

## **GP Out of Hours Procurement**

### **STAKEHOLDER ENGAGEMENT QUESTIONNAIRE**

The contracts for GP Out Of Hours services in NHS Nottingham City and NHS Nottinghamshire County expire in March 2013. This presents an opportunity for the local commissioners to review what the local community needs from its out of hours service, and how the service offered may need to develop in order to ensure it is fit for purpose for the life of the new contract.

We would like to get the views of Clinical Commissioning Groups and other key stakeholders in the local health community to inform the procurement process and the development of the specification in particular.

The questions set out below should help to shape your response but any other comments would be gratefully received.

1. In what areas do you think that the out of hours service needs to develop in order to ensure that reasonable patient expectations are met?

You may wish to consider ease of access to the service (by phone and face to face), provision of home visits, provision of services on a walk in basis, premises, access to medications. Should the out of hours service focus on only delivering those services that can not safely wait until the next working day?

2. What provision would you expect to see in the contract to ensure that patients are informed of the service and know how to contact it and engage?

3. Please identify any areas of unmet need or under provision of service in the out of hours period (now or likely to develop during the life of the contract).

4. The current GP out of hours contracts also support the provision of some non-core services (e.g. clinical navigation to avoid admission, primary care services in the Emergency Department, call handling for community services).

How would you see the need for such non-core services in the future, for example, do you anticipate a need to extend such provision to help ensure a consistent 24 / 7 primary care response to urgent needs?

You may wish to consider the provision of a telephone response to ensure that all calls to GP practices where patients are seeking urgent advice are answered, the provision of additional capacity for home visits and urgent appointments in hours.

5. How do you envisage GP out of hours services working with NHS 111?

For example, should we ask potential providers to include proposals to deliver a call handling front end to the service at all or assume this will be provided by NHS 111?

6. What service provision would you include in the specification for the GP out of hours services, in order to ensure that the maximum number of cases can be closed in a timely fashion without the need for onward referral?

For example, should we include any requirements about: delivering near patient testing by the out of hours provider?

7. What are the key requirements that need to be in place regarding the sharing of information (inc. special patient notes) between the out of hours provider and other parts of the health community?

For example, should we specify the IT system that the provider must use in order to optimise sharing of records with GP practices?

8. What key quality indicators, governance and control measures would you expect to see in a contract of this nature, to ensure the effective and safe delivery of the service?

9. How would you recommend that the contract is structured (e.g. type of contract, currency used) in order to deliver a high quality, value for money service that also encourages the collaboration and co-operation necessary to work effectively in the urgent care system?

10. Are there any other innovations that you think should be explored during this procurement exercise?