

Title of paper:	Out of Hours Specification
Meeting	Governing Body 31 st January 2014
Author:	Jack Wagstaff, Service Redesign Manager
email:	Jack.wagstaff@surreydownsccg.nhs.uk
Exec Lead:	Karen Parsons, Chief Operating Officer

Purpose	To Agree	
	To Advise	
	To Note	

Development:

This service specification has been developed to underpin the procurement of GP Out of Hours Services across Surrey Downs CCG and developed in conjunction with NHS Northwest Surrey CCG and NHS Guildford and Waverley CCG

The service specification has been designed under clinical leadership from Dr Steve Loveless and the development process has included a variety of stakeholder events, including patient engagement:

Executive Summary and Key Issues

Surrey Downs CCG, in partnership with North West Surrey and Guildford & Waverley CCGs, is undertaking a competitive procurement exercise for GP Out of Hours Services. The contract with the current provider will expire at the end of September 2014 (subject to final agreement of a contract extension) with the newly procured service beginning from October 2014.

This paper summarises the core specification of the key mandated functions and responsibilities of the GP Out of Hours service, signed off by the Out of Hours Programme Board. The **core specification** sets out the fundamental way in which the preferred provider will operate **across all CCGs**, which include:

- Interoperability with NHS 111 as the single point of access
- Clinical input- prioritisation, diagnosis and care management
- Operation of primary care bases, providing bookable appointments
- Provision of home visits
- Integration with other providers e.g. A&E, Community Services, GP Practices
- Adherence to local policies and guidance e.g. Medicines Management, Complaints, Patient Safety etc.

Once the core specification is signed off by the Executive (Business) Committee in February 2014 it **cannot be changed**, however Surrey Downs CCG will be able to add a separate specification detailing 'local variations' which will set out further responsibilities as to how services are delivered.

The CCG is currently going through an extensive consultation process with locality patient representatives and the wider patient population, through an online survey and using local media to ensure the local variations reflect the views of patients wherever possible.

Procurement Steps:

Activity	Estimated Completion Date
Ratification of Core Specification Document	January 2014
Conclusion of Market Engagement	January 2014
Patient Consultation	February 2014
Public Procurement Advert and PQQ	February 2014
Evaluation of PQQ	March 2014
Proceed to ITT with developed service specification	March- April 2014
Evaluation of ITT Submissions	May 2014
Supplier Presentations	May 2014
Ratification of preferred provider and award of contract at Governing Body	June – July 2014
Mobilisation Period	June – September 2014
Service Go-live	October 2014

Recommendation(s): It is recommended that the Governing Body:

- Note the summary of Out of Hours Core Specification
- Agree procurement process to be followed
- Note that the tender award decision will be presented to the Governing Body in July 2014 (regular updates will be given prior to this decision)

Attachments / references: None

Implications for wider governance

Quality and patient safety: The CCG aims to commission, through this procurement, a service of improved quality responsive to the needs of local patients. The core specification document explicitly requires the provider to comply with all CCG policies relating to patient safety and quality of care e.g. Infection Control, Incident Reporting etc.

Patient and Public Engagement: Patient consultation has taken place through the following channels:

- Patient representation on the Out of Hours Programme Board
- Patient representation on the clinical design group
- Set meetings with each of the locality patient representatives
- Discussion at Patient Advisory Group
- Feedback collected through patient surveys within practices and on-line

Equality Duty: Equitable access for patients to Out of Hours across Surrey Downs CCG

Finance and resources: Financial envelope to be finalised

Communications Plan: To be developed: communication required at award of contract and commencement of new service

Legal or compliance issues: Subject to competition law and procurement regulations

Risk and Assurance: Assurance through Out of Hours Programme Board, reporting into SDCCG Executive (Business Committee). Risks incorporated into SDCCG risk register

GP Out of Hours Procurement- Core Service Specification and Procurement Update

1.0 Purpose

This paper provides an update to the Governing Body on the procurement of GP Out of Hours Services and specifically the development of the core service specification.

2.0 Background

Surrey Downs CCG is responsible for the commissioning of GP Out of Hours services (6.30 – 8.00) across the catchment area. This service provides urgent medical care either within a patients' primary place of residence or at a designated Primary Care Base (PCB).

Current GP Out of Hours services are provided by Harmoni Ltd, however this contract will expire at the end of September 2014, subject to the final agreement of a contract extension. As such, Surrey Downs CCG, in partnership with North West Surrey and Guildford & Waverley CCGs, is undertaking a competitive procurement exercise, to source this service provision from October 2014 onwards.

The core service specification is a key document underpinning the procurement process, which sets out the role and responsibilities of the provider delivering the GP Out of Hours Service.

3.0 Specification Development Process

The core specification has been developed jointly between all three participating CCGs and Surrey Downs' contribution has been subject to significant engagement with patients and local clinicians, the process for developing the core specification document is set out in the table below:

Activity	Date	Details
Review of Current Specification	June 2013	Comparison of current service specification with best practice evidence. Analysis of current provider performance and key challenges.
Stakeholder Workshop	August 2013	Discussion with a range of providers from across the urgent care system and with CCG patient representation on the key priorities for the OOH service
Clinical Design Group	August 2013	Focus group comprising of a GP representative from each locality and CCG patient representation, to go into more detailed design on key areas of the specification
Out of Hours Programme Board	Monthly	Regular review of specification ensuring best practice is adopted across CCGs

Market Engagement	November 2013	Open discussion with potential providers as to the aims of the procurement and the key priorities and themes from discussions with patients and clinicians
Core Specification Meetings	December 2013 – January 2014	Meetings involving the clinical leads from all CCGs to agree one common core specification for all commissioners
Locality Patient Representatives Review Draft Specification	December 2013 – January 2014	Specification shared with locality patient representatives for comment and feedback
Review meetings with Patient Representatives and Patient Advisory Group	January 2014	Further discussions with locality patient representatives to gather feedback on the service
Patient Survey	January – February 2014	Survey to identify key patient priorities in relation to OOH services, distributed to locality patient groups and available for completion on-line
Review by Governing Body	January 2014	Review of the specification and development process at Governing Body

4.0 Core Specification Overview

The core specification contains the mandated responsibilities of the GP Out of Hours Service and the way in which it will operate. The key functions in the core specification include:

- **Interoperability with NHS 111**

The OOH service must integrate with the local NHS 111 service. Whilst re-triage is to be avoided, commissioners expect that further patient contact may be necessary for the purposes of clinical prioritisation.

The OOH provider will be required to adhere to the NHS Interoperability Toolkit Specifications which requires the development of electronic transfer and the ability for the 111 provider to book directly into the OOH service provider appointment slots.

- **Treatment at Primary Care Bases**

The existence of an OOH Primary Care Bases is a key element of the service to be provided. All attendances at bases will be via pre-booked appointments through the NHS 111 service ensuring patients are seen at an agreed time. Patient self-presenting at a base should be treated according to clinical need or redirected as appropriate to access the service through NHS 111.

The service provider will work with the commissioners to ensure suitable geographical coverage of primary care bases across the CCG area.

- **Home Visits**

Home visits will be made by an appropriately qualified healthcare professional, using a suitably medically equipped vehicle, who will treat in situ, send the patient to an appropriate facility for further management **or** make any other subsequent referral where appropriate.

Home visits will occur where the NHS 111 disposition has deemed it clinically appropriate, for example where patients are at end of life, 'bed bound', housebound', frail or vulnerable and for those whom transport to a base could lead to unnecessary deterioration in their condition or unacceptable discomfort or whose condition precludes travelling.

- **Integration with other providers**

There are significant benefits to be gained from all services, out of hours and in hours, working in an integrated way with other providers. The Commissioners view integrated working as a key priority for all providers of unplanned and urgent care services.

The provider must make use of local admission avoidance schemes and therefore must operate as a valued part of the urgent care matrix of providers. The core requirements for the Provider of the OOH service in this respect are to meet regularly with the following providers to carry out case reviews and analyse significant events and complaints in order to improve performance and develop the service:

- Community Services
- Mental Health Services
- Emergency Ambulance
- NHS 111
- Social Care Providers
- GP Practice Representatives

Once ratified by the CCG Executive in February the Core Specification cannot be altered, however 'Local Variations' to the specification can be added. The full Core Specification Document will be available on SDCCG website end of February 2014.

5.0 Local Variations

Each CCG participating in this procurement is able to stipulate local variations to the core specification. These local variations set out additional obligations for the provider to deliver services locally and will be aligned to each CCG agreed commissioning intentions.

Surrey Downs CCG will develop any local variations as a result of ongoing clinical and patient engagement work. The completed specification will be signed off by SDCCG Executive (Business) Committee at the end of February 2014

6.0 Next Steps

The procurement exercise will progress against the following timeline:

Activity	Estimated Completion Date
Ratification of Core Specification Document	January 2014
Conclusion of Market Engagement	January 2014
Patient Consultation	February 2014
Public Procurement Advert and PQQ	February 2014
Evaluation of PQQ	March 2014
Proceed to ITT with developed service specification	March- April 2014
Evaluation of ITT Submissions	May 2014
Supplier Presentations	May 2014
Ratification of preferred provider and award of contract at Governing Body	June – July 2014
Mobilisation Period	June – September 2014
Service Go-live	October 2014

6.0 Recommendation

The Governing Body is asked to:

- **Note the summary of Out of Hours Core Specification**
- **Agree procurement process to be followed**
- **Note that the tender award decision will be presented to the Governing Body in July 2014 (regular updates will be given prior to this decision)**

