and other information necessary in order to achieve an effective transition without disruption to the routine operational requirements.

f) Within ten (10) working days of being so requested by the CCG the Provider shall transfer to the CCG, or any person designated by the CCG, free of charge, all computerised filing, records, documentation, planning and drawings held on software and utilised in the provision of the services. The transfer shall be made in a fully indexed and catalogued disk format to operate on a proprietary software package identical to that used by the CCG.

3.30 Transfer of Undertakings (Protection of Employment Regulations) 1981

Upon the day which is six (6) months before the expiry date or termination of the contract or as soon as the Provider is aware of the proposed termination or expiry of the contract or the provision by it of the services the Provider shall upon the request of the CCG and to the extent permitted by law, supply to the CCG all information required by the CCG as to the terms and conditions of employment and employment history of any employees then assigned by the Provider to the services and shall warrant the accuracy of such information.

Except with the prior written consent of the CCG, the Provider shall not vary any terms and conditions of employment of any employee or any policy or collective agreement application to any employee then assigned by the Provider to the provisions of the services (provided always that this provision shall not affect the right of the Provider to give effect to any pre-existing contractual obligation to any such employee) nor remove or replace any particular employee so assigned (unless required by such employee or upon the resignation of such employee in which case the Provider shall replace such
person with another person of similar skills, qualifications and experience) after the CCG has served notice of the termination of the contract or after the Provider shall have otherwise become aware of the proposed termination of the contract or the provision by it of the services.

On the termination of the contract, where there is no transfer pursuant to TUPE such that employees assigned by the Provider to the provision of the service do not transfer to a Replacement Contractor, the Provider shall use reasonable endeavour to procure that the Replacement Contractor may use any such employees in the provision of services equivalent to the service from the date of expiry or termination for a period of up to twelve (12) months thereafter.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

4.1.1 National Standards / Guidelines Relating to Medicines Management

- Delivering the Out of Hours Review: Securing Proper Access to Medicines in the out of Hours Period; A Practice Guide for CCGs and Organised Bidders (includes National Drug Formulary): Department of Health 2004, Gateway Number 4107
- The Safe and Secure Handling of Medicines: A Team Approach, Royal Pharmaceutical Society Great Britain 2005
- Safer Management of Controlled Drugs: Guidance on Strengthened Governance Arrangements, Department of Health 2006
- Conditions set out in Direction 4 of the APMS Directions (Alternative Provider Medical Services Directions 2010)

4.1.2 Legislation and Regulations – Medicines Management

- The Misuse of Drugs (Safe Custody) Regulations 1973
- The National Health Service Act (1977), London: HMSO
- The Primary Care Trusts Out of Hours Services (Supply of Medicines, etc.) Directions; 2005
- The Misuse of Drugs Regulations 2001 (February 2002)
- The Controlled Drugs (Supervision of Management of Use) Regulations 2006

4.2 Applicable standards set out in Guidance and/or issued by a competent body

See Schedule 4 Quality Requirements

4.3 Applicable local standards

This service specification and Schedule 4 Quality Requirements

4.4 Contract Monitoring

Notwithstanding the main contract provisions (SC2/SC3/GC9) the Provider must provide all services in accordance with the Department of Health accreditation standards and robust information systems must be in place to demonstrate compliance with those standards.

The Provider will provide robust details of historic and current activity and financial profiles so that plans can be established to manage any unplanned and planned changes to service provision.
A regular programme of contract review meetings, supported by monthly activity reports, will be held between the CCG and the Provider.

The purpose of the meetings will be to monitor and review:
- The contractors performance against the service specification
- The delivery of the quality standards
- Changes in the pattern of service associated with the transfer of responsibility to the CCG
- Activity levels
- The financial arrangements where appropriate
- Use of contingency plans
- Any other relevant contract issues / problems

The provider shall provide the CCG with monthly written reports detailing:
- Monthly activity data for practices covered by the service
- Its compliance with the KPI’s/national quality standards
- Such information as is deemed necessary by the CCG to provide management meetings and to assist in providing indicative figures for any future re-let of the contract.

5. Applicable quality requirements and COUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

Notwithstanding the provisions of Schedule 4 parts A-D

Registration with the Care Quality Commission (CQC)

From 1st April 2010 all those who provide urgent care services are required to comply with CQC standards. The CCG requires evidence of compliance with CQC registration including as a minimum evidence of robust policies / procedures for the following:

Safety Domain

Risk Management
1. An annual risk assessment is carried out for the service based on the NPSA Risk Assessment Programme to include:
   a. The level and management of risk is identified for all risks
   b. All high level risks are recorded on the organisational risk register and managed at board level or equivalent
   c. All significant incidents are recorded and acted on
   d. All risk data are analysed and reviewed together, to determine and act on trends
2. All SUIs are reported to the CCG, with details of investigation, recommendations and actions taken.
3. A system is in place to manage and act on patient safety notices (The Provider will be included in the CCG’s system of alerts for patient safety notices).

Safeguarding
4. The organisation has a named Child Protection lead.
5. The organisation complies with section 11 of the Children’s Act and all staff have DBS checks as required.
6. All staff who come into contact with children have child protection training and child protection supervision.
7. All staff are aware of the procedure to follow if they have a concern about a child.
8. The organisation has a named lead for Protection of Vulnerable Adults.
9. All staff are aware of and follow the requirements of the Mental Health Capacity Act.
10. All staff are aware of the procedure to follow if they have a concern about a child.
Infection Control
11. Medical devices are used and decontaminated according to regulations.
12. All medicines are handled safely and securely.
13. The organisation has, and carries out, an action plan to implement the hygiene code, including necessary audits and improvements.
14. If controlled drugs are used by a service, CD regulations are followed, a self – assessment is carried out and any highlighted actions identified and completed.
15. Waste management is carried out in line with most recent regulations.

Clinical And Cost Effectiveness Domain

Clinical and Cost Effectiveness
16. All relevant NICE guidance is reviewed and implemented where appropriate, with decisions on implementation documented.
17. The organisation has a system to identify areas for audit which is informed by organisational priorities, and includes review of referral criteria and demand management.
18. Audits are completed with recommendations carried out and re-audit completed.

Staff training, development and supervision
19. All staff have annual appraisal and development plans that are monitored.
20. Agreed mandatory training is available to staff and is monitored and action taken to ensure attendance.
21. All staff have appropriate training for the work being carried out, including induction.
22. Staff have opportunity for reflective learning / clinical supervision.
23. All staff are appropriately recruited, trained, qualified and registered for the role undertaken.
24. Any delegation is carried out in line with agreed delegation guidance.

Partnership working
25. The organisation works with other organisations to ensure effective collaboration to meet patient needs.

Governance Domain

Clinical Governance
26. The organisation has a clinical governance lead.
27. There are systems for ensuring sound clinical and corporate governance.

Information Governance
28. A robust records management system is in place, covering all stages of records management, and data confidentiality issues.

Patient Focus Domain

29. There is a Consent to Treatment policy that is fit for purpose and audited, and supports the process for obtaining valid and informed consent from patients.
30. Clear and up-to-date patient information is available for all services.
31. The organisation has a procedure for complaints which is easily available to patients.

Accessible and Responsive Care Domain

32. Patients’ views are sought in line with National Quality Requirements at any service change and cover information, waiting times and access, quality of care, patient’s understanding and other priority areas. The results of the survey are discussed acted on and feedback provided to patients.
33. Equality and diversity, including accessibility, are discussed and acted on for all services. These
include both staff and patients.
34. The provider will co-operate and participate in Healthwatch work around assessing accessibility and responsiveness including allowing access for service reviews.

**Care Environment and Amenities Domain**

35. Environments used by the organisation are clean, safe, secure and fit for purpose.

**Public Health Domain**

35. The organisation takes opportunities to promote and improve health and identify and address health inequalities.
36. The organisation, together with other local organisations, has a plan to cover emergency situations (including business continuity).

All commissioned organisations are required to:
1. Make a self-assessment of compliance against both CQC and additional agreed quality indicators, e.g. controlled drugs, information governance.
2. Report to the CCG on CQC and agreed quality indicators every three months. This would involve an in-depth review of all indicators annually, and a brief three-monthly evidence based overview assurance report showing lapse where standards are not met. Where there is lapse a Non Compliance Action Plan will be completed and submitted with the report.
3. Report all Serious Untoward Incidents (SUI's) to the CCG, and provide details of investigations, recommendations, actions taken and learning from the investigations.
4. Carry out and report on clinical audits to show implementation of relevant national guidance and organisational policies, and any areas where the CCG has concerns.
5. Allow relevant CCG staff to carry out inspections to determine compliance with elements of the contract with the CCG, and with CQC.

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. **Location of Provider Premises**

The locations from which the Services will be delivered from are Chorley District General Hospital and Royal Preston Hospital in new UCC areas formed adjacent to the existing A&E areas at both sites, facilitating integration with the existing A&E departments operated by Lancashire Teaching Hospitals NHS Foundation Trust at both sites. The new provider(s) will be expected to establish and demonstrate ongoing close working relationships and involvement with other health and social care providers across the locality.

7. **Individual Service User Placement**

N/A
Appendix 1: Patient Flow / Pathway:

INTERIM NOTE: Between 23rd November 2016 and 18 January 2017 patients who present at the Preston A&E without a pre booked appointment will be booked in and triaged by LTH diverted to GTO as per agreed criteria.

Patient Access to Service

Pt rings 111

Route

Walk-in

Arrival @ IUCS & Books In

Pre-Booked

Presentation

Not Pre-Booked

Directed to Waiting Room

IUCS

Triage

Low Clinical Need

Emergency Dept

GP Led MDT

Clinical Handover

See & Treat / Signpost

ED Xfer

Outcome

Discharge (Advice)

Base Visit Appt. Given

Assessment

Co-ordination Centre

Home Visit

GP Visit

Advice / Self Care

Treat & Discharge

Social Care

Mental Health

Direct Admission

Other Service (as per DOS)