

Appendix B

Model Service Level Agreement for community hospital GP practices For the provision of in-hours medical cover at community hospitals

Between -----PCO and Medical Contractor Practices

In respect of -----Community Hospital

From ----- to -----

This service level agreement is made on ----- day of -----2005

between

1 -----PCO

Address

Postcode

AND

2-----Medical Contractor Practice

Address

Postcode

This SLA will hereafter be called the Agreement.

The community hospital referred to in this Agreement is the Community Hospital, hereafter called “the Hospital”.

Introduction

This Agreement is between the two parties stated above. It relates to the provision of medical cover to patients in the hospital during the specified weekday (Monday to Friday) hours of 8.00 am to 6.30 pm excluding bank and public holidays (and also to agreed services to patients attending the Minor Injuries Unit that cannot be managed by the nursing staff during normal contracted hours – delete if not appropriate).

Where the local out-of-hours provider offers different hours based on local agreement then the hours in the agreement may differ provided all parties agree.

The Agreement replaces the historically contracted service arrangements.

Duration of Agreement

The Agreement shall exist for a three year rolling period commencing on the date stated below.

The Agreement shall start on the -----

Consideration to the further rolling forward of the agreement shall be given annually on the anniversary of the date above.

The period of notice for termination of the Agreement will be six months unless mutually agreed by the parties to the Agreement to be shorter.

Professional requirements of Community Hospital GP Practice contractors:

- a) Registered medical practitioners with full GMC Registration
- b) Eligible for entry on a PCT Performer's List
- c) Professional indemnity insurance and/or Crown indemnity
- d) Postgraduate medical experience or qualifications relevant to care of the elderly would be an advantage, as would a willingness to undertake relevant training.

The practice will be responsible for informing the PCO of the GP partners and employees involved in the provision of services to the community hospital.

Hours of Service

The Hospital shall be provided with the following medical input from the practice contractor:

Cover from 0800 to 1830 hours Monday to Friday excluding bank and public holidays for the care of those patients admitted under in-patient care.

Should the Hospital have a Minor Injury Unit then cover will be provided from 0800 to 1830 hours excluding bank and public holidays for the care of those patients who attend and are assessed by nursing staff as needing to see a doctor or for whom the nurse contacts the doctor for telephone advice.

Where the local out-of-hours provider offers different hours based on local agreement then the hours in the agreement may differ provided all parties agree.

[Out of the hours stated medical cover including for Minor Injuries unit is to be provided under a separate agreement between the PCT and the Provider of the out-of-hours service.]

Payment options

The different payment options are set out in Appendix C to the GPC guidance.

[Please note that where there is a medical defence organisation surcharge then that needs to be built into the contractor price. A 5% uplift should be added to all payments annually to recognise internal cover provided by the practice when a partner is away (e.g. sick, maternity, annual leave and study leave). The separate remuneration for any Clinical Lead and minor injury work also need to be calculated.]

All payments will qualify under the NHS superannuation scheme.

Service Outline

The practice contractors will:

- a) provide medical cover as stated ideally by nominated doctors with deputies in periods of leave and sickness
- b) work with the wider multidisciplinary team including nursing staff, social services, consultants in elderly care/psycho-geriatricians, community staff and other agencies to the benefit of the inpatients
- c) undertake to attend the hospital for appropriate lengths of time according to workload during contracted hours per (Monday to Friday), with a minimum of one multi-disciplinary ward round a week.
- d) undertake to be available during the contracted hours if requested if urgent or emergency care is required when the practice on-duty medical contractor is not at the hospital.

Principal Duties and Responsibilities of Practice Contractor

Medical Officers will have the following duties and responsibilities for in-patients:

- a) to accept appropriate admissions following the PCO admission criteria from district general hospitals and /or the community
- b) to examine patients on the day of admission to the hospital where appropriate to do so, recording this and the prescribed medication and treatment in the patients health care records and undertake all appropriate admission documentation. This is to ensure that at the time of admission the patient has had an appropriate clinical examination and relevant documentation completed. Patients transferring from a local DGH must have their drug charts and a treatment plan updated/revalidated prior to transfer so that there is no requirement for the medical officer to attend the patient until the next routine ward round unless new treatment is required. Admission documentation may be undertaken on the next working day after admission
- c) the resuscitation status of patients should be recorded following discussion with the patient and their relatives and regularly reviewed as appropriate

- d) to contribute to the patients written care and contemporaneous notes ensuring legibility and signed entries for all attendances
- e) to work to ensure all necessary investigations and diagnostic tests are carried out with appropriate actions taken in a timely manner
- f) to reassess inpatients by history examination and ongoing investigations those inpatients that require clinical monitoring with the hospital staff
- g) to support prescribing to the in-patients in line with the PCO Formulary
- h) to liaise with the hospital pharmacist about medication reviews
- i) to support PCO medication discharge policies – e.g. 28 day post discharge supply of medication as appropriate.

Communication

- a) To maintain contemporaneous clinical records and to date and sign all entries and prescriptions to allow appropriate coding of discharge information
- b) To ensure the patients registered contractor practice when appropriate as well as relatives or carers are informed of any significant changes in the ongoing condition and progress of the patient
- c) To liaise two way with the local out-of-hours service provider about inpatients to provide communication and professional continuity of care
- d) To participate in the multidisciplinary team care of in- patients to plan patient care and discharge plans
- e) To liaise and communicate plans for discharge and referrals of patients to their local GP Contractor Practice by timely discharge letters
- f) To arrange for follow up care and treatment as appropriate whilst in hospital
- g) To support the PCT in ensuring any patient complaints are responded to within the time requirements of the NHS complaints policy.

Continual professional development, training and education

The Community Hospital Practice Contractor medical officers shall:

- a) be expected to participate in an annual NHS GP appraisal and personal development planning
- b) attend in protected contracted time mandatory updates and other training as required by the PCO and as set out in the PCO's training policy, e.g. resuscitation updates
- c) utilise professionally the contracted study leave allowance in time prescribed for this post.

Quality Research and Audit

Community Hospital Medical Officers should:

- a) support clinical governance by ensuring treatment is where ever possible underpinned by research evidence and compliance with NICE and NSF requirements
- b) follow agreed local care pathways and /or protocols
- c) support PCO staff in development of care pathways
- d) undertake and participate in clinical audit and PCO quality initiatives in protected time

e) comply with PCO policy in ensuring ethical approval for all research projects.

Health and safety, and risk management

In order to protect the safety of the public patients and staff, the Community Hospital GP Medical Officer will participate in the PCO risk management programme and the adverse events and complaints system.

Confidentiality and Data Protection

The Contractor Practice:

- a) must ensure that all persons delivering the service to the Community comply with the Caldicott Guardian requirements and ensure that any matters of a confidential nature are not divulged or made available to unauthorised personnel
- b) is responsible to ensure all their staff are aware of their obligations in respect of the Data Protection Act and in relation to the Freedom of Information Act 2005.

Staff competency

All community hospital clinical staff (including nursing staff) must be appropriately trained, for example in nursing care and life support.

Admissions policy

The following points should be considered when drawing up an admissions policy.

The level of case complexity will determine the input required by the general practitioner. It is important that only admissions which are within the capacity, skills or resources of the community hospital are made. A clear definition is needed of the type of patients that GPs have the time and skills to manage satisfactorily to avoid inappropriate admissions.

Normally only patients aged over 18 years of old may be admitted to a community hospital. With local agreement the minimum age for patients may be lowered to 16 years of age.

Examples of patients that may and may not be suitable for community hospital admission are set out below.

Patients normally suitable for community hospital admission:

- Uncomplicated medical conditions in the elderly– e.g. UTI, chest infection
- Mild to moderate exacerbation of COPD, not requiring arterial blood gases (ABG) monitoring
- Uncomplicated rehabilitation / respite assessment
- Crisis admission; breakdown in care at home package
- Joint assessment by health and social care
- Step-down care at low risk level
 - Post-orthopaedic electives
 - Post surgery rehabilitation
 - Stroke rehabilitation
- Palliative care patients, except those requiring interventional therapy
- Stabilisation of drug therapies

- Intravenous antibiotic treatment

There is an assumption, in the list above, that the community hospital has adequate facilities and staff resources and in particular adequate support from allied health professionals to rehabilitate suitable patients adequately.

Patients not normally suitable for community hospital admission

(but maybe suitable if the GPs and the allied health professionals have the appropriate resources, including up-to-date skills)

- Palliative or terminal care requiring interventional therapy ie effusion tapping and chemotherapy
- Step-down care at relatively high dependency e.g. strokes, complex orthopaedics
- Patients with persistent severe behavioural disturbance
- Patients requiring regular daily specialist medication review
- Patients admitted with chest pains
- Patients with acute cerebrovascular events
- Patients with metabolic imbalance requiring intravenous fluids and blood monitoring
- Intravenous therapies, including blood transfusions
- Alcohol detoxification.

Clinical Lead

The Practices will nominate (in discussion with the PCO) a Clinical Lead/Director. The specification for this role is set out below. An additional session paid at an agreed rate will be added to the SLA to recognise this role. This lead would normally be in place for a year at a time, to encourage continuity and development of services within the community hospital. Only one clinical lead will be appointed per community hospital.

Role specification for a clinical lead/director:

The General Practitioner Clinical Director for each hospital will have responsibility for providing leadership to the general practitioners who provide services at that hospital. They will be responsible for:

- Ensuring that the admitting doctors comply with the corporate and clinical governance frameworks of the PCO and the policies and procedures of the PCO.
- Working with the practitioners to ensure that only those patients whose needs can be met are admitted to the community hospital. In situations where there is uncertainty the matron, the General Practitioner Clinical Director and if necessary the on call manager should decide. In these circumstances and if necessary the General Practitioner Clinical Director should immediately inform the Medical Director of the PCO or their Deputy of the problem. In some circumstances patients will need to be admitted to other local hospitals or a District General Hospital that can provide the care needed.
- Encouraging participation in the clinical audit process by all of the general practitioners and working closely with the PCO audit lead.

- Ensuring a rota is in place that provides:
 - ◆ Cover from 8.00 to 18.30 Monday to Friday for the care of those patients admitted under the care of a named general practitioner, except bank and public holidays.
 - ◆ Cover from 8.00 to 18.30 Monday to Friday for the care of those patients who attend the minor injury department and who are assessed by the nursing staff as needing to see a doctor, except bank and public holidays.
 - ◆ A doctor presence in each hospital each day (Monday to Friday except bank and public holidays). It is expected that this should be for an appropriate length of time, e.g. for one session a day (3.75 hours), to reflect the workload within the hospital.
 - ◆ A minimum of one multi-disciplinary ward round a week.
 - ◆ That an appropriate handover procedure to the out-of-hours providers is in place.

- Involvement in clinical complaints and helping the Medical Director of the PCO to ensure that any remedial action is taken.

The General Practitioner Clinical Director for each hospital will be part of the hospital management process and so will take part in:

- Regular meetings with the matron and will support the matron in developing and providing high quality patient care and achieving agreed PCO performance targets.
- The Hospital Operational Team meetings which is a monthly meeting attended by all those who are involved managerially in the hospital.
- Meeting with the Medical Director quarterly and alerting the Medical Director if any issues arise relating to clinical competence, inadequate staffing or equipment levels.
- Working closely with all other doctors who work in the hospital and in partnership with them establishing a medical staff committee. This committee will be represented on the PCO Medical Staff Committee.
- Discussions on service change/redesign where appropriate.

The General Practitioner Clinical Director for each hospital will be expected to encourage and champion high quality evidence based care including:

- Encouraging a culture of multidisciplinary care
- Encouraging that patients are admitted and treated to agreed clinical protocols
- Discussing regularly with the pharmacist prescribing practice and appropriate NICE guidance awareness
- Encouraging that notes are completed and any changes to the treatment and/or care plan are documented (within one working day in cases of telephone advice to nursing staff) and discussed with the nursing staff.
- Identifying any CPD needs of the admitting doctors.

The Medical Director will work with the practices involved to appoint the Clinical Lead/Director.

Minor Injury Unit SLA

The Practice Contractor GP Medical Officer should provide support and advice to the nurse practitioners as requested with regard to the patients attending the MIU for immediate assessment and treatment during the hours of 0800 to 1830 hours Monday to Friday excluding bank and public holidays within an agreed range of response times.

The support may include the provision of verbal telephone advice and instructions, but NOT to take 999 calls unless the paramedic crew have formally and directly discussed the case with the responsible on-call contractor doctor.