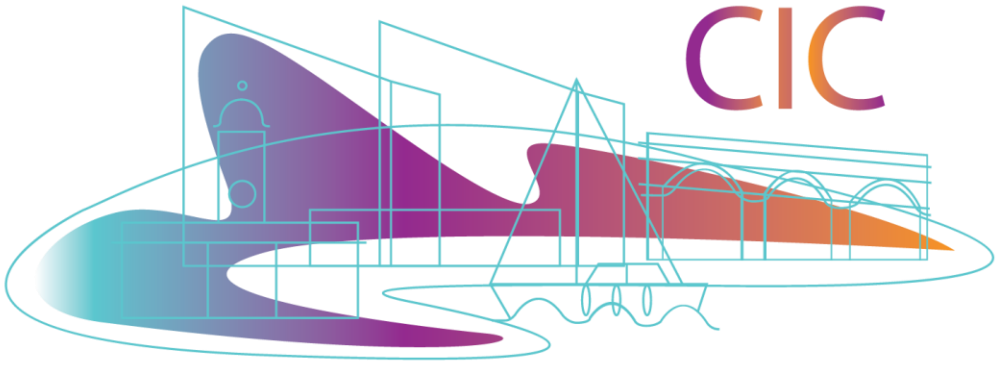
Thanet Health CIC



Quality Management Manual

ISO 9001:2015

Issue: 1

PART ONE

I - Table of Contents

The main sections in Part One of this document are numbered to reflect the applicable sections / clauses in the standard (ISO 9001:2015).

II – Introduction

This Quality Management System (QMS) has been written to formally document the processes and practices by which Thanet Health Community Interest Company (Thanet Health CIC) consistently provides products / services that meet customer and all applicable statutory and regulatory requirements.

The aim of this QMS is to support the company's strategic direction and enhance customer satisfaction through effective application of the system, including processes for improvement of the system and the assurance of conformity to customer and applicable statutory and regulatory requirements.

This QMS is structured to cover the following main core areas:

- **System Development and Review**

  Detailing the processes in place to:
  - Support the organisation's purpose and strategic direction.
  - Satisfy the requirements of relevant interested parties.
  - Maintain the integrity and appropriateness of the QMS.
  - Monitor and review QMS performance.
  - Continually improve the effectiveness of the QMS.

- **Resource Management**

  Detailing the processes in place to:
  - Ensure the organisation's employees have the appropriate skills, experience, and training to enable them to fulfil their responsibilities and effectively support the implementation of the QMS.
  - Ensure the suppliers and subcontractors used by the organisation are appropriately selected and controlled.
  - Ensure the organisation's infrastructure and equipment is of a sufficient specification and is suitably maintained.

- **Supply of Products and / or Services**

  Detailing the processes in place to:
  - Ensure the organisation's products / services meet customer expectations.

An overview of the main elements of the QMS, its processes and their interactions is detailed in a **QMS System Overview Diagram**.

4 – Context of the Organisation

4.1 Understanding the Organisation and its Context.

The organisation has carried out an assessment and identified internal and external issues relevant to its purpose and strategic direction, and that can impact on the QMS's intended result.

This assessment has been used to develop a **Business Plan** that is reviewed annually or during any significant changes.

Significant opportunities and risks are recorded in the **Risks and Opportunities Register**. These are assessed and managed by the appropriate person with objectives developed to improve processes and reduce risks.

4.2 Understanding the Needs and Expectations of Interested Parties.

The organisation has carried out an assessment to fully understand who its key stakeholders are.

The results of this assessment have been recorded in a **Stakeholder Map** that is reviewed annually or during any significant changes.

4.3 Determining the Scope of the Quality Management System.

The scope of the organisation's QMS has been determined and is detailed in the **QMS Scope Document**.

4.4 Quality Management System and its Processes.

4.4.1 The organisation's QMS is implemented through a set of processes and procedures. An overview of these processes and their interaction is detailed in a **QMS System Overview Diagram**. Associated Control Procedures are detailed in Part 3 of this document.

4.4.2 Documented information used in the organisation's Quality Management System is categorised into two types:

- **Controlled Documents:** items of information where there may be different versions, including policies; procedures; process descriptions; guidance notes; forms; registers; documents of external origin; etc.

- **Records:** items of information where there is usually only one version identified by the date they were created or approved. They are often generated to provide information on an event that has taken place, including internal or external communications; measurement, test, inspection, examination, assessment or audit of the status or performance of an employee, process, item of equipment or infrastructure, product or service; minutes of meeting or discussion; etc.

Controlled documents are stored and maintained in the **Document Library System**.

The creation, storage, use, updating and archiving of these documents is managed via the **Management of Controlled Documents Procedure.**

Records are retained as per the **Record Retention Schedule**.

5 – Leadership

5.1 Leadership and Commitment

5.1.1 General

Senior management is responsible, and takes accountability, for the effectiveness of the QMS. They ensure the **Quality Policy** and objectives are established and compatible with the context and strategic direction of the organisation. This policy is updated when appropriate and reviewed annually or during any significant changes.

Objectives are set to address significant opportunities and risks detailed in the **Risks and Opportunities Register.** These are updated when appropriate and reviewed annually or during any significant changes.

Monitoring and measurement activities are employed by the organisation to support the achievement of objectives and ensure processes receive consistent inputs, comply with required control procedures and deliver required outputs.

The results of these activities are reviewed at a monthly Quality and Operations Meeting.

Key communications relating to the QMS are detailed in the **Communication Register**.

Supporting communication is delivered to all employees via **a BMS Introduction Presentation**. This forms part of their mandatory training and is recorded in their training file. Individual communications are detailed on **Communication Records.**

The QMS is reviewed annually and subjected to continuous improvement scrutiny as per the **Continuous Improvement Procedure**, with opportunities recorded and progressed through the **Risks and Opportunities Register**.

Senior management is responsible for ensuring adequate resources are available to deliver all aspects of the QMS effectively. Any risks related to resources are assessed and recorded in the **Risks and Opportunities Register**.

5.1.2 Customer Focus

Senior management is committed to customer focus by ensuring that all customer and applicable statutory and regulatory requirements are determined, understood and consistently met. These requirements are recorded in the **Logic Model** for each product / service the organisation delivers. These models are recorded in the **Project Workbook**.

Opportunities to improve customer focus are explored at a monthly Quality and Operations Meeting.

5.2 Policy

5.2.1 Establishing the Quality Policy

Senior management has established and implemented a **Quality Policy**.

This policy is appropriate to the purpose and context of the organisation and supports its strategic direction. It provides a framework for setting quality objectives and includes a commitment to satisfy all requirements recorded in the **Logic Models**.

5.2.2 Communicating the Quality Policy

The Quality Policy is communicated to all employees via a **BMS Introduction Presentation** that forms part of their mandatory training and is recorded in their training file.

5.3 Organisational Roles, Responsibilities and Authorities

Senior management has assigned responsibilities and authorities for relevant roles within the organisation. These are detailed in the **BMS Roles and Responsibilities Register**.

Where applicable, ownership of individual policies, processes and procedures is stated in the relevant document.

6 – Planning

6.1 Actions to Address Risks and Opportunities

In considering the issues referred to in Section 4.1 of this document and the requirements referred to in Section 4.2 of this document, the organisation has determined the opportunities and risks to be addressed.

This has given the assurance that the QMS can achieve its intended results, has the ability to enhance desired effects, has the ability to prevent or reduce undesired effects, and can achieve improvement.

Actions have been planned to address these opportunities and risks, and control processes have been developed to integrate these actions into the QMS. These actions are evaluated for effectiveness annually.

6.2 Quality Objectives and Planning to Achieve Them

The organisation has established a set of quality objectives that are consistent with the **Quality Policy**, are measurable, are monitored, are communicated, ensure compliance with all requirements and enhance customer satisfaction.

These objectives are detailed in the **Risks and Opportunities Register**.

In planning how to achieve its quality objectives, the organisation has determined what is to be done, the resources required, ownership, timeline and method of evaluation.

6.3 Planning of Changes

Requirements related to the planning and implementation of changes to the QMS are detailed in the **Continuous Improvement Procedure**.

Changes to the QMS are recorded in the **Risks and Opportunities Register**.

Any planned changes to processes, plant, equipment and infrastructure are executed as per the **Change Management Procedure**. These changes may mandate a change to the QMS.

The QMS is updated when appropriate and reviewed annually or during any significant changes, where it is subjected to the continuous improvement requirements detailed in the **Continuous Improvement Procedure**.

7 – Support

7.1 Resources

7.1.1 Organisation

The organisation has determined and provided the resources needed for the establishment, implementation, maintenance and continual improvement of the QMS.

In this determination, the organisation has considered the capabilities of, and constraints on, existing internal resources and the requirement for services to be obtained from external providers.

Risks related to resource requirements are considered and assessed and recorded in the **Risks and Opportunities Register**.

These internal and external requirements are evaluated annually or during any significant changes.

7.1.2 People

The organisation has determined and provided the people necessary for the effective implementation of the QMS and safe operation and control of its processes.

7.1.3 Infrastructure

The organisation has determined, provided and maintains the infrastructure necessary for the operation of its processes and to achieve conformity of products / services. Infrastructure requirements are recorded in the **Logic Models**.

Any new equipment acquired that has calibration requirements, is entered into the **Calibration System** prior to use. All subsequent calibration activities are also recorded in this system.

New plant and equipment is entered into the **Equipment Maintenance System** prior to use. All subsequent inspection and maintenance activities are also recorded in this system.

Any planned changes to plant and equipment are controlled through the **Change Management Procedure**.

7.1.4 Environment for the Operation of Processes

The organisation has determined, provided and maintains the environment necessary for the operation of its processes and to achieve conformity of products / services. The details of these requirements are recoded in the **Logic Diagrams**.

This determination has considered social, psychological and physical factors.

Clinical environments are subjected to ongoing Infection Control audits, the results of which are recorded in the **Infection Control Audit Workbook**.

7.1.5 Monitoring and Measuring Resources

The organisation has determined and provided the resources needed to ensure valid and reliable results when monitoring or measuring is used to verify the conformity of products / services. The details of these requirements are recorded in the **Logic Models**.

The organisation has ensured that the resources provided are suitable for the monitoring and measurement activities being undertaken and maintained to ensure their continuing fitness for purpose.

Monitoring and measurement activities are specified in individual control procedures and the results recorded in the specified documentation.

Where measurement traceability is required to validate measurement results, the equipment used is:

- Calibrated at specified intervals against recognised standards.
- Identified in order to determine status.
- Protected from any adjustments, damage or deterioration that may invalidate calibration status and recorded results.

If any equipment is found to be unfit for its intended purpose, the organisation shall determine if the validity of previous results has been adversely affected and shall take any necessary appropriate action as per the **Incident Management Protocol.**

Should this lead to the determination of a Significant Event or Serious Incident, reference will be made to the **Serious Untoward Incidents (SUI) Policy**.

7.1.6 Organisational Knowledge

The organisation has determined the knowledge necessary for the safe operation of its processes and to achieve conformity of products / services. The details of this determination are recorded in the **Logic Diagrams**.

The correct level of knowledge requirement in new employees is assured during the recruitment process and maintained via recurrent Mandatory Training modules, the details of which are recorded in the **Core Training System**.

When considering any organisational changes, the organisation shall consider its current knowledge and determine how to acquire or access any additional knowledge required.

7.2 Competence

The organisation has determined competence requirements for people working under its control that affect the performance and effectiveness of the QMS to ensure that these people are competent on the basis of appropriate education, training or experience. The results of this determination are detailed in the **Logic Diagrams**.

Where applicable, actions shall be taken to acquire necessary competence and evaluate the effectiveness of the actions taken.

Competence is monitored via Clinical Audits, the results of which are recorded on the **NHS England Medical Record Audit Tool**.

For each employee, a summary of current validated skills and competencies, and any planned training, is maintained in the **Core Training System**.

7.3 Awareness

The organisation ensures that people working under its control are aware of the QMS, all processes, policies and procedures, how their role contributes to the effectiveness of the QMS and any implications of not conforming to it.

This awareness is ensured during a formal induction process and recorded on an **Induction Checklist** that is stored in the **Personnel File** of the relevant person.

This **Quality Management Manual** is also available for all personnel to refer to.

7.4 Communication

The organisation has determined the internal and external communications relevant to the QMS. These are detailed in the **Communications Register**.

7.5 Documented Information

The requirements for documenting information are detailed in the **Logic Diagrams**.

Information documented to record activities related to the delivery of products / services is stored on the **EMIS Digital Clinical System**. This system has a full audit trail to capture any changes to evidentiary documentation.

The details of all documents of external origin are recorded on the **Document Library System**, including details of any pertinent revision / issue checks.

8 – Operation

8.1 Operational Planning and Control

The QMS is implemented through a set of processes. An overview of these processes and their interaction is detailed in the **QMS System Overview**.

The organisation has planned, and controls, the processes implemented to meet the requirements for the provision of products / services pertinent to its operations.

Control Procedures detailing the execution of processes are detailed in Part 3 of this manual.

8.2 Requirements for Products and Services

8.2.1 Customer Communication

Information to be communicated to customers is generally determined by contractual clauses. Similarly, any contingency requirements are generally detailed in contractual clauses.

All new contracts are subject to a **Contract Review Procedure** to ensure the organisation can meet all requirements. Approval to provide products / services under the contract is only granted upon satisfactory completion of this review. The results of the contract review are recorded on a **Contract Review Record Form**.

Feedback from the end users of products / services is obtained via a **Patient Experience Questionnaire**, the results of which are recorded in the **Patient Feedback Register**. Any significant negative feedback received, or opportunities for improvement identified, are detailed in the **Risks and Opportunities Register**.

Complaints received from any customers, end-user or other stakeholders are managed via the **Complaints Procedure**.

8.2.2 Determining the Requirements for Products and Services

The requirements for the products / services to be offered are determined within the applicable governing contract. The organisation has ensured that these requirements are defined (including all applicable statutory and regulatory requirements) and can be met, during Contract Review and they are recoded in **Logic Diagrams**.

8.2.3 Review of the Requirements for Products and Services

Before the organisation commits to supplying any product / service a review of capability is carried out to ensure all requirements can be met. The review shall include customer requirements, organisational requirements and all statutory and regulatory requirements.

This capability review is conducted as per the **Contract Review Procedure** and the results are documented in the **Logic Model**.

8.2.4 Changes to Requirements for Products and Services

If the requirements for products / services change, the organisation ensures that it still has the capability to meet all requirements. This is achieved via the creation of a new **Logic Model** and a new contract review is undertaken.

Changes are documented in a **Change Management Plan** and undertaken in accordance with the **Change Management Procedure**. All relevant documented information is amended, and the changes communicated to relevant people. This communication is recorded on the **Communications Register**.

8.3 Design and Development of Products and Services

8.3.1 General

The organisation has designed and implemented, and shall maintain, a **New Product and Service Development Procedure**.

All projects are detailed in the **Project Workbook**.

8.3.2 Design and Development Planning

In determining the stages and controls for design and development, the organisation considers and documents:

- The nature, duration and complexity of the activities.
- The required process stages and reviews.
- The required verification and validation activities.
- The internal and external resources required.
- The need to fully understand customer requirements.
- The requirements for subsequent product and or service delivery.
- The documented evidence required to demonstrate that all requirements have been met.

8.3.3 Design and Development Inputs

For each design / development project, the organisation shall determine and document the inputs required for the specific products and or services in question. Considerations shall include:

- Functional and performance requirements.
- Statutory and regulatory requirements.
- Standards or codes of practice applicable.
- Potential consequences of failure.

These inputs are documented in the relevant **Logic Model**.

8.3.4 Design and Development Controls

For each design / development project, the organisation shall apply and document controls to ensure that:

- The required results are defined.
- Reviews are conducted to ensure the project can deliver the required results.
- Verification is conducted to ensure the project outputs meet the input requirements.
- Validation is conducted to ensure the resulting products / services meet the requirements.

These controls are documented as **Control Procedures**, the location of which is recorded in Part 3 of this manual.

8.3.5 Design and Development Outputs

For each design / development project, the organisation shall ensure and document that design outputs:

- Meet the input requirements.
- Are adequate for the processes that deliver the product / service.
- Reference monitoring and measurement requirements and acceptance criteria.
- Identify the characteristics essential for the safe provision of the product / service.

All outputs are recorded in the relevant **Logic Model**. Specific **Control Procedures** are produced to document a consistent and repeatable approach to achieving these outputs, which are then monitored via the production of contract specific KPI's which are documented in the **KPI Register**.

8.3.6 Design and Development Changes

For each product and / or service, the organisation shall review, control and document changes made during, or after, the design / development, to ensure there is no adverse impact on conformity to requirements. The review shall include:

- A detailed description of all changes.
- The results of the review.
- Authorisation for all changes.
- Actions taken to prevent any adverse impacts.

Any changes must be undertaken in accordance with the **Change Management Procedure** and the details recorded on a **Change Management Plan**.

8.4 Control of Externally Provided Processes, Products and Services

8.4.1 General

For all processes, products and services supplied by an external provider, the organisation determines the controls necessary to ensure they conform to requirements.

For clinicians, approval is determined via the **Clinician Approval Procedure**. A register of approved clinicians is held in the **Core Training System**.

For material supplies, approval is determined via the **Supplier Approval Procedure**. Approved suppliers are detailed in the **Approved Suppliers Register**.

8.4.2 Type and Extent of Control

For all external providers, the organisation determines the controls necessary to ensure supplied products / services continue to conform to requirements.

The organisation determines, on a risk basis, the requirement to undertake supplier audits.

For approved clinicians, Clinical Audits are undertaken as per the **Clinical Audit Schedule** that is shown in the Core Training System. The results of the audit are recorded on the **NHS England Medical Record Audit Tool**.

There are currently no requirements to audit material suppliers.

8.4.3 Information for External Providers

The organisation ensures adequate information regarding requirements is communicated to external providers prior to the delivery of any products / services.

This information includes:

- The nature of the products / services to be supplied.

- The method of approval for products, services, methods, processes and equipment.
- Competence requirements including required qualifications.
- On-site verification and validation activities to be undertaken.
- Performance monitoring and measurement.

For clinicians, this information is recorded in, and communicated via, a **Contract for Services** document.

For other suppliers, relevant information is provided at the point of order placement.

8.5 Production and Service Provision

8.5.1 Control of Production and Service Provision

For each product / service provided by the organisation, control procedures have been produced to detail the conditions under which the product / service will be provided. Each procedure contains adequate instruction and includes details of:

- The activities to be performed.
- The results to be achieved.
- Monitoring and measurement equipment to be used.
- The competency requirements for the person undertaking the activities.
- All recording requirements.

Control procedures can be found in Part 3 of this manual.

8.5.2 Identification and Traceability

Wherever necessary, the organisation maintains records of the activities undertaken to deliver products / services.

The records contain sufficient detail to provide an auditable trail of:

- Any materials used requiring traceability.
- Any equipment used requiring traceability.
- The person undertaking the activities.
- The date on which the activities are undertaken.

These records are retained within the **EMIS Digital Clinical System**.

8.5.3 Property Belonging to Customers or External Providers

Wherever property belonging to customers or external providers is used by the organisation in the provision of products and / or services, the organisation takes appropriate measures

to identify, verify, protect and safeguard the property. Details of this property are maintained in the **Equipment Maintenance Register**.

Any such property that becomes damaged, lost or is otherwise deemed to be unsuitable for use, is reported to the customer or external provider.

8.5.4 Preservation

Wherever necessary, the organisation preserves the outputs of production / service provision to ensure conformity to requirements.

Any requirement for preservation is detailed in the relevant **Logic Model** and the method of preservation is detailed in the relevant control procedure.

8.5.5 Post-Delivery Activities

Wherever mandated by contractual clauses, the organisation meets requirements for post-delivery activities associated with its products / services.

Consideration is given to any customer, statutory and regulatory requirements, any undesired consequences associated with the products / services and customer feedback.

Any requirement for post-delivery activity is detailed in the relevant **Logic Model**.

8.5.6 Control of Changes

Control procedures are reviewed and amended as necessary to ensure continuing conformity with requirements. Any amendments required are managed via the **Management of Controlled Documents Procedure**.

8.6 Release of Products or Services

The organisation implements planned checks, at appropriate stages, to verify product / service requirements have been met.

Documented evidence contains:

- Evidence of conformity with acceptance criteria.
- Traceability to the person authorising the release for the product / service.

Specific acceptance criteria are specified within contractual clauses.

8.7 Control of Nonconforming Outputs

The organisation ensures that any non-conforming outputs are identified and controlled to prevent recurrence. Such outputs are dealt with in the most appropriate way via the **Incident Management Protocol** and **Serious Untoward Incidents (SUI) Policy.** This may include:

- Correction.
- Suspension of provision of product / service.
- Informing the customer / patient.

Whenever a nonconformity occurs the organisation retains documented information detailing:

- A description of the nonconformity.
- The actions taken.
- Traceability to the person authorising these actions taken.

Any such incidents are recorded in the **Complaints and Serious Incidents Log**.

9 – Performance Evaluation

9.1 Monitoring, Measurement, Analysis and Evaluation

The organisation uses a number of monitoring and measurement activities to support the achievement of its objectives and to ensure that processes receive consistent inputs, comply with required procedures and / or deliver required outputs.

These monitoring and measurement activities are determined by individual contract requirements.

The results of monitoring and measurement activities are reviewed monthly at the Quality and Operations Meeting.

9.1.2 Customer Satisfaction

The organisation monitors customer satisfaction on the degree to which their needs and expectations have been fulfilled via feedback received. Complaints and compliments are logged in the **Complaints and Serious Incidents Log**.

The organisation monitors patient satisfaction on the degree to which their needs and expectations have been fulfilled by means of a **Patient Experience Questionnaire**. The results of this feedback are logged on the **Patient Feedback Register** and any opportunities for improvement are transferred to the **Risks and Opportunities Register**

An analysis of customer and patient feedback is undertaken annually at Management Review.

9.1.3 Analysis and Evaluation

Data and information arising from monitoring and measurement activities is analysed and evaluated by the organisation. The results are used to evaluate:

- Conformity of products and / or services.
- Degree of customer satisfaction.
- Degree of patient satisfaction.
- Performance and effectiveness of the Quality Management System.
- The performance of external providers.
- The need for improvement to the Quality Management System.

9.2 Internal Audit

A planned schedule for internal audits is recorded and maintained in the **Internal Audit Plan**. Audits are undertaken by employees qualified as competent either through completion of a formal training course or through hands-on training by an experienced auditor.

Auditors do not audit processes or activities within which they have responsibilities for control, completion or supervision.

The results of internal audits are recorded in an **Internal Audit Report**.

The results of any external audits are reviewed and retained.

Non-conformities or improvement opportunities identified during internal or external audits, are detailed in the **Risks and Opportunities Register** and managed as per the **Continuous Improvement Procedure**.

The findings from all audits are reviewed annually.

9.3 Management Review

Senior management reviews the status and performance of key aspects of the QMS annually.

The information presented, points discussed, decisions made and actions agreed at the review meeting are recorded using a **Management Review Meeting Record**.

10 – Improvement

10.1 General

Continual improvement of the Quality Management System and in particular the effectiveness of its process, is deemed critical to the ongoing success and security of the organisation.

Improvement opportunities arising from all areas covered by the QMS are recorded in the **Risks and Opportunities Register** and managed as per the **Continuous Improvement Procedure**.

PART TWO

Fig 001

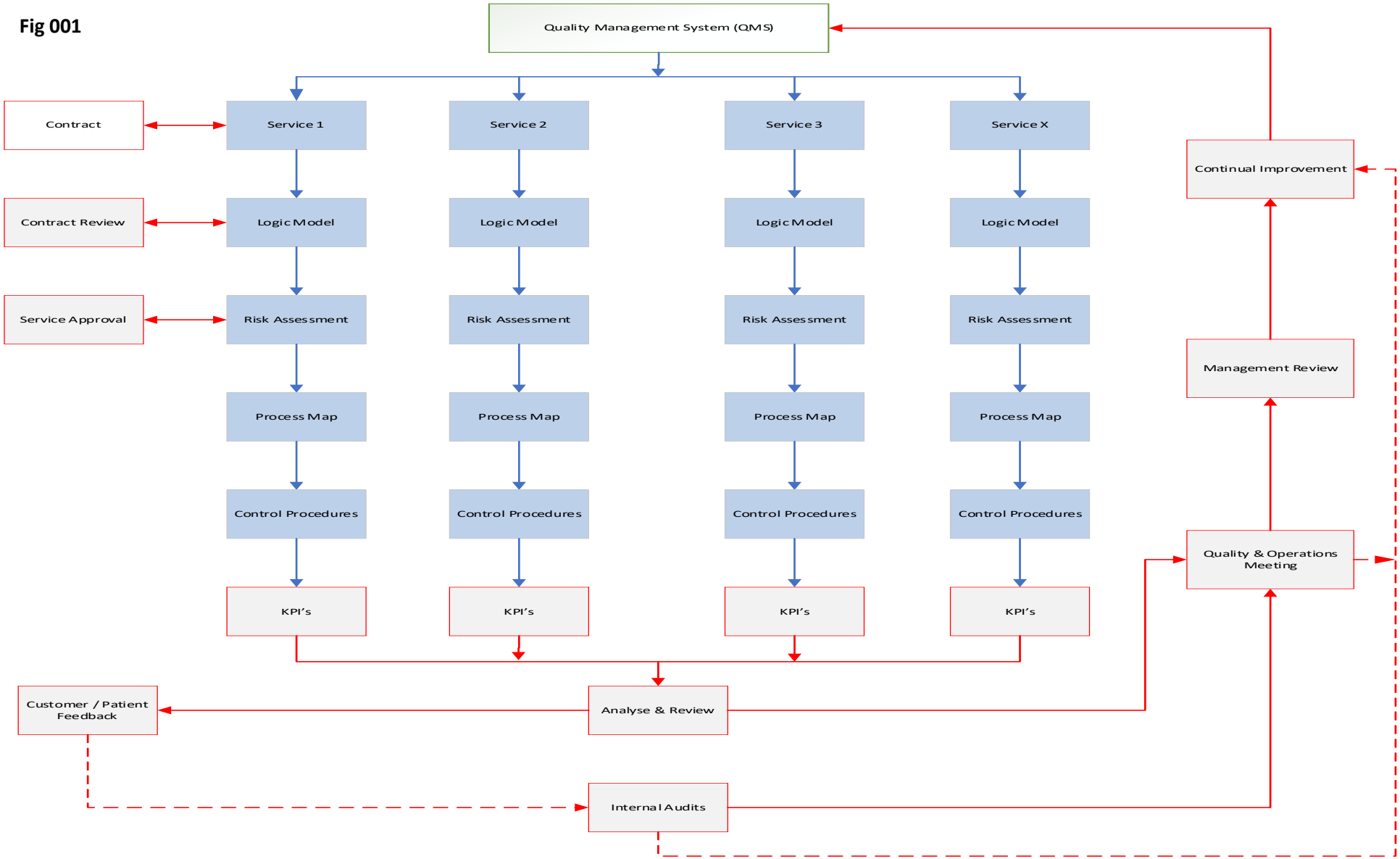
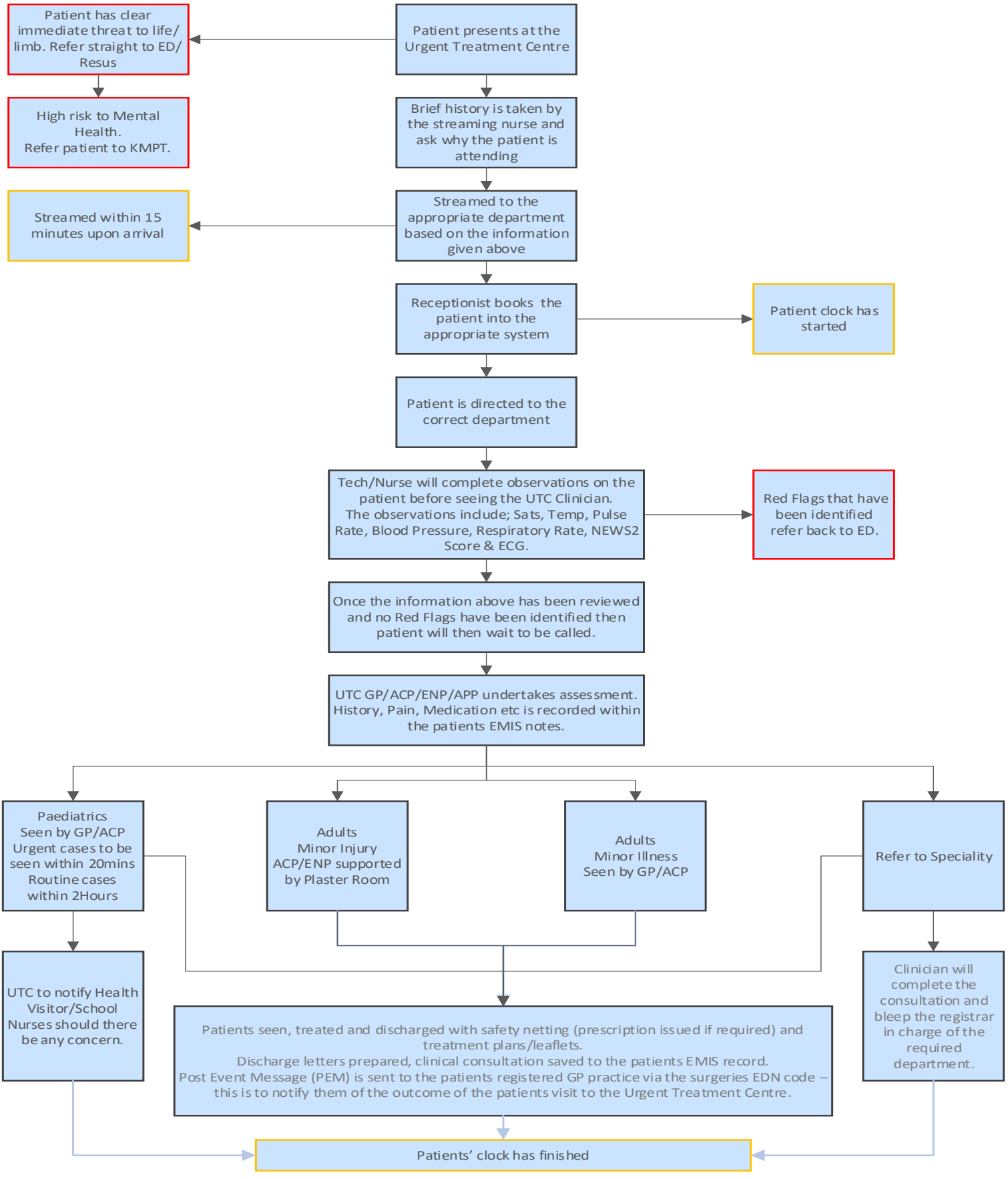

Quality Management System (QMS)
Contract
Contract Review
Service Approval
Service 1
Service 2
Service 3
Service X
Logic Model
Logic Model
Logic Model
Logic Model
Risk Assessment
Risk Assessment
Risk Assessment
Risk Assessment
Process Map
Process Map
Process Map
Process Map
Control Procedures
Control Procedures
Control Procedures
Control Procedures
KPI's
KPI's
KPI's
KPI's
Customer / Patient Feedback
Analyse & Review
Internal Audits
Continual Improvement
Management Review
Quality & Operations Meeting

Fig 002

UTC Patient Pathway



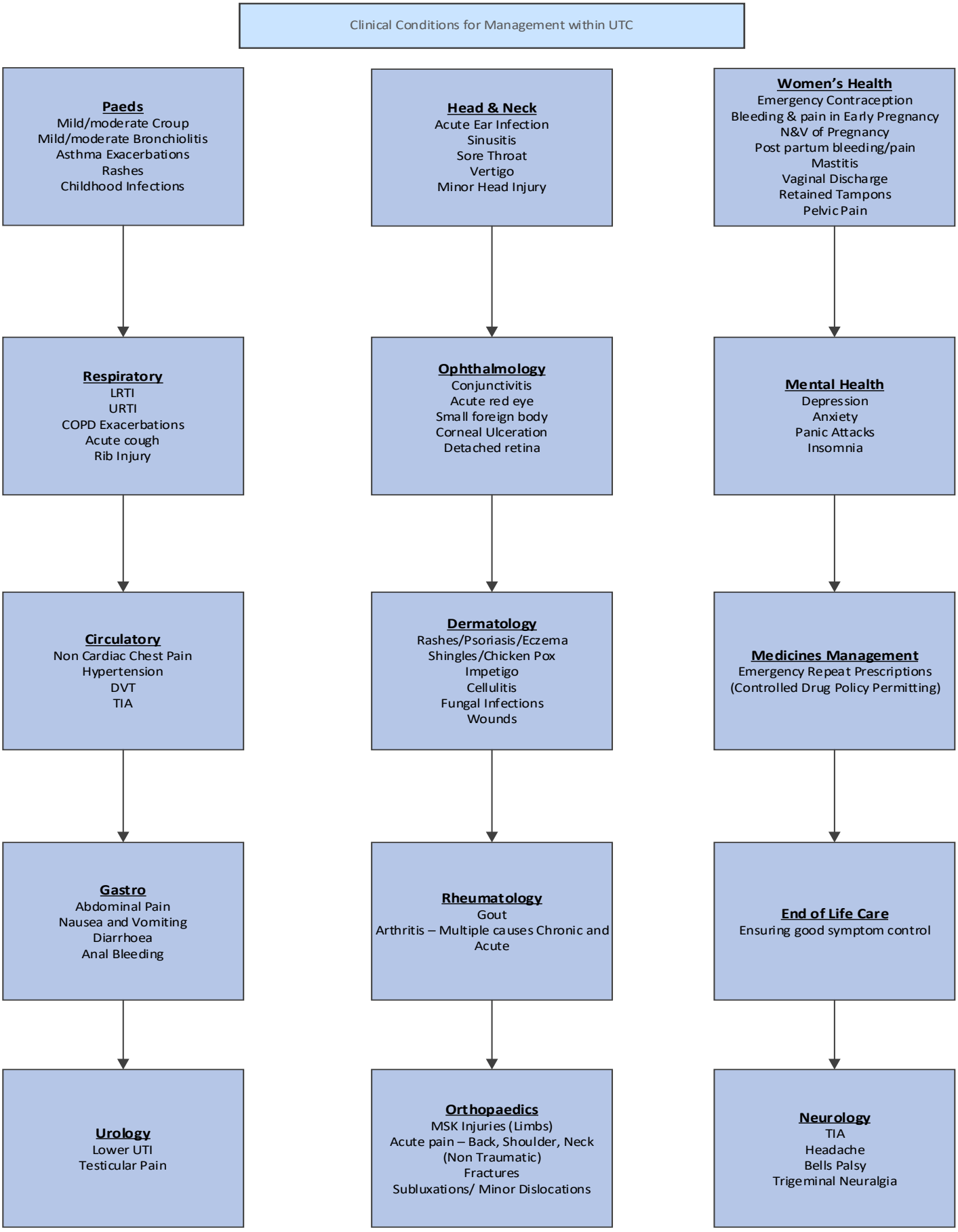
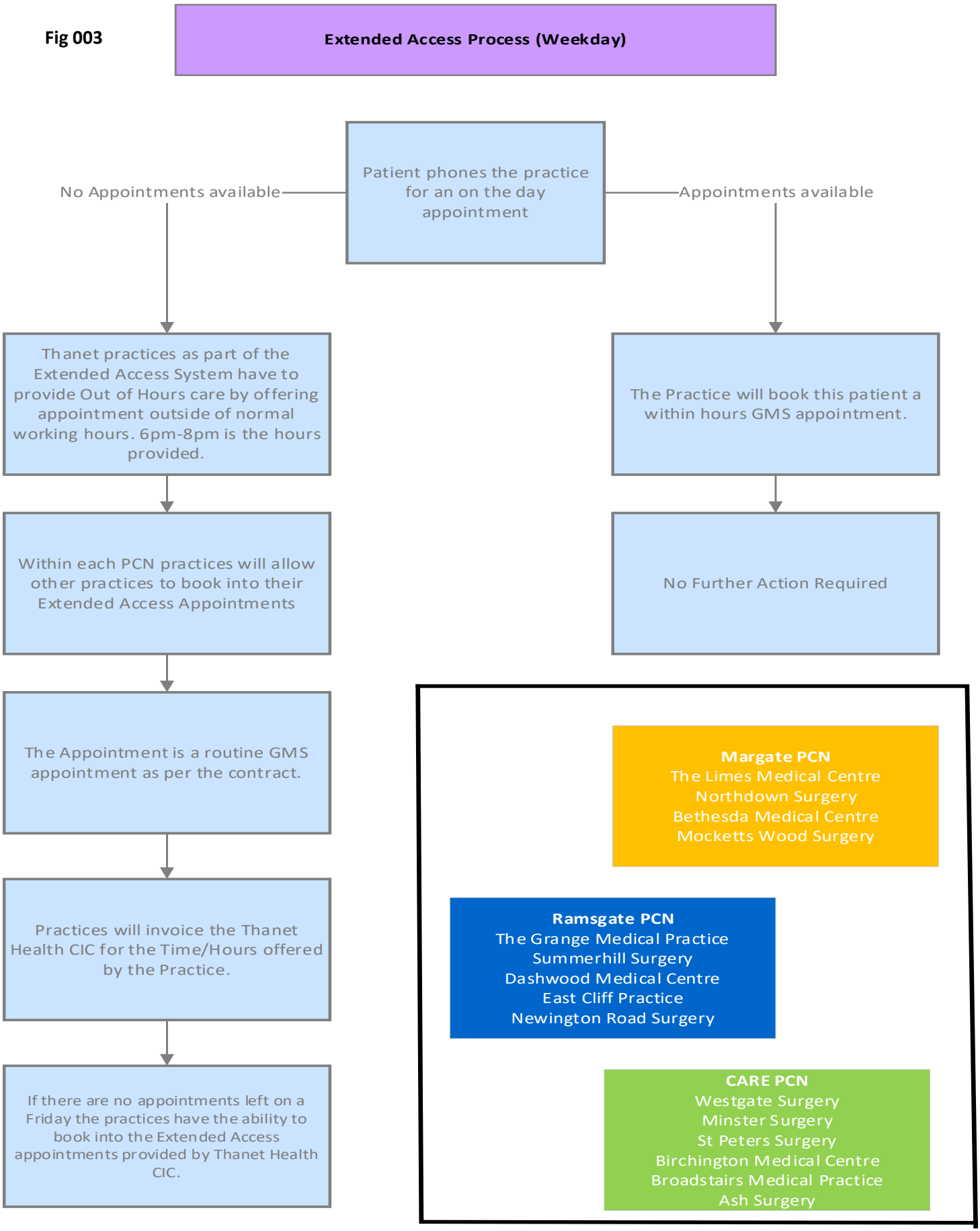

Clinical Conditions for Management within UTC
Paeds
Mild/moderate Croup
Mild/moderate Bronchiolitis
Asthma Exacerbations
Rashes
Childhood Infections
Head & Neck
Acute Ear Infection
Sinusitis
Sore Throat
Vertigo
Minor Head Injury
Women's Health
Emergency Contraception
Bleeding & pain in Early Pregnancy
N&V of Pregnancy
Post partum bleeding/pain
Mastitis
Vaginal Discharge
Retained Tampons
Pelvic Pain
Respiratory
LRTI
URTI
COPD Exacerbations
Acute cough
Rib Injury
Ophthalmology
Conjunctivitis
Acute red eye
Small foreign body
Corneal Ulceration
Detached retina
Mental Health
Depression
Anxiety
Panic Attacks
Insomnia
Circulatory
Non Cardiac Chest Pain
Hypertension
DVT
TIA
Dermatology
Rashes/Psoriasis/Eczema
Shingles/Chicken Pox
Impetigo
Cellulitis
Fungal Infections
Wounds
Medicines Management
Emergency Repeat Prescriptions
(Controlled Drug Policy Permitting)
Gastro
Abdominal Pain
Nausea and Vomiting
Diarrhoea
Anal Bleeding
Rheumatology
Gout
Arthritis – Multiple causes Chronic and Acute
End of Life Care
Ensuring good symptom control
Urology
Lower UTI
Testicular Pain
Orthopaedics
MSK Injuries (Limbs)
Acute pain – Back, Shoulder, Neck
(Non Traumatic)
Fractures
Subluxations/ Minor Dislocations
Neurology
TIA
Headache
Bells Palsy
Trigeminal Neuralgia

Fig 003


Extended Access Process (Weekday)
Patient phones the practice for an on the day appointment
No Appointments available
Appointments available
Thanet practices as part of the Extended Access System have to provide Out of Hours care by offering appointment outside of normal working hours. 6pm-8pm is the hours provided.
Within each PCN practices will allow other practices to book into their Extended Access Appointments
The Appointment is a routine GMS appointment as per the contract.
Practices will invoice the Thanet Health CIC for the Time/Hours offered by the Practice.
If there are no appointments left on a Friday the practices have the ability to book into the Extended Access appointments provided by Thanet Health CIC.
The Practice will book this patient a within hours GMS appointment.
No Further Action Required
Margate PCN
The Limes Medical Centre
Northdown Surgery
Bethesda Medical Centre
Mocketts Wood Surgery
Ramsgate PCN
The Grange Medical Practice
Summerhill Surgery
Dashwood Medical Centre
East Cliff Practice
Newington Road Surgery
CARE PCN
Westgate Surgery
Minster Surgery
St Peters Surgery
Birchington Medical Centre
Broadstairs Medical Practice
Ash Surgery

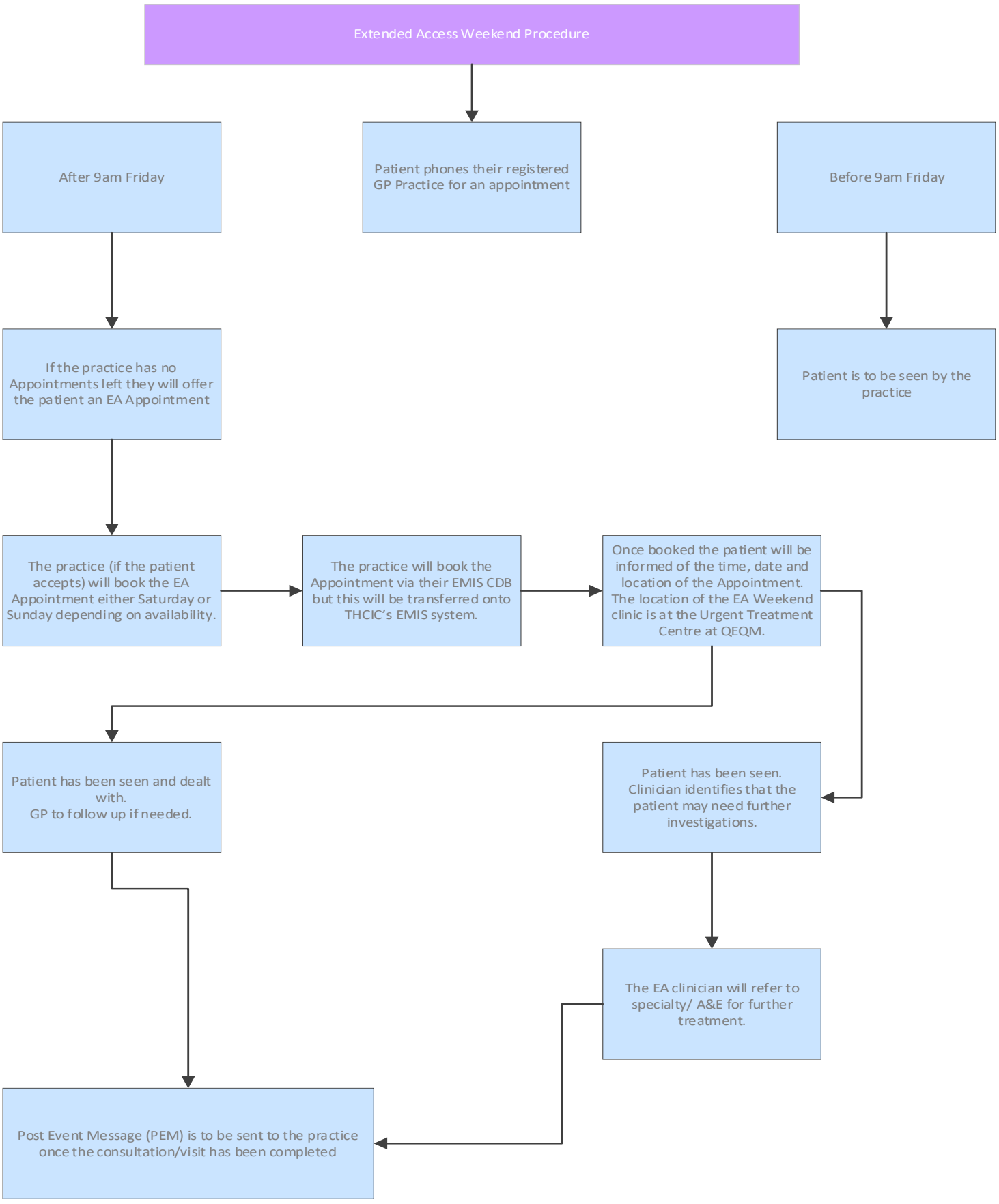

Extended Access Weekend Procedure
After 9am Friday
Patient phones their registered GP Practice for an appointment
Before 9am Friday
If the practice has no Appointments left they will offer the patient an EA Appointment
Patient is to be seen by the practice
The practice (if the patient accepts) will book the EA Appointment either Saturday or Sunday depending on availability.
The practice will book the Appointment via their EMIS CDB but this will be transferred onto THCIC's EMIS system.
Once booked the patient will be informed of the time, date and location of the Appointment. The location of the EA Weekend clinic is at the Urgent Treatment Centre at QEQM.
Patient has been seen and dealt with.
GP to follow up if needed.
Patient has been seen. Clinician identifies that the patient may need further investigations.
The EA clinician will refer to specialty/ A&E for further treatment.
Post Event Message (PEM) is to be sent to the practice once the consultation/visit has been completed

Fig 004

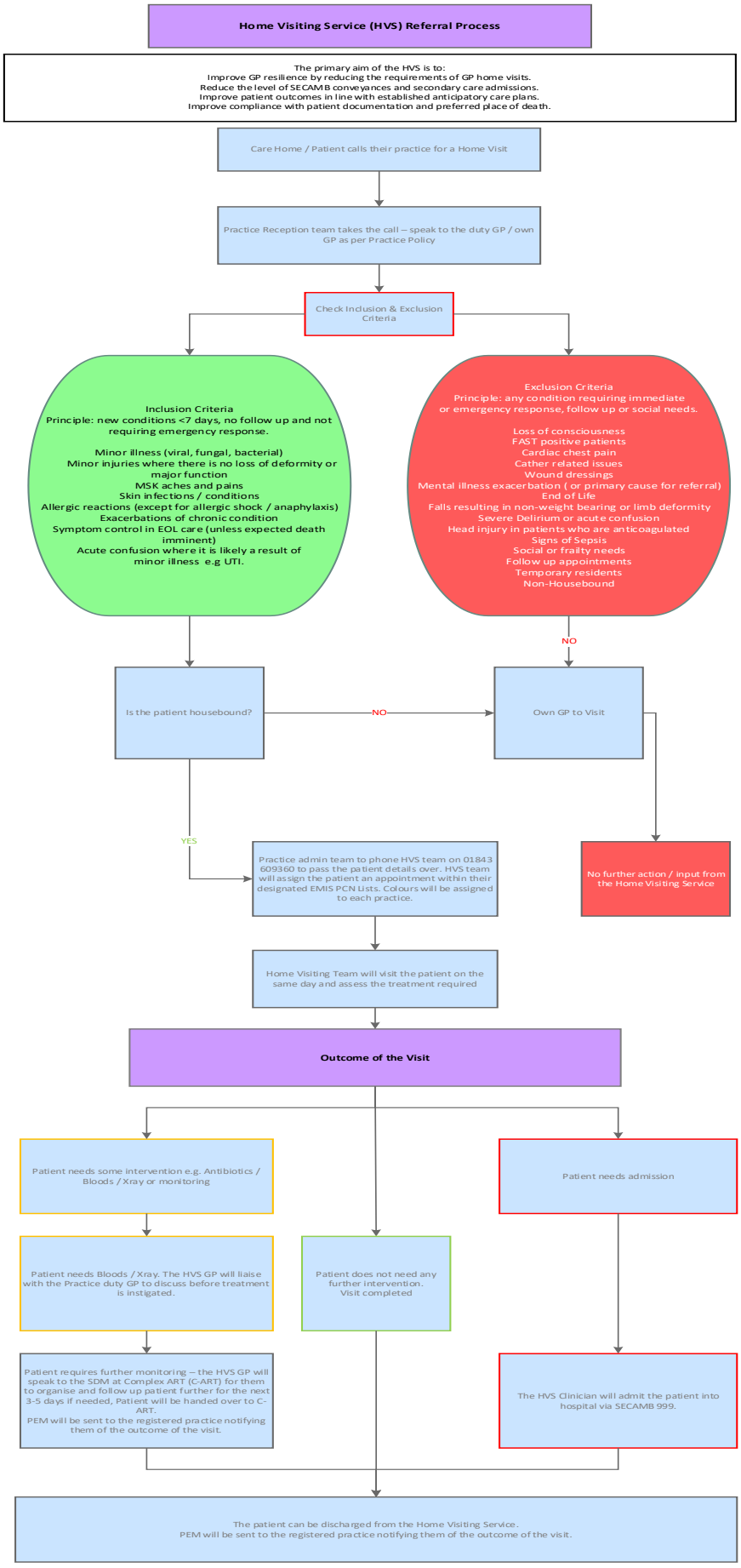

Home Visiting Service (HVS) Referral Process
The primary aim of the HVS is to:
Improve GP resilience by reducing the requirements of GP home visits.
Reduce the level of SECAMB conveyances and secondary care admissions.
Improve patient outcomes in line with established anticipatory care plans.
Improve compliance with patient documentation and preferred place of death.
Care Home / Patient calls their practice for a Home Visit
Practice Reception team takes the call – speak to the duty GP / own GP as per Practice Policy
Check Inclusion & Exclusion Criteria
Inclusion Criteria
Principle: new conditions <7 days, no follow up and not requiring emergency response.
Minor illness (viral, fungal, bacterial)
Minor injuries where there is no loss of deformity or major function
MSK aches and pains
Skin infections / conditions
Allergic reactions (except for allergic shock / anaphylaxis)
Exacerbations of chronic condition
Symptom control in EOL care (unless expected death imminent)
Acute confusion where it is likely a result of minor illness e.g UTI.
Exclusion Criteria
Principle: any condition requiring immediate or emergency response, follow up or social needs.
Loss of consciousness
FAST positive patients
Cardiac chest pain
Cather related issues
Wound dressings
Mental illness exacerbation (or primary cause for referral)
End of Life
Falls resulting in non-weight bearing or limb deformity
Severe Delirium or acute confusion
Head injury in patients who are anticoagulated
Signs of Sepsis
Social or frailty needs
Follow up appointments
Temporary residents
Non-Housebound
NO
Is the patient housebound?
NO
Own GP to Visit
YES
Practice admin team to phone HVS team on 01843 609360 to pass the patient details over. HVS team will assign the patient an appointment within their designated EMIS PCN Lists. Colours will be assigned to each practice.
No further action / input from the Home Visiting Service
Home Visiting Team will visit the patient on the same day and assess the treatment required
Outcome of the Visit
Patient needs some intervention e.g. Antibiotics / Bloods / Xray or monitoring
Patient needs admission
Patient needs Bloods / Xray. The HVS GP will liaise with the Practice duty GP to discuss before treatment is instigated.
Patient does not need any further intervention. Visit completed
Patient requires further monitoring – the HVS GP will speak to the SDM at Complex ART (C-ART) for them to organise and follow up patient further for the next 3-5 days if needed, Patient will be handed over to C-ART.
PEM will be sent to the registered practice notifying them of the outcome of the visit.
The HVS Clinician will admit the patient into hospital via SECAMB 999.
The patient can be discharged from the Home Visiting Service.
PEM will be sent to the registered practice notifying them of the outcome of the visit.

Fig 005

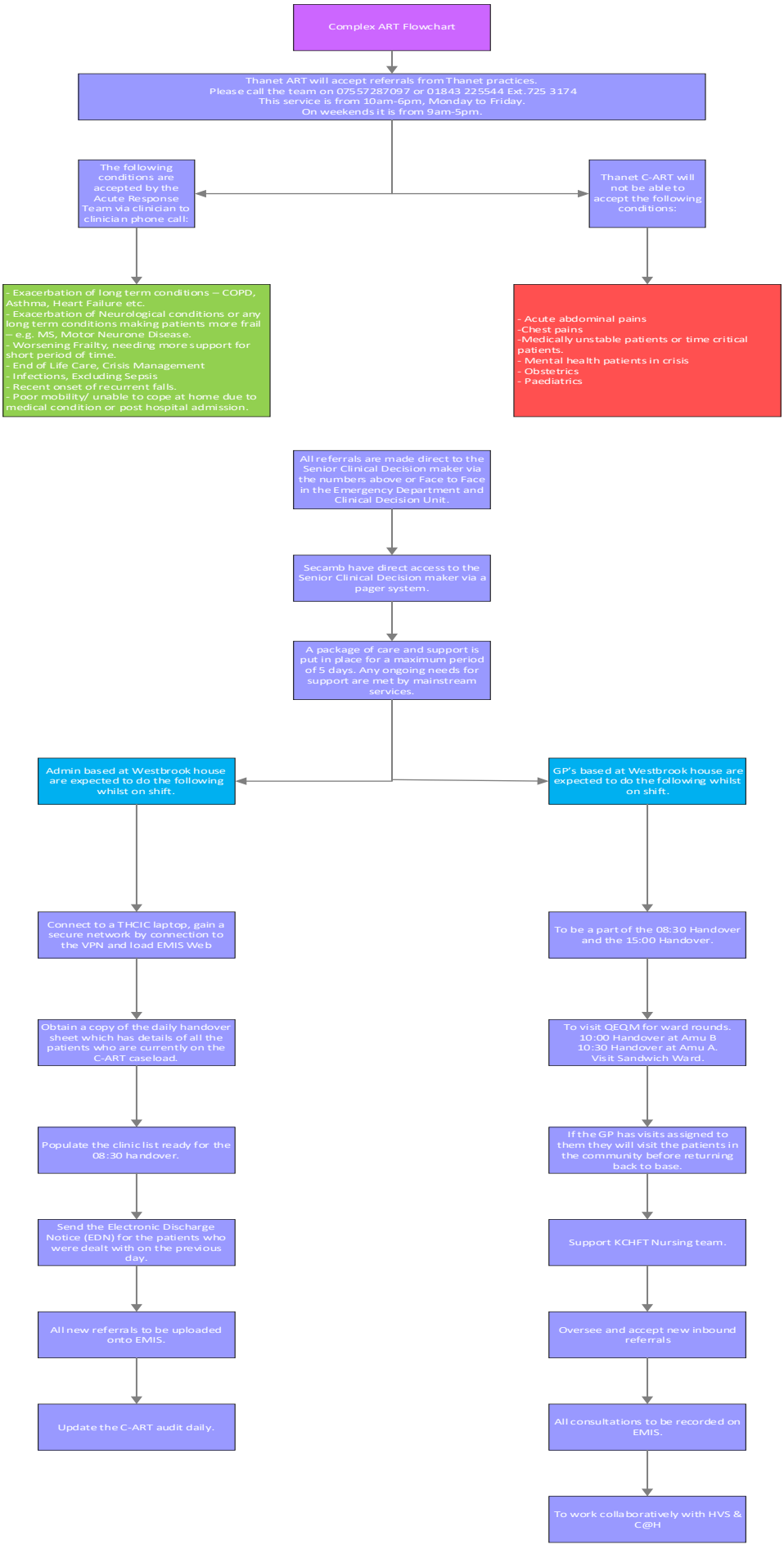
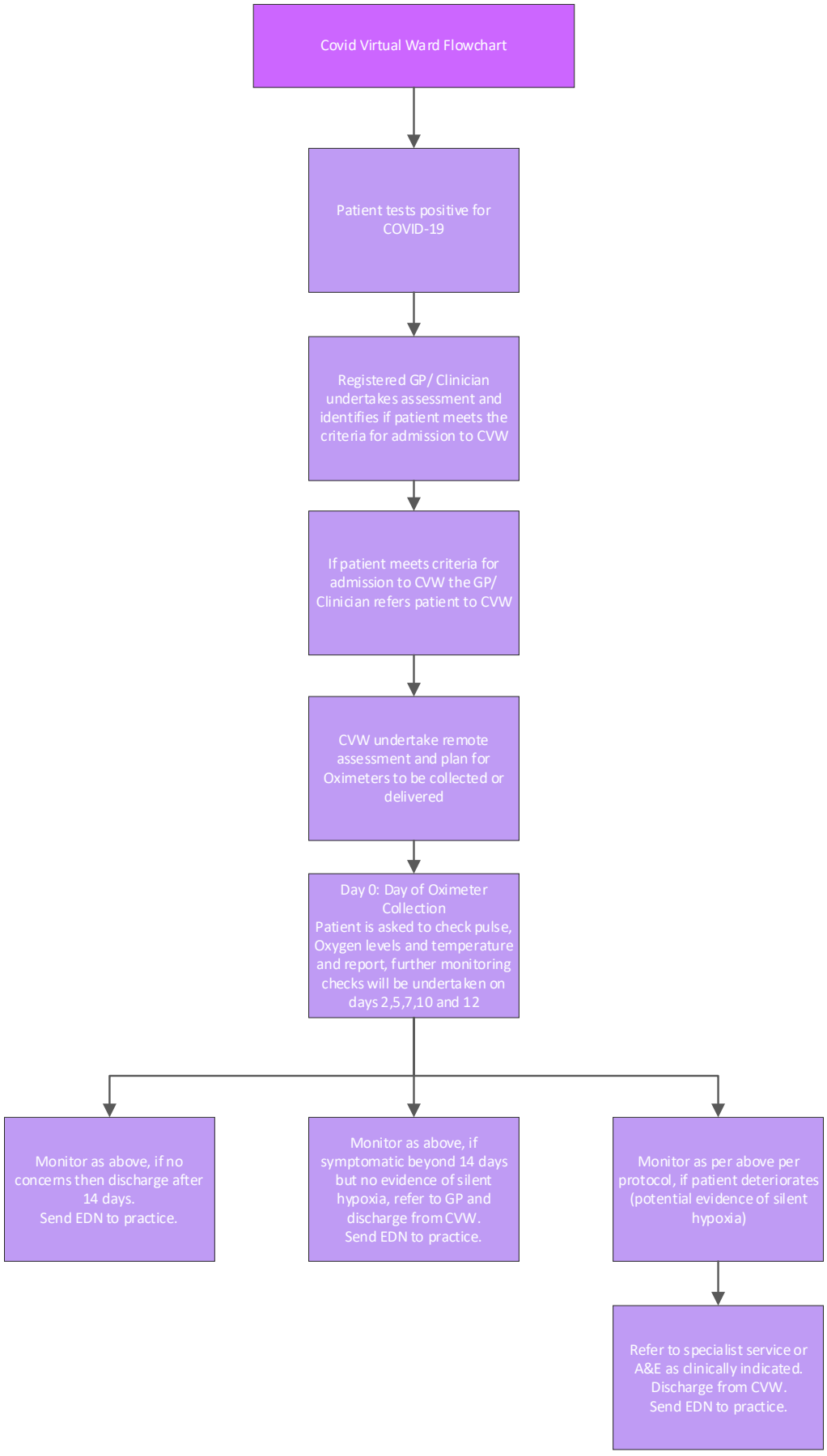

Complex ART Flowchart
Thanet ART will accept referrals from Thanet practices.
Please call the team on 07557287097 or 01843 225544 Ext.725 3174
This service is from 10am-6pm, Monday to Friday.
On weekends it is from 9am-5pm.
The following conditions are accepted by the Acute Response Team via clinician to clinician phone call:
Thanet C-ART will not be able to accept the following conditions:
- Exacerbation of long term conditions – COPD, Asthma, Heart Failure etc.
- Exacerbation of Neurological conditions or any long term conditions making patients more frail – e.g. MS, Motor Neurone Disease.
- Worsening Frailty, needing more support for short period of time.
- End of Life Care, Crisis Management
- Infections, Excluding Sepsis
- Recent onset of recurrent falls.
- Poor mobility/ unable to cope at home due to medical condition or post hospital admission.
- Acute abdominal pains
-Chest pains
-Medically unstable patients or time critical patients.
- Mental health patients in crisis
- Obstetrics
- Paediatrics
All referrals are made direct to the Senior Clinical Decision maker via the numbers above or Face to Face in the Emergency Department and Clinical Decision Unit.
Secamb have direct access to the Senior Clinical Decision maker via a pager system.
A package of care and support is put in place for a maximum period of 5 days. Any ongoing needs for support are met by mainstream services.
Admin based at Westbrook house are expected to do the following whilst on shift.
GP's based at Westbrook house are expected to do the following whilst on shift.
Connect to a THCIC laptop, gain a secure network by connection to the VPN and load EMIS Web
Obtain a copy of the daily handover sheet which has details of all the patients who are currently on the C-ART caseload.
Populate the clinic list ready for the 08:30 handover.
Send the Electronic Discharge Notice (EDN) for the patients who were dealt with on the previous day.
All new referrals to be uploaded onto EMIS.
Update the C-ART audit daily.
To be a part of the 08:30 Handover and the 15:00 Handover.
To visit QEQM for ward rounds.
10:00 Handover at Amu B
10:30 Handover at Amu A.
Visit Sandwich Ward.
If the GP has visits assigned to them they will visit the patients in the community before returning back to base.
Support KCHFT Nursing team.
Oversee and accept new inbound referrals
All consultations to be recorded on EMIS.
To work collaboratively with HVS & C@H

Fig 006


Covid Virtual Ward Flowchart
Patient tests positive for COVID-19
Registered GP/ Clinician undertakes assessment and identifies if patient meets the criteria for admission to CVW
If patient meets criteria for admission to CVW the GP/ Clinician refers patient to CVW
CVW undertake remote assessment and plan for Oximeters to be collected or delivered
Day 0: Day of Oximeter Collection
Patient is asked to check pulse, Oxygen levels and temperature and report, further monitoring checks will be undertaken on days 2,5,7,10 and 12
Monitor as above, if no concerns then discharge after 14 days.
Send EDN to practice.
Monitor as above, if symptomatic beyond 14 days but no evidence of silent hypoxia, refer to GP and discharge from CVW.
Send EDN to practice.
Monitor as per above per protocol, if patient deteriorates (potential evidence of silent hypoxia)
Refer to specialist service or A&E as clinically indicated.
Discharge from CVW.
Send EDN to practice.

PART THREE

Index of Referenced Systems and Documents

System / Document Title	Ref No.	Location
Systems		
Document Library System		Network Drive (Quality Assurance)
Calibration System		Network Drive (Quality Assurance)
Equipment Maintenance System		Network Drive (Quality Assurance)
Core Training System		Network Drive (HR)
EMIS Digital Clinical System		PC Based (Secure login)
Documents		
Contract Review Record Form	THCIC/QA/002	Document Library System / Company Website
QMS Scope Document	THCIC/QA/003	Document Library System / Company Website
Quality Policy	THCIC/QA/004	Document Library System / Company Website
Change Management Plan	THCIC/QA/005	Document Library System / Company Website
Management of Controlled Documents Procedure	THCIC/QA/008	Document Library System / Company Website
Continuous Improvement Procedure	THCIC/QA/009	Document Library System / Company Website
BMS Introduction Presentation	THCIC/QA/010	Document Library System / Company Website
Communication Record	THCIC/QA/011	Document Library System / Company Website
Change Management Procedure	THCIC/QA/012	Document Library System / Company Website
Contract Review Procedure	THCIC/QA/013	Document Library System / Company Website
New Product and Service Development Procedure	THCIC/QA/014	Document Library System / Company Website
Complaints Procedure	THCIC/QA/015	Document Library System / Company Website
Clinician Approval Procedure	THCIC/QA/016	Document Library System / Company Website
Supplier Approval Procedure	THCIC/QA/017	Document Library System / Company Website
Internal Audit Report	THCIC/QA/018	Document Library System / Company Website
Management Review Meeting Record	THCIC/QA/019	Document Library System / Company Website
Record Retention Schedule	THCIC/QA/020	Document Library System / Company Website

System / Document Title	Ref No.	Location
Patient Experience Questionnaire	THCIC/OPS/001	Document Library System / Company Website
Incident Management Protocol	THCIC/OPS/002	Document Library System / Company Website
Serious Untoward Incidents (SUI) Policy	THCIC/OPS/003	Document Library System / Company Website
Control Procedure – Urgent Treatment Centre (UTC)	THCIC/OPS/029	Document Library System / Company Website
Control Procedure – Extended Access	THCIC/OPS/030	Document Library System / Company Website
Control Procedure – Home Visiting Service	THCIC/OPS/031	Document Library System / Company Website
Control Procedure – Complex Acute Response Team	THCIC/OPS/032	Document Library System / Company Website
Control Procedure – COVID Virtual Ward	THCIC/OPS/033	Document Library System / Company Website
Induction Checklist	THCIC/HR/042	Document Library System / Company Website
Contract for Services	THCIC/HR/053	Document Library System / Company Website
QMS System Overview Diagram		Quality Management Manual (Part Two)
Logic Model		Project Workbook
Project Workbook		Network Drive (Quality Assurance)
Business Plan		Network Drive
Risks and Opportunities Register		Network Drive (Quality Assurance)
Stakeholder Map		Network Drive (Quality Assurance)
Communication Register		Network Drive (Quality Assurance)
BMS Roles and Responsibilities Register		Network Drive (Quality Assurance)
Infection Control Audit Workbook		Network Drive
NHS England Medical Record Audit Tool		Network Drive
Patient Feedback Register		Network Drive
KPI Register		Network Drive (Quality Assurance)
Approved Suppliers Register		Network Drive (Quality Assurance)
Clinical Audit Schedule		Network Drive
Complaints and Serious Incidents Log		Network Drive (Quality Assurance)
Internal Audit Plan		Network Drive (Quality Assurance)