



**AUCKLAND INTEGRATED AFTER HOURS CARE
PROCUREMENT PLAN**

**Version 1.2
Effective Date: 27 February 2015**

AFTER HOURS CARE SERVICES PROCUREMENT PLAN

PROCUREMENT PLAN – AUCKLAND INTEGRATED AFTER HOURS CARE

1. EXECUTIVE SUMMARY

This procurement plan is to guide the procurement process for integrated after hours services within the Auckland region. The procurement plan refers to the outcome of the Auckland Regional After - Hours Network (ARAHN) business case. The business case is therefore a supporting document to this procurement plan.

The procurement process is designed to achieve a number of outcomes and to address some of the shortcomings of the current service provision that were recommended and identified in the development of the business case.

Additionally, the procurement process is designed to obtain best value for money for the services for the next 5 years.

2. BACKGROUND AND INTRODUCTION

ARAHN is an alliance of the three Auckland District Health Boards (DHBs), seven Primary Health Organisations (PHOs), the Auckland After-Hours Consortium (the Consortium) and Homecare Medical (formally known as HML). The Consortium represents 11 Urgent Care Clinics (UCC) contracted to provide services according to ARAHN's specifications. HML provides General Practice (GP) deputising (telephone triage) services.

The current ARAHN configuration was established in 2011, when UCCs, PHOs and DHBs came together to find collective solutions to a set of problems relating to after-hours access and services. The solutions designed and implemented by ARAHN included a network of Urgent Care clinics with aligned opening hours, free under-six access and a range of subsidies for other high-needs groups. An alliance structure was developed to provide regional co-ordination across clinic services, telephone triage, public communications, clinical governance and integrated reporting.

The business case identifies a future model of an integrated after-hours system and proposes that Auckland metro DHBs and PHOs support ARAHN for a further five years. Future services are required to be purchased following a formal and transparent procurement process.

Individual services to be procured include:

1. GP deputising services (telephone triage and disposition)
2. After hours clinics
3. Overnight clinics
4. Communications support
5. Data integration and analysis
6. Management support services

These can be categorised into 3 main procurement processes:

1. After Hours and overnight service provision
2. GP deputising service

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3. Administration support

The administration support procurement process will be conducted when the contracts for the other two services are in place.

There has been a delay in a Ministry of Health (MoH) process to identify a national provider of telephone advice lines. As a number of providers involved in this process are likely to be interested in submitting a proposal for the GP deputising service the procurement for this service will be initiated at the completion of the MoH process. A separate procurement plan will cover this process.

Thus, this plan is for the procurement of the After Hours and overnight services.

Each procurement process will be customised according to the most appropriate process to obtain the agreed procurement outcomes.

The procurement processes will be designed to manage conflicts of interest and represent an open and contestable process in line with government guidelines, including those recently issued by MBIE which come into effect from February 2015 for health purchasers.

This procurement plan:

- Incorporates the Governments “Procurement -driving better value” principles
- Complies with the DHB Contracting Guidelines and with the guidance of the Office of the Auditor General
- Complies with the Government Rules of Sourcing.

3. PROCUREMENT OUTCOMES

The procurement process is designed to achieve the following outcomes:

1. **Provider Coverage** –. The government guidelines for After Hours service provision stipulates 95% of the population should be within 60 min travel time to a Healthcare facility providing After hours care. The procurement process has been designed to ensure equitable geographical coverage of providers across the Auckland metro region wherever possible. Population size and funding for deprived areas will also be key considerations when evaluating coverage.
2. **Value for money - Value for Money (VfM)** is the term used to assess whether or not an organisation has obtained the maximum benefit from the goods and services it acquires and/ or provides, within the resources available to it. It not only measures the cost of goods and services, but also takes account of the mix of quality, cost, and resource use, fitness for purpose, timeliness and convenience to judge whether or not, when taken together, they constitute good value.

For this procurement process the following elements are to be considered within the value for money matrix:

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- (i) Service models compared to current best practice – aligns with the business case, and the information from the evaluation.
- (ii) Provider performance – improved data collection and routine review is incorporated in to the contractual requirements to monitor and manage provider performance. This includes:
 - 1. After-hours and over-night services
 - 2. Telephone triage
 - 3. Suitable service coverage/level agreements between general practices and After Hours service providers as agreed by all PHOs.
- (iii) Health outcomes - improved data collection and routine review is incorporated in to the contractual requirements to monitor health outcomes. This includes measures of:
 - 1. Equity of Access (Including geographical coverage and cost per user)
 - 2. Referrals to ED
 - 3. Patient experience
 - 4. Free service for under 13s, and subsidised services for over 65s and quintile 5 populations.
- (iv) Quality – The Quality framework, being developed by the Clinical Advisory Group, will be incorporated within the service specification and is to be measured against and reported upon quarterly, as a minimum.
- (v) Affordability – the procurement process will obtain the best price in terms of value for money i.e. not necessarily the lowest price. The price obtained through the Request for Proposal process will be applied to all contracted providers.

The aforementioned value for money elements form the basis of the procurement process and in particular the assessment elements.

- 3. Contract Term – it is planned to have a contract for a minimum of 5 years with standard annual right of review. A service coverage review will take place after 3 years. This will support both continuity of service provision along with maximisation of the value for money elements.
- 4. After hours network – A new Auckland Regional After hours Network (ARAHN) will be implemented.
- 5. Contracts will only be issued to providers who agree to:
 - (i) Participate fully, as per the Terms of Reference (Appendix I), in the regional network structure (ARAHN).
 - (ii) Provide the data required to monitor provider performance, health outcomes, and service quality.
 - (iii) Provide all clinical information to relevant GP practices regarding their patients care.

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4. PROCUREMENT PANEL

A procurement panel will be formed for each of the three elements to evaluate the service proposals. For the After Hours and over-night service provision the panel will consist of:

1. A Procurement Chair
2. Auckland, Counties Manukau and Waitemata DHB representation (1 member to represent all 3 DHB's)
3. PHO representation (2 members will be requested to represent all 7 Auckland PHO's)
4. Minimum 2 GP representatives with ownership of General Practices.
5. St Johns Ambulance
6. Emergency Department Consultant
7. Representative from the College of Urgent Care
8. Cultural Advisor

As per usual procurement practice the Procurement Chair is not involved in the decision making. The role of the Procurement Chair is to oversee and facilitate the process to ensure compliance with best practice. The procurement panel will be required to evaluate and score the proposals received from each provider against the evaluation criteria in a fair and objective manner. Panel members will be required to sign a Code of Conduct, which sets out obligations on evaluators regarding conflicts of interest.

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5. FUNDING AND BUDGET CONSIDERATIONS

Funding for ARAHN comes from the three DHBs (with splits between DHBs based on historical level and negotiated agreements for new funding), and from PHOs based on an agreed per enrolled service user contribution. The UCC consortium contributes \$100,000 to ARAHN support infrastructure. Table 1 presents the 2014/15 funding details for ARAHN.

Table 1 Funding Contributions for ARAHN from 2014 to 2015

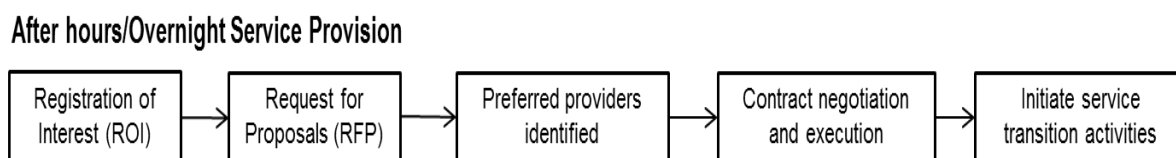
Service Area	Auckland DHBs	ProCare	Auckland PHO	EastHealth	Total Healthcare	Waitemata PHO	NHC	AH+	UCCs	Annual service costs
UCC Services (Reduced co-pays and opening hours)	\$4,871,980	\$524,083	\$35,401	\$56,857	\$51,821	\$130,816	\$49,834	\$48,203	\$100,000	\$5,868,995
Overnight	\$2,204,051									\$2,204,051
Telephone triage		\$811,526	\$54,818	\$88,042	\$80,243	\$202,564	\$77,167	\$74,641		\$1,389,000
Management/ Comms	\$75,000	\$43,819	\$2,960	\$4,754	\$4,333	\$10,938	\$4,167	\$4,030		\$150,000
Data & reporting	\$50,000									\$50,000
Annual partner contributions	\$7,201,031	\$1,379,428	\$93,179	\$149,653	\$136,397	\$344,318	\$131,168	\$126,874	\$100,000	\$9,662,046

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6. PROCUREMENT PROCESS

The procurement process will be different for each service to be procured. Figure 1 shows the individual components of the procurement process required for each service. Projected timeframes for each process are detailed in Section 9.

Figure 1 Procurement Process



The procurement process will comply with the government principles around procurement:

1. Plan and manage for great results – A detailed procurement plan will be used to guide the process in a logical and considered manner to achieve best results.
2. Be fair to all suppliers – Use appropriate systems to communicate to providers in a transparent and timely manner. Conflicts of interest will be identified and well managed to ensure a contestable procurement process.
3. Get the right supplier – Assess providers against a well-considered and needs based evaluation criteria to ensure the most appropriate provider is selected for the service.
4. Get the best deal for everyone – Transparent and early communication of expectations, including funding information, ensures all parties are well informed. A well-defined negotiation brief can ensure the best deal is obtained.
5. Play by the rules – Working closely with legal counsel and probity advisors to ensure the process is run appropriately, and is transparent and contestable.

The ROI in response to procurement of After Hours and Overnight services will be designed to identify providers for each service with:

- Appropriate geographical location and population coverage in line with the Ministry of Health guidelines on equitable coverage across the Auckland Metro region.
- Appropriate accreditation to the Accident and Medical Clinic Standard NZS 8151:2004 for Urgent Care Clinics or Cornerstone Accreditation for general practices.
- Adequate infrastructure, resource and capacity to deliver the service.

The evaluation criteria are included in Appendix 4.

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6.1 Procurement Process Approvals

Each stage of the procurement process will be reviewed by the DHBs and PHOs and approved by CCA for the PHO funder collective and RFF for the DHB funder members.

Conflicts of interest will be collected on an ongoing basis. At each stage of the procurement process the conflicts of interest register will be reviewed by DHB legal counsel, and probity advisors.

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7. After Hours Service Specification - Overall

7.1.1 Background

Successful, sustainable delivery of After Hours services is one of the key strategic domains in the Better, Sooner, More Convenient Healthcare (BSMC) context and requires strong ownership and accountability from primary health care providers to improve access to care and health outcomes.

The objective of the After Hours Alliance is to provide a long term sustainable solution for After Hours services by laying the foundations of an integrated network to deliver quality After Hours services for the Auckland population in the longer term.

There are three service specifications and therefore three separate procurement processes that contribute to the overall delivery of the After Hours service:

- Service Specification 1 – After Hours/ Overnight service provision
- Service Specification 2 – GP Deputising service provision
- Service Specification 3 – Administration Support

See Appendix 1 for the individual service specification for After Hours and Overnight service provision.

7.1.2 Service Definition

After Hours Care refers to medical cover designed to meet the needs of patients that cannot be safely deferred until regular General Practice services are next available. After hours accident care is funded by ACC.

General Practices must agree to subcontract services with After Hours service providers to provide After Hours and overnight care ensuring eligible patients are not charged more than the maximum co-payment specified for a standard consultation. Service specific contracts will be held by the PHO's who will contract directly with After Hours Providers on behalf of GPs. The services covered by these agreements are those of the after hour agreement and will not attract additional revenue.

All providers will be funded according to the agreement for the provision of services described in this service specification.

7.1.3 Service Objectives

The key objectives of ARAHN are to:

- Maintain a network of After Hours clinics with agreed geographical coverage across the Auckland region** – Consistent service provision until 10pm, 365 days a year.
- Maintain a network of Overnight clinics providing overnight care (10 pm – 8 am)** – agreed geographical coverage across the Auckland region (North, South, Central, East and West Auckland)
- Free service for under 13s**

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- d) **Reduce co-payments for eligible patients:**
 - Over 65 years of age
 - Community Services Card (CSC) holders.
 - High User Health card (HUHC) holders.
 - Quintile 5 residents
- e) **Ensure eligible patients pay fixed rate co-payments for consultations on public holidays** – As is the case for After Hours services on other days.
- f) **Ensure After hours providers are charging patients equally irrespective of which PHO/practice they are enrolled with.-**
Implementation of equal After hours fee structure within each After Hours provider.
- g) **Ensure co-payments are reflective of GP co-payments** – Co-payments consistent with 70% of local providers within a 5km radius.
- h) **Telephone Triage** – Provision of telephone triage and advice supporting GP practices around the Auckland region.
- i) **Coordinated communications across the network** – Increase public awareness of relevant care options available along with where and when they are available. Use telephone triage/ St John diversion programme to more effectively direct patients to appropriate health facility.
- j) **Ensure coordinated monitoring and evaluation** – Facilitate improved service delivery and development across the network.
- k) **Ensure necessary data is provided to meet the relevant monitoring requirements.**

7.1.3.1 Service Specific Objectives

Through funding the services described ARAHN will implement a safe, effective and affordable after hours service that:

- a) Provides face to face consultations with an appropriate health professional for patients with acute and semi-acute conditions and short term advice, medication and care as required supporting the patient until they are able to access their regular/usual provider for ongoing management of their condition.
- b) Enables high need, high disparity populations, including CSC/HUHC holders, to receive an affordable services irrespective of the locality in which they reside.
- c) Supports the patient's Medical Home as the primary provider of ongoing care. Follow up visits should be with the General Practice where the patient is enrolled wherever possible.
- d) Encourages good working relationships between GP practices and After Hours Clinics.
- e) Enables emergency departments to focus on acute care for patients.
- f) Supports the patient's medical home by not enrolling the patient during an after- hours consultation and not 'holding on' to the patient consistent with agreed protocols. Any patient who advises that they do wish to enrol is required to come back another day and enrol.

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7.1.4 Service Linkages

Group(s)/ Organisation(s)	Nature of the Linkage
Auckland After Hours Network providers	Providers should agree to work cooperatively with all other organisations within the network providing After Hours services.
Participating PHOs	Providers should agree to work cooperatively with participating PHOs to ensure effective dissemination of key information to After Hours clinics enabling identification of eligible patients.
Auckland Metro POAC Provider	Providers should agree to work cooperatively with the Auckland Metro POAC provider so that relevant obligations regarding access to POAC services can be met.

7.1.5 Meeting requirements

Providers will ensure they are appropriately represented at the ARAHN governance and any relevant subgroups.

7.1.6 Reporting Requirements

Written reports will be submitted to ARAHN. These requirements are further described in each individual service specification.

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8. PROVIDER SPECIFIC TERMS AND CONDITIONS

8.1 Establishment of Affordability

The appropriate methodology to establish the service affordability will be by way of obtaining proposals within the Request for Proposal process.

8.2 Contract Term

A contract for a minimum of 5 years to support both continuity of service provision along with maximisation of the value for money elements will be sought. The final contract term will be determined on the basis of the ability to deliver on the abovementioned Procurement Outcomes. A service coverage review will take place after 3 years.

8.3 REFERRER INFORMATION

The network will review, refine, and oversee the dissemination of the referral pathway. The RFP will seek respondent proposals on improvement opportunities.

8.4 PATIENT INFORMATION

The network will review, refine, and oversee the dissemination of patient information. The patient information will include information on accessing the services, how they will be assigned to a provider, and what the services offer. The RFP will seek respondent proposals on improvement opportunities.

8.5 COMMUNICATION STRATEGY

Further work will be done under the direction of ARAHN, with the new service provider group to ensure a comprehensive communications strategy is developed once the tender is complete to ensure widespread knowledge and uptake of the new provider structure is achieved.

8.6 GOVERNANCE

The ARAHN and any relevant sub groups, i.e. the Clinical Advisory Group, will have a strong focus on leading and monitoring: (i) service quality, (ii) provider performance, and (iii) outcomes. See Appendix 2 for the ARAHN terms of reference. Providers must agree to participate in governance meetings and activities as necessary.

9. NATIONAL HEALTH BOARD – CHANGE PROTOCOL REQUIREMENTS

The National Health Board (NHB) has released a document entitled “SERVICE CHANGE – Rules, Principles and Processes for District Health Boards”. This document defines how service change and public consultation will be managed under the New Zealand public Health and Disability Act and Planning Regulations.

Under this protocol all proposed change is to be advised to the NHB. The NHB will then advise if the proposal can proceed, if further work is required before approval

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will be given, or if approval is declined. The protocol has provisions requiring the Minister's approval particularly where public consultation is required under the Act or where substantial public comment is likely.

The metro DHBs will ensure compliance with this requirement. Once Chief Executive endorsement of the procurement plan is obtained, the formal approval process will be initiated.

It is not anticipated that the proposed procurement plan will trigger the requirement for the approval of the Minister as this change will be regarded as business as usual.

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10. TIMELINE

The following provides the provisional timeline, subject to Chief Executive and Board approvals

	Feb				March				April				May				June				July				Aug				sept				Oct				Nov				Dec			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
After hrs/ overnight:	ROI development				ROI Released	Response to ROI				ROI review				Develop RFP				RFP Released	Response to RFP				Review RFP				Service Transition Activities				Formati on of new ARAHN													

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11. RISK ASSESSMENT

12.

Risk	Mitigation
Affordability of a more comprehensive After hours and Overnight solution	<ol style="list-style-type: none"> 1. Set clear expectations in Request for Proposal process with respect to both affordability and volume 2. Well defined negotiation brief.
Ability to deliver and complete the procurement process in a timely manner in line with the current contract end date of June 2015.	<ol style="list-style-type: none"> 1. Flexibility for current contracts to be extended to cover gap in service provision. 2. Well planned timeframes
Adequate coverage to meet the needs of the Auckland metro region populations.	<ol style="list-style-type: none"> 1. Ensure compliance with the government guidelines for After -Hours care stipulating the need for 95% of the population to be within 60mins drive time to a clinic. 2. Assess providers against a robust and needs based evaluation criteria.
Compliance with government rules around sourcing.	<ol style="list-style-type: none"> 1. The government's 5 principles of procurement will be considered in the planning of the procurement process and detailed in the procurement plan to ensure compliance.
There are incumbent providers that are members of the network and through this role they will have an advantage in terms of access to relevant information.	<ol style="list-style-type: none"> 1. Supply all relevant information to potential respondents to the ROI/RFP via a network so all respondents receive the relevant information at the same time.

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13. APPENDIX I – SERVICE SPECIFICATIONS

13.1 Service Specification 1 – After Hours/ Overnight Service Provision

This specification should be read and delivered in conjunction with the overall service specification for After Hours described in section 6.1.

13.1.1 Service Definition

The provision of appropriate medical and healthcare services to address the needs of patients that cannot be safely deferred to when General Practice services are next available.

13.1.2 Service Requirements

13.1.2.1 Accreditation

All subcontracted After Hours and Overnight Clinics should be:

Either

- Accredited under the Accident and Medical Clinic Standard NZS 8151:2004 if an Urgent Care Clinic.
- Maintaining accreditation for the duration of the contract term.
- Delivering services in accordance with the contract and service specifications.

Or

- Cornerstone Accredited if a General Practice
- Continuing to maintain accreditation under the 4 year cycle
- Delivering services in accordance with the contract and service specifications.

The provider is responsible for notifying ARAHN if any After Hours or Overnight Clinics ceases to be accredited.

13.1.2.2 Triage

All subcontracted After Hours and Overnight Clinics should:

- Operate an in house triage system that prioritises arrivals to site by acuity.
- Meet the College of Urgent Care standards for triage.

13.1.2.3 Diagnostic services

All subcontracted After Hours and Overnight Clinics should have readily available access to appropriate diagnostic services and essential medicines, preferably through on site or co-located clinical support services.

13.1.2.4 Transfer of Care

All subcontracted After Hours and Overnight Clinics should have formal policies for transfer of care to ensure safe and reliable integration of care including responsibility for follow up.

13.1.2.5 Cultural Safety and Interpreting Services

All subcontracted After Hours and Overnight Clinics should:

- Provide services in a culturally safe manner which respects the different cultural needs, views and practices of patients and works with them to achieve best outcomes.

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- Provide interpreters in person or by conference call when required.

13.1.2.6 Emergency Plans

All subcontracted After Hours and Overnight Clinics should have formal agreements and emergency/contingency plans in place which cover pandemics or unplanned closures.

13.1.2.7 Primary Options for Acute Care (POAC) Services

All subcontracted After Hours and Overnight Clinics will have access to and utilise the POAC service.

13.1.2.8 Transfer of Clinical Information

All subcontracted After Hours and Overnight Clinics should:

- Have capability to send and receive electronically in real time a minimum dataset of clinical information specified by the After Hours project Partnership – Clinical Subgroup, to support integration of the network and transfer of care between providers.
- Have the ability to provide and give, the minimum patient data set prescribed by the ARAHN to and/or from the :
 - Medical Home
 - Emergency department
 - GP deputising service
 - St John
 - Any others that may be agreed
- Actively work towards achieving the capability to integrate wider medical information.
- Dispatch the agreed minimum dataset to the patient's medical home by the next business day (unless otherwise requested by the patient).
- Have the capability to hold key patient information for high risk patients relevant to their ongoing care e.g. an advance care plan. Access to e-shared care plans will be in accordance to local DHB framework.

13.1.2.9 Relationship with other service providers

All subcontracted After Hours and Overnight Clinics will:

- Develop and maintain formal linkages and information sharing with other providers in the Auckland After Hours network.
- Support and promote primary care as the patient's Medical Home.

13.1.2.10 Communications

All subcontracted After Hours and Overnight Clinics will:

- Provide ongoing education for the public about the services provided as part of the Auckland After Hours network, by providing multi-language patient information on service availability, costs and subsidies.
- Assist the Auckland After Hours Project Partnership Group and its associated subgroups to inform patients on use of the network so that they access care that is appropriate to their need.
- Have well publicised materials in a variety of languages that educate and inform users about service availability, how to access services and includes information on hours, costs and subsidies.

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13.1.2.11 Auckland After hours Network Services Policies and Care Pathways

All subcontracted After Hours and Overnight Clinics will implement any policies and care pathways agreed by ARAHN or its related subgroups, to facilitate operation of the Auckland After Hours Network.

13.1.2.12 Hours of Operation

After Hours clinics will be open and operational 7 days per week during the following hours:

- 1700 – 2200 weekdays
- 0800 – 2200 weekends and public holidays

Clinics designated as 24hr service providers (Overnight) must be open and operational 7 days per week from 2200 to 0800.

13.1.2.13 Location of After Hours and Overnight Clinics

It is the intention of the After Hours Network to have an appropriate level of geographical coverage across the Auckland region. This means ensuring there is at least one clinic providing after hours care in each locality to service the needs of that population. See Appendix 3 for approximate localities identified for the Auckland metro region.

13.1.2.14 Additional Obligations

After hours and overnight providers will also be required to:

- Provide free service for under 13s in line with the new government policy.
- Reduce co-payments for eligible patients:
 - Over 65 years of age
 - Community Services Card (CSC) holders.
 - High User Health card (HUHC) holders.
 - Quintile 5 residents
- Become a contributing member of ARAHN
- **Ensure patients are charged fees equally irrespective of enrolment status.-** Implementation of universal After hours fee structure across all providers in the network

13.1.3 Reporting Requirements

Reporting Unit	Reporting Frequency
<p>Narrative report for each After Hours or Overnight clinic outlining:</p> <ul style="list-style-type: none">○ Standard operating days and hours during the reporting period.○ Any reduction in service levels (e.g. reduction in service hours) during the reporting period and the reasons for the reduction in service levels.○ The maximum co-payments charged during the period. The report should provide a breakdown of the co-payments:<ul style="list-style-type: none">○ By eligible service user group (CSC/HUHC card holder/ Quintile 5 resident).○ By age (under 13, 14-17, 18-65, 65+)○ Charged to above groups for:	<p>Minimum reporting frequency is quarterly (broken down by month).</p>

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<ul style="list-style-type: none"> ○ After hours care on weekdays. ○ After hours care 1700-2200 Mon-Fri. ○ After hours care 0800-2200, weekends and public holidays. ○ Overnight care 2200-0800 	
<p>The following data should be collected from all patients attending After hours Clinics and provided in summary form to ARAHN:</p> <ul style="list-style-type: none"> ○ NHI ○ Date of Birth ○ Address ○ Ethnicity ○ Gender ○ CSC status ○ HUHC status ○ Quintile ○ Enrolled/Subsidised ○ Date/ time of presentation ○ ACC status ○ Referral source ○ Outcome ○ Diagnosis 	<p>Minimum reporting frequency is quarterly (broken down by month).</p>
<p>Narrative report outlining any highlights or issues experienced during the reporting period.</p>	<p>Quarterly</p>
<p>Detailed financial report. – Detailing income received versus expenditure.</p>	<p>Annually</p>
<p>Any other reporting requirements agreed by the After Hours Partnership group or its related sub groups.</p>	

13.1.3.1 Quality Framework Reporting Requirements

Subcontracted after-hours services shall report at minimum every 3 months

- a) Standard Operating days and hours during the reporting period
- b) Any reduction in service levels
- c) The maximum co-payments charged during the period
 - (I) by Eligible Service User Group
 - (II) by age (Under 6, 6-12, 13-17, 18-64, 65+)
 - (III) for the above groups After Hours care on weekdays
 - (IV) for the above groups After Hours on weekends and public holidays
 - (V) for the above groups Overnight

Reporting fields for all patients

- NHI
- Date of birth
- Ethnicity
- Gender
- Address
- Suburb
- City

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- Enrolled / Subsidised
- Date of Presentation
- Times of Consult
 - Presentation
 - (*Definitive healthcare professional*)
 - Completion
- ACC or Medical
- *Diagnosis*
- *Disposition*
 - *Referral type*

All personally identifiable information will be subject to Auckland data sharing arrangements.

Obligatory Reporting

Sentinel Events

Subcontracted after-hours services shall notify the ARAHN clinical subgroup of any cases of serious morbidity or mortality occurring during or after the care at their business, and prepare a report for the next meeting for discussion and then preparation of a response as a Partnership

Complaints which relate to the system which are directed at a business or facility

Subcontracted after-hours services shall report to the Clinical subgroup at their next meeting any complaints from patients about the care given by a business funded to provide after-hours care, which the business deems is a system failure and hence may require a change to the service and involve multiple stakeholders input.

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APPENDIX 2 - AUCKLAND REGIONAL AFTER HOURS NETWORK TERMS OF REFERENCE

After Hours Project Partnership Terms of Reference

Purpose of the Group To provide overall leadership and direction for the Auckland After Hours initiative

Role of the group The role of the Project Partnership group within the overall governance structure is summarised in the diagram at the end of this Terms of Reference. The core functions of this group are to:

- To design and agree the future metro after hours system.
- To review and monitor all aspects of the Auckland After Hours initiative including clinical, financial, management, communications, and evaluation.
- To delegate responsibilities (and associated delegated authorities) to respective parties and subgroups to implement and oversee the initiative where appropriate.
- To resolve issues escalated by parties to ARAHN and/or by the project partnership support function.
- To oversee all expenditure of ARAHN within the agreed budget.
- To agree priorities for the work of its subgroups, to provide feedback and review progress
- To provide guidance to the project partnership support function where needed
- To report to the ARAHN partner senior management and Boards on progress and issues that needs escalation.

Role of Individual Members To provide input to the group that is in line with the agreed principle of being best for patient and best for system as well as represent their organisation where needed.

To provide leadership and act as a key communicator within their own sector and organisation in relation to ARAHN and after hours services

To assist with identifying key stakeholders groups within their own areas and advise on appropriate communication mechanisms

To troubleshoot, advocate and work with their respective organisations to make ARAHN a success

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Composition	<p>The Project Partnership will have representation from the five groups involved in the After Hours initiative, ie, the three Auckland DHBs, PHOs covering the Auckland area After Hours Providers Consortium Clinics, Homecare Medical and St John. ACC are due to join the network in the near future.</p> <p>In addition, it will have formal links through common membership with other acute demand programmes and relevant clinical forums in the Auckland region and the Ministry of Health.</p>
Quorum	<p>A quorum will be:</p> <ul style="list-style-type: none">• One person from WDHB/ADHB, one person from CMDHB, two people from PHOs and two people from A&Ms.• The Chair or deputy chair and• At least one person with a clinical background
Chair	<p>Paul Stephenson – Director, Synergia</p>
Deputy Chair	<p>Loretta Hansen – East Health PHO.</p> <p>Should either of these two choose to step down from this role, appointment will be by mutual agreement of the Project Partnership members.</p>
Payment	<p>Payments for attending meetings, preparation and any other activity as needed will be covered by members’ organisations. There will be no payment to members from the Auckland After Hours initiative unless agreed, budgeted and minuted by the Project Partnership.</p>
Decision Making	<p>By consensus (which can be in person or via email). Each member will make best endeavours to have delegations in place to make decisions where needed at meetings (including speaking on behalf of colleagues) to ensure timely decisions and progress.</p>
Media/ Spokesperson	<p>All public media enquiries will be handled by the Project Partnership Chair, in the first instance. Individual members to direct all media enquiries to the Project Partnership Chair</p>
Conflicts of Interest	<p>All members to make decisions based on what is the best for patients and best for the health system. A register of interest will be maintained which identifies any strategies to manage interests should that be required to support this principle.</p>

Meetings

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Meeting frequency The Group will meet a minimum of monthly

**Agendas and
Minutes** Agenda, minutes and related papers will be circulated prior to the meeting date.

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15. APPENDIX 4 EVALUATION CRITERIA FOR AFTER HOURS/OVERNIGHT SERVICE

No:	Weightings	Criteria	Minimal or no compliance	Moderate compliance	Full compliance
1	20	<p>Demonstrated relevant first-hand experience in:</p> <ul style="list-style-type: none"> - designing - implementing and, - sustaining <p>After Hours/Overnight healthcare services</p> <p>Has shown adequate:</p> <ul style="list-style-type: none"> - Experience to provide service - Staffing levels - Number of treatment areas - Infrastructure to support locality population - Policies and processes in place around not actively enrolling patients enrolled with a general practice when accessing After Hours care. 	<p>Respondent has little or no experience of this work with limited infrastructure to support.</p>	<p>Respondent has some experience of this work with adequate infrastructure to support.</p>	<p>Respondent has extensive experience of this work with excellent infrastructure to support.</p>

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No:	Weightings	Criteria	Minimal or no compliance	Moderate compliance	Full compliance
2	14	Geographical location, population and patient demographic coverage and operating hours meet the requirements of the service as outlined by ARAHN.	Minimal demonstrable understanding of the service description and requirements demonstrated in the response.	Moderate and demonstrable understanding of the service description and requirements demonstrated in the response.	Significant and demonstrable understanding of the service description and requirements demonstrated in the response. All areas addressed, and demonstrable understanding of service requirements and deliverables.
3	20	Adequate access to resources, facilities and appropriate range of skills and training to effectively provide the service	Minimal access to appropriate resource to effectively provide the service..	Moderate access to appropriate resource to effectively provide the service.	Significant access to appropriate resource to effectively provide the service.

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No:	Weightings	Criteria	Minimal or no compliance	Moderate compliance	Full compliance
4	14	Demonstrates ability to work collaboratively with General Practice, GP Deputising Services, St Johns Ambulance and other community organisations operating within the given locality that provide complementary services including provision of references and letters of support from local GPs	Minimal demonstrable understanding of the need to work effectively across the many service boundaries with a range of organisations and service providers.	Moderate demonstrable understanding of the need to work effectively across the many service boundaries with a range of organisations and service providers..	Significant demonstrable understanding of the need to work effectively across the many service boundaries with a range of organisations and service providers. This includes close and effective collaborative working with General Practice in particular.
5	9	Response describes sufficient plan to support, develop and retain workforce to meet the needs of the population, including: <ul style="list-style-type: none"> a. Recruitment b. Supervision c. Training d. Retention e. Occupational health and safety 	Minimal demonstrable understanding of the workforce requirements.	Moderate demonstrable understanding of the workforce requirements.	Comprehensive demonstrable understanding of the skills, expertise, support, training and supervision requirements/needs of staff.

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No:	Weightings	Criteria	Minimal or no compliance	Moderate compliance	Full compliance
6	9	Demonstrated ability to identify appropriate risks relating to this service and appropriate mitigating strategies.	Minimal or little understanding of the range of risks associated with this service with little or no attention to the management of potential risks.	Moderate demonstrable understanding of the risks associated with this service, with some indication of a credible response that includes some evidence of the management of potential risks.	Demonstrable understanding of the full range of risk issues, with comprehensive risk management strategies outlined along with the full range of quality considerations, including both establishment and ongoing arrangements, with monitoring and reporting included to drive improvements.
7	14	Demonstrated ability to deliver culturally responsive services to foster cultural resilience for Maori, Pacific and Asian service users and to meet the needs of specific population groups or communities.	Minimal or no demonstrable understanding of cultural requirements in respect to needs based service delivery.	Moderate demonstrable understanding of cultural requirements, with some evidence of planning and delivery responses.	Significant demonstrable understanding of the full range of issues, with comprehensive responses demonstrated.
TOTAL	100				

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