



**NHS England National  
Primary Care  
Occupational Health  
Service Specification**

# **NHS England National Primary Care Occupational Health Service Specification**

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<b>Contact Details for further information</b>	england.primarycareops@nhs.net Primary Care Commissioning Quarry House Leeds LS2 7UB

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## 1 Introduction

As part of a commitment to support individual performers, NHS England proposes to commission a nationally standardised Occupational Health Service (OHS) that is equitable and accessible. This approach will address the historical inequity arising from the legacy arrangements of primary care trusts (PCTs)<sup>1</sup>.

The aims of the specification are to:

- standardise the commissioning of OHSs for primary care staff by NHS England nationally
- support accessible high quality occupational health provision for staff employed within primary care settings
- ensure the local availability of services for employees who are required to undergo occupational health assessment
- standardise the reporting and provision of management information
- support cost effective provision.

The OHS will have **three distinct elements**:

- that which will be funded by NHS England including a core service for performers registered on the national performers list (NPL)
- that which will be self-funded by applicants to the NPL<sup>2</sup>
- An OH service made available to independent primary care contractors in support of their employer responsibility (fee for service or block contract)<sup>3</sup>.

These service elements are described in schedules I, II & III.

Confidentiality for all service elements will be protected with guidance in place for reporting concerns.

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<sup>1</sup> and for those providing primary care services in non-NHS settings, such as in Defence Primary Healthcare and in secure accommodation (such as prisons)

<sup>2</sup> For foundation dentists an MoU will be put in place which will allow occupational health clearance to be transferred from UK undergraduate dental schools to NHS England ATs for entry onto the NPL

<sup>3</sup> This will include Ministry of Defence employees and those employed in the health and justice system

## 1.1 Summary of Schedules I, II and III


### Schedule I – NHS England Commissioned Service

<p>Enhanced Occupational Health Assessment</p> <p><b>NPL Doctors and Dentists</b></p>	<p>Virology, vaccinations and immunisations</p> <p><b>NPL practitioners</b></p>	<p>Urgent and longer term advice on exposure to potential Blood Borne Viruses</p> <p><b>All staff working in Primary Care settings (Including trainees)</b></p>	<p>Specialist tier for the management of those performers that have Blood Borne Viruses</p> <p><b>All staff working in Primary Care settings (including trainees)</b></p>
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 Funded by NHS England


### Schedule II – Self-funded by applicants to the national performers list

<p>Occupational Health screening/clearance for entry to the performers list</p> <p><b>Doctors and Dentists only (see footnote 2 p3)</b></p>	<p>Virology, vaccinations and Immunisation as part of application to the performers list</p> <p><b>Doctors and Dentists only</b></p>
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 Funded by the applicant

### Schedule III – Occupational Health service made available to independent primary care contractors in support of their employees

<p>Occupational Health screening/assessment</p> <p><b>Health Care Workers (HCWs) working in NHS Primary Care</b></p>	<p>Virology, vaccinations and Immunisation</p> <p><b>HCWs working in NHS Primary Care</b></p>	<p>Employer referrals</p> <p><b>HCWs working in NHS Primary Care</b></p>
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 Funded by the employer

## 2 Schedule I: NHS England Commissioned (and Funded) Service

This schedule describes the aims and key deliverables for OHSs required across England to support the designated Medical Directors (MD) in meeting their statutory duties to respond to concerns within the medical, dental, optometric workforce on the NPL. In addition it will aim to provide an urgent and longer term service on exposure to potential blood borne virus (BBVs), with a specialist tier for those health care workers (HCWs) working in primary care setting who are or may be carriers of a BBV.

### Schedule I – NHS England Commissioned Service

<p>Enhanced Occupational Health assessment</p> <p><b>NPL Doctors and Dentists</b></p>	<p>Specialist tier for the management of those performers that have Blood Borne Viruses</p> <p><b>All staff working in Primary Care settings (including trainees)</b></p>	<p>Urgent and longer term advice</p> <p>on exposure to potential Blood Borne Viruses</p> <p><b>All staff working in Primary Care settings (Including trainees) HCWs</b></p>	<p>Virology, vaccinations and immunisations</p> <p><b>NPL Doctors and Dentists</b></p>
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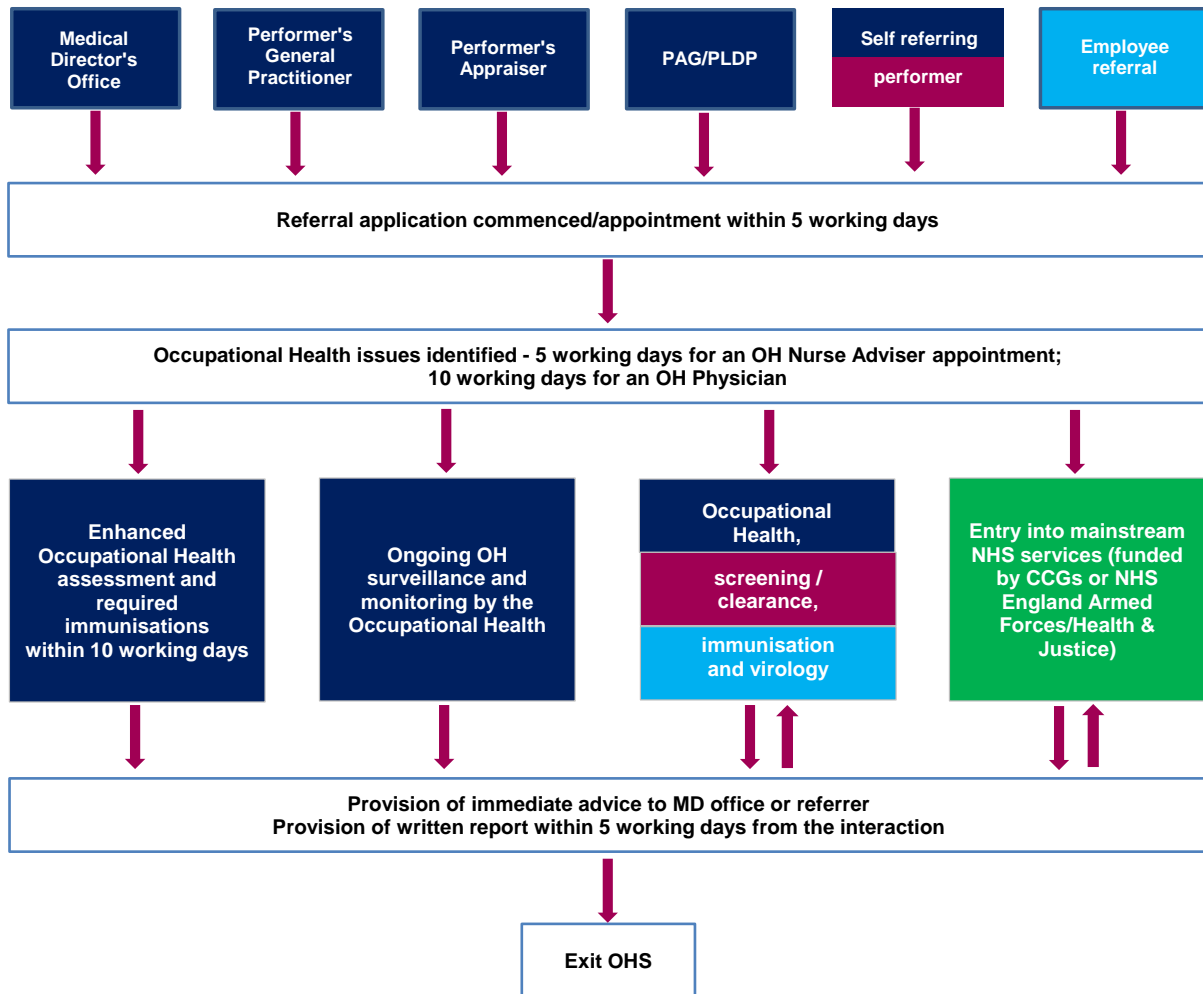
 Funded by NHS England

### 2.1 Aims of the Schedule Service

The aims of the schedule service will be:

- Improvement of patient safety.
- Accepting referrals and providing advice to Performers and their regional team MDs, enabling them to access support about health concerns or potential health concerns that may impact on the clinician's role and ability to function safely and effectively.
- Accepting referrals from GPs, appraisers and self-referrers. Appropriate guidance in place regarding confidentiality and reporting concerns.
- Share learning with commissioners in relation to trends identified in Occupational Health needs affecting the client group.

### Care Pathway for NHS England Commissioned OHS (Outside BBV Service)



Funded by NHS England

Funded by the applicant

Funded by the employer

NHS Funded Services (out of scope of this specification)



## 2.2 Key deliverables of the Schedule I Service

### 2.2.1 Enhanced Occupational Health assessment

- To be carried out, with their consent, on referral from the MD, performer's appraiser, performer's GP or self-referral. Advice and report in respect of performer list practitioners in relation to their duties or to support their health, safety and wellbeing.
- The OHS Supplier(s) will obtain and interpret medical and other information where necessary; and will provide advice; including a written report concerning the performer/employee's health and the impact it may have on their ability to perform their duties.

### 2.2.2 Virology testing, vaccination for BBV and immunisation

For performers on the NPL who are not already immunised. To include Hepatitis B, Varicella, Tuberculosis (BCG), Diphtheria, Pertussis and Tetanus, Measles Mumps and Rubella.

### 2.2.3 Management of staff on exposure to and working with blood borne viruses

- **Specialist tier for the management of those performers who have a blood borne virus (BBV).**<sup>4</sup>

If a performer/HCW has a BBV, that requires a referral to a specialist tier of OHS, NHS England regional team MDs will be informed in advance of the cost of this service recognising the need to protect the confidentiality of the individual concerned.

- **Urgent and longer term advice to all staff working in primary care settings (including trainees) on exposure to potential blood borne viruses** (e.g. through contact via needle stick injuries or contact with mucus membranes) as required.

The service will provide telephone access to Occupational Health advice to all staff working in primary care on exposure to potential BBVs, 52 weeks of the year (Mon – Fri normal working hours, excluding bank holidays).

Outside these hours an out of hours 24/7 emergency telephone advice line will be in place to direct primary care staff to A&E

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<sup>4</sup> [Management of HIV infected Healthcare Workers Guidance](#) who perform exposure prone procedures: updated guidance, Public Health England, January 2014

for immediate management of these injuries as a medical emergency<sup>5</sup>.

Additionally, advice will be available on the provider's website<sup>6</sup>.

NHS England will fund the provision of OHSs to provide advice and support to those with needle stick injuries (including the provision of prophylactic management from needle stick injury). On-going monitoring for 'fitness to work' should be provided by the OH service however where clinical treatment is required as a result of contacting a BBV, treatment will be provided through mainstream NHS health services and would be funded by their usual commissioner<sup>7</sup> and is outside this OHS specification.

NHS England may choose to commission on a case-by-case basis, specific treatments that may be deemed appropriate by the MD, without prejudice to the rights or expectations of other performers.

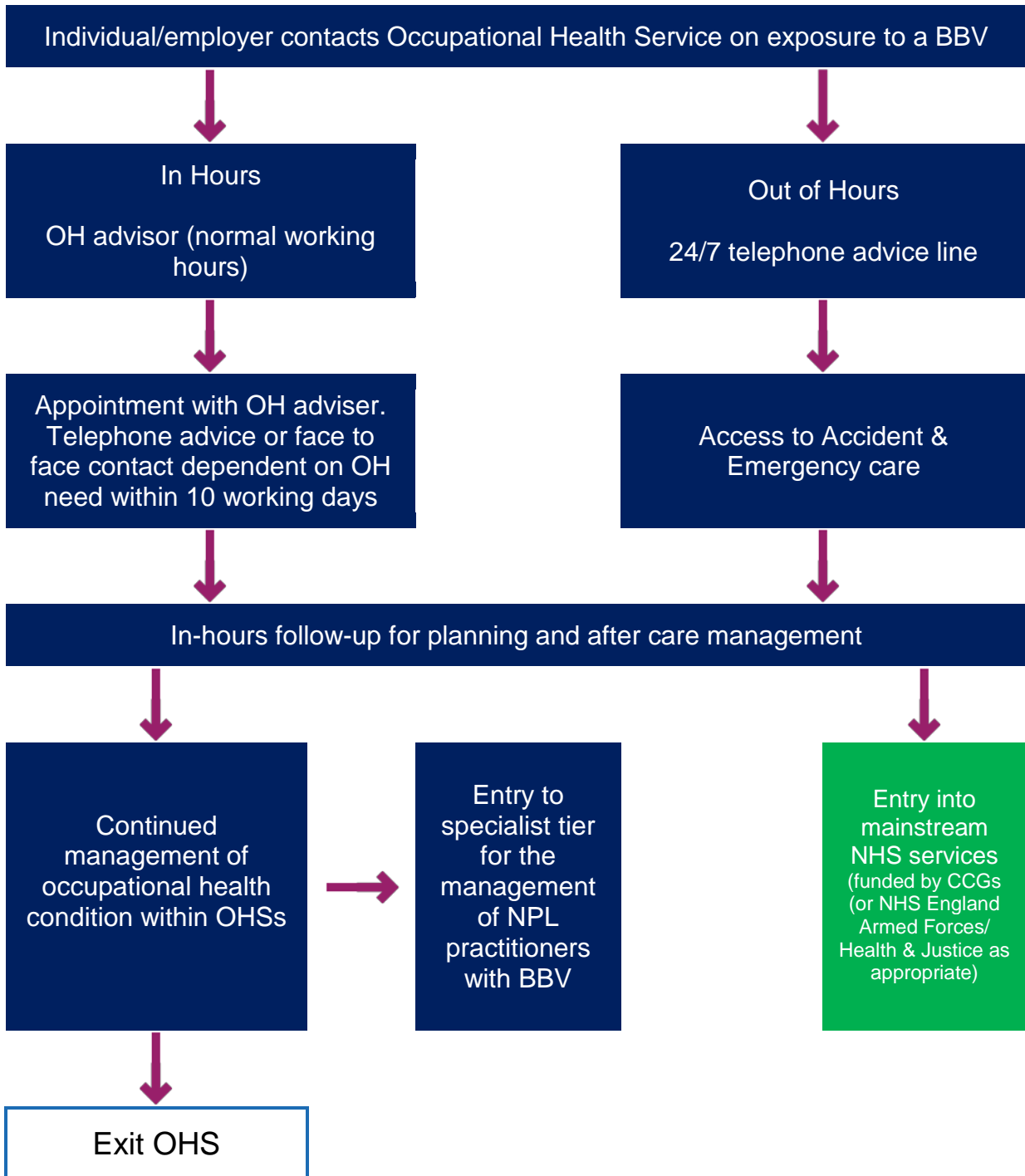
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<sup>5</sup> All injuries resulting in exposure to BBV should be classed as medical emergencies to ensure that, out-of-hours, performers/HCWs get the appropriate priority when attending A&E

<sup>6</sup> [HIV post-exposure prophylaxis](#)

<sup>7</sup> NHS England's Armed Forces and Health and Justice commissioning teams act in the role of CCG for their registered populations.

### Care Pathway for NHS Staff Working in Primary Care on Exposure to BBV(s)



Funded by NHS England

NHS Funded Services (out of scope of this specification)

### 3 Schedule II: Independent performer applications to join the National Performers List (NPL) (Dentists and Doctors only)

This describes the aims and key deliverables for OH services that will be self-funded by applicants for entry onto the National Performers List (detailed in the SOP). Applicants will be required to access commissioned Occupational Health services directly for Occupational Health screening/clearance, vaccinations and immunisations as opposed to GP services for entry onto the NPL.

Individuals will be informed in advance of provision of services of their cost. The provider will agree with the applicant in advance the method of payment given the differing approaches.

#### Schedule II - independent performer's applicants to join the national performers list (NPL) (fee for service)

Occupational Health screening/clearance for entry to performers list	Virology testing and immunisation as part of application to performers list
Doctors and Dentists only	Doctors and Dentists only

 Funded by the applicant

### 3.1 Key deliverables of the schedule II service

#### 3.1.1 Occupational Health screening/clearance

Occupational Health screening/clearance and the provision of certification for independent performers applying to join the NPL (including doctors and dentists re-entering the NPL after 2 years off the list (see guidance note I). Application to be commenced within 14 days of written request.

This applies to medical, ophthalmic medical and dental performers but not optometric performers. Trainees who received OH screening at the start of their training and have been working under the supervision of a postgraduate dean without any break in service may seek their OH clearance certificate from the OH service who conducted their previous screening.

Dentists graduating from UK dental schools will receive occupational health clearance through a single sign off process<sup>8</sup>

**3.1.2 Virology testing, vaccination for BBV and immunisation for infectious diseases**

To include Hepatitis B, Varicella, Tuberculosis (BCG), Diphtheria, Pertussis and Tetanus, Measles Mumps and Rubella<sup>9</sup>.

**4 Schedule III – Fee for service OH service made available to independent primary care contractors in support of their employer responsibility**


This describes the aims and key deliverables for a fee for service OH service, made available to independent primary care contractors in support of their employer responsibility. This schedule will provide access to an occupational health facility to which employers may refer their employed staff and for self-referral by employees.

OH services commissioned via this schedule should be made available to private self-employed independent and non-NHS dentists on a fee for service basis.

Its provision is to be paid for wholly by the employee/employer/employing body and not by NHS England. This allows the provision for non-NHS service providers to access this service should they wish.

**Schedule III – Fee for service OH service made available to independent primary care contractors in support of their employer**

Occupational Health screening/ assessment	Virology testing and Immunisation	Employer referrals
HCWs working in NHS primary care	HCWs working in NHS primary care	HCWs working in NHS primary care

 Funded by the employer

<sup>8</sup> It will be the responsibility of the UK dental school graduate to hold the Occupational Health certificate and deliver it to the NHS England Area Team to whose geography their first employment will be. This will act as evidence for removal of NPL conditions. The Area Team MD will refer for an Enhanced Occupational Health assessment if necessary.

<sup>9</sup> [Immunisations in accordance with the Department of Health's 'The Green Book' Immunisation against Infectious Diseases](#)

#### 4.1 The broad aims of the schedule III service are to:

- Prevent ill health arising as a result of work done or the conditions in which work is done.
- Assist in the appropriate placement of people at work, taking into account their physical and mental health.
- Promote the establishment and maintenance of high standards of physical and mental well-being in all staff (EU/WHO international standards).
- Protect the public from any adverse consequences arising as a result of ill health or infected primary care staff.
- Increase the effectiveness of primary care organisations, by enhancing staff performance and morale through reducing risks at work which lead to ill health, staff absence and accidents.
- Provide appropriate OHSs for NHS primary care staff with access to consultant occupational medical advice, fulfilling the requirements of the NHS Executive (HSG (94) 51).
- Control infection in staff. This could include establishment of immune status and appropriate immunisation against infectious diseases and if requested by the provider maintain a database of immune status and provision of a recall system. This requires an appropriate lawful basis, such as the consent of the individual, and controls to maintain the security and confidentiality of the data.
- Provide access to appropriate pre-employment occupational health assessment, including enhanced occupational health assessments where they may be required.
- Support employers and primary care staff by providing clinical assessment in relation to the following:
  - prolonged/recurrent sickness absence and return to work after sickness absence or accident
  - work related ill health, fitness for work
  - periodic health assessment for example: radiation, COSHH regulations or where risk assessment has indicated that this is required
  - ill health retirement
  - advice in relation to injuries and illness at when appropriate
  - advice on onward referral e.g. counselling.

## 4.2 Key Deliverables of Schedule III Service

At the request of an employer, providers of the service will provide:

- **Occupational Health screening/assessment.** Application to be commenced within 5 working days of a written request. A further 5 working days for an OH Nurse Adviser appointment; 10 working days for an appointment with an OH Physician.
- **Virology testing for presence of BBV**
- **Immunisation for infectious diseases** (Hepatitis B, Varicella, Tuberculosis (BCG), Diphtheria, Pertussis and Tetanus, Measles Mumps and Rubella and Influenza.
- **Referral for additional support** where necessary to support health and wellbeing and safety to practice.

Employees can only be referred into schedule III OH services by their employer.

## 5 Quality Standards (Schedule I, II & III)

The OHS Supplier(s) will:

- Provide the agreed services promptly and efficiently as set out in the specification in a professional and courteous manner.
- Provide the agreed services in accordance with this specification.
- Provide the agreed services in accordance with all applicable UK and European laws and regulations and good industry practice.
- Provide the agreed services using professionally trained and suitably qualified occupational health staff whose developmental needs are being met. This will ensure that the Medical Director and primary care practitioners can be assured that the occupational health team have the appropriate specialist qualifications and professional updates.
- Demonstrate effective links to secondary care, laboratory and other specialist services to facilitate referrals for specialist advice, management and blood testing.
- Demonstrate effective links and the ability to influence, at a clinical level, local NHS acute trusts A&E departments. This is to ensure that on exposure to BBV, treatment is provided as a medical emergency.
- Provide the agreed services as a minimum standard using evidence based practice.
- Share guidance for referrers and standardised forms with NHS England regional teams.

- Meet and publish service access times and outcomes for the services they provide every month.
- Ensure that they comply with the most current information governance (IG) toolkit. For further info contact Health and Social Care Information Centre (HSCIC).
- Ensure there is a system for quality assurance in place including complaints, errors and near misses.
- Use the standard referral form (appendix 1).
- The OHS provider will be responsible for ensuring eligibility for the NHS England services and demonstrating that they have done so for each patient.

## 6 OHS Staff (Schedule I, II & III)

Occupational Health practitioners must be qualified and competent (as defined by the Management of Health and Safety at Work Regulations 1999) to perform their job and they must be up to date in terms of knowledge and professional skills and qualifications, experience and training for the tasks they have to perform. They must be registered with the appropriate regulatory bodies and hold suitable specialist qualifications in occupational health (appendix 2).

Commissioned OHS staff must:

- be able to meet the needs of the organisations they are serving
- be aware of developments in the field of occupational health and advise on and implement new initiatives, as appropriate
- have a staff appraisal system with written objectives based upon best practice models
- demonstrate excellent communication with service users and managers
- demonstrate high service quality and safety standards
- demonstrate quality customer care
- have knowledge and experience of supporting primary care staff including doctors, dentists, pharmacists and optometrists
- advise on new ways of delivering existing services and highlight new services, which would improve the management of occupational health issues affecting staff
- provide a flexible response to meet the needs of the commissioning organisation
- provide the necessary information to effectively monitor the health needs of



the workforce and the performance of the OHS against agreed service standards. All agreed service standards, as specified within the service specification, will be monitored and reported in quarterly and annual performance management reports

- take part in the training and development of staff in respect to occupational health and safety issues, including corporate induction for new staff
- demonstrate that all staff understand and respect the diversity and cultural needs of staff
- the service must manage practitioners' needs sensitively and appropriately
- ensure that all use of patient data is lawful, and can demonstrate the highest levels of patient confidentiality and information governance compliance (such as, all IG Toolkit requirements at level 2 or above)

It is considered best practice but not essential for the OHS(s) to meet all of the Safe Effective Quality OHS (SEQOH) Standards and be able to demonstrate accreditation, or working towards accreditation.

## 7 Information Technology (Schedule I, II & III)

The following IT functional requirements are essential/desirable

### Essential

- Use of electronic records.
- Ability to set up pre-appointment/pre-enrolment checks electronically via a secure referral system.
- Ability to make electronic referrals directly via a secure referral system.
- Ability to monitor progress of on-going cases via the system.
- Ability for systems to incorporate varying levels of access (e.g. Administrator, HR Case Adviser etc).
- Ability to de-commission the system at the end of the contract lifetime and ensure appropriate transfer of medical records at the provider's expense.

### Desirable

- Ability for pre-employment/appointment questionnaires to be completed on-line for prospective employees.
- Ability for staff to complete health surveillance questionnaires on-line either as part of a questionnaire-only programme or prior to attending a face to face surveillance appointment.

## 8 Location of the Services (Schedule I, II & II)

The provider is responsible for the supply of all premises used in the delivery of the contract. They must ensure that the premises used are safe and suitable for the delivery of this service. The service must be geographically equitable and easily accessible.

In addition it will:

- comply with health & safety legislation
- have disability access
- have appropriate waiting and treatment areas
- be appropriately furnished and equipped with necessary equipment
- comply with infection control standards
- be easily accessible by public transport.

The facilities must have reasonable access for specialised face-to-face or enhanced assessment services.

## 9 Hours of Delivery

Hours of delivery for the OH service will be as follows:

- Access to an Occupational Health duty staff 5 days a week (normal working hours, Mon-Fri), 52 weeks of the year (excluding bank holidays).
- Provision of telephone access to an Occupational Health Adviser to all staff working in primary care on exposure to potential BBVs, 52 weeks of the year (normal working hours, Mon-Fri, excluding bank holidays).
- Provision of a 24/7 out-of-hours telephone advice line.

## 10 Information Governance, Confidentiality and Management of Medical Records (Schedule I, II & III)

The OHS Supplier(s) will be expected to manage information and records in compliance with the law and the standards expected by the NHS. These will be elaborated in the contract and the data processor agreement, which is part of the contract.

This includes but is not limited to:

- A confidential record management system
- Support for current and “past” workers, for example those who have used the service, changed employment and wish to access their data

- Systems and records are secure, confidential and support the availability of the record (meeting disaster recovery and business continuity requirements)
- Provision of records to third parties, in accordance with the written consent of the data subject and in line with relevant legislation
- Support of the appropriate transfer of records to future providers, including communication with the individuals and management of any objections
- Availability of systems and security to audit by NHS England (or those acting on its behalf)

All information will be managed in accordance with:

- Data Protection Act 1998,
- the Employment Practices Data Protection Code,
- Faculty of Occupational Medicine's Guidance and
- the NHS England specific requirements

In addition to compliance with the law, the OHS supplier will comply with best practice for:

- The creation of factual, contemporaneous and legible medical records
- The protection of data from inappropriate access or disclosure
- The safe and secure storage of medical records by the OHS Supplier(s) on behalf of the NHS England.
- Reports produced on an individual
- Access to the report to the subject of it in line with obligations under legislation

Organisation's Commissioning the OHS Service will ensure that their OHS Supplier:

- Has appropriate information and consent models to account for current and future service provision;
- Appropriate controls to maintain the security and confidentiality of the records they hold;
- Within the contract has a data processing agreement that outlines the expectations and limits upon their processing of data on their behalf.
- And consider:
- The assurance available from the provider that they can provide an appropriate environment for the management of information;
- A contractual requirement for the auditing of the arrangement in place to maintain secure, confidential and available records.

## **11 Disputes/complaints resolution procedure (schedule I, II & III)**

- OHS Supplier(s) will have an effective policy and procedure for dealing with customer dissatisfaction and complaints.
- In the event of any complaint being made by NHS England or one of the service recipients about the quality or level of service provision, the OHS Supplier(s) will investigate the complaint and respond in writing with the outcome of that investigation within 15 working days. If the complaint

cannot be resolved within the agreed timeframe, the OHS Supplier(s) must send an interim response giving reasons for the delay and the likely timeframe for resolution.

- Complaints will be reviewed at quarterly meetings with NHS England.

## 12 Schedule IV: Contract Management for Schedules I, II & III

### 12.1 Monitoring OHS(s)

The following metrics will be provided by OHS Supplier(s) on a monthly basis and will demonstrate responsive and effective the OHSs are:

Metric	Notes
<i>Sourced from OH records</i>	
Time from referral to first appointment for those attending	Number (%) measured in full working day(s)
	Number (%) Cancelled
	Number (%) DNA
Time from first appointment to delivery of a report to RO	Number (%) measured in full working day(s)
Incidence of patient complaints	Number with breakdown by nature of complaint
<i>Sourced from OH satisfaction surveys</i>	
Prevalence of satisfied OH patients	Number (%) satisfied with summary of main reasons for satisfaction/dissatisfaction
Prevalence of satisfaction from Medical Director/RO	Number (%) satisfied with summary of main reasons for satisfaction/dissatisfaction
Prevalence of satisfaction from employers of NHS primary care staff and their employees	Number (%) satisfied with summary of main reasons for satisfaction/dissatisfaction

Occupational Health Supplier(s) supporting NHS staff should produce an annual audit plan and provide periodic reports demonstrating the

actions that have been taken as a result of audit. Occupational Health providers supporting NHS staff should undertake systematic audit of their clinical practice and participate in clinical benchmarking/audits of the OHS and show continuous improvement.

Sources of audit support include:

- [MOHAWK – The occupational health clinical benchmarking tool](#)
- OHS(s) provider(s) will hold a database of assessments, referrals and expert advice given and by whom.

## 12.2 Monitoring Activity

The OHS Supplier(s) will be required to work within the KPIs, providing the necessary data required to demonstrate that these KPIs have been met. This will be evidenced by monthly reports to support quarterly review meetings with NHS England.

Meetings will review the contract requirements and work on future objectives and development areas.

The OHS supplier(s) will create quarterly reports on request to help determine how to develop the OHSs going forward.

### To include:

- spend analysis
- service promotion
- number of incoming referrals by sources e.g. Medical Director, employer and self-referrals
- number of telephone and email enquiries handled by the OHS
- number of contacts with OH Nurse Advisers
- number of contacts with OH Practitioners
- number of pre-employment OH Assessments
- number of enhanced OH Assessments
- number of sharps/splash injuries or other BB injuries, their management, outcomes and time frames for management
- Promotion risk reduction for sharps/splash Injuries and other BB injuries
  - dissemination of promotional material
  - e-communication to heads of practices for dissemination to staff

- dissemination of information for induction for new staff on what to do in the event of a sharps/Splash injury or BBV injury
- number and type of immunisations and vaccinations
- number of referrals made by the OHS to the Professional Support Unit, to counselling services and into the wider NHS for care/out of area treatments.

### **13 Indemnity**

The supplier shall put in place and/or maintain in force at its own cost with a reputable commercial insurer, insurance arrangements in respect of employer's liability, public liability and professional indemnity. This should be in accordance with good industry practice, with the minimum cover per claim of the greater of ten million pounds (£10,000,000) or any sum as required by law unless otherwise agreed with NHS England in writing. These requirements shall not apply to the extent that the supplier is a member and maintains membership of each of the indemnity schemes run by the NHS Litigation Authority.

## Appendix 1

For the purpose of quality assurance all senior medical and nursing staff will comply with the following requirements:

- **Medical Staff - Occupational Health Doctors** will hold or be working towards a Diploma in Occupational Health Medicine (and be working under the supervision of an Occupational Health Consultant). They will be a Fellow or Member of the Faculty of Occupational Medicine i.e. FFOM or MFOM.
- **Nursing Staff - Occupational Health Nurse Advisers** will hold the Registered General Nurse (RGN) qualification and an Occupational Health Nurse Certificate, Diploma or Degree e.g. OH Specialist Nurses.
- An **Occupational Health Adviser** will hold the RGN qualification and be in training for the Certificate, Diploma or Degree or have relevant suitable experience in the field; and will work under the supervision of a senior member of the Occupational Health Team.
- A **Practice Nurse** will hold the RGN qualification and work under guidance from senior members of the nursing team and have relevant experience in the field.