# Commissioning a robust SAS

**Services to be provided**

**General Provisions**

### **Services under a SAS should be provided as follows:**

### **Call Handling and appointments**

### All appointments for patients on a SAS should be made via a designated call handling provider contracted or otherwise provided by or the SAS provider. If the SAS provider is within a larger general practice, no patient on the scheme should directly contact the provider practice on the normal practice telephone number. Providers of SAS should not give out or confirm any information regarding their normal place of work to the patient.

### Call Handling is required for all patients to access the service; this should be a low cost or local call for all patients in England. The call handling service (if provided separately) will liaise with the SAS provider, patient, security escort provider and staff at the location of clinic to arrange the appointment.

### Call Handling is required to request a telephone consultation or relay a request for repeat medication to the GP provider if the patient requests this service.

### The patient should be able to request a face-to-face consultation with a GP or a telephone consultation, and there should be clinical triage for the final decision.

### Face-to-face consultations should be held in appropriate secure rooms. Commissioners should ensure there are sufficient security staff on the premises half an hour before the patient’s appointment and at least half an hour after the patient has left the premises or the GP has left the premises if the appointment is held away from their own site. The security escorts will have access to a risk assessment to inform them of any potential risks.

### SAS providers are not routinely expected to deliver home visits but in exceptional circumstances if one is required, then the patient should consult with the Commissioner

### Security Escorts are required to attend the venue for a scheduled appointment. Two escorts should arrive 30 minutes before an appointment and liaise with the Matron or equivalent on site. The security escorts will have access to a risk assessment to inform them of any potential risks (3.6. relates).

### **Opening Hours**

### Contracts with SAS providers should require patient access to services, in line with core GP contract requirements, access to registered patients during the hours of 8am-6.30pm Monday to Friday excluding bank holidays, or as set out in their contractual terms. This will include face to face and telephone consultations. As innovative and new ways of working within General Practice are encouraged, it would be desirable, but not essential, should the provider have the ability to provide consultations through Skype and/or email under the right governance framework.

### NHS England expects that all registered patients requesting an appointment receive one within a clinically appropriate and responsible amount of time. NHS England would expect this usually to take place within a maximum of 1 week from the request.

### **Prescriptions**

### If the patient requires a prescription the provider will ask the patient to nominate the pharmacy from which they wish to collect that prescription. The provider will then call the pharmacist to inform them that the prescription for this patient is to be transferred to them, or that the patient is going to be collecting their prescription from them following the consultation. The provider is also expected to inform the pharmacist of any issues surrounding the patient in order to maintain their safety.

### **Clinical services**

### In most cases the SAS will be delivered under an APMS contract, the Commissioners expect that providers will subscribe to the core requirement of the provision of primary care essential services to NHS patients under a GMS/ PMS contract, namely, “the management of” such patients. “Management” of a patient includes:

* + 1. Offering consultation and, where appropriate, physical examination for the purpose of identifying the need, if any, for treatment or further investigation; and
    2. The making available of such treatment or further investigation as is necessary and appropriate, including the referral of the patient for other services under the GMS/PMS contract and liaison with other health care professionals involved in the patient’s treatment and care
    3. The SAS provider will provide comprehensive and high quality primary medical services within reasonable distance to the patient’s home (where possible), including specifically: active management of long term and chronic conditions: patient referral, engagement and liaison with supplementary services where available routinely within the area, including specialist mental health services, drug and alcohol services and those available through secondary services.

### **The SAS contract will include the following primary medical services:**

### **Essential Services**

#### Management of patients who are ill or believe themselves to be ill, with conditions from which recovery is generally expected, for the duration of that condition, including relevant health promotion advice and referral as appropriate, reflecting patient choice wherever practical;

#### General management of patients who are terminally ill; and

#### Management of chronic disease in the manner determined by the practice, in discussion with the patient.

### **Additional Services**

#### Cervical screening;

#### Contraception services;

#### Vaccination and immunisations; and

#### Minor Surgery (curettage & cautery).

### **Enhanced Services**

#### Where commissioned

#### As it is likely that some of the patients on the SAS will have or have had a history of substance misuse, provider experience in this area is considered should be considered critical, as well as having good working relationships with local specialist teams for onward referral and support to patients for rehabilitation.

#### The provider should deliver a standard of care equivalent to that required under the Quality Outcomes Framework (QOF).

### **Administrative services**

#### The provider is required to hold the patient’s notes and associated records as a registered patient.

#### The provider is expected to take responsibility for encouraging patients to engage with the service.

#### Following the removal of the patient from the SAS, the provider is expected to ensure that the patient has sufficient medication as appropriate, understands that they have can freely choose a mainstream local practice and how to find and contact a practice via NHS Choices (<http://www.nhs.uk/service-search/GP/LocationSearch/4>). The provider should also ensure that the patient is aware of any referrals made, or any additional follow up appointments required or medical certificate due to expire, with a view to encouraging the patient to reregister with a local mainstream GP Practice . Once the patient registers with a new practice they will receive the patient’s full medical history and so will be aware of their history on the scheme. Patients are informed that this will happen in the letter (or other communication) that they receive to inform them that they have been removed from the scheme.

### **Monitoring**

#### The Status of each SAS patient should be reviewed every 6 months.

#### The SAS Provider will co-ordinate a report in line with the NHS England template for each SAS patient due to be reviewed at the SAS Patient Review Panel, which is held quarterly. This includes a GP report, call handling report, contacts with Emergency Departments and security report. The provider will co-ordinate reports from other agencies such as the Ambulance Trusts, Local Security Management Service reports from Acute and Community Trusts/Providers.

#### The SAS Scheme should be reviewed biannually.

#### The SAS Provider will attend the quarterly Panel Review meetings at the SAS Scheme Review Meetings held twice a year, in addition to any contract monitoring and performance meetings.

### **Provider Requirements**

### **Safeguarding**

#### All staff, clinical, administrative and security should be trained in basic safeguarding for children and vulnerable adults, and all doctors and nurses will have received more advanced training and updates every three years. Please note that doctors are expected to have Level 3 safeguarding. The provider will work with all agencies to develop locally as required and adhere to all national safeguarding policies and processes and requirements.

### **CQC Registration**

#### The provider must be registered with the CQC in order to provide primary medical services. Registration with the CQC takes a minimum of 12 weeks. Any cost implications will be at the providers’ own cost.

### **Quality Assurance and Clinical Governance**

#### The SAS provider will operate an effective, comprehensive System of Clinical Governance with clear channels of accountability, supervision and effective systems to reduce the risk of clinical system failure. This will be an element within an effective and comprehensive System of Integrated Governance. The provider will identify the clinical lead to be clinical governance lead and provide leadership to the team delivering primary medical care services.

### **Disaster Recovery / Business Continuity**

#### The SAS provider is required to have arrangements for business continuity in the event of an incident or emergency during the life of the contract. This plan should show how the service would be delivered and maintained during an incident or emergency. It must include provision for continuity and prompt restoration of all information management and technology systems (see further section 1.7) Please refer to the latest guidance at: <https://www.england.nhs.uk/ourwork/eprr/bc/>

### **Workforce**

#### The provider must ensure an adequate number of appropriately qualified and experienced clinicians are in place to deliver the services to the required standard, and to ensure adequate and timely cover for periods of sickness, study and annual or other periods of leave.

#### Where the provider intends to sub-contract services or provide services through the use of agency, locum or self-employed workers they must evidence how they will ensure that all workers meet all of the criteria and standards required of staff who may be directly employed to provide these services.

#### All doctors employed to deliver medical services must be registered with the General Medical Council.

#### All doctors employed to deliver medical services must be on the National Performers list.

### **Participation in Appraisal and Medical Revalidation**

#### All doctors will participate in the appropriate GP Appraisal Scheme for medical revalidation and the provider will support the doctors in developing their portfolio of supporting information, including regular patient surveys to provide feedback for the clinicians and the service, significant event reviews, clinical audits etc.

#### The provider will ensure that the local clinical service lead will have a role in determining the Personal Development Plans for the clinical staff to ensure that the clinical team have the appropriate skills, training and updates appropriate for the service.

### **Information Governance and Confidentiality**

#### The provider will ensure high standards of information governance for the service and reassure patients of the importance of patient confidentiality. The provider will also maintain high standards in relation to “Information Sharing Protocols” which may exist between agencies to ensure the appropriateness of the information to be shared with other agencies. The provider will complete the NHS IG Toolkit and achieve a minimum of level 2 compliance in all requirements to provide assurance of continued high standards. Note: All staff should be trained in information governance]

#### The provider will ensure that all sub-contractors are familiar with the principles of information governance and are able to provide assurance to NHS England that they are consistently applied when supporting the SAS service. See further detailed requirements Equipment Requirements.

### **Maximising Technology and Information Flow**

#### The provider will wherever possible use the opportunities that technology provides to improve patient care and experience. Telemedicine, tele-health and tele-care all have important roles in communication, monitoring and reducing the need for travel for a range of conditions and patients. The provider will endeavour to acquire and use the technology reasonably available to it to improve communication and information flows so as to build a wider clinical network to access up to date information to support patient care.

#### The provider will ensure that all staff, clinicians, non-clinicians and contractors have the appropriate IT skills and training to use the technology and to use appropriate strategies to find relevant information on a topic to support good quality care. Refer to the section on Information Management and Technology).

### **Incident Reporting**

#### The provider will have systems to record and report any serious incidents in line with NHS England’s Information Security Incident Reporting Procedure (SIRI). In addition, all incidents involving patients using this service must be reported within 24 hours to PSCE (delivered via Capita) at [pcse.immediateremovals@nhs.net](mailto:pcse.immediateremovals@nhs.net)

### **Risk Assessment**

#### NHS staff have the right to work in an environment that keeps them safe from violence and aggression, enabling them to deliver the highest quality service and patient care.

#### All staff are potentially vulnerable to violence and aggression and the employing organisation has a legal obligation to have strategies in place to mitigate the risks.

#### Under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 employers have a duty to ensure the health, safety and welfare of their staff. Where they may be at risk, this must be assessed, documented and staff provided with adequate information, instruction and training.

#### It is important that NHS funded providers recognise the need for training staff in violence and aggression. There is a legal requirement to ensure that those advising and training others in the safe management of violence and aggression have the appropriate skills and knowledge.

#### A Training Needs Analysis should be undertaken by the SAS provider to identify the level of training that is required for its staff at the outset of any contract, as part of regular risk assessments and following the introduction of additional control measures.

#### SAS providers should comply with the risk based / risk assessment approach detailed in Appendix five.

### **Premises**

#### The SAS provider will be responsible for the state and costs of their own premises and the use of any premises from which they offer primary medical services

#### The provider shall:

* + - 1. Ensure that all reasonable care is taken of the facilities;
      2. Ensure that the consultation rooms have all been fully risk assessed by and are safe places to provide care;
      3. Observe all reasonable rules and Regulations and policies that NHS England makes and notifies to the Provider from time to time governing the Provider’s use of the facilities; and
      4. Ensure staff attend induction briefings for the building that will address issues such as security & fire safety etc.

#### Manage the overall facilities requirements for their own premises and work with the owners and tenants of the other premises that they use.

### **Equipment: General Requirements**

### **Standards**

#### The SAS provider must ensure that all equipment used in the delivery of the service ("Equipment") is fit for purpose and complies with statutory requirements and the latest relevant British Standard or European equivalent specification. This applies to Equipment supplied directly by the provider ("Provider Equipment) and to Equipment made available to the provider by the NHS England, both fixed and mobile, for the purposes of delivery of the service and operation of the facilities.

#### The provider must provide, install, operate and maintain all Equipment in accordance with all applicable laws and manufacturers' instructions.

#### The provider must ensure the Equipment does not cause interference with or damage to equipment used by others.

#### The provider should have processes for the backup of systems- this may be covered by the Information Governance Statement of Compliance (IGSOC) toolkit.

### **Consumables**

#### Providers must ensure that consumables are stored safely, appropriately and in accordance with all applicable laws, good practice guidelines and suppliers' instructions.

### **Management of Equipment**

#### The proper and adequate control of Equipment is an important aspect in the safe and effective delivery of the Services. The provider is responsible for making arrangements:

* To establish and manage a planned preventative maintenance programme;
* To make adequate contingency arrangements for emergency remedial maintenance;
* To make arrangements for the provision of substitute equipment to ensure continuity of the services;
* To ensure compliance with statutory requirements, including Health and Safety standards, and appropriate British Standards concerning the inspection, testing, maintenance and repair of equipment; and
* To maintain records open to inspection by the Commissioner of the maintenance, testing and certification of the Equipment.

### **Information Management and Technology**

### **Overview**

#### The provider will need to ensure that the appropriate information management and technology is in place to support the medical services. This includes the call handling and telephony elements of the service.

### **Standards and compliance**

#### The provider must ensure that appropriate “IM&T Systems” are in place to support the medical services. “IM&T Systems” means all computer hardware, software, networking, training, support and maintenance necessary to support and ensure effective delivery of the Services, management of patient care, contract management and of the primary care medical business processes, which must include:

* Clinical services including ordering and receipt of pathology, radiology and other diagnostic procedure results and reports;
* Prescribing;
* Individual electronic patient health records;
* Inter-communication or integration between clinical and administrative systems for use of patient demographics;
* Access to knowledge bases for healthcare at the point of patient contact; and
* Access to research papers, reviews, guidelines and protocols.

#### The provider’s IM&T Systems must comply with the following standards as appropriate to the services commissioned from the Provider:

* GP Systems of Choice (GPSoC) programme;
* Referrals and booking;
* NHS Terminology Service, NHS Classifications Service and Healthcare Resource Groupings;
* Alternative Medical Services (APMS) contract; and
* Information Governance Toolkit.

### **GP Systems of Choice Programme**

#### The provider must use clinical systems that comply with the GPSoC programme. The provider must also comply with the standard terms and conditions of the GPSoC programme as may be updated from time to time.

#### NHS Digital has issued a specification that sets out the requirements for IM&T systems and infrastructure needed to support clinical applications in use in primary care, now and in the future, including the GPSoC programme. These applications include:

* E- Referral System: use of the Directly Bookable Service(DBS) for all patient referrals into secondary care;
* N3: use of the national network for all external system connections to enable communication and facilitate the flow of patient information;
* Summary Care Record: includes essential health information about any medicines, allergies and adverse reactions derived from their GP record.
* Electronic Transfer of Prescriptions (ETP): use of the electronic prescribing service for supply, administration and recording of medications prescribed and transmission to the Prescription Pricing Division (PPD);
* GP2GP: use of GP2GP so that patient records are transferred electronically when a patient registers with a new practice;
* Patient Demographic Service (PDS): use of the PDS to obtain and verify NHS Numbers for patients and ensure their use in all clinical communications;
* NHS Mail: use of the NHS Mail email service for all email communications concerning patient-identifiable information or the appropriate local solution; and
* Calculating Quality Reporting Service (CQRS): use of CQRS to demonstrate performance against QOF and enhanced Service achievement targets to support quality improvements in services provided to patients.

### **Referrals and Bookings**

#### The provider’s IM&T Systems must be effective for referrals and bookings including appointment booking, scheduling, tracking, management and the onward referral of patients for further specialised care provided by the NHS, independent sector or social care and must be compliant with Choose and Book requirements including the use of smart cards. Care must be taken to inform those organisations to which the SAS patients are referred that they are on the SAS and those organisations should liaise with their own Local Security Management Service as to how best to manage the patient’s referral and care.

### **NHS Terminology Service, NHS Classifications Service and Healthcare Resource Groupings**

#### The provider must comply with NHS Terminology Service (NHS TS), NHS Classifications Service (NHS CS) and Healthcare Resource Groupings (HRG) including:

* Read Codes and migrate to SNOMED CT (UK Edition) when available;
* NHS Dictionary of Medicines and Devices;
* Office of Population Census and Surveys (OPCS) version 4.3;
* National Intervention Classification Service (NIC);
* International Classification of Disease (ICD) version 10; and
* Healthcare Resource Groupings (HRG) version 4.

### **Provision**

#### The provider must provide the necessary IM&T Systems and infrastructure to support the delivery of primary medical care services, contract management and business processes. This should be in line with NHS Digital's GPSoC guidance. It would be preferred if the GP clinical system to be used in the surgery was a hosted, fully ITK2, compliant system.

#### The provider must have in place appropriate, secure and well managed IM&T Systems which properly support the efficient delivery of the services and comply with specific requirements and the underpinning standards and technical specifications set out in this chapter.

#### In making their selection, the provider should note that within the GPSoC framework, the provider may choose the IM&T Systems that it implements and uses, providing they support all requirements and adhere to the relevant standards described in any Contract specification. In the table below responsibilities are shown to demonstrate where responsibility for provision lies.

### **Costs**

#### The data below shows from where the cost of IT is met.

|  |  |
| --- | --- |
| **Description** | **GPSoC or Provider** |
| Hardware |  |
| GP Server Solution or Hosted Server solution | GPSoC |
| Local area network, Hubs and Switches | GPSoC |
| Wide area networking and N3 | GPSoC |
| Desktop PCs and printers, scanners | GPSoC |
| **Software** | |
| GPSoC compliant clinical system | GPSoC |
| Other clinical systems | Provider |
| Virus protection. | GPSoC |
| Business applications for finance, HR/payroll, Document Management | Provider |
| **Support and maintenance** | |
| Helpdesk, desktop, email admin, network, N3 | GPSoC |
| GP Clinical system support | GPSoC |
| **Any support not listed** | Provider |

* + 1. Training and related support

GP Clinical system GPSoC

All other training Provider

### **Testing**

#### The provider must undertake testing of the IM&T Systems proposed, including those supplied by NHS England, by the provider, by third party suppliers and also of any interfaces and inter-working arrangements between parties or systems, so as to guarantee compliance with all appropriate standards and to prove operational effectiveness.

### **Reporting**

#### The provider’s IM&T Systems must facilitate information gathering and reporting to meet performance management commitments under any Contract specification and other statutory or other obligations

### **Information Governance and Security**

#### The provider must put in place appropriate governance and security for the IM&T Systems to safeguard patient information.

#### The provider must ensure that the IM&T Systems and processes comply with statutory obligations for the management and operation of IM&T within the NHS, including, but not exclusively:

* + - * Common law duty of confidence;
      * Data Protection Act 1998 and all subsequent applicable data protection laws (Including subject access rights)
      * Access to Health Records Act 1990;
      * Freedom of Information Act 2000;
      * Computer Misuse Act 1990; and
      * Health and Social Care Act 2001, all as amended from time to time.

#### There is a statutory obligation to protect patient identifiable data against potential breach of confidence when sharing with other countries.

#### The provider must meet prevailing national standards and follow appropriate NHS good practice guidelines for information governance, records management and security, including, but not exclusively:

* + - * NHS Confidentiality Code of Practice;
      * Information Security Management: NHS Code of Practice
      * Registration under ISO/IEC 17799-2005 and ISO 27001-2005 or other appropriate information security standards;
      * Adherence to the Caldicott principles and guidelines;
      * Appointment of a Caldicott Guardian;
      * Appointment of an Information Governance Lead
      * Information Governance Alliance Records Management Code of Practice for Health and Social Care 2016;
      * Data quality standards under the former requirements of the IM&T Directly Enhanced Service;
      * Clinical governance in line with the NHS Information Governance Toolkit;
      * Information Governance Statement of Compliance (IGSoC);
      * Good practice guidelines for general practice electronic records and smart cards.
      * Implementation of policies on security and confidentiality of patient information and a risk and incident management system;

### **Clinical Information**

#### To ensure the quality and safety of patient care, the IM&T Systems must also support:

* Management of all clinical services including ordering and receipt of pathology; radiology and other diagnostic procedure results and reports;
* Prescribing;
* Maintenance of individual electronic patient health records;
* Inter-communication or integration between clinical and administrative systems for analysis of patient demographics;
* Access to knowledge bases for healthcare, such as Map of Medicine, at the point of patient contact;
* Access to research papers, reviews, guidelines and protocols;
* Communication with patients, including hard-to-reach groups, to support provision of quality care, including printed materials, telephone, text messaging, website, and email;
* Regular cleansing of the list of registered patient to ensure that it is up to date avoids ghost patients;
* The maintenance of detailed records as to diversity and protected characteristics; and
* The maintenance of up to date contact details for patients.

### **Disaster Recovery**

* + 1. No failure of NHS Digital, NHS England or any other subcontractor supplying IM&T services or infrastructure will relieve the provider of their responsibility for delivering primary medical care services. Therefore, the provider must have an IM&T Systems disaster recovery plan to ensure service continuity and prompt restoration of all IM&T Systems in the event of major systems disruption or disaster.

### **Equality, Human Rights and Patient Focus**

#### It is critical that the services are accessible to the whole population and that providers recognise the differing needs of the diverse community. This can include, but is not exclusive to: accessibility to all elements of the service, and all premises; ability to contact the service; communication and language needs; and an understanding of different cultural need.

#### It should be explicit in the contract specification that, subject to patient consent, the medical primary care provider must gather diversity data on all of their patients, both new and existing, covering all protected characteristics so that they may better understand their individual needs and are able to offer a personal, fair and diverse service to the whole population. The protected characteristics are:

* + - * Age;
      * Disability;
      * Ethnicity, including race and nationality;
      * Gender reassignment;
      * Marriage and civil partnership;
      * Maternity and pregnancy;
      * Religion and belief;
      * Sex;
      * Sexual Orientation.

#### Disabled people and people with learning disabilities may also require information to be made available in alternative formats. It is expected that the provider will ensure that when needed patients have access to Makaton and British Sign Language Interpretation and that routine patient information is available in an easy read format. Providers must demonstrate how they intend to ensure that these requirements are met. Public Sector Equality and Human Rights Duties are enshrined in legislation and are as critical for organisations delivering services on behalf of the NHS as they are for the NHS itself.

#### The SAS provider will complete an Equality Impact Assessment (EIA) annually. The template can be provided by NHS England. The EIA will cover these characteristics: age, disability, gender, gender identity, race, religion or belief, pregnancy and maternity and sexual orientation. The output from the EIA should demonstrate the provider is delivering equitable service.

### **Individual Patient Monitoring**

#### As part of the contract agreed with the Commissioner the provider of the SAS will be performance monitored and as per the sample service specification, the provider is required to complete a monitoring form (sample below) ahead of every SAS review meeting and submit this (pseudonymised) directly to the Commissioner.

#### The type of information that should be collected for each patient accepted on to the SAS is (as a minimum but not limited to):



### **Contract Monitoring – Key Performance Indicators**

#### As part of the contract agreed with the Commissioner, the provider of the SAS will be performance monitored and expected to meet the Key Performance Indicators (KPIs) outlined below:

#### Breach of any of the KPIs below will result in the consequences as outlined in the APMS contract with the SAS provider. These are subject to annual review.

| **Requirement** | **Monitoring Frequency** | **Measurement / Threshold** |
| --- | --- | --- |
| The provider will measure its own activity and submit a quarterly pseudonymised activity report to NHS England | Quarterly |  |
| All face-to-face appointments offered to patients on the SAS should take place within 1 week and based on a clinically appropriate basis. | Quarterly | 85-95% for the first quarter of the first year of the contract. 95% thereafter. |
| The provider will collect information on appointment waits, and report this in the quarterly activity report to NHS England. | Quarterly |  |
| All telephone consultations offered to patients on the SAS should take place within 1 week and based on a clinically appropriate basis. | Quarterly | 85-95% for the first quarter of the first year of the contract. 95% thereafter. |
| The provider will collect information on appointment waits, and report this in the quarterly activity report to NHS England. | Quarterly |  |
| The provider will ensure that all the necessary paper work for the reports needed at the quarterly SAS Patient Review Panel is completed. This should include: A GP Report and a call handling report, security report, and/information on what the provider has done to encourage & foster engagement over the last 6 months with the patient. | Quarterly – completed and sent to commissioner at least 8 working days prior to SAS Patient Review Panel meeting. | 85-95% for the first quarter of the first year of the contract. 95% thereafter. |
| The provider will share with NHS England how many SAS patients are being treated for substance misuse, and how many are receiving shared care support. | Quarterly | 85-95% for the first quarter of the first year of the contract. 95% thereafter. |
| The provider will share with NHS England how many SAS patients are being treated for substance misuse, and how many are receiving shared care support. | Quarterly |  |

**Sample Service Specification**

#### The sample full service specification appended below is an example of good practice. This could be used by Commissioners and adapted to suit any specific requirements within the commissioning geography. For example, some Commissioners may be more familiar with various elements of SA schemes and therefore require some but not all of the templates contained either within the below full specification or other templates throughout this guidance document.

**Note: If using or modifying this sample service specification, you should ensure that it fully meets with the requirements and any KPIs set out in this overarching SAS chapter. It is provided as a guide.**

