

Treatment Room Bundle Service 2017-18

1. Purpose of Agreement

This Agreement outlines the service to be provided by the Provider, called a Treatment Room Service, as a Local Commissioned Service, to support the continuation of 'non core' treatment room 'bundle' services delivered in General Practice.

2. Duration of Agreement

This agreement is for a period of twelve months, commencing from **1st April 2017** and ending on the **31st March 2018**.

3. Background

There is currently an increasing workload demand on General Practice, particularly from a growing population with complex health needs. Government policy continues to move services into the community placing yet more pressure on overstretched GP services.

NHS England announced their intention to equalise practice core funding levels resulting in a gradual, but for some practices, quite a significant reduction in baseline funding which has forced practices to review non contractual service provision (non – core unfunded services).

Cambridgeshire and Peterborough CCG remain committed to supporting Primary Care to deliver the continuation of existing service provision to its population by delivering high quality, safe and effective value for money services.

The Treatment Room services fall into the category of 'non core' unfunded services and feedback from patients and primary care providers suggests a preference for these services to remain as a list base service delivered within Primary Care setting. The CCG has been working with the LMC to put in place alternative arrangements so that all patients can continue to have access to these services to ensure continuity of valuable primary care list based services.

4. Aim of Service

This locally commissioned service has been developed in recognition of the unfunded work currently undertaken in General Practice.

It is proposed that the services included in this service spec are handled together as 'bundle', and that Practices opting to sign up to deliver this Enhanced Service are committed to offer all of the services contained within it. We recognise that not all Practices will have historically delivered all of these, but we would encourage practices to consider how their patients may access these services now and in the future, either directly at the surgery or working collaboratively with neighbouring practices to ensure all patients have equitable access.

5. Service Outline

The purpose of this agreement is to prevent a gap in service provision to patients, therefore Practices that sign up to this agreement will be required to ensure their registered patients have access to the following services:

This local commissioned service will fund the following services that should be offered by practice employed staff from the list below:

Clinical Interventions	Definition
Simple Dressings * excludes patients who have received treatment under the Minor Surgery and/or Minor Injury Enhanced Services	Simple dressings that do not require assessment or intervention. (Falls outside of complex dressings)
Suture Removals * excludes patients who have received treatment under the Minor Surgery and/or Minor Injury Enhanced Services	Removal of sutures/staples following surgery
General ECG's	For Urgent and Non Urgent (12 lead) ECG's to monitor patients to detect abnormal heart rates and rhythms
Irrigation of Auditory Canal for the removal of ear wax	Where clinically appropriate. Please refer to the C&P CCG Clinical Policies in respect of Ear Wax removal to ensure the patient meets the clinical threshold for this procedure http://www.cambsphn.nhs.uk/CCPF/PHPolicies.aspx
Management of Catheters changes (excludes new insertions)	Undertaken by clinically trained staff at the Practice
Ring Pessary Insertion and Changes	Where clinically indicated
Non Clinical Interventions	Definition
Pre – Ops Assessments requested by the hospital	Those not included in current tariff/pathway
Audiology Screening	Undertaken by suitably qualified Practitioner

6. Service Delivery

i. Non Registered Patients

The Practice will need to be clear how to manage the services (as described above) for Non registered patients. For example advise them to contact their own practice for the results and sign post another delegated provider.

ii. Referral to other services

The provider shall be expected to work and liaise with secondary care providers for referral into their services where required. The service should develop close links with secondary care and community providers.

The provider shall have in place mechanisms for the transfer of patients suffering complications of the procedure.

iii. Satisfactory Facilities

The provider will ensure that the services are carried out in approved premises. Providers should have such facilities as are necessary to enable them to provide the phlebotomy service properly.

iv. Self Competence

The provider is to ensure that any healthcare professional who is involved in performing or assisting in any procedure has the evidence of necessary experience, skills and training with regards to said procedure.

Healthcare professionals who have previously provided services similar to the proposed service and who satisfy at appraisal that they have such continuing medical experience, training and competencies as is necessary to enable them to contract for the service shall be deemed professionally qualified to do so.

v. Sterilization & Infection Control

It is the responsibility of the provider to ensure that appropriate arrangements are in place for infection control and decontamination in premises where these procedures are undertaken. The provider must have infection control policies that are compliant with national guidelines.

vi. Review and Audit

Practices are encouraged to undertake regular audits in order to review and evaluate whether the service remains safe and effective, delivering quality and meeting the needs of patients. Practices could consider including the following when undertaking an audit:

- Number of patients attending for treatment room services
- Number of patients who DNA
- Waiting times for appointments from time of request
- Number of adverse events /serious untoward incidents (SI's)

7. Accreditation

Those health care professionals who have previously provided services to those listed above and who can demonstrate that they have such continuing medical experience, training and competence as is necessary to enable them to contract for this enhanced service shall be deemed professionally qualified to do so.

8. Pricing and Payment Arrangements

Pricing

Practices will receive **£1.50 per patient per annum** based on the Practice actual list size as of **1st April 2017** for the delivery of services that fall under the remit of this agreement.

The funding will cover service delivery, appropriate coding and monitoring processes of the services

The CCG reserves the right to review and amend this agreement at 6 months to assess affordability by reviewing the activity received to date.

9. Activity Reporting

Practices are **not required** to submit activity via their **Commissioning Statements** instead Practices are required to submit a an activity report every 6 months using the template provided in **Appendix A** .

Practices should report on the number of patients who have accessed the services listed within this service level agreement within the specified timeframe.

This should be submitted by the 15th day of the month following Quarter end. (i.e. April 2017- Sept 2017 data to be submitted by 15th October 2017 and October 2017 – March 2018 data by the 15th April 2018.)

Submissions should be made via capccg.enhancedservices@nhs.net.

The Primary Care Information Team can support you to develop recording and reporting tools. If practices require further information please contact the team via the following email address:

capccg.primarycareinformation@nhs.net

9. Payment Verification

Practices entering into this contract agree to participate fully in the post payment verification/validation process determined by the Commissioner and LMC. Practices should ensure that they keep accurate records to ensure a full and proper audit trail is available and Practices are encouraged to utilise Practice computer systems to enable this condition to be met.

10. Performance

The CCG reserves the right to suspend the commissioning of this service where there are concerns around compliance and patient safety.

11. Safeguarding Adults

It is important that practices protect adults from avoidable harm (as defined in Safeguarding Adults guidelines) including safeguarding training, training on the Mental Capacity Act and Deprivation of Liberty. A Safeguarding lead should be identified in each practice.

12. Care Quality Commission (CQC)

The provider must meet CQC standards and where appropriate be registered with the Care Quality Commission (CQC). The standards and the relevant services are contained in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2014.

13. Termination

Should either party wish to terminate this agreement, a minimum period of 3 months notice must be provided in writing.

14. Signatories to the Agreement

Practices wishing to provide this service are required to complete and sign the application form, and return to the Commissioner for consideration.