

NHS Circular:
PCA(M)(2013)10

Health and Social Care Integration Directorate
Primary Care Division



LEGACY 2014
XX COMMONWEALTH GAMES
SCOTLAND

Dear Colleague

General Medical Services Contract 2013/14 – Organisational Core Standard Payment - Payment Guidance

21 November 2013

Summary

1. This circular introduces the Payment Guidance for the Organisational Core Standard Payment as outlined in Annex D and Annex E, Section 3 of the 2013/14 Statement of Financial Entitlements (SFE) for GMS Contractors.
2. The Payment Guidance has been agreed with the Scottish General Practitioners' Committee of the BMA.
3. An electronic copy of the Payment Guidance can be found on the [NHS website](#).

Action

4. NHS Boards are requested to bring this circular to the attention of all GP contractors.

Yours sincerely

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Addresses

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GP Contract 2013/14 (Scotland) – Payment Guidance

Global Sum – Records Standard

Information Sharing with Out of Hours (OOH) (0.125%)

If the practice undertakes its own out of hours cover, it must have a documented system in place, accessible by all relevant healthcare team members, to ensure that all out of hours contacts are entered timeously in the patient's clinical record.

The system must also ensure that all relevant healthcare professionals are made aware of any patients who are terminally ill to ensure appropriate end of life care is provided.

If out of hours cover is not provided by the practice but provided by another organisation, the practice must have a documented system in place, accessible by all relevant practice team members, which describes:

- how the practice alerts the OOH service to patients who are terminally ill to ensure appropriate end of life care is provided, and how information is transferred from the OOH service to the practice;
- how the information is recorded in the patients' clinical records;
- how any required follow-up is identified and actioned.

Written procedures covering information sharing with OOH must be dated, reviewed annually and revised, where necessary.

Verification: Practices will provide, when requested, a copy of the written procedures for review. Relevant practice team members may be asked to describe the process during a post-payment verification visit.

Drug indication and allergies (0.375%)

Practices must designate, and document, a place for the recording of drug allergies and adverse reactions in patients' notes and ensure that these are clearly recorded for all relevant patients.

For repeat medicines, prescribed with effect from 1 April 2004, an indication for the drug must be recorded in patients' notes. In 2013-14 practices are required to ensure that a minimum standard of 80% is achieved by the end of the contract year. In future years it is expected that the minimum standard of 80% will be maintained throughout the contract year. Where a practice achievement is below 80% at a PV visit, the practice is given an agreed period of time (3 months) to address any shortfall in achievement.

Written procedures covering the recording of drug allergies, adverse reactions and indication for a prescription must be dated, reviewed annually and revised, where necessary.

Verification: Practices will provide, when requested, a copy of the written procedures for review. In addition, a sample of patient notes will be reviewed during a Payment Verification visit.

Clinical Summaries (0.5%)

In 2013-14 practices must ensure that clinical summaries are up to date in at least 80% of patient records by the end of the contract year. In future years it is expected that the minimum standard of 80% will be maintained throughout the contract year. Where a practice achievement is below 80% at a PV visit, the practice is given an agreed period of time (3 months) to address any shortfall in achievement.

All clinical summaries must contain details of significant past and continuing problems.

Practices will be expected to document their procedure in relation the summarisation of patients' clinical records. Written procedures must be dated, reviewed annually and revised, where necessary.

Verification: Practices will provide, when requested, a copy of the written procedures for review. In addition, a sample of patient notes will be reviewed during a Payment Verification visit.

Global Sum – Education Standard

Life Support Training (0.25%)

All non-clinical members of the practice team, who have been employed, either on a temporary, fixed term or permanent basis, by the practice for 3 months or longer are required to attend training/updating in basic life support skills in the preceding 36 months. Similarly all clinical staff, including clinical partners, of 3 months or more is required to attend training/updating in basic life support skills in the preceding 18 months.

Practice staff and clinical partners who may be suffering an injury which may prevent them from completing the training in full will still be expected to attend training but the trainer will indicate on the assessment sheet that the staff member was unable to complete some areas because of an injury and mark overall as "incomplete" rather than satisfactory.

Where a member of non-clinical staff declines basic life support training for a valid reason, for example, a previous traumatic event, the practice must contact the respective NHS Board detailing the circumstances and requesting that the member of staff be excused from this training. NHS Board approval must be retained for verification purposes.

Clinical partners who attend external life support training may cascade basic life support training to non-clinical staff. Clinical partners who attend regular Advanced

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Life Support training and updates, may cascade training to other healthcare professionals.

Verification: A review of attendance lists and any relevant NHS Board correspondence will be undertaken as part of the Payment Verification visit

Complaints and Significant Event Analysis (SEA) (0.25%)

Practices are required to compile a report of all patient complaints and suggestions received during the contract year to ascertain general learning points. It is expected that this report will be shared with the whole team and discussed at an annual review meeting.

Reports should include a summary of each complaint or suggestion and identify any learning points which came out of the review; how learning points or areas for change will be communicated to the team; the timescale for implementing any improvement and the individual responsible for implementing the change and monitoring its progress.

In addition, practices are required to undertake a minimum of 3 significant event reviews during each contract year, which could include:

- Any death occurring in the practice premises;
- New cancer diagnoses;
- Deaths where terminal care has taken place at home;
- Any suicides;
- Admissions under the Mental Health Act;
- Child protection cases;
- Medication errors;
- A significant event occurring when a patient may have been subjected to harm, had the circumstance/outcome been different (near miss).

Each significant event report must consist of a short commentary setting out the relevant history, the circumstances of the episode, an analysis of the conclusions to be drawn including any changes that may be required, how these will be communicated to the team; the timescale for implementing any improvements and the individual responsible for implementing the change and monitoring its progress.

A copy of the annual report on complaints and suggestions and each significant event report, along with associated minutes of team meetings during which these reports are discussed, must be provided as requested.

Verification: A review of the annual report on complaints and suggestions and each significant event report, along with associated minutes of team meetings during which these reports are discussed, will be undertaken either during a Payment Verification visit or as part of office based PV work.

CPD for nurses, appraisal for nurses and practice staff (0.25%)

All practice-employed nurses and non-clinical team members, who have been employed for 3 months or more, on either a permanent, fixed-term or temporary contract, will undergo an annual appraisal. Personal learning plans for practice-employed nurses will be reviewed and updated at part of the annual appraisal process.

The appraisal process should include a review of objectives, progress and skills and identification of learning needs. Appraisal documentation, along with a written action plan should be signed and dated by both the appraisee and appraiser. In addition, for practice employed nurses a personal learning plan should be produced which records the agreement between appraiser(s) and appraisee on areas for further learning, how they will be achieved, who is responsible for organising them, within what timescale and how progress will be reviewed. It may also include learning areas which have been identified as an organisational need but which have been agreed at the appraisal as an individual development area for the appraisee to take forward.

Verification: A review of the appraisal documentation and personal learning plans will be undertaken during a Payment Verification visit.

Global Sum – Management Standard

Written Procedures and employment policies accessible by staff (0.25%)

There is a written procedures manual that includes staff employment policies including equal opportunities, disciplinary and grievance, bullying and harassment and sickness absence (including illegal drugs, alcohol and stress), to which staff have access.

Policies should be consistent with current legislation. Written procedures must be dated, reviewed annually and revised where necessary.

Verification: A review of the procedures manual will be undertaken either during a Payment Verification visit or as part of office based PV work. Confirmation may be sought from practice staff that they are aware of the content of the procedures manual and its whereabouts.

Repeat prescription availability timescales of 48 hours (0.25%)

The number of hours from requesting a prescription to availability for collection by the patient is 48 hours or less (excluding weekends and local holidays).

Practices will be expected to document their procedure in relation the issuing of prescriptions upon request. Written procedures must be dated, reviewed annually and revised, where necessary.

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Verification: Practices will provide, when requested, a copy of the written procedures and practice leaflet for review. Relevant practice team members may be asked to describe the process during a post-payment verification visit.

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