Local Enhanced Service (LES) for Cardiovascular Risk Assessment in Patients

Service Level Agreement 2009/10 – for Community Pharmacy

1. Introduction

The purpose of this agreement is to set out a Local Enhanced Service (LES) for a Cardiovascular Risk Assessment for patients aged 40-74. The agreement is in respect of the period 1st April 2009 to 31st March 2010 but may be extended subject to the agreement of both parties and may be subject to review in line with national guidance.

The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of this specification by commission, omission or implication defines or redefines essential or additional services. Pharmacists will undertake to deliver this service using PCT supplied computer, IT equipment, and testing equipment as well as appropriate hand washing equipment if this is not currently available.

2. Aims of this Agreement

Deaths from Cardio-Vascular Disease (CVD) locally account for 36% of mortality in males and 35% mortality in females making it the biggest cause of death locally. Further more, disease specific mortality rates in the under 75s in South West Essex show the greatest gap between the most and least deprived quintiles for CVD compared to any other disease making it the disease causing the greatest health inequality. Community pharmacy represents an ideal avenue through which to address some of these inequalities. Pharmacies are situated in communities, easily accessible, without appointment, and often service areas with high deprivation. In addition, it is estimated that an ‘average’ pharmacy will have the significant numbers of patients with long term conditions, at least a third of these will have co-morbidities, and many of these patients are amenable to intervention.

<table>
<thead>
<tr>
<th>Long Term Condition</th>
<th>NO. OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>452</td>
</tr>
<tr>
<td>Diabetes</td>
<td>156</td>
</tr>
<tr>
<td>Angina</td>
<td>122</td>
</tr>
<tr>
<td>Heart attack (annual)</td>
<td>24</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1390</td>
</tr>
<tr>
<td>Heart failure</td>
<td>78</td>
</tr>
<tr>
<td>COPD</td>
<td>78</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>40</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>35</td>
</tr>
<tr>
<td>Parkinson’s Disease</td>
<td>10</td>
</tr>
</tbody>
</table>
There is currently a discrepancy between the known number of patients with CVD, and the predicted prevalence (based on deprivation scores). This would suggest there is a proportion of undetected CVD within South West Essex.

Anticipatory care is an approach which aims to identify and target those patients most at risk of preventable and serious ill health, offering appropriate interventions and services to them, and providing monitoring and follow up. It arises from the frequently observed phenomenon that people present to health services (often for the first time) with advanced disease or multiple and complex problems, at a stage when health service intervention is both much less likely to be effective, and much more likely to be expensive.

CVD is particularly appropriate to the anticipatory care approach. There is a strong evidence base in terms of CVD to support intervention at an early stage in the disease process. The assumption is that by targeting patients at risk of CVD, identifying those at greatest risk (often unknown) and offering appropriate intervention, the risk of a major cardiovascular event can be reduced. This has obvious benefits for the individuals involved, but cumulatively it reduces the burden of morbidity and mortality that local health services have to respond to and pay for.

It is relatively easy to calculate a risk score to predict the likelihood of a patient experiencing a CVD episode within the next ten years if a number of clinical biomarkers are known. These are:

- Age
- Body mass index (BMI)
- Smoking status
- Blood pressure
- HDL Cholesterol
- Random Blood Glucose Measurement
- Adverse family history
- Ethnicity

Once calculated, patients with a score in excess of 20% risk can be offered appropriate lifestyle modification programmes and/or referral to their GP practice for further investigation and if appropriate treatment with e.g. statins.

Patients with high risk scores should receive both high quality clinical primary prevention of CVD within general practice and referral to lifestyle modification Public Health has arranged delivery of a holistic Lifestyle Modification Service. From September 2008 the lifestyle modification Public Health service will offer the following:

- Holistic lifestyle assessment tool
- Smoking cessation
- Weight management
- Nutritional advice
- Cooking skills
- Community based physical activity programmes
- Alcohol brief screening and intervention
- Computer based cognitive behavioural therapy

Vitality\(^1\) alongside other providers offer patients a wide range of physical activity options including access to the gym, exercise classes, and swimming for a twelve week period, free of charge. Permission would be sought from the patient’s GP prior to any physical activity programme commencing.

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\(^1\) Vitality is an arms length provider organisation, commissioned by the PCT to provide lifestyle modification Public Health programme including smoking cessation support, lifestyle advice and Chlamydia screening services for the PCT’s population.
3. Service Specification

This LES recognises the need for a consistent approach to reward Community Pharmacy Contractor’s equitably for providing Cardiovascular Risk Assessment for defined patient groups.

Any contractor undertaking to provide the service must ensure that, during pharmacy opening times, staff are available at all times, who are aware of this service and able to take appropriate action. This includes the use of appointment systems to manage patients and any other issues can be negotiated with the PCT.

Details of how to deliver this enhanced service should be documented in a standard operating procedure (SOP) which the pharmacy should develop according to its normal workflow patterns. This SOP must ensure that the service is available to patients and is conducted regardless of whichever staff are on duty on a particular day, or during regular pharmacist absences.

Patient Eligibility Criteria

- Complete the eligibility criteria check list (see Health Diagnostics Resource Pack).
- Patients presenting with a letter from the practice directing them for this service to the pharmacy are excluded from the eligibility criteria test in the pharmacy. They should have the screening conducted.
- The age of the patient (male and female) must be between 40-74 years.
- If the patient is registered with a GP, the patient must be registered with a General Medical Practice within the PCT area, initially the service will be preferentially directed at patients registered with practices in Quintile 5, as detailed in Appendix E.
- Patients not registered with any GP practice must reside within the PCT area and have a Basildon or Tilbury post-code or address.
- The patient must give signed patient consent (see Health Diagnostics Resource Pack) to entering into the CVD screening programme if all the above criteria are met.

Patients not eligible for the service include those:

- who have had
  - their blood pressure checked by their GP practice within the last 12 months
  - their cholesterol checked by their GP practice within the last 12 months
- already diagnosed with
  - Hypertension
  - CHD
  - CVD
  - Diabetes

The contractor will observe Data Protection guidelines, Information Governance, Caldicott and Freedom of Information directives as appropriate for this service. The ‘Provider’ will sign the appropriate appendices A, B, C, & D attached to this agreement in acknowledgement of their understanding.
Service Details

1) Patients will present at the Pharmacy:-
   a. As a Self-referral
   b. As a consequence of a GP Practice / PCT invitation letter to those patients with clinical biomarkers missing. This letter will invite them for screening offered through Community Pharmacy or GP surgery.

2) Patients will be asked to complete a pre-screening questionnaire if appropriate and informed consent form (see Health Diagnostics Resource Pack).

3) Screening will take place at a local Community Pharmacy utilising installed bloodspot screening machines\(^2\) that can provide instant results. Pharmacies must use the equipment provided by Health Diagnostics, no other systems equipment or test strips other than that supplied by Health Diagnostics or the PCT should be used. This will ensure adequate quality assurance of equipment and service provision. External quality assurance checks must be conducted as per the cardiovascular risk assessment manual (Health Diagnostics Resource Pack). The patient pathway is diagrammatically represented in Appendix 1.

4) Pharmacy staff will:-
   a. Collate clinical biomarkers at the Pharmacy (see Health Diagnostics Resource Pack).
   b. Enter results for the biomarkers and estimated risk onto the data collection database for onward passage to the patients GP practice.
   c. Provide a copy of the results and discuss them with the patient.
   d. Calculate the risk score to identify patients with a CVD risk score > 15% for those living in quintile 5 (Appendix E), 20% for everyone else.
   e. For all patients regardless of CVD risk score, provide lifestyle advice and information to patients along with a detailed lifestyle advice fact sheet and explain how improving these lifestyle choices can improve their risk score.
   f. For patients undertaking the service regardless of risk score, general medical practices should be sent a copy of the results to facilitate the preparation of at-risk registers.
   g. Signpost such patients to an appropriate service (e.g. pharmacy smoking cessation / Vitality).
   h. Record the referral route for each patient i.e. lifestyle service / GP
   i. Record information electronically to permit future transfer of data on a monthly basis to Health Diagnostics

5) For patients with a risk score of >20% the pharmacy will take the following actions again ensuring patient consent:-
   a. Refer the patient to the GP practice, via letter generated from the system, which will also detail the results of tests and risk score, and indicate any onward referral. This letter will be delivered to the GP via post or in urgent cases faxed to the GP practice.
   b. Patients will be required to make an appointment to discuss further assessment and options, according to agreed time frames as per the laminated sheet supplied.
   c. Refer the patient to ‘Vitality’ or other similar service via letter generated from the system, which will also detail for Vitality the results of tests and risk score.

6) The Lifestyle modification service will ensure that the:-
   a. Patient has a follow up with a Health Improvement Facilitator against goals/action plan at six months.
   b. Lifestyle modification results are sent back to the GP
   c. The GP practice will monitor the patient biomarkers, as necessary

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\(^2\) Machines and training will be provided by PCT to pharmacists and selected staff. Staff selection remains the domain of the contractor, but should ensure that staff with adequate skills and competencies are selected.
d. CVD risk score is re-calculated at 6 and 12 months by the GP practice for patients at CVD risk greater than 20%.

7) Treatment, monitoring and follow up will be undertaken by the GP practice.

8) The service will be audited using the software supplied.

9) Waste must be segregated and disposed of according to waste regulations and the PCT will undertake to underwrite its collection and disposal.

10) The Consultation Room should were possible comply with Infection Control requirements (not mandatory at this stage) and basic hand washing facilities should be in place (via static or portable sinks provided by the PCT) – see appendix F.

4. Untoward Events

It is a condition of participation in this LES that practitioners will give notification to the PCT clinical governance lead, Barbara Stuttle, South West Essex PCT, Phoenix Court, Christopher Martin Road, Basildon, Essex SS14 3HG, of all significant untoward events that may occur and any remedial action and learning that takes place as a consequence. This is in addition to a practitioner’s statutory obligations.

Eligibility to Provide the Service

Contestability

There will be an initial group of providers selected as a pilot but the service may be expanded when the PCT so determines. This service can then be provided by any Pharmacy in the PCT, located in proximal vicinity to practices in Quintile 5 (Appendix E)

- who has an accredited confidential area, with hand-washing facilities and signage indicating that no food drink or smoking may occur in the area.
- capacity and capability to provide the service, and
- have been selected by the PCT as candidates for service provision.

Only pharmacies who have had a pharmacist undertake relevant training will be able to provide the service. The contractor will be required to deliver the service, which requires a mix of clinical (pharmacist) and non-clinical activities to be undertaken. These should be agreed in consultation with the trained pharmacist, who can cascade appropriate skills to designated staff. The contractor is expected to support the use of appropriate skill mix to deliver the service. The training for pharmacists will be delivered by the PCT approved trainer, at a variety of settings and occasions in order to minimise disruption to normal pharmacy services.

In order to support continuing professional development, and promote the development of further skills to help support this service pharmacists may find helpful to study the following literature:-

1) Health Diagnostics Service Manual
2) CPPE – open learning packs
   - CHD 8hrs 2008
   - Public Health : Brief Interventions 6.5hrs
3) MeReC publication – Assessing and communicating the risk of cardiovascular disease - July 2008

Training will be provided by PCT commissioned providers
• It is the professional responsibility of the provider to ensure that he has adequate indemnity cover before undertaking this service.

• A copy of the indemnity insurance certificate must be supplied to the PCT before commencement of the service.

• Audit – full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible. Use of the equipment defined by the PCT, incorporates IT programmes that will facilitate this process.

• Practices should regularly audit and peer review work – this will be facilitated by PCT personnel.

4. Monitoring and Evaluation Purposes

Contractors providing Cardiovascular Risk Assessment as part of this LES shall ensure that the information, records and documentation of this SLA are maintained at all times, to effectively monitor the performance.

The following paragraphs contain some further guidance from the PCT on expected processes, outcomes and deliverables based on this process. Pharmacies will be expected to carry out clinical audit of the care of patients against the agreed criteria. In addition pharmacies are expected to record including untoward incidents as part of their normal practice and to inform the PCT Clinical Governance Lead, regularly when such events occur in order to capture the learning.

Ensure, and be able to provide documented evidence, that all staff involved in providing any aspect of care under this scheme, have the necessary training and skills to do so.

The PCT may periodically review the arrangements for complying with this agreement including visiting the pharmacy and reviewing records. Patient surveys may also be used to measure patient satisfaction.

5. Financial Arrangements

Each Pharmacy contracted to provide this service will receive:

<table>
<thead>
<tr>
<th>Service</th>
<th>Payment Per Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biomarker Measurement</td>
<td></td>
</tr>
<tr>
<td>Pharmacy sampling, test and results and data capture and lifestyle advice</td>
<td></td>
</tr>
<tr>
<td>Onward referral</td>
<td>£35</td>
</tr>
<tr>
<td>• for lifestyle intervention</td>
<td></td>
</tr>
<tr>
<td>• to GP for further assessment with a copy of the results</td>
<td></td>
</tr>
</tbody>
</table>

Pharmacies should invoice the PCT on a monthly basis no later than the 5\(^{th}\) working day from the end of the month to which they pertain (although this may be achieved through the Health Diagnostics Software).

The cost of clinical waste disposal will be underwritten by the PCT.

A proforma invoice will be generated electronically from the PCT recommended and supplied equipment.
Invoices should be submitted to
Kimberley Hall, Head of Primary Care Commissioning
NHS South West Essex.
Suite 9
Phoenix Court
Christopher Martin Road
Basildon
Essex
SS14 3HG
01268 705000

Email:- kimberley.hall@swessex.nhs.uk

Failure to submit claims regularly may result in non-payment as it is important for the PCT to monitor financial arrangements and to include all payments within a financial year.

6. Clinical Governance

Any commissioned service must meet all national standards of service quality and clinical governance including those set out in Standards for Better Health. These core and developmental standards of provision are designed to cover the full spectrum of health care as defined in the Health and Social Care (Community Health and Standards) Act 2003.

Where the term provider is used it means the pharmacy contractor, i.e. individual owner, area manager with delegated responsibility, superintendent or board who are responsible for the pharmacy business.

The pharmacy contractor must ensure that the conditions outlined in this SLA are met at the specific pharmacy premises stated on this agreement.

Under the conditions of this agreement the Pharmacy must ensure that:

1. Accountability structures are in place for clinical governance.
2. The pharmacy has employee(s) who have the necessary skills and experience to carry out the contracted procedures.
3. The provider* delivering the service can demonstrate their professional eligibility, competence and continuing professional development in order to remain up to date if requested by the PCT.
4. The provider carrying out the contracted procedures maintains up to date and appropriate membership of a recognised insurer e.g. NPA or its equivalent.
5. The provider carrying out the contracted procedures have applied for and received confirmed accreditation status from the PCT where appropriate before carrying out any of the contracted procedures.
6. The provider carrying out the contracted procedures are able to provide satisfactory evidence on demand that all staff involved in providing any aspect of care under this scheme, have the necessary training and skills to do so including staff qualifications, registrations and membership of appropriate professional bodies
7. The provider will indemnify the PCT against all acts of medical negligence arising from their acts or omissions in providing the service. Such indemnity will be limited to the amount of indemnity provided by the contractor’s Insurer e.g. NPA

8. The provider maintains a safe and suitable environment for patients and staff and complies with all relevant statutory requirements, legislation, Department of Health Guidance, Professional Codes of Practice, Standards for Better Health and all Health and Safety regulations.

9. The provider, where it has recognised a significant risk to patients, staff or the public undertakes risk assessments and can demonstrate that appropriate remedial action is taken.

10. The provider can demonstrate that evidence based clinical guidelines are being used including those issued by the National Institute for Clinical Excellence (NICE)

11. The provider ensures that requirements for recording, reporting investigations and implementation of learning from incidents are in place, including reporting of patient safety incidents to the National Patient Safety Agency.

12. The provider ensures that infection control procedures and policies must be adhered to. The Infection Control Team requires that adequate hand washing facilities with water are available in the Consultation Room. Portable sinks can be provided by the PCT, in order to provide this service, if these are not currently available,

13. The provider will be required to demonstrate their involvement in regular clinical audit and implementation of any actions following audit.

14. Where the PCT provides such opportunity the provider carrying out the contracted procedures will attend and participate in appropriate audit meetings, to ensure regular update of skills and expertise.

15. Accurate, contemporaneous records to ensure good communication and delivery of patient care are kept at all times.

16. Access to records and documents containing information relating to individual patients treated under the terms of this Service Level Agreement will be restricted to authorised personnel and that information will not be disclosed to a third party. Both parties will comply with the Department of Health Code of Confidentiality, Data Protection Act, Caldicott Guardian and any other legislation covering access to confidential patient information.

17. Representatives of the PCT have the right to visit the pharmacy premises at any reasonable time, having regard for the provision of services and the patient’s right to privacy and dignity.

18. Adhere to all requirements of this service specification e.g. equipment and facilities

19. Patients are treated at all times with respect and dignity and surveys to assess patient satisfaction are undertaken.

20. Where appropriate they can demonstrate that there is active engagement of patients and the public and how systematic feedback through any patient participation groups, surveys, complaints and compliments and other sources is used to improve services.

21. Procedures for managing complaints will be in place and the provider will demonstrate that issues raised in complaints and concerns are analysed and used to improve service delivery.

22. The Provider will undertake, where required, to demonstrate that it is complying with legislation relating to equality, especially for hard to reach groups.

23. Information on services available should be accessible and available in different formats that are appropriate to the population that receive the service.
7. Termination of Agreement

Both the Pharmacy and the PCT may terminate this agreement by giving not less than 3 months notice in writing to the other party. However, if for any reason the PCT has cause for concern over the competencies to provide a Locally Enhanced Service for CVD Risk assessment and monitoring service, then the PCT will withdraw its accreditation and terminate the agreement with immediate effect. All equipment provided to support this service, should be returned to the PCT.

Agreement Signatures

Please complete, sign and date below to confirm acceptance of the Cardiovascular Risk Assessment LES (PCT managers will ratify and return a signed copy to you)

I have received a visit by a PCT representative .......................... who has explained the service to me on .........................

I have attended a training event on .......................... Insert date

I enclose a copy of my indemnity insurance certificate

I enclose a copy of my SOP

This Agreement is Between

(1) NHS South West Essex (the PCT)

(2)

Signed for and on behalf of Authorised Signatory

NHS South West Essex Date:

Provider (Contractor) Authorised Signatory

Address:

Date:

Name of contact at premises: Authorised Signatory

Please note this must be the name of the person (usually the permanent pharmacist) at this location responsible for delivering these services and making payment claims.

For PCT use

Form received from Pharmacist on .................................................. Insert date

PCT manager: ................................................................. Insert name & title

Signature: .................................................................
Appendix 1

Patient Pathway for Cardiovascular Risk Assessment for 40-74 year-old Patients.

- Practice deprivation score Q5
- Known Hypertensives, smokers and patients BMI>30 – all practices

Pull of patient details from clinical database system

Are all required biomarkers present?

- Yes
- No

Send invite letter to patient for screening at practice/pharmacy

Patient Attends Screening session?

- Yes
- No

Collect clinical biomarkers. (Blood spot machine analyses blood tests)

Calculate CVD Risk Score

Risk > 20%?

- Yes
- No

Advise patients on health lifestyle, provide them with a printed report and suggest that for a risk score:
- between 10-20% a reassessment in one year
- less than 10% reassessment in 5 years

Referral to Vitality Lifestyle Assessment and Modification

6 and 12 week follow up

Results back to patient’s GP

Referral to patient’s GP for CVD LES Implementation

Ongoing monitoring within Primary Care

Telephone follow up
Appendix A

Data Protection Act 1998 – Guidelines


I. Automatically processed information

II. Information in manual filing systems where the information is filed such that particular information relating to particular individuals is readily available.

III. Information, which was recorded to be automatically processed under 1. or will become part of a filing system under 2.

The purpose of the Act is to protect individuals and the information stored about them. The Act requires that a valid purpose is declared for the retention and / or processing of such data by any systems. The Act also places an obligation on the owners and users of such data to protect the accuracy and physical security as well as the confidentiality of the information.

The Act places responsibilities and legal liabilities on individual users of data as well as on the organisations that own the data and / or systems on which it is processed.

The information required to notify a system is publicly available for inspection. In addition to the purpose for which data will be stored and used, the notification covers the source of information and any parties to whom the information may be disclosed. Individuals have the right of access to information stored that relates to them subject to certain conditions in the case of medical information. The user is obliged to correct any mistakes that might be identified. The individual must be supplied with an explanation of any coded information that is stored in relation to them.

The 8 Data Protection Principles

The Data Protection Act specifies the following 8 principles:

1) Personal Data shall be processed fairly and lawfully and, in particular, shall not be processed unless at least one of the conditions set out in schedule 2 of the Act is met. In the case of sensitive personal data, one of the conditions set out in schedule 3 of the Act must be met.

2) Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.

3) Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.

4) Personal data shall be accurate and where necessary, kept up to date.
5) Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or purposes.

6) Personal data shall be processed in accordance with the rights of data subjects under the Act.

7) Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

8) Personal data shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

Individual rights

An individual shall be entitled at reasonable intervals and without undue delay or expense:

- To be informed by any data user whether he holds personal data of which the individual is the subject: and
- To access any such data held be a data users: and
- Where appropriate to have such data corrected or erased.

Right to receive information

A data subject can request a copy and must be informed why information is held, whom it is to be disclosed to, what the data consists of, and what the source of the data was. Disclosure extends to non-automatically processed records e.g. staff records.

Right to know automatic decision processes

The logic involved in any decision, which involves automatically processed data, must be disclosed.

Right to Prevent Processing

An individual can prevent processing of data in certain circumstances, for example where it likely to cause distress. Where data is defined as sensitive, personal data (including information on physical and mental health) may not be processed without consent of the data subject. There are exceptions: medical purposes being one.

Please sign below to record your understanding of Data Protection.

Signed (Provider)…………………………………………………………………..Dated………………..
Appendix B

What does Caldicott mean for you?

All staff should be aware of their responsibilities and have an obligation to respect patient confidentiality. Codes of conduct should be developed to address this issue.

Information is:
Held securely and confidentiality
Obtained fairly and efficiently
Recorded accurately and reliably
Used effectively and ethically
Shared appropriately and lawfully

Patients should be actively informed that the information they give at their clinic or GP surgery may be used for reasons other than their own healthcare for example:
To help protect the health of the public generally
To ensure the NHS runs efficiently, therefore ensuring care is of the highest standard. This includes audit activity.
Medical research

Transfer of patient identifiable information should only be carried out in strict accordance with the Caldicott principles. Patient-identifiable information includes:
Patient’s name, address, full post code, date of birth;
Pictures, photographs, videos, audio-tapes or other images of patient;
NHS number and local identifiable codes
Anything else that may be used to identify a patient directly or indirectly. For example rare diseases, drug treatments or statistical analyses which have very small numbers within a population may allow individuals to be identified.
Consent is required from the patient to release confidential information to a third party for reasons other than healthcare.

Disciplinary proceedings may result from careless or deliberate misuse of patient-identifiable information.

Serious breaches of confidentiality may result in litigation and could result in criminal prosecution for the PCT and, in some cases the individual.

Telephones and Fax machines Staff need to ensure that all telephone conversations, which include patient-identifiable information should be conducted behind closed doors. Where possible, use Safe Haven Fax Machine.

Keeping patient information private. This includes aspects such as:
Not gossiping
Taking care when discussing cases in public places

Please sign below to record your understanding of Caldicott principles.

Signed (Provider)……………………………………………………..Dated……………………
Appendix C

Freedom of Information Act (FoI)

On 1st January 2005, the requirements of the Freedom of Information Act 2000 came into force. This means that the public have a legal right to know about most information (unless it falls within one of the exemption clauses) held by public authorities, including the National Health Service and independent providers who offer NHS services such as GPs, pharmacists, opticians and dentists must comply. SW Essex PCT has established procedures for managing information requests and has produced the required Publication Scheme (available to view on the PCT’s Extranet site and on its website – see www.swessexpct.nhs.uk). All staff employed by the PCT, including salaried GPs, are incorporated into the PCT’s process and Publication Scheme but independent providers must make their own arrangements.

The FoI Act can be challenging but, very basically, NHS service providers must:

- Adopt and maintain a Publication Scheme.
- Tell an information applicant whether or not you are able to provide the data they require.
- Quote the Exemption condition if an information request is to be refused.
- Provide the information required within 20 days of receiving the written request.

There are a number of conditions surrounding the Act that providers should make themselves aware of, such as the types of exemptions which apply and the circumstances under which a charge for the provision of information can be made. It is also worth bearing in mind that unlimited fines can be imposed for breaches of the Act.

The PCT would encourage all providers to come to terms with the Act and the Corporate Management Team (01268 705241) can give general advice if required. Other good best sources of information are:

- The Department of Health FoI website is particularly useful for independent GPs but has useful general guidance for all: www.foi.nhs.uk/impl_indep_home.html
- The HMSO website lists the complete Act on: http://www.hmso.gov.uk/acts/acts2000/20000036.htm
- Your local professional supporting body might be able to help.

Please sign below to record your understanding of the requirements of Freedom-of-Information Act.

Signed (Provider) ......................................................... Dated .........................
Appendix D

Information Governance
Derived from:
• Caldicott
• Confidentiality & Consent
• Data Protection, Freedom of information, Human Rights Act
• IM&T security, BS 7799
• Records management
• Data Quality initiative

Caldicott – Six Principles

1. Justify the purpose----Every proposed use or transfer of patient-identifiable information within or from another organisation should be clearly defined (and reviewed if continuing)

2. Do not use patient-identifiable information unless it is absolutely necessary. Patient identifiable information items should not be used unless there is no alternative

3. Use the minimum necessary patient-identifiable information
Where the use of patient-identifiable information is considered to be essential, each individual item of information should be justified with the aim of reducing identification

4. Access to patient-identifiable information should be restricted on a need to know basis
Only those individuals who need access to patient-identifiable information should have access to it, and they should only have access to the information items they need to see

5. Everyone should be aware of their responsibilities
Action should be taken to ensure that all staff are aware of their responsibilities and obligation to respect confidentiality

6. Understand and comply with the law
Every use of patient-identifiable information must be lawful

All NHS organisations have a Caldicott Guardian to oversee access to patient information. The guardian is responsible for agreeing and reviewing protocols for governing the disclosure of patient-identifiable information across organisational boundaries. The guardian can offer advice if you have any concerns regarding the handling of patient-identifiable information. The Caldicott Guardian for South West Essex PCT is Barbara Stuttle.

Please sign below to record your understanding of Information Governance.

Signed (Provider)……………………………………………….Dated…………………….
### List of GP Practices in Top 5 Quintile of Deprivation

You are required to identify patients with a CVD risk score > 15% for those living in quintile 5 (see below); >20% for everyone else.

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Deprivation Score</th>
<th>Deprivation Rank (out of 82)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DR SIMS</td>
<td>31.09</td>
<td>67</td>
</tr>
<tr>
<td>DR AS ADEOSUN’S PRACTICE</td>
<td>31.14</td>
<td>68</td>
</tr>
<tr>
<td>DR JO ARAYOMI’S PRACTICE</td>
<td>31.44</td>
<td>69</td>
</tr>
<tr>
<td>PMS THE GORE SURGERY</td>
<td>31.48</td>
<td>70</td>
</tr>
<tr>
<td>DR AJL HOLMAN’S PRACTICE</td>
<td>31.62</td>
<td>71</td>
</tr>
<tr>
<td>DR J MAMPILLY’S PRACTICE</td>
<td>31.64</td>
<td>72</td>
</tr>
<tr>
<td>DR RAO</td>
<td>31.77</td>
<td>73</td>
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<tr>
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<td>DR M ASLAM’S PRACTICE</td>
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<td>DR KK ABRAHAM’S PRACTICE</td>
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<td>DR SAHA PK PRACTICE</td>
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### Pharmacies Eligible to Provide Service

ALL the pharmacies in Basildon and those in Thurrock from the Tilbury area.
APPENDIX F

Infection Control in The Built Environment

(preferable but not mandatory at this stage)

The quality of finishes in all areas should be of high standard.

All surfaces must be able to withstand regular cleaning with both detergent and disinfectant products.

All joints must be sealed (Bartley, 2000)

Pipes and cables should be boxed with a smooth surface that is easy to clean

Soft furnishings used within all clinical and associated areas should be covered with material that is impermeable.

Materials and finishes should be selected to minimise maintenance and be combatable with their intended function.

Wall surfaces should be free from fissures, open joints or crevices that may permit retention of dust and insects. Floors or walls penetrated by pipes, ducts and conduits should be sealed tightly to stop entry of rodents or insects.

It is important that there is a cleaning schedule in place and that it is adhered to. A copy of the cleaning schedules and frequencies is available on request from Infection Prevention and Control team.
Environment Specification for Non-Invasive Treatment rooms.

**Standard** - The environment is in good order and a good standard of repair, to assure cross-infection does not take place.

- The ceiling and walls must be washable, in a good state of repair, and visibly clean. Walls must be smooth, hard impervious surface so they easy to clean and bacteria cannot readily adhere to them.

- The flooring should be washable, smooth and non slip, easily cleaned and appropriately wear resistant. Any joints should be welded or sealed where they are unavoidable. Flooring should be intact with sealed joins and coved edges.

- The lighting must be of a good quality, florescent tubes must be covered with diffusers.

- Radiators should be smooth, accessible and cleanable and all pipe work should be boxed in

- Work surfaces must be designed for easy cleaning, they should be free of fissures, open joints and crevices that will retain or permit the passage of dirt particles and all joints must be sealed

- There must be sufficient storage space, to ensure that there is no clutter on the surfaces. The cupboards and worktops must be in a good state of repair, orderly and clean inside and out.

- The couch covering must be washable and in good repair. No linen should be used and the disposable paper towelling must be changed between patients.

- Couch curtains should be laundered regularly (3 monthly, in a commercial laundry), or straight away if contaminated. Disposable curtains are recommended

- Vertical blinds are recommended if required at windows. The windows and ledges must be clean and dust free and not used for storage. Blinds should be cleaned regularly

- Foot operated and rigid sided bins should be available and clearly labeled

- A designated hand-wash sink, with elbow /wrist/mixer taps should be available. Wall dispensed liquid soap and wall dispensed paper towels for hand drying should be available

- All soft furnishing must be of impermeable material that is intact.
Hand Hygiene

Health Care Associated Infection (HCAI) costs the NHS around £1 billion per year. The most preventable measure to reduce these infections is by demonstrating effective hand hygiene.

Hand hygiene is to be performed before and after EVERY patient/service user contact, remembering the National Patient Safety Agency (2008) ‘5 moments for hand hygiene’, and using the NPSA method adopted from Ayliffe (1978), the. Hand washing must be performed for a total of 20-30 seconds, using a liquid soap suitable for frequent use; the soap must have a moisturiser within it to maintain the integrity of the skin thus preventing damage. The soap must be contained within a single use dispenser; it is prohibited to re-fill dispensers as this increases the risk of cross contamination. Hand Drying is an important element to effective hand hygiene, paper towels should be of a good quality, and drying should always be carried out thoroughly.

Paper towels and Soap should be mounted on the wall within close proximity to the hand washing facility (or on the sink if portable sinks are being used).