

Service	Nottingham & Nottinghamshire Primary Care Interpreter Assisted Appointments (IAA)
Commissioner Lead	Rachael Harrold, Primary Care Commissioning Manager NHS Nottingham & Nottinghamshire CCG
Provider Lead	GP Practices of Nottingham & Nottinghamshire CCG
Period	Nottingham City: 1 April 2020 – 31 March 2021 Revised for 1 April 2021 – 31 March 2022
Date of Review	December 2020
Next Review	December 2021

1. Population Needs

1.1 National/local context and evidence bases

Patients must be able to access primary care services in a way that ensures their language and communication needs do not prevent them receiving the same quality of healthcare as others.

When an interpreter is required, additional time will be needed for the consultation, typically double that of a regular appointment.

Language preferences and communication needs should be recorded in the patient's record and shared with other services when the patient is referred on, for example to secondary care services. A highly visible alert should be used to ensure staff are aware of the needs of the patient.

There are considerable pressures on Primary Care services and there are many reasons for this including demographics, increasing number and complexity of consultations and challenges with workforce.

Nottingham and Nottinghamshire CCG serves a diverse population where English is not the first language for many citizens and households. The number of clinical appointments requiring an interpreter can be as high as 20%.

To improve the care of those patients needing Interpreters, including deaf patients requiring British Sign Language (BSL) support; the Interpreter Assisted Appointments Local Enhanced Service enables GP practices to offer longer appointments, typically double that of a regular appointment to accommodate the need for a registered interpreter.

Interpreter & Translation Services are commissioned to reduce the use of family members, friends or unqualified interpreter and to improve access to primary care services. Patients should always be offered a registered interpreter. Reliance on family, friends or unqualified interpreters is strongly discouraged, would not be considered good practice and does not form part of this service.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

2.2 Local defined outcomes

- Supporting care delivery
- Improving patient access and experience to primary care
- Promote equality in care

3. Scope

3.1 Aims and objectives of service

Aims

The aim of the IAA Incentive Scheme is to:

- Improve access to primary care in Nottingham & Nottinghamshire for those patients where English is not their first language
- Improve Patient experience of primary care
- Reduce inequality within Nottingham & Nottinghamshire

Objectives

The key objectives of the incentive scheme are to:

- Support practices with high levels of IAA
- Support practices to increase access to primary care appointments

3.2 Service Description / Care Pathway

3.2.1 Service Description

The IAA Incentive Scheme will be based on the provision of double / longer appointments that are booked by the GP practices to allow for the use of an independent, professional Interpreter either face to face (Nottingham) or by telephone (Nottingham & Nottinghamshire).

To be eligible to participate in the IAA incentive scheme the practice will need to meet the following threshold:

- Below 20 appointments per 1,000 registered patients per annum
 - No payment
- Above 20 appointments per 1,000 registered patients per annum
 - Payment

The Provider is required at the start of the financial year to set out how the funding will be used to increase patient's access to appointments including who will be providing the increased capacity. Confirmation of how the practice will manage DNAs should also be included.

3.2.2 Patient Care Pathway

1. Patient contacts the practice to book an appointment with GP or Practice Nurse
2. Practice identifies patient will require an Interpreter Assisted Appointment (double / longer appointment time)
3. Practice books an interpreter via:
 - CityCare Interpreting & Translation Service for Nottingham City practices
 - Language Line Solutions Ltd for Nottinghamshire County practices
4. Appointment is completed – patient and interpreter attend the appointment
5. Has the number of Interpreter Assisted Appointments using an independent, professional interpreter reached the threshold of 20 appointments per 1,000 weighted list size per annum?
6. If yes, threshold met, practice to submit quarterly claim using the 2021/22 LES Claim Form

3.3 Population covered

The incentive scheme will apply to all patients registered with a Nottingham or Nottinghamshire GP practice where an independent, professional interpreter is required to support their GP or Practice Nurse appointment.

Patients should always be offered a registered interpreter. Reliance on family, friends or unqualified interpreters is strongly discouraged, would not be considered good practice and does not form part of this service.

3.4 Any acceptance and exclusion criteria and thresholds

Payment can only be claimed for IAA where an independent, professional Interpreter is used.

Payment cannot be claimed for any appointment where a family member, carer or friend of the patient has carried out the interpreting.

3.5 Interdependence with other services/providers

- CityCare Interpreting Service
- Language Line Solutions Ltd
- British Sign Language Interpreter

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The provider must ensure that they are aware of, compliant with, and can provide evidence if required, to demonstrate compliance with all relevant standards including adherence to the relevant NICE guidelines where applicable.

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

The provider must ensure they are aware of, compliant with and provide evidence if required to demonstrate compliance with any relevant standards.

4.3 Applicable local standards

The provider must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with all local policies, procedures and guidance. CQC registration is completed and the essential 16 standards achieved. Staff involved in delivering this service should be adequately trained and supervised as determined by the provider and must have suitable indemnity.

Serious Incidents (SI's) and Patient Safety Incidents (PSI's)

It is a condition of participation in this service that providers will report all Serious Incidents that relate to primary care services to the appropriate CCG, in line with NHS England's Serious Incident

Framework, March 2015 (new Patient Safety Incident Response Framework (PSIRF) in development, anticipated roll out Autumn 2022). If it is not clear whether or not an incident fulfils the definition of a serious incident, providers and commissioners must engage in open and honest discussions to agree the appropriate and proportionate response. If deemed to be a Serious Incident the incident will be logged by the CCG on the current serious incident management system STEIS (the Strategic Executive Information System) or any other data base as directed by national guidance.

Safety Alerts

Providers must ensure that they are aware of and have a process in place for managing any safety alerts from the following sources that apply to any equipment or patient safety concerns associated with this enhanced service and that these are acted upon:

- Medicines and Healthcare products Regulatory Agency (MHRA) <http://www.mhra.gov.uk/#page=DynamicListMedicines>
- Central Alerting System (CAS) <https://www.cas.mhra.gov.uk/Home.aspx>
- Local or national clinical guidance
- National and local formularies

Where requested details of action taken must be reported back to the CCG within the designated timescale.

4.3.1 Infection Prevention and Control

Good infection prevention and prudent antimicrobial use are essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention of infection must be part of everyday practice and be applied consistently by everyone (The Health Act 2008)

Registered providers should meet the requirements of The Health and Social Care Act 2008. The provider should:

- Have systems in place to manage and monitor the prevention of infection, including regular audit and training. Infection prevention and control training for all staff every 2 years and hand hygiene yearly for all clinicians
- Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections and meets national estates guidance and local IPC guidance
- Ensure appropriate antimicrobial use to optimize patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
- Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely manner
- Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others
- Systems to ensure that all care workers are aware of and discharge their responsibilities in the process of preventing and controlling infection
- Provide adequate isolation facilities
- Secure adequate access to laboratory support
- Have and adhere to infection prevention and control policies that are based on national and local guidance
- Have a system in place to manage the occupational health needs and obligations of staff in relation to infection
- Have robust systems and processes in place to manage pandemics at a practice level including the management and reporting of staff outbreaks

Safeguarding

All staff working in this service area will be trained and competent in safeguarding children and adults as outlined in the Intercollegiate Guidance: -

Children:

<https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies>

Looked After Children:

https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge_skills_and_competence_of_healthcare_staff.pdf

Adults:

<https://www.rcn.org.uk/professional-development/publications/pub-007069>

All staff will comply with Nottingham and Nottinghamshire safeguarding children and adult procedures which can be accessed via these links: -

Safeguarding Children Procedures City & County: - <https://nottinghamshirescb.proceduresonline.com/>

Safeguarding Adult Procedures Nottinghamshire : - <https://nsab.nottinghamshire.gov.uk/procedures/>

Safeguarding Adult Procedures Nottingham City: - <https://www.nottinghamcity.gov.uk/information-for-residents/health-and-social-care/adult-social-care/adult-safeguarding>

On the request of the commissioner, the provider will provide evidence to give assurance of compliance with safeguarding standards.

5. Applicable Quality Requirements and CQUIN goals

5.1 Applicable Quality Requirements

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

N/A

6. Location of Provider Premises

The Provider's Premises:

Providers must have adequate mechanisms and facilities, including premises and equipment, as are necessary to enable the proper provision of this service.

Location(s) of Service Delivery

The Provider is required to carry out the service within a recognised primary care setting registered for the purpose of healthcare.

Days/Hours of operation

As a minimum the service will operate Monday to Friday 8am to 6.30pm, GP core opening hours. The service will be expected to provide a variety of clinic times providing choice for the patient and will vary from provider to provider.

7. Contract

The contract will run from 1 April 2020 to 31 March 2022. This service specification has been updated following the review of services at nine months (December 2020). The changes are as follows:

- Extend the LES offer to Nottinghamshire County practices
- Increase the minimum threshold for payment from 30 IAAs per 1,000 weighted list size per annum to 20 IAAs per 1,000 weighted list size per annum
- Remove the reduced payment for incomplete appointments (interpreter or patient DNA)
 - Interpreter DNAs will be managed through the Provider Contract
- Reduce the quarterly submission to an annual requirement at the start of Q1 for practices to set out how the funding will be used to increase patient's access to appointments including who will be providing the increased capacity and how DNAs will be managed

The notice period is three months for termination under General Condition 17.2.

Activity

To qualify for an IAA Incentive Scheme payment activity will need to reach a set level of 20 appointments per 1,000 registered population per annum

Practice weighted list size fluctuates during the year. Activity will be relative to the weighted list size at the start of each quarter as reported by NHS Digital.

Activity is expected to be 12,000 IAA per annum across Nottingham & Nottinghamshire GP Practices.

Payment

The payment for IAA will be £10 per completed GP appointment and £5 per completed Practice Nurse appointment. Payment will be made in arrears on submission of the completed LES claim form in relation to this service. The payment includes all consumables

There is no payment for incomplete appointments (interpreter or patient DNA). Interpreter DNAs will be managed under the interpreter & translation service Provider contract.

Information Requirements

At the start of the financial year the practice must set out how the funding will be used to increase patient's access to appointments including who will be providing the increased capacity. Confirmation of how the practice will manage DNAs should also be included.

The following data will be submitted quarterly

- Number of IAA GP appointments per month broken down into:
 - Complete
 - Incomplete - Patient DNA
 - Incomplete - Interpreter DNA
- Number of IAA Practice Nurse appointments per month broken down into:
 - Complete
 - Incomplete - Patient DNA
 - Incomplete - Interpreter DNA

If there is an increase of more than 10% in IAA, which will be calculated in relation to weighted list size increases, the practice will have to exception report the reason.

Providers will be required to:

- Undertake patient satisfaction survey annually
- Comply with requests from Nottingham & Nottinghamshire CCG to provide information as it may reasonably request for the purposes of monitoring the providers' performance of its obligations under this service
- Participate in an audit relating to this service as requested by Nottingham & Nottinghamshire CCG