

SCHEDULE 2 – THE SERVICES

A. Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.

Service Specification No.	
Service	Document Management
Commissioner Lead	Jo Reynolds
Provider Lead	
Period	April 2018- March 2019
Date of Review	

1. Population Needs
1.1 National/local context and evidence base
<p>The General Practice Forward View (GP Forward View), published in April 2016, commits to an extra £2.4 billion a year to support general practice services by 2020/21. It will improve patient care and access, and invest in new ways of providing primary care.</p> <p>Productive workflow is one of the 10 high impact actions taken from the strategy that we will focus on in 2018/19. This specification is to support this work, and to enable staff to be more effective within their roles.</p> <p>Wolverhampton has a patient population of 288,898, whose primary care needs are met by 44 General Practices. These are divided into 5 practice groups. Each practice will need to be involved in this programme of work, to ensure a consistent approach across the city.</p> <p>All practices operate on either EMiS or System One.</p>
2. Scope
<p>Correspondence management involves clerical staff coding incoming clinical correspondence, taking actions where appropriate, including forwarding it to another member of the team, or passing the letter to a GP for action if a clinical decision is required. It is a more advanced task than document processing or coding alone. It requires clerical staff to be skilled and confident to make decisions about how to code a letter and its contents in the patient record, how to use</p>

an approved protocol for deciding which letters need to be sent to a GP and with what level of urgency, and when to ask for help. In order to do this effectively, staff require training and development of their skills and confidence.

3. Aims

1. To reduce the impact medical correspondence has on GP workload by diverting to other trained professionals
2. To provide reception and admin staff with the skills and confidence to effectively deal with correspondence on the GPs behalf, and ensure that it is reflected in the patients care
3. To identify and tackle issues in the flow of documents within the practice, implementing a new systematic approach to processing incoming clinical correspondence
4. To have a safe, efficient and robust system to facilitate audit of the document processing.
5. The training will help delegates understand the importance of accurate Read / SNOWMED CT Coding and understanding medical terminology.

4. Service description

The aim of this programme is to obtain a standardized approach to correspondence management across Wolverhampton. This will be taught through a training programme, with the successful provider developing the protocols to compliment the training they have delivered. The successful provider will be expected to deliver training and then follow up to ensure the protocols have been implemented and the practice is utilizing the skills of those trained. An evaluation of the effectiveness will take place once the work is completed and is seen as business as usual.

The Processing of clinical correspondence is required in a timely, safe and efficient manner, ensuring that medical records are up to date, by a suitably trained professional.

A member of clerical staff in the practice will be given this additional training and relevant protocols in order to support the GP in clinical administration tasks. All incoming correspondence about patients from hospitals and other sources will then be processed by a member of the clerical team, releasing GP time. Staff require training to effectively look for what is required in a clinical letter, and code it appropriately. Reception and admin staff need to be skilled and confident in ascertaining patient need and appropriate action to be taken from this.

Working against the standard protocols developed in-house and refined through continuous improvement, each letter needs to be read and may need to be actioned. The appropriately trained member of the team reads the letter, enters details into the patient's record and takes appropriate follow-on action, and identifying any duplication. In some cases this involves other members of the team, or booking the patient an appointment. Letters that require urgent action will be passed onto the GP.

The successful provider will be required to work closely with GP partners to identify issues that currently occur when managing the flow of documents. They will then be required to support the change of focus from volume to process, leading to the redesign of the process.

Protocols and processes will need to be developed in conjunction with practices, to ensure quality and consistent auditable activity is taking place. The practice will be provided with or supported to produce standard protocols for the handling of clinical correspondence utilising accurate recording of high quality data.

The training received and the protocols developed will not lead to an increase in the MDU or MPS indemnity costs or invalidate said indemnity.

Practices will need to be revisited after 6 months, to quality check that the learning is being applied and to quantify the impact. During this period The practice will be supported to refine, through continuous improvement, the protocols developed.

The involvement of appropriate clinical governance & supervision within each practice will need to be clearly communicated by the training provider and agreed before training is delivered.

The readiness of each practice to be willing and able to change their working procedures in order to receive the benefits of this new approach will be assessed and training not undertaken if the benefits cannot be delivered.

Proposals should include any requirements for venue, training equipment, access to IT or clinical systems. The CCG will provide the training venues.

5. Payment

The total budget available for this is up to £0.40 per patient.

6. Outcomes-

1. Patients receive speedier action
2. Improve the detail in coding
3. Improved monitoring and management of certain conditions
4. Improved staff competency
5. Following training, all incoming correspondence about patients will be able to be processed safely by a member of the clerical team.
6. Practices will have been supported to ensure that 80-90 per cent of letters could be processed without the involvement of a GP
7. Practices will see the benefit of a reduction in the average GP workload for managing clinical correspondence of at least 50%.

7 Population covered

All patients registered to a Wolverhampton GP Practice

8 Timescales

The desired delivery timeline for the training sessions will be Spring 2018, therefore the successful provider will need to have availability during this time.

Provision of supporting document management operating procedures will be supplied by the successful provider, sufficient for at least one copy per practice (42 practices) at the time of delivering the training.

Practices will need to be revisited 6 months after training takes place, and work will need to be completed on all aspects by March 2019.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

All practices taking part in the scheme are expected to work within usual contractual terms and conditions.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements

5.2 Applicable CQUIN goals

N/A

6. Location of Provider Premises

The Provider's Premises are located at:

Appendix A- List Sizes

Clinical system	Locality		Row Labels	Actual List Size QTR 4	Normalised Weighted List Size Oct 17
PCH 1 Wolverhampton Total Health (Group Lead Dr G Pickavance)					
E	NE	M92016	M92016 - TUDOR MEDICAL CENTRE	16799	17,090
T	NE	M92629	M92629 - DRS KHARWADKAR & MAJI	3556	3,108
E	NE	M92019	M92019 - KEATS GROVE SURGERY	6417	6,508
E	SE	M92030	M92030 - CHURCH STREET SURGERY	5325	5,474
E	SE	M92649	M92649 - DR MUDIGONDA	3727	4,148
E	SE	M92630	M92630 - EAST PARK MEDICAL PRACTICE	5310	5,573
E	SW	M92029	M92029 - NEWBRIDGE SURGERY	4603	5,133
E	SW	M92607	M92607 - WHITMORE REANS MEDICAL PRACTICE	13502	14,063
Total				59239	61097
PCH2 Wolverhampton Care Collaborative (Group Lead Dr P Mundlur)					
E	SE	M92612	M92612 - GROVE MEDICAL CENTRE (Healthcare and Beyond - inc Grove, Caerleon (PMS) and All Saints & Rose Villas)	12734	13,906
E	SE	M92647	M92647 - BRADLEY MEDICAL CENTRE	3024	3,513
E	SE	M92003	M92003 - DR SURYANI	1723	1,910
T	NE	Y02736	Y02736 - SHOWELL PARK HEALTH CENTRE	4896	4,189
E	NE	M92609	M92609 - ASHFIELD ROAD SURGERY	5170	4,995
E	NE	M92039	M92039 - DR ST PIERRE-LIBBERTON	6461	6,772
E	NE	M92009	M92009 - PRESTBURY MEDICAL PRACTICE	14390	16,058
E	NE	M92013	M92013 - WODEN ROAD SURGERY	6816	7,303
Total				55214	58646
Not Yet Aligned to a Model of Care/Group					
All practices are now aligned to a practice group					
Medical Chambers 1 (Group Lead Dr K Ahmed)					
T	SE	Y02757	Y02757 - BILSTON URBAN VILLAGE MEDICAL CENTRE	6644	6,552
E	SE	M92015	M92015 - IH MEDICAL (DRS PAHWA)	2610	2,464
E	SE	M92627	M92627 - DR SHARMA	3200	3,622
E	SE	M92040	M92040 - MAYFIELD MEDICAL CENTRE	7250	8,338
E	SW	M92043	M92043 - PENN SURGERY	5238	5,686
T	SW	Y02636	Y02636 - INTRA HEALTH LIMITED (PENNFIELDS)	4513	4,571
	SW	M92640	M92640 - THE SURGERY - DR WHITEHOUSE	2420	2,422
E	NE	M92022	M92022 - DR RAJCHOLAN	4119	4,203
E	NE	M92041	M92041 - PROBERT ROAD SURGERY	4599	4,245
E	NE	M92014	M92014 - FOWLER	1994	2,101
E	NE	M92001	M92001 - POPLARS MEDICAL CENTRE	3,587	3,564.00
E	NE	M92004	M92004 - PRIMROSE LANE PRACTICE	3025	3,404
T	NE	M92026	M92026 - DR BILAS - Ashmore Road	3828	4,012
				53027	55,184
Medical Chambers 2 (Contact Dr A Johnson/Dr S Agarwal)					
E	SE	M92012	M92012 - DUNCAN STREET PRIMARY CARE PARTNERSH	9604	10,098
E	SE	M92024	M92024 - PARKFIELD MEDICAL CENTRE	13477	14,205
E	SW	M92010	M92010 - LOWER GREEN HC- TETTENHALL	11964	12,982
T	SW	M92008	M92008 - CASTLECROFT MEDICAL PRACTICE	12382	13,195
T	SW	M92006	M92006 - COALWAY ROAD MEDICAL PRACTICE	5139	5,239
				52566	55,719
Vertical Integration RWT					
E	SW	M92007	M92007 - LEA ROAD MEDICAL PRACTICE	6619	6,292
E	NE	M92002	M92002 - THE GROUP PRACTICE ALFRED SQUIRE ROAD	8321	9,695
E	SE	Y02735	Y02735 - ETTINGSHALL MEDICAL CENTRE	4231	4,572
E	SE	M92654	M92654 - BRADLEY CLINIC PRACTICE	7727	8,179
E	SW	M92042	M92042 - WEST PARK SURGERY - DRS SIDHU KOODARU	3509	3,568
E	SW	M92044	M92044 - DRS DE ROSA & WILLIAMS	4264	4,594
E	SW	M92011	M92011 - PENN MANOR MEDICAL PRACTICE	11537	11,836
E	SW	M92028	M92028 - THORNLEY STREET MEDICAL CENTRE	10057	9,516
				30407	58,252
				62,421	65,118
				52,032	54,625
				53,027	55,184
				52,566	55,719
				30,407	58,252
				250,453	288,898

Appendix B- Staff Numbers

TBC

DRAFT