

GP Out of Hours Service

LOCAL SERVICE SPECIFICATION

NHS Shropshire, Telford and Wrekin



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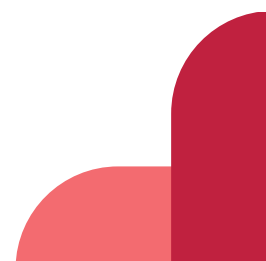
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1. Introduction and Context

NHS Shropshire, Telford and Wrekin Integrated Care Board (NHS STW) is responsible for the commissioning of healthcare services for the population of Shropshire, Telford and Wrekin.

We are looking to re-procure our GP Out of Hours (GP OOH) Service to provide cover for periods outside of General Practice core hours. This will also include cover for Protected Learning Time (PLT) to allow practices to close for staff development, a year-round response to outbreaks of influenza and other highly infectious diseases, and provision of a Care Coordination Centre and Single Point of Access (CCCSPA) to support Health Care Professionals in navigating to the most appropriate service to meet their unplanned care needs.

Further detail on the requirements for these services is outlined in this Specification.

1.1 National Context

The Office for National Statistics predicts that the population of England will grow to 66.6 million by 2040 - an increase of 7.4 million since 2019 - with 10.8 million people over the age of 70.

By this time, it is predicted that 1 in 5 people will be living with a long-term health condition - an increase from 6.6 million in 2019 to 9.3 million in 2040. The majority of those living with a chronic illness will be over the age of 70, but 3.7 million people aged 20–69 will also be living with a major illness. This means that the largest proportion of working age people will be living with a health condition (Health Foundation 2024).

Pressure on urgent and emergency care has grown with changes in demographics and new types of care available, meaning the need for services has increased every year. Looking forward, the growing and ageing population will see this continue.

NHS England's vision for Urgent and Emergency Care (UEC) nationally, as outlined in the Delivery plan for recovering urgent and emergency care services (2023), is that patients have access to the right care in the right place in a timely way. Hospitals are appropriate for some seriously ill patients but are often not the best place for people whose needs could be better met in a different way. While having more hospital beds and more staff would help, it is important to make sure patients are not in hospital for longer than necessary. We know that long stays in hospital can impact on patients' independence and lead to poorer health and economic outcomes.

Delivering this ambition will mean supporting more patient-centred personalised care, accessed closer to or at home, alongside more integrated services. Recovery will require different types of providers working together and joining up care better for patients, led by local systems and backed by additional investment. Through partnerships between acute, community and mental health

providers, primary care, social care and the voluntary sector, the national ambition is a system that provides more, and better, care in people's homes, gets ambulances to people more quickly when they need them, sees people faster when they go to hospital and helps people safely leave hospital having received the care they need.

NHS England's Long-Term Plan (NHSE 2019) also outlines the aim of providing more care closer to home, and how community-based services need to develop in order to meet the changing needs of the population. The plan emphasises the role of collaboration and partnership working in supporting people with complex needs to stay well for longer.

1.2 Local Context

Within the Shropshire, Telford and Wrekin (STW) Integrated Care System (ICS), current models of care are under pressure in the face of rising demand, increasing complexity and shortages in workforce, both locally and nationally. One of the complexities our system is facing now is the unprecedented demand within urgent care settings. Long waits for ambulances to offload their patients into the Emergency Department (ED) are putting patients' lives at risk, increasing demand within EDs, and impacting on ambulances' capacity to respond to 999/111 calls.

Growth continues in excess of plans, and it is essential that there is an efficient and effective local system for unplanned care referral management which supports referrers to ensure their patients are seen by the most appropriate service in a timely way. Preferably, and where clinically safe and appropriate, this should be in the community where they reside.

Historically many component parts of urgent care systems nationally and locally have operated separately, lacking integration and interoperability across related services. This makes it confusing for both health care professionals and patients to navigate the urgent care system effectively and does not fully meet the needs of patients or produce the best patient experience or outcomes.

1.2.1 STW Geography

Two unitary authorities make up the STW footprint – [Shropshire Council](#) and [Telford & Wrekin Council](#) – and together they make up a combined area of 3,489km². The services described in this Specification will be delivered across the administrative localities of Shropshire and the Borough of Telford and Wrekin (as illustrated in Figure 1).

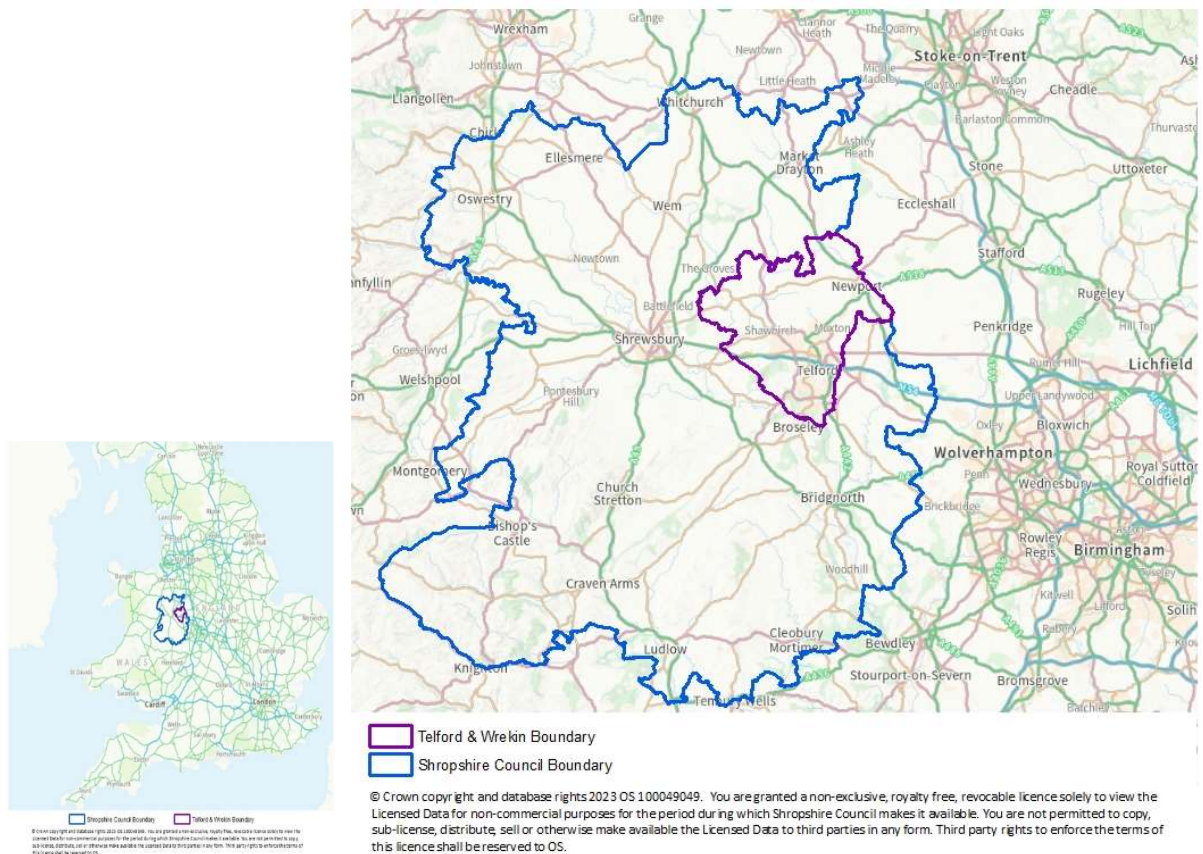
The population density of the Borough of Telford and Wrekin is 639 persons per square km, compared to 102 persons per square km in the rest of Shropshire and 276 persons per square km in England. Given the size and density of the population, much of the combined footprint of the service area is deemed rural as shown on the map below (Figure 2).

Within Shropshire, Telford and Wrekin, we have:

- Two acute hospitals, less than 20 miles apart in Telford and Shrewsbury. These are run by one acute trust, the [Shrewsbury and Telford Hospital NHS Trust \(SaTH\)](#)
- A specialist orthopaedic hospital, [Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust \(RJAH\)](#), which provides elective orthopaedic surgery in the northwest of the county

- A community trust, [Shropshire Community Health Trust](#)
- A mental health trust, [Midlands Partnership NHS Foundation Trust](#) (which covers Shropshire and Staffordshire)
- An ambulance service, [West Midlands Ambulance Service University NHS Foundation Trust](#)

Figure 1: Map of Shropshire and the Borough of Telford and Wrekin

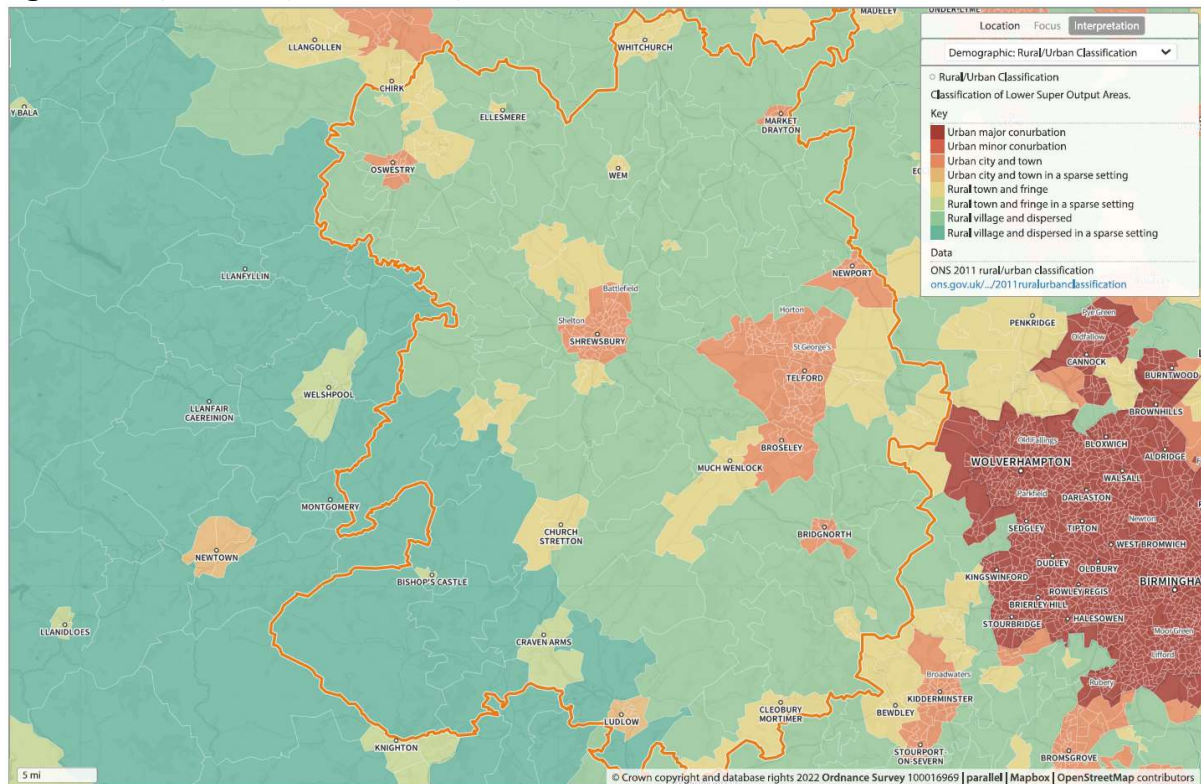


There are currently 50 GP practices within STW, with 37 in Shropshire and 13 in Telford and Wrekin, covering a total population of 531,951. As of June 2024, the population covered in each locality was as follows:

- Shrewsbury locality (11 practices) – approx. 107,348
- South locality (14 practices) – approx. 103,851
- North locality (12 practices) – approx. 114,907
- Telford and Wrekin (13 practices) – approx. 205,845

Due to our location on the Welsh-English border, some health services are provided for people from the Welsh health system who live outside of our area, particularly at the two acute hospitals - the Royal Shrewsbury and the Princess Royal Hospitals - and RJAH.

Figure 2: Map of rurality across Shropshire, Telford and Wrekin



1.2.2 STW Population Health Needs

In Shropshire, Telford and Wrekin, there are particular population challenges in meeting the demand for health and social care services.

Shropshire is a predominantly rural area with problems of physical isolation and low population density and has a mix of rural and urban ageing populations. Around 50,000 people in Shropshire are 30 minutes or more by public transport from their closest GP, and an estimated 3,700 people currently reside in care home settings.

In 2020, the population of Shropshire was 325,415, with people over the age of 65 making up 25% of the total. It is predicted that by 2031 the number of people aged between 60 and 74 will rise by 26%, with those over the age of 75 rising by 40%. The number of people aged over 65 has increased by 25% in just 10 years, more than 44% of residents are over the age of 50 and around 23% are aged 65+. Shropshire has a higher percentage of older people than the national average of 18%, and around 15,000 people live in areas considered to be in the 20% most deprived areas nationally.

Telford and Wrekin has a large, younger urban population with some rural areas. Telford is ranked among the 30% most deprived populations in England. Of the 60,000 people across Shropshire, Telford & Wrekin living in what are considered the 20% most deprived areas across England, 45,000 reside in Telford & Wrekin. The Joint Strategic Needs Assessment for Telford and Wrekin (2024) indicates that the population is growing faster than the national average, with the greatest growth in people over the age of 65 (35.7% in the last decade).

The Indices of Multiple Deprivation (IMD) are used as a predictor of health inequalities and premature mortality. While the region as a whole is within the national average, there are small pockets of deprivation, with nearly 3,000 residents living in the most deprived circumstances (Shropshire JSNA, 2023). Some areas of Telford and Wrekin are amongst the most deprived in the country, with over 6% of the population reporting bad or very bad health, and it is recognised that rural social isolation, particularly for frail or older people, is also an indicator of health inequality.

Life expectancy is lowest in areas considered to be in the 20% most deprived areas across England. There is a gradient in life expectancy by deprivation in both Shropshire and Telford & Wrekin, meaning the more deprived the area, the lower the life expectancy. Inequality in life expectancy (the difference in years of life expectancy between most deprived and least deprived areas) is larger in Telford & Wrekin compared to Shropshire, but in both areas this is primarily driven by Cardiovascular Disease and Cancer.

Long-term conditions are also on the rise due to changing lifestyles. At least 88,000 people (18% of our total population) have a long-term illness. This means we need to move the emphasis away from services that support short-term, episodic illness and infections towards earlier intervention to improve health and deliver sustained continuing support in the community.

The number of people with dementia or mobility issues which mean they are unable to manage at least one activity on their own is expected to rise significantly alongside the increase in the elderly population. Between 2017 and 2035 the number of people aged 65+ with dementia is expected to increase by 80%. Those people who are aged 65 plus and unable to manage at least one activity on their own is projected to increase by 63%. Demand for services is shifting with greater need for services to support frailer people in the community through home-based health and wellbeing self-management and building resilience.

In 2011 there were approximately 14,000 people (5.6%) from ethnic minority backgrounds in Shropshire and data suggests this has increased, particularly in Eastern European populations. Recent estimates suggest that up to 17% of the population in Telford and Wrekin are from ethnic minority backgrounds.

Further information on the population of STW can be found in the Local Authority Joint Strategic Needs Assessments (JSNA):

[Joint Strategic Needs Assessment \(JSNA\) | Shropshire Council](#)

[Joint Strategic Needs Assessment \(JSNA\) population headlines - Joint Strategic Needs Assessment \(JSNA\) population headlines - Telford & Wrekin Council](#)

1.2.3 Equality of Access to Services

The Provider must deliver the Service in a way which does not discriminate against a Service User, Carers, Health Care Professional or Employee in respect of any of the protected characteristics under the Equality Act 2010 or other non-medical characteristics, except as permitted by Law. The

Provider will ensure that access to services considers the needs of the specific groups and geography across STW to prevent inequity and disadvantage.

The Provider is expected to deliver the full range of services required by this specification in a way that demonstrates they have considered the differential access and experience of groups who share protected characteristics covered by the Equality Act, and also have due regard to following groups:

- Ex-service personnel
- Vulnerable adults
- Homeless and rough sleepers
- Drug users
- Core 20 PLUS groups

The Provider will be expected to report on reasonable adjustments for specific groups, as well as ethnicity and demographic profiles as part of the KPIs and reporting requirements agreed for this contract.

The Provider will adhere to The Accessible Information Standard (DCB1605 Accessible Information) and also implement reasonable adjustments as per the Equalities Act 2010, for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments).

1.3 Local Urgent and Emergency Care Provision

Our urgent and emergency health and social care system remains under significant pressure and financial and operational challenges mean we are not as effective as we could be in delivering urgent and emergency care to our local population. Our Urgent and Emergency Care (UEC) Improvement Plan sets out a vision for urgent and emergency care in Shropshire, Telford & Wrekin (STW) which is to transform our services into an improved, simplified and financially sustainable 24 -hour/7-day model, delivering the right care in the right place at the right time for all of our population.

The challenges faced in STW are similar to those being experienced across the country: -

- Demand continues to increase.
- Our workforce does not have capacity to meet the increased demand
- The costs of providing care are continuing to rise

In order to address the increasing financial challenges, changes are needed which take full advantage of recent rapid progress in treatments and technology. To meet the needs of the population, Shropshire, Telford and Wrekin needs to work together as a single health economy for the benefit of the population. It is widely agreed that for the local NHS to continue to provide services for the future, changes need to be made now.

The recent operational planning guidance for 2022/23 emphasises that a longer-term improvement approach is required for the full recovery of urgent and emergency care services and that we should enhance the provision of 111, urgent treatment and the capacity of community services to respond and deal with patient demand and service need. The Provider will be expected to work with the NHS STW and the wider ICS to participate in reviewing the Out of Hours service

and other IUC services, to determine the best future configuration to meet the needs of patients across the county and to support the ICS to relieve pressure on our hospitals and EDs.

In December 2022, a Making Care Appropriate for Patients (MCAP) audit for all the health beds within STW highlighted a large cohort of patients within the acute bed base requiring sub-acute care and a lack of provision to meet this need locally. In June 2023, it was reported that within STW there were 13,086 avoidable admissions, 10,640 patients with length of stay greater than 5 days and 26,896 bed days relating to patients who are medically fit for discharge. We know that older patients who are admitted to hospital spend three quarters of their time lying down which can lead to muscle wastage and poorer health outcomes, increased levels of frailty and a loss of independence and ability to carry out everyday activities. This in turn increases both reliance on and demand for health and care services.

The current configuration and layout of acute hospital services in Shrewsbury and Telford will not support future population needs and will present an increasing challenge to the staffing, quality and continuity of services. The STW Hospitals Transformation Programme (HTP) is putting in place the core components of the acute service reconfiguration agreed as part of the Future Fit consultation, which will see Shrewsbury and Telford Hospitals NHS Trust (SaTH) services redistributed across two sites, with the Princess Royal Hospital (PRH) in Telford specialising in planned care and the Royal Shrewsbury Hospital (RSH) specialising in emergency care.

Further information on the Hospitals Transformation Programme can be accessed via the following link: [Hospitals Transformation Programme – SaTH](#)

Delivering the agreed clinical model is essential for providing long term, sustainable, high-quality care and will also deliver a range of significant benefits for our local communities, including quicker access to specialist consultants, better health outcomes, and bringing fragmented teams together to help address workforce gaps.

1.4 Service Development

1.4.1 Service Feedback, Engagement and Co-Production

Engagement and co-production with stakeholders (particularly with service users) must be a core principle of service delivery and must be embedded within the service to ensure that service users feel valued and listened to. The Provider must demonstrate how engagement and co-production contribute to service development and improvement, and must engage with service users in:

- The design, development and improvement of the service (co-design)
- The evaluation and review of service performance and pathways (co-evaluation)
- The delivery of services, e.g., peers, champions and volunteers (co-delivery)

In developing this Specification, we asked service users and residents across STW what was important to them in accessing the GP Out of Hours service. They told us they value:

- Easy access and a timely response

- Speaking to a friendly, caring, knowledgeable professional
- Being listened to and having their concerns understood
- Being able to access accurate advice, assessment and treatment from a knowledgeable, qualified, experienced, trusted clinician
- Not having to travel too far for a face-to-face appointment
- Not having to repeat the same information to multiple people or services
- A Provider that recognises local values and has knowledge of local services

1.4.2 Continuous Service Improvement

The Provider will ensure that the Service is delivered in accordance with best practice in health care at all times and shall adhere to the current standards, and any future updates to standards, as outlined in this specification.

As part of the wider review and changes to the UEC system, Commissioning Standards and local emergency and urgent care strategies will continue to evolve over the lifetime of the contract to improve patient care, efficiency and integration across the patient journey, informed by evidence arising from pilots, opportunities for learning and other new initiatives. The Provider will be required to be flexible to change with the latest clinical evidence and best practice.

The nature of developing urgent care means that the requirements of the service are expected to develop over the course of the contract to meet changing requirements within the STW urgent care system. The Provider will be required to engage in the design, development and implementation of new services, initiatives and pathways to meet these challenges, as mutually agreed and set out within the STW UEC Improvement Plan. The Provider will also be expected to participate fully in all system meetings relating to Urgent and Emergency Care.

A number of large-scale transformation programmes are currently underway within the STW UEC system, the largest of which is the Hospitals Transformation Programme (described above). Flexibility and co-operation will therefore be required throughout the duration of this contract, in line with developing transformation programmes and associated tests of change across wider IUC pathways.

NHS STW requires innovation in the introduction of operational models over the term of the Contract, including use of new technologies and/or ways of working, that will improve the management of unplanned referrals within the wider local healthcare system to enhance patient experience, improve accuracy of referrals, improve patient outcomes and assist whole system solutions which contribute to the system-wide drive to reduce demand on acute care.

The Provider will work with local systems and stakeholders to deliver improvements in service, embed evidence-based national and local learning into local service provision and plan for changes in strategy, including GP extended hours services, technology and demand, to achieve the aims set out in this specification. The Provider will ensure they have strong links with regional and national colleagues and groups, such as IUC Alliance, to share innovations that can enhance patient experience/safety.

The Provider will also contribute to ICS learning through sharing positive practice or areas for improvement as part of Provider Partner Feedback (PPF). Any feedback shared with the Provider will be investigated for learning and actions.

The Provider must continually make use of intelligence/research to understand how delivery can be refined to improve standards and generate further service efficiencies. A key complement to this is innovation (including use of technology) to establish more effective ways of delivering the required outcome, and NHS STW is keen to work with the successful Provider to develop innovative ways of delivering these services while improving access and outcomes, e.g. through the use of digital solutions, videoconferencing/virtual consultations, etc.

In light of the above, NHS STW is looking for the following:

- Innovative, flexible, forward thinking and responsive Providers, who use data, knowledge and skills to advise and inform commissioners and assist commissioning decisions
- Providers who work together across IUC and with Commissioners, ensuring full benefit of Alliance working
- Providers who consistently meet service specification requirements
- High quality, value for money and the most appropriate service provision from this procurement process for the population
- The right outcomes, resilience, integration and interoperability across the local health care system.
- Achieving resilience and efficiency in the urgent care system through coordination, consistency, economies of scale, developing workforce models and shared resources

1.4.3 Social Value

The principal aim of procurement involving NHS organisations is to deliver essential goods and services and improve patient outcomes, while also increasing value from every pound spent in the NHS. NHS procurement also has an essential role to play in the delivery of the NHS commitment to reach net zero by 2045, as more than 60% of NHS carbon emissions occur in the supply chain. Social value, when incorporated effectively, will help reduce health inequalities, drive better environmental performance, and deliver even more value from procured products and services.

Adopting central government's Social Value Model complements strategic initiatives and policy within the NHS, including the 2019 NHS Long Term Plan, and our commitments within the 2022 Delivering a 'Net Zero' National Health Service report.

<https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2022/07/B1728-delivering-a-net-zero-nhs-july-2022.pdf>

As part of their tender submission, Providers are asked to share their carbon reduction plan and demonstrate how they intend to reduce their carbon footprint over the lifetime of this contract and beyond.

2. Scope of Service

2.1 Aims and Objectives

The vision of NHS Shropshire, Telford and Wrekin Integrated Care Board (ICB) is to deliver cost-effective, evidence-based, high-quality care closer to home.

The services described in this Specification are commissioned by NHS STW to ensure that care is provided in the right place at the right time, ideally closer to home. The objectives are to improve patient experience, while also reducing demand on urgent and emergency care services, hospital admissions and associated waiting times across the health and care system.

2.2 Outcomes

2.2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	✓
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2.2 Local Defined Outcomes

It is expected that the following outcomes will be achieved through the effective delivery of these services:

- Patients receive appropriate advice and treatment while their GP practice is closed
- Appropriate care is delivered within required timescales, i.e. the patient receives same day treatment or advice where there is an urgent need
- Patients receive the right care in the right place at the right time
- Care provided closer to home
- Improved patient experience
- Provision of a single point of access for all Health Care Professionals
- Identification and development of local alternative pathways in community or acute settings
- Support for urgent and emergency services to find alternative pathways to the Emergency Department
- Increase in appropriate uptake of agreed ambulatory care pathways and alternative community pathways
- Reduced pressure on urgent and emergency care services
- Reduced waiting times in ED

- Reduced waiting times for ambulances and conveyances to hospital
- Reduced hospital admissions
- Protection of those who are most vulnerable from highly infectious diseases
- Prevention of the spread of highly infectious diseases in community settings

2.3 Service Description

2.3.1 Cover outside of GP Practice Core Hours

A. CORE SERVICE

There are five core elements to the provision of local GP Out of Hours (GP OOH) services:

- GP Speak to Dispositions/Telephone First Triage model (reached following assessment of calls or electronic referrals received via NHS 111)
- Telephone Triage
- Face to Face Consultations – Base Visits (at designated premises)
- Face to Face Consultations – Home Visits following First Triage
- Calls from Health Care Professionals (HCPs)

All five elements are provided locally as part of an integrated approach to urgent care provision across Shropshire, Telford and Wrekin and the provider must work as a member of the West Midlands Alliance to drive improvement in the IUC arena.

This specification provides the local context for delivering the GP Out of Hours components of the nationally mandated Integrated Urgent Care service specification for patients across STW and should be referenced in conjunction with the following national and regional documents:

- National IUC Specification August 2017: <https://www.england.nhs.uk/publication/integrated-urgent-care-service-specification/>
- NHS Digital Booking and Referral Standard (BaRS): <https://digital.nhs.uk/services/booking-and-referral-standard>
- IUC KPI 2023/24: <https://www.england.nhs.uk/publication/integrated-urgent-care-key-performance-indicators/>
- The Midlands Integrated Urgent Care Alliance Agreement, to be entered into between NHS 111 and GP Out of Hours Providers. Further information can be found in Annex 2a (Midlands IUC Alliance ToR 2024) and Annex 2b (Midlands IUC Alliance Agreement 2024 DRAFT). Please note the agreement is in draft form and therefore subject to change.

a) GP Speak to Dispositions

All patients accessing NHS 111 will have the severity of their condition assessed via the NHS Pathways Clinical Decision Support System (CDSS) triage tool.

If the call cannot be completed with advice from the 111 Health Advisor in the out of hours period and the patient needs further clinical input, the call will then be transferred to the GP Out of Hours service as a GP Speak To Disposition.

The patient will be informed by NHS 111 that a clinician will call them back within an allotted timeframe of between 1 and 6 hours.

The GP OOH Provider will deliver a telephone first consultation model which could result in one of three outcomes:

- Consultation and any required interventions completed, no further actions.
- Face to face in-clinic appointment required – appointment booked for same day.
- Face to face home visit required – visit booked for same day.

Patients assessed by the Provider as requiring a Face-to-Face consultation, which cannot wait until local Primary Care services are available during normal working hours, will be booked into an appointment with the local GP Out of Hours service, at a pre-designated base location (for a base visit), through a home visit or via onward referral to the most appropriate service.

b) Telephone Triage

The local GP Out of Hours Provider's clinical systems must be able to offer telephone triage of all patients received from NHS 111 and process this in a timely manner.

As part of the telephone triage arrangement, the local GP Out of Hours Provider must ensure they have access to patient records and special patient notes, as well as local records such as crisis plans.

Following telephone triage, it may be deemed that the patient's condition is such that they can wait to be seen in primary care during normal working hours, and no further action will be taken by the GP Out of Hours Provider.

The Provider will ensure the patient's GP is informed of the consultation and its outcomes by 08:00 in the morning of the next normal working day.

c) Face to Face Consultations – Base Visits

All treatments provided by the local GP Out of Hours Provider at designated treatment centres will need to be provided under a GP-led model. This means that a GP must be available to lead the service delivery and all treatments must be undertaken under the direction of a GP, where the named GP retains responsibility for the patient. Where clinicians such as Urgent Care Practitioners (UCPs) who have prescribing responsibility deliver elements of this service aligned to their own clinical frameworks, timely access to a senior GP via telephone or other available technology for advice and support must be available when required.

The Provider must have a clear skills, competencies and aptitudes framework for the proposed workforce that supports safe delivery of services and maximises the number of patients who can be seen within the service.

The Provider must utilise the most appropriate base locations for service delivery, based on a flexible model that matches capacity against demand across the geography of the county over the specified opening hours of the service. Locations of treatment centres must be established based

on patient and population requirements to ensure equitable access to services. Given the large geographical area covered by Shropshire, Telford and Wrekin for these residents, multiple base locations are required across the county.

GP Out of Hours bases currently operate from:

- Princess Royal Hospital, Telford
- Royal Shrewsbury Hospital, Shrewsbury
- Ludlow Community Hospital
- Whitchurch Hospital
- Bridgnorth Hospital

NHS STW requires the Provider to ensure continuity of an equitable geographical spread of bases within these five localities. The Provider will need to secure agreement for the use, terms and costs of appropriate bases directly from the owners of the premises.

Base locations may be varied during the period of the contract after agreement with NHS STW, and the requirement for additional bases to be mobilised may be identified during the lifetime of this contract. Providers must also confirm details of any administrative or managerial bases from which they will co-ordinate delivery of the service.

There is no local requirement for the provision of Walk-In services. However, if a patient presents at a GP Out of Hours base location with a clinically urgent condition then immediate care will be provided, as appropriate, if a clinician is available. The Provider of the local GP Out of Hours service will actively participate in patient education/engagement in order to help minimise the use of the service in this way.

Any premises from which services are to be provided must conform to current DoH/NHSE requirements for the provision of clinical services, including any minimum spatial requirements for Consultation Rooms, access to toilet facilities and the provision of waiting areas, including child friendly waiting areas or consultation rooms as may be necessary.

Providers are requested to also pay particular attention to the requirements under the Disability Discrimination Act to facilitate access (including but not limited to the provision of Disabled WC facilities, ramps, and disabled parking arrangements).

The Provider will ensure the patient's GP is informed of the consultation and its outcomes by 08:00 in the morning of the next normal working day.

d) Face to Face Consultations – Home Visits

The Provider will offer a home visiting service (including residential and nursing homes) to all patients whose medical condition and/or significantly difficult social circumstances (e.g being unable to leave their home) would make it unreasonable to expect them to travel to a local base.

Home visits will only occur where the telephone consultation assessment has established that a home visit is clinically appropriate, for example:

- Patients who are at end of life.
- Patients who are not able to access care in a setting outside of their home.
- Patients for whom an immediate car journey could lead to an unnecessary deterioration in their condition or whose condition precludes travelling.

The Provider may also consider the application of reasonable adjustments in relation to disabilities as defined in the Equality act 2010.

The local GP Out of Hours Provider system must be able to triage all requests for home visits in a timely manner. Response times will be measured from the point of receipt of the request for telephone triage, and national IUC KPIs 2022 stated that 95% of patients should be seen within the timeframe agreed, for example: -

- Emergency Within 1 hour
- Urgent Within 2 hours
- Less Urgent Within 6 hours

Home visits must be made by an appropriately skilled clinician, using a suitably equipped vehicle, and patients may either be treated in-situ or referred to an appropriate service for ongoing treatment. For the avoidance of doubt, advanced urgent care practitioners or other appropriate clinicians may attend home visits operating under the direction of a GP.

Patients should always be contacted if an agreed home visit is going to be delayed by more than 30 minutes and patients must be kept informed of any subsequent changes.

Provider systems must allow clinical notes to be securely entered at or near to the time of the consultation.

Following a home visit, patients and/or carers may be left with written notes detailing the episode of care and, where appropriate, confirming the clinical assessment together with an appropriate plan of care. The Provider will ensure the patient's GP is informed of the consultation and its outcomes by 08am on the next normal working day.

i. Use of Vehicles

The Provider will ensure the availability of a sufficient number of maintained vehicles for home visits. Most of the local area in Shropshire is rural so vehicles must be suitable for reaching remote homes in adverse weather conditions. Except in the most urban areas, it will be necessary for all vehicles to be equipped with 4-wheel drive capability. Drivers should therefore have the appropriate training for driving in adverse weather conditions and be competent to use the equipment on board the vehicle. All drivers should have a DBS check, hold a current full UK driving licence and have undergone Basic Life Support training. Driving must also meet appropriate standards of safety and quality.

Vehicles should be as environmentally friendly as possible and modes of delivery which reduce carbon and/or environmental impact, whilst not negatively impacting service delivery, should be explored with the aim of meeting the ambitions of net zero across the life of this contract.

The vehicles must also be equipped with up-to-date communications and navigation aids and

comply with relevant legislation as well as appropriate NHS livery in line with NHS guidelines. Tracking systems should be utilised in all vehicles to provide a clear view of resources, and vehicles should be suitably marked.

Vehicles will have the requisite insurance for the delivery of the service, and compliance with The Carriage of Dangerous Goods by Road Regulations, 1996 will be met. All vehicles will be roadworthy and undergo regular checks in line with appropriate transport related regulations. The Provider must be able to demonstrate that they have an appropriate policy in place to avoid breaching timescales in the event of vehicle breakdown.

The Provider will be required to specify the number and type of vehicles, location of the vehicles and equipment required to complete home visits. Vehicles and equipment should not be used for any purpose other than delivering the services outlined in this specification.

e) Calls from Health Care Professionals (HCPs)

NHS STW require all HCP calls arising during GP Out of Hours periods, seeking additional clinical telephone advice for patients being attended in their place of residence or a public place, to be directed and managed via NHS 111, either by use of the Interactive Voice Response (IVR) menu or by use of the 111* numbers, unless the patient's care plan states otherwise.

The Provider of the GP Out of Hours service must make suitable provision for receipt of HCP calls relating to admission, discharge, or management of patients within local services (for example, ED triage & MIUs) and where patients are not in their place of residence or a public place.

B. ADDITIONAL SERVICE REQUIREMENTS

NHS STW expect that the following requirements will be included as standard and at no additional cost in the provision of local GP Out of Hours services:

- a) Interactions and Handover to In Hours Primary Care
- b) Medical Equipment and Supplies
- c) Provision of Urgent Care Services to Patients During Out of Hours
- d) Services for Patients Registered under the NHSE Special Allocation Scheme
- e) Verification of Death
- f) Urgent Test Results requested by In Hours Primary Care
- g) Provision for Mental Health Patients
- h) Clinical Support for Community Hospitals and MIUs during Out of Hours
- i) Services for End of Life/Palliative Care

a) Interactions and Handover to In Hours Primary Care

Patients should experience a seamless journey 24/7 between In- and Out of Hours services. The Provider must have all necessary protocols and procedures in place in order to ensure smooth and efficient handover of patients at times of service changeover.

There shall be an ethos of 24-hour responsibility for patient care across GP Out of Hours and In

Hours services that deals with the patient at the point of their contact and does not defer that responsibility elsewhere.

Wherever possible calls falling at a transition point between Out of Hours and In Hours will be dealt with in the most appropriate way for the patient and emphasis should be put on care pathways and minimising handovers.

i. Post Event Messages (PEM)

The Provider must send details of all consultations (including appropriate clinical information) to the GP Practice where the patient is registered by 08am on the next working day, unless the patient requests otherwise (and this must be documented). This will normally be via copy PEM using the Clinical Document Architecture (CDA) in electronic form (ITK), or whatever may supersede it in the future.

The Provider of the local GP Out of Hours service is also required to work collaboratively with In Hours Primary Care such that patients experience a seamless transition where their access to care transfers across both In- and Out of Hours periods.

In addition to national and local standards it is important to note that unless clinically appropriate, all referrals under the 2WW scheme or for any planned care outpatient referrals should be sent to the patient's registered GP Practice by 08:00 on the next working day.

b) Medical Equipment and Supplies

The Provider must supply medical and surgical equipment, medical supplies (including medicines, drugs, instruments, and appliances) and all materials necessary to provide patient care within this service.

The Provider must establish and maintain a planned preventative programme for its equipment and make adequate contingency arrangements for emergency remedial maintenance. All equipment should be regularly maintained, tested and calibrated where required in line with both manufacturer's and national recommendations. It is the Provider's responsibility to ensure that all clinical staff are trained in the use of all necessary equipment.

Please note: all medical equipment assets used within this service currently are owned by the incumbent Provider and negotiations for transfer of assets must be undertaken solely and directly between the two Parties.

c) Provision of Urgent Care Services to Patients During Out of Hours

The local GP Out of Hours Provider must have appropriately qualified staff available within the local GP Out of Hours period – whether undertaking Face to Face Consultations at base locations or during Home Visits – who can provide any out of hours urgent assessments and treatments that would normally be carried out by an In Hours Primary Care or Community Team. It is expected that these services will include, but are not limited to:

- Urgent Catheter Management
- Urgent Wound Care and Dressings
- Management of urgent cases for bowels/stomas

- Urgent Palliative care – including management of syringe pumps
- Urgent prescribing or supply of medicines – NHS STW considers urgent in this context to mean that a community pharmacy is not available, and the patient needs to start their prescribed medication within the Out of Hours period, or they would come to harm if an immediate supply of the medication was not made available.

d) Services for Patients Registered under the NHSE Special Allocation Scheme

The Provider for the local GP Out of Hours services will, on occasion, have to provide services to patients registered under the NHSE Special Allocation Scheme.

All relevant information on the local Special Allocation Patient Registers for Shropshire, Telford and Wrekin will be shared on a regular basis with the local GP Out of Hours of Provider. All parties will be expected to ensure the information on the registers is kept up to date by reviewing and updating them on a quarterly basis.

The information contained on the Special Allocation Patient Registers includes a full clinical assessment (including psychological and social needs) as well as any interactions with Primary Care Practitioners, Social Services, and other agencies (including Mental Health Services). The information is intended to assist healthcare professionals in trying to identify and treat any clinical and underlying causes of disruptive behaviour to prevent further deterioration and reduce the impact on both In and Out of Hours services.

If patients listed on the Special Allocation Patient Registers require a GP Out of Hours home visit, the Police should be contacted to ensure they are present when clinical staff are in attendance, in accordance with the current relevant GMS Regulations (England and Wales).

Depending on the patient, provision of GP Out of Hours services may have to occur in a hospital location, in a police station or in other suitable secure locations. It will be the responsibility of the local GP Out of Hours service Provider to secure an appropriate location. Where necessary, in upgrading security, the Provider should aim to be discreet but effective, rather than overt, so as not to adversely affect the outward appearance of the premises where care is provided in a way which might make other patients uneasy about the additional security levels.

Consideration should be given to minimising the possibility of home visits by providing patient transport services with the support of police or security. Such support should also be available if any home visits are undertaken due to clinical necessity, after a full telephone assessment of the patient's medical condition. Prior to any home visits, the Provider should carry out a thorough assessment of the patient's clinical, psychological and social needs, especially those which may result in unrealistic expectations, and which may have led to physically or verbally aggressive behaviour in the past.

Where added security measures have been taken, the Provider must ensure that, the patient is clearly informed that this is specifically because of their previous violent behaviour. It should be made clear to patients that they are not being excluded from receiving Primary Care medical

services but that their behaviour compromises their right to have access to normal arrangements and locations for receiving those services.

NHS STW would be interested to explore the potential to reduce visiting, where safe to do so, using technology solutions.

e) Verification of Death Service

In exceptional circumstances, where an appropriately qualified clinician is not available to confirm the death of a patient at home or in a nursing home during the GP Out of Hours period, local GP Out of Hours Provider clinicians will be called upon to do so.

This service should include support and advice to families/carers and referral to other Providers (e.g., community/night nursing) as appropriate, to ensure high quality care standards after death for the patient and their family/carers.

f) Urgent Test Results requested by In Hours Primary Care

The Provider of the local GP Out of Hours service may need to contact patients where urgent test results requested by their GP become available during the Out of Hours period – for example, from monitoring of blood and other specimen and diagnostic tests (such as Radiology or Pathology) that may have been requested In-Hours.

Where the Acute Trust considers it to be essential to contact the patient without delay – for example, where it is not reasonable or safe to wait and contact the patient's GP during normal working hours – the patient's details should be communicated to the local GP Out of Hours Provider who should, in turn, contact the patient and arrange for a base or home visit, as appropriate. In all cases, the Acute Trust should call the local GP Out of Hours Provider to ensure the patient information has been transmitted correctly.

NOTE: This service should only be used to convey the results of urgent test results to patients where the test was originally requested by their GP or other primary care clinician. Where tests were requested by other services, the patient should be advised of the results by the requesting clinician or department.

Similarly, there may be occasions when the local GP Out of Hours Provider will need to request urgent tests to be carried out during the Out of Hours period. Where this is the case, the local GP Out of Hours Provider should contact the Acute Trust and arrange for these tests to be carried out, as appropriate.

Where diagnostic tests have been requested but the results will not be made available during the normal Out of Hours period, the information should be clearly communicated to the patient's registered GP Practice along with the expected timescales for receipt of the results so they can follow up with the Acute Trust, as appropriate, and ensure that an appropriate transfer of care and responsibility has been conducted.

g) Services for Mental Health Patients

There is no requirement for specialist mental health input and this activity should, therefore, be

seen as part of local GP Out of Hours services for Home or Base visits, as outlined above.

During normal In Hours GP operations, local services for Mental Health patients are commissioned via Midlands Partnership NHS Foundation Trust (MPFT) and provide crisis mental health services.

The roles and responsibilities of the local GP Out of Hours Provider are as follows:

- The Provider will comply with the requirements of the Mental Capacity Act (2005) and Mental Health Act (1983 and amended 2007)
- The Provider will develop a good working knowledge of local specialist Mental Health services and have clear lines of communication in place for sharing relevant information.
- Referral for patients with acute mental health needs to the acute psychiatric services will be made using the agreed referral pathways.
- The Provider will ensure that there is an information sharing process in place so that when the service sees an individual known to the Mental Health Teams and it is believed that person has social needs relating to their mental health problems, they can share that information with the relevant teams so that action can be taken in-hours.
- The Provider will develop working relationships with relevant Out of Hours Mental Health Services
- The Provider will understand how to access an urgent assessment of an individual's Mental Health needs for adults with functional mental health problems via the Crisis/Assessment Team
- The Provider will understand how to access an urgent Mental Health Act assessment out of hours in line with the Mental Health Act Section 12 Assessments
- The Provider shall adhere to the principles of the Mental Health Crisis Care Concordat – Improving Outcomes for People Experiencing Mental Health Crisis (18 February 2014) - and work with NHS STW and patient groups to ensure the most convenient and appropriate access to the service.
- In accordance with the Mental Health Crisis Care Concordat, the Provider will work with local mental health services to ensure the Service intervenes early and identifies appropriate patients to refer to local mental health crisis centres (this applies to both adults and children)
- The Provider will meet with MPFT Mental Health staff, as required, to carry out case reviews and analyse significant events, safeguarding issues, clinical effectiveness issues and complaints to improve performance and develop the service.

Bookings for a GP to attend for a face-to-face visit for a Mental Health patient during the Out of Hours period will be made through the NHS 111 service in the same way as for any other face to face consultations (home or base visits).

It should also be noted that, as they will typically be dealing with patients of a more complex nature, the local GP Out of Hours Provider must be flexible – both in terms of time to actually attend the patient and the length of time they may need to be on site – so as not to adversely impact the available capacity for other home or base visits that may be required during the local GP Out of Hours period.

Please note, where Mental Health patients have previously been identified as being potentially violent, the usual protocol is for the Police to be in attendance as per visits to patients listed on Special Allocation Patient Registers.

h) Clinical Support for Community Hospitals and MIUs during Out of Hours

Out of hours care has been commissioned for patients in Shropshire at four Shropshire Community Health Trust (SCHT) Community Hospital sites, supported by dedicated medical provision in hours by local GP practices. It is the responsibility of in hours staff to plan, undertake and complete work in a timely fashion. Patients arriving at the Community Hospitals before 6.30pm weekdays are the responsibility of the in hours GPs who should reasonably clerk in these patients.

The GP Out of Hours Provider will deliver a high quality urgent primary care service during the out of hours period, with appropriately trained staff to meet urgent or unscheduled needs as outlined in these guidelines and in the Standing Operating Procedure for the clinical management of patient admissions to the community hospital inpatient wards at Ludlow, Bridgnorth, Bishops Castle and Whitchurch.

The Provider will also be available for general clinical telephone advice to the four Minor Injury Units regarding patient management and non-PGD prescribing needs, between the following hours:

- Bridgnorth - 6.30pm to 9.30pm Monday to Friday and 8am to 9.30pm on weekends and Bank Holidays.
- Ludlow - 6.30pm to 8pm Monday to Friday and 8am to 8pm on weekends and Bank Holidays.
- Oswestry - 8.30am to 1pm on weekends and Bank Holidays.
- No out of hours cover is required at Whitchurch MIU.

Further information can be found in Annex 2c Clinical Support for Community Hospitals and MIUs during Out of Hours.

i) Services for Palliative and End of Life (PEoLC)

The priority for out of hours care for PEoLC patients (and their carers/families) should be, wherever possible, to provide care that prevents unnecessary admission to hospital, particularly if the preference of the patient is to be cared for at home.

The Provider will ensure that its employees providing out of hours care for this group of patients are competent to do so and have the knowledge, awareness and resources available to them to work with other key PEoLC providers across the STW PEoLC system (such as General Practice, the community nursing service, specialist palliative care teams and hospital teams) to ensure delivery of timely, high quality and coordinated care.

The activities of the Provider in caring for this group of patients will be in line with local strategy, NHSE National Ambitions for Palliative and End of Life Care (ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf (england.nhs.uk)), quality markers and clinical guidance. In this area of care, it will be essential that the Provider can demonstrate how they will ensure continuity of records with Primary care, community nursing and specialist PEoLC services.

The Provider will also deliver a palliative care line, with a direct number which is given to patients who are approaching end of life and/or their families to ensure quick access to care, advice and support during the out of hours period, without having to contact NHS 111. In addition, the Provider will receive calls via 111 for support for palliative care patients, aligned to various response dispositions.

Additional information on services for the provision of services to patients approaching end of life can be found in Annex 2d.

2.3.2 Cover for Protected Learning Time

The Provider is required to deliver cover to enable the 50 GP practices across its four localities to close, enabling staff development at dates agreed annually for Protected Learning Time (PLT) sessions.

The PLT afternoons take place throughout the year and are arranged to avoid school holiday periods, Bank Holiday weeks and major meetings that NHS STW is aware of (e.g. locality meetings). Mondays and Fridays are avoided as it is recognized that these are the two busiest days in terms of patient demand for appointments. The days of the week on which the PLT afternoons take place are rotated, to accommodate part-time working patterns and enable as many staff members as possible to take part.

Providing cover for protected learning time in this way enables GP practice staff to undertake learning activities that benefit patients, the ICB and the practices. It contributes to the ICB's role of ensuring quality of primary care service provision (by giving clinicians and practice staff protected time to access training and development), provides opportunity for increased engagement around ICB priorities and commissioning developments, and provides practices with time to meet, discuss and develop as a whole practice team (usually one PLT afternoon per year is dedicated as in-house).

Cover is required so that the relevant locality or defined area's patient population is able to access appropriate advice and treatment while their GP practice is closed. This will include:

- Providing an adequate level of cover for the defined area's GP practices on the specified afternoons when they are closed for PLT, ensuring patients have access to GP services where they are needed. This will include:
 - Acceptance of patient cases from NHS 111 via interlinkage
 - Clinical triage – telephone advice or clinical signposting as required
 - Face to face consultation where required (at base or by home visit)
- Having no adverse effect on Emergency Departments (i.e. delivering sufficient capacity to avoid unnecessary referral to urgent care services and increased demand on secondary care services).

Requirements for clinical cover will be discussed and agreed for each session. A minimum of 8 weeks' notice shall be given by either party of proposed dates for a session. Booking dates for the

following financial year shall be requested, agreed and confirmed in Quarter 3 of the current year. NHS STW reserves the right to approach other providers to deliver sessions.

Cancellation requests by NHS STW must be communicated in writing to the Provider at least four weeks prior to any scheduled PLT day. Failure to do so will result in the full cost of the provision being charged to NHS STW. Requests for alternative session dates to those that have been agreed and included in the contract must be communicated in writing to the Provider at least four weeks prior to the original scheduled PLT day and re-arranged within the contract term. Failure to do so will result in the full cost of the provision being charged to NHS STW.

Cancellation requests by the Provider due to any inability to provide cover should be made with at least 4 weeks' notice in writing with alternative session dates arranged in replacement. Cancellation as a result of whole system pressures must be agreed by senior Directors within both NHS STW and the Provider, with alternative dates being identified to replace any lost PLT dates as a result and at no extra cost to the ICB.

Sessions are carried out to cover one or more agreed localities within the ICB area, utilising the Provider's bases and local surgeries to meet the geographical need. Premises to be used for each session are to be agreed between NHS STW and the Provider.

The below detail sets out the agreed cover for PLT sessions for Shrewsbury and North Shropshire Localities, and Telford and South Shropshire Localities. Levels of staffing and resource should be reviewed each time a session is being planned to ensure it continues to meet requirements for a safe and quality service while also providing value for money.

Shrewsbury and North Shropshire PLT Day:

Cover will be provided between the hours of 1pm and 6.30pm, with bases and cars normally located at Whitchurch, Oswestry and Shrewsbury.

Telford and South Shropshire PLT Day:

Cover will be provided between the hours of 1pm and 6.30pm, with bases and cars normally located at Bridgnorth, Ludlow and Telford.

Providers are asked to clearly describe the resource required to deliver these sessions and associated costs within their tender response.

Patients calling their practice will initially be diverted to or advised to call NHS 111, and patients requiring same day assessment will be passed electronically to the GP OOH Provider's triage function. Advice will be provided over the phone and a base or home visit arranged if required.

All pharmacies are notified of PLT afternoons in advance by NHS STW, as are the Emergency Department and Urgent Treatment Centres (UTCs) within Shrewsbury and Telford Hospital NHS Trust, and Shropshire Community Health NHS Trust.

Triage hours will be flexed as appropriate to reduce impact on the out of hours service.

2.3.3 Outbreaks Response

Since 2017, all ICBs nationally have been required to commission an antiviral treatment service for influenza, during the in and out of season outbreak periods that meets the needs of local patients and supports the UK Health Security Agency (UKHSA) function to discharge their duties. Local Authority Health Protection Teams (LA HPT) support care home outbreaks locally and may lead communications with the Provider.

In the event of emergency outbreaks of highly infectious diseases, the Provider will also be called upon to respond accordingly through the provision of testing/screening and both antimicrobial and antiviral treatments, as appropriate.

The objectives of this service are to:

- Provide diagnostic swabbing, treatment and/or prophylactic therapy, whereby the Provider mobilises a service to allow at-risk patients within the outbreak area of influenza-like illness (ILI) to commence antiviral therapy within 24 hours of receiving a notification from UKHSA.
- Clinically assess, consent, supply* and administer medicines/vaccinations to patients, as appropriate, in the event of an emergency outbreak.
- Prevent the spread of highly infectious conditions in environments that care for people who fall into at-risk groups.
- Protect those who are most vulnerable from the adverse effects of influenza and highly infectious conditions.
- Prevent crises in relation to influenza and other highly infectious conditions, and support prevention when they do occur.
- Utilising personal protective equipment in line with national guidance and including the fit testing of staff for FFP3 masks.

*The cost of the required antivirals and antimicrobials will be met by NHS STW ICB.

This service is commissioned to cover any patients residing within the geographical boundaries of NHS Shropshire, Telford and Wrekin. This will include, but is not limited to, all community settings where UKHSA require a local response, e.g. settings providing communal supported living, residential and nursing care for elderly patients, learning disability or physical disability, and may include residential schools for disabled children and young people, schools, nurseries and other settings where an outbreak may occur.

When mobilized by UKHSA or the LA HPT, the Provider will carry out the services between the hours of 8am and 10pm.

In the event of a suspected outbreak, the following process will be followed:

1. Reporting of acute respiratory illness or highly infectious disease from a localised community setting (e.g. care home, residential schools for disabled children and young people, etc.) is received by UKHSA or the Local Authority Health Protection Team

2. UKHSA or the LA HPT investigates this report to verify if it meets the criteria of an outbreak of influenza-like illness (ILI) or highly infectious disease, as per national guidance. Duty Consultant in UKHSA or LA HPT considers the risk assessment for the verified outbreak and makes a recommendation as to whether antivirals/antimicrobials are required for the outbreak response. If this is recommended, the UKHSA HPT or LA HPT will determine if this needs to be considered for either the whole institution or only part of the institution, in addition to any staff in at-risk groups. Note that neither the UKHSA HPT nor LA HPT provides the list of exposed persons itself.
 - a. At risk patients are defined in NICE clinical guidance for the prophylaxis of influenza as patients aged over 65 or those who have one or more of the following conditions:
 - i. chronic respiratory disease (including asthma and COPD)
 - ii. chronic heart disease
 - iii. chronic renal disease
 - iv. chronic liver disease
 - v. chronic neurological disease
 - vi. immunosuppression
 - vii. diabetes mellitus
 - b. At risk patients may also include patients under 65 who are at risk of developing medical complications from influenza (treatment only) or women who are pregnant.
 - c. In the event of a highly infectious disease outbreak, relevant at-risk groups will be advised by the UKHSA or LA HPT.
3. UKHSA HPT or the LA HPT uses its routine mechanisms to provide infection control advice. In addition, existing local arrangements for swabbing of symptomatic persons (if not already addressed) remain unchanged.
4. UKHSA HPT or the LA HPT contacts the nominated Provider directly to supply information on the location of the outbreak, the approximate number of individuals that need to be assessed for antivirals/antimicrobials within the outbreak, and the details for the relevant contact person within the affected institution.
 - a. The Provider will set up a standard operating procedure for activation of the service and liaise directly with UKHSA HPT or the LA HPT.
 - b. The Provider will be expected to cover all institutions within NHS Shropshire, Telford & Wrekin. Given the time sensitivity for both prophylactic therapy and emergency outbreaks, the Provider will need to be able to mobilise the service in such a way as to allow the affected patients to commence flu antiviral therapy within 24 hours of receiving notification from UKHSA, and in line with UKHSA/LA guidance for other outbreaks.
 - c. The Provider will hold a minimum stock of 50 courses of antivirals to manage any initial outbreak and will arrange for stock to be obtained and delivered to the institution.
5. NHS STW will make use of this locally commissioned arrangement for holding a sufficient stock of antiviral and/or antimicrobial medicines to respond to in or out of season outbreaks.

- a. For influenza, the Provider will be expected to hold sufficient quantities and doses of Tamiflu and Relenza inhalers. The Provider may hold lower stocks at their discretion if they are assured that they can obtain supplies quickly enough to meet the time constraints outlined in 4b.
 - b. For influenza, the Provider must note that, in the absence of national authorisation to use antivirals (usually only authorised over the winter months when circulating influenza levels are above threshold), the standard method of prescribing via form FP10 cannot be used as current regulations do not permit the supply of antivirals unless nationally authorised.
 - c. For other highly infectious diseases, UKHSA or the LA will provide guidance on the most clinically appropriate antimicrobial/antiviral treatment
6. For influenza, the Provider should hold a stock of antivirals for direct supply. Where additional supply of antivirals is needed, the Provider may access stocks from a number of community pharmacies commissioned by NHS STW using Patient Specific Directions (PSD).
- a. For both influenza and highly infectious disease outbreaks, the Provider will, at their choice, maintain appropriate access to stocks of antiviral and/or antimicrobial medicines by either:
 - i. Purchasing and holding a range of stock in a secure location for use in the event of UKHSA declaration of a local outbreak, or
 - ii. Commissioning a local pharmacy to be able to provide sufficient stock (to be able to deliver the requirements in point 4b above).
 - b. The Provider is expected to hold sufficient stock to begin antiviral or antimicrobial therapy within the timeframes outlined above and have arrangements in place to obtain further stocks urgently so that the timeframes for starting therapy are met.
 - c. NHS STW will reimburse the Provider for the cost of purchase of the medicines.
 - d. The Provider will treat patients in line with prevailing national guidance on the use of antivirals and antimicrobials
7. The Provider will follow UKHSA guidelines on the management of outbreaks of influenza-like illness (ILI) in care homes and communicable disease outbreaks and will provide a clinician to take swabs from residents or staff as requested by UKHSA Health Protection Team or LA HPT.
- a. The Provider will hold sufficient stocks of viral/microbial swabs to respond to in or out of season outbreaks.
 - b. Obtaining viral or microbial swabs from symptomatic residents and/or staff at an early stage is important for the management of the outbreak (e.g. to decide on the type of

antiviral or antimicrobial if strains at high risk of resistance are identified). Generally, it is advisable to test up to five of the most recently symptomatic patients/staff members during an outbreak in a localised community setting. Wider sampling would be considered if the affected setting consisted of different discrete units without routine transfers of patients/staff between them, or if additional factors were applicable (such as high hospital admission rate).

- c. In particular, swabbing out of season, or early or late in the flu season, is important to obtain influenza diagnosis when influenza may not be circulating widely in the community and therefore to inform decisions about public health action. While swabbing at the peak of the influenza season might be perceived as less important given that the probability that ILI is caused by influenza is high, there is still benefit in terms of eliminating other potential respiratory viral infections and tracking the evolution of the viruses and their likely resistance patterns during a season. It is therefore recommended to also undertake limited testing in outbreak settings at the peak of the season.
8. The Provider will supply a clinician to assess exposed persons for treatment or prophylaxis. The clinician will complete a patient specific direction (PSD) for those individuals who require antivirals or antimicrobials and will provide a copy to the institution to keep on the patient record. The form of the PSD can be at the discretion of the Provider as long as it meets the legal requirements for a prescription. The ICB-commissioned clinician will provide contact information to the institution in case of any queries to be addressed regarding the clinical assessments they have made. This clinician should also have a process for ensuring that patients' GPs are aware of any medicines which have been authorised in this way.
 - a. The Provider will need to make arrangements for a Patient Specific Direction (PSD) to be generated for every person to be treated. In practice, this is most likely to take the form of a private prescription form. FP10s should not be used. A signed PSD must be in existence for the supply to be legal.
 - b. A copy of the PSD should be retained by the institution on the patient's clinical record.
 - c. The Provider will need to ensure that an appropriate method is in place to ensure that the GP of any persons treated under this arrangement is notified that the patient has been treated.
 - d. The Provider will need to inform the institution of follow up contact details in case of treatment becoming required
 - e. The Provider will need to maintain a full list of all patients treated under this pathway and be prepared to provide an anonymised list to NHS STW for audit purposes and to support any claim for reimbursement of medicines costs.
 9. The Provider will prescribe and make arrangements for the dispensing of the antivirals or antimicrobials for named patients and transport these medicines to the affected institution. Costs for all these activities are funded by NHS STW as agreed in advance in this document. For influenza, the process for clinical assessment and dispensing of antivirals must be completed within 24 hours of notification from UKHSA or the LA PHT and be within 48 hours

of onset of symptoms in the last case (36 hours if zanamivir (Relenza) is used). For highly infectious disease, UKHSA and LA guidance should be followed in delivery of these medicines.

- a. For governance purposes, a summary (by risk group and patient/carer status) of the number of individuals who have been assessed and the number supplied with treatment or prophylaxis should be provided by the clinician to the UKHSA or LA HPT and NHS STW. For clarity, the local specification requires that notification to UKHSA is done by the clinician providing the service.
10. If any exposed person develops ILI symptoms while on antiviral prophylaxis, this should be reported to the ICB-commissioned clinician by the contact person at the affected institution. If this clinician suspects ILI, they should recommend the exposed person is switched to a course of treatment-dose antivirals. If further antivirals are needed for this purpose for the exposed person, then this will require a further PSD. This should also be reported by the clinician to the UKHSA Centre HPT, so that swabbing can be arranged as per existing local mechanisms. The Provider will be required to generate the PSD and/or provide the medicines.
11. The UKHSA HPT or LA HPT follows its existing procedures for reporting, follow-up and closure of the localised outbreak.
- a. Following close down of the outbreak, the Provider will reconcile stocks against baseline stocks and replenish as appropriate.
 - b. The Provider will raise an invoice with NHS STW for stock replenishment which provides a list of anonymised patients treated under the arrangements.

The Provider will adhere to the latest guidance from UKHSA on the management of outbreaks of influenza-like illness (ILI) in care homes and communicable diseases:

<https://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes>

<https://www.gov.uk/government/publications/communicable-disease-outbreak-management-operational-guidance/communicable-disease-outbreak-management-operational-guidance>

2.3.4 Care Coordination Centre Single Point of Access (CCCSPA)

The Care Co-Ordination Centre Single Point of Access (CCCSPA) will deliver a model of unplanned referral management that streamlines and improves patient care and optimises the use of available local resources across acute and community services, ensuring that the patient is seen by the right service in the right place at the right time to meet their needs.

The aim is to support health care professionals in navigating their patient to the most appropriate service to meet their unplanned care needs, increasing the number of referrals from unplanned

care back to a managed process and reducing demand on the ED and the number of hospital admissions, while also improving quality of care, patient experience and outcomes.

The service will provide a single point of referral for primary, community and emergency care workers seeking alternatives to the ED for patients, simplifying access routes for health care professionals by bringing together a number of 'single points of access' across Shropshire, Telford and Wrekin. The CCCSPA's trusted clinical assessors will support referring clinicians to find the most appropriate commissioned service in Shropshire, Telford & Wrekin and facilitate patients being seen in the community or via direct access pathways in the acute setting where clinically appropriate.

The Provider will deliver an effective and efficient unplanned referral management service during the specified operating hours and at a level of quality that meets the standards set out in this specification, by:

- a) Providing a professional, effective and responsive initial call handling service through a Single Point of Access telephone line which is well publicised to referrers, or via electronic referral. This will be provided via a dedicated team, including trusted Clinical Assessors, with quality outcomes contributing to improved A&E performance and better patient experience.
- b) Co-ordinating referrals to and increasing appropriate use of acute and community ambulatory care pathways, thus avoiding admission via ED. This may include signposting to alternative community-based pathways and booking patients onto ambulatory emergency care pathways e.g. DVT, TIA, IV antibiotics at home.
- c) Providing timely and effective clinical triage of patients which supports Health Care Professionals in navigating their patient to the most appropriate commissioned service across the STW ICS footprint.
- d) Ensuring that the clinical triage process includes exploring with the referrer all potential available alternatives to acute care where the presenting condition indicates that community alternatives are a possibility.
- e) Facilitating a telephone conference call between the referrer and an appropriate clinician from the relevant service provider, where such a conversation could support the referrer in maintaining the patient in the community.
- f) Providing effective case management of patients on behalf of the referrer if the agreed plan varies from the final disposition, and ensuring effective communication with referrers so that they are informed of the outcome disposition for their patient.
- g) Ensuring staff have access to an accurate, up-to-date and effective Directory of Services, utilising the national Directory of Services together with a local directory of clinical pathways and protocols to inform discussion and decision making.
- h) Supporting effective use of NHS-commissioned non-emergency patient transport by ensuring this is only booked for those patients who meet the criteria to receive it.

- i) Ensuring patients and/or their relatives/carers are effectively communicated with, to inform them of all necessary elements of their onward transfer of care, including appointment bookings and/or patient transport arrangements.

The Provider will:

- Ensure that any call backs are conducted according to the urgency of the call and within specified time limits
- Ensure clinicians undertaking triage and case management work within any governance requirements set out by the Provider and in line with any national NHS England governance standards
- Ensure that the outcome of the call/case along with subsequent actions are recorded
- Ensure a safe transfer of care from the referrer through effective case management of the patient to the agreed disposition.

In addition to the requirements outlined above, the Provider will also need to give due consideration to the following:

WMAS-Specific Requirements

- *Clinical Conversation before Convey*: Before conveying a patient to hospital, for all medical conditions in people aged 60 and over, WMAS personnel must contact the CCCSPA for triage to the appropriate acute or community pathway.
- *WMAS Referrals*: Calls waiting in the WMAS clinical queue that broadly meet the referral criteria may be passed to and/or pulled by the CCCSPA to enable the Clinical Validation Team to triage Category 2 cases and focus on calls for specific patient groups that do not meet the CCCSPA criteria. Calls which CCCSPA clinicians deem not suitable will be directed back to WMAS.

Secondary Care Referral Pathways

The Provider will work collaboratively to develop and refine referral pathways for appropriate services within the DoS, e.g. for TIA/DVT.

Access

Health care professional access to the service will be via a single dedicated telephone number, or via electronic referral, operated and maintained by the Provider during the required operating hours. The public will not be given direct access to the CCCSPA as its primary function is to support effective health care professional navigation of the local urgent care network of services.

Referral Information

When a referral is received, a baseline set of demographic data shall be captured. All staff who are required to register or case manage patients will be required to use Smart Cards and all patient records must be matched to the Patient Demographic Service (PDS) to verify the NHS Number.

The NHS Number must be used as the primary patient identifier when transferring data between Providers.

Clinical Triage/Case Management

The Providers must have a clinically safe and effective system for triage and case management of referrals.

Cases must be booked by the CCCSPA into the end point pathway/service agreed with the referrer within the priority timeframe agreed with the referring health care professional. Time is measured from the point that the disposition and priority is agreed with the referrer.

Referral to other services

Referrals made to other services should include electronic transfer of data with appropriate prioritisation information as part of the agreed referral protocol, to ensure patients do not have to repeat themselves other than to validate who they are or any symptom changes.

Where there is agreement for direct referral to other services (acute, community, mental health, sexual health, social care, own GP, etc.), the Provider's electronic system will contain details about the referral process for each service and, where possible, the referral/case management information will be sent to the selected service electronically. In all cases, the patient must be informed about which service they are being referred to, what the next steps in their care pathway will be and the timescale for their next contact. Where patients are expected to attend/contact the service they are being referred to, the Provider will give contact details directly to the patient.

Direct Booking and Onward Referral

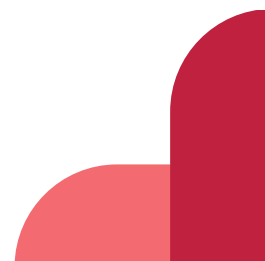
Where system interoperability allows and when available and agreed by local Commissioners, the Provider must be able to directly electronically book/refer patients with other services with appropriate prioritisation information as part of the agreed referral protocol.

Where a referral is not made through a direct appointment, detailed arrangements for the referral process must be put in place and agreed by the Provider's Clinical Governance Lead. The full referral process must be visible to Commissioners, including failsafe mechanisms.

The Provider must work in a flexible way to provide onward referrals to services as and when the facility becomes available.

Admissions to Hospital

Where an admission to hospital is required, the Provider will ensure effective arrangements are in place with the relevant hospital provider to enable timely booking of the admission. Where admission to the Shrewsbury and Hospitals NHS Trust (SATH) is indicated, the Provider will ensure effective and timely referral to the SATH Bed Bureau service provider.



Transport to the agreed disposition service

The Provider shall make arrangements with the appropriate NHS-commissioned patient transport service for transportation to the agreed disposition service. The Provider will ensure that the Patient Transport Service is booked strictly on the basis of assessed need, and only for those patients who meet the eligibility criteria for NHS-commissioned patient transport. The Provider will ensure that the patient transport is booked within the priority timeframe agreed with the referrer.

The Provider will ensure, with the referrer and/or the patient and their carers, that other options are explored, such as transport by family/friends/neighbours, taxi arranged and funded by the patient or carer, etc.

Keeping Patients Informed

In delivering effective case management on behalf of the referrer, patients must be kept informed about what they can expect, which service will be seeing them and where that will happen. Timescales should be clearly explained at the outset. There must be a system in place that updates the patient about any changes in booking/waiting times and assesses whether there are any changes in the patient's condition that would result in a different course of action to be taken.

Information to Referrers

The Provider will also ensure that referrers receive confirmation of all necessary information about their patient's disposition arrangements.

2.4 Population Covered

During the GP Out of Hours period, services are to be provided to:

- All patients registered with GP Practices in Shropshire, Telford and Wrekin ICB area
- Patients' resident within the geographical boundary of Shropshire, Telford and Wrekin who are registered with a Welsh GP Practice
- Patients' resident within the geographical boundary of Shropshire, Telford and Wrekin who are not registered with any GP
- Temporary residents and patients registered under the GP Choice scheme
- Any person eligible for NHS treatment who is visiting the STW ICB area for less than 24 hours and requires urgent medical care.

Where patients are unregistered, the Provider will offer support to enable them to register with a local GP practice at the earliest opportunity.

The population covered may also include patients resident in their own home under the care of the SCHAT Virtual Ward, who contact NHS 111 with a complaint which may or may not be related to their Virtual Ward pathway and where the GP OOH service is determined to be most appropriate.

Services shall be delivered in an equitable way to all Shropshire, Telford and Wrekin registered patients as well as non-registered and transient residents across Shropshire, Telford and Wrekin, recognising the needs of particular groups such as the more deprived, those in more remote rural locations and the elderly who may have less access to transport or suffer from less good health.

There should be reciprocal arrangements in place with neighbouring GP Out of Hours services so that residents living in border areas, including the Welsh borders, can access the closest possible treatment centre and home visiting services, as required.

2.5 Hours of Operation

The Provider shall operate GP Out of Hours services 365 days a year during periods outside of local GP surgeries' core hours across Shropshire and Telford & Wrekin.

The local GP Out of Hours period across Shropshire and Telford & Wrekin is currently defined as follows:

- Monday to Thursday - 18:30 to 08:00
- Weekends - 18:30 on Friday through to 08:00 on Monday
- Bank Holidays (including additional Public Holidays)

These hours may be subject to variation in accordance with NHS Standard Contract General Condition 13 (Variations).

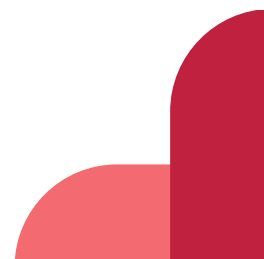
Please note: there are currently separate arrangements in place between the GP Out of Hours Provider and some GP practices for margins cover between the hours of 8am to 8.30am and 6pm to 6.30pm. There may be an opportunity for the GP Out of Hours Provider to continue to deliver this going forward, but this is not managed by NHS STW and the requirement does not fall under this contract. Arrangements and costs will need to be negotiated and agreed directly between the Provider and individual practices.

The CCCSPA will operate between the hours of 8am and 8pm Monday to Sunday (including bank holidays).

2.6 Interdependence with other Services/Providers

The GP Out of Hours service is interdependent with the Midlands NHS 111 service and a wide range of other key service Providers and stakeholders across Shropshire, Telford & Wrekin ICS, including but not limited to:

- Ambulance Services (West Midlands Ambulance Service)
- Non-Emergency Patient Transport Services (NEPTS)
- Accident and Emergency Departments within SaTH
- NHS Hospital Trusts including Community and Foundation Trusts
- Urgent Treatment Centres (UTC)
- Minor Injuries Units (MIU)
- Walk-in centres
- GP practices across Shropshire, Telford and Wrekin
- Community nursing teams and other community-based services



- Mental Health services
- Nursing, Care and Residential homes
- Hospices and Specialist on call teams
- Community pharmacies (including 24-hour services)
- Dentists and Emergency Dental Services
- Opticians and Optometrists
- Social care, including Emergency Duty Teams and Safeguarding
- Voluntary sector services
- Other services held within DoS
- DoS maintenance teams
- Police
- GP Provider Federations
- British Red Cross (BRC)
- NHSEI and system partners
- Out of area Providers, e.g. OOH, A&E, GP Practices etc.

The Provider will be required to form key relationships with a wide range of service Providers and other key stakeholders within Shropshire, Telford and Wrekin and across the borders, where necessary. This may involve short- or longer-term co-location of representatives from other services within the Provider's premises.

If a patient requires conveyance to another healthcare setting, the Provider will:

- Work collaboratively with NHS STW and neighbouring ICSs, Health Boards, and other GP Out of Hours services to agree reciprocal arrangements so that patients can be appropriately directed. Where reciprocal arrangements are not in place, the local GP Out of Hours service will be expected to see these patients.
- Provide proactive care for patients who have been identified by other services – such as In Hours GP, Intermediate Care Services, Care Home or Paediatric Specialists – as requiring follow-up/home visits during the GP Out of Hours period in order to ensure timely care for patients and help to avoid hospital admissions.
- Consider the medical need and eligibility criteria for transport and the use of both NEPTS and WMAS, depending on the clinical acuity of the patient.

The Provider will develop appropriate service protocols underpinning technical functionality that will enable effective integration with other elements of the urgent and emergency care system. This will include sharing of non-identifiable patient data in order to improve the end-to-end patient pathway and ensure that patients are being directed to the correct service.

In covering PLT sessions, the Provider must arrange access to relevant IT systems directly with the base premises. GP practice incoming calls will be diverted to NHS 111 for the duration of the PLT session (from 1pm to 6.30pm).

2.7 Service Demand

Within the GP Out of Hours service, there have been an average of 5,000 cases per month over the last 12 months. Around 5% of these required admin input only, 53% resulted in advice only, 27% were seen at a designated base visit, and 15% received a home visit.

The CCCSPA has received an average of approximately 3,300 calls per month over the last 12 months.

It is anticipated that these figures will increase based on projected growth and both current and future transformation initiatives in the UEC system to divert activity away from EDs. Bidders are therefore requested to provide costs based on two levels of activity within the Financial Management Template (Annex 5), and these figures will be reviewed under the new contract. It is anticipated that actual activity levels will fall between these two figures.

Please note: activity figures are estimates only and no guarantees are made as to future service demand.

More detailed information on activity and forecast demand can be found in Annex 2e – Data Modelling.

3 Workforce

3.1 Workforce Requirements

The Provider shall ensure that staff are recruited who are appropriately skilled, qualified, competent, experienced and confident to support both service users and health care professionals, as appropriate. All staff must be trained to enable them to undertake processes and offer information, advice and guidance in relation to the services outlined in this specification.

The Provider is responsible for ensuring that it employs staff with the following considerations:

- Staff have a range of skills and competencies for supporting service user needs and the requirements of the service and that staff, so far as is possible, reflect the diversity of society including any disability, age, religion, racial origin, sexual orientation, culture and language and generally comply with the Equality Act.
- Clear, written job descriptions and person specifications must be developed for all posts to be established for this service. The Provider may be required to supply copies of these documents to NHS STW and is expected to take reasonable note of any observations which NHS STW has.
- Support mechanisms must be implemented that provide staff with regular supervision, training and development with other support services, for example, mentoring, counselling and buddy scheme also made available to staff.
- Healthcare professionals must be registered with the appropriate professional bodies and on NHSE's relevant Local GP Performers List.
- All staff must be appropriately DBS checked.

The Provider will ensure that good communication and impartiality are embedded throughout the whole of the Service for staff, and will assure NHS STW that robust arrangements are in place for the assessment of workforce skill mix, qualifications, continued professional development, structured supervision and appraisal. The Provider will submit a training matrix to the Partnership during mobilisation which will form part of the ongoing contract monitoring process.

The Provider will also be required to submit an organisational/staffing structure as part of their tender response.

3.2 Workforce Development

The Provider must be able to demonstrate that processes are in place for all staff to receive appropriate, ongoing training and development to ensure that they have the appropriate skills and competencies to deliver a safe, high-quality service. This will include, but not be limited to:

- Clinical skills at the appropriate level
- All staff to be aware of basic principles of national and local urgent care strategy and priorities
- Training and education related to local service provision including function of key organisations
- Training and education related to the availability of local urgent care services, referral processes and access criteria
- Clinical pathways and protocols to support effective clinical triage and diversion from acute admission where clinically appropriate.
- Wider skills required to ensure that the service delivers high standards of quality
- Good interpersonal skills and emotional intelligence so that staff can deal with a range of people in a respectful, non-judgemental, person-centred manner, including those of protected characteristics.
- Awareness of the general and specific duties of the Equality Act 2010 and the protected characteristics to which they apply.

The Provider will ensure all employees/contracted staff receive appropriate mandatory training pertaining to their role, including but not limited to infection control, data protection, basic life support, safeguarding and appropriate standards of customer care.

Staff should be supported to identify gaps in their knowledge, confidence or skills with training and information on offer to assist with this. Opportunities for continuous professional development should be available.

Staff performance will be assessed at regular intervals through verbal and written feedback with a view to improving the capabilities of staff and effectiveness of programmes. Action planning may be utilised as part of this process.

Additional guidance on workforce requirements is outlined in Annex 2f.

4. Service Sustainability and Business Continuity

The Provider will have systems and arrangements in place so that in the event of fluctuations in demand, technical failure or staff shortages they can invoke this contingency and continue to provide an acceptable level of service to the population. In this context 'acceptable' means continued achievement of the agreed Key Performance Indicators. These arrangements must link into any escalation and business continuity plans for the system, including the NHS England Escalation Framework and the accompanying ICB Escalation framework. The Provider's Business Continuity Plan must meet Business Continuity Standard, ISO 22301.

The Provider is required to have business continuity and contingency arrangements for use when there is an unexpected problem not related to local surges of demand (which remain the Provider's responsibility to manage to ensure continuity of service). For the purpose of clarity, this refers to unforeseeable circumstances that affect the provision of the GP Out of Hours service CCCSPA. Generally, any such arrangements are used when there is a catastrophic loss of service due to, for example, a major technical issue, loss of power or loss of premises. In these situations, the Provider could have a mutual aid arrangement with another Provider or similar which allows services to be diverted until the problem is resolved.

The Provider must be fully conversant with ICB and NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework and arrangements for the management of Business Continuity Incidents, Critical Incidents, and Major Incidents and emergencies and to participate and respond as necessary and appropriate in accordance with NHS incident management structures.

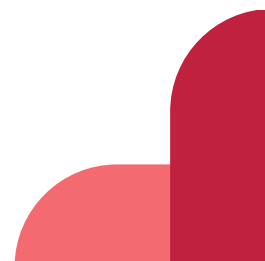
The Provider will maintain compliance with NHS England Core Standards for EPRR and regularly review, test and update Incident Management and Business Continuity Plans and related Standard Operating procedures. This will include an annual assurance assessment of NHS England Core Standards for EPRR and submission of supporting documentation to the ICB and NHS England.

4.1 Meeting Demand

The Provider must demonstrate their ability to match their capacity to meet predictable fluctuations in demand for their contracted service. They must also have robust contingency policies for those circumstances in which they may be unable to meet unexpected demand.

The Provider will:

- Submit plans for winter and other high demand periods for approval to NHS STW
- Regularly review and update Standard Operating Procedures for managing peaks in demand. Providers shall plan their resources in relation to historical demand and ensure that any current trends in demand are also considered
- Plan for changes in demand, sharing any information required by the Commissioner to assure the quality and appropriateness of plans.



5. Clinical Governance

Clinical governance arrangements must be in place to ensure the clinical safety of the whole patient pathway. Strong relationships and partnership working should be established between all Providers involved in the pathway so that issues can be identified and service improvements made.

The Provider is expected to work within the context of an integrated clinical governance process in the wider urgent care system.

The Provider will be responsible for all clinical events within the service and must arrange to insure its liabilities in this respect. Non-NHS providers or sub-contractors will be required to provide evidence of suitable service indemnity. The Clinical Negligence Scheme for Trusts will not extend to any non-NHS providers.

Clinical governance arrangements will include but not be limited to:

- A robust clinical governance arrangement, under strong clinical leadership and with clear lines of accountability
- A named Clinical Lead where a part of their role is spent at the service providing clinical leadership.
- Clarity about lines of accountability within the CCCSPA and GP Out of Hours service, from the Senior Responsible Officers through to individual members of staff within the Service and any partner Provider organisations
- Clarity about the manner in which the clinical governance of the Service engages with and supports the governance arrangements in other Provider organisations.
- A robust policy setting out the way in which incidents will be identified and managed in line with the Patient Safety Incident Response Framework (PSIRF), ensuring that the clinical leadership of the Service plays an appropriate role in understanding, managing and learning from these events, even where they have originated in a partner Provider organisation. Patient Safety Incident Investigations (PSIIs) will be reported to the ICB Quality team and via the Learning From Patient Safety Events (LFPSE) platform.
- Detailed knowledge of the different stages in the patient's journey through the CCCSPA and GP Out of Hours service, including an understanding of the way in which potential shortcomings at any stage in that journey will be identified.
- Clear and well-publicised routes for referrers into the service to feed back their experience of the Service, ensuring prompt and appropriate response to that feedback with shared learning between organisations, including feedback to the individual who was the source of the comment in the first place. Areas of change should be identified following feedback from this process.
- An annual audit plan in place agreed with the Commissioner.
- Regular feedback of patient and staff experience (using a range of qualitative and quantitative methods) to provide additional insight into the quality of the services provided.
- Assurance by the clinical leadership that the quality of clinical staffing, support and supervision is in place and proactively managed and evidenced within quality and performance reports.

- Regular review by clinical leadership of the quality of calls, clinical triage and case management, especially where their outcomes have proved problematic, with involvement of other Providers through the ICB and Local Clinical Leads as may be applicable. This will include end to end case reviews and audits.
- Audits (1%) of all clinical records.
- Ensuring that regular staff training takes place to ensure that the competencies of staff are to the required standards. Where required, updated policies and procedures must be in place and proactively managed and evidenced within the reporting suite.
- Provision of accurate, appropriate, clinically relevant and timely data about the services provided to ensure that quality standards set out in this Specification are being met.
- Ensuring the wider links to the urgent and emergency care system are prioritised, transparent and robust.
- The Provider shall develop and utilise a standardised audit system for all clinical staff which supports good governance.
- The Provider shall ensure there is a clinical governance audit programme and processes to monitor clinical standards.

The Provider must be registered with the Care Quality Commission (CQC) and comply with the requirements of registration and notify NHS STW of any enforcements or improvement notices.

5.1 Local Quality Standards

The Provider will comply with local standards as appropriate to the operation of services provided under this specification. The required quality standards and requirements are included within the Key Performance Indicators and Quality Schedules, where applicable, are contained within this part of the Specification or local schedules.

The Provider must regularly audit a sample of referral contacts as agreed with the Commissioner and ensure appropriate action is taken on the results of those audits. Regular reports of these audits will be made available to the Commissioner. The sample must be defined in such a way that it will provide sufficient data to review performance, including the appropriateness of disposition, and of each individual working within the service. This audit must be led by a suitably experienced clinician and, where appropriate, results will be shared with the team that delivers the service.

All categories of staff shall be included in the audit (e.g. non-clinical call handlers and clinicians).

The Provider must regularly audit a random sample of patients' experience (note: experience is different from satisfaction) of the service (for example, 1% per quarter) and appropriate action must be taken on the results of these audits and must be made available to the Commissioner.

5.2 Safeguarding

The Provider must ensure that Service Users (adults and children) are protected from abuse, exploitation, radicalisation, serious violence, grooming, neglect and improper or degrading treatment, and must take appropriate action to respond to any allegation or disclosure of any such behaviours in accordance with the Law.

The Provider must comply with the requirements and principles in relation to the safeguarding of children, young people and adults, including in relation to deprivation of liberty safeguards, child sexual abuse and exploitation, domestic abuse, radicalisation and female genital mutilation (as relevant to the Services) set out or referred to in:

- The 2014 Act and associated Guidance;
- The 2014 Regulations;
- The Children Act 1989 and the Children Act 2004 and associated Guidance;
- The 2005 Act and associated Guidance;
- The Modern Slavery Act 2015 and associated Guidance;
- Safeguarding Guidance;
- Child Sexual Abuse and Exploitation Guidance;
- Prevent Guidance;
- The Domestic Abuse Act 2021 and associated Guidance.
- Working Together to Safeguard Children (2023)
- Information sharing: advice for practitioners providing safeguarding services (2024)
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. Intercollegiate Document (2019)

The Provider is also required to:

- Make appropriate safeguarding referrals for children, young people, and adults in accordance with local safeguarding board policies and protocols, participating in investigations when required and reporting any actions being taken to NHS STW, as required
- Ensure that their systems for safeguarding are integrated with established local systems
- Monitor feedback from service users, ensuring appropriate investigation of incidents, adverse events and complaints, and ensure that any lessons learned are recorded to reduce the likelihood of any reoccurrences.

The standards that the Provider must meet in relation to safeguarding children and adults and caring for patients with challenging behaviour are set out Annex 2g.

5.3 Serious Incidents

The Provider must be open and honest in relation to the reporting and sharing of harm event and any incident reporting and should adhere to national incident management and reporting guidance: Patient Safety Incident Response Framework (PSIRF) and the Never Event Policy Framework. The PSIRF is a contractual requirement under the NHS Standard Contract and as such is mandatory for services provided under that contract, including acute, ambulance, mental health and community providers. This also includes Maternity and all specialised services. The Provider will report patient safety incidents by using Learning from the Patient Safety Events (LFPSE) platform to allow for oversight.

If an event occurs that meets the threshold for a Patient Safety Incident Investigation (PSII) or other PSIRF tools then these will be provided to the ICB in accordance with Schedule 6 Part D. In the

event that the Provider fails to comply and is in breach of one or more provisions set out below, the Commissioning Organisation shall apply the relevant provisions in SC33 (Service Conditions) and GC9 (Contract management) as it sees fit.

Harm events that meet the threshold for serious harm either physical or psychological should be reported within five working days. This is an obligation of the Provider and should be reported when the provider knows of the incident. Adherence to duty of candour standards will be maintained.

5.4 Medicines Management

It is envisaged that this service should only be prescribing medicines that are urgently required relating to the presenting condition. Patients' routine medicines should not be prescribed by the service. Patients should be referred to their own GP in these cases. This will apply apart from instances where emergency supply & relief are required and sufficient medications should be prescribed to enable the patient to make arrangements with their own GP practice.

The Provider must be compliant with all current standards, guidelines, policies and legislation relating to the safe handling, prescribing, dispensing, storage, administration/supply and disposal of medicines applicable to the Provider.

For example:

- The Safe and Secure Handling of Medicines: A Team Approach, Royal Pharmaceutical Society Great Britain.
<https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines>
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013, Department of Health, February 2013.
<https://www.legislation.gov.uk/uksi/2013/373/contents>
- MHRA Best Practice Guidance on Labelling and Packaging of Medicines
<https://www.gov.uk/guidance/medicines-packaging-labelling-and-patient-information-leaflets>
- Safe management of healthcare waste (GOV UK)
<https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/>
- Human Medicines Regulations 2012
<https://www.legislation.gov.uk/uksi/2012/1916/contents/made>

There must be a management structure in place to ensure safe, secure and economic use of medicines, underpinned by a medicines policy.

The Provider will ensure that prescribing is cost-effective, evidence-based and follows the local Formulary agreed by NHS STW. The Provider must adhere to other local prescribing guidance, particularly with regard to the appropriate prescribing of antibiotics.

The Provider must also work to ensure the utilisation of electronic prescribing where possible, in line with national programmes of work.

The Provider will have in place robust, auditable systems to cover all aspects of medicines management, including reconciliation, record keeping and disposal requirements for the drugs for which it is responsible. All aspects of medicines handling activities (e.g., procurement, storage, prescribing, dispensing and disposal of medicines) will be covered by Standard Operating Procedures and will be safe and in line with current legislation, licensing requirements and good practice, including National Guidelines.

The Provider must demonstrate that it systematically assesses and manages its risks, both corporate and clinical, in order to establish probity, clinical quality and patient safety to NHS STW.

For more details regarding local requirements for Medicines Management, please see Annex 2h.

5.5 Policies and Procedures

The Provider will have clear policies, procedures and documents which will be supplied to NHS STW as and when requested. Updated versions are to be supplied during each Annual Monitoring Return to NHS STW. As a minimum, the following policies, procedures and plans should be in place:

- Health and Safety Policy including Lone Working
- Safeguarding Children Policy
- Safeguarding Adults Policy
- Complaints Policy
- Manual Handling/Moving and Handling Policy
- DBS Policy
- Infection Control Policy
- Risk Assessment Policy
- Data Protection/Confidentiality Policy
- Whistleblowing Policy
- Supervision, Appraisal and Employee Development Policy
- Receipt of Gifts Policy
- Key Safe Policy
- Managing Challenging Behaviour Policy
- Environmental/Sustainability Policy
- Business Continuity Management Plan
- Freedom of Information Policy

These documents should be readily available to all Provider staff involved in delivering the service.

6. Information Management and Technology

6.1 Systems

The Provider must ensure that appropriate IM&T systems are in place to support the service. This means all computer hardware, software, networking, training, support and maintenance necessary to support and ensure effective delivery of services, management of patient care, contract management and the service's business processes, which must include:

- Individual electronic patient health records.
- Integration with general practice information systems which will include electronic access to the GP record and the electronic transfer of records.
- Integration with systems in use across other healthcare settings to facilitate the sharing of information with Urgent Care when this is available locally.
- Integrated appointment management where this functionality is available from receiving provider organisations.
- Inter-communication or integration between clinical and administrative systems.
- Access to knowledge bases for staff at the point of referral contact.
- Access to research papers, reviews, guidelines and protocols.
- The recording and reporting of essential and mandated NHS data sets required for patient, staff and business administration.
- Use of SMS and email messaging to confirm appointments to patients.
- The Provider's IM&T systems must comply with all legislation, NHS and system Supplier Guidance and standards, including as set out in the Government's NHS and Social Care information strategy.
- The Provider must cooperate with all parties that are responsible for delivering system wide integration and interoperability at local, regional and national levels,

The IM&T systems that are part of the national strategy include:

- Use of NHS number as a unique identifier in all systems and records
- Use of a compliant IT system for the delivery of the national policy on Integrated Urgent Care services
- E-referrals: should it be required, the use of the Directly Bookable Service for all patient referrals into secondary care
- Use of the national network for all external system connections to enable communication and facilitate the flow of patient information
- NHS Care Records Service (CRS): use of CRS to ensure that all patient records are kept in the national compatible format and when available to communicate with the national spine services
- The adoption and use of commissioned interoperability solutions in order that patient clinical information can be shared among and between the Provider and other healthcare Providers within the Health Economy
- Patient Demographic Service (PDS): use of the PDS to obtain and verify NHS Numbers for patients and ensure their use in all clinical communications
- Summary Care Record (SCR): use of the SCR to obtain GP clinical information and ensuring its use in the delivery of optimal care to patients
- Use of NHS Mail or alternative approved services for all email communications concerning patient-identifiable information; NHS.net accounts.
- The Provider will participate in future national and local initiatives to develop and improve the use and sharing of patient information as part of the local integrated patient record strategy, including use of the Medical Interoperability Gateway (MIG)

- NHS Terminology Service, NHS Classifications Service and Healthcare Resource Groupings - the provider must comply with NHS Terminology Service (NHS TS), NHS Classifications Service (NHS CS) and Healthcare Resource Groupings (HRG). Specifically, the Provider must use SNOMED-CT or commit to adopt this system
- The NHS Operating Framework.

The NHS Operating Framework directs those working in care services to the specification that NHS Digital has issued that sets out the requirements for IM&T systems and infrastructure needed to support clinical applications in use in Urgent Care, now and in the future.

The Provider must provide such additional IM&T systems and infrastructure as is necessary to support the delivery of its services, contract management and business processes. The Provider will utilise an IT system designed for unscheduled care that can integrate directly with GP clinical systems so that the full record of all encounters can be transmitted electronically to patients' GP Practices in a manner that will make them available to GPs and Practice staff in existing workflows built into their clinical systems. Moving forward, the Provider must utilise technologies which allow structured data elements to be sent electronically and saved into GP records (i.e. without scanning/and re-coding at the practice side).

The Provider must have in place appropriate, secure and well managed IM&T Systems, policies and procedures which properly support the efficient delivery of services and comply with specific requirements and the underpinning standards and technical specifications set out nationally and in this document.

The Provider must undertake testing of the IM&T systems proposed, and of any interfaces and inter-working arrangements between parties or systems, so as to guarantee compliance with all appropriate standards and to prove operational effectiveness.

The Provider's IM&T systems must facilitate information gathering and reporting to meet performance management commitments under the contract and other statutory or other obligations including adherence to all NHS national reporting requirements and guidelines.

6.1.1 System Interoperability

Interoperability between IUC services is a fundamental enabler ensuring that service providers can facilitate a consistent and integrated journey for patients. The highly distributed and varied nature of IUC services and providers emphasises the need for excellent organisational interoperability.

The vision for Integrated Urgent Care is of a system with an effective and efficient level of integration between services, such as ensuring a smooth hand-over between services, ensuring information for patient notes (e.g. special patient notes, care plans and End of Life records) are effectively used, and a seamless transfer of information and referrals from the start of the patient's journey to the conclusion of that episode of care in whichever Provider is ultimately involved. This will be supported by an appropriate Provider Patient Management System (PMS) meeting national requirements which will be used within the service.

The Provider shall be responsible for liaising with other Providers to agree how access to their IT systems and interoperability between systems will be configured to maximise patient experience, outcomes and data sharing between all Providers and Commissioners.

The Provider will work with the Commissioners and endpoint Providers to ensure data transfer to designated sites. This will mean that the endpoint Providers will receive the information directly into their clinical system of use. Where this is not possible then alternative solutions must be identified and agreed as clinically safe and appropriate, in line with information governance best practice.

The Provider shall implement a technical solution which can support the interoperability requirements and be open to implementing new emerging technology that would enhance service provision for Shropshire residents i.e. video consultations.

6.1.2 Access to Patient Records, Special Notes and Permission to View

In situations where the patient may call one organisation then be passed to others, as part of receiving care, any information provided to patients must explain this. Information provided must comply with:

- IUC Technical and Interoperability Standards v04
- Child Protection Information System (CP- IS) – a system that connects local authority children’s social care systems with those systems used within NHS unscheduled care settings: <https://digital.nhs.uk/child-protection-information-sharing>

Where available, systems interoperability should make use of nationally defined interoperability and data standards. Clinical information recorded within local patient care records should make use of clinical terminology (SNOMED-CT) and nationally defined record structures.

The Provider must be able to supply suitably trained resources for the investigation of Technical and Operational issues relating to delayed or failed data transfers (messages) to and from other providers.

6.1.3 Technical Infrastructure Requirements

The Provider must comply with the following requirements:

- The Provider must have a fully resilient technical infrastructure.
- The Provider must have a technical solution which is able to meet peak service demands and ensure sufficient bandwidth and capacity.
- The Provider must have a technical solution which can scale with increased demand beyond predicted volumes.
- The Provider must have a technical solution that integrates with other service providers to deliver the requirements of this specification.
- The Provider must have robust security architecture in place for the application.
- The Provider must have arrangements in place for the issue and management of NHS Digital Smartcards for access to SPINE services – Personal Demographics Service (PDS) and Summary Care Record (SCR).

- The Provider must comply with the Information Commissioner’s guidance on UK Data Protection Laws and the latest NHS Caldicott guidance for information governance and data security. All staff must receive annual IG training on all aspects of data security and Information Governance.
- The Provider must have a nominated Information Governance and Caldicott Lead, policies relating to information governance, security and confidentiality of service user information, and robust Information Sharing Protocols.
- The Provider must provide storage of all paper and electronic records and aim to minimise paper use.
- The Provider must have an alternative back-up system if there is a fault with the equipment. This must be clearly stated as part of the Business Continuity Plan.

6.1.4 IT Service Management

The Provider must have Business Continuity Plans and a Disaster Recovery Procedure (DRP) in place that contains robust, detailed methods and procedures that will be followed in the event of service failure/disaster. The BCP and DRP must be tested on a regular basis to ensure they remain current and robust, with results of testing shared with NHS STW upon request.

6.1.5 Telephony Requirements

The Provider will ensure they have robust telephony systems in place to support all of the required activities of the service. Telephony system must have the following capabilities:

- Ability to provide management information as defined within the performance reporting requirements of this specification, and capable of providing call logs that identify individual call details and the agent handling the call.
- Ability to provide management information for the services provided, with performance reporting requirements as outlined in this Specification.
- Recorded announcements must be agreed with Commissioners.
- All inbound and outbound calls to the Service must be recorded. Calls must be retained in line with the Department of Health Records Management NHS Code of Practice (June 2009).
- Enable specific front-end messages to be changed to support local escalation, and different messages to be provided, where agreed with Commissioners.
- All front-end messages must be agreed with Commissioners before use.

6.1.6 Patient Management Systems

Providers must use recognised and appropriate patient management systems within their service to ensure the accurate and safe triage of patients and recording and retrieval of all relevant information. In addition, the Provider must ensure that they adhere to any licensing conditions that apply to using their system of choice. This must include the ability to link with the wider urgent and emergency care system.

6.1.7 Information Governance

The Provider must put in place appropriate governance and security for IM&T systems to safeguard patient information. Systems and processes must comply with statutory obligations for the management and operation of IM&T within the NHS.

Providers should:

- Ensure that agencies comply with their responsibilities to inform service users of the uses of their information and the agencies it is shared with
- Protect and keep all information in the strictest confidence
- Use confidential information only for the purpose of supporting or facilitating the care of the service user
- Notify NHS STW immediately upon learning of any improper disclosure or misuse of any confidential information, logins or passwords
- Take reasonable steps to halt and otherwise remedy, if possible, any such breach of security
- Take appropriate steps to regain the confidential information, and to prevent any further disclosure or misuse
- Ensure that the service Provider has a current data protection notification which is updated on an annual basis
- Ensure that all members of staff are contractually bound by confidentiality agreements and are aware of their responsibilities to adhere to these, e.g., the NHS Confidentiality Code of Practice

6.1.8 The Directory of Services (DoS)

The Provider is required to have access to and utilise an accurate, up-to-date electronic National Directory of Service (DoS) which enables search for local services and referral pathways to ensure patients are referred to the most effective advice or treatment.

The Provider will have access to and utilise the NHS commissioned Directory of Services. Where any additional internal Directory of Services is utilised, the Provider will ensure that the internal directory is maintained and updated through regular review and liaison with the Provider organisations from which the pathways originate.

The Provider is also required to have a system in place to ensure a local back up version is available in case of IT or connectivity problems.

The Provider will also operate and maintain a directory of agreed local clinical pathways and protocols as provided by external provider services. The Provider will ensure this directory is maintained and updated through at least annual liaison with the organisations who have produced the pathways and protocols to confirm the latest version is in use.

The Provider will supply management information to Commissioners regarding the demand, usage and performance of end point services to enable the commissioning of more effective and productive services that are tuned to meet patient needs. This will also include information on gaps in service provision that could have averted the use of acute care.

6.1.9 Service and Technological Advances/Changes

The Provider is permitted to make changes to hardware and software as part of their service delivery. However, any changes to technological capabilities must ensure the following:

- Evidence of engagement with Commissioner Technical Lead and partner Providers to ensure that those changes will integrate with existing partner systems; and,
- Any changes will not contravene the principles contained within the Share Your Care programme.

The Provider will be expected to ensure they are monitoring and developing innovative uses of technological advances and change to continuously improve access and the range of services that could be offered.

The Provider shall cooperate with any other initiatives or commissioning plans to align relevant local urgent care services.

6.2 Digital Requirements

The Provider will need to consider the following in delivering the required services and ensure the relevant policies and procedures are in place:

- Service and solution architecture
- Hardware
- Software
- Data integrations e.g. EMIS, CareCentric/Shared Care Record platform, dashboards/performance reporting, 111, NHSApp. ePS, eRS
- Networking, e.g. HSCN
- Digital solutions e.g. telephony
- Cybersecurity
- Clinical safety, e.g. Clinical Safety system and DCB0129 and DCB0130
- IG and DSPT - roles-based access, knowledge sharing/access
- Digital inclusion
- The provider/IT supplier is both ISO 27k and Cyber Essentials compliant.
- The Digital system meets the Digital Technology Assessment Criteria Framework (DTAC).

7. Performance Management, Data and Reporting

7.1 Principles of Performance Management

Compliance with requirements and standards can only be demonstrated through the production of appropriate evidence. In many cases, such evidence can be submitted in writing or

electronically, but there are many other areas which cannot be adequately tested in this way. Regular face-to-face meetings with the Provider and its staff are therefore required to make a comprehensive and accurate assessment of the quality of the services being provided, including regular audit.

The Provider will be required to attend monthly contract management meetings initially, with the frequency of these reviewed after the first six months, and the Provider will ensure an appropriate representative is in attendance. The Provider may also be required to attend additional meetings at the request of the NHS STW and will ensure they are well represented.

A Performance Framework will also be developed in line with contract award which will outline performance and reporting requirements, including the approach to recovery and improvement as required by NHS STW.

7.2 Data Downloads

The Provider will be required to supply data downloads from both their telephony and clinical assessment/Patient Administration systems to the required specifications of NHS STW.

Data reporting specifications are contained in Schedule 6 Part A.

The Provider must supply a full data extract of all data items for commissioning systems. The Provider must also provide real-time access to information to support clinical, commissioning, Urgent Care and GP dashboard development. Therefore, the Provider must:

- Have a mechanism in place for all data to be exported regularly from the system and transferred to a specified destination
- Provide a data dictionary of all fields within the application

7.3 General Reporting Requirements and Timeframes

The Provider must supply clinical and quality performance reports, as specified by the commissioner, either directly to NHS STW or to their nominated lead supplier, that details performance against:

- Key Performance Indicators (KPI)
- Quality Schedules
- Clinical Governance Reports
- Workforce and recruitment
- Others as may be specified

The Provider is expected to develop, in conjunction with NHS STW, a suite of reporting that can be distributed at required intervals to the ICB covering time periods and reporting frequency as required by NHS STW.

All reports will be required at agreed intervals, with a narrative explanation for any area where the Provider has not achieved the performance target.

- Weekly Reporting items are required within 3 working days of the week end
- Monthly reporting items are required within 10 working days of month end
- Reporting in excess of Monthly are to be agreed.

- Urgent requests – as agreed
- Ad Hoc Reports –as agreed (please see Schedule 6 Part A)

7.4 Regular Reporting

NHS STW requires the Provider to be able to collect data and report activity, Quality and KPI requirements to meet the expectations outlined in this specification.

The nature of the demands that arise in urgent care are such that regular reporting on several key standards is necessary to ensure the on-going safety of services. In this regular reporting, it is critically important that the data is disaggregated in such a way as to reveal the way the service performs at different times of the day and days of the week, notably at peak times.

During challenging periods of the year (e.g. winter, industrial action, surges in activity, etc.), the Provider will be required to support regular system conference calls with Commissioners and other organisations to provide performance and operational planning updates.

The Provider will have IT capable of delivering accurate and up to date data within the timescales stated within this specification or subsequently agreed.

The Provider will be required to provide NHS STW with real time reports and monthly agreed reports to support contract monitoring.

The Provider will provide the monthly contract report for the previous month's performance to NHS STW no later than the 10th working day following the reporting period.

7.4.1 Contract and Quality Reports

These will be specified by NHS STW and will include, but not be limited to, reporting against:

- KPIs and Quality Standards
- Safeguarding issues
- Incidents
- Complaints and compliments
- HCP, patient and staff feedback
- Clinical audits
- Reviews as agreed by CQRM
- Workforce and training
- Activity by referral route, location, clinician, disposition destination

7.5 Other Data Requirements

The Provider will share data above and beyond that required for the monitoring of performance metrics upon request, establishing connectivity with any centrally provisioned data repositories.

The Provider will reasonably share corporate data about the delivery of the service where this will inform improvements to patient care and the wider urgent and emergency health care system.

To allow NHS STW to understand the value for money, efficiency and effectiveness of the Service, the Provider will share financial inputs and staff models.

The Provider will integrate with local and or national dashboards rendering real time and historical performance data.

7.5.1 NHSE/NHSI Returns

The Provider will support the commissioner in compiling and submitting returns required by NHSE/NHSI or other NHS bodies within required timescales.

7.5.2 Technical Information

The GP Out of Hours service and CCCSPA provide a means of gathering intelligence about urgent care demand and how this maps to patterns of service use. This can then be used to inform more effective and sensitive commissioning of urgent care, which could, for example, identify the need for different services, locations and opening times. It also helps to ensure that patients are accurately referred into the most clinically appropriate and cost-effective care options consistently.

The Provider will supply NHS STW with information about patient conditions, assessed outcomes, services referred to and other information as may be requested to support the development of urgent care services across various geographic footprints, as well as to Communications and Engagement forums.

As part of the Performance Framework described above, as a minimum, the Provider is required to have the ability to report on:

- Dispositions reached by service type and provider
- Data and reporting appropriate to any agreed call or clinical prioritisation systems

The Provider must have the ability to report activity by service referred to with clinical coding. This is key to understanding the impact that the GP Out of Hours service and CCCSPA are having on urgent and emergency care systems and Providers.

7.5.3 Activity, Staff and Rota Planning

The Provider is required to model demand to deliver the Key Performance Indicators as set out in the contract and to demonstrate how they will use the information as a basis to convert demand into rota cover and capacity planning. The Commissioner requires that the modelling is to a recognised industry standard stating all assumptions and evidence used to inform calculations for each key metric.

The Provider will have sufficient clinical and non-clinical staff (to include locums and other temporary members of staff) to ensure that the service is provided at all times during the specified operating hours in accordance with good clinical practice and healthcare practice. In particular, the Provider shall have procedures in place to notify the Commissioner of any changes in workforce that might affect the service provider's ability to deliver the commissioned services.

As part of the Performance Framework described above, the Provider must have the capability to

report on the following items for all employed, sub-contracted and agency staff, which is not an exhaustive list:

- Total headcount available to roster
- Total staff hours required by week
- Utilisation percentage (excluding shrinkage) for each workforce skill group
- Sickness/absentee rate per individual month for each workforce skill group
- Staff Turnover by skill group
- Shrinkage rates per month including breakdown of shrinkage rate calculation
- Attrition rate per month per workforce skill group
- Expected weekly overtime hours by clinicians and call handlers to fill the rota
- Staff available by grade, by day of week and time of day and the use of agency and locum staff

7.5.4 Financial Reporting

In order to allow NHS STW to understand the value for money, efficiency and effectiveness of the services provided, the Provider will share financial inputs and staff models. The Provider shall ensure that the information available aligns with the requirements of NHS STW, as outlined in the MDS, and is supplied at the frequency to meet these needs. Any staff or financial information that is commercially sensitive, and that is supplied to NHS STW, will not be publicly disclosed unless required otherwise by the Information Commissioner.

In the event that the Provider is successful in securing additional contract awards from other commissioners for the CCCSPA which therefore increases the scale of the service and thereby reduces Provider delivery costs, the Provider will pass on to the Commissioner any such reduction through a reduced cost to NHS STW.

7.6 Key Performance Indicators

Key Performance Indicators will be set out in Schedule 4 Part A-C.

The latest national Data and Reporting requirements are detailed in the IUC KPIs 2023/24. <https://www.england.nhs.uk/publication/integrated-urgent-care-key-performance-indicators/>. However, it is expected that a revised set of KPIs will be in place at the point of contract award and these are therefore subject to change.

In addition to national and regional requirements, the Provider must comply with the additional requirements detailed in the local activity and finance templates which will be agreed with the successful Provider during mobilisation, in line with the latest NHS England and NHS STW operational planning guidance.

The Provider must be accommodating of any reasonable requests for ad hoc reporting outside the scope of the above KPIs and regional/national reporting requirements. Where ad hoc requests become more regular, the Provider and NHS STW will discuss adding these requirements to the

monthly reporting packs. These may be subject to change based on the latest operational planning guidance.

Additional KPIs may also be developed over the lifetime of the contract. Development work will continue to create and set system-wide metrics to track patient outcomes and service performance. The Provider will comply with these metrics once agreed with NHS STW.

7.7 Complaints and Compliments

The Provider shall establish and operate a robust complaints and compliments procedure, in line with national and ICB agreed guidelines and consistent with the principles of the NHS Complaints Regulations (2009), to deal with any complaints in relation to any matter connected with the provision of services under the Contract. This will include informing and involving the NHS STW Quality team at the earliest possible stage and obtaining sign-off of responses before they are sent to Complainants.

Clear information about the complaints procedure must be made available to referrers, patients and carers, and the Provider shall take reasonable steps to ensure that referrers and patients are aware of the complaints procedure. It must also be well advertised on the Provider's website and available in writing upon request.

The Provider will publish their complaints and compliments procedure in a range of formats such as easy read, different languages and online to ensure that patients are aware of the complaints procedure. Reasonable steps shall also be taken to ensure that the complaints procedure is accessible to all patients, including those with specific issues such as hearing impairment, non-English first languages, visual impairment, learning disabilities and other access issues.

Patients will be offered a choice on how to share their experiences of the service (including regular surveys) and supported to be involved in process for change when concerns/complaints are raised. The Provider will use tools including audits and triangulation of concerns/complaints/incidents to identify learning and opportunities to improve the patient journey. The Provider will work with the NHS STW to share opportunities to work collectively to improve service provision and embed any learning across the ICS.

It is recognised that some complaints or expressions of dissatisfaction may be raised informally. It is the expectation of the Commissioner that the Provider will establish a system for dealing with these complaints and engage with other Providers and patient groups in improving processes and pathways.

All complaints must be monitored, audited and appropriate action taken when required. The Provider will report anonymised details of each complaint and the manner in which it has been dealt with to the Commissioner. All complaints must be audited in relation to individual staff so that, where necessary, appropriate action can be taken.

The Provider shall provide a summary of all complaints and recommendations received, progress outcomes and actions taken on a monthly basis to the Commissioner.

The Provider shall ensure that:

- Compliance with complaints regulations is met
- Their Complaints Policy is explicit as to Duty of Candour in respect of complaints handling
- 100% of complaints are acknowledged within 2 working days
- 85% of complaints are responded to in 25 working days. The response must include an action plan (monthly complaints audit results to detail compliance).

Monthly reports will include but not be limited to:

- Number of complaints
- Complaints rates and timeliness of responses
- Trend analysis of complaints broken down by theme, including actions implemented as a result and lessons shared
- Number of complaints reopened
- Number of complaints sent to the Health Service Ombudsman and associated outcomes
- Complainant survey results, including 100% complainants surveyed and response rate
- Number of compliments and appropriate feedback to staff.

8. Referenced Documents

Annex 2a – Midland IUC Alliance ToR 2024

Annex 2b – Midlands IUC Alliance Agreement 2024 (DRAFT)

Annex 2c – Clinical Support for Community Hospitals and MIUs

Annex 2d – Palliative and End of Life Care

Annex 5 – Financial Management Template

Annex 2e – Activity Data (Data Modelling)

Annex 2f – Workforce Guidance

Annex 2g – Safeguarding

Annex 2h – Medicines Management