

Primary Care Support England – Description of Services

This document describes the services which Capita have committed to deliver to NHS England under the contract for Primary Care Support Services. Capita are undertaking a programme to transform the way services are currently delivered, to improve efficiency and deliver a range of benefits to services users.

Table 1 sets out Primary Care Support Services.

Table 2 sets out Defence Medical Services.

Throughout the document “Supplier” means Capita, and “Customer” means NHS England.

TABLE 1: Primary Care Support Services		
Ref	Service	Description
1	Payments, Registrations & Pensions Services	Requirements in relation to payments, registration data quality checks and pension payment Services for primary care.
1.1	Payment Services for primary care contractors (General Practitioners)	
1.1.1	Basic contracted Services	The Supplier shall generate payment files in relation to GP payment (basic contracted Services and extra income).
1.1.2	GP on a GMS contract - monthly	The Supplier shall generate a payment file in relation to GP payment (GP on a GMS contract) and upload a payment file to ISFE for a payment to be made.
1.1.3	GP on a PMS or an APMS contract - monthly	The Supplier shall generate a payment file in relation to GP payment (GP on a PMS or APMS contract) and upload a payment file to ISFE for a payment to be made.
1.1.4	Drugs payments - monthly	The Supplier shall generate a payment file in relation to drugs payments (relating to drugs ordered by a GP Practice) and upload a payment file to ISFE for a payment to be made.
1.1.5	Childhood immunisations payments -	The Supplier shall generate a payment file in relation to childhood immunisation payments and

TABLE 1: Primary Care Support Services		
Ref	Service	Description
	quarterly	upload a payment file to ISFE for a payment to be made.
1.1.6	Seniority payments - quarterly	The Supplier shall generate a payment file in relation to seniority payments and upload a payment file to ISFE for a payment to be made.
1.1.7	Locum costs - monthly	The Supplier shall generate a payment file in relation to locum payments and upload a payment file to ISFE for a payment to be made.
1.1.8	Premises costs for rent - monthly	The Supplier shall generate a payment file in relation to premises costs (rent reimbursement) and upload a payment file to ISFE for a payment to be made.
1.1.9	Premises costs for rates - monthly	The Supplier shall generate a payment file in relation to premises costs (rates) and upload a payment file to ISFE for a payment to be made.
1.1.10	GP registrar payments - monthly	The Supplier shall generate a payment file in relation to GP registrar payments and upload a payment file to ISFE for a payment to be made.
1.1.11	GP training grant payments - monthly	The Supplier shall generate a payment file in relation to GP training grant payments and upload a payment file to ISFE for a payment to be made.
1.1.12	Enhanced Service payments via CQRS - monthly	The Supplier shall generate a payment file in relation to enhanced Service payments and upload a payment file to ISFE for a payment to be made.
1.1.13	Quality and Outcomes Framework payments (aspiration) - calculates annually, paid monthly	The Supplier shall generate a payment file in relation to Quality and Outcomes Framework (aspirational) payments and upload a payment file to ISFE for a payment to be made.
1.1.14	Quality and Outcomes Framework payment (achieved) - ad hoc	The Supplier shall generate a payment file in relation to Quality and Outcomes Framework (achieved) payments and upload a payment file to ISFE for a payment to be made.
1.1.15	Public Health Immunisation Schedules payments - monthly	The Supplier shall generate a payment file in relation to Public Health Immunisation Schedules payments (achieved) payments and upload a payment file to ISFE for a payment to be made.
1.1.16	GP retainers - monthly	The Supplier shall generate a payment file in relation to GP retainers payments and upload a payment file to ISFE for a payment to be made.

TABLE 1: Primary Care Support Services		
Ref	Service	Description
1.1.17	Changing bank details for payment - as received	The Supplier shall process change of bank details for GPs, including sending them to Area Teams for approval and instructing the relevant party to update details on ISFE.
1.1.18	Miscellaneous queries and actions - as received	The Supplier shall acknowledge and respond to queries from GPs, practice managers and their accountants in relation to current and previous years.
1.1.19	Local Medical Committee levies - depends on contract type	The Supplier shall calculate Local Medical Committee levies for each practice and deduct the payments required from each practice from the practice payment.
1.2	Payment Services for primary care contractors (ophthalmic)	
1.2.1	Calculating payments and entitlements	The Supplier shall be responsible for calculating ophthalmic contractor payments and entitlements.
1.2.2	Claim forms	The Supplier shall check all claims forms received from ophthalmic contractors for completeness and accuracy before processing, returning incomplete/incorrect forms and providing statistics on rates of return by form and by contractor.
1.2.3	Payment for GOS vouchers, 1, 3, 4, 5 and 6 - monthly	The Supplier shall accept, check (for completeness and accuracy) and process all GOS vouchers. The Supplier shall run a payment schedule to provide a payment statement for each ophthalmic contractor (this should include details on any incomplete / inaccurate GOS forms for future resubmission).
1.2.4	Payment for GOS vouchers, 6 only - monthly	The Supplier shall inform the Area Team of planned ophthalmic contractor domiciliary visits and match planned visits to claims made.
1.2.5	Payment for pre-registration trainee training grants - annually	The Supplier shall generate a payment file in relation to payment for pre-registration trainee training grants and upload a payment file to ISFE for a payment to be made.
1.2.6	Payment for CET - annually	The Supplier shall generate a payment file in relation to CET payments and upload a payment file to ISFE for a payment to be made.
1.2.7	Patient refunds - monthly	The Supplier shall accept notification from the Department of Work and Pensions for a patient to

TABLE 1: Primary Care Support Services		
Ref	Service	Description
		reclaim a payment they have made raise a payment for the amount of the claim and upload a payment file to ISFE for a payment to be made.
1.2.8	Provision of payment information - ad hoc	The Supplier shall periodically (on instruction from NHS England) send NHS England statistical reports relating to voucher claim volumes and provide a list of payments and levies for ophthalmic contractors.
1.2.9	Deduction of statutory and voluntary (including charitable) levies - monthly	The Supplier shall calculate levy deductions in relation to statutory and voluntary (including charitable) levies, generate a payment file and upload a payment file to ISFE for a payment to be made.
1.2.10	Changing bank details for payment - as received	The Supplier shall receive change of bank forms either directly from ophthalmic practices or via Area Teams and shall check the Supplier's System to ensure that the number of signatories to the change of bank is the same as the number of partners within the practice (currently achieved through completing the NHAIS supplier set-up form). The Area Team then shall be responsible for approving and forwarding to SBS for updating ISFE.
1.3	Payment Services for primary care contractors (pharmacy)	
1.3.1	Local pharmacy payments	The Supplier shall be responsible for the processing of a number of local pharmacy payments paid via the relevant organisation (currently the Prescription Pricing Authority). These include: <ul style="list-style-type: none"> a. Rotas - on direction from NHS England; b. High cost drugs (this involves reimbursement in advance); c. Residential / nursing homes (not all bases); d. EPS payments; e. Pre-registration grants; f. Payment adjustments as directed by NHS England; and Appliance contractors as directed by NHS England.

TABLE 1: Primary Care Support Services		
Ref	Service	Description
1.3.2	Additional payments sent (one ledger) to PPA for payment to pharmacies - monthly	The Supplier shall (on instruction from the Area Team) in relation to bank holiday opening hours, high cost drugs, residential/nursing homes and additional payments for ad-hoc Services send an instruction with a payment description and amount for each pharmacy to the relevant organisation (currently the PPA) .
1.3.3	Pharmacy training grants - monthly	The Supplier shall calculate any back pay owed to the pharmacist with regards to training grants and send an instruction with a payment description and amount for each pharmacy to the relevant organisation (currently the PPA)
1.3.4	Electronic Prescription Service payments - monthly	The Supplier shall receive notification of an approved EPS payment (standard tariff) eligibility from the Area Team and send an instruction with a payment description and amount for each pharmacy to the relevant organisation (currently the PPA).
1.3.5	Pharmacy markers for appliance contractors on the PPA database - ad hoc	On notification from NHS England, the Supplier shall add a 'marker' to the account on the relevant organisation (currently the PPA) database for each pharmacist to demonstrate entitlement to a payment in relation to 'appliance contractors' which is made by the PPA.
1.3.6	Deduction of levies -monthly	The Supplier shall ensure that levies are applied to the appropriate pharmacy on NHS Prescription Services payments online system.
1.3.7	Hard copy drug tariff	The Supplier shall receive and distribute a copy (hard copy where appropriate) of the drug tariff to pharmacists, including dispensing GP Practices on behalf of the Area Team.
1.4	Pensions administration	
1.4.1	Administration of the NHS Pension Scheme	The Supplier shall be responsible for the administration of the NHS Pension Scheme for contractors and performers, including non-clinical partners and practitioners carrying out locum and solo work.
1.4.2	Administration of the NHS Pension Scheme for GPs or OMPs	The Supplier shall be responsible for the administration of the NHS Pension Scheme for GPs and OMPs, including non-clinical partners and practitioners carrying out locum and solo work. This shall include: <ul style="list-style-type: none"> a. Processing estimates of profit for principal partners, salaried GPs and non-clinical partners to determine their contributions and tier rate;

TABLE 1: Primary Care Support Services		
Ref	Service	Description
		<ul style="list-style-type: none"> b. Processing GP year end actual profit certificates plus self-assessment forms for salaried GPs; c. Processing solo and locum forms; d. Administering pension tiers and notifying other Service providers; e. Processing deductions from remuneration (including additional contracts and added years, which are to be paid over to NHS Pensions along with payments received relating to solo or locum work, with adjustments made relating to year-end profit certificates); f. Processing refunds or additional payment requests as appropriate; g. Maintaining members' records including on NHS Pensions Online; h. Processing error handling on NHS Pensions Online; i. Processing pension estimates and confirming membership as required on request; j. Processing retirement applications; k. Liaising with widows / widowers of practitioners in relation to the scheme; l. Processing additional pension applications for practitioners; m. Processing bank cheques, receipt and remit and sending remittances out to practitioners; n. Processing BACS payments; o. Processing year-end NHS Pensions assurance statements compiled in accordance with the regulations and submitted to NHS England (to meet a deadline provided by NHS Pensions); and p. Processing any legacy work (in relation to previous years' reconciliations) or administration work to ensure pension records are accurate and up-to-date for contractor / performers and incorporate queries and amendments relating to current and previous years pension related work.
1.4.4	Pension payments for GPs (principal partners) and eligible OMPs (if any on NHAIS (or its replacement when provided by the Supplier)) - monthly	The Supplier shall process pension payments for GPs (principal partners) and eligible OMPs including making adjustments for any under/over payment for GPs who are no longer working at the practice.
1.4.5	Pensions payments for GPs (salaried) - as specified	The Supplier shall process pension payments for GPs (salaried) including making adjustments for any under/over payment from the previous financial year.

TABLE 1: Primary Care Support Services		
Ref	Service	Description
1.4.6	Pension payments for GPs (locums and solo)	The Supplier shall process pension payments for GPs (locums and solo) including reconciling any under/over payment.
1.4.7	Pension payments for GPs (registrars) - monthly	The Supplier shall process pension payments for GPs (registrars) including reconciling any under/over payment.
1.4.8	Pension payments - additional duties as needed	<p>The Supplier shall process additional payment requests from GPs, investigate and resolve any errors on NHS Pensions Online in relation to GPs on NHAIS (or its replacement when provided by the Supplier), obtain pensions estimates and confirmation of membership for a GP as requested, receive retirement forms and input to NHS Pensions Online for GPs and update NHAIS (or its replacement when provided by the Supplier) for new joiners, leavers and those retiring from the scheme, update NHS Pensions Online for new joiners, leavers and those retiring from the scheme.</p> <p>The Supplier shall also action refunds in the event of a pensions overpayment, supply information from the deceased contractor pension records and calculate the first three months entitlement for widows/widowers, bank cheques received for pensions contributions, receipt to contractors and remit on-Oracle, code BACS payments received from GPs who have submitted additional payments for pensionable earnings from out of hours work, provide a year-end pensions assurance statement for the Area Team and supply information/resolve queries in relation to legacy work.</p>
1.5	Receipting income streams	
1.5.1 & 1.5.2	Income generating Services and any receipting of income on ISFE as income is received	<p>The Supplier will collect income on behalf of the Customer in line with the Customer's income policy for primary care support services.</p> <p>The Supplier shall receipt all income/monies it receives on the ISFE system and send confirmation of payment to the payer.</p> <p>The Supplier shall pass income/monies to the appropriate organisation.</p>
1.6	Registration data quality checks	
1.6.1	Up-to-date records on PCRM	The Supplier shall maintain the accuracy of all patient records on PCRM.

TABLE 1: Primary Care Support Services		
Ref	Service	Description
1.6.2	Patient registration notifications	The Supplier shall process patient registration notifications in relation to patient registrations and de-registrations.
1.6.3	Patients registering with a practice for the first time - daily	The Supplier shall perform data quality checks on new patients registering with a practice for the first time (or where a NHS number is issued for the first time such as gender reassignment or adoption) and issue NHS numbers where relevant.
1.6.4	Existing patients registering with a different practice (incoming) - daily	The Supplier shall perform data quality checks on new patient registrations.
1.6.5	Existing patients registering with a different practice (outgoing) - daily	The Supplier shall process patient de-registrations and conduct data quality checks accordingly.
1.6.6	De-registration of deceased, embarked (left England for more than three months) or no re-registration elsewhere - daily	The Supplier shall process patient de-registrations (deceased and embarked patients) and conduct data quality checks accordingly.
1.7	Patient requested assignments and removals	
1.7.1	Informing the patient	The Supplier shall inform the patient, that they have been assigned by an Area Team (where the patient has experienced difficulty and cannot secure a registration).
1.7.2	Patient requires assistance to be assigned to a practice - daily	On instruction from the Area Team, the Supplier shall notify the patient of assignment to a practice.
1.7.3	Patient moves out of the practice catchment area - daily	The Supplier shall inform the patient that they have moved out of the current GP catchment area and that they need to re-register with another practice. If no superseding action occurs the Supplier shall de-register the patient from the GP list after 30 days.
1.7.4	14 day removals (patient request)	The Supplier shall process patient requested removals (within 14 days of receipt of request) including holding the relevant patient record in storage until the patient is re-registered.
	8 day removals (GP request)	The Supplier shall process GP requested removals (within 8 days of receipt of request) including

TABLE 1: Primary Care Support Services		
Ref	Service	Description
1.7.5		holding the relevant patient record in storage until the patient is re-registered.
1.8	Reassignments under the Special Allocation Scheme (SAS)	
1.8.1	Special Allocation Scheme (SAS) - daily	The Supplier shall administer the SAS including assisting the Area Team in conducting a review of all the patients on the SAS and provision of documents e.g. lists of any documentation relating to removal and re-registration.
1.9	Additional maintenance activities on the patient records database	
1.9.1	Amendments on the NHAIS system (or its replacement when provided by the Supplier)	The Supplier shall be responsible for making additional amendments to patient records including: <ul style="list-style-type: none"> a. Basic changes to the patient record (e.g. change of name or address); b. Sensitive registrations (e.g. adoptions, gender re-assignments); c. Completing a 'close of quarter' process to establish quarterly GP Practice list sizes and informing GP Practices; d. Tracing NHS numbers for existing NHS patients; and e. Resident to registered project.
1.9.2	Patient / duplicate registrations	The Supplier shall undertake a number of functions (in conjunction with others) to address patient/duplicate registrations in order to ensure that NHS numbers and clinical records are assigned to the correct patient, including checking data from the Spine and National Back Office to validate existing records or remove from GP lists.
1.9.3	Data quality routines	The Supplier shall undertake regular data quality routines so that anomalies in the NHAIS database (or its replacement when provided by the Customer) are identified and investigated and reconcile practice lists to the NHAIS database (or its replacement when provided by the Customer).
1.9.4	Additional activities associated with the NHAIS database (or its replacement when provided by the Supplier) - as individually specified	The Supplier shall undertake relevant maintenance activities on the patient records database as follows: <ul style="list-style-type: none"> a. Action relevant changes to patient information when notified through the relevant system (currently GP Links by a GP Practice or directly by a patient). b. Trace a patient in another area using their NHS number, when required. c. Carry out data quality checks . d. Receive a 'close of quarter' report to establish GP Practice list sizes and publish these to

TABLE 1: Primary Care Support Services		
Ref	Service	Description
		<p>practices .</p> <p>e. Undertake a reconciliation exercise for lists with all practices in the Supplier base area.</p> <p>f. Monitor closed lists (where practices are no longer accepting patients) and seek advice when registration requests are received.</p> <p>g. Monitor Royal Mail postcode address file updates and update postcodes on individual patients as necessary; and</p> <p>Investigate and resolve issues in relation to the transfer of data, sent to the Supplier from GP Practices – currently flagged on the interchange errors screen on the GP Links.</p>
2	Medical Records and Administration and Movement Services	Delivery of Services relating to the movement of medical records for GP Practices, including related courier and storage Services and GP supplies.
2.1	Medical records management and movement	
2.1.1	Patients registering with a practice for the first time - daily	<p>The Supplier shall:</p> <p>a. Create a physical "first medical record" (sometimes referred to as a Lloyd George envelope) and arrange secure delivery to the relevant GP Practices; and</p> <p>Issue patient with a NHS number (for all first registration patients).</p>
2.1.2	Existing patients registering with a different practice (incoming) - daily	The Supplier shall arrange for secure transfer of patient medical records from GP Practice to GP Practice where patients register with a different practice. This shall include urgent transfers where the Supplier receives '48 hour' requests from GP Practices received to prevent continued appearance on OSMR.
2.1.3	Existing patients registering with a different practice (outgoing) - daily	The Supplier shall arrange for secure transfer of patient medical records from GP Practice to GP Practice where patients register with a different practice. This shall include urgent transfers where the Supplier receives '48 hour' requests from GP Practices.
2.1.4	Existing patients deceased, embarked (for more than three months), de-registered and no immediate re-registration - daily	<p>The Supplier shall arrange for secure archiving and destruction (where appropriate) of patient medical records in the following scenarios:</p> <p>a. Existing patients deceased;</p> <p>b. Existing patients embarked (for more than 3 months);</p> <p>c. Existing patients de-registered and no immediate re-registration.</p>

TABLE 1: Primary Care Support Services		
Ref	Service	Description
		When a relevant request is received, the Supplier shall arrange for retrieval of suspense records and arrange secure delivery to requesting GP Practice.
2.1.5	Temporary patients - daily	The Supplier shall process information (currently a GMS3 form) relating to temporary patients including holding such information in suspense where no patient registration exists.
2.2	External requests for access to / copies of healthcare records	
2.2.1	Living subject access requests under the Data Protection Act 1998 - 40 days (Department of Health advise 21 days)	The Supplier shall process subject access requests (including the fee for such requests) under the Data Protection Act 1998.
2.2.2	Deceased patient record access requests under the Access to Records Act 1990 - 40 days (Department of Health advise 21 days)	The Supplier shall process subject access requests (including the fee for such requests) under the Access to Records Act 1990.
2.3	Miscellaneous information request	
2.3.1	Miscellaneous access requests from third parties (to be actioned within time frame mandated by relevant statute, regulation or policy, depending on the request made and governance applicable to it)	The Supplier shall process valid miscellaneous information requests including referring requests outside agreed data sharing protocols to the NHS England Caldicott Guardian or the local Area Team and maintaining a log of all such subject access requests.

TABLE 1: Primary Care Support Services		
Ref	Service	Description
2.3.2	Miscellaneous non-patient identifiable data requests	The Supplier shall be responsible for, in relation to the NHS England Pharmaceutical Services PS1 return form process, for all applicable bases: a. base participation in an annual data collection exercise (currently an eight page questionnaire) provided by HSCIC regarding community pharmacies and Market Entry statistics; and b. providing requested information to Area Teams in relation to the pharmacy application process.
2.4	Administration of records on practice closure/merger	
2.4.1	Administration on closing or merging of any GP lists / practices as required	The Supplier shall conduct administration on the closing or merging of GP lists/practices including informing relevant patients of such closure/merger, informing them of alternative practices, arranging secure transfer of medical records from GP Practice to GP Practice, storage/archiving of records as appropriate and where relevant processing outstanding secure stationery from the closing GP.
2.5	Forwarding of correspondence to patients	
2.5.1	Forwarding of correspondence to patients	The Supplier shall process requests to forward correspondence to patients, either directly or through approved organisations (e.g. GP Practice, Salvation Army), having sought authorisation to proceed from the NHS England Caldicott Guardian.
2.6	Data quality checks	
2.6.1	Routine data quality checks	The supplier shall undertake various data quality checks.

TABLE 1: Primary Care Support Services		
Ref	Service	Description
2.7	Non-routine data quality projects	
2.7.1	Non-routine data quality projects - as required	<p>The Supplier shall on notification from the Customer of a non-routine project identify the patient cohort on NHAIS (or its replacement when provided by the Customer) specified by the Area Team, send initial letters addressed in NHS branded envelopes (wording provided by the Area Team) asking for confirmation of patient details to specified cohort and dealing with the responses received and send reminder letters in NHS branded envelopes (wording provided by the Area Team) to non-responders within a time frame to be specified by the Area Team and dealing with the responses received.</p> <p>The Supplier shall record patient confirmations, deducting patients who have emigrated, deducting patients who are deceased and process returns (where a returned letter indicates 'gone away' not known at this address) including making any amendments to registrations or demographic details on NHAIS (or its replacement when provided by the Customer) applying an FP69 flag where patient registration cannot be confirmed with GP Practices and undertaking de-registration on completion of notice period (unless the GP Practice confirms otherwise).</p> <p>The Supplier shall give advice to local practices on how to manage the FP69 flag process, in accordance with Customer policy and NHS regulations, report statistics and findings from non-routine data cleansing projects to the Customer and co-operate with individual GP Practices who request routine and additional list reconciliation exercises.</p> <p>The Supplier shall track and report costs for providing this Service so as to enable the Parties to identify spend against the agreed Non Routine Data Quality Projects Cap, and to identify any additional charges that may apply in excess of that cap.</p>
2.8	Primacy care contractor's supplies	
2.8.1	Primary care contractor supplies	<p>The Supplier shall arrange the processing and delivery of controlled stationery, forms and agreed sterile products (e.g. needles and syringes) to primary care contractors. This shall include:</p> <ol style="list-style-type: none"> Provision and management of the catalogue of in scope supplies Acknowledgement and validation of orders;

TABLE 1: Primary Care Support Services		
Ref	Service	Description
		<ul style="list-style-type: none"> c. Obtaining authorisation for the fulfilment of orders where necessary; d. Maintaining a log of all orders, by customer and items ordered; e. Monitoring order levels against national call off contracts; f. Providing a disposal Service for unused / damaged prescription items; and g. Related probity activities
2.9	Open Exeter replacement access requests	
2.9.1	Access to Open Exeter's replacement	The Supplier shall administer appropriate and secure access (including revoking access) to its Practice Portal solution(s) to eligible organisations/individuals.
2.10	Initial records transfer services	
2.10.1	Initial Medical Record Destruction Service	The Supplier shall securely destroy records that it collects from existing locations where they are found to be beyond the Customer's retention policy period of 10 years.
2.10.2	Miscellaneous records movement and storage	The Supplier shall collect files and records other than Medical Record Envelopes from PCS Offices and third party providers, transfer them to its central storage facility and apply the Customer's storage and/or destruction policies.
3	Screening Programme Administration Services	
3.1	General screening services	
3.1.1	Regular additional functions required	<p>The Supplier shall, as appropriate:</p> <ul style="list-style-type: none"> a. produce regular and ad hoc public health reports/statistics and information on request to public health and commissioning teams; b. participate in other NHS England audits in addition to the standard quality assurance audits by QART and HSCIC audits/including the invasive cancer audit for Cancer Research UK; c. respond to queries on the call/recall element of the screening programme for GPs and the general public, participate in the sample takers training programme; d. maintain a set of standard operating procedures for the call/recall programme, maintain a

TABLE 1: Primary Care Support Services		
Ref	Service	Description
		<p>National Information Governance Board register for staff involved in call/recall Services;</p> <p>e. produce quarterly a return (currently KC53) for HSCIC and produce yearly a return (currently KC63) for HSCIC;</p> <p>f. allocate leads to represent screening call and recall function at screening related boards, working groups and user groups; and</p> <p>rectify errors flagged on data transmission through the relevant system (currently GP Links) error screens.</p>
3.2	Cervical screening call and recall administration	
3.2.1	Cervical screening call letters - weekly	<p>Having engaged GP Practices, the Supplier shall ensure that only eligible patients receive invitations to screening (which shall be sent in the name of the relevant NHS body) 6 weeks before the test due date.</p> <p>The Supplier shall, where patients have:</p> <ul style="list-style-type: none"> a. provided informed consent; b. will be out of the age range for screening; or c. who have had a hysterectomy. <p>send a confirmation 6 weeks before (what would have been the next test due date) that screening call/recall invitations will cease.</p>
3.2.2	Cervical screening non-responders - weekly	<p>The Supplier shall generate and make available to GP Practices a non-responder report relating to women invited for screening who have had no test result entered within the relevant timeframe (currently 32 weeks after the initial letter was sent and 14 weeks after 18 week reminder sent).</p> <p>The Supplier shall action recommendations from GP Practices received in relation to the non-responder report.</p>
3.2.3	Lab results - daily unless specified otherwise	<p>The Supplier shall log all screening results and update all patient medical records accordingly.</p> <p>The Supplier shall communicate results to patients (using national standard wording depending on the code from the lab) within 24 hours of receipt of the result from the lab (notifying the GP of any cases where abnormal results have not been communicated to women because they have moved</p>

TABLE 1: Primary Care Support Services		
Ref	Service	Description
		out of area or the communication has been returned undelivered).
3.2.4	Failsafe out of the area - weekly	The Supplier shall on receipt of a de-registration notification, transfer cytology data for women moving out of an area, obtain confirmation that women moving to another area have been included in the new area's recall programme (who are not matched and have an abnormal result) and fulfil requests outside of the Customer for full history prints from the Supplier's System and send through a secure communication channel.
3.2.5	Failsafe into the area - weekly	<p>The Supplier shall produce a report (currently a CIN report) on NHAIS (or its replacement when provided by the Supplier) that shows which cytology records have been received in automatically through re-registration and which have failed to reconcile, manually input any records that have not been automatically applied and confirm receipt of a cervical screening record from another area and that the patient has been added to a screening programme for the relevant area.</p> <p>If the patient is not yet registered for the area on NHAIS (or its replacement when provided by the Supplier), the Supplier shall "hold" the cytology record until an NHS number is found that matches.</p> <p>The Supplier shall send reminders to the sending area for any outstanding screening histories being waited for, notify the GP of any newly registered women on early recall/medical follow up, run monthly "integrity" checks for live records (including any routine reconciliation and investigation required for re-registered patients to ensure all anomalies are resolved), run quarterly ad-hoc integrity checks for deducted patients and for some bases - accept cytology failsafe colposcopy correspondence received and update records.</p>
3.3	Breast cancer screening administrative support to call and recall and failsafe functions	
3.3.1	Breast screening call letters - per batch as specified by BSOs	<p>Having received a specification from the BSO, the Supplier shall provide a list of eligible patients for breast screening to BSOs.</p> <p>The Supplier shall maintain records of attendance/non-attendance (including end code) for patients</p>

TABLE 1: Primary Care Support Services		
Ref	Service	Description
		who have opted out or are ineligible.
3.3.2	Breast screening failsafe out of area	The Supplier shall on receipt of a de-registration notification, transfer breast screening data for women moving out of area, obtain confirmation that women moving to another area have been included in the new area's recall programme and fulfil out of area requests for full history prints from NHAIS (or its replacement when provided by the Supplier) and send these through a secure communication channel.
3.3.3	Breast screening failsafe into the area	<p>The Supplier shall input (currently undertaken manually) any records not received through automatic income via NHAIS (or its replacement when provided by the Supplier), confirm receipt of a breast screening record from another area and that the woman has been added to screening programme for the new area and run a query to determine the number of eligible women for screening which match a defined "failsafe" specification provided by the BSO.</p> <p>The Supplier shall supply this number to the BSO.</p> <p>The Supplier shall establish parameters on NHAIS (or its replacement when provided by the Supplier) from the "failsafe" specification to enable the BSO to construct a list of eligible women who may have been missed off the main batch and provide these parameters to the BSO (so that they can are able to construct a failsafe list to call for screening from NHAIS (or its replacement when provided by the Supplier)), for some bases - run the parameters on NHAIS (or its replacement when provided by the Supplier) and provide the list of "failsafe" patients as well (if requested) and run monthly "integrity" checks on NHAIS (or its replacement when provided by the Supplier) (including any routine reconciliation and investigation required for re-registered patients to ensure all anomalies are resolved).</p>

4	Probity Administration Services	Requirements in relation to probity and assurance Services for ophthalmic contractors and patient eligibility.
4.1	Probity Administration	
4.1.1	A number of probity checks, including those detailed	Post payment verification paperwork preparation Patient eligibility checks on GOS3 forms
5	Performers List Administration Services	Requirements in relation to the administration of the Performers List (eligibility of practitioners to provide Services e.g. qualifications and visa checks).
5.1	Processing of Performers List applications	
5.1.1	Performers List applications - six week turnaround from receipt of application to notification of decision	<p>The Supplier shall, in line with the Standard Operating Procedure, process and validate performer list applications within 6 weeks of initial receipt of the application.</p> <p>The Supplier shall be required to deal with any initial queries from both potential Performers and prepare the information with which the Area Team can then decide whether to admit the potential Performers to the Performers List.</p> <p>The Supplier shall manage the process of adding an applicant to the Performer's List, including external checks, collating the application dossier and verifying documents/identity/information/history.</p> <p>The Supplier shall circulate the outcome to relevant interested parties (this will vary from area to area depending on local distribution lists). The Supplier shall add the performer status to the relevant Performers List, NHAIS (or its replacement when provided by the Supplier), Primary Care Information System and any other relevant database with performer details (including any flags/conditions of entry received from the Area Team).</p>
5.2	Administration of the Performers List	

5.2.1	Maintenance of the Performers List	<p>The Supplier shall maintain the Performers List including:</p> <ul style="list-style-type: none"> a. Making amendments, insertions, deletions, suspensions; b. Communication with other organisations as appropriate; c. Updating the related databases / information systems; d. Undertaking annual Performers List reviews of entries assigned to Area Team Responsible Officers; e. Processing change of area notifications; and <p>Transfer of associated information and the transfer of records between Area Teams.</p>
5.2.2	For Performers leaving the list entirely - three months	The Supplier shall manage the process for Performers leaving the Performers List, including updating the Performer's List.
5.2.3	For Performers moving between practices within the Area Team (including mergers and closures) - two weeks	The Supplier shall manage the process for Performers moving between practices within the Area Team (including moves related to practice mergers and closures), including updating the Performers List.
5.2.4	For Performers moving to a practice in a different area (receiving area) - two weeks	The Supplier shall manage the process for Performers moving to a practice in a different area, including updating the Performers List.
5.2.5	For Performers moving to a practice in a different area (sending area) - two weeks	The Supplier shall manage the process for Performers moving to a practice in a different area, including updating the Performers List.
5.2.6	Performer changing form salaried to partner (GP only) as received	The Supplier shall manage the process in relation to a Performer changing from a salaried GP to a partner GP.
5.2.7	For Performers not attached to a practice - annually	The Supplier shall be responsible for periodic (currently annual) reviews of the Performers List for practitioners not attached to a practice (locum) and remove practitioners not attached to a practice who have not practiced in the agreed timeframes (currently 22 months) from the Performers List.
5.2.8	Performers removed or suspended due to conduct issues - daily	The Supplier shall manage, on instruction from the Area Team, the notification, management and updating process regarding the removal/suspension of Performers due to conduct issues.

6	Market Entry Administration Services	Requirements in relation to the administration of Market Entry for pharmaceutical Services (including maintenance of pharmaceutical lists).
6.1	Market Entry applications administration	
6.1.1	Applications received under the policy	<p>The Supplier shall be responsible for validating and processing Market Entry applications received under the policy including:</p> <ol style="list-style-type: none"> a. Verifying applications for completeness and accuracy. b. Processing payments for applications. c. Submitting valid applications to the Pharmaceutical Services Regulations Committee. d. Communicating progress of the application using standard templates. e. Where an application is successful, transfer the fee to the Area Team and add the applicant to the pharmaceutical list for the relevant Health and Wellbeing Board and notify any relevant parties. <p>The Supplier shall process a fitness to practice check for first time applicants.</p>
6.1.2	Notifications received on pharmacists	<p>The Supplier shall:</p> <ol style="list-style-type: none"> a. process and action notifications relating to suspended and removed pharmacists by updating the relevant systems; b. provide information on applications for appeals to the NHS Litigation Authority's Family Health Services Appeal Unit (or replacement unit if applicable) or for some fitness issues the 'First-Tier Tribunal' c. Support NHS England and its officers (through the organisations, administration and attendance at hearings) in the event of oral hearings or appeals from a pharmacist.
6.1.3	Fitness to Practice - new admissions to the list	<p>The Supplier shall be responsible for validating and processing new applications, including undertaking appropriate pre-entry checks with third parties, including:</p> <ol style="list-style-type: none"> a. General pharmaceutical committee (online check); b. NHS Protect (send relevant annexe per procedure guideline); c. NHS Litigation Authority (as per procedure guideline); and d. Companies House (validation of date of incorporation) if required. <p>Once complete, the Supplier shall pass the application to PSRC for a decision and in turn notify the applicant of the decision. The Supplier shall also update the pharmaceutical contractor details on all</p>

		relevant Supplier held databases for successful applicants in order for further activities.
7	Additional Services	Requirements that apply generally to the provision of Services across the range of PCS functions described
7.1	Service Desk	
7.1.1	Service Desk	The Supplier shall acknowledge and respond to queries from a range of stakeholders, including GPs, practice managers and their accountants, opticians and optometrists, pharmacy staff, members of the public (specifically in relation to the call / recall elements of the cervical cancer screening programme) Performer List and Market Entry applications and other stakeholders
7.2	Local Teams	
7.2.1	Local Support Team	The Supplier shall maintain a local presence around England in order to provide support for Primary Care Practitioners
7.2.2	Stakeholder Team	The Supplier shall employ a small team for the purposes of maintaining stakeholder relationships at a national, regional and sub-regional level
7.3	Analytics	
7.3.1	Data Analytics Services	The Supplier shall provide an analytics service to provide insight to NHS England from the national data collected and managed by the Supplier

TABLE 2: Defence Medical Services		
Ref	Service	Description
1	Maintaining patient population database	
1.1	Ongoing management of the patient recording Service, adding patients to the database on DMS registration, updating registration details for existing patients and updating records for removed patients	<p>The Supplier shall establish electronic links with any new DMS medical units, monitor links and transactions from DMS medical units and liaise with the medical units to resolve any anomalies identified, process notification of newly registered patients from DMS medical units and utilise the NHAIS interface (or its replacement when provided by the Supplier) with the PDS to trace NHS numbers and to allocate a new NHS number (if there is no existing NHS number).</p> <p>The Supplier shall also verify whether Service personnel are still recorded as being registered with a DMS medical unit and check with that medical unit to confirm whether persons have been discharged from the forces or are still under the care of DMS.</p> <p>The Supplier shall on notification of a closure of a medical unit, transfer the patient registrations to the DMS medical unit which has taken over responsibility for the registered patients, investigate and resolve cases of potential duplicate registrations between a DMS and NHS GP Practice, undertake list reconciliation between DMS medical unit data and the data held on the NHAIS system (or its replacement when provided by the Supplier), respond to subject access requests referring to the Ministry of Defence for authorisation, respond to requests for disclosure of information referring to Ministry of Defence for authorisation to release and run the standard NHAIS (or its replacement when provided by the Supplier) routine to close registration quarter.</p> <p>Once the relevant design processes have been completed, the Parties shall agree any variation to this description in accordance with Paragraph Error! Reference source not found.</p>
1.2	NHS medical records for serving members of the armed forces	The Supplier shall hold in secure storage, the NHS medical records for serving members of the armed forces.
1.3	NHS medical records for forces personnel registered in Scotland	The Supplier shall run reports on the DMS population database to identify if any forces personnel registered in Scotland prior to them joining the forces have since left the DMS and if so request the medical records from the Scottish Health Board.

TABLE 2: Defence Medical Services		
Ref	Service	Description
2	Medical records Service	
2.1	Delivery of a medical records Service to cover all processes involved with the handling of medical records	<p>The Supplier shall:</p> <ul style="list-style-type: none"> a. Process medical records received from DMS medical units and NHS GP Practices for persons registering with a new DMS medical unit; b. Securely store medical records for Service personnel; c. Despatch medical records received for Service dependents to the applicable DMS medical unit; d. Ensure any medical records sent to DMS medical units are securely transferred (currently double wrapped and sent via Royal Mail special delivery post); e. Transfer medical records for Service dependents who have been removed from DMS and registered with the NHS to the new NHS GP Practice; f. Retrieve medical records from storage for any Service personnel who have been discharged from the forces and have registered with an NHS GP Practice; g. Ensure that for any medical records for ex Service personnel being sent to a NHS GP Practice either a summary of DMS records provided by the Ministry of Defence is attached or, if not provided, a standard letter advising the NHS GP how a copy of the DMS record can be obtained and reminding them of priority treatment for veterans is attached; h. Provide medical records for any Service dependents registering with a DMS medical unit who have not previously been registered with the NHS; i. Process requests from DMS practices to trace clinical notes/parts of medical records which may be missing; j. Send reminders of any medical records outstanding from either the DMS or NHS GP Practices; k. Process requests to expedite the transfer of any medical records which have been notified as clinically urgent; l. Transfer details of NHS treatment provided for Service personnel who have obtained treatment as a temporary patient or who have attended a NHS hospital to the registered DMS medical unit; and <p>Process requests for access to/sight of medical records seeking authorisation for release of records from a designated clinician.</p>

TABLE 2: Defence Medical Services		
Ref	Service	Description
3	Cervical screening call / recall	
3.1	Provision of call / re-call for a cervical screening Service for all women registered with DMS (including in devolved administrations & overseas DMS units but excluding women registered at DMS units in Scotland)	<p>The Supplier shall ensure that all eligible DMS women are included in the screening programme and verify the appropriateness of the invitations.</p> <p>The Supplier shall process test results received from laboratories, record test results received and send the results to the relevant DMS medical unit.</p> <p>The Supplier shall make information available to DMS medical units of women who have failed to respond to an invitation or reminder to attend a test and action any replies received, ensure copies of screening records are transferred when a woman leaves the DMS and registers with an NHS GP Practice, make information available to DMS medical units of any newly registered women who are on early recall/medical follow up following a previous abnormal test and action any replies received and action requests from clinicians to cease women from the screening programme (ensuring conformance to NHS guidelines but noting that recall should not be ceased due to informed choice for any armed forces personnel).</p>
3.2	Not used	
3.3	Not used	
3.4	Overseas units	All DMS units located in England will be registered to use Open Exeter (or its replacement when provided by the Supplier) for the exchange of information regarding cervical screening. This may not be possible for some overseas units and in which case the Supplier shall adopt modified working practices which may be paper-based.
4	Management of Open Exeter (or its replacement when provided by the Supplier)	
4.1	Requests for access to Open Exeter	The Supplier shall undertake the role of Access Control Manager on behalf of the Ministry of Defence setting up user access for DMS medical unit staff and nominate a minimum of three staff members to act as Access Control Managers for the Supplier's portal systems.

TABLE 2: Defence Medical Services		
Ref	Service	Description
5	Registration Authority Service	
5.1	Bureau Service for printing of smart cards	The Supplier shall be responsible for providing a bureau Service to print and verify the information on smart cards and to provide a level of assurance that DMS are working within the agreed Registration Authority practices.