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**Application Guide**

Black Country Healthcare NHS Foundation Trust

**Payments Only**

August 2023

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# Black Country Healthcare NHS Foundation Trust - Application Guide

Black Country Healthcare NHS Foundation Trust will be working with Access Adam to implement a new system to manage the invoices and payments. Providers who will need to be paid through the system will need to complete an Accreditation and Enrolment (A&E) on SProc.

* This document will cover the following:
  + Registration – applicable for providers new to SProc.Net
  + Adding users
* Adding locations
* Accreditation – information required
* Enrolment – information required
* Next steps

# How to join SProc.Net

The step-by-step process to be completed online is as follows:

Please note that if either the Accreditation or the Enrolment is failed, the provider will receive feedback from *adam* so amendments can be made (where possible). Equally if the Enrolment is Rejected by Black Country Healthcare NHS Foundation Trust, the provider will receive feedback so amendments can be made (where possible). Typically, the cycle of these steps will take a maximum of 10 working days.

# 

# Registration

## Register

You must register your business on the system (<https://www.sproc.net>). If your business is part of a larger parent group, then head office should register on SProc.Net. The below shows what is required:

• Business name

• Registered trading name (if different from the above)

• Business tax/VAT number

• Charity registration number (charities only)

• Company registration number (companies only)

• SME status

• Registered business address (Address line 1, City, Postcode etc.)

• Telephone number

• Email address

## Add a system user

Once the company details have been filled in, you will be taken to a page to create a system User for head office which will require the following:

• First name

• Last name

• Job title

• Email address

Once the above fields have been completed and the first User has been created, they will receive a username and temporary password. Upon logging into SProc.Net the User will be prompted to change their password. The User will have the ability to create other Users for their organisation.

## Add a location

If your organisation has multiple locations or offices, it is possible to add these additional locations once the company has been registered.

To add a location, go to the Admin tab > My Company > Locations > New, and then follow the steps to fill in the details for the location. This will include:

• Location display name

• Address

## Adding Bank Details

You will need to add the bank details of your company so they are linked to your company account. To do this you will need to go to the Admin tab > My Company > select the green Actions button > select ‘new bank details’. Here you will be asked to enter your bank details which will include:

• Bank Details

• Company Address

• Effective date (which should be entered as the date you started using the system)

Once you have completed the form and clicked Save, your details will be added to the system. You are able to view these in the Bank details section of the My Company page.

# Accreditation & Enrolment

The Accreditation and Enrolment are the two phases of the application criteria to join the DPS. The tables below show the questions which the Provider will have to respond to. Some questions will only have to be answered depending on the response to another question.

## Accreditation

To start a new Accreditation, you will need to select the following:

Client: Black Country Healthcare NHS Foundation Trust

Category: Payments Only

This table shows the questions which will need to be completed as part of your Accreditation. If the question is not applicable to your organisation you must insert N/A.

|  |  |  |
| --- | --- | --- |
| Q | Company Information | Trigger |
| 1 | Please confirm that you are currently providing services for an individual for Black Country Healthcare NHS Foundation Trust. |  |

This table shows the documents which will need to be uploaded as part of your Accreditation.

|  |  |
| --- | --- |
| Documents | Instructional text |
| Self Bill Document | Click on the document to open it and read. Return to the Accreditation and tick the corresponding boxes to electronically sign this document.  ‘I agree to the terms of the document’  ‘I am authorised to agree’ |
| Declaration Statement | Click on the document to open it and read. Return to the Accreditation and tick the corresponding boxes to electronically sign this document.  ‘I agree to the terms of the document’  ‘I am authorised to agree’ |

## Enrolment

Once the Accreditation is complete, the Enrolment can be started immediately. You do not have to wait for the Accreditation to be approved, however your Enrolment can only be reviewed by *adam* after you have an Approved Accreditation.

This table shows the questions which will need to be completed as part of your Enrolment. If the question is not applicable to your organisation you must insert N/A.

|  |  |  |
| --- | --- | --- |
| Q | Company information | Trigger |
| 1 | Please self-certify whether you already have, or can commit to obtain, prior to the commencement of the contract, the levels of insurance cover indicated below:  Employer’s (Compulsory) Liability Insurance = £10m  \*It is a legal requirement that all companies hold Employer’s (Compulsory) Liability Insurance of £5 million as a minimum. Please note this requirement is not applicable to Sole Traders. |  |
| 2 | Please self-certify whether you already have, or can commit to obtain, prior to the commencement of the contract, the levels of insurance cover indicated below:  Public Liability Insurance = £10m |  |
| 3 | Please self-certify whether you already have, or can commit to obtain, prior to the commencement of the contract, the levels of insurance cover indicated below:  Medical Malpractice Insurance = £5m |  |
| 4 | Please confirm that you will upload evidence of your organisation's CQC Service Provider Registration Certificate. Please ensure that both the CQC Provider and Location IDs are included in the documentation for the respective service location. If you are not registered with CQC then please upload a document to explain why this is, e.g. ‘My organisation does not provide registered care services, and therefore does not require this registration’. |  |
| 5 | Please indicate if your provision of care is based within one of the following district area. |  |
| 6 | Are you registered with CQC to provide dementia care? |  |
| 7 | Are registered to Local Authority Living Framework? |  |
| 8 | Please confirm that you will be able to provide a copy of your Organisation's Data Protection ICO Registration Certificate if requested. |  |
| 9 | Please confirm you have an Information Governance or Data Protection Policy in place that is authorised by senior management and effectively communicated throughout the company. |  |
| 10 | Please confirm that your organisation has a Business Continuity Plan to demonstrate how your organisation will respond to circumstances that may affect the day to day running of your business (e.g., telephone lines down, bad weather, unpredictable staff sickness). |  |
| 11 | Please confirm that your organisation has a Safeguarding Policy that is authorised by senior management and effectively communicated throughout the company. |  |
| 12 | Can you provide details, including the role, name and contact number for the person that is responsible for Safeguarding within the organisation, if requested. |  |
| 13 | Please confirm that you have a Health & Safety Policy that is authorised by senior management and effectively communicated throughout the company. |  |
| 14 | Please confirm that your organisation has a Serious Incidents Policy that is authorised by senior management and effectively communicated throughout the company. |  |
| 15 | Please confirm that your organisation has a Mental Capacity Act Policy that is authorised by senior management and effectively communicated throughout the company. |  |
| 16 | Can you provide details, including the role, name, and contact number of your MCA lead, if requested? |  |
| 17 | Please confirm that you have a Transfer and Discharge Policy in place or are working towards its completion. |  |
| 18 | Please confirm that you have a Complaints Policy in place or are working towards its completion. |  |
| 19 | Please confirm you have a Death of Service User Policy in place or are working towards its completion. |  |
| 20 | Please confirm you have a Duty of Candour Policy in place or are working towards its completion. |  |
| 21 | Please confirm you have an Equality & Diversity Policy in place or are working towards its completion. |  |
| 22 | Please confirm you have an Infection Control Policy in place or are working towards its completion. |  |
| 23 | Please confirm that you have a Service User Consent Policy in place or are working towards its completion. |  |
| 24 | Do you hold a valid DBS Certificate |  |
| 25 | Can you provide your DBS number and date of issue, if requested. | Yes (25) |
| 26 | Please self-certify that your DBS is enhanced and clear | Yes (25) |
| 27 | Please confirm whether you have registered with the DBS Update Service | Yes (25) |

This table shows the documents which will need to be uploaded as part of your Enrolment.

|  |  |
| --- | --- |
| Documents | Instructional text |
| Employers Liability Insurance | Please upload evidence of your Employer's Liability Insurance Policy (to be as a minimum £10m) as outlined in Q1 |
| Public Liability Insurance | Please upload evidence of your Public Liability Insurance Policy (to be as a minimum £10m) as outlined in Q2 |
| Safeguarding and Mental Health Capacity Act Policy | Please upload evidence of your Safeguarding and Mental Health Capacity Act Policy |
| Service Provider CQC Registration Certificate | Please upload your Service Provider CQC Registration Certificate as outlined in Q4 |

## Adding service categories

The Service Categories below show a breakdown of the services which Black Country Healthcare NHS Foundation Trust includes under the Payments Only category.

You will need to select **all** the Service Categories, so that Black Country Healthcare NHS Foundation Trust can later send out the relevant notifications. These are:

|  |
| --- |
| Service Category |
| Childrens Continuing Care |
| Day Opportunities |
| Home Care |
| Nursing Home |
| Residential Home |
| Supported Living |
| Personal Health Budgets |
| Specialised Care |
| Equipment |
| Transport |
| Therapy |

# Next steps

Following submission, the Accreditation and Enrolment will be vetted by *adam* and then reviewed by Black Country Healthcare NHS Foundation Trust. System notifications are issued following each review stage to advise if the application has been Approved.

For more details on how to create and submit your Accreditation and Enrolment information, please see the Accreditation and Enrolment guidance video available at [**adamproviders.co.uk**.](https://www.adamproviders.co.uk/black-country-healthcare-nhs-foundation-trust-payments-only)

To register and begin your application, visit [**adamproviders.co.uk**](https://www.adamproviders.co.uk/black-country-healthcare-nhs-foundation-trust-payments-only) and click ‘Get started’.

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