



Tower Hamlets GP Care Group

GP Access Fund Hub

GP Locum pack

V7

13.6.2017

Staff guide for PMCF Hubs

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Staff guide for PMCF Hubs

Forward

Welcome to Tower Hamlets – we want to thank you for taking part in our GP Access Fund services, working for the Tower Hamlets GP Care Group, and we hope this pack of information will support you in doing just that.

The Tower Hamlets GP Care group was formed in late 2013 in response to the Tower Hamlets CCG Integrated Care programme. The idea was to bring together at scale the Tower Hamlets practices enhancing their representation in discussions with other larger providers and thereby give general practice a much louder and more influential voice. The aim was also to enhance opportunities to innovate and to develop certain primary care services “at scale” in Tower Hamlets where “doing it once is a more appropriate option than doing it 35 or even 8 times over”.

The GP Access Fund Service, formerly known as Prime Ministers Challenge Fund, was set up nationally in October 2013 stimulating innovative ways to improve access to primary care services. In March 2015, the Tower Hamlets GP Care Group successfully obtained £3.3m additional investment into primary care in Tower Hamlets as part of the Access Fund programme.

Our local programme in Tower Hamlets has 3 broad aims:

- Supporting access to primary care services in the evening and weekends.
- Developing primary care partnerships to ensure maximum value is delivered through the wider primary care community and the primary care estate.
- Taking positive action to address the cycle of demand for primary care services.

These broad aims are consistent with the pan London Strategic Commissioning Framework for Primary Care. Primary care development and infrastructure are important pillars of the Tower Hamlets CCG commissioning strategy and the creation of a sustainable primary care infrastructure is at the heart. This journey began with encouraging practices to work together as networks in 2009. Tower Hamlets CCG is now in the process of refreshing an Urgent Care Strategy and creating a Primary Care Strategy. The development of a new model of care is critical to both these commissioning strategies. Both start and finish with primary care as the CCG believes this has to be the bedrock of any care model and access to primary care for the residents of Tower Hamlets is therefore critical.

Supporting Access to Primary Care Services

Not every practice can open 8-8 seven days of the week nor would this be an efficient way to support access to primary care services at evenings and weekends. Our solution to this in Tower Hamlets is to test a collaborative locality based model of provision 6.30pm to 8pm Monday to Friday and 8am to 8pm Saturday and Sunday. The four locality Hubs will provide appointments that practices can book for urgent or routine primary care services and appointments will also be booked by the virtual Hub (GP Out of Hours Service) for people that they would normally ask to come for a face to face consultation.

Staff guide for PMCF Hubs

As mentioned, the GP Access Fund programme in Tower Hamlets has 2 other important aims:

Developing Primary Care Partnerships

A. Pharmacist Service

The pharmacy service includes an enhanced range of conditions over and above the Tower Hamlets’ “Pharmacy First” service. Four local community pharmacists, who have undertaken the Independent Prescribing Pharmacist course, have been selected to participate in this initiative. The Independent Prescribing Pharmacists (IPPs) provide advice on ‘self-care’ for all conditions within the scope of the service. Where clinically indicated, medicines (including prescription only medicines) are prescribed on FP10 prescriptions. The clinical practice of the IPPs is informed by, and conforms to, the relevant NICE guidelines, local guidelines & policies and the local Tower Hamlets formulary. The CCG provides advice on the formulary and has developed an antibiotic policy. Where appropriate and depending upon the day of the week and the urgency with which the patient needs to be seen, the IPP can refer the patient to the regular or registering GP or to the GP at the hub.

This service is specific to IPPs and is accessed by patients following referral either by the regular/registering GP, the virtual hub or by the Hub GP or nursing staff.

B. Practice Nurse Service

The Practice Nurse (PN) services within the Hubs provide support to the existing Hub GP services. Under direct supervision of the senior nurse or the GPs working in the Hubs and strictly in accordance with Care Group protocols, the PN supports the clinical team and extends the range of health care delivered.

Duties will be performed independently in agreement with the Care Group. The Hub PN offers the following:

- *Complex wound care*
- *Minor Burns care*
- *Contraception initiation (PGD)*
- *Sexual Health check up*
- *Contraception follow up*
- *Cervical smear testing*
- *B12 injections (PGD)*
- *Asthma review*
- *Ear Syringing*

Similar to the IPP, access to the practice nurse service is through referral either by the regular/registering GP, the virtual Hub or by the Hub GP or nursing staff.

Staff guide for PMCF Hubs

Addressing the Cycle of Demand

This work stream focuses activity upon six themes:

- Practice capacity
- Staff well being
- People's participation in health
- Wider determinants of health
- Whole community health and well being
- New ways of working

For each of these themes, we are engaging in conversations across the borough and are finding issues to be addressed and examples of quality practice. To provide a vehicle for the expression of interest for a group not infrequently overlooked in service evaluation, Whizz Kids are directly involved in the development of mobility clinics within the hub services and in the formation of a Youth Advisory Group for young wheelchair users. This group have a specific role of providing feedback online throughout the project thereby ensuring innovations encompass rather than inadvertently exclude.

Each identified theme is to be written up into a useful resource pack full of information, toolkits, contacts and case studies. Alongside this, learning opportunities in co - production techniques and tools for re-imagining primary care are to be made accessible.

Informatics

Having the right technology in place is clearly a major enabler for the GP Access Fund and we are working with EMIS to create a Hub organization that allows for the sharing of information and the monitoring of activity across the programme. An integral element of the project is the collection of data examining demand, service use and access and patient and staff perceptions in order to evaluate the innovative pathways in service development.

We are also working closely with the existing WebGP (now eConsult) programme and using some of the GP Access Fund resources to support the roll out of online consultations as a standard offer to all people who live in Tower Hamlets and are registered with a THGP (<https://econsult.net/>). At present, there are over 30 practices in Tower Hamlets using eConsult for their registered patients.

We hope that you will enjoy working for the Care Group and you will provide us with feedback not only whenever you feel that there are services or staff experiences that could be improved upon but also when you feel that the organisation is working well providing a quality experience for staff and for patients.

Staff guide for PMCF Hubs

If you are working in Tower Hamlets for the first time, you can find a useful directory of local services on the CCG website at <http://gp.towerhamletsccg.nhs.uk/services-a-z.htm>. For more information about the Care Group please see our website at <http://gpcaregroup.org/>



Dr Nicola Hadgrub – GP CG Director, PMCF Lead
Director and Clinical Lead For SW Locality



Dr Phil Bennett Richards – Chair of the GP Care
Group Board



GP Access Fund Clinical Governance Team

Name	Role	Contact email address
Dr Joe Hall	Local GP & GP Access Fund Clinical Lead	joe.hall@nhs.net
Dr Jennie Read	Local GP & GP Access Fund Clinical Lead	jennieread@nhs.net
Dr Shahib Ali	Local GP & GP Access Fund Clinical Lead	shahib.ali@nhs.net

PM Access Fund Administrative Team

Name	Role	Contact email address
Liane Fitzgerald	GP Access Fund Project Manager	Liane.fitzgerald@nhs.net
Maju Miah	GP Access Fund Service coordinator	maju.miah@nhs.net
Aleya Hussain	GP Access Fund Administrator	aleya.hussain@nhs.net

Staff guide for PMCF Hubs

1. Introduction

As mentioned, the GP Access Fund Hub service has been set up by the Tower Hamlets GP Care group, with the aim of:

- a. Supporting access to primary care services in the evenings and weekends
- b. Developing primary care partnerships
- c. Taking positive action to address the cycle of demands for primary care services

The GP access service is available to patients registered to a GP in Tower Hamlets alone. Appointments are booked by the registering/referring GP or by the GP service of the virtual Hub (GP Out of Hours service). This is not a walk in service.

The GP arm of the service offers the full range of GP care but excludes:

- *Private Medicals & Home Visits**
- * Long term/chronic medical certificates (greater than two weeks)**
- *Minor Surgery**
 - * Routine reviews for long terms conditions (these should be booked with a nurse or pharmacist where appropriate)**
- *All non-core NHS letters (e.g. housing benefits)**
- *Any non-core NHS services (e.g. travel immunisation and medicals)**
- * Patients with serious mental health issues or who require continuity of care**
- * Conditions likely to require MRIs being ordered**

Given the innovative nature of the project, the clinical conditions for inclusion/exclusion are under constant review and surveillance. As a result of the evaluations aimed at finely tuning access and demand, changes may take place. All HUB staff and all practices are consulted and will be advised.

Staff guide for PMCF Hubs

2. The Hubs and Contact Details

There are 4 Hubs within the Borough. They are:

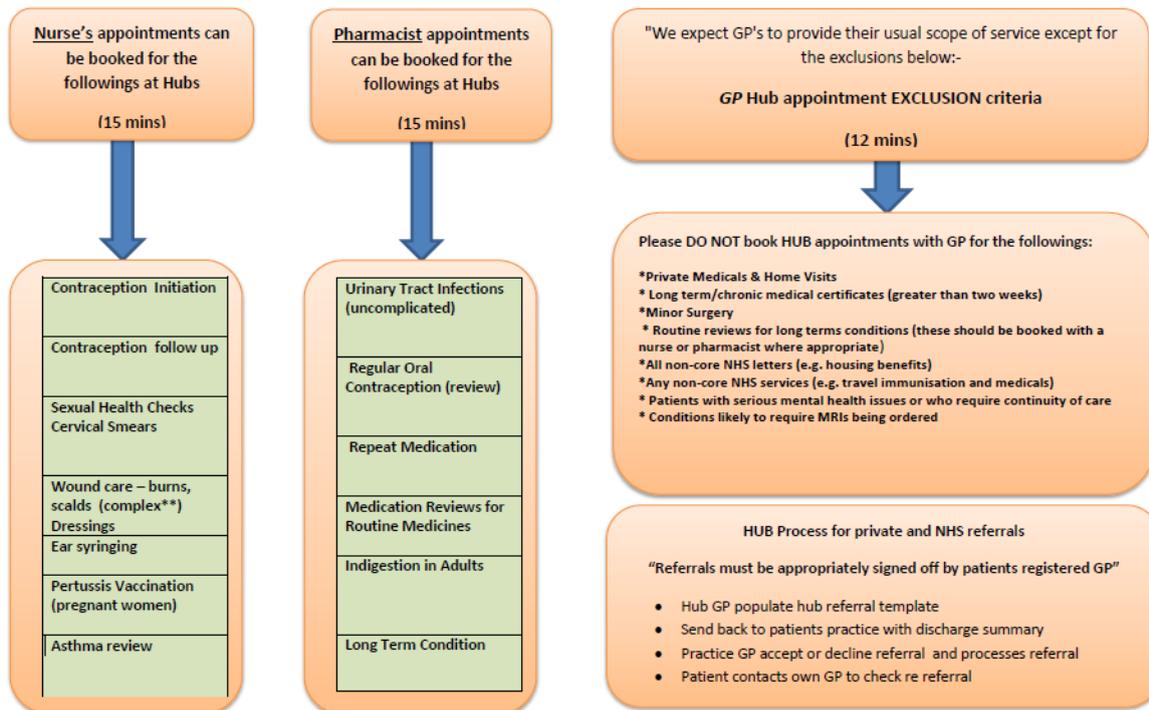
North East Locality:	St Andrews Health Centre,	
Address:	2 Hannaford Walk E3 3FF	
Phone Number:	020 8980 1888	
Hub email address:	Thccg.nehub@nhs.net	
Hub Practice Manager:	Elaine Hamling	e.hamling@nhs.net
Hub Clinical lead:	Dr Savitha Pushparajah	savitha.pushparajah@nhs.net
Locality Clinical Lead:	Dr Joe Hall	joe.hall@nhs.net
North West Locality:	Blithehale Medical Centre,	
Address:	22 Dunbridge Street, London E2 6JA	
Phone Number:	020 7739 5497	
Hub email address:	Thccg.nwhub@nhs.net	
Hub Practice Manager:	Ruth Waring	ruth.waring1@nhs.net
Hub Clinical lead:	Dr Simon Brownleader	sbrownleader@nhs.net
Locality Clinical Lead:	Dr Simon Brownleader	sbrownleader@nhs.net
South West Locality:	East 1 Health Centre,	
Address:	14 Deancross Street London, E1 2QA	
Phone Number:	020 7739 5497	
Hub email address:	Thccg.swhub@nhs.net	
Hub Practice Manager:	Husseyin Bayram	husseyin.bayram@nhs.net
Hub Clinical lead:	Dr Ricardo Cabot	ricardo.cabot@nhs.net
Locality Clinical Lead:	Dr Nicola Hagdrup	nicola.hagdrup@nhs.net
South East Locality:	Barkantine Health Centre	
Address:	121 Westferry Road, Isle of Dogs, London E14 8JE	
Phone Number:	020 7510 4000	
Hub email address:	Thccg.sehub@nhs.net	
Hub Practice Manager:	Mostafa Farook	mostafa.farook@nhs.net
Hub Clinical lead:	Dr Stuart Bingham	stuart.bingham@nhs.net
Locality Clinical Lead:	Dr Mike Fitchett	mikefitchett@nhs.net

Staff guide for PMCF Hubs

3. Clinical Procedures

3.1. Service Provision:

The flowchart (below) provides information on the range of clinical conditions that the practices can book in for an appointment and identifies the clinical responsibilities of the different clinical staff. The criteria for the exclusion list for the Hub GP appointments have also been specified.



The locality Hubs provide appointments that the general practices book for urgent or routine primary care services. Appointments can also be booked by the virtual Hub (GP Out of Hour's services) on Saturday and Sunday for patients who have been assessed through a telephone consultation as warranting a GP face to face review.

In short, the Hub appointments are available to all Tower Hamlets GP practices and to the OOH service although on a more limited time period.

3.2. Appointment booking:

Appointments are bookable for the weekday up to 48 hours in advance and for the weekends up to 7 days in advance. An exception to this pattern of availability occurs with the busier Hub, the Barkantine Hub, where appointments are often embargoed for up 3 - 4 days in advance.

The GP appointments are for 12 minutes whilst the Nurse and the Pharmacist appointments are for 15 minutes. In any 4 hour GP session, there will be 2 blocked appointment slots for catch up/break. For any block booking (e.g. 0800 - 1200 and 1200 – 1600), the first two appointment slots of the 2nd sessions (12:00 – 1600) will be blocked for break/lunch. Sessions booked from 16:00 – 20:00 will have 1 blocked appointment slot in the middle and the last 2 appointment slots for catch up.

Staff guide for PMCF Hubs

3.3. Patients arriving late:

When a patient is 10 or more minutes late, EMIS will automatically mark the appointment with a 'D' – 'Did Not Attend'. If there is space later on in the session, such patients may be given a new slot and the patient may re-present for the revised appointment time or the patient may remain and the GP can use their discretion to see the patient earlier than the rescheduled appointment time. If there are no free slots to accommodate the patients who miss their appointments, the GP will be expected to use their judgment as to whether the patient is reviewed, taking into account the service demand, the clinical situation and reasons for the lateness.

Patients should not ordinarily walk into the Hubs and expect to see a GP. Patients should be pre-booked via either their registering GP practice or the Tower Hamlets Out of Hours (OOH) service. If a patient does walk in with an emergency requesting help, we would expect GPs to act within their professional obligations and remit and take the appropriate clinical steps.

3.4. EMIS:

All 4 Hubs operate using the same EMIS Web Community Version with CDB number 28807.

The EMIS Web Community offers the following:

- Consultation mode
- Templates (generic and adaptable options)
- Prescribing
- Referral (2www)
- Option for offline document template for pathology requests and
- X-ray and diagnostic referrals

3.5. EMIS Coding:

It is important to use accurate, appropriate and consistent coding when entering data on EMIS. This ensures that practices can import QOF codes reliably. These procedures also ensure that audits can be undertaken reliably and validly.

3.6. EMIS Templates:

All values e.g. BP, Peak Flow, Weight, Smoking status etc.... are recorded on templates so that they are coded. In Tower Hamlets, we use standard CEG templates for all chronic diseases and for physiological and social values and data. These can be found by clicking on run template in the consultation mode of EMIS web and clicking on the magnifying glass and then typing CEG, this will bring up a list of the correct templates to use or by clicking on chronic disease for example, Hypertension CEG, the template will be displayed and data can be entered. The template will also prompt you as to areas that need to be completed.

Staff guide for PMCF Hubs

3.7: Problem list

Please be careful when filing a problem to code it correctly as a new or a first or an ongoing or review problem. This is particularly important for certain clinical conditions such as IHD, Depression which require investigations e.g. ECG, PHQ scores to be completed after each new occurrence. To avoid these difficulties, when filing (F8) the case notes please check whether it really is a "new" problem.

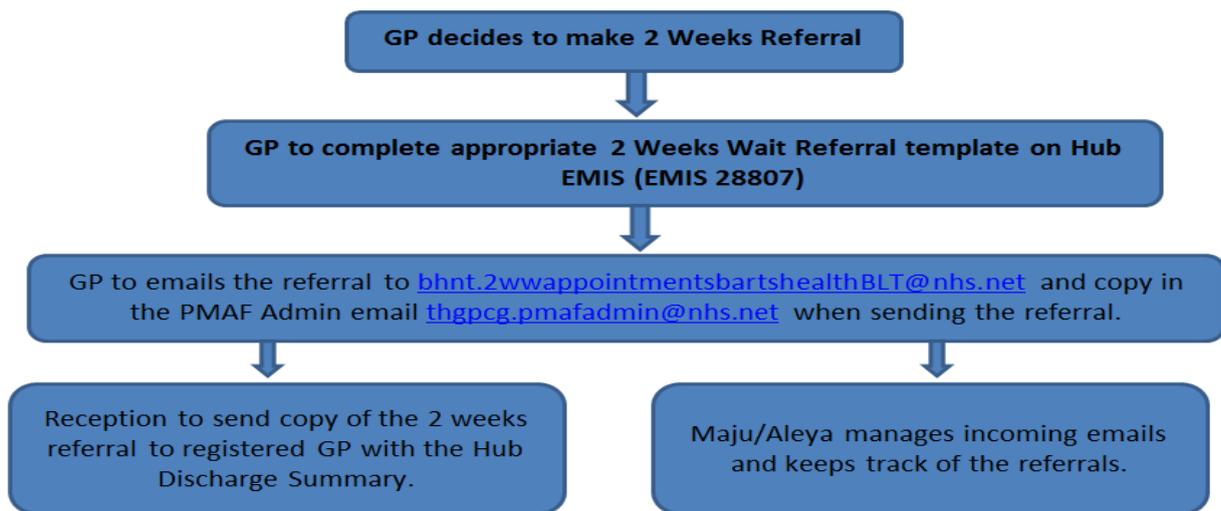
Holding codes such as Suspected Asthma or Suspected Hypertension can be employed until a diagnosis has been confirmed through appropriate investigations. This will ensure that QOF is not triggered and these codes will also ensure that the patient is not lost to follow up.

Staff guide for PMCF Hubs

3.8. Referrals

A. 2WWW Referrals - Suspected Cancer Referrals

The new 2WWW Referral Pathway has been approved by the stakeholders and GPAF Governance team. All 2WWW Referral templates can be found under 'document template' on Hub EMIS (CDB28807). Please follow the new 2WWW Referral pathways below:

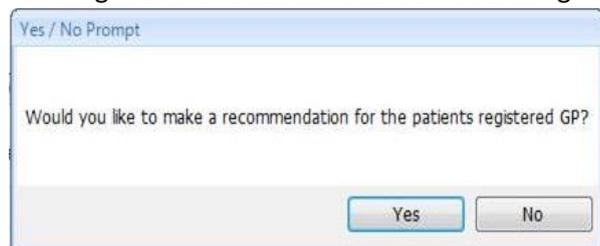


All 2WWW Referrals are coded using the National 2 Week Wait template available in the Hub EMIS

B. Routine Referrals

Routine referrals are organised through the registering GP practice. This is to ensure continuity of care as the registering GP should have knowledge of past referrals and investigations. Choices can also be made using the Choose and Book referral pathway.

However, the Hub GPs can make routine referral suggestions to the patient's registered GP to consider a possible referral. At the end of each consultation, the following prompt will appear on EMIS and if clicked 'Yes' it will prompt you to add more information about the possible referral.



Miscellaneous

Please state the which type of specialist referral you would like to recommend

Please given your reason(s) for suggesting this referral

Please state any information you have already provided to the patient ie. leaflets/website

Once all the necessary information is provided, a Hub Suggestive Referral for the registered GP will appear on the document template. GPs are encouraged to check the information on the template and save the document for the admin team to send it to the registered GP practice at the completion of the consultation. At the end of every clinic, the admin team routinely checks if a referral has been completed.

Staff guide for PMCF Hubs

3.9. Pathology

A. Requests

The rationale of the Hubs is to provide medical care as would be offered in the patient's own GP practice. The care is not limited or bound by an urgent prerogative. Please use the online Tquest function on EMIS to request blood or urine test. Please give the print out to the patient. The patient should be informed that the results will go back to the registering GP practice and the patients should advise to seek a follow up with their GP.

Less urgent or more extensive investigations should be organised ideally via the patient's own practice. Recommendations for pathology requests should be highlighted in the EMIS record and in the communication with the patient's practice.

However, if necessary and appropriate, patients can be referred for blood tests to the Barts Health blood clinics. For opening times and access, please see <http://bartshealth.nhs.uk/your-visit/getting-the-right-care/blood-test-services/>

B. Results

Pathology requests should be annotated with the patient's registering practice F code (see Appendix 1). This ensures that the practice will receive the results through the lab link facility.

In the rare event that a sample/blood result comes back to the Hub Practice, the Hub Practice manager ensures that these are forwarded to the patient's GP.

3.10. Radiology Requests

Hub GPs can request Xrays and Ultrasound by opening up EMIS documents creating a letter and searching for 'diagnostic forms'. Xray and Ultrasound form will appear in EMIS document template.

Similar to the pathology request forms, the registering GP's F code should be used (see Appendix 1)

Please note Hub GPs cannot request MRIs, Echocardiograms or 24 Hour BP/HR Tapes.

Staff guide for PMCF Hubs

4. Communication with Registering GP

- All Tower Hamlets general practice contact details can be found in the Hub nhs.net contacts and in Appendix 1
- All email communication is undertaken from an nhs.net account to an nhs.net email address to safeguard confidentiality
- For every completed consultation in the Hub EMIS, an email is sent with the discharge template attached to the patient's registered practice by the Hub reception staff.
- Urgent action, when required, is highlighted within the discharge summary. This is accessible when the consultation is completed.
- If there is a particular source of concern, the Hub GP should directly email the patient's registering GP practice (Appendix 1)

5. Chaperone Policy

For all clinical staff undertaking a consultation, there are two principles that should be considered. These are: an assessment of risk and informed consent.

The presence of a chaperone is helpful not only in reassuring the patient but, also in minimising the risk of the clinician's actions being misinterpreted by the patient. It is vitally important that the clinician has obtained informed consent from the patient and that this is documented in the records. There may be exceptional circumstances when a chaperone is not available to be present during an examination, or when it is totally impractical.

The TH GPCG Chaperone guidance will help clinical staff determine when and how chaperones should be used. The TH GPCG Chaperone Policy can be accessed from the website (www.gpcaregroup.org).

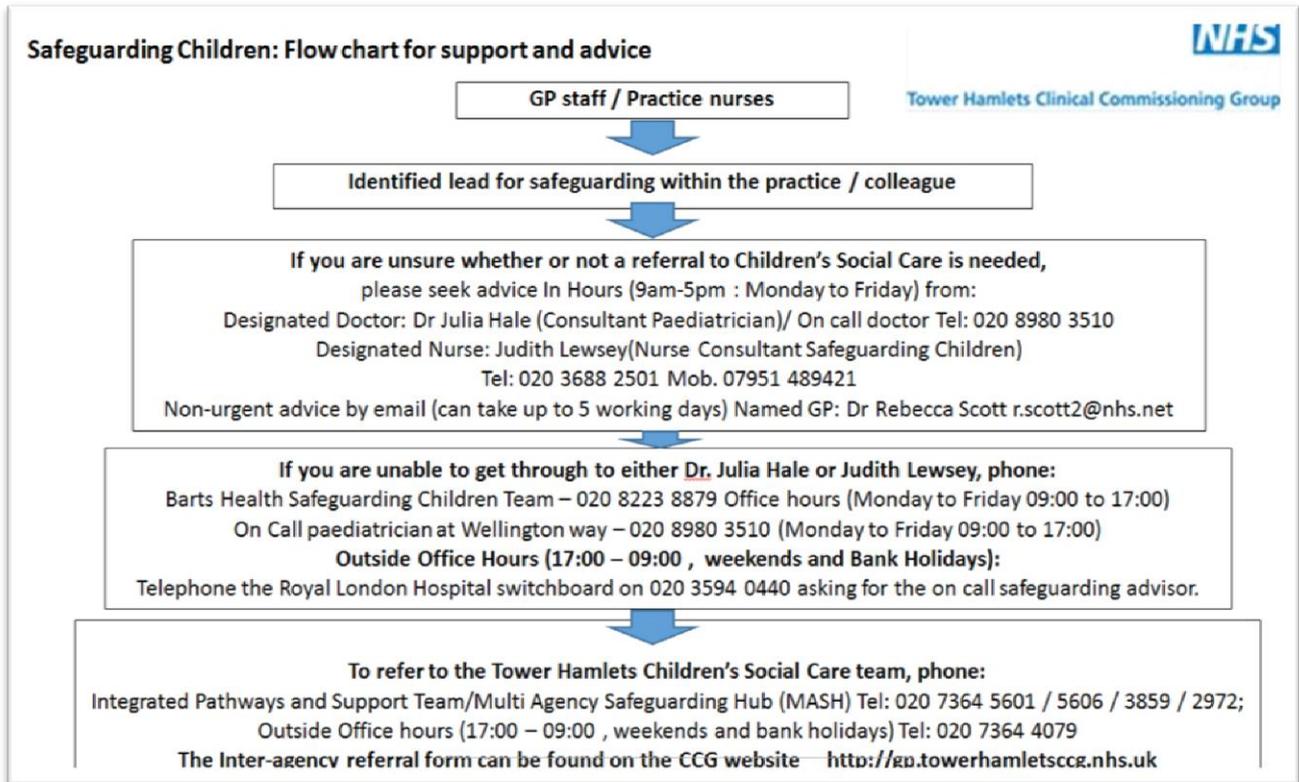
Because the Hubs are located in 4 different sites, we recommend that the clinician working in each Hub site follows that Hub's own Chaperone Policy.

Please ensure that you are familiar with the chaperone procedure at the commencement of a shift.

Staff guide for PMCF Hubs

6. Safeguarding Children and Adults

Each hub has an available algorithm indicating the procedure for managing safeguarding concerns in an out of hours setting. The general principles for accessing safeguarding support and advice for children is as follows:



How to raise a concern about an adult

In an emergency situation call 999. If you want to report any other type of crime call 101

Who do I contact?

Call the Assessment and Intervention Team on **020 7364 5005**. You can also email or complete **an alert form** and send it to **adultcare@towerhamlets.gov.uk**.

To report abuse to the police please contact the Tower Hamlets Multi Agency Safeguarding Hub on **020 3276 3501** or email towerhamletsMASH@met.police.uk.

For more information please visit website:
www.towerhamletsccg.nhs.uk/about/safeguarding-adults.htm

All adults and children with identified or possible safeguarding concerns must be highlighted to the patient's own registered practice via the hub NHS.NET email by the Hub GP. (See Appendix 1)

Staff guide for PMCF Hubs

7. Prescribing

7.1. General Principles

- The eBNF, the antibiotic formulary and the local formulary are used to identify standard first line prescribing.
- Initially prescribe a small quantity of 14 days for new medication until it is clear the medication is well tolerated and advise the patient to seek a review.
- For established regular medication, a reasonable amount (1-2 months) can be prescribed.
- Use evidence based prescribing and avoid cough mixtures /medicines of uncertain benefit.
- Be watchful with antibiotic prescribing. Use only when clinically indicated using TARGET assessment for respiratory or urinary tract prescribing and delayed prescriptions if appropriate. Use FIRST LINE antibiotics unless there are good clinical reasons not to and document these in the notes. Avoid the following three groups of broad-spectrum antibiotics, co-amoxiclav, cephalosporins and quinolones, unless there is good evidence for their use and this is documented in the notes.
- Medications for pain relief should take account of the WHO analgesic ladder and combinations such as co-codamol should be avoided. Avoid NSAIDs in the older age groups and in those with CVD or with GI bleeding risk. If NSAID is unavoidable, use naproxen or ibuprofen with PPI cover. Avoid NSAID with SSRIs or spironolactone.
- Prescribe medicines by generic name rather than brand prescribing name, unless the particular medicine falls under certain categories where it is important that the same proprietary formulation of drug is issued each time, as there are variations in bioavailability of different formulations of the drug. Examples are: lithium, some antiepileptic drugs and long acting nifedipine. It is possible to still issue the drug with a generic heading but when the dose line of the medication is reached, the proprietary name can be typed in brackets followed by please. Example Lithium 400mg Once Daily (Priadel please)
- Medications that require monitoring – such as warfarin, cytotoxics, DMARDs – can be prescribed at the discretion of the Hub GP provided that adequate monitoring has been done. The Hub GP should have been able to review the patient's notes including the recent consultations and monitoring details. The Hub GP should only prescribe sufficient quantities until the registering GP practice is open. Documentation should outline the reasoning.
- Medications such as morphine sulphate, opioid patches, and controlled drugs should ideally not be prescribed from the Hub. If a prescription is absolutely necessary, only prescribe enough until registering the GP practice is open. Only prescribe these medications if the Hub GP has been able to review the patient's notes including recent consultation notes. Document the reasons for the decision.
- Prescriptions for substance misuse medications should not take place and opiate substitutes such as buprenorphine and methadone should not be prescribed.
- Private prescriptions should not to be issued and the patient should be referred to their registering GP.
- Medications that are only prescribed by a specialist and/or are not part of the formulary and /or are only prescribed by a private prescription should not be issued (for example, alprazolam). The patient should be referred to their registering general practitioner and the Hub notes detail the decision.

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7.2. Support Materials

Tower Hamlets Prescribing Page: <http://thccgintranet/Prescribing/Pages/default.aspx>

This site is a comprehensive prescribing resource and support. It includes the Tower Hamlets formulary/eBNF, antibiotic guidelines, local and joint guidelines, bulletins and memos, hot topics and the prescribing support algorithm.

Please save this page in your favorites, for quick reference.

Tower Hamlets Formulary/ eBNF - <http://psfathbnf01.ad.thpct.nhs.uk:8080/bnf/index>

This is the online Adult BNF and Children's BNFs that have been entirely localised so that each and every drug holds a Tower Hamlets Formulary status. The Tower Hamlets Shared Care Guideline repository is linked to the medication's status and the requirement for shared care management is highlighted.

7.3. Monitoring

- The Toolkit (Appendix 2 and 3) reviews choice of medications in relation to diagnostic category as well as overall clinical practice.
- There is an audit programme to ensure that there is adherence to local formulary guidelines and to good practice according to NICE and established guidelines.

7.4. NHS Prescription Services

The hub service is registered as

TH GPCG Extended Hours OOH (676709)

Royal London Hospital
Whitechapel Road, London E1 1BB
Tel: 020 36881139
Tower Hamlets CCG (08V)

These details are linked to **Y05160 – TH GP Care Group Extended Hours Hubs OOH** and computer generated prescriptions should be printed with the above address and reference.

Staff guide for PMCF Hubs

8. Clinical Governance

8.1. Introduction

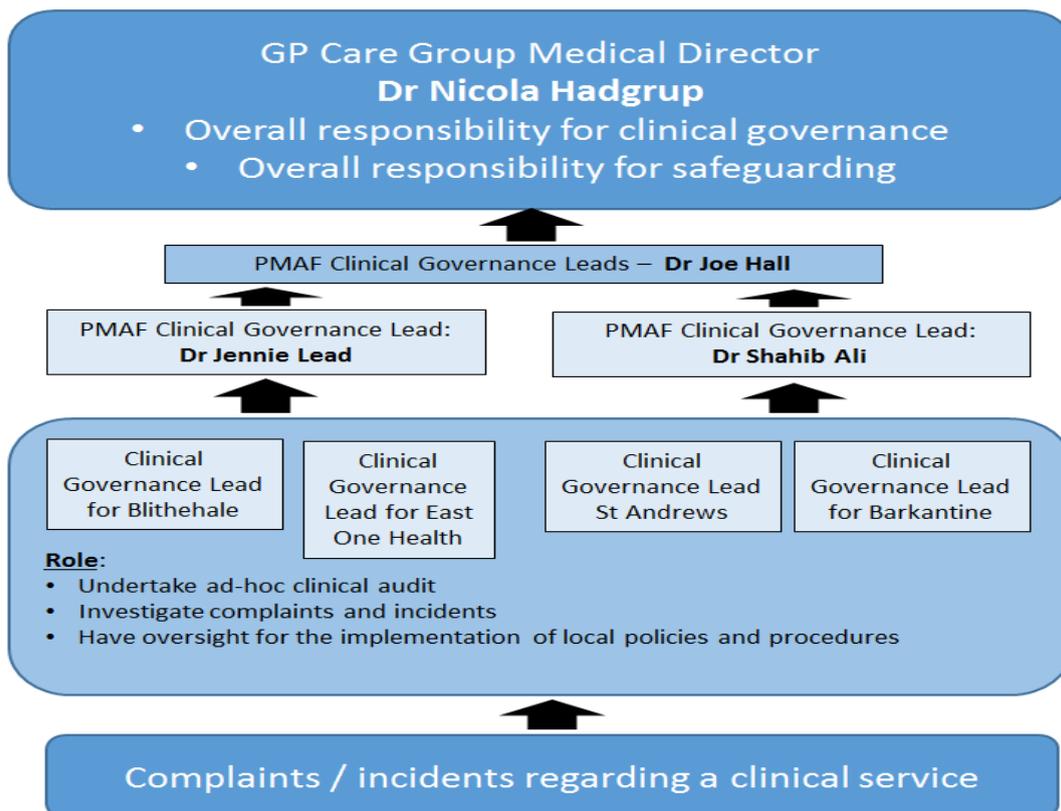
The Clinical Governance Team is accountable for continuously improving the quality of the services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. Clinical governance applies to all treatments and services.

The three most recognisable components of clinical governance are:

- Clinical effectiveness activities including audit and redesign
- Risk management including patient safety
- Patient focus and public involvement

8.2. GP Access Fund Clinical Governance structure:

Tower Hamlets PM Access Fund Clinical and Information Governance:



Staff guide for PMCF Hubs

8.3. Complaints and Incident Policy:

A. Complaints Policy

All staff are responsible for purposefully aiming to resolve issues and concerns raised by patients, their representatives and/or visitors as soon as they become aware there is an issue or problem. GP Care Group staff are expected to adopt an ethos of “if I can fix it I will” making every member of staff individually accountable for trying to prevent concerns from escalating unnecessarily.

Staff should be guided by and follow these six simple steps to resolve concerns. These are:

- Listen
- Sympathise
- Do not justify
- Make notes
- Agree a course of action and
- Follow through the agreed actions.

It is appropriate and good practice to apologise on behalf of the Care Group when someone reports a poor experience. Apologies and explanations alone do not constitute an admission of liability.

If a concern or a problem is resolved to the satisfaction of the complainant by the end of the next working day, it should be recorded as a non-reportable complaint (using the template found in TH GPCG Complaint and Incident Policy) and forwarded to the Service Lead. It is also good practice to make a note of the patient's concerns, conversations and any actions taken to resolve the situation in the patient's health record.

All staff must ensure that they take time to listen to any concerns brought to their attention. They should reassure the person complaining that making a complaint will not have any adverse effect on the care and treatment of the patient. Staff must escalate all reportable complaints to their immediate manager, the person in charge and if appropriate to the GP Director of Quality & Assurance.

If a complaint is made out of hours and staff require support with local resolution, but are unable to access their immediate manager or the Governance Team, the on-call Senior Manager should be called for support and guidance.

Complaints made verbally (reportable or non-reportable) must be recorded in writing using the template in Appendix A and a copy provided to the complainant.

On receipt of a complaint or a complaint being raised with staff verbally, wherever indicated, immediate intervention /action must be taken to ensure the safety and wellbeing of patients and that their immediate on-going care and treatment needs are met if this is necessary. The immediate safety and wellbeing of the patient must be paramount.

TH GPCG Complaint process and procedure can be found on the website (www.gpcaregroup.org)

Staff guide for PMCF Hubs

B. Incident Policy

The Tower Hamlets GP Care Group Adverse Incident Report Form should be used to report any incident or 'near miss' which has the potential to, or has caused loss, harm or damage to any individuals involved, or loss or damage to property or equipment for which the THGPCG is responsible. The form should also be used for any disruption to service delivery as well as any incident which has the potential to involve the THGPCG in any adverse publicity or litigation. The form can be downloaded from the GPCG Website (www.gpcaregroup.org).

Reports must be completed within 1 working day of the incident.

In the event of a serious injury or death, the incident must be reported immediately to the line manager. If out of hours, the on call manager must be informed (the contact number can be found on EMIS home page).

Once completed the form should be forwarded to the relevant service manager for update. The form should then be emailed to Ruth.walters@nhs.net.

8.4. Health and Safety policy

Within each hub practice, **there will be a list of contacts** for Health and Safety concerns out of hours.

All Health and Safety concerns must also be highlighted to the registered practice via the hub NHS email by the receptionist on duty

The TH GPCG Health and Safety policy can be accessed from the GPCG website (www.gpcaregroup.org)

8.5. Clinical Audit

In keeping with good medical practice, it is axiomatic that the quality, safety and consistency of the clinical work undertaken by the GPs in the hubs is evaluated. The focus of this audit initiative is to create a culture of clinical reflection, education and support at the level of the individual and the group and thereby to improve upon the patient experience.

This endeavour is well established in the urgent and emergency care services including the Walk in Centres, the 111 and the Out of Hours services, where clinical audit is a national requirement. To reliably and validly undertake this work, the RCGP in 2010 developed an audit tool, a toolkit, to evaluate face to face and/or telephone consultations including written records and/or audio recordings. This audit tool has been widely used in order to monitor consultations and to identify training and educational needs. The toolkit has the additional benefit of supporting a doctor's appraisal, certification and validation.

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A. Guidelines for Implementing the Toolkit

The Monitoring Team

The Toolkit assessment team for the PMCF the consists of Dr Shahib Ali, GP and Clinical Lead, Dr Jennie Read, GP and Clinical Lead, Dr Joe Hall, PMCF Clinical Governance Lead and GP and Dr Nicola Hagdrup, PMCF Programme Director and GP.

Drs Joe Hall and Nicola Hagdrup have overall clinical responsibility for the audit process. Drs Ali and Read have responsibility for the organisation of the audit process and for the review of the consultation notes and process.

The reviewers have access to the written consultations made by the clinician and can access the information or the medical record that the clinician would have had access to at the time of the patient review.

The progress of the work is an agenda item on the PMCF management meetings.

B. The Audit Tool

The RCGP Toolkit contains 14 criteria: 9 core or universal criteria and 5 optional criteria. These closely follow the RCGP guidelines on the key characteristics of good medical practice. The 9 universal criteria are assessed as applying to all health care settings whereas the optional criteria apply only in certain organisations or in particular clinical scenarios.

In reviewing the additional criteria in relations to the aims and the work of the clinicians in the hubs that which pertain to Safeguarding, to IT/algorithms and to Empowering Behaviour have been included. (Appendix 2)

Each criterion has a set of questions to prompt the reviewer to consider if the criterion has been met.

The marking schedule of the toolkit is relatively simple: 0 not met, 1 partially met/acceptable/safe and 2 largely/fully met. Thus, a total score of 24 can be achieved for each reviewed consultation. However, it is not expected that each consultation will allow for the assessment of all 9 core criteria but it is thought that over the random sample, the core and the additional criteria will be assessed. The clinician should achieve the organisation's mean for each criterion.

The reviews for each clinician are stored on an Excel spreadsheet. The spreadsheet lists the 12 criteria. Thus, patterns can be identified for each clinician and for clinicians working in particular hubs

C. The Procedure

The RCGP Toolkit guidelines are followed:

- a random sample of consultation records are reviewed.
- the first audit review occurs within 3 months of joining the service and the first sample consists of 2% of the workload or 8 cases whichever figure is the highest
- the subsequent reviews occur every three months and the random sample consists of either 1% of the consultation workload or of 4 cases whichever figure is the highest
- clinicians identified as having "calls for concern" and/or adverse patient or practice feedback have a further 4 -8 cases assessed.

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D. Feedback

Confidentiality

All feedback is confidential. However, if there are performance concerns, the information is shared with the Clinical Governance Lead and PMCF Director.

No cause for Concern

Feedback is given in a letter with the completed toolkit proformas attached. An opportunity is offered for a one to one discussion

A Cause for Concern

It is possible that a clinician is identified with "developmental needs". In these circumstances, the number of randomly selected consultations for review is extended to include a further 4 -8 cases as described above. The toolkit team internally and confidentially discuss the performance in order to consider educational issues as well as organisational factors.

If it is felt that the concerns do not raise significant performance issues, the details of the review are given to the clinician in a letter with the completed proformas supplemented by a one to one discussion. If appropriate, reflective training opportunities or a reflective action plan is offered. A further review takes place at 3 months.

If organisational issues have been identified, these are taken forward and are addressed in a management meeting or a telephone conference.

Persistent and /or Significant Cause for Concern

It is possible that significantly concerning professional performance issues are identified. These performance problems may be identified by criteria scores indicating a performance significantly below the mean for the organisation and/or by patient complaints or colleague observations.

In these circumstances, a one to one discussion is offered. The assessed cases are reflected upon and personal factors impinging upon or organisational issues influencing performance are considered. An action plan is agreed. A further support meeting takes place within an agreed time period. A further toolkit assessment takes place in 3 months.

If the issues persist and/or if the performance continues to give rise to a significant concern and/or if the consultations are assessed as unsafe, following discussions with the clinical governance team, further advice is sought from the appraisal lead of North East London. During this period, the clinician is advised to withdraw from sessional work.

Comments and Suggestions

The full details of the 2011 Toolkit can be found at www.rcgp.org.uk

If you would like to comment on the content of this guideline or you would like to make suggestions, please do email either jennieread@nhs.net or shahib.ali@nhs.net

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9. Clinician job description

9.1. General Practitioner (JD)

Job summary:

The post-holder will manage a caseload and deal with a wide range of health needs in a primary care setting, ensuring the highest standards of care for all Tower Hamlets registered patients.

Clinical responsibilities:

- In accordance with the practice timetable, as agreed, the post-holder will make themselves available to undertake a variety of duties, including surgery consultations, providing clinical support to practice nurses working in the hubs, dealing with prescription queries from admin and reception team
- Making professional, autonomous decisions in relation to presenting problems, whether self-referred or referred from other health care workers within the organisation
- Assessing the health care needs of patients with undifferentiated and undiagnosed problems
- Screening patients for disease risk factors and early signs of illness
- Developing care plans for health in consultation with patients and in line with current practice disease management protocols
- Providing counselling and health education
- Admitting or discharging patients to and from the caseload and referring to other care providers as appropriate
- Recording clear and contemporaneous consultation notes to agreed standards
- Collecting data for audit purposes
- Compiling and issuing computer-generated acute and repeat prescriptions (avoiding hand-written prescriptions whenever possible)
- Prescribing in accordance with the practice prescribing formulary (or generically) whenever this is clinically appropriate
- In general, the post-holder will be expected to undertake all the normal duties and responsibilities associated with a GP working within primary care.

Other responsibilities within the organisation:

- Awareness of and compliance with all relevant practice policies/guidelines, e.g. prescribing, confidentiality, data protection, health and safety
- A commitment to life-long learning and audit to ensure evidence-based best practice
- Contributing to evaluation/audit and clinical standard setting within the organisation
- Contributing to the development of computer-based patient records
- Contributing to the summarising of patient records and read-coding patient data
- Attending training and events organised by the practice or other agencies, where appropriate.

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Confidentiality:

- In the course of seeking treatment, patients entrust us with, or allow us to gather, sensitive information in relation to their health and other matters. They do so in confidence and have the right to expect that staff will respect their privacy and act appropriately
- In the performance of the duties outlined in this job description, the post-holder may have access to confidential information relating to patients and their carers, practice staff and other healthcare workers. They may also have access to information relating to the practice as a business organisation. All such information from any source is to be regarded as strictly confidential
- Information relating to patients, carers, colleagues, other healthcare workers or the business of the practice may only be divulged to authorised persons in accordance with the practice policies and procedures relating to confidentiality and the protection of personal and sensitive data.

Health & safety:

The post-holder will implement and lead on a full range of promotion and management of their own and others' health and safety and infection control as defined in the practice health & safety policy, the practice health & safety manual, and the practice infection control policy and published procedures. This will include (but will not be limited to):

- Using personal security systems within the workplace according to practice guidelines
- Awareness of national standards of infection control and cleanliness and regulatory / contractual / professional requirements, and good practice guidelines
- Providing advice on the correct and safe management of the specimens process, including collection, labelling, handling, use of correct and clean containers, storage and transport arrangements
- Correct personal use of Personal Protective Equipment (PPE) and ensuring correct use of PPE by others, advising on appropriate circumstances for use by clinicians, staff and patients.
- Management of the full range of infection control procedures in both routine and extraordinary circumstances (e.g. pandemic or individual infectious circumstances)
- Hand hygiene standards for self and others
- Managing directly all incidents of accidental exposure
- Management and advice relating to infection control and clinically based patient care protocols, and implementation of those protocols across the practice
- Active observation of current working practices across the practice in relation to infection control, cleanliness and related activities, ensuring that procedures are followed and weaknesses/training needs are identified, escalating issues as appropriate to the responsible person
- Identifying the risks involved in work activities and undertaking such activities in a way that manages those risks across clinical and patient process
- Making effective use of training to update knowledge and skills, and initiate and manage the training of others across the full range of infection control and patient processes
- Monitoring practice facilities and equipment in relation to infection control, ensuring that proper use is made of hand-cleansing facilities, wipes etc., and that these are sufficient to ensure a good

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clinical working environment. Lack of facilities to be escalated as appropriate to the responsible manager

- Safe management of sharps use, storage and disposal
- Maintenance of own clean working environment
- Using appropriate infection control procedures, maintaining work areas in a tidy, clean and sterile and safe way, free from hazards. Initiation of remedial / corrective action where needed or escalation to responsible management
- Actively identifying, reporting, and correcting health and safety hazards and infection hazards immediately when recognised
- Keeping own work areas and general/patient areas generally clean, sterile, identifying issues and hazards/risks in relation to other work areas within the business, and assuming responsibility in the maintenance of general standards of cleanliness across the business in consultation (where appropriate) with responsible managers
- Undertaking periodic infection control training (minimum twice annually)
- Correct waste and instrument management, including handling, segregation, and container use
- Maintenance of sterile environments
- Demonstrate due regard for safeguarding and promoting the welfare of children.

Equality and diversity:

The post-holder will support the equality, diversity and rights of patients, carers and colleagues, to include:

- Acting in a way that recognises the importance of people's rights, interpreting them in a way that is consistent with practice procedures and policies, and current legislation
- Respecting the privacy, dignity, needs and beliefs of patients, carers and colleagues
- Behaving in a manner which is welcoming to and of the individual, is non-judgmental and respects their circumstances, feelings priorities and rights.

Personal/professional development:

In addition to maintaining continued education through attendance at any courses and/or study days necessary to ensure that professional development requirements for PREP are met, the post-holder will participate in any training programme implemented by the practice as part of this employment, with such training to include:

- Participation in an annual individual performance review, including taking responsibility for maintaining a record of own personal and/or professional development
- Taking responsibility for own development, learning and performance and demonstrating skills and activities to others who are undertaking similar work.

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Quality:

The post-holder will strive to maintain quality within the practice, and will:

- Alert other team members to issues of quality and risk
- Assess own performance and take accountability for own actions, either directly or under supervision
- Contribute to the effectiveness of the team by reflecting on own and team activities and making suggestions on ways to improve and enhance the team's performance
- Work effectively with individuals in other agencies to meet patients' needs
- Effectively manage own time, workload and resources.

Communication:

The post-holder should recognize the importance of effective communication within the team and will strive to:

- Communicate effectively with other team members
- Communicate effectively with patients and carers
- Recognise people's needs for alternative methods of communication and respond accordingly.

Contribution to the implementation of services:

The post-holder will:

- Apply practice policies, standards and guidance
- Discuss with other members of the team how the policies, standards and guidelines will affect own work
- Participate in audit where appropriate.



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Staff signature page

Please note you must sign to confirm you have read and understood the content of this locum document and scan and upload/return the completed document before you can take part in GPCG Hub service

I confirm that I have read and understood the requirements of the Tower Hamlets GP Care Group Primary Care hub services as described in this locum pack.

I agree to work in accordance with the service description and the job description as described in the pack.

PRINT NAME:.....

SIGNATURE:.....

DATE:

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