

**2011
SERVICE LEVEL AGREEMENT**

BETWEEN

**THE DEPARTMENT OF HEALTH, SOCIAL SERVICES
AND
PUBLIC SAFETY**

AND

XXXXX HEALTH AND SOCIAL CARE TRUST

FOR

**THE PROVISION OF OCCUPATIONAL HEALTH
SERVICES TO**

**GENERAL MEDICAL PRACTITIONERS (PRIMARY
MEDICAL PERFORMERS LIST) AND GDS DENTAL
PRACTITIONERS (INCLUDING LOCUM PERSONNEL)
AND THEIR STAFF**

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SERVICE LEVEL AGREEMENT BETWEEN THE DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY AND THE [XX INSERT TRUST] HEALTH AND SOCIAL CARE TRUST OCCUPATIONAL HEALTH SERVICE

1. INTRODUCTION

- 1.1 This agreement dated xx 2010 is made between the Department of Health Social Services and Public Safety (thereinafter called “the Department”) and the [XX INSERT TRUST] Health and Social Care Trust Occupational Health Service (thereinafter called “the Provider”) for the provision of Occupational Health Services (OHS) to General Medical Contractors on the Primary Medical Performers List and their staff and General Dental Practitioners and their staff who provide services under General Dental Services (GDS) (hereinafter called “the Employers”). This Agreement sets out the range of services to be provided and expected standards as well as monitoring and review arrangements.

2. AIM

- 2.1 The underpinning principle for the operation of this agreement is the provision of a range of professional occupational health services to support and maintain the health and wellbeing of General Medical and Dental Practitioners, as described above, and their staff for example practice managers, nurses, receptionists who provide services under the HSC .

3. SERVICE PROVISION

- 3.1 The Provider will deliver the general and specific services described in the following schedules:

Schedule A: describes general occupational health services available to GPs on the Primary Medical Performers List and General Dental Practitioners who provide services under General Dental Services (GDS) and their directly employed staff.

Schedule B: describes specific occupational health services available to GPs on the Primary Medical Performers List and General Dental Practitioners providing services under the GDS through a direct access self- referral arrangement.

- 3.2 **Schedule A:** General Services for GPs on the Primary Medical Performers List and General Dental Practitioners who provide services under General Dental Services (GDS) and their Directly Employed staff

These services are available through management referral (M) or self referral (S)

ACTIVITY	Management (M) or self referral (S)	Schedule
Assessment of fitness for work and advice on work adjustments/amendments		
Sickness Absence Referrals	M and S	<ul style="list-style-type: none"> • Assessment of individuals who are absent from work due to illness or injury. • Advice and/or a management report given as appropriate covering return to work, rehabilitation, disability assessment and work adjustment with, where relevant, recommendations on retirement for health reasons. • Health promotion advice given opportunistically
Fitness for work referrals	M and S	<ul style="list-style-type: none"> • Assessment of individuals who are at work and who suffer from ill health where concerns exist regarding health problems and fitness for work • Assessment of individuals who are at work and who are subject to periodic health assessments due to the specific nature of their work. • Advice and/or a management report given as appropriate covering functional limitations, rehabilitation, disability assessment and work adjustment with, where relevant, recommendations on retirement for health reasons. • Health promotion advice given opportunistically
Pre-placement assessment	M	<ul style="list-style-type: none"> • Provide pre-placement health assessment as required.

ACTIVITY	Management (M) or self referral (S)	Schedule
Health protection		
Health Clearance ^{1,2}	M and S	Health clearance and Blood Borne Virus Testing in accordance with DHSSPS guidance.
Immunisation	M and S	Provide advice on work-related immunisation and arrange for immunisation of employees consistent with guidance contained in Chapter 12 of the Department of Health's publication "Immunisation against Infectious Diseases" - <i>The Green Book</i> .
Incident Management		
Incident Management and in response to workplace incidents/ diseases	M and S	Advice on and management of incidents involving exposure to blood or body fluids. Advice on and/or occupational management of occupational injuries and diseases as appropriate.
Early Interventions as Recommended by OH Services		
Early Intervention Services as indicated by Evidence based guidelines ^{3,4}		Appropriate referral to other support and treatment services where these are available within existing occupational health services and with appropriate involvement of primary care.

¹ Guidance on Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV for New Healthcare Workers with Direct Clinical Contact with Patients. DHSSPS, 2008

<http://www.northernireland.gov.uk/search.lsim?ha=0&mt=1&nh=10&qt=communicable&sc=&sm=0&sr=80>

² Hepatitis C infected health care workers; DHSSPS, 2011.

³ Waddell G, Burton KA, Kendall, N A S. What works for whom and when? TSO. 2008.

⁴ NICE Guideline: Low back pain: <http://guidance.nice.org.uk/CG88>

3.3 Schedule B: Specific Services for Medical and Dental Practitioners: Specification

ACCESS

In addition to the services described in Schedule A doctors on the Primary Medical Performers List and dentists who provide services within the GDS can also access occupational medicine consultants working in HSC occupational health services through direct self-referral. (There may be exceptional circumstances when doctors wish to access these services in a Trust which is different to their own Trust area of practice. Under the terms of this SLA that choice will normally be accommodated.)

SPECIFICATION

Self referrals are made in the understanding that occupational health professionals work within strict ethical codes and in accordance with relevant guidance on confidentiality. Multi-disciplinary support to enable rehabilitation back to work will be provided consistent with the availability of existing Trust based occupational services.

4.0 REPORTING ARRANGEMENTS AND GOVERNANCE³

Reports should take account of GMC recommendations and GDC guidance on consent and confidentiality. Those making a referral should provide relevant factual information in writing prior to the consultation. Those being referred should be aware of and understand the reason for the referral.

Schedule A:

For staff employed by a doctor or a dentist or where the HSC Board or a practice partner refers a doctor or dentist a report will be provided to the referring manager.

Schedule B:

- For general practitioners who self refer and where “management involvement” is required for example when work adjustments are recommended by an occupational health professional the GP at the level of each practice should be involved subject to consent.

³ Those making a referral should provide relevant factual information in writing prior to the consultation. The doctor should be aware of and understand the reason for the referral.

- In the case of dental practitioners providing services under the GDS who self refer and where “management involvement” is required, as in the example above, reports should be forwarded to a partner at the practice or, if relevant, dental professional staff at the Health and Social Care Board subject to consent.

5.0 INFORMATION

Information on the above services and their availability should be made available using a partnership approach involving relevant regional stakeholders and employer and employee representatives. Services should be marketed periodically and opportunistically at a regional level.

6. FINANCIAL ARRANGEMENTS

- 6.1 The Department currently provides recurrent baseline funding to Trusts to enable the provision of OHS services to staff in primary care.
- 6.2 To date, demand for these services from primary care has been low. Hence the current allocation should enable both the inclusion of additional occupational groupings and a better defined range of occupational health services.
- 6.3 For services in Schedule B, i.e. services provided directly to doctors and dentists who self refer Trusts are requested to forward invoices directly to the Pay and Employment Unit within the Department for payment using the template as provided in Annex 2. Payment for consultants will be at the BMA ‘Treasury’ rate see link <http://www.bma.org.uk/employmentandcontracts/fees/fees1.jsp?page=2&media=print>.
- 6.4 Any alteration to the funding will be notified to the Provider by the Department as soon as is practicable.

7 REPORTING/ MONITORING/ EVALUATION

All performance Reports should include the following: evidence of customer satisfaction, reference to relevant standards and information on how the service is being developed.

7.1 Schedule A:

Managers of occupational health services will provide a performance report for the Department’s Director of Human Resources at six monthly, i.e. 1 April and 1 October, intervals for the first year and annually on 1 April thereafter, outlining the outputs and performance achieved in the areas described in schedule A using the framework provided in Annex 1.

Schedule B:

Invoicing for work in schedule B should be provided at six monthly intervals for the first year and annually thereafter (as described above) using the template at Annex 2.

8. REVIEW AND TERMINATION

- 8.1 The Agreement will take effect from the date stated and will remain in place until terminated or modified by either party. It will be reviewed by DHSSPS after 12 months.
- 8.2 The terms of the Agreement will be formally reviewed annually or earlier on receipt of a written application by either party.
- 8.3 Agreed amendments following a review will be applied as soon as is reasonably practicable.
- 8.4 The Department and the Provider shall give written notice should either wish to terminate the Agreement. This notice shall not be less than six months.
- 8.5 Areas of concern or disagreement in the application of the Agreement that are unable to be settled at review stages to the mutual satisfaction of both parties will be referred for consideration to the Director of Human Resources at the Department and to the Head of the Occupational Health Service concerned. Any amendments will be recorded see Page 8.

9. SIGNATORIES:

This Service Level Agreement is signed on behalf of the Department of Health, Social Service and Public Safety and Health and Social Care Trusts' Occupational Health Services as follows:

DHSSPS Director of Human Resources

Signed.....

Date.....

**Manager of Health and Social Care Trust Occupational Health Service
Health Service Provider**

Signed.....

Date.....

10. AMENDMENTS TO THE SERVICE LEVEL AGREEMENT

Details of Change:

Reasons for Change:

Date of Amendment:

Initials and date of Amendment:.....

Note: The DHSSPS Director of Human Resources, and the Head of Health and Social Care Trust Occupational Health Service Provider, should initial and date all agreed amendments.

**Annex 1: Proforma for Returns to DHSSPS Pay and Employment Unit
Schedule A: General Occupational Health Services**

Activity xxxxx Trust	Management or Self- referral	Period Covered	Total Nurse Consultations	Total doctor Consultations
Assessment of fitness for work and advice on work amendments				
Sickness Absence Referrals				
Fitness For Work Referrals				
Pre- placement assessment				
Health protection				
Health Clearance: and Blood Borne Virus Testing in accordance with DHSSPS guidance				
Immunisation Employee immunisation programmes as described in Chapter 12 of the Department of Health's "Immunisation against Infectious Diseases"; - <i>The Green Book</i>				
Incident Management and in response to workplace/incidents disease				
Incidents involving exposure to blood or body fluids, other occupational injuries and diseases				
Early Intervention Services as indicated by Evidence based guidelines				
Referral to services where available with appropriate involvement of primary care.				

Proforma for Returns to DHSSPS Pay and Employment Unit (to be included with invoices for Schedule B services)

Schedule B: Direct Access Consultant Services: Doctors and GDS Dentists

Trust Name	
Period covered	
Total number of GP consultations with an occupational physician	
Total number of dentist consultations with an occupational physician	
Additional Consultant Reports requested relating to self referral of doctors and dentists	
Total invoiced to the Department	

Annex 2: Quality and Audit

The Provider will respond to requests for assessments within the same timescale as those for Trust employed personnel. The standards of the services will be in line with any relevant specifications/standards. The Provider undertakes to ensure that all services delivered will reflect Departmental policy, guidance, published standards and legislative requirements at all times during the term of the contract.

Review of Services will be carried out on an annual basis under the aegis of the HSC Occupational Health Governance Group and a report will be provided to DHSSPS.

Once available it is recommended that FOM accreditation of all services should be sought.