

## POWYS COMMUNITY HOSPITALS AGREEMENT: SUMMARY

Please note that this is a summary only. For the precise details please see the Powys SLA.

- Practices, rather than individual GPs, will hold the contract to provide the Service Level Agreement (SLA) to each community hospital. The SLA will be a rolling 3 year contract, with an annual review.
- The SLA is for in-hours only – from 08.00 to 18.30 hours Monday to Friday (excluding bank and public holidays). While the practices have a 24-hour clinical responsibility for the GP-led beds in the hospital, in the same way that consultants retain 24-hour clinical responsibility for their beds. The PCO is totally responsible for the provision of out-of-hours cover. There is no part of the SLA that obligates GPs to act as a “fallback” option should the PCO’s out-of-hours arrangements fail. If the practices wish, and after discussion between the practice and PCO, the practice may agree to provide out-of-hours cover under a separately agreed and funded contract.
- The practice will be paid as follows:
  - 10 sessions paid per grouping of 24 beds (plus or minus 15%; so the range is 20 to 28 beds)\*
    - Each session with GP-led beds = £6400
    - Each session with consultant-led beds = £5400
    - Each session with consultant-led beds where the GP has an additional qualification in the care of the elderly (e.g. Diploma in Geriatric Medicine) = £6400

A 5% uplift will be added to all sessional payments annually to recognise internal cover provided by the practice when a partner is away (e.g. sick, maternity or annual leave). This means that a:

GP-led session = £6720  
Consultant-led session = £5670

Therefore a practice responsible for 24 GP-led beds will receive £67,200 a year. A practice responsible for 24 consultant-led beds will receive £56,700 a year, etc.

- 7 sessions paid (at £6,400 per session) per year for seeing or giving advice at a nurse’s request to 2,500 minor injury patients over the year. The number of patients to be covered by the 7 sessions may alter by 15%; so the range is 2875 to 2125.\*

A 5% uplift will be added to all minor injury sessional payments annually to recognise internal cover provided by the practice when a partner is away (e.g. sick, maternity or annual leave).

Therefore a practice seeing 2,500 minor injury patients a year will receive £47,040 on top of the annual payment for the GP or consultant-led beds.

- An additional payment of one session at £6,400 (£6720 with the 5% uplift) where one of the practice’s GPs is appointed as the Community Hospital Clinical Lead.
- All payments qualify under the NHS superannuation scheme. The PCO’s employer contributions are paid directly by them to the pensions department and are in addition to the amounts mentioned above.

- The SLA will be uplifted by the same percentage as the annual Welsh consultants' pay award.

\*Any variation in bed numbers outside of these ranges is for local discussion between the PCO and the practice(s) involved using the main SLA agreement as the basis for this.

- GPs involved with the SLA will be appraised using the established NHS GP system.
- The practice has to provide the following service to the community hospital:
  - a doctor must attend the hospital each day Monday to Friday (excluding bank and public holidays). There will be a daily ward round, and wherever possible this should be multi-disciplinary (as a minimum at least one multi-disciplinary ward round a week must be undertaken).
  - A doctor must be "on call" or available at all times during the hours of 08.00 and 18.30. This doctor must be available for in-patient admissions, providing cover for the minor injury unit (where applicable) and to ensure that at the end of the working day all issues have been dealt with and an appropriate hand-over is made to the out-of-hours provider.
  - Where a patient is admitted under the care of a named GP, the admitting doctor is responsible for "clerking in" the patient, agreeing a treatment plan and discussing that and the care plan with the nursing staff. The clinical record must be completed and any drug treatment written up.
- A practice may employ other doctors, such as staff grade doctors, to undertake the work. The practice will be responsible for informing the PCO of the GP partners and employees involved in the provision of services.
- For each community hospital a Clinical Lead will be appointed. There is a role specification for this post.