City and Hackney
Clinical Commissioning Group

Code of Conduct

Service: Provision of Duty Doctor (revised specifications) **Programme Board: Urgent Care Programme Board**	
Question	**Comment/Evidence**
Part A - Developing the service specification	
Please provide a brief description of the service:	The aim of the duty doctor service is to provide a clinical triage service during core hours for patients that have an urgent need to seek medical services. The duty doctor undertakes the following: • GP same-day clinical triage of all urgent requests received by patients • Provision of a rapid GP response service to other health & social care professionals
Outline the benefits to patients if this service is commissioned:	Receiving this assessment by an experienced clinician as early as possible should improve patient experience of care and ensure that they are managed in primary care or signposted to an appropriate service.
How will this service support the delivery of the Programme Board's commissioning	This service supports the delivery of the following UC Programme Board commissioning intentions: Reduction in A&E attendances Increased access to general practice Right Care Right place first time

Describe how will this service will improve CCG outcomes and service quality:	This services supports the delivery of • Increased access to general practice • Reduction in inappropriate A&E attendances
How does the proposal support the priorities in the HWBBs' health and wellbeing strategies)?	This CCG contract supports the central HWBB priority of integrating urgent care services as it acts as an enabler so that the patient is seen in the right place at the right time.
Outline how you have involved patients in the decision to commission this service and then in the development of the specification. Who has been involved?	Consultation has taken place with the patient user experience group and social action for health , with further consultations to the Older peoples group on 11th February 16. Comments received were that they liked the idea of having the lead service provider work closely with the PPG's at practices to get a real understanding of how the service is working and make recommendations.
Describe the range of CCG clinicians involved in designing this proposed service and their input to the service specification:	The specification was reviewed by Dr. May Cahill and Dr Mike Fitchett, an independent GP advisor, also reviewed and commented on the revised specification

When and how have you consulted member practices about commissioning this service: What changes were made following consultation:	The specification was discussed at the CCF in January and February 2016. The main concerns raised were that it was not feasible for the Duty Doctor to only carry out Duty Doctor activities and that the audit seemed too onerous. The LMC have also been consulted and feedback has been implemented into the specification where appropriate. Feedback on the specification was largely the same as at the CCG meeting. Following the consultation the wording on duty doctor has been amended to reflect concerns raised and the audit has been revised with the confederation.
How will this proposed contract align with other contracts commissioned by the CCG and promote integrated service delivery across providers	The duty doctor service works closely with the Enhanced Access Service, the Enhanced access service provider should encourage practices to keep 2 slots available per day for urgent Duty Doc appointments as required The service works closely with health and social care professionals across a number of CCG commissioned services, examples of this are: • Liaising with a member of both the ParaDoc and Integrated Care Team to put a plan in place to keep a patient at home rather than admitted to hospital • Liaising with the A&E/OMU acute clinicians, to ensure a patient can be discharged from OMU rather than admitted to a ward, involving coordinating an urgent home visit
Part B – Managing conflicts of interest	
Outline from who you have obtained an independent clinical perspective / external advice on	An independent GP advisor was requested to review and comment on the revised specifications.
Describe how all conflicts and potential conflicts of interests have been declared in the development and agreement of the	Conflict of interest were declared at Clinical Executive Committee as the two GP Providers currently providing the service and again at the Urgent Care programme Board. The declarations were recorded in the Committee's minutes

Describe how you have mitigated the conflicts of interest declared?	Only the clinical modelling and service model was shared with internal GP's and the contract management expectations of the provider. KPI's were discussed at the CCF and the UCPB, and no financials shared with them. The LMC had the full specification so that they could consider all aspects of the service requirements. The Programme Board has thus ensured that the existing GP Providers have only been involved to the extent of commenting on service deliverability.
Part C – Proposed contract	
What is the annual value of this contract?	The contract value per annum is capped at £1,481,175
How have you determined that this represents value for money and developed the price for this service?	There is local evidence that the GP clinical triage model is improving quality and reducing acute activity both in and out of hours, increased patient satisfaction and a sustained good performance against the four hour waiting time standard.
What will be the basis of the contract – on what performance and / or outcomes will payments be made?	The contract is based a block contract. The lead provider will make payment to each practice based on their practice population. Practices will be required to evidence that to the CCG that the funding for duty doctor is used by the provider to deliver this extra clinical capacity, for example, evidence of backfill for the duty doctor. KPIs in the contract will ensure that the provider is meeting the required timescales on call backs to patients and health care professionals, a 1% deduction on payment will be made if these KPIs are not met.
Describe how you will assess the achievement of these outcomes in recommending payments?	These will be recorded on a quarterly basis and the proforma submitted to the CCG. Compliance against the KPI's will ensure payment is made Failure to comply will result in a penalty.

How will you monitor the quality of the service commissioned?	The lead provider will work with each practice to reflect with their PPG's views on how the Enhanced Access service is working for their patients and a report of actions taken to be submitted to the Urgent Care Board.
What systems will there be to monitor and publish data on referral patterns?	The provider will be responsible for looking at variation between practices and undertake a review and draw up an action plan and present to the UCPB.
PART D – List based service only	
Outline why this is a list based service and the advice you have received to confirm this? (i.e. can only be provided by City and Hackney GP practices) Please attach the advice that this is a list based service	The service requires access to the practice lists to operate effectively and these are with the GP practices. The internal processes for a procurement decision was based on the procurement strategy. Outside of the CCG, practices and the GP confederation are the only other organizations that have a membership agreement with all of the practices and therefore have access to the practice list, with the ability to rotate GP's around practices as required to ensure business continuity. This lead provider arrangement also allows for the detailed audit requirements to be coordinated and variation in practice to be addressed with their peers. It also provides the CCG with assurances that there is equity of access for all City and Hackney registered patients.

What steps have you taken to demonstrate that there are no other providers that could deliver this service?	Received procurement advice from the CSU team, excerpt below. *From yesterday's discussion, it is my understanding that City and Hackney CCG would like to procure the extended hours, duty doctor and frail home visiting service. The service has two elements: clinical and management (back office) and in terms of the contract value and clinical elements attracts a higher contract value. Provider should have access to the patient list to deliver the clinical elements. The intention is to award one contract to a provider to deliver the service across all GP practices in City and Hackney. Currently only GP practices in City and Hackney have access to the patient list. As such, the clinical element of the service can only be delivered by GP practices so my advice was to carry out a mini-competition among the GP detailing the service, the contracting model etc. and asking them to express interest if they are interested. Second step will be issuing a request for proposal to all interested GP practices. It will be up to the GP practices to decide how they want to bid for this service. They could provide the clinical and non-clinical elements by themselves or sub-contract the non-clinical element to any other organization.* My understanding is that there has been a general consensus from the GP practices that they wanted the GP Confederation to be the lead provider on their behalf.
In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	Provision of additional GP capacity in each practice for a duty doctor to undertake the following: • GP same-day clinical triage of all urgent requests received by patients to include: - Prioritisation of all requests according to presenting need - Telephone consultations with each patient - Subsequent clinical co-ordination of care according to need (e.g. self-management and medication advice, booking face-to-face GP appointments or secondary care referrals) - The duty doctor will undertake urgent home visits and follow up activities where required • Provision of a rapid GP response service to other health & social care professionals to include: - Telephone consultation with professionals about a patient - Subsequent clinical co-ordination of care according to need This is additional GP capacity than is provided for under the core contract.

What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?	Local standards have been written into the new specification. It is the responsibility of the provider to give assurances to the CCG that the practice undertaking the service fulfils those standards.
Describe how you will evaluate the contract delivery proposals: Describe: • Who will be involved? • How you will obtain independent clinical advice? • How will you ensure there are no conflicts of interest?	Independent clinical advice will be sought in the same manner as the consultation process. Consulting outside of the CCG and also through the local GP contract committee where there are independent clinicians. Advice will also be sought through the UCPB members.

What additional external involvement will there be in scrutinising the proposals?	NHS England and LMC
How will you ensure that patients are aware of the full range of qualified providers from whom they can choose if appropriate?	The provider is responsible for ensuring that the service is promoted at practice level, and using the PPG feedback in the KPI's.
Part E – if you are proposing procurement and practices/GP Confederation are potential bidders	
Please outline the procurement process and timescale – attach the advice about this procurement process	This is not a procurement process as the GP confederation are the only provider as they have full membership from the GP practices. The service is based on the practice list size and access to it. There is no other provider outside that are able to do so.

Describe the process you will use for evaluating the bids: Describe: • Who will be involved? • How you will obtain independent clinical advice? How will you ensure there are no conflicts of interest?	N/A
Please attach the proposed service specification	
Signed by Programme Board Director: Mark Scott Date: 11th November 2016	
Signed by PB Chair: May Cahill Date: 11th November 2016