NHS
Bradford and Airedale

Health Promoting General Practice Practice: Thornton and Denholme Medical Centres

Volume 2 – Specification and Bidder Response Document

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Introduction

This Section sets out the structure and organisation of this ITT Volume 2. Each section of this ITT Volume 2 has one or a combination of the following parts:

- The service specification;
- A requirement of the Provider; and
- A required response from Bidders.

Background information

Some sections of this ITT Volume 2 have background or explanatory information. This information is to assist Bidders in compiling their Bids and in some areas to provide a summary of the relevant parts of the Contract.

Bidders are advised to consider this background information carefully when completing their responses to this ITT Volume 2.

Additionally the Commissioners will be looking to see how each bidder has drafted their bid responses so that the whole submission hangs together. Where applicable examples should be provided of how any given question has already been encountered or tackled in practice and what learning has been recorded and subsequently embedded in your organisation. The bidders overall service proposal needs to be reflected throughout and clearly described.

Requirements of the Provider

Some sections of this ITT Volume 2 have specific requirements of the Provider. Bidders must also consider these requirements carefully before completing their responses to this ITT Volume 2.

Responses from Bidders

Some sections of this ITT Volume 2 require a specific response from Bidders. These sections are highlighted in ***blue text***. There is also specific guidance for Bidders as to what should be included in their responses. Again, Bidders are encouraged to read this guidance carefully before completing their responses to this ITT Volume 2.

In order to complete the required responses to this ITT Volume 2, Bidders must:

1.1 Write a response in all sections of this ITT Volume 2 that end with a box that states: *"Bidders must enter their response in here"*. For example:

Section 8.1	**Clinical**
Q08	**Bidders must describe the key features of their overall service proposal.**

Bidder to enter their response here (maximum 3000 words)

Responses must include:

- how the Bidder will enhance their general service provision with a focus on health promotion.
- how the Bidder proposes to provide a service that will meet the key objectives for this procurement; and contribute to the Commissioner's wider strategic objectives

Word count:

Attachments: Not applicable

1.2 Unless otherwise stated, additional documents are not required. Bidders are advised to enter a complete answer below the question box provided without referring to separate documents. Where a word limit is stated in the Bidder response box, you must not exceed the stated word limit by more than 10% or the question may not be evaluated.

1.3. Where additional documents are requested, these should be uploaded into the appropriate section of the Bravo e-tendering portal with your returned submission and clearly named with the question number and bidder organisation name in the filename, e.g. [***Q17]. Acme Services Implementation Plan xxxx Bidder Name.doc"*** Where there is more than one file to your response, please place in a zipped file. It is ESSENTIAL that Bidders follow the same numbering structure within their attachments as is used within the Document; i.e. Q01, Q02 etc.

2. Address the specification and how this is reflected in all other sections of the ITT document.

3. Clearly demonstrate the approach.

4. Complete the Financial Model Templates

In evaluating Bidders' responses to this ITT Volume 2, the Commissioners will only consider information provided in response to the ITT. Bidders should not assume that the Commissioners have prior knowledge of them delivering services. Information provided by Bidders in the PQQ will not be considered in evaluation of Bids and the final Provider selection process.

Submission of this Questionnaire

This document should be clearly renamed with the Bidders name in the filename and uploaded onto the Bravo e-tendering portal.

Example filename: “[OM1] Acme Services Bidder Response.doc”

General guidance

Bidders are advised to read carefully and familiarise themselves with ITT Volume 1 (Guidance), ITT 2 Specification and ITT Volume 3 (the Contract) before completing this ITT Volume 2 Response Document and compiling their Bids.

Bidders’ attention is specifically drawn to the importance of understanding and completing Questions of this ITT Volume 2 exactly as requested in order to ensure that their Bid is a Compliant Bid

If you wish to take legal advice you should do so before completing the questions in this document and before signing to confirm your acceptance of the contractual terms and ITT guidance.

Where it states Not applicable next to the word “attachments” in the question box this means that attachments are not required and will not be evaluated as part of this ITT.

1. Structure and organisation of ITT Volume 2

1.1 Introduction

This section sets out the structure and organisation of this ITT Volume 2. Each section has one or a combination of the following parts:

- Background information
- A requirement of the provider
- A required response from bidders

1.2 Background information

Some sections of this document have background or explanatory information. This information is to assist bidders in compiling their bids and in some areas to provide a summary of the relevant parts of the contract.

Bidders are advised to consider this background information carefully when completing their responses.

NHS Airedale Bradford and Leeds acknowledges and references the recent white paper 'Liberating the NHS' and the Government's intention to abolish PCTs and develop GP commissioning with the inclusion of a revised GP Contract. Providers will be expected to work within and adhere to this changing landscape.

1.3 Requirements of the provider

Some sections of this document have specific requirements of the provider. Bidders must consider these requirements carefully before completing their responses.

1.4 Responses from bidders

Please respond to all questions in the document titled “ITT questions document”
Bidders are encouraged to read ITT Volume 1 (Guidance for bidders) carefully before completing their responses.

Please note that when answering one question, bidders should not assume that detail will be taken from other sources or answers. Each question must be answered in full.

In order to complete the required responses, bidders must note the following requirements:

Where a word limit is stated in the bidder response box the response of bidders should not exceed the stated word limit. Failure to adhere to a word limit may result in a score reduction. If bidders wish to respond by cross-referencing other documents they may do so provided that:

- The document or specific section of the document is directly relevant and applicable to the specific response required
- The cross-referencing to the document or section of the document is clear

Exceeding the word limit may result in a reduced score
Bidders are expected to include the word count at the base of each response
Bidders who prefer to submit a PDF version must also include a Word version.

Please ensure that any attachments are clearly numbered with the question to which they relate to and submitted directly after that question.

1. Complete the financial model template in appendix 6
2. Bidders should note that answers should be in full and as concise as possible

In evaluating bidders' responses, NHS Airedale Bradford and Leeds will only consider information provided in response to the ITT. Bidders should not assume that the NHS Airedale Bradford and Leeds have prior knowledge of them delivering health promoting general practice or general medical care services. Information provided by bidders in the PQQ will not be considered in evaluation of bids and the final provider selection process unless otherwise stated.

2. General guidance

Bidders are advised to carefully read and familiarise themselves with ITT Volume 1 and the contract terms contained in ITT Volume 3 before reading this ITT Volume 2 and compiling their bids.

Attention is specifically drawn to the importance of understanding and completing the ITT Volume 2 in order to ensure that their bid is a compliant bid.

This ITT is specifically for a health promoting general practice procurement.

Health Promoting General Practice Scheme: Thornton and Denholme Medical Centres

Answers should be submitted in the accompanying response document.

3. Service overview

The Operating Framework for the NHS in England 2011/12, building upon that of the previous year identifies the need to change the perception of the NHS from one of a treatment service to one in which effective prevention and support for lifestyle choices can result in healthier outcomes. It advocates an increase in service quality by a health promotion approach that gives patients informed choice about the services they use, supporting the notion that the prevalence/likelihood of chronic disease and premature deaths can be reduced by addressing lifestyle factors such as smoking, alcohol, diet and physical activity.

Primary medical care can make a central contribution to narrowing the inequality gap by focusing on a change in service delivery which will include ill health prevention, identification of those at risk of disease, disease screening and early intervention supported by health promotion and self help at an individual and community level. When commissioning primary medical care NHS Airedale Bradford and Leeds will look to ensure that the care provided reflects the need for a preventative, community based approach.

This procurement of a new style of general practice has a focus on outward-looking health promotion, in addition to providing safe, high quality and responsive care which will contribute to achievement of national and local priorities including a reduction in health inequalities, improved access and patient experience, keep patients well and improve their lifestyles and health.

The key objectives that underpin this procurement are:

1. to provide safe, high quality, effective and structured primary medical care which includes health promotion tailored to the unique needs of the local population that is responsive to service user and community needs

2. to focus service provision on ‘predict and prevent’ as well as ‘diagnose and treat’ - placing a strong emphasis on improving capacity to anticipate future health needs of communities whilst also taking into account current needs
3. to provide accessible primary medical care, health promotion and patient education that proactively maximises engagement, particularly with hard to reach and socially excluded individuals
4. to work in partnership with other agencies to address wider service user needs
5. to strive continuously to improve patient experience and outcomes for primary medical care service users, their carers and families

3.1. NHS Airedale Bradford and Leeds strategic plan

The 5 year Strategic Plan for NHS Bradford and Airedale (2010/2014) identifies action across a wide range of service areas and focuses on achieving substantial change across the five objectives below. NHS Airedale Bradford and Leeds continues this strategic approach.

- Address health inequalities with a focus on health improvement and prevention.
- Commission primary care to improve quality, access and environment.
- Develop integrated care models to meet people’s needs
- Transform learning disability and mental health services.
- Improve the quality of maternity care and services for children

3.2 NHS Airedale Bradford and Leeds – Background information

NHS Bradford and Airedale was established 1st October 2006 and commissions approximately £80m of primary medical care services on behalf of a circa 550,000 patient population. Since October 2011, Bradford and Airedale has been clustered with NHS Leeds in an organisation now known as NHS Airedale, Bradford and Leeds.

On 1st April 2013 NHS Airedale, Bradford and Leeds will be abolished and its responsibilities for commissioning primary medical care will transfer to the NHS Commissioning Board (NHSCB).

3.3 Key health and social care needs

The Joint Strategic Needs Assessment (JSNA) for Bradford and Airedale identifies the health and wellbeing needs of the local population and aims to support the development of services which reduce inequalities.

The JSNA includes an executive summary that identifies the most important existing and future needs. The partners have adopted a 'living document' approach to the JSNA and by using the links within the document you will find summaries of health and wellbeing needs in many areas. The website also acts as a gateway to the data and strategies supporting the JSNA and relevant information available from the Bradford Observatory.

Key issues within the JSNA include:

- The health of the population in the district is significantly worse than in England as a whole
- Infant mortality and deaths from heart disease, stroke and cancer, although reducing, remain consistently higher than national average
- Large health inequalities exist between different social, ethnic and geographic populations across the district
- There are relatively high levels of disability in the population, particularly among black and ethnic minority groups (23% of the working age population would meet Equality Act criteria)

3.4 NHS Airedale Bradford and Leeds prime objectives

The prime objectives for NHS Airedale Bradford and Leeds include disease prevention, improvement in health and well being, reduction in health inequalities and a demonstration of continuous improvement in the quality of primary care.

Marked health inequalities have existed in Bradford for more than a century and the determinants that lead to health inequality are wide ranging from broader inequalities in wealth, education, housing and environment, through to the more specific inequalities such as access to services, service uptake and outcome. Addressing

these inequalities requires wide-ranging programmes of action, sustained over many years.

NHS Airedale Bradford and Leeds developed a Strategic Priorities Transformation Plan 2011/12 which recommends focusing on health improvement and prevention in order to narrow the inequalities gap. Specific areas of focus include:

- Obesity, reduction and prevention
- Tobacco control
- Reducing alcohol and substance misuse
- Health Checks
- Sexual Health (incorporating 48 hour GUM access)
- Infant mortality

Infant mortality and unplanned or unwanted teenage pregnancies are particularly compelling issues in Bradford and Airedale due to high rates so have been given priority locally. Reducing health inequalities is a local and national priority which cuts across all priority areas.

NHS Airedale Bradford and Leeds believes that the single most important factor in reducing health inequalities is to improve and expand access to high quality general practice. Central to this is the need to reduce average lists from c. 2200 in the most deprived city area of Bradford to approximately 1400 in line with suburban and rural parts of Bradford District.

3.5 Local Authority wards within Bradford and Airedale

A map of the wards within Bradford and Airedale is set out below. Thornton Medical Centre is located in Thornton and Allerton. The Denholme branch practice is located in Bingley Rural.

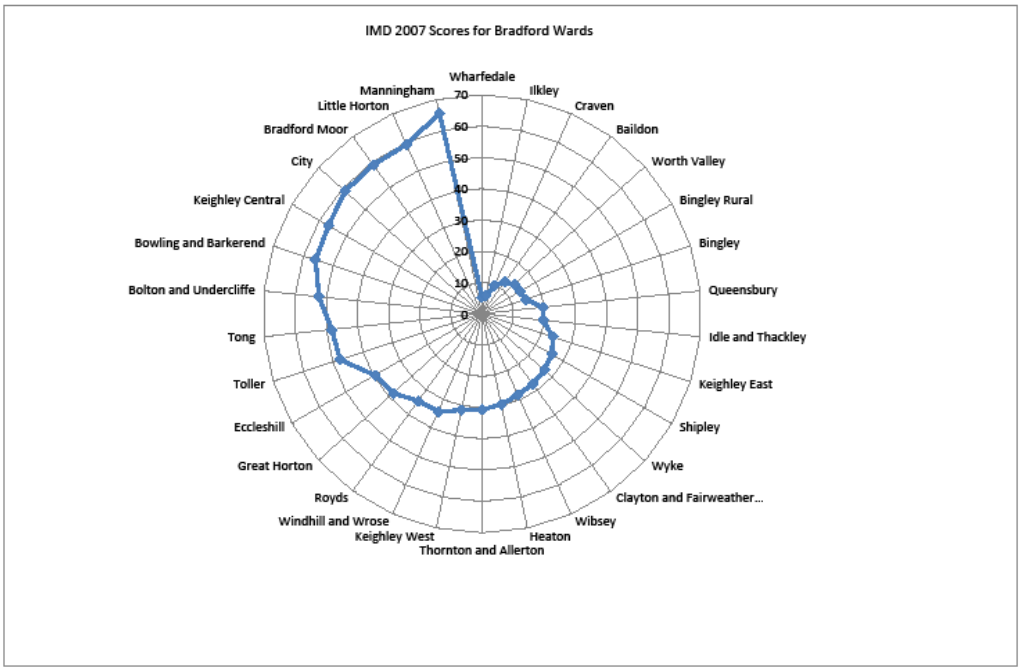
Thornton medical centre	Denholme site
Council ward: Thornton and Allerton	Council ward: Bingley Rural

Further background information regarding NHS Airedale Bradford and Leeds can be found on our website.

Additional data can be found at www.statistics.gov.uk and www.communityhealthprofiles.info.

3.6 Deprivation

The map below demonstrates the levels of deprivation within the wards of Bradford and Airedale. The Thornton and Denholme medical centres are located in Thornton and Allerton and Bingley Rural**.**



4.0 Scheme specification

The provider must provide services for patients registered at Thornton Medical Centre and its branch surgery Denholme Medical Centre. Unless local or national policy changes the practice will have defined inner and outer boundaries and the provider will be expected to register and provide services to any patients who request registration who reside within the inner boundary area, including those who live in residential homes, care homes and long-stay mental health institutions, whether NHS or privately provided. The bidder must submit their tender based on an assumption that boundaries will exist.

4.1 Thornton and Denholme Medical Centres

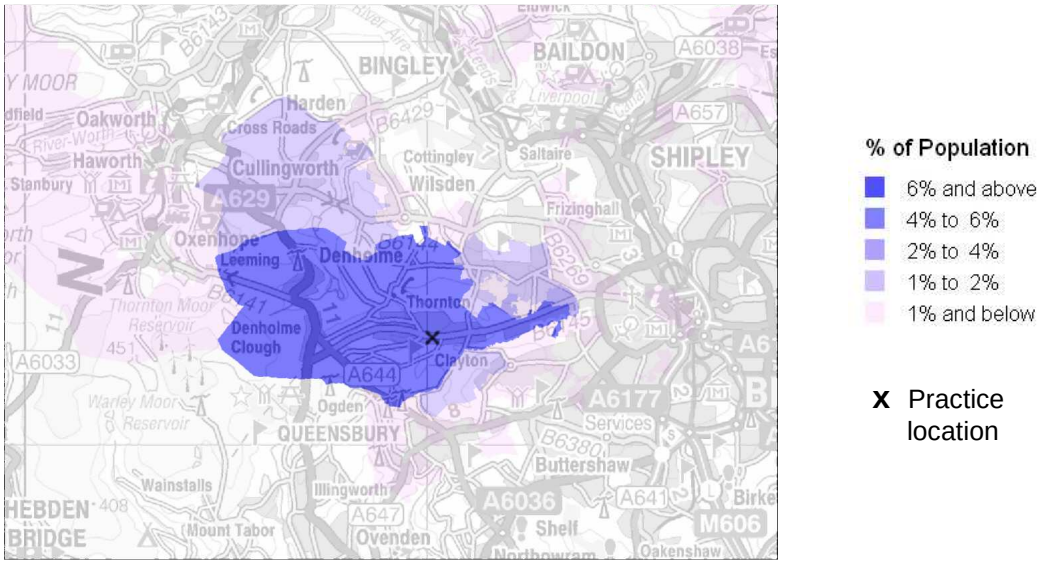
Thornton Medical Centre is located in the village of Thornton. It has a branch surgery in Denholme. Both Thornton and Denholme are west of Bradford. The capitation was 8341 at January 2012 from 8364 at April 2010 and 8277 at April 2009. The proportion of patients of South Asian origin is lower than the district average. This practice lies within the least deprived 20% of the population of Bradford district. However, the practice population is generally older than the district average.

Patients face issues related to the rural nature of the practice locations, particularly the branch surgery in Denholme, with access to services and limitations of public transport being key issues. There has been new house building in both villages in recent years and this is expected to continue. It is likely that the new housing will over time result in an increase in the proportion of young families in the patient population.

Current capitation: 8319 as at April 2012	
Main site	Branch practice
Thornton Medical Centre 4 Craven Avenue Thornton Bradford BD13 3LG	The Medical Centre Anne Street Denholme BD13 4AN
No of consultation/treatment rooms available: 6 GP Consulting rooms, 2 small examination rooms and 3 Practice Nurse rooms	No of consultation/treatment rooms available: 1 GP Consulting room, 1 small examination room and 1 Practice Nurse room

As a guide the catchment area for registered patients is made up of and includes households within the following postcode areas: BD13 and BD14 unless patients have been registered with the practice historically. The specific practice boundaries are those defined within the accompanying APMS contract.

The practice profile and social marketing reports can be viewed in appendix 3. This should only be used as a guide as this is based on a population previously registered at Thornton Medical Centre.



The services to be provided from the new Health Promoting Practice will be available to residents located within the practice boundaries (as defined in the accompanying APMS contract) and the new provider will actively promote its services in an attempt to encourage new registration.

Practice and social marketing profiles are indicative only and are intended to be used as a tool to assist bidders in understanding the health and social care needs of the local population and to give an overview of current standard of provision. The financial footprint information does not indicate likely value of the new contract; it demonstrates utilisation of resource across all NHS services.

Social marketing data is a unique combination of lifestyle surveys, census data and purchasing behaviour data. The data also models health related issues. The health data is based on health and diet surveys as well as pharmaceutical research carried out by TNS Global.

This data will help in the analysis of the following areas:-

- Identifying Inequalities
- Targeting Intervention and Prevention Strategies
- Service design and redesign to ensure services are equitable, and provide local care to patients

- Providing access to innovative marketing techniques to enable the identification of patient needs and match these to services we provide.

1.1.1 5. Definition of service

The following table sets out services to be provided.

For further details regarding these services please refer to the contract, service specifications and Clinical Quality and Governance Frameworks

Services	**Services to be provided to registered patients funded through APMS contract** List size payment for registered patients	**Services to be provided to registered patients which present an additional earning opportunity** based on achievement (e.g. QOF) or activity actually undertaken (e.g. enhanced services)	**Services which may be commissioned outwith the APMS contract which present an additional earning opportunity - subject to successful application and accreditation and demonstrable achievement of core service delivery**	**Services which are considered mandatory within the contract.**
Essential Services				
Ill with conditions from which recovery is generally expected	√			√
Terminally ill	√			√
Suffering Long Term Conditions	√			√

Sexual health services (NHS B&A level 1)	√			√
Diabetes services (NHS B&A level 1)	√			√
Additional Services				
Vac & Imms, excluding childhood influenza & pneumococcal	√			√
Contraceptive services	√			√
Maternity medical services	√			√
CHS (Child Health Surveillance)	√			√
Cervical Screening	√			√
Minor Surgery and Minor Injuries (NHS B&A level 1)	√			√
Childhood Imms & Pre school booster	√			√
Additional Mandatory				

Services				
In house phlebotomy	√			√
Near patient testing	√			√
Post operative wound care including suture removal, dressing checks and changes.	√			√
Smoking Cessation service (NHS B&A level 1)	√			√
Hormone implants including Zoladex	√			√
Checking Breast and Prostate Screening lists	√			√
Ring Pessary Changing	√			√
Provision of services to patients residing within Nursing and Residential	√			√

Homes and long-stay institutions including Mental Health institutions within Practice boundaries				
Proactive identification of long term conditions, utilising outreach services in the community	√			√
Extended Hours: The practice must offer at least 30 minutes of appointment times per week outside core hours (8 am to 6.30 pm Monday to Friday) for every 1000 patients on their list.	√			√
Choice and C&B	√	No additional earning opportunities		√
ECG	√			√

24 Hr ABPM	√			√
Spirometry	√			√
Alcohol Related Risk Reduction	√			√
Learning Disabilities Health Check	√			√
Enhanced Services*				
Vascular Health Screening		√		√
Flu and pneumoccocal		√		√
HPV Catch up		√		√
Minor Surgery (Tier, 2 and 3)			√	
Sexual health services (level 2)			√	
Patient participation DES 2011/13		√		√
Diabetes services (level 2)			√	
All DES schemes and participation in the National QOF will be required as mandatory.				

Clinical Commissioning Groups

Bids to provide additional services funded through Clinical Commissioning Groups will be considered and may be commissioned (subject to successful application and accreditation). Examples include:

Level 3 Sexual Health Services; Anti-coagulation monitoring; diabetes level 3 services. See paragraph 5.5 for more details.

*The provision of enhanced services in Bradford and Airedale is currently being reviewed. Should any of the services listed here be terminated, they will cease to be available as earning opportunities to the provider.

All services will be available during core hours and extended opening hours (core hours are defined as 08:00 to 18:30 Monday to Friday)

5.1 Essential services (see the Contract, Schedule 2, Part 3, paragraph 1):

The provider shall provide Essential Services as described that are appropriate to meet the reasonable needs of Registered Patients. There will be a clear, written protocol which ensures that patients can receive home visits where clinically necessary, particularly for older patients, or those who are more vulnerable or less mobile. There will be a KPI related to the provision of home visits.

5.2 Additional services (see the Contract, Schedule 2, Part 3, paragraph 3)

The provider shall provide Additional Services as described in Contract Schedule 2, Part 3, Paragraph 3 as are appropriate to meet the reasonable needs of Registered Patients.

5.3 Additional mandatory services

The Provider shall provide Additional Mandatory Services as described in Contract Schedule 2, Part 3, Paragraph 2 as are appropriate to meet the reasonable needs of Registered Patients.

5.4 Enhanced services (see the Contract, Schedule 2, Part 3, paragraph 4)

The Provider shall provide Enhanced Services as are appropriate to meet the reasonable needs of Registered Patients by appointment. All DES schemes will be required as mandatory. Providers must meet the mandatory Clinical Governance Standards.

Bidders must be aware that NHS Airedale Bradford and Leeds reserves the right to decline to commission enhanced primary care services where there is evidence that provision may compromise the practices ability to meet their contractual requirements and deliver baseline/essential services to a satisfactory standard. This will be assessed by a practice demonstrating that they can adhere to the Clinical Governance Standards as set out in the Quality Assurance Framework document Standards for Better Health.

5.5 Further services

Further services (such as GPSI services or SLAs) **may** be commissioned by the CCG outwith the APMS contract and are NOT part of this procurement. Any such further services will be subject to successful application and accreditation and will present an additional earning opportunity.

As part of the consultation exercise patients were asked what further services they particularly wanted to be provided at the Thornton and Denholme sites. A full list of their responses is available in Appendix 7, but commonly mentioned services were:

- Chiropody
- Physiotherapy
- Osteopathy,
- Chiropractic services
- Counselling, including bereavement counselling
- Exercise classes
- Services for patients with epilepsy
- Dietetics
- Mental health services, including services for depression and anxiety

For clarity, the above services, and others mentioned in Appendix 7, are not being commissioned as part of this procurement.

It is expected that the GP provider will constructively engage with the providers of the above services to ensure effective delivery. This includes engagement with the Bridge SMS service.

5.6 Designated GP to become practice contract management lead

The contractor shall identify a 'contract management' lead GP who will have dedicated time to manage the contract from the practice perspective.

5.7 Clinical Commissioning Groups

The provider is required to participate actively in Clinical Commissioning Groups (CCGs) in line with emerging approaches and strategies, consistent with the commissioning environment within NHS Airedale Bradford and Leeds and, demonstrate their competence and capacity to deliver services through commissioning plans and business cases within their budget allocation. The practice is a member of an emerging geographical CCG. The provider will also be expected to work in partnership with their CCG membership and other CCGs in the district to ensure referrals are made are in accordance with good clinical practice and offer value for money.

The provider will be required to:

- comply with agreed referral pathways and protocols
- contribute towards implementing the alliance commissioning plan
- participate in any associated incentive schemes
- recognise the benefits of integrated working with social care and the third party sector provide
- work towards developing integration of services such as community services, services commissioned through Clinical Commissioning Groups, social services and third sector services.

The provider will not be subject to any specific restrictions beyond those applicable to all existing and future local GP commissioners.

1.2 6. Contract duration

The HPGP Contract, unless terminated early, will last for 5 years. At this point there will be an option to extend for a further 5 years however, this must be with mutual agreement of the Provider and NHS Airedale Bradford and Leeds or their successor organisation.

7. Commencement of the services

NHS Airedale Bradford and Leeds intends to contract on the basis of a contract compliant with the Alternative Provider Medical Services Directions

It is intended that the service will commence on the 1st April 2013.

Section 8-17 Sections requiring response

The following colour coded sections require responses in the accompanying questions response document. The colours denote which part of the NHS Airedale Bradford and Leeds ITT assessment team will be evaluating the response though some assessors may assess more than one area according to their expertise.

8.1	Clinical
8.2	Public Health
8.3	Clinical Risk
8.4	Prescribing
9	Contracting
10	Equality, Diversity and Patient Experience
11	Estates
12	Finance
13	Health and Safety
14	IM&T
15	Safeguarding
16	Workforce

8.1	Clinical

8.1.1 Clinical objectives and principles

The clinical objective of the NHS Airedale Bradford and Leeds scheme is for the provider to deliver high quality clinical services. High quality clinical services are defined as:

"Patient-centred and value for money primary medical care services, delivered in a safe and effective manner through a learning environment which includes the potential to train doctors and other healthcare professionals."

There are four clinical principles that underpin this clinical objective. These principles form the basis of the clinical quality requirements. The principles are that:

- services must be patient-centred
- services must be delivered safely and through a learning environment
- services must be effective
- services must have strong element of predict and prevent in health promotion

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

1.2.1.1 8.1.2 Continuity of care and clinical staff skill mix

The provider will be required to deliver the services using the most appropriate clinical staff to address the needs of patients, which will include direct, bookable access for patients to GPs, practice nurses, nurse practitioners (where used) and health care assistants. The provider must provide appropriate care for patients who are frequent users of other local clinical services with a view to reducing any inappropriate access and addressing the needs of those who require continuity of care. These patients may include those who:

- have long-term conditions
- have recently been discharged from hospital

- frequently use out-of-hours services e.g. patients requiring palliative care
- frequently use A&E and OOH services inappropriately or where care could have been delivered by the practice in hours
- frequently use 999 services

The provider will be expected to have appropriate systems and processes in place to ensure that patients receive continuity of care as provided by salaried GPs and nurses, or partners, not locums (except where covering staff absence) and that this is integral to their service proposal. Care will be provided by both male and female GPs and patients will be able to choose who they prefer to see. There will be a KPI relating to the minimisation of the use of locums.

The practice will be expected to achieve RCGP Quality Practice Award status within 3 years of the provider's contract commencement date.

Patients have identified as a priority the importance of all staff, including doctors, treating them with dignity and respect, listening to them and responding to their concerns. The provider will be expected to survey patients at least annually on whether this requirement is being met, and to act upon survey results appropriately.

The RCGP ratio of 1800 patients per 1 full time GP must be upheld as a minimum staffing level. There is the possibility of agreeing other models of service provision and this will be assessed as part of the ITT questions section. .

8.1.3 Medical leadership

Effective medical leadership is key to promoting patient safety and to improving quality of care. The provider must have medical leadership at three levels:

- Organisational level: there must be an Organisational Medical Director of Board level or equivalent whose main responsibilities are to put quality of care at the heart of the Provider's aims, and to provide a framework for Clinical Governance (CG) and support for those delivering the Services. This person carries corporate/organisational responsibility for the organisation's activities

- Local level: there must be a Local Medical Director whose responsibility is to provide the medical leadership required for delivery of the services at a local and General Practice level, ensuring that key systems are in place for quality primary medical care within the practice
- Service delivery level: there must be a Director of Clinical Services whose responsibility is to provide medical leadership for the delivery of a particular type of clinical service such as general practice or sexual health, whether it is provided at one or more sites. This person will have intimate knowledge of the particular clinical service and will be able to identify the key processes that should be in place to deliver the services

It is possible for the same individual to undertake all three roles.

1.2.2 8.1.4 Clinical safety and medical emergencies

The provider will be expected to deal with medical emergencies safely and effectively with access to appropriately trained staff, supported by suitable equipment and in-date emergency drugs.

The provider must:

- ensure the availability of appropriate staff who are able and available to recognise, diagnose, treat and manage patients with urgent or life-threatening conditions at all times
- ensure that all staff must be competent to undertake service delivery and must have their skills updated regularly as appropriate for the duration of the Contract
- possess the equipment and in-date emergency drugs, including oxygen, to treat life-threatening conditions such as anaphylaxis, meningococcal disease, suspected myocardial infarction, status asthmaticus and status epilepticus
- pass all life threatening conditions to the ambulance service as soon as possible
- adhere to any national or local guidelines relating to clinical safety and medical emergencies in primary care.
- have systems in place to make emergency home visits where clinically necessary.

Question 2. a ~

8.1.5 Training and personal development

NHS Airedale Bradford and Leeds is committed to supporting and expanding training for GPs and other healthcare professionals, particularly in deprived areas. Although development as a training practice is not mandatory, the consideration of how teaching and training can be incorporated will be seen to add value to a bid.

Mutual learning and sharing of best practice is considered vital for the provision of high quality general practice, and therefore the provider will ensure that practice learning sessions, incorporating all clinical and non-clinical staff, take place at least monthly.

8.1.6 Health inequalities

The Marmot Review 2010 'Fair Society, Healthy Lives' states that reducing health inequalities will require action on six policy objectives:
Give every child the best start in life

- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

The provider will be required to deliver a service that is focused heavily on the latter of these:

- early identification and intervention for those 'at risk'
- case finding
- disease prevention
- disease screening
- health promotion
- self help
- behavioural and life style changes

The Health Inequalities National Support Team have recently advised NHS Airedale Bradford and Leeds that in order to make an impact on reducing the number of avoidable deaths efforts need to be focused on three disease areas:

- CVD
- atrial fibrillation
- COPD

In addition significant contributors to the health inequalities life expectancy gap that can be addressed within a 5 year period through a suite of delivery plans include:

- early identification of CVD/Cancer
- better management of circulatory disease and diabetes
- prevention of seasonal excess deaths
- better management of respiratory disease
- reduction of alcohol related disease.

Patients have identified the need for a more systematic approach to the management of Long Term Conditions, with particular mention of diabetes. While the provision of a diabetes level 2 “Satellite” clinic is not mandatory, the consideration of how this can be provided will be seen to add value to a bid.

Question 2. b ~

1.2.3 8.1.7 Referrals and admissions

It is important that the provider delivers the service requirements in an effective manner ensuring that referrals to other local services are appropriate and that there is a suitable use of local emergency and urgent care services.

The key drivers for NHS Airedale Bradford and Leeds are the reduction of inappropriate attendances at local emergency and urgent care services and the reduction of unnecessary admission of patients. This particularly refers to patients with long-term conditions at local NHS Trusts. The provider must have systems and processes in place to manage and reduce the demand for these services and will be expected to work in partnership within their Clinical Commissioning Group and with

NHS Airedale Bradford and Leeds in order to optimise the use of local healthcare resources.

The provider will be expected to work in partnership with their CCG membership and other CCGs in the district and ensure referrals made are in accordance with good clinical practice and offer value for money.

The provider shall provide patients with the offer of choice and maximise its use of Choose and Book, ensuring that processes are in place to make patients aware of when they are being referred into services provided by organisations outwith the NHS family.

The provider will put in place effective and thorough processes for close liaison with other service providers, such as (but not exclusively) health visitors, district nurses, pharmacies, mental health services and learning disabilities services. Patients should be able to see the benefit of such liaison in the quality and integration of the care they receive, and in the reduction of duplication.

Question 2. c ~

8.1.8 Participation in National Quality and Outcomes Framework (QoF)

The Contractor will participate in the National Quality and Outcomes Framework and will be required to achieve at least 95% of points annually.

8.2	Public Health and health promotion

8.2.1 Health promotion

The contractor will provide health promotion and disease prevention services in an innovative way which reaches out to the local community.

This includes but is not limited to the following examples:

- early identification of ‘at risk’ patients
- early intervention of those ‘at risk’
- healthy living advice, healthy eating advice and health education
- promote and increase self care
- ensure patients are aware of appropriate use of NHS services
- focus on Long Term Conditions, especially vascular diseases
- reduction in cancer mortality rates
- Smoking cessation, drug and alcohol counselling
- culturally appropriate services, including the need to consider the provision of gender specific clinics
- Services for children and young people
- services for hard to reach groups
- outreach services and services provided in locations other than the surgery e.g. community centres
- provision of interpretation and translation facilities
- joint working with social care e.g. social worker based in the practice
- hosting benefits advice worker or Citizens Advice Bureau in practice
- hosting carers resource support in practice
- health ‘MOTs’ for older patients

The provider will work with community stakeholders such as community groups, local schools, colleges and playgroups to increase health education and awareness of healthy lifestyles. Bidders will be invited to describe how they would create and exploit this opportunity for joint working, how it would benefit the population and contribute to health improvement.

8.2.2 Health promotion and disease prevention

The provider will be expected to identify and proactively screen and manage patients at-risk of developing long-term conditions, cancers and sexually transmitted infections as well as those more likely to have unwanted pregnancies. This includes those patients less likely to seek or access care from a GP practice without support. The provider will also be expected to promote maternal and child health to ensure pregnant women and their families have access to key services including antenatal care, the healthy child programme and vaccination programmes, and appropriate lifestyle advice.

A recent independent report 'Enabling Effective Delivery of Health and Wellbeing' (Bernstein, Cosford and Williams) identifies four behavioural risk factors as the biggest behavioural contributors to preventable disease. (tobacco use, physical inactivity, excess alcohol consumption and poor diet) Providers must describe their approach to behavioural change which will impact upon these specific areas.

The burden of long-term conditions[1], cancers, sexually transmitted infections and unwanted pregnancies is ever increasing and the provider will need to ensure that it has effective strategies in place for identification and treatment of those 'at risk' including early diagnosis, health promotion, disease prevention and disease screening. These include, but are not limited to:

- Smoking
- Alcohol
- Obesity
- Lack of exercise
- Dietary habits
- Sexual behaviour
- Breast feeding

[1] Long-term conditions are those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies.

Making every contact count: The provider will also be required to make every contact with patients and carers count and ensure all their workforce are competent to address the health and wellbeing needs of the local population, maximising opportunities to encourage and support people to make healthy behaviour changes in areas such as:

- Long term conditions
- Smoking
- Falls prevention
- Alcohol abuse
- Obesity management
- Medicines management
- Physical health promotion in mental health
- Basic hygiene awareness to prevent unnecessary gastroenteritis admissions
- Maternal and child health

This will require workforce development and training including an introduction to the cycle of behaviour change, brief interventions and an awareness of services to which people can be signposted to for healthy lifestyle advice. Advice and interventions is to be recorded as part of clinical records. It is important that the provider demonstrates a pro-active approach without patronising or bombarding people.

1.2.3.1 8.2.3 Children and young people

The provider must deliver appropriate and responsive care to all children and young people. This must be in accordance with the standards set out in the National Service Framework for Children, Young People and Maternity Services.

The provider will work proactively with local children centres and other local services targeted towards children and young people, including for example primary and

secondary schools and local toddler and youth groups, Cubs, Brownies, Scouts and Guides.

The provider must ensure that all staff are trained in local child protection policies and any other relevant processes relating to concerns about the welfare of a child.

The provider is expected to be 'young people friendly' considering and accommodating the needs of young people as per the criteria in the Department of Health document: 'You're welcome.'
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073586

8.3	Clinical Risk

1.2.4 8.3.1 Integrated governance

Governance is a mechanism to provide accountability for the way an organisation manages itself. Clinical governance is a system through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish. Clinical governance should be integrated into the organisation's whole governance arrangements including corporate governance, risk management, information governance and health and safety.

Integrated governance (IG) is a collection of systems, processes and behaviours by which healthcare organisations lead, direct and control their functions in order to achieve organisational objectives, safety and quality of service and in which they relate to patients and carers, the wider community and partner organisations. The provider is required to have, or adopt, a system of integrated governance, that incorporates key elements of clinical, corporate and information governance and organisational learning, to ensure that there is the safe delivery of the services to patients.

8.3.2 Incident reporting

Most problems affecting patient safety occur as a result of weaknesses in systems and processes, rather than the acts of individuals. The provider must ensure that incidents are reported, investigated and analysed appropriately so that lessons are learned and action follows.

The provider must have a system for collecting data on adverse incidents. In primary medical care, adverse incidents should include, but are not limited to, incidents relating to[2]:

- death occurring in practice premises
- delayed diagnosis of significant disease e.g. cancer
- death where terminal care took place at home
- patient suicide

[2] Cox SJ and Holden JD. A retrospective review of significant events reported in one district in 2004-2005. *British Journal of General Practice* 2007; **57(542)**: 732-36.

- section under Mental Health Act
- prescribing-related events
- nursing-related events
- multi-disciplinary team related events
- breaches of patient pathway e.g. lost referral, delayed referral
- health and safety issues e.g. RIDDOR
- patient safety issues e.g. equipment failure, MRHA
- other medical
- other administrative e.g. breach of confidentiality, mismanagement of patient records
- other incidents

The provider must have a system in place to analyse the type, frequency and severity of adverse incidents in a systematic and detailed manner to ascertain any lessons learnt about the quality of care and to indicate changes that might lead to future improvements[3].

The provider must have a culture that encourages and supports staff to report adverse incidents. There are three types of adverse incidents that should be reported:

- Incidents that have occurred
- Incidents that have been prevented (near miss)
- Hazards/risks that have been identified

The provider should be committed to learning from adverse incidents to improve the quality of care for patients.

The provider must give notification to the NHS Airedale Bradford and Leeds clinical risk team of all emergency admissions or deaths of any patient covered under the services where such admission or death is or may be due to the care given by the provider. This must be reported via an agreed protocol within 24 hours or as soon as possible after the information became known to the practitioner.

[3] Pringle M, Bradley CP, Carmichael CM, *et al*. *Significant event auditing*. Occasional paper 70. London: Royal College of General Practitioners, 1995.

8.3.3 Quality Standards

The provider will comply with all registration and accreditation regimes as may be in force, including (but not exclusively) CQC and revalidation.

8.3.4 Safeguarding of children and adults

The provider shall:

- comply with the Care Quality Commission (CQC) essential standards on safeguarding (both children and adults)
- comply with national guidelines and statutory requirements
- comply with all relevant guidance including NHS Airedale Bradford and Leeds Policies and Procedures for Safeguarding
- cooperate with local safeguarding boards (children and adults)
- adhere to local safeguarding board procedures (children and adults)

In order to comply with these requirements the provider must have:

- senior management commitment to the importance of safeguarding and promoting the welfare of children and adults at risk of abuse
- a clear statement of the services responsibilities towards children and adults at risk of abuse available for all staff
- a clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children and adults at risk of abuse
- service development that takes into account the need to safeguard and promote welfare and is informed by the views of service users, families and carers
- effective interagency working to safeguard and promote the welfare of children and adults at risk of abuse
- arrangements for appropriate and proportional information sharing in response to safeguarding concerns.

8.4	Prescribing

The provider will be required to ensure that there is safe, and effective, prescribing and medicines management when delivering the services to patients. It must ensure that all clinical staff who prescribe medicines prescribe in accordance with relevant national and local guidance including but not limited to the following:

- NICE guidance and DH directives relating to prescribing
- Good Prescribing Practice as defined by British National Formulary (BNF)
- NHS Airedale Bradford and Leeds prescribing formulary
- Shared care protocols agreed between NHS Airedale Bradford and Leeds and other secondary care NHS providers
- Patient Group Directions, such as emergency contraception, antibiotics
- Guidance from the Royal Pharmaceutical Society of Great Britain on the safe and secure handling of medicines[4].

The provider must:

- not exceed its prescribing budget as set by NHS Airedale Bradford and Leeds annually
- have a high prescribing rate for generic, non-branded drugs
- have a system that ensures regular review of patients on four or more repeat medicines
- participate in any NHS Airedale Bradford and Leeds or CCG scheme to improve prescribing

Non-medical prescribers

The service providers will be required to comply with NHS Airedale Bradford and Leeds policies regarding non-medical prescribers working in general practice. These policies are intended to ensure that the individual and the provider are complying with legislation and professional requirements as

[4] http://www.rpsgb.org.uk/pdfs/safsechandmeds.pdf

regards competency, qualifications, skills and appropriate oversight and supervision.

Repeat prescribing

Repeat prescriptions must be issued with no greater than a one working day turnaround. This means that if a routine prescription request if handed in before 12 noon then the repeat prescription will be ready after 12 the next working day. The provider must work with local pharmacies to ensure a pick up and delivery service. The provider will develop flexible systems for patients to request repeat prescriptions, including a dedicated phone line and an online facility.

9	Contract management

9.1 Capacity management

The provider is required to have sufficient and appropriate capacity to deliver the Services in accordance with the requirements of the ITT.

9.2 Operational management

- Providers must develop a suitable and appropriate Operational Management Plan (**OMP**).

Please note that contract mobilisation will not begin until after the contract is signed, and NHS Airedale Bradford and Leeds expect a reasonable period to complete mobilisation.

The OMP must include the following work streams.

- Clinical;
- Workforce;
- Training and Induction
- IM&T;
- Financial Management
- Premises;
- Facilities Management;
- Equipment; and
- Other (as required by Bidders).

Describe the key tasks and milestones and their completion dates within each work stream for each sub-plan in the format detailed in the Contract Schedule 14.

9.3 Performance management

NHS Airedale Bradford and Leeds is looking for a provider who can deliver services to the highest standards and demonstrate by example best practice within primary medical care services.

The performance management regime adopted by NHS Airedale Bradford and Leeds includes:

- The use of KPIs to focus the provider's attention and measure the provider's performance against the areas of key importance to NHS Airedale Bradford and Leeds
- Quarterly performance reporting by the provider to NHS Airedale Bradford and Leeds
- Quarterly reviews of the provider's performance with NHS Airedale Bradford and Leeds

The provider must monitor, report, assess and manage their performance in accordance with the requirements of the Contract Schedule 7, to achieve the desired level of performance against the KPIs detailed in the Contract Schedule 7 and to meet the satisfaction of NHS Airedale Bradford and Leeds.

Question 2. d ~

10	Equality, Diversity and Patient Experience

10.1 Patient services

The Department of Health has defined patient-centred services as:

"Fast and convenient care delivered to a consistently high standard, in full consultation with patients and carers. Services that are tailored to individual needs and provided in a clean and healthy environment by a workforce which feels valued and has high morale." [5]

This definition clearly highlights four key areas that the provider must focus on to ensure the delivery of a patient-centred service. The areas are:

- Accessible and convenient services
- Appropriate and responsive care
- Clean and pleasant environment
- Effective delivery of the services

Bidders are advised to carefully consider these key areas of a patient-centred service when developing their service proposal.

1.2.5

1.2.6 10.2 Accessible and convenient services

1.2.6.1

1.2.6.2 **10.2.1 Service access**

The provider must meet the minimum service access requirements of the NHS Airedale Bradford and Leeds scheme, which are described in this section.

The provider must have a system in place that enables patients to access high quality care during core and extended hours. The NHS Airedale Bradford and Leeds position on hours is detailed in Appendix 1. This must include:

[5] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/AnnualReports/Browsable/DH_4905782

- timely access to an appropriate health care professional
- the ability to book same day appointments
- care and advice in core and extended hours, with extended hours clinics provided at both Thornton and Denholme. Consideration should be given to the provision of nurse clinics in extended hours.
- health promotion and self care information and advice
- the ability to access a GP or nurse of the patient's choice in a timely manner
- the ability to book an appointment with any GP or health care professional up to 4 weeks in advance as a minimum
- the ability to book an appointment with a named professional of the patients choice
- the ability to book an appointment with a nurse without first having to see a GP
- pre-bookable telephone consultations
- effective systems for booking appointments, including
    - the ability to book appointments online
    - sufficient telephone capacity to ensure that patients do not have to come down to the surgery in person because the phone is constantly engaged
- patients should be able to book appointments at either Thornton or Denholme to their convenience, regardless of where they normally attend or where they live
- analysis of patient satisfaction as reported through local practice surveys which in turn informs action planning and system adjustment resulting in continuous improvement in terms of access and increasing levels of patient satisfaction. This must include a sample size of at least 5% of the practice patients.
- compliance with the core opening hours set down by NHS Airedale Bradford and Leeds, see appendix 1.

The provider must tailor appointment lengths to the clinical needs of patients. In relation to bookable appointments these must be at least 10 minutes in length for GP consultations and there must be flexible arrangements allowing for same day appointments and telephone consultations.

The provider must ensure that the consultation for patients who have booked to see a GP at the practice commences within 30 minutes of the scheduled appointment time, unless there are exceptional circumstances.

The provider must commence treatment of patients potentially suffering from immediate and life-threatening conditions within 5 minutes of them presenting to the practice.

The provider must offer a comprehensive range of consultation methods that include as a minimum, face-to-face and telephone consultations by an appropriate clinician, as well as domiciliary visits when clinically appropriate. The range of consultation methods offered should enable patients, especially those from seldom heard groups, to access the services when convenient to them.

Consideration should also be given to engagement, outreach and development work to raise awareness of certain health promotion, disease prevention and disease screening services and to support lifestyle and behavioural changes. The provider will be expected to actively participate in any initiatives supported by the PCT and/or Clinical Commissioning Groups such as providing services in accessible locations, for example schools and community centres.

10.2.2 Appointments in Denholme

1.2.6.3 Patients have strongly emphasised the importance of an equitable service in Denholme. To ensure this, the number of appointments offered at Denholme must be at least proportionate to the number of patients who live in Denholme as a percentage of the practice list. The provider must ensure that sufficient practice nurse appointments are offered at Denholme to meet patient need, and that, as far as possible bearing in mind the constraints of the premises, special clinics such as phlebotomy and long term conditions (particularly diabetes) are held in Denholme as well as Thornton.

Where the practice is required to manage staff sickness absence at short notice, the service offered at Denholme should be protected so that at least one GP continues to work there, rather than simply cancelling clinics at Denholme in order to maintain capacity at Thornton.

Patients who are residents of Denholme have identified as a priority the provision of extended hours clinics on Saturday mornings, and while this is not

mandatory, consideration of how this can be achieved will be seen to add value to a bid.

The provider will be required to consider a business case for increasing the number of clinical rooms at Denholme in order to make possible a further expansion of services there. Outcomes are to be submitted to the commissioners.

The provider will be required to consider the implementation of a Volunteer Car Scheme to help those patients who don't have their own transport to access services. Outcomes are to be submitted to the commissioners.

There will be a KPI and patient survey to ensure the maintenance of appropriate levels of provision in Thornton and at Denholme.

10.2.3 Equity of access

The provider must ensure that there is no discrimination between patients on the grounds of age, sex, sexual orientation, ethnicity, religion, disability, gender reassignment, pregnancy, marital status, medical or mental health condition or any other factor. There will be equity of access to all services provided to all patients, including those from local seldom heard groups which may include:

- those who do not understand written or spoken English;
- those who cannot hear or see, or have other disabilities;
- working single parents;
- asylum seekers or refugees;
- those who have no permanent address;
- black or minority ethnic communities;
- lesbian, gay or bi-sexual people;
- transgendered people;
- adolescents;
- those who are elderly and/or housebound;

- those who have mental illnesses;
- those who misuse alcohol or illicit drugs; and
- those who belong to a lower socio-economic class, have learning disabilities or who are unemployed.

Patients in England are asked about their recent experience of making appointments at their GP surgery in the GP Patient Experience Survey (PES). Patient groups more likely to report negative experiences of access to their GP include younger people, patients from a variety of ethnic minority groups, or those who are registered with a large GP surgery. An analysis of responses to the GP PES from patients in Bradford and Airedale shows that South Asian patients expressed higher levels of dissatisfaction with GP services and young people and older people finding it harder to access GP services.

To improve access, experience and outcomes for Black and Minority Ethnic patients it is necessary to identify where inequalities exist. Hence, the provider will be required to record the ethnic origin of all patients.

The provider must implement Royal National Institute of Blind People (RNIB), Royal National Institute for Deaf People (RNID) guidance, RCGP Learning Disabilities guidance (in each case, as amended from time to time) and other relevant guidance to ensure patients who have disabilities and/or communication difficulties are able to access services. The provider will ensure that staff are appropriately trained to work with and understand the needs of patients with a disability, including those who have communication difficulties. The provider will ensure that an Induction Loop is available at the practice.

The Equality Act requires 'reasonable adjustments' to be made by service providers in order to alleviate or remove the effects of a 'substantial disadvantage' and to accommodate needs of disabled people. In practice this means discussing with each disabled person where you could do things differently to improve access, experience or outcomes for them e.g. some hard of hearing patients may prefer communication by text. Or it might mean providing additional services or equipment. The provider will be expected to

take account of diverse needs and make reasonable adjustments to ensure equity of access. This will include:

- working with the premises landlord to maximise accessibility for patients with a disability
- ensuring that the pavements outside the surgery buildings are kept free of leaves and ice, and are kept gritted to reduce the likelihood of patient accidents.

10.2.4 Translation services

The provider must, wherever possible and when needed, undertake consultations and communicate with patients in their first language. Where this is not possible the provider must provide timely access to a professional interpreter. Written materials where requested must be translated by a professional translator. This applies to Bradford and Airedale's most common community languages as listed below:

South Asian: Mirpuri Punjabi, Urdu, Punjabi, Bengali, Pashto

EU: Polish, Slovakian, Czech

Middle Eastern: Farsi, Kurdish Sorani, Arabic

The top 5 overall are a combination of South Asian and Eastern European:

- Urdu
- Punjabi
- Slovakian
- Polish
- Bengali

10.2.5 Patient engagement activities

The provider shall operate active patient participation group (PPG) and/or patient engagement activities at least 4 times a year (with 1/4 meetings being held at a location in Denholme) and provide upon request evidence of how the

group have influenced decision making and service developments. The PPG shall be, as far as possible, representative of the people of both Thornton and Denholme and the different population groupings within the villages. The PPG should be as far as possible independent of the provider. The Chair will be a patient and while the provider may offer administrative and secretarial assistance, the content of the agenda will be led by patients. PPG members must not be constrained in what they say by attendance of senior members of the providers staff at their meetings.

The provider will be required to carry out a survey at least annually. The provider will report the results of the survey to its patients, by way of newsletters, notice boards and the website. It will discuss the survey results with the PPG, will agree action points with them, and will report back to the PPG and to patients generally about how improvements have been made as a result of patient feedback.

The provider shall maintain an up to date patient leaflet which meets regulatory requirements. In addition this leaflet should contain information about the various services, whether provided by the practice or by other nearby practices, into which patients could be referred.

The provider will create and maintain a patient-facing website, which will contain all relevant information about the practice, and on which it will also be possible for patients to book appointments and order repeat prescriptions.

The provider will produce a patient newsletter at least twice a year.

There will be a KPI based on patient engagement.

1.2.6.4 **10.3.1 Entitlement and charges**

Most NHS care is free at point of contact for UK residents, however not all overseas visitors are eligible for free care. The provider must therefore adhere to guidance issued by the Department of Health when considering patients

eligibility to receive services:
http://www.dh.gov.uk/en/Healthcare/Entitlementsandcharges/OverseasVisitors/index.htm

1.2.6.5 **10.3.2 Private income**

In addition to adhering to the Department of Health guidance relating to entitlement and charges no more than 10% of the work carried out by the provider in premises for which the purchaser reimburses rent and rates may be private work.

1.3 10.4 Appropriate and responsive care

1.4 10.4.1 Local integration

It is vital for the Provider to integrate with the local health and social care economy and to work in partnership with other local providers and stakeholders (both NHS and non-NHS), including:

- NHS Airedale Bradford and Leeds
- Strategic Health Authority
- Community health providers
- Social services
- Mental health services
- Acute trusts
- Local and district voluntary and third sector organisations
- Other local GP practices
- Patients and carers
- Local community groups and community centres
- Seldom heard groups
- Clinical commissioning groups

1.4.1.1 **10.4.2 Appropriate to local need**

Access and convenience are important aspects of a patient centred service and it is also vital that the services are appropriate and responsive to the

needs of the local population. The provider should design the services around the needs of patients and their carers.

Wherever possible the provider should offer patients more choice and a greater say in their treatment.

The provider will be required to undertake regular patient satisfaction monitoring in order to assess the effectiveness of and inform the development of services.

10.4.3 Patient focused services

As part of this procurement exercise NHS Airedale Bradford and Leeds has undertaken a consultation exercise to establish the views of patients about the services they would wish to be able to receive from their practice. A summary of their responses is attached as appendix 7.

Patient feedback from the consultation exercise has been built in throughout this service specification. In terms of volume of response, the key issues raised by patients were:

- Access to a flexible, responsive appointment system which does not disadvantage the patients of Denholme
- Continuity of care and the ability to build relationships with a stable group of doctors, nurses and other staff who treat patients with dignity and respect
- Improved surgery buildings, including upgrading internal furnishings and décor
- Improved access to nursing services.

10.4.4 Patient Experience Survey

The patient experience survey will cover:

a) Access to services and waiting times for treatment, including direct access to nursing appointments, and particularly at Denholme;

b) Information and choice – was the patient given sufficient information about the Provider and available services, in ways that met the needs of the patient and supported their informed decision making?
c) Did Provider staff discuss proposed treatments and any medication in ways the patient could understand?
d) Did Provider staff make the patient feel welcome and did Provider staff treat the patient with dignity and respect?
e) Does the patient think the care pathway was co-ordinated and integrated with other providers?
f) Do repeat prescribing systems meet the patients' needs?
g) Is it easy to get through on the phone, especially first thing in the morning if you need an appointment?
h) Would the patient recommend this service to other patients?
i) Does the practice talk to its patients about how services could be improved, and does it implement the changes that patients suggest?
j) What improvements with this service would the patient like to see?

The provider will publish an annual report to the commissioner setting out the feedback it has received from patients, how it has responded to issues raised by patients, and how patients have been told what has been done to address any issues/good practice identified by patients.

10.4.5 Expectations on the provider

The Provider will work in partnership with the Patient and Public Engagement Team to develop a systematic approach to collecting and using patient feedback to inform service improvement and development.
The Provider will work in partnership with the Patient and Public Engagement team to identify local stakeholders, including the Local Involvement Network, HealthWatch and the Health Partnership Project, for possible joint engagement activity.

10.4.6 Legislative and strategic framework

Compliance with these requirements will assure the Commissioners that the Provider is meeting its duties in accordance with the following statutory requirements and good practice guidance:

- NHS Act (2006).
- Real Involvement, DH (2008) - good practice guidance on the NHS Act (2006).
- Operating Framework for the NHS in England and Wales 2009/2010, DH (2009).
- Understanding what matters: a guide to using patient feedback to transform services, DH (2009).
- NHS Constitution.
- Equality Act (2010)

11	Estates (Premises, facilities management and equipment)

11.1 Premises

Bidders should read this in conjunction with the Contract and the Heads of Terms for the leases of premises before preparing their responses.

Thornton Medical Centre has a substantial branch surgery at Denholme Medical Centre, which is the only general practice in Denholme village. Bidders should be clear that the contract will require continued provision of the full range of services at both sites, and that no proposal to close or reduce service provision at Denholme will be entertained during the full life of the contract. Proposals which demonstrate how service provision will be enhanced at Denholme will be seen to add value to a bid.

NHS Airedale Bradford and Leeds is in negotiation with the owners of the current premises and our preferred intention is that services will continue to be provided from the current facilities in Thornton and Denholme.
Should this not prove possible NHS Airedale Bradford and Leeds will work with the preferred bidder to source and set up alternative premises in both villages.
The provider will be expected to fund premises costs; however, NHS Airedale Bradford and Leeds will reimburse the provider for rent and rates costs separately to payments for primary medical care services.

11.2 Management of the Premises

Bidders are required to manage their own Premises and provide the FM Services in order to provide the best possible experience for Patients arriving, leaving and using the Premises. The Bidder shall not be required to provide those FM Services which are the responsibility of the landlord under the terms of the leases.

11.2.1 Insurance

The Bidder will be required to ensure that the appropriate insurance is in place, whether provided by themselves or by the Landlord. As a minimum the

Bidder will effect and maintain the following insurances for the duration of the Contract in respect of the Premises

(a) Contents insurance in respect of all tenants' fixtures and fittings and including insurance of furniture and equipment owned by the Provider or leased by the Provider from a third party; and

(b) Third party liability insurance

In each case the insurance must be provided by a reputable insurer.

11.3 Management of Equipment

Bidders are expected to ensure as part of their mobilisation plan that suitable and sufficient equipment is in place to meet their obligations under the terms of the Contract (with the exception of any equipment which is plant forming part of the building such as gas boilers etc), and IM&T equipment.

The Provider must ensure that it uses equipment in a manner that ensures that they comply with statutory requirements and the latest relevant British Standard or European Equipment specification where such exists.

The Provider must provide, install, operate and maintain all equipment in accordance with all applicable laws and manufacturer's instructions in accordance with their obligations under the Contract.

The Provider must ensure that all equipment used is fit for purpose and purchased with regard to the compatibility with the delivery of the Services.

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

The proper and adequate control of equipment is an important aspect in the safe delivery of the Services.

12	Finance and commercial

12.1 Financial Model Template

Question 2. e ~

Instructions on how to complete the FMT are provided in Sheet 3 of appendix 6. This also provides notes to compliment the financial information shown for the scheme.

The FMT submitted by Bidders must:

- be denominated in pounds sterling
- exclude inflation

12.2 Value for Money and affordability

NHS Airedale Bradford and Leeds reserve the right to refuse to proceed with the NHS Airedale Bradford and Leeds scheme if it considers that Value for Money (VfM) will not be achieved.

12.3 Payment Model

Bidders should refer Schedule 3 of the Contract for the exact details of how the payment model will operate. This section is intended to provide a summary only.

12.4 Contract Payment

The contract payment will be made to the provider for the provision of Essential and Additional Services.

The list size used is based on actual data supplied from our central payment agency WYCSA. Movements in list will be based on this data.

The price per head will be subject to uplift per annum based on any agreed DDRB uplift.

The list size used will be stated by WYCSA at the start of the contract term.

12.5 Payments

1.4.2 Pass through Payment: Some costs have been deemed by NHS Airedale Bradford and Leeds to be pass through costs. These pass through costs are costs that the provider will incur, but which will be reimbursed by NHS Airedale Bradford and Leeds.

These current projected pass through payments are shown in appendix 6.

1.4.3 Personal dispensing: For the provision of personally administered drugs and appliances, the provider will be remunerated on an equivalent basis to the existing GMS contracting arrangements as set out in the GMS SoFE.

NHS Airedale Bradford and Leeds reserves the right to change the payment model for personally administered drugs and appliances should the GMS contracting arrangements change from those that are currently in place.

12.7 Invoicing and settlement

Bidders are referred to Schedule 3 of the Contract for the exact details in respect of invoicing and settlement terms.

12.8 Insurance

Bidders are referred to Schedule 9 of the contract for the exact details in respect of insurance.

In summary, the insurance cover the provider is required to have is set out below:

- Public and products liability
- Medical malpractice

12.9 Compensation on termination

Bidders are referred to Schedule 15 of the contract for the exact details in respect of compensation on termination.

In summary, the compensation on termination terms of the contract aim to provide for appropriate compensation to be paid by a defaulting party to a non-defaulting party.

12.10 Performance security

Bidders are not required to provide performance security as part of their bid.

12.11 Marketing

Bidders are referred to clauses 31 and 79 of the contract for the exact details in respect of marketing.

In summary, the provider must:

- compile a leaflet about the General Practice
- follow the good practice guidance and use the templates available on the NHS Brand Identity website[6]
- follow the GMC guidance on advertising
- comply with any other marketing requirements that may be issued by the DH or NHS Airedale Bradford and Leeds

12.12 Branding

Bidders are referred to clause 79 of the Contract for the exact details in respect of branding.

The provider must ensure the premises are clearly NHS branded as facilities at which NHS services are being provided, and all communications in respect of the services are clearly NHS branded, in line with the NHS brand policy and guidelines.

The provider must request approval in writing from NHS Airedale Bradford and Leeds of the name for the General Practice that the provider wishes to use.

Bidders are referred to the NHS Brand Identity website[7].

12.13 VAT

Although it will be bidders' responsibility to determine the VAT liability for the provision of the services, it is anticipated that the supply of the services under the

contract is likely to be VAT exempt. If a bidder concludes that the services are VAT exempt, they must ensure all irrecoverable VAT is included within the cost structure of the submitted FMT.

Bidders are advised to take independent advice on VAT as no subsequent adjustments will be allowed to the bid price based upon incorrect assumptions made in the submitted FMT.

13	Health and Safety

1.4.4 13 Health and safety

The provider must have a comprehensive health and safety policy that complies with the Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations (1999).

1.4.5

14	Information Management and Technology (IM&T)

14.1 Standards and compliance

The provider must ensure that appropriate IM&T Systems are in place to support the 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 business processes which must include:

- clinical services including ordering and receipt of pathology, radiology and other diagnostic procedure results and reports
- prescribing and where appropriate dispensing
- 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
- 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:

- National Programme for Information Technology (NPfIT);
- Referrals and booking;
- NHS Terminology Service, NHS Classifications Service and Healthcare Resource Groupings; and
- New GMS Contract. (excluding GPSoC)

1.4.6

1.4.7 14.2 NPfIT

The Provider must cooperate with all parties NHS Airedale Bradford and Leeds, local service providers, national application service providers, national infrastructure service providers etc) that are responsible for implementing the NPfIT.

The IM&T systems that are part of the NPfIT include:

- implementation of the LSP Clinical System of Choice Systm1 from CSC (the local NPfIT services provider)
- Choose and Book: 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
- NHS Care Records Service (CRS): use of CRS to ensure that all patient records are kept in the national compatible format and when available to communicate with the national spine services
- 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
- NHSMail: use of the NHSMail email service for all email communications concerning patient-identifiable information
- Quality Management and Analysis System (QMAS): use of QMAS to demonstrate performance against QOF achievement targets to support quality improvements in services provided to patients

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1.4.8 14.3 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.

1.4.9

1.4.10 14.4 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.

Bidders are referred to the Contract, Schedule 5.

1.4.11

14.5 Provision

The provider must agree to implement such IM&T Systems and infrastructure as is necessary to support the delivery of primary medical care services, contract management and business processes.

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. The table below responsibilities are shown to demonstrate where responsibility for provision lies.

NHS Bradford & Airedale strategic solution to support achievement of GPSoC level 6, developed in conjunction with CSC (the NPfIT Local Services Provider) is the Systmone clinical solution.

The nature of this project means that some of the key IM&T systems may be provided by and remain the property of NHS Airedale Bradford and Leeds hence it will be necessary for the provider to ensure that they have agreed rights to use these IM&T Systems. Similarly other system supplier agreements may be required.

The following table details the specific responsibilities of the provider and NHS Airedale Bradford and Leeds in respect of IM&T Systems provision:

Description	**Provided by**
Hardware	
Hosted GP server solution	PCT
Server supporting other systems if required	PCT
Local and wide area networking including N3 connection	PCT
Hubs, switches	PCT
Desktop - PCs, printers, scanners	PCT
Telephony	Provider
Software	
Compliant GP Clinical System	PCT
Other systems	Provider

Virus protection	PCT
Business applications for finance, HR/payroll, Document Management.	Provider
Support and maintenance	
Helpdesk, desktop, email admin, network, N3	PCT
GP Clinical system support	PCT via System Supplier
Other l system support	Provider
Any support not listed	Provider
Training	
GP Clinical system training	PCT
Other training, including desktop skills, not listed	Provider

14.6 Costs

Funding for the IM&T systems will be on a similar basis to that for GP practices under nGMS and therefore much of the provision is likely to be funded through CfH and NHS Airedale Bradford and Leeds.

The following table details the specific responsibilities of the Provider and NHS Airedale Bradford and Leeds in respect of IM&T Systems costs:

Description	**PCT or Provider**
Hardware	
GP hosted server solution at appropriate data centre; local and wide area networking, N3 access; Hubs and switches; Desktop PCs and printers, scanners	PCT
Server supporting other applications if accessing NHS Network	PCT
Server supporting other applications if not accessing NHS Network	Provider
Software	

Description	PCT or Provider
Clinical system	PCT
Other systems	Provider
Virus protection.	PCT
Business applications for finance, HR/payroll, Document Management	Provider
Support and maintenance	
Helpdesk, desktop, email admin, network, N3	PCT
GP Clinical system support	PCT
Any support not listed	Provider
Training and related support	
GP Clinical system	PCT
All other training	Provider

1.4.12 NHS Airedale Bradford and Leeds borne IM&T costs

Where the cost of the IM&T Systems is ultimately borne by NHS Airedale Bradford and Leeds, these costs are included in Sheet 7 (Non staff costs) of the Financial Model Template. See Section 9 for more details.

1.4.13 Provider borne IM&T costs

Where the cost of the IM&T Systems is ultimately borne by the Provider, these costs should be input by Bidders in Sheet 7 (Non staff costs) of the Financial Model Template. See Section 9 for more details.

14.7 Due diligence

2 The Provider acknowledges and agrees that:

2.1.1 all necessary due diligence including in respect of the NHS Airedale Bradford and Leeds Systems, has been completed;

2.1.2 it is fully aware of the National Programme for IT NPfIT) both through documents and information which are in the public domain and through documents and materials provided or made available to the Provider by the PCT.

The provider shall participate in the operation of NPfIT in relation to:

- Choose and Book (EBS)
- Electronic Transfer of Prescriptions (ETP)
- Patient Demographics Service (PDS)
- NHS Care Records Services (NCRS)
- Secondary Use Service (SUS)
- GP2GP
- New National Network (N3)
- Quality Management and Analysis System (QMAS)
- NHS Mail

The provider shall conduct due diligence in respect of the PCT systems and shall identify any requirements to allow the provider's systems to interface with the PCT systems in a manner which allows provision of the services to run efficiently and cost-effectively, including but not limited to the factors detailed below:

2.1.3 network infrastructure and connection requirements for local and wide area network services

2.1.4 physical infrastructure and hardware

2.1.5 where required by the PCT remote access to, or integration or interface with, parts of the PCT's Systems and any information held therein including NpfIT systems

2.1.6 links to local social services systems in line with NPfIT development and organisation integration

2.1.7 data flows of clinical records in accordance with paragraph 26 of Schedule 2 Part 1

2.1.8 any systems or services which the PCT is or shall be providing to the provider

The provider shall, on completion of any due diligence carried out in accordance with paragraphs 1.1 to 1.3 of this Schedule 5 Part 1, supply the PCT or its authorised representative with a detailed due diligence report.

14.8 Testing

The provider must undertake testing of the IM&T Systems proposed, including those supplied by NHS Airedale Bradford and Leeds, 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.

14.9 Reporting

The provider's IM&T Systems must facilitate information gathering and reporting to meet performance management commitments under the Contract and other statutory or other obligations (see section 17.3 and contract schedules 2, (clause 9), schedule 5 and schedule 7).

14.10 Patient information

2.1.9 Information governance, security and data quality: The provider must put in place appropriate governance and security for the IM&T Systems to safeguard patient information, (see Contract Schedule 5 Part 2).

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
- Access to Health Records Act 1990
- Freedom of Information Act 2000
- Computer Misuse Act 1990
- Health and Social Care Act 2001

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 data quality, information governance and security, including, but not exclusively:

- NHS Confidentiality Code of Practice
- Registration under ISO/IEC 17799-2005 and ISO 27001-2005 or other appropriate information security standards
- Use of the Caldicott principles and guidelines
- Appointment of a Caldicott Guardian
- Policies on security and confidentiality of patient information
- Achievement of the data accreditation requirements
- Achievement of Paper light accreditation
- Clinical governance in line with the NHS Information Governance Toolkit
- Risk and incident management system

The Provider must demonstrate that it has robust data quality assurance in place in accordance with the Department of Health 'Good practice guidelines for general practice electronic patient records', professional and legal standards for record keeping.

2.1.10 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 and where appropriate dispensing;
- maintenance of 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, such as Map of Medicine, at the point of patient contact;
- access to research papers, reviews, guidelines and protocols; and
- communication with patients, including hard-to-reach groups identified within Section 3.3.1.2, to support provision of quality care, including printed materials, telephone, text messaging, website, and email.

14.11 Disaster recovery

No failure of CfH, NPfIT, NHS Airedale Bradford and Leeds 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. See Contract Schedule 5 Part 2.

15	Workforce

2.2

2.3 15.1 Standards

The provider must ensure that all proposed workforce policies, processes and practices comply with all relevant employment legislation and codes of practice applicable in the UK.

2.3.1 15.2 Transfer of Staff

The provider must be able to demonstrate how it will apply and meet the principles/obligations of the TUPE Regulations in respect of employees within the scope of this transfer.

The provider will work with NHS Airedale Bradford and Leeds and Thornton Medical Centre in order to identify and manage any Economic, Technical and/or Organisational (ETO) issues that need to be addressed post TUPE transfer.

The provider will ensure that transferred employees will have access to the NHS Pension Scheme or if the provider is a non – NHS organisation, a Scheme which is broadly similar and certified by the Government Actuaries Department (GAD)

2.3.2 15.3 Contingency arrangements

The provider must have in place workforce planning systems and practices in place in order to manage contingency arrangements for ensuring adequate, available cover for its employees in the case of any:

- Planned or unplanned increases in workload;
- Staff absences

2.4 15.4 Recruitment

The provider must have a recruitment and selection procedure that supports the delivery of the services. The provider's recruitment policy, strategies and

supporting processes must promote equal opportunity and anti-discriminatory practice to enable them to attract and retain a high quality, competent workforce in adequate numbers, for the duration of the contract.

The provider's recruitment and selection procedure must include a process for ensuring that all required pre and post employment checks and processes are implemented, and must ensure that any new staff that they propose to recruit will be suitably qualified, experienced and competent to deliver the Services safely and to a high quality.

2.5

2.6 15.5 Staff management

2.6.1

2.6.2 15.5.1 Policies and Procedures

The provider must give assurance that they have in place HR policies and procedures that will apply to staff. These may be separate policies or form part of a Staff Handbook.

15.5.2 Employee Engagement

The provider must be able to demonstrate how it will continue to develop and implement effective employee engagement strategies.

2.6.3 15.5.3 Conduct and Performance Management

The provider must ensure that the performance of all staff will promote the quality and safety of the services and the dignity and respect of patients.
The provider must manage the conduct and performance (capability) issues of all staff and must ensure that all staff have regular performance appraisals.
The provider must also be aware of the provisions for handling performance and conduct concerns of doctors in the NHS.[8]

2.7 15.5.4 Continuing Professional Development

As an underlying principle, the provider must deliver the services in a learning environment. To this end, the provider must implement a continuing

[8] DH publication HSC 2003/012 "Maintaining High Professional Standards in the Modern NHS", updated in 2005 http://www.dh.gov.uk. Proposals for the licensing and revalidation of doctors in GMC publication "Developing medical regulation: A vision for the future", http://www.gmc-uk.org

professional development (**CPD**) plan for all staff involved in delivering or supporting the delivery of the services, which will:

- ensure that all clinical staff involved in treating patients are appropriately skilled, trained and competent to carry out the roles required of them for the duration of the contract and meet CPD requirements of their professional bodies
- ensure that all staff, both clinical and non-clinical, are trained to provide the highest standards of customer care and to treat patients with dignity and respect at all times
- ensure the safe, correct and up to date operation of all systems, processes, procedures and equipment
- respond to individual training needs arising from staff performance appraisal and clinical supervision
- respond to the individual professional development needs of staff
- support workforce policies and strategies
- comply with the provisions of clinical governance standards i.e. S4BH and other standards for equal opportunities and anti-discriminatory employment legislation
- meet the requirements of professional bodies for re-registration and revalidation
- ensure they will implement the Yorkshire & Humber Learning and Development agreement to deliver learning and development opportunities for all staff throughout the lifetime of the contract

The provider must have in place a performance appraisal system that supports their proposed workforce strategy and patient-centred approach and complies with all applicable legislative and prescribed requirements. The provider must ensure that their performance appraisal system is compatible with any requirements of the regulatory bodies for revalidation and re-registration.

Evidence of CPD and annual appraisals will be required at due diligence from the preferred bidder.