Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NATIONAL REVIEW OF GP OUT OF HOURS' SERVICES

March 2010

Glossary

DoHC: Department of Health and Children

HSE: Health Services Executive

RDO: Regional Director of Operations.

GPVTS: General Practitioner Vocational Training Scheme.

NMPDU: Nursing and Midwifery Planning and Development Unit.

HSE Transformation Programme: The Transformation Programme refers to the HSE's stated transformation priorities for 2007-2010.

Value for Money Programme: There is an explicit legislative requirement on the HSE to deliver value for money which is set out in the Health Act 2004, Section 7 (5) (e). In addition, compliance with Department of Finance Guidelines on Value for Money is a general condition of the Minister for Finance's sanction to incur public expenditure.

HIQA: Health Information and Quality Authority whose function is to develop health information; promote and implement quality assurance programmes nationally; and oversee health technology assessment.

GMS patient: A person who has established their eligibility for a medical card on the basis that they are unable to provide general practitioner, medical and surgical services for themselves and their dependents without undue hardship

Non-GMS patient: A patient who does not qualify for a medical card.

PCRS: **T**he Primary Care Re-imbursement Service administers payments to doctors, pharmacists and dentists who provide services under the Primary Care Re-imbursement Service (PCRS) scheme. All aspects of the management and operation of the Primary Care Re-imbursement Schemes are operated through the HSE. This scheme was previously called the General Medical Services Payments Board.

Out of Hours: Outside of normal working hours between 6pm and 8am on Monday to Friday and for the 24 hour period on Saturday, Sunday and Bank Holidays.

'Red-Eye' shift: The period of operation between 12 midnight and 8am the following morning.

Supplementary grants: A payment made to GPs under the GMS contract to encourage their involvement in out of hours' rotas with GP colleagues. This payment may also be assigned by a doctor to another medical practitioner participating in the GMS who undertakes, with the permission of the HSE, to take care of his/her patients for all or part of the out of hours' period.

Call centre: The call centre is the initial point of contact for a patient requiring medical attention out of hours'. The centre comprises call taking and assessment and in most cases referral for triage**.**

Treatment centres: These are the primary care treatment centres to which a patient may travel out of hours' to receive medical attention.

Service Level Agreement: A formal arrangement between the HSE and a provider for the provision of services to service users under specific terms and conditions.

Telephone Triage: The process that requires the clinician to prioritise a caller's presenting symptoms and associated past medical history, according to their urgency and simultaneously makes a safe, effective and appropriate decision by telephone to establish if the patient requires to be seen or if evidence based advice is appropriate. If the patient needs to be seen the clinician determines how urgently this is required, where the patient needs to be seen and by whom.

Call Management System: A specialist patient record management, data distribution and clinical recording system.

Clinical Decision Support System: A structured decision support tool designed for use in GP out of hours' services and unscheduled care settings.

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1. Foreword

This review of GP Out of Hours' Services is the first national review to be undertaken since the commencement of publicly funded GP Cooperatives in Ireland in 1999. The progress in the establishment of GP cooperatives since then is considered by the HSE to be a highly significant quality initiative for patient care, general practice and the health service as a whole.

In the context of the need for the HSE, to meet targets for efficiency savings, to protect services and deliver maximum operational efficiency, this review provided an opportunity to consider the nine national GP cooperatives and the four extended hours' services in Dublin South City. The recommendations of the review group are challenging and will require a significant level of commitment to implement. It is therefore imperative that responsibility for the implementation of this report remains at regional level. I would like to offer my ongoing support to the Regional Directors of Operations to facilitate their implementation within the Regional Directorates.

I would like to take this opportunity to thank the members of the Review Group for their expertise, professionalism and commitment. I also thank the representatives of the GP cooperatives who met with the Review Group and provided us with great insight into the operation of this service provision, the challenges and the opportunities. I also wish to acknowledge the service managers who provided data on an ongoing basis throughout the period of the review.

***Tadhg O'Brien*,**
Assistant National Director,
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Health Services Executive.

2. Introduction

In April 2009, the HSE commenced a national review of the general practitioner out of hours' services currently being provided throughout the country with a view to developing an out of hours' model that will provide services to patients in line with best practice and national policies. The review undertook to examine the existing models of out of hours' general practitioner services to identify best practice and make recommendations for the future development of standardised general practitioner out of hours' services consistent with national policy and the HSE Transformation Programme.

2.1 Out of Hours Care – Definition:

The provision of urgent general practitioner services to patients of participating practices outside normal surgery hours i.e. between 6pm and 8am on Monday to Friday and for the 24 hour period on Saturday, Sunday and Bank Holidays.

2.2 Terms of reference for the review:

- To examine the current arrangements in place throughout the country.
- Following examination of these models to determine the most suitable arrangements to provide high quality, cost effective services.
- To advise on appropriate governance arrangements within a cooperative including a standard service level agreement between the cooperatives and the HSE.

2.3 Scope of Review:

- Review existing literature in Ireland.
- Identify and catalogue all significant aspects of current arrangements.
- Review the administrative and clinical governance of the different models in Ireland and recommend models of governance incorporating a service level agreement.
- Identify areas of best practice among the various aspects of the different service models.
- Identify costed opportunities for maximizing efficiencies including opportunities for realignment and shared working.
- Examine existing patient satisfaction levels with the existing services.
- Examine cost effectiveness / value for money of the various arrangements.
- Examine aspects of equity of access to cooperative sites, services in both urban and rural areas.
- Map coverage of cooperatives at local and national levels.
- Consider the recommendations of (1) Critical Case Review – MMcL
  (2) Report on the Circumstances of the Death of AC.

2.4 Review Group Membership:

Tadhg O'Brien, *Assistant National Director, Integrated Services Directorate*.

Anna-Marie Lanigan, *Interim Assistant National Director, PCCC, HSE South/Local Health Manager, Carlow/Kilkenny*.

Anne Marie Hoey, *Local Health Manager, HSE Louth*.

Sheila Marshall, *Primary Care Specialist, HSE DNE*.

2.5 Methodology:

The work of the project team involved the following undertakings:

- The compilation and circulation of a survey questionnaire for completion (based on data for the year 2008) to the thirteen out of hours' services in May 2009 (Nine cooperatives plus four 'extended hours' services' in Dublin South City) **–** see **Appendix 2**
- Following the return of the completed questionnaires, an invitation was extended to all the cooperatives for their key representatives to meet with the Review Group. The meetings were held in Galway, Swords, Co. Dublin and Clonmel, Co. Tipperary during the month of June 2009 – see **Appendix 7.**
- The Review Group also met with additional key stakeholders; the CEO, HIQA in July and the Chief Ambulance Officer, during September 2009.
- The scope of the review included a review of existing literature in Ireland. Two reports were identified as relevant in this context.
- Protocols for the operation of the out of hours' services were requested from the thirteen cooperatives and listed – see **Appendix 5.**
- A mapping exercise was undertaken to indicate coverage of cooperatives at local and national levels – see **Appendix 6**.

3. Background

The Form of Agreement with Registered Medical Practitioners for Provision of Services under Section 58 of the Health Act 1970 (Section 10) places an obligation on each contracted medical practitioner to "make suitable arrangements" to enable contact to be made with him/her or their locum/deputy outside normal hours for urgent cases. The arrangements to provide such a service varied nationally where rotas were established ranging from 1:1 to 1:10 where GPs made arrangements with neighbouring practices. Commercial deputising agencies who provide practice cover outside contracted hours are mostly availed of by GPs in Dublin.

Prior to May 1997, out of hours work applied only during the period of 10pm to 8am. In May 1997 new arrangements were agreed for claiming out of hours general practitioner rates, where an out of hours' fee was paid in respect of non-routine consultations necessarily undertaken during the following hours:

Monday to Friday	Outside the hours of 9am to 6pm
Saturdays	Outside the hours of 9am to 1pm
Sundays and Bank Holidays	All hours

(***Excluding consultations made during normal contracted surgery hours which were outside the above hours and excluding consultations made as part of an overflow occurring in normal surgery hours***)

In February 1998 the above hours for claiming out of hours work were revised to:

Monday to Friday	Outside the hours of 9am to 5pm
Saturdays, Sundays and Bank Holidays	All hours

Reflecting the new out of hours' arrangements, there was a major increase in the number and cost of out of hours' claims over the period. Between 1995 and 1999 the number of claims increased by 374,213 (459%) and the cost increased by 505% (General Medical (Payments Board) 2000).

A number of reports between 1996 and 1997 (O'Shea, 1996; Witt, 1996; Irish Medical News 1997) indicated that public demand for out of hours' medical care was increasing. In line with the increased demand for an out of hours' medical care, there was a corresponding increase in attendance at accident and emergency departments over a five year period (Hynes, 1996). A comprehensive 1996 census of general practice in Ireland highlighted that the average on-call commitment of rural general practitioners was sixty six hours per week, in comparison to forty two hours per week for their city colleagues (ICGP, 1997). Nic Gabhainn, Murphy, and Kelleher's (1999) study, on the characteristics of rural general practice, revealed that 9.94% (48/483) of city based general practitioners accessed *deputising services for the provision of out of hours cover, in contrast to .18% (1/531) of their rural colleagues. 7.72% (41/531) of rural general practitioners were operating on a one in two rota during the week, with a corresponding rate of 4.97% (24/483) for city general practitioners.

The advent of publicly funded GP cooperatives in Ireland, commencing in 1999 with Caredoc as a pilot initiative followed by NeDoc in the North East in 2000, provided a basis for a more formalised managed approach to the provision of out of hours' GP services. There are 1,732 GMS GPs out of a total of 2,136 doctors with GMS contracts nationally, currently participating in out of hours' cooperatives, in addition to 234 non-GMS GPs. The development of the cooperatives was considered to jointly provide an easily accessible out of hours' service for patients and to minimise the out of hours' commitment of individual GPs. Many of the co-operatives evolved into different models, reflecting new approaches to partnership structures between the health boards/HSE and GPs. There are currently nine GP cooperatives established nationally, in addition to; four extended hours' co-operatives in Dublin South City; multiple rotas both urban and rural together with the commercial deputising agencies found mostly in Dublin.

2009 Estimates for Health Services:
On the 14th October 2008, the Minister for Health and Children announced details for the 2009 Estimates for the health services. In the context of the HSE's 2009 Service Plan it was emphasised the need for the HSE to meet the targets for efficiency savings set by the Government, to protect services, to deliver maximum operational efficiency, to engage with the Department of Health and Children on a multi-annual Value for Money Programme and to start planning for 2010. In this context, initial proposals included:

Out-of-hours Services:
There is a need to review and rationalise the arrangements for/costs of call centres for emergency services and GP cooperatives.

*The deputising agencies availed of by Dublin GPs in the main, provided organised out of hours' cover where GPs pay an annual fee in addition to a fee-per-item to have their practice covered outside contracted hours.

4. Legislation

GMS General Practitioners are contracted to provide out of hours' services for eligible patients under the Agreement for Provision of Services under Section 58 of the Health Act 1970 and as substituted by the Health (Amendment) Act, 2005.

5. Literature Review

A search for literature on out of hours' service provision in Ireland resulted in two relevant documents relating to the former North Eastern/South Eastern Health Boards:

1. **An Evaluation of Pilot Initiatives undertaken in the North Eastern and South Eastern Health Boards on the provision of General Practitioner out of hours' services in those areas – July 2001 (Conal Devine and Associates).**

The terms of reference for the evaluation were to assess the efficiency and effectiveness of the management, administrative and support structures for the general practitioner out of hours' pilot project in the North Eastern and South Eastern Health Boards having regard to value for money and service enhancement considerations.

The report concluded that the evaluation exercise had identified the out of hours' cooperative pilots in both the North Eastern and South Eastern Health Boards as highly significant initiatives for both general practice and the health service as a whole.

It was recommended that the relevant health boards should proceed to implement the findings and recommendations outlined in the report in conjunction with the Department of Health and Children and the GMS (Payments) Board.

1. **Out of Hours' General Practice Cooperatives: A Review of Pilot Initiatives in Ireland – December 2002 (The Department of Community Health and General Practice – Trinity College Dublin)**

The aim of this study was to assess satisfaction with out of hours' cooperatives (Caredoc and NeDoc) among GP members. The following objectives were identified:

- Assess satisfaction with the organisation and operation of the cooperative.
- Examine the impact that joining a cooperative has had upon their quality of life.
- Assess the opinions of GPs about their personal role in the cooperative.
- Elicit suggestions as to how cooperatives could improve in the future.

The report concluded:

- Despite differences in the governance of the two cooperative models such variations have not manifested themselves in the service provided to patients, or in the overall nature of clinical activity carried out.
- The clinical demand was similar in both cooperatives.
- Patients and GPs were generally very satisfied with the cooperatives services.
- The standards of medical care, and the manner of doctors, nurses and staff were held in high regard by patients.
- Patients were satisfied with the involvement of nurses in triage and in giving advice in Caredoc.

- For many respondents, especially parents of young children, the ability to make enquiries by phone at any time of the night was seen as a welcome innovation.
- There is a need for greater out of hours' availability of dental, psychiatric, social and palliative care services.
- There is a need for better access (electronic or otherwise) to patient history, especially for the mentally ill and palliative care patients.
- There seems to be less satisfaction with the standard of care for patients with long-standing or more complex illnesses. This may stem in part from insufficient access to patient history by GP.
- GPs have expectations of:
    - A greater involvement of cooperative governance
    - A partnership with the health boards in responding to out of hours' demands.
    - A more responsive system for action and feedback on suggestions and complaints.
    - Increased locum use, especially for the 'red-eye' shifts, or other measures to reduce on-call workload.
    - Better standard of working conditions, premises etc.
- Patients have concerns about accessing treatment:
    - In an emergency especially for those who live at a distance.
    - For those without transport especially the elderly.
    - At an affordable cost
- Nursing homes and community hospital-based facilities place not insignificant demands on cooperatives and while their satisfaction is high the expectations of hospital based facilities in particular needs to be examined.

6. Findings from the Review Group Questionnaire

A questionnaire was forwarded to each cooperative in April 2009 – please refer to the collated findings of the questionnaires in **Appendix 2:**

The findings as reported in Appendix 2 and in the summary as set out below, are based on the responses to the questionnaires as provided by the individual cooperatives.

6.1 Summary of findings.

6.1.1 Employment of staff:
Staff in four of the nine main cooperatives are employed directly by the HSE. In four cooperatives the staff are employed by the GP cooperatives. In WestDoc, 47.5 WTEs are employed by the HSE and 15.5 WTEs by the GP cooperatives. In the extended hours' cooperatives, all DL Doc staff are employed by the HSE. The receptionists in LukeDoc are employed by the HSE, while the nurses are agency nurses. In EastDoc, the receptionists and one nurse are employed by the HSE and the others are agency nurses which are not paid for by the HSE. In DubDoc the staff are employed by St. James's Hospital who are grant funded by the HSE to provide for their salaries.

6.1.2 Number of medical staff:
There are a total of 1,732 GMS doctors out of a total of 2,136 GMS doctors nationally and 234 non-GMS doctors who are members of out of hours' cooperatives nationally.

6.1.3 Employment of locums:
Seven cooperatives employ locums with the exception of Kdoc and Caredoc. Caredoc operates an associate membership policy*.

6.1.4 Accommodation:
Out of a total of 86 treatment/call centres, 55 premises are HSE owned, 6 premises are rented by the HSE, 20 premises are leased by the HSE, one premises is jointly occupied (Dublin City Council and Ballymun Regeneration), and 4 premises are provided free of charge to the extended hours' cooperatives by the respective hospitals i.e. St. Lukes/Vincent's/St. Michael's/St. James'. Where premises are leased or rented, the funding is provided by the HSE

*GPs that are eligible for associate membership of Caredoc must have a minimum of four years experience as family doctors and have already worked six months in Ireland in general practice.

6.1.5 Management Systems:
All nine main cooperatives are using a version of the Adastra system which is a specialist patient record management, data distribution and clinical recording system. Caredoc and WestDoc also use Alcatel which is a call taking system supported by voice recording and a call management system. NowDoc operates TAS in addition to the Adastra system. None of the extended hours' cooperatives operate a call centre.

6.1.6 Call Centres:
Each of the main cooperatives provides their own call centre with the exception of MiDoc whose call handling service is provided by NeDoc. KDoc changed from a call/handling/triage model to an appointment/advice model in 2009. In DubDoc, the service is provided on site in St. James's Hospital for the out of hours' service.

6.1.7 Telephone Triage:
Telephone triage is undertaken by nurses in seven of the services. In NeDoc, triage is undertaken by the GPs. KDoc does not operate a triage service. In the extended hours' cooperatives triage is undertaken by a nurse.

6.1.8 Call volume:
The total number of calls handled in the nine main cooperatives in 2008, amounted to 915,999. The extended hours' cooperatives handled 26,001 calls, totalling 942,000 calls nationally for the year. Caredoc handled the most calls (290,735) which included triage calls (78,712) for DDoc, while KDoc handled the least number (41,940).

6.1.9 Protocols and Procedures:
Protocols and procedures for the operation of the cooperatives have been submitted by all but two of the cooperatives and are listed in **Appendix 5**.

6.1.10 'Red-Eye Shift':
The majority of the cooperatives commence their 'red-eye' shift at 12 midnight and finish at 8am Monday to Sunday. However, Caredoc and SouthDoc operate from 11pm to 8am weekdays and 9pm to 9am weekends and bank holidays. In WestDoc one cell commences the 'red-eye' shift at 10pm every night while another cell commences at 10pm on weekends. In ShannonDoc the 'red-eye' shift operates from midnight to 9am at weekends and bank holidays, while in the overnight centres the locum may commence at 8pm. NowDoc has one centre that operates 12 midnight to 9am. 'Red-eye' arrangements are not provided by the extended hours' cooperatives.

6.1.11 Funding for Red-Eye Shift:
Three 'red-eye' shifts are funded by the HSE, four are funded by GP members and two are funded jointly by the HSE/GP members.

6.1.12 Medical Cover:
Medical cover is provided by member GPs and locums in seven of the main co-operatives, while medical cover is provided by the members in KDoc/Caredoc and their cooperative assistants/associate members.

6.1.13 Provision of Treatment:
Treatment is provided by all the cooperatives, on site, in treatment centres. Domiciliary visits are undertaken by all the main cooperatives.

6.1.14 Service Level Agreements:
Eight of the main cooperatives have various degrees of service level agreements in place with the HSE. MiDoc and the extended hours' services do not have service level agreements in place.

6.1.15 Governance arrangements with the HSE and GPs:
All of the main cooperatives schedule meetings with the HSE or have HSE representation on their management council. Two of the extended hours' cooperatives do not have formal meetings with the HSE.

6.1.16 Administrative and clinical governance arrangements:
All cooperatives have clinical governance arrangements in place for medical/nursing staff.

6.1.17 Policy on the employment of locums:
The majority of the main cooperatives employ locums with the exception of KDoc. Two cooperatives operate an associate membership/cooperative assistant programme. Locums are not permitted to join the extended hours' cooperatives. The MICGP or equivalent is the minimum qualification for the employment of locums in the majority of cooperatives. Induction is undertaken in all cooperatives, however only two cooperatives require Garda Clearance for their locums/associate members.

6.1.18 Capital Spending:
There are no arrangements for capital spending by any of the cooperatives in the foreseeable future.

6.1.19 Patient Satisfaction Levels:
All the main cooperatives have undertaken patient satisfaction surveys within the previous three year period. The percentage of satisfaction ranged from 50% to 98% with the majority in the 90+ percentile. With the exception of DubDoc which undertook a survey in 2006, the remaining three extended hours' cooperatives have not undertaken patient satisfaction surveys.

6.1.20 Miscellaneous:
Data has also been collected on entry qualifications for triage nurses, induction processes for GPs and nurses, cross-border arrangements between cooperatives and opportunities for future shared arrangements – see **Appendix 2**.

7. Findings of the Review Group – Cost Effectiveness/Value for Money

In the current climate, it is increasingly important to achieve efficiency savings to protect services and deliver maximum operational efficiency. The Review Group undertook a review of the operational costs of the out of hours' services nationally and the activity/costs data in each region is listed hereunder for the year 2008.

7.1 National Operating Costs/Activity:

Table 7.1.1: National GP Out of Hours' Costs:

Cost of running 7 call centres:	€15.5m
Cost of running 79 treatment centres:	€29.3m
*STCs: (including **non-cooperative areas)	€41.5m
Grants to GPs (NeDoc (includes triage) and DDoc). DDoc grant to Caredoc for nurse triage.	€7m €1.8m
Supplementary Grant:	€11.9m
Total	**€107.0m**

* STC Payments are paid to GPs for undertaking work over and above their contract with regard to specific consultations including out of hours' consultations.

**The following areas are not covered by GP cooperatives; Dundalk, Limerick City, Sligo, Tallaght, Tullamore, Moate and Edenderry. Individual GPs in these areas submit STC Forms for their attendance on patients out of hours'.

Table 7.1.2: National GP Out of Hours' Activity:

	National	DNE	DML	West	South
Number of GMS patients	1,586,208 (incl. GPVC)	308,807 19.47%	373,778 23.56%	457,720 28.85%	445,903 28.11%
Total number of call contacts	941,812	175,394 18.6%	139,169 14.77%	229,065 24.32%	398,372 42.3%
Total number of GMS calls	476,122	82,444	66,369	118,858	208,451
Number of GMS patients triaged out	155,678	31,939	20,336	42,325	61,078
Total number of GMS patients seen	320,444 67%	50,505 61%	46,033 69%	76,533 64%	147,373 71%
Total cooperative STC payments claimed through PCRS	542,000	Nil	122,000 23%	172,000 31%	248,000 46%

The above table indicates that the West has the highest percentage of the national GMS population (28.85%), the South has the highest number of GMS call contacts (42.3%) which reflects the 100% participation of GPs in GP cooperatives in HSE South.

Table 7.1.3: Cost of GP/Nurse Telephone Triage:

Cooperative	No. of calls	Average cost per call
DDoc triage by Caredoc - €1.8m	88,566	€20.32
NeDoc GP triage - €732,000	86,828	€8.43
All other co-ops est. - €3.3m	762,606	€4.35

The above table indicates a wide disparity in the nurse triage rates nationally, ranging from a 93% increase to a 367% increase on the lowest cost of €4.35.

Table 7.1.4: Cost of Drivers working in Cooperatives:
Drivers are employed by cooperatives to drive GPs when making house calls. The driver provision addresses issues of security and location knowledge for GPs. The drivers also undertake administrative duties at the treatment centres during the 'red-eye' shift

Estimated cost	House calls	Cost per house call
Overall cost: €11.5m	92,384	€124
After mid-night: €2.5m	15,228 (est. 13% of 'red-eye' calls)	€162
Before midnight: €9m	77,155 (est.)	€118
Note: The above includes private house calls for non-GMS patients who pay the GP directly.		

This table indicates that the overall costs of providing drivers to the cooperatives amounts to €11.5m. The national cost of operating GP out of hours' services is €107m (table 7.1.1). The driver costs represent 10.7% of the overall national cost.

Table 7.1.5: Cost Comparison – North/South of Ireland:

	Population	Costs
N. Ireland:	1.4m	£18-20m
South:	1.4m GMS population.	€107m

The above table indicates that the out of hours' service costs an additional €90m+ in the South for the same eligible population.

Northern Ireland:
GP Out of hours' services are funded by the DHSSPS General Medical Services (GMS) budget, and commissioned in Northern Ireland by the Health and Social Care Board. It is provided by five organisations i.e. two mutual organisations and three Health and Social Care Trusts. All usage of GP out of hours' services is free for patients.

7.2 Regional Out of Hours' Costs/Activity – 2008

Please refer to **Appendix 1.**

8. Areas of Best Practice

There were various degrees of best practice in the provision of out of hours' services identified by the Review Group during their consultations with cooperative representatives. The Review Group propose to undertake individual consultations with each RDO with a view to implementing a quality standardised delivery model in each regional area which will be supported by individual Service Level Agreements.

9. Ambulance Service

A number of cooperatives have direct communication links with the ambulance services. The Ambulance Service is in the process of developing a National Ambulance Service Strategic Plan which is running concurrently with this review. On the adoption of both reports, consideration should be given to considering the possibility of establishing formal links between the two services with a view to identifying costed opportunities for maximising efficiencies with particular reference to the establishment of a national call centre.

10. Model for the delivery of a National GP Out of Hours' Service

10.1 Aim:
The service aims to provide urgent general practitioner services to patients of participating practices outside normal surgery hours. The main aim is to deliver a safe, quality, effective and efficient service to patients, including, inter alia,

- An efficient method for patients to contact their general practitioner at out of hours' times regarding urgent medical matters.
- Facilitation of General Practitioners to provide such out of hours' services as they are contracted to provide under the Agreement for Provision of Services under Section 58 of the Health Act 1970 and as substituted by the Health (Amendment) Act, 2005.
- Provision of out-of-hours' nurse advice service for eligible patients of participating General Practitioners in accordance with agreed procedures and protocols.

10.2 Guiding Principles:

- The welfare of the patient is paramount.
- Patients who contact the out of hours' service regardless of their medical need, have the right to expect that their calls will be handled consistently and professionally wherever they live.
- The HSE will endeavour to work in a collaborative manner with providers and patients.
- The patient has the right to informed and meaningful consultation.
- Providers will be supported to ensure successful implementation of the model.
- The model for implementation will be subject to regular review.

10.3 Eligibility:
The service is available to:

- All GMS patients registered with member doctors, including GP Visit Card holders.
- All GMS patients temporarily visiting in an area.
- Patients with an entitlement under EU Regulations.
- All private patients of participating general practitioners.

10.4 Access to Service:
Access to the service is via a Lo-call telephone number and the appropriate care may mean telephone advice by a nurse or doctor. Care may also include attendance at a treatment centre or a home visit to the patient's home by the doctor on duty.

10.5 Governance arrangements:
The application of the HSE's standard Service Level Agreement will give a standard approach to the out of hours' service provision as specified under the headings in 10.5.1:

10.5.1 Standard Service Level Agreement**:**
The national Service Level Agreement will be applied to GP co-operatives giving a standard approach to:

- Roles and responsibilities
- Information requirements
- Governance arrangements
- Complaints
- Risk management
- Quality and standards
- Clinical governance and audit.

10.5.2 Financial Control Assurance**:**
It is essential that a control process is put in place around the processing of claims to ensure effective and efficient business practice. A documented process should be agreed and implemented immediately incorporating the points below to maximise controls over the processing of payments and ensure compliance.

- The call management system in each GP cooperative should directly feed validated claims to the PCRS.
- A control management report should issue from the PCRS to each cooperative indicating payment to each GP for the appropriate claiming period. This report can then be reconciled with local control reports. Exception reporting can be generated from the PCRS process.
- It is calculated that significant savings will be generated through this process.

10.5.3 Re-imbursement of Costs for non-GMS Patients**:**
GP income for non-GMS patients is currently in the range of €60 to €100 per patient, depending on the location of the visit. GP income for GMS patients varies, depending on the nature of the visit but is currently fixed at the STC rate of €46 for treatment centre visit and up to €93 for home visits. The number of non-GMS patients seen in GP cooperatives during 2008 amounted to 312,000 at an individual consultation fee of €60 per patient. This activity is estimated at €18.76m in non-GMS income that was wholly retained by the GPs. All additional

costs associated with the provision of an out of hours' service to non-GMS patients are borne by the HSE. In determining future grants paid by the HSE to cooperatives, cognisance should be taken of the private income generated by GPs' attendance on non-GMS patients.

10.5.4 Management Structures**:**
The review group recommends that each Regional Director of Operations retains self-sufficiency in the provision of out of hours' GP services in their own region with the application of a standard Service Level Agreement:

- The provision of treatment centres with regard to location and easy access to services for the patient should be reviewed in each region.
- There should be four call-centres nationally:
  - Ardee Call Centre (NeDoc) to cover the former NE and the former Midlands.
  - DDoc to cover the former ERHA area, including KDoc.
  - The South and the West to have one call centre each – to be determined by the RDO.

10.6 GP/Nurse Telephone Triage:
The Review Group acknowledge the merits of GP triage as operated in NeDoc. However, in the interests of cost effectiveness and quality assurance, the Review Group recommends that nurse telephone triage, only, be undertaken nationally. Should a GP cooperative wish to continue with GP triage it should only do so at nurse telephone triage payment rates. Nurse telephone triage is supported on the basis that it can be quality assured through the nurse triage clinical decision support systems; it is cost effective and provides standardisation to the triage process nationally.

The application of the NeDoc model of GP triage nationally, would cost €32.2m as opposed to the nurse telephone triage model at €17.2m.

10.7 Patient Satisfaction Levels:
Surveys should continue to be undertaken to establish patients' satisfaction with the GP Out of Hours' Service with a view to standardising the process nationally. Relevant management should link with the HSE's Office of Consumer Affairs with reference to the *National Strategy for Service User Involvement in the Irish Health Service 2008-2013.* The Review Group recommends that satisfaction ratings should focus on outcomes of the service e.g. query whether or not certain processes or events occurred during a particular visit, or over a specified number of visits as opposed to rating patients' satisfaction only.

10.8 National Drug Stock List for GP Out of Hours' Services:
The recommended national drug stock list for use in GP cooperatives nationally is attached to this report – **Appendix 8**. The stock list should be reviewed prior to implementation by a multi-disciplinary group (GP, Public Health representative, Nurse, Pharmacist, management etc) and thereafter on a regular basis to reflect current best practice.

10.9 Areas not covered by Out of Hours' GP Cooperatives:
The national population per the 2006 census is 4,239,848 of which 2,978,164 of the population (excluding the extended hours' services) are served by the main GP

cooperatives i.e. 70%. Population figures are not available for the extended hours' cooperatives as none of the cooperatives operate within electoral districts.
On examination the Review Group found that areas not covered by an out of hours' service include:

- Dundalk/Carlingford
- Limerick City
- Sligo
- Tallaght
- Tullamore
- Moate
- Edenderry

There are a total of 247 non-participating GPs nationally; DML: 118, DNE: 28 and West: 101. Each region should engage with each non-participating GP to ensure 100% out of hours' coverage nationally.

10.10 Border Areas – CAWT (Cooperation and Working Together)
In May 2001, a feasibility study into the provision of cross-border out of hours' primary care services in the Irish border region was undertaken by the University of Ulster and the National University of Ireland (Galway). The key findings of the study were:

- Approximately 70,000 people across the border are living closer to a GP out of hours' centre in the opposite jurisdiction.
- 70% of this population live in areas that can be classed as socially deprived.
- If the patient were free to travel across the border to see a GP for urgent out of hours' treatment then the travel distance could be considerably reduced.

The feasibility report recommended the setting up of two pilot areas, each targeting approximately 13,000 people living along the border area.

The pilot commenced in 2007 in the following areas:

1. North Donegal, near the border with Derry – serviced by NowDoc.
2. South Armagh – serviced by NeDoc

Both cooperatives work in cooperation with the Western Health and Social Services Boards in Northern Ireland.

This initiative which is ongoing was developed by a cross border health services team with the support of the Department of Health, Social Services and Public Safety in Northern Ireland and the Department of Health and Children in the Republic of Ireland. Cooperation and Working Together (CAWT), the cross border health and social care partnership, secured European Union INTERREG 111A Funds to establish the service.

The Review Group recommends that the service continues and expands its geographical coverage as appropriate.

10.11 National Contract for the Installation/Maintenance/Upgrading of IT Sytems:
A national contract should be developed for the installation, maintenance and upgrading of all IT systems in GP cooperatives.

10.12 Recommendations of (1) Critical Case Review – MMcL (2) Report on the Circumstances of the Death of AC.

The standard Service Level Agreement (**appendix 9**) will address the issues that emanated from the above reviews.

11. Recommendations

No.	Topic	Recommendation
11.1	**Treatment Centres**	There are 75 treatment centres (+ 4 extended hours' centres) nationally in addition to a number of part-time centres in particular areas. It is recommended that each RDO examine this provision with regard to location and easy access to services for the patient.
11.2	**Call Centres**	There are currently 7 call centres. It is recommended that there should be four call centres nationally. The Review Group proposes consideration be given to the following construct: • Ardee Call Centre to cover the former North East and the former Midlands area. • DDoc to cover the former ERHA area including KDoc. • The South and the West to have one call centre each – to be determined by the RDO.
11.3	**Payments to GPs**	All future payments to GPs should be on the basis of STC claims that would be submitted online via the call management system, to the PCRS. This process will facilitate a full audit trail of payments to GPs and the cessation of any parallel claims.
11.4	**GP Income from non-GMS Patients**	In determining the future grants paid by the HSE to cooperatives, cognisance needs to be taken of the private income generated by GPs' attendance on non-GMS patients.
11.5	**Standard Service Level Agreement**	The HSE's national service level agreement template is required to be applied to all organisations that are in receipt of grant payments from the HSE including GP cooperatives. The Review Group has reassessed the national service level agreement with a view to its application to GP cooperatives (**appendix 9**) The service level agreement will give a standard approach to: • Roles and Responsibilities • Information requirements • Governance arrangements • Complaints • Risk Management • Quality and Standards • Clinical Governance and Audit
11.6	**DDoc/Caredoc Nurse TelephoneTriage Agreement**	It is necessary to review the DDoc/Caredoc nurse triage agreement to facilitate bringing the costs in line with nurse telephone triage nationally.
11.7	**GP/Nurse Telephone Triage**	The Review Group acknowledge the merits of GP telephone triage as operated in NeDoc. However, in the interests of cost effectiveness and quality assurance, the Review Group recommends that nurse telephone triage, only, be undertaken nationally. Should a cooperative wish to continue with GP telephone triage it should only do so at nurse telephone triage payment rates. Nurse telephone triage is supported on the basis that it can be quality assured through the nurse telephone triage clinical decision support system; it is cost effective and provides standardisation to the triage process nationally.
11.8	**Drivers in Cooperatives**	The Review Group recognises the necessity for drivers in the cooperatives; however each region should review the delivery of services by the drivers with a view to providing services in a more cost effective manner, particularly with regard to the 'red-eye' shift.
11.9	**National Drugs Stock List**	Drugs prescribed through the out of hours' service should be standardised through the application of a national GP Out of Hours' Drugs Stock List.

11.10	**Areas not covered by an Out of Hours' Service**	The following areas are not covered by an out of hours' service: • Dundalk • Limerick City • Sligo • Tallaght • Tullamore • Moate • Edenderry Each region must engage with non-participating GPs to ensure 100% out of hours' coverage nationally.
11.11	**Patient Satisfaction Surveys**	Patient satisfaction surveys should continue to be undertaken with a view to their standardisation nationally. The Review Group recommend that the surveys focus on rating the outcomes of the service.
11.12	**GP Out of Hours' Services in the Border Area – CAWT.**	The continuation and expansion of the out of hours' service provision in the Border areas is recommended.
11.13	**National Contract for the Installation/ Maintenance/ Upgrading of IT systems.**	The Review Group recommends that a national contract be developed for the installation, maintenance and upgrading of all IT systems in GP cooperatives.

12. National GP Out of Hours' Review -National Implementation Plan

No	Action	Measure	Responsibility	Start date	Finish date
12.1	**Treatment Centres:** Each RDO to examine and review the number of staffed treatment centres in each region.	Treatment centres reviewed with regard to qualitative service provision, distance to travel to nearest treatment centre, local geography and impact on staffing.	RDO	Immediately	TBD
12.2	**Call Centres:** Reduce the number of call centres nationally from seven to four call centres.	1. Staffing capacity reviewed to ensure absence of risk to service provision. 2. Cessation to the operation of three call centres. 3. Agreement reached on a full greater Dublin cooperative between the extended hours' cooperatives in Dublin south city and DDoc. 4. Agreement reached between DDoc and KDoc (DML/DNE) for calls to be handled by DDoc and IT links established.	RDO	Immediately	TBD
12.3	**Payments to GPs:** 1. Call management systems in the four call centres to be upgraded to facilitate online submission of STC claims to the PCRS. 2. Negotiations to be undertaken with DDoc and NEDoc to cease grant payments for replacement by STC claims.	1. The current version of the call management system is upgraded to facilitate the online submission of claims. 2. PCRS has upgraded its payment system to facilitate online submissions. 3. Planning has been undertaken in conjunction with the cooperatives and PCRS to facilitate a short-term solution model to allow for the time taken to upgrade the call management system. 4. Grant payments have ceased for NEDoc and DDoc. 5. All parallel clinics have ceased operation. 6. All cooperatives are submitting STC claims online to the PCRS.	RDO	Immediately	TBD
12.4	**GP Income from non-GMS Patients:** In determining the future grants paid by the HSE to cooperatives, cognisance should be taken of the private income generated by GPs attendance on non-GMS patients.	1. Discussions held at a national level between HSE regional representatives on a standard funding arrangement. 2. Discussions held with local cooperatives on the proposed arrangement for funding.	RDO	Immediately	TBD

12.5.	**Standard Service Level Agreement:** The standard service level agreement as set out in the appendix to be applied to all cooperatives.	All cooperatives have signed-off on the standard service level agreement which will be reviewed bi-yearly.	RDO	Immediately	TBD
12.6	**DDoc /Caredoc Nurse Telephone Triage Agreement:** Review agreement.	DDoc to tender for the provision of nurse telephone triage to ensure costs are in line with nurse telephone triage nationally.	RDO	Immediately	TBD
12.7	**GP/Nurse Telephone Triage:** Nurse telephone triage to be undertaken nationally.	1. Consultations completed with GPs in NEDoc. 2. Consideration given by DNE to tender for nurse telephone triage in NEDoc. (In this event, a joint tendering process with DDoc (6), and KDoc (2) where triage is not undertaken currently, should be considered). 3. Nurse telephone triage clinical decision support software implemented in all cooperatives.	RDO	Immediately	TBD
12.8	**Drivers in Cooperatives:** Review the delivery of services by drivers in the context of cost effectiveness.	1. Alternative service provision has been considered e.g. tendering process. 2. Reduction in driver costs considered e.g. on call arrangements / taxies.	RDO	Immediately	TBD
12.9	**Drugs Stock List:** A National Drugs Stock List to be applied to all cooperatives.	1. The compilation of a National Drugs Stock List is complete. 2. Only drugs as itemised in the Stock List are held in treatment centres/doctors' bags.	RDO	Immediately	TBD
12.10	**Areas not covered by an Out of Hours Service:** Engage with non-participating GPs nationally.	Consultations commenced with non-participating GPs to ensure 100% out of hours' coverage nationally.	RDO	Immediately	TBD
12.11	**Patient Satisfaction Surveys:** Standardise the template for undertaking patient satisfaction surveys.	1. Regional management has linked with the Office of Consumer Affairs. 2. The national template has a focus on rating outcomes of the service.	RDO	Immediately	TBD
12.12	**GP Out of Hours' Services in Border Areas – CAWT.** Continue and expand the service as appropriate.	CAWT continues to review the urgent GP out of hours' service requirement in the Border areas on a regular basis.	RDO	Immediately	TBD
12.13	**National Contract for the Installation/Maintenance/ Upgrading of IT Systems. Tender for a national contract.**	Management in the four regions have agreed a national process to tender for the installation, maintenance and upgrading of IT systems in the GP cooperatives.	RDO	Immediately	TBD

This is the final report of the National Review Group on GP Out of Hours' Services which was endorsed by the membership at its meeting on the **8th March 2010.**

SIGNATURES:

Tadhg O'Brien: _____

Assistant National Director, Integrated Services Directorate.

Anna-Marie Lanigan: _____

Interim Assistant National Director, PCCC, HSE South/Local Health Manager, Carlow/Kilkenny.

Anne Marie Hoey: _____

Local Health Manager, HSE Louth.

Sheila Marshall: _____

Primary Care Specialist, HSE DNE

APPENDIX 1

7. 2 Regional Out of Hours' Costs/Activity - 2008

Table 7.2.1: HSE Dublin North East - Costs:

	REGIONAL TOTAL	NATIONAL TOTAL	% OF NATIONAL TOTAL
Call centres x 2	3.5m	€15.5m	22%
Treatment centres x 9	4.9m	€29.3m	17%
STCs: (less 8-9am and 5-6pm and Sat. morning)	€2.8m	€41.5m	7%
Grants:	€8.8m	€8.8m	100%
Supplementary grants	€1.9m	€11.9m	16%
Total	**€21.9m**	**€107m**	**20%**

Table 7.2.2: HSE Dublin North East - Activity:

	REGIONAL TOTAL	NATIONAL TOTAL	% OF NATIONAL TOTAL
Number of GMS patients (incl. GPVC)	308,807	1,586,208	19.47%
Total number of call contacts (NeDoc/DDoc)	175,394	941,812	18.6%
Total number of GMS calls	82,444	476,122	17.3%
Number of GMS patients triaged out	31,939	155,678	20.5%
Total number of GMS patients seen	50,505	320,444	15.76%
Total cooperative STC payments claimed through PCRS	Nil	542,000	Nil

***NeDoc also provides call-handling for MiDoc (67,476 calls)**

Table 7.2.3: HSE - Dublin Mid-Leinster - costs:

	REGIONAL TOTAL	NATIONAL TOTAL	% OF NATIONAL TOTAL
Call centres x 1	€3.4m	€15.5m	22%
Treatment centres x 11 (incl. extended hours x 4)	€5.5m	€29.3m	19%
STCs: (less 8-9am and 5-6pm and Sat. morning)	€8.7m	€41.5m	21%
Grants:	Nil	€8.8m	Nil
Supplementary grants	€3.1m	€11.9m	26%
Total	**€20.7m**	**€107m**	**19%**

Table 7.2.4: HSE – Dublin Mid-Leinster - activity:

	REGIONAL TOTAL	NATIONAL TOTAL	% OF NATIONAL TOTAL
Number of GMS patients (incl. GPVC)	373,778	1,586,208	23.56%
Total number of call contacts (MiDoc, KDoc and the extended hours' services)	139,169	941,812	14.77%
Total number of GMS calls:	66,369	476,122	14%
Number of GMS patients triaged out	20,336	155,678	13%
Total number of GMS patients seen	46,033	320,444	14.37%
Total cooperative STC payments claimed through PCRS	122,000	542,000	22.5%

*** MiDoc calls are handled by NeDoc in DNE (67,476 calls)**

Table 7.2.5: HSE – West - costs:

	REGIONAL TOTAL:	NATIONAL TOTAL:	% OF NATIONAL TOTAL
Call centres x 3	€4.0m	€15.5m	26%
Treatment centres x 24	€8.7m	€29.3m	30%
STCs: (less 8-9am and 5-6pm and Sat. morning)	€12.7m	€41.5m	31%
Grants	Nil	€8.8m	Nil
Supplementary grants	€3.6m	€11.9m	30%
Total	**€29m**	**€107m**	**27%**

Table 7.2.6: HSE – West - activity:

	REGIONAL TOTAL	NATIONAL TOTAL	% OF NATIONAL TOTAL
Number of GMS patients (incl. GPVC)	457,720	1,586,208	28.86%
Total number of call contacts (WestDoc/NowDoc/ ShannonDoc):	229,065	941,812	24.32%
Total number of GMS calls	118,858	476,122	25%
Number of GMS patients triaged out	42,325	155,678	27%
Total number of GMS patients seen	76,533	320,444	23.88%
Total cooperative STC payments claimed through PCRS	172,000	542,000	31.73%

Table 7.2.7: HSE – South - costs:

	REGIONAL TOTAL	NATIONAL TOTAL	% OF NATIONAL TOTAL
Call centres x 2	€4.6m	€15.5m	30%
Treatment centres x 35	€10.2m	€29.3m	35%
STCs: (less 8-9am and 5-6pm and Sat. morning)	€17.3m	€41.5m	42%
Grants	nil	€8.8m	Nil
Supplementary grants	€3.3m	€11.9m	27.7%
Total	**€35.4m**	**€107m**	**33%**

Table 7.2.8: HSE – South - activity:

	REGIONAL TOTAL	NATIONAL TOTAL	% OF NATIONAL TOTAL
Number of GMS patients (incl. GPVC)	445,903	1,586,208	28%
Total number of call contacts (Caredoc/SouthDoc)	398,372	941,812	42.3%
Total number of GMS calls	208,451	476,122	43.78%
Number of GMS patients triaged out	61,078	155,678	39.2%
Total number of GMS Patients seen	147,373	320,444	46%
Total cooperative STC payments claimed through PCRS	248,000	542,000	45.76%

APPENDIX 2

National GP Out of Hours' Review

Summary Narrative on Completed Questionnaires

(The findings as reported in this appendix are based on the responses to the questionnaires as provided by the individual cooperatives.)

QUESTION 1:

What is your geographical area?

GP Out of Hours Service:	Geographic Area
MiDoc	Longford, Laois, West Offaly, Westmeath - excludes Moate.
Caredoc	Carlow, neighbouring areas, Kilkenny, South Tipperary, Wexford, Waterford, Wicklow town and South Wicklow. Triage for the North Dublin area.
NeDoc	Meath, Monaghan, Cavan, South Louth and Balbriggan (6 GPs) -excludes Swanlinbar, Co. Cavan, Dundalk and Cooley peninsula
DDoc	Dublin County line to the North and West and the River Liffey to the South.
WestDoc	Galway City, Ballinrobe, Glenamaddy/Roscommon, Ballina, South/Mid-Mayo, Tuam, Craughwell, Westport, Achill, Belmullet, South Connemara, North Connemara.
ShannonDoc	Clare, North Tipperary, and County Limerick - excludes Limerick City.
KDoc	County Kildare and the area of West Wicklow attached to Kildare Local Health Office.
SouthDoc	Cork and Kerry.
NowDoc	Donegal, south Leitrim and north Roscommon – excludes Sligo
Extended Hours' Cooperatives:	
LukeDoc	Rathmines, Rathgar, Rathfarnham, Templeogue and Terenure.
DL Doc	South County Dublin.
EastDoc	South East Dublin City
DubDoc	Dublin 2, half of Dublin 6, Dublin 8, 10, 12 and parts of Dublin 20.

QUESTION 2:

Staffing in your co-operative:

a) What grades/disciplines of staff (including the manager) are employed and how many staff (i.e. WTEs) within each grade?

Please refer to Appendix 2 – Cooperatives' WTE Staff

b) Are the staff employed directly by the HSE or by the GP cooperatives?

	MiDoc	Caredoc	NeDoc	DDoc	WestDoc	Shannon Doc	KDoc	SouthDoc	NowDoc
Population served	224,931	525,000	335,000	534,233	200,000	260,000	150,000	580,000	169,000
HSE/GP cooperative	HSE	GP Cooperative	HSE	HSE except triage nurses (Caredoc)	HSE/GP Cooperative	GP Cooperative	GP Cooperative	GP Cooperative	HSE

Of the nine co-operatives, staff in four cooperatives are employed directly by the HSE. In four cooperatives the staff are employed by the GP cooperatives and in WestDoc 47.5 staff are employed by the HSE and 15.5 are employed by the GP cooperatives.

b. 1) Extended hours cooperatives:

LukeDoc	DL Doc	EastDoc	DubDoc
Clerical - HSE Nurses - agency	HSE	HSE + agency nurses	St. James' Hospital.

In the extended hours' cooperatives, all DL Doc staff are employed by the HSE. The receptionists in LukeDoc are employed by the HSE, while the nurses are agency nurses. In EastDoc, the receptionists and one nurse are employed by the HSE and the others are agency nurses which are not paid for by the HSE. In DubDoc the staff are employed by St. James's Hospital who are grant funded by the HSE to provide for salaries.

Population figures are not available for the extended hours' cooperatives as none of the co-operatives operate within electoral districts.

c) Detail the number of GMS/non-GMS GPs who are members of the cooperatives:

	MiDoc	Caredoc	NeDoc	DDoc	WestDoc	Shannon Doc	KDoc	South Doc	NowDoc	Total
GMS	92	264	125	174	150	144 (breakdown not provided)	58	445	97	**1,549**
Non – GMS	9	40	31	66	Nil	Nil	34	10	Nil	**190**
Total:	**101**	**304**	**156**	**240**	**150**	**144**	**92**	**455**	**97**	**1739**

c.1) Extended hours' cooperatives:

	LukeDoc	DL Doc	EastDoc	DubDoc	Total
GMS	33	37	53	60	**183**
Non-GMS	10	12	22	Nil	**44**
Total	**43**	**49**	**75**	**60**	**227**

As of the 26th February 2010, there are 9,647 GPs registered* with the Medical Council. The number of doctors with GMS agreements as of the 31st December 2009 is 2,136** (a further 527 are registered as providing services under non-GMS agreements).The percentage of GMS/non-GMS doctors against the total registered is 22.14% and 77.85% respectively.

A total of 1,732 GMS doctors are members of GP cooperatives nationally, including the extended hours' services and a further 234 are non-GMS members. This represents a participation rate of 81% of GMS doctors working in cooperatives and 3% of non-GMS doctors.

**Source: Medical Council (March 2010)*
***Source: PCRS (February 2010)*

d) Are other arrangements in place e.g. locum GPs.

Seven of the co-operatives employ locums. Caredoc operates an Associate Membership policy (minimum of four years experience as family doctors and have already worked six months in Ireland in general practice). In DDoc a locum or a temporary replacement non-member GP may be retained if for unforeseen circumstances there are an inadequate number of panel members to provide services.

Locums are not employed in the four extended hours' co-operatives. If an individual GP is unable to work their shift, they must arrange for another member to work the shift for them. In the DubDoc extended hours' service, hours outside of the co-operative's scheduled hours, are provided by a deputising agent.

QUESTION 3:
Location and number of treatment centres – please list:
a) Give details of the hours of operation of each centre.
b) Number and location of any peripheral treatment centres in use part-time.

See Appendix 3 – Table of Treatment Centres, Peripheral Centres and Call Centres.

QUESTION 4:
Types of accommodation used:
a) Is the treatment centre and call centre accommodation HSE owned, rented or leased please indicate for each.

	MiDoc	Caredoc	NeDoc	DDoc	WestDoc	Shannon Doc	KDoc	SouthDoc	NowDoc	Total
HSE owned	4	11	5	4	7	8	**1**	14	1	**55**
Rented	1			1		4				**6**
Leased		2			2		**1**	10	5	**20**
Other				1 Jointly occupied.						**1**
Total	**5**	**13**	**5**	**6**	**9**	**12**	**2**	**24**	**6**	**82**

Out of a total of 82 treatment/call centres (excluding peripheral centres), 55 premises are HSE owned, 6 premises are rented, 20 premises are leased and 1 premises is jointly occupied (Dublin City Council and Ballymun Regeneration).

a.1) Is the treatment centre and call centre accommodation HSE owned, rented or leased – please indicate for each.

Extended hours co-operatives:

	LukeDoc	DL Doc	EastDoc	DubDoc
HSE owned	-	-	-	-
Rented	-	-	-	-
Leased	-	-	-	-
Other	Room provided rent-free by St. Luke's Hospital.	Room provided rent-free by St.Michael's Hospital.	Room provided rent-free by St. Vincent's Hospital.	Room provided rent-free by St. James' Hospital.

b) If rented or leased, how are they funded?

Where premises are leased or rented, the funding is provided by the HSE, with the exception of DDoc where no charge is levied for the jointly occupied premises.

c) If the treatment centres and call centres are not HSE owned, leased or rented, specify arrangements in place.

The DDoc Ballymun treatment centre is located in a jointly occupied building with Dublin City Council and Ballymun Regeneration where no charge is levied.

QUESTION 5:
Call Centres:

a) Describe your call centre including its location and hours of operation.

See Appendix 2 - Table of Treatment Centres, Peripheral Centres and Call Centres.

b) What patient and call management software system do you have?

MiDoc	Caredoc	NeDoc	DDoc	WestDoc	Shannon Doc	KDoc	SouthDoc	NowDoc
Adastra V2	Adastra V3 Alcatel Omni PCX Nightingale Teleguides GPEL Acknowledgement System Caredoc Deaf Texting System Caredoc LAN & WAN Network	Adastra 3.14	Adastra 3.14.13	Adastra V 3.14.16 and Alcatel	Adastra V3	Adastra V3	Adastra V3	Adastra V3 and TAS

All nine co-operatives use a version of the Adastra system which is a specialist patient record management, data distribution and clinical recording system. Caredoc and WestDoc also use Alcatel which is a call taking system supported by voice recording and a call management system. In addition Caredoc has Nightingale Teleguides which is a Nurse Triage Clinical Decision Support Software and a GPL Acknowledgement System which transmits data to GP surgery systems. Caredoc developed a deaf text service to provide independent access to the call assessment centre for the deaf and hard of hearing clients. The LAN and WAN network facilitates Caredoc by connecting the main call assessment centre in Carlow to DDoc and Caredoc treatment centres and also the portable computers in the cars. NowDoc uses TAS which is a healthcare telephone assessment system.

None of the extended hours' cooperatives operate a call management software system.

b) Does your service provide its own call centre or is it provided by another co-operative – please detail.

Each co-operative provides its own call centre with the exception of MiDoc whose call handling service is provided by NeDoc. In 2009, KDoc changed from a call/handling/triage model to an appointment/advice model.

None of the extended hours' cooperatives operate a call centre.

c) Total number of calls handled in 2008?

MiDoc	Caredoc	NeDoc	DDoc	WestDoc	Shannon Doc	KDoc	South Doc	NowDoc	Total
71,228*	Caredoc: 212, 203 DDoc:78,712** (triage) **Total:** 290,735	NeDoc: 86,828** MiDoc: 67,476* **Total:** 154,304	88,566***	71,057	95,386	41,940	186,169	62,622	**915,999**

*The difference between the figure recorded by MiDoc and the call-centre in NeDoc is accounted for in the number of 'walk-in patients' (patients who do not dial the 1850 number before arriving at the treatment centre). Call details are then recorded directly onto the database and are not logged by the call-handler and are therefore not entered on the database. This discrepancy could also be accounted for where Ambulance Control contacted MiDoc triage directly.

** The total calls for NeDoc (86,828) and the total on the basis of the calls per shift (84,173) indicate a difference of 2,655. The difference is accounted for by calls received between 5.30pm and 6pm prior to the commencement of the shift.

***This difference between the figure recorded by DDoc and Caredoc is accounted for as calls made to the Ashtown Call Centre but were not sent to Caredoc e.g. information calls, non-DDoc calls and cancelled calls.

d.1) Total number of calls handled in 2008?

Extended hours co-operatives:

LukeDoc	DL Doc	EastDoc	DubDoc
6,372	6,605	7252	There is no system to record the number of calls.

QUESTION 6:
Protocols/procedures in call/treatment centres:
a) What standard operating protocols/procedures do you have in place? Please list.

Please refer to Appendix 2 – List of Protocols for the Operation of the Out of Hours' Services as submitted by the Cooperatives.

The extended hours' cooperatives do not have formal protocol procedures.

QUESTION 7:
Call volume analysis:
Total number of calls in 2008 for the following periods of operation:

a) 6-12 midnight Monday to Sunday.

	MiDoc	Caredoc	NeDoc	DDoc	WestDoc	ShannonDoc	KDoc	South Doc	NowDoc	Total
Total no. of calls:	**71,228**	**212,203**	**86,828**	**88,566**	**71,057**	**95,386**	**41,940**	**186,169**	**62,622**	**915,999**
Calls between 6-12mid-night Mon - Sun:	33,106	Caredoc: 98,032 (DDoc: 38,976)	38,855	38,976	29,624	43,057	19,180	93,711	29,793	**424,334**
%	**46.47%**	**46.19%**	**44.74%**	**44%**	**41.69%**	**45%**	**45.73%**	**50.33%**	**47.57%**	**46.32%**

SouthDoc records the highest percentage of calls (50.33%) between the hours of 6-12 mid-nights Monday to Sunday while WestDoc has the least amount of calls (41.69%) for this period.

The extended hours' cooperatives do not have a computer based system for recording calls and attendance figures are not recorded separately.

b) 12 midnight to 8am Monday to Sunday. *('*red-eye' shift)

	MiDoc	Caredoc	NeDoc	DDoc	WestDoc	Shannon Doc	KDoc	South Doc	NowDoc	Total
Total no. of calls:	**71,228**	**212,203**	**86,828**	**88,566**	**71,057**	**95,386**	**41,940**	**186,169**	**62,622**	**915,999**
12mid-night to 8am Mon – Sun:	7,756	Caredoc 25,746 (DDoc: 8,321)	11,000	8,321	8,547	11,844	5,156	23,313	8,016	**117,229**
%	**10.88 %**	**12.13%**	**12.66 %**	**9.39%**	**12%**	**12.42%**	**12.29 %**	**12.52%**	**12.8%**	**12.8%**

NowDoc records the highest percentage of calls (12.8%) while DDoc has the least amount of calls (9.39%) for this period.

The extended hours' cooperatives do not operate a 'red-eye' shift.

c) 8am to 6pm Saturday, Sunday and Bank Holidays.

	MiDoc	Caredoc	NeDoc	DDoc	WestDoc	ShannonDoc	KDoc	South Doc	NowDoc	Total
Total no. of calls	**71,228**	**212,203**	**86,828**	**88,566**	**71,057**	**95,386**	**41,940**	**186,169**	**62,622**	**915,999**
Calls between 8am to 6pm S-S and BHs	30,066	Caredoc: 88,245 (DDoc: 31,415)	34,318	31,415	32,856	40,485	17,604	69,145	24,813	**362,746**
%	42.2%	41.59%	39.52%	35.47%	46.24%	42.44%	41.97%	37.14%	39.62%	**39.6%**

WestDoc records the highest percentage of calls (46.24%) between the hours of 8am to 6pm Saturday, Sunday and Bank Holidays while DDoc has the least amount of calls (35.47%) for this period.

The extended hours' cooperatives do not have a computer based system for recording calls and attendance figures are not recorded separately.

QUESTION 8:
Arrangements for 'red-eye' shifts:
a) What is the start and finish time of the shift?

MiDoc	Caredoc	NeDoc	DDoc	WestDoc	ShannonDoc	KDoc	South Doc	NowDoc
12 midnight to 8am.	11pm – 8am M-F 9pm – 9am weekends and BHs.	12 midnight to 8am M-S	12 midnight to 8am.	12 midnight to 8am	12 midnight – 8am M-F 12 midnight – 9am weekends and BHs.	12 midnight to 8am.	11pm – 8am M-F 9pm – 9am F-M	12 midnight to 8am.

The majority of the co-operatives commence their 'red-eye' shift at 12 midnight and finish at 8am Monday to Sunday. However, Caredoc and SouthDoc operate from 11pm to 8am weekdays and 9pm to 9am weekends and bank holidays. In WestDoc one cell commences at 10pm every night while another cell commences at 10pm on weekends. In ShannonDoc the shift operates from midnight to 9am at weekends and bank holidays, while in the overnight centres the locum may commence at 8pm. NowDoc has one centre that operates 12 midnight to 9am.

'Red-eye' arrangements are not undertaken to the extended hours' cooperatives. Out of hours' cover outside the DubDoc hours of operation are provided by a deputising agent, off-site through house calls.

b) Who provides the medical cover?

MiDoc	Caredoc	NeDoc	DDoc	WestDoc	ShannonDoc	KDoc	South Doc	NowDoc
Locum GPs.	GP members, associated members and locums.	GP members and locums.	GP members and locums.	GP members and locums	GP members (25%) and locums supplied by Locumotion (75%)	GP members and co-operative assistants	GP members up to 11pm M-F and weekends. Locums after 11pm and 9pm at weekends.	GPs members and locums.

c) Is medical cover provided on site at the treatment centre or off site – please specify details.

Treatment is provided on site in treatment centres. Domiciliary visits are also undertaken by Caredoc, SouthDoc, KDoc and West Doc.

d) How is the 'red-eye' shift funded?

MiDoc	Caredoc	NeDoc	DDoc	WestDoc	ShannonDoc	KDoc	South Doc	NowDoc
Locum cover is HSE grant funded.	Funded through subscriptions from member GPs, private fees from patients and STCs.	Funded by annual grant as agreed between HSE/NeDoc. In lieu of grant NeDoc Ltd. forfeit STC claims.	Funded by annual grant as agreed between HSE/DDoc /GP members.	Some cells work their own 'red-eye shift' while others have bought them out. €110k paid by HSE to support expansion in 2007.	GP members.	GP members.	GP members.	Funded by GPs and by the HSE to the smaller cells.

e) Detail the number and discipline of all other staff on the 'red-eye' shift.

	MiDoc	Caredoc	NeDoc	DDoc	WestDoc	ShannonDoc	KDoc	South Doc	NowDoc	Total
Driver	2	9	4	-	5.8	5	2	8	7.17	**42.97**
Nurse	4	**4**	-	-	3	2		2	1.6	**16.6**
Grade 1V/Call-handler/Dispatcher/ Supervisor	-	3	1	3	1	-	1	-	1.65	**10.65**
Grade 111/Telephonist	-	-	2	-	-	-	-	-	-	**2**
Security staff	-	-	-	2 (contracted)	-	-	-	-	-	**2**
Total	**6**	**16**	**7**	**5**	**9.8**	**7**	**3**	**10**	**10.42**	**74.22**

f) What is the furthest distance a patient might have to travel at night, to be seen?

MiDoc	Caredoc	NeDoc	DDoc	WestDoc	ShannonDoc	KDoc	South Doc	NowDoc
20 miles	12.5 miles	25 miles	15 miles before mid-night. 25 miles after mid-night.	15 miles	21.75 miles (after mid-night)	15.53 miles	No further than 15 minutes.	30 miles

QUESTION 9:
Triage arrangements:

a) Please state whether triage is undertaken by a doctor or a nurse.

Triage is undertaken by the nurse in eight of the cooperatives. In NeDoc, triage is undertaken by the GPs. As of July 2009, KDoc provides an advice service.

In the extended hours' cooperatives triage is undertaken by a nurse.

b) How many patients were triaged only in 2008?

MiDoc	Caredoc	NeDoc	DDoc	WestDoc	ShannonDoc	KDoc	South Doc	NowDoc	Total
71,228	**212,203**	**86,828**	**88,566**	**71,057**	**95,386**	**41,940**	**186,169**	**62,622**	**915,999**
19,632	Caredoc: 70,064	38,688 (by GPs)	28,740	16,344	24,341 (+4,493 with additional GP advice) **Total:** 28,834	14,452	55,850	14,803 + 5,254 GP **Total:** 20,057	**292,661**
27.56%	**33%**	**44.55%**	**32.45%**	**23%**	**30.23%**	**34.46%**	**30%**	**32%**	**32%**

NeDoc undertook triage on 44.55% of their patients, while WestDoc had the least number of patients for triage (23%).

b.1) How many patients were triaged only in 2008?

Extended hours co-operatives:

LukeDoc	DL Doc	EastDoc	DubDoc	Total:
6,372	**6,605**	**7,252**	**-**	**20,229 +**
522	769	1,090	638	**3,019**
8.19%	**11.64%**	**15%**	**?**	

c) How many patients were seen at treatment centres in 2008?

	MiDoc	Caredoc	NeDoc	DDoc	WestDoc	ShannonDoc	KDoc	South Doc	NowDoc	Total
Total no. of calls	**71,228**	**212,203**	**86,828**	**88,566**	**71,057**	**95,386**	**41,940**	**186,169**	**62,622**	**915,999**
No. of patients seen	41,165	121,044	42,008	42,283	35,884	56,345	24,355	114,485	35,688	**513,257**
%	**57.79%**	**57%**	**48.38%**	**47.74%**	**50.5%**	**59%**	**58%**	**61.5%**	**57%**	**56%**

SouthDoc saw the most number of patients at treatment centres (61.5%) while DDoc saw the least number of patients (47.74%)

c.1) How many patients were seen at treatment centres in 2008?

Extended hours' cooperatives:

	LukeDoc	DL Doc	EastDoc	DubDoc	Total:
Total no. of calls	**6,372**	**6,605**	**7,252**	**-**	**20,229 +**
No. of patients seen	6,162	6605	7,252	8,819	
%	**96.7%**	**100%**	**100%**	**?**	

d) How many patients received home visits in 2008?

	MiDoc	Caredoc	NeDoc	DDoc	WestDoc	ShannonDoc	KDoc	South Doc	NowDoc	Total
Total no. of calls	**71,228**	**212,203**	**86,828**	**88,566**	**71,057**	**95,386**	**41,940**	**186,169**	**62,622**	**915,999**
No. of patients that received home visits	5,678	Caredoc: 20,915	6,132	7,689	6,750	10,207	3,062	25,069	6,882	**92,384**
%	**7.97%**	**9.86%**	**7.06%**	**8.68%**	**9.5%**	**10.7%**	**7.3%**	**13.47%**	**10.99%**	**10.08%**

SouthDoc undertook the highest number of home visits (13.47%) and NeDoc had the lowest provision of home visits to patients.

d.1) How many patients received home visits in 2008?

Extended hours' cooperatives:

	LukeDoc	DL Doc	EastDoc	DubDoc	Total
Total no. of calls	**6,372**	**6,605**	**7,252**	**-**	**20,229 +**
No. of patients that received home visits	**None**	**None**	**None**	**2,128**	

With the exception of DubDoc, the extended hours' co-operatives have a policy of not undertaking home visits.

e) What is the entry qualification for the triage nurse?

Caredoc stipulates the following entry qualifications:

- Be registered in the General Division of the Register of Nurses maintained by An Board Altranais or entitled to be so registered.
- Must have 4 years experience plus acute nursing experience.
- Required to have broad based clinical experience (emphasis on additional qualifications in paediatrics, midwifery, accident and emergency or cardiology).
- Excellent communication skills.
- IT skills (ECDL or equivalent)
- Demonstrate significant personal and professional development.

As Caredoc provides a triage service for DDoc, this standard also applies for DDoc.

The minimum qualification for triage nurse in MiDoc is staff nurse. The desirable qualifications for triage nurses in NowDoc are two years post registration experience; experience in practice nursing/public health nursing/accident and emergency nursing and a teaching and assessing course. ShannonDoc require RGN status with paediatric nursing experience and SouthDoc require RGN status with three years general experience. In NeDoc triage is undertaken by GPs.

In the extended hours' cooperatives, the entry qualification for triage nurse is staff nurse.

f) What subsequent training is provided to the triage nurse(s)?

In Caredoc subsequent training is indicated as follows:

- Clinical Audit
- Reflective Practice
- Performance review
- Refresher training of Increase Call Volume Management
- Advice and Questioning technique workshop
- Quarterly Staff meetings
- On –going Support and Mentorship
- Assessment of Software Competency Levels
- Revision of Policies, Procedures and Guidelines
- Re-orientation programme for triage nurses returning from maternity leave etc.
- Portfolio development
- Telephone Triage Nursing sub section I.N.O conference / study days
- Conference
- Mandatory study days
- Communication Workshops
- Medical/Nursing Alerts and updates
- Nursing Educational Links and Library database
- In 2005 Caredoc, in collaboration with the Telephone Triage Nursing Section and Dublin City University, developed a "telephone nursing and remote assessment module". Caredoc formed part of the module and curriculum developed group and part of the Caredoc management team lecture in conjunction with the DCU team. The DCU course is a level 8 module and is worth 5 academic credits.

As Caredoc provides a triage service for DDoc, this standard also applies for DDoc.

MiDoc provides subsequent training in the following areas:

- Mandatory training on the Adastra database.
- Telephone Nursing Remote Assessment and Decision Making in Health Care.
- Suicide intervention.
- Family planning.
- Child Protection.
- Sexual Health Awareness.

In the extended hours' cooperatives all nurses are offered places on an INO organised two day course in addition to a five day DCU course.

QUESTION 10:
Service Level Agreements:
a) Do you have a Service Level Agreement in place?
Service Level Agreements are in place in eight of the co-operatives. The NowDoc agreement is currently in draft form. MiDoc does not have an agreement in place.

Service Level Agreements are not in place for the extended hours' cooperatives.

b) What is the expiry date of the agreement?

MiDoc	Caredoc	NeDoc	DDoc	WestDoc	Shannon Doc	KDoc	South Doc	NowDoc
-	9th August 2008	30th June 2009	1st December 2006	17th October 2003 – signed.	25th March 2009	31st December 2008	31st December 2009	Draft - May 2009.

QUESTION 11:
Governance arrangements with the HSE and GPs:
a) What is the schedule of meetings with the HSE and GPs?
All the co-operatives hold meetings with the HSE with the exception of WestDoc, however the HSE has four representatives on the management council. The remainder of the cooperatives have liaison committees and of these ShannonDoc, Caredoc, SouthDoc, KDoc and Midoc meet the most frequently i.e. monthly/bi-monthly. NeDoc, DDoc and NowDoc meet quarterly.

In the extended hours' co-operatives, LukeDoc and DL Doc, do not have formal meetings with the HSE. In EastDoc the Steering Committee meets five times a year and is attended by the Primary Care Manager. Quarterly meetings are convened by the DubDoc Steering Committee. The HSE senior manager attends the meetings and acts in a liaison role to resolve issues arising.

b) Give overview of who attends governance/management meetings.

MiDoc	Caredoc	NeDoc	DDoc	WestDoc	ShannonDoc	KDoc	South Doc	NowDoc
Deputy Manager – HSE Medical Director Triage Nurse Manager. Treatment Centre Nurse Manager.	LHM PCUM Caredoc GM Operational and Nursing Managers.	Managers x 2. LHM Chairperson Financial Accountants x 2	LHM Managers x 2 Medical Director	GP members representing each cell. PCUM TDOs Manager Clinical Director CNM	Manager Medical Director. LHM PCUM	LHM GM Area Administrator. Chairman Medical Director. Manager	Chairman GM Medical Directors. Finance Manager. Section Officer. PCUM	Member GP for all cells. LHM Managers x2 CNM2 Medical Director

b.1) Give overview of who attends governance/management meetings.
Extended Hours' Cooperatives:
In EastDoc the Steering Committee meets five times a year and is attended by the HSE's PCUM. The DubDoc Steering Committee schedules quarterly meetings which are attended by a HSE Senior Manager - Liaison. Formal meetings are not scheduled in LukeDoc and DLDoc.

QUESTION 12:
Arrangements for capital spending:
Are there plans in place for future major capital spending on infrastructure for the out of hours service i.e. contracts in place?

None of the GP cooperatives or the extended hours' services has plans in place for future major capital spending.

QUESTION 13:
Policies on the employment of locums:
a) What is your policy on the employment of locums?
Seven of the co-operatives employ locums. KDoc employs cooperative assistants and Caredoc operates an Associate Member programme where the associate members must have a minimum of 4 years experience as family doctors and have already worked six months in Ireland in general practice. Caredoc is not permitted to use surgery locums. SouthDoc Services Ltd. has a contract with a locum agency that provides verification through an interview process, reference checks and CVs. Final approval is given by the Medical Director. In the remainder of the co-operatives responsibility for the employment of locums is retained by the GP cooperatives. In WestDoc, locums can be employed by members to operate any part of the rostered duty, while in ShannonDoc locums are only employed for the 'red-eye' shift. In NowDoc locums are employed by the principal GPs and approved by the Medical Director.

Locums are not permitted to join any of the extended hours' cooperatives. All shifts are operated by the members; GMS/non-GMS doctors.

b) What induction is provided for new GP locums and by whom?
In MiDoc, locum induction training and the locum induction pack is arranged by the Medical Director. Locum induction is also the responsibility of the Northdoc Medical Director for DDoc. It is the responsibility of the employing GP in NowDoc to induct locums and involves orientation to the building and equipment, STCs, payment methods, information on the management of patient deaths. A locum induction programme is currently being devised to include an induction booklet, an interview with the Medical Director and orientation. In NeDoc, all new locums are issued with a copy of the NeDoc Protocols Book (which is regularly updated) and contains clinical, operational and financial protocols. It is the responsibility of the employing GP to provide induction to the locum. All associate members in Caredoc undergo an extensive orientation and induction programme covering all aspects of the delivery of family doctor service in the Irish health care setting. The programme is run by the Medical Directors and is accompanied by the Caredoc family doctor member hand-book. Locums employed by SouthDoc are inducted by the locum agency and their CVs are reviewed by the Medical Directors who have final approval on their employment. SouthDoc also provides the locums with the Service Delivery Plan /locum manual. WestDoc provides a Locum Induction Manual and induction is undertaken by the Clinical Director, Manager and the employing GP member. In

ShannonDoc the locum agency undertakes induction with the provision of a manual and the locums meet with the Medical Director and the Nurse Manager.

c) What is the minimum qualification/experience for the employment of locums?
Locums employed by NowDoc must meet the following criteria:

- Evidence of current registration with the Medical Council.
- Registered at MICGP/MRCGP level.
- Evidence of current medical indemnity insurance (not minimum).
- Evidence of adequate GP experience/training – GPVTS graduate/experience in a variety of general practice settings.
- Evidence of English language skills (verbal/writing).
- A declaration that they have not been or are not currently the subject of disciplinary action or investigation.

In MiDoc, a minimum of registration with the Irish Medical Council is required.

NeDoc requires registration at MRCGP/MICGP levels or equivalent; or have graduated from a recognised GPTVS or have sufficient experience to undertake clinical duties in an out of hours' service.

Caredoc sets out the following criteria for the employment of associate members:

- Formal Medical Qualifications, MB BCh
- Vocational Medical training or similar qualification essential.
- Hold current certification in the following
    - ELS – Emergency Life Support course.
    - PLS – Paediatric Life Support Course.
    - BLS – Basic Life Support Course.
    - ATLS – Acute trauma Life Support Course.
    - ACLS – Acute Cardiac Life Support Course.

In considering the candidates employment history, the location and duration of each placement must include a minimum of 4 years family practice medicine with particular emphasis on; paediatrics, obstetrics and gynaecology, minor injuries/trauma, emergency medicine. The applicant must hold membership of the Medical Council of Ireland – (current certificate of registration in the General or Specialist division), medical malpractice insurance (current certificate of membership).

ShannonDoc requires membership of MICGP or a recognized equivalent. In-hospital experience to include medicine, surgery, pediatrics, psychiatry, and accident and emergency is required in addition to experience in general practice as an assistant or principle in a primary care setting of at least one year.

DDoc require the locum to have the MICGP, a minimum of three years experience and have graduated from a GPVTS.

In SouthDoc, locums must be GP qualified with a minimum of three years experience in pediatrics, obstetrics, medical, hospital and psychiatric experience.

In WestDoc locums must be registered with the Medical Council and have medical indemnity insurance. They are approved if they have completed the GPVTS or have comparable experience i.e. working as a GP, paediatrics, obstetrics and gynaecology, emergency medicine together with general medicine.

d) What arrangements are in place to verify the experience and necessary qualifications required of GP locums?

The Caredoc medical governance committee and Caredoc management approve all associate members. In SouthDoc verification is arranged through the locum agency and final approval of the Medical Directors. In the remainder of the co-operatives, the Medical/Clinical Director retains responsibility for vetting all applications.

c) Are GP locums Garda cleared?

NowDoc, DDoc, WestDoc, SouthDoc and NeDoc do not undertake Garda clearance while Caredoc has Garda clearance as an employment requirement. In ShannonDoc locums are cleared by the locum agency. If the locum is not primarily resident in Ireland, they obtain a police clearance certificate from the country of origin every two years.

QUESTION 14:

Cross-border arrangements between co-operatives – (refers to NeDoc/NowDoc only**):**

1. NeDoc is involved in a cross-border pilot initiative (CAWT) with the Southern Health and Social Services Board in Northern Ireland (SAUCS). The aim of the project is to establish a pilot cross-border out of hours' service in the border areas of south Armagh, where the resident population has the choice of accessing urgent high quality out of hours' GP services in their own jurisdiction or in the Republic of Ireland in the Castleblaney Centre. The service available as an option only to those patients who meet the required medical criteria. The initiative aims to improve the patient journey cross-border and reduce considerably the distance they have to travel to access GP out of hours' services. To date 582 patients have accessed the service since November 2007. An evaluation of the pilot scheme was undertaken in 2008 which indicated a level of patient satisfaction.
2. NowDoc has cross-border arrangements with the Western Urgent Care in Derry as part of a CAWT initiative. This arrangement commencement in January 2007.

QUESTION 15:

Opportunities for future shared arrangements:

(Indicate any potential opportunities for future shared arrangements with other cooperatives and any other service)

Six of the nine co-operatives indicate opportunities for future shared arrangements including further cross-border arrangements between N. Ireland and NeDoc/NowDoc along the border areas. ShannonDoc sees potential in sharing its call centre facilities and staff. Preliminary discussions have commenced where it is proposed that Caredoc would take over the call handling for the 'red-eye' shift in DDoc. This arrangement would then facilitate the closure of the DDoc call centre for these shifts. Caredoc indicates a number of opportunities to share arrangements including the expansion of their call taking and nurse triage services, the utilisation of the Caredoc Call Assessment Centre 'in hours' and interacting with PCRS. WestDoc would propose the extension and reciprocation of cross call cooperation beyond the WestDoc functional area. SouthDoc proposes that ShannonDoc and SouthDoc work together as they share the boundary and a number of GP members work in both cooperatives.

In the extended hours' cooperatives discussions have taken place between the Dublin co-operatives about the possibility of having one call centre. DubDoc is interested in developing existing infrastructure and exploring the potential for shared arrangements

between it and other south Dublin cooperatives. DubDoc would also like to explore the feasibility of providing enhanced services e.g. mini casualty/minor surgery unit.

QUESTION 16:
Complaints procedures:
Please attach a copy of your complaints procedure.

All of the main cooperatives indicate that they operate complaints procedures and a number reflect the HSE process.

Extended hours' cooperatives:
The Chairperson of the cooperative investigates complaints in three of the extended hours' co-operatives. There are no formal written complaints procedures in DubDoc. The Chairperson of the Steering Committee undertakes an investigation of all complaints received and following consultation with the Steering Committee provides a written response. Where a complaint has implications for the HSE, it would also be referred to the Primary Care Manager.

QUESTION 17:
Administrative and clinical governance arrangements:
a) What clinical governance arrangements are in place for the medical staff?

All of the co-operatives have clinical governance arrangements in place for medical staff. In the majority of the co-operatives, medical governance is the responsibility of Medical Director. Formal meetings take place weekly in SouthDoc and as required. Governance is managed by the board of directors in NeDoc. NeDoc has responsibility for the overall quality and standard of participating GPs. In Caredoc both nursing and doctors are managed under the same clinical governance team. In WestDoc, it is the responsibility of the Clinical Standards Committee. NowDoc is embarking on a quality assurance accreditation programme which sets criteria to meet standards in relation to clinical governance.

Extended hours' cooperatives:
In the extended hours' co-operatives, the GPs have links with the Medical Council and with the ICGP for continuing professional development and have medical indemnity cover. Any complaints regarding the GPs for work carried out in the GP cooperative are dealt with by the Chairperson in conjunction with the Steering Committee, and appropriate action taken. Where appropriate, the complaint would be referred to the Primary Care Manager for HSE involvement. Complaints of a very serious nature would be referred to the Medical Council.

b) What clinical governance arrangements are in place for the nursing staff?
Clinical governance arrangements for nursing staff are in place in all the cooperatives. The Medical Director of KDoc arranges the clinical governance for the nursing staff. In MiDoc nursing staff report to the Medical Director on clinical issues and to the NMPDU for their professional development. The Medical Director and Assistant Medical Director also arrange clinical governance for nurses in Shannon Doc in addition to the Nurse Manager. The two Medical Directors in SouthDoc meet formally on a weekly basis and as required, to address clinical quality issues with Clinical Services Manager and Nurse Supervisors. In NowDoc governance arrangements are managed through a number of programmes including:

- Nurses must submit a copy of their registration annually, list of expiry dates and copies of registration kept on file
- Clinical supervision and reflective practice.
- Policies and procedures.
- Inter-agency SOPs.
- Call Audits with reflection
- PDPs (commencing this year) (staff trained in May 2009)
- Critical Incident/Near miss log and review of all calls
- Critical Incident training for management staff
- Incident reporting and investigation
- Complaints management and investigation.
- LEO and People management training for all managers. Managing attendance workshops
- Health and safety statement
- Recent Quality and safety assessment tool
- Quality assurance accreditation programme.

In Caredoc both nurses and doctors are managed under the same clinical governance team. The nursing staff in NeDoc report from a clinical perspective to the Professional Development Coordinator for Practice Nurses and to the NMPDU. They also meet with the Clinical Director to discuss nursing/medical issues. NeDoc undertook a review of the role of staff nurses and CNMs in 2007. DDoc has two CNM 2 grades who oversee nursing clinical issues, while in WestDoc, the triage nurses report to and are under the clinical direction of the Clinical Directors.

Extended hours' cooperatives:
In the extended hours' co-operative nurses' governance arrangements are facilitated by having professional links with An Bord Altranais. In DubDoc, the nurse is employed by St. James's Hospital and has a reporting arrangement to the Clinical Nurse Director in the hospital.

c) Is the manager employed by the GP cooperative or the HSE?

MiDoc	Caredoc	NeDoc	DDoc	WestDoc	ShannonDoc	KDoc	South Doc	NowDoc
HSE	GP Cooperative	HSE	HSE	HSE – dual reporting relationship HSE/Cooperative	GP Cooperative	GP Cooperative	GP Cooperative	HSE

Five of the nine managers are employed by the HSE. Four managers are employed by the GP cooperatives.

Extended hours' cooperatives:
The extended hours' services do not employ managers. The Chairpersons of the Steering Committees are general practitioners who liaise with the HSE Primary Care Managers regarding management issues as they arise.

QUESTION 18:
Patient satisfaction surveys:

a) Have you undertaken any patient satisfaction surveys?

Eight of the co-operatives have undertaken patient satisfaction surveys. Caredoc undertakes annual patient satisfaction surveys, while NowDoc surveys their patients on a monthly basis. ShannonDoc advises of twenty surveys carried out since 2002. KDoc has undertaken three satisfaction surveys.

Three of the extended hours' cooperatives have not undertaken patient satisfaction surveys. St. James's Hospital undertook a patient satisfaction survey of the services provided by DubDoc in 2006.

b) On what date was the most recent survey undertaken?

MiDoc	Caredoc	NeDoc	DDoc	WestDoc	ShannonDoc	KDoc	South Doc	NowDoc	DubDoc
September 2007	April 2009	2005	September 2007	2007	May 2008	2005	Focus on patients' complaints to determine issues/action.	2008	2006

c) What was the outcome? Detail the satisfaction rates.

MiDoc	Caredoc	NeDoc	DDoc	WestDoc	ShannonDoc	KDoc	South Doc	NowDoc	DubDoc
95%	Excellence rate: 64.6%	95.5%	Very satisfied rate: 50%	Focus Group approach – overall feedback was very positive.	Excellence rate: 67.6%	98%	98% See above.	91.6%	96%

APPENDIX 3

National GP Out of Hours' Services – Cooperatives' WTE Staff – 2008

Grade	WestDoc	ShannonDoc	NowDoc	MiDoc	Caredoc	NeDoc	DDoc	SouthDoc	KDoc	Total
General Manager	-	-	-	-	-	-	-	-	1	1
Grade V111	1	1	1	-	1	1	-	1	-	6
Grade V11	-	-	-	1	2	-	1	-	-	4
Grade V1	-	3	-	-	-	-	1	1	-	5
Grade V	2	-	1	1	3	.5	1	3.8	2	14.3
Grade 1V/Call Handlers/Supervisors/Dispatchers	6	-	1.71	-	2	7	6	1	-	23.71
Grade 111/Call -Takers /Receptionists	9	19.7	15.12	3.12	29	25.5	28.1	47.82	9.5	186.86 + 5.52* = 192.38
CNM 1	1	-	2.76	-	3	-	-	-	-	6.76
CNM 2	1	-	1	5.16	1	2.5	2	-	-	12.66
CNM 3	-	-	-	-	-	-	-	1		1
Clinical Nurse Specialist.	-	-	-	1.77	-	-	-	-	-	1.77
Senior Staff Nurse	-	-	-	4.48	-	-	-	-	-	4.48
Staff Nurse.	10	16.2	6.61	13.71	51	8	10	29.2	7	151.72 + 5.5** = 157.22
Staff Nurse -Dual Qualified	-	-	-	.88	-	-	-	-	-	.88
Senior Staff Nurse -Dual Qualified	-	-	-	3.92	-	-	-	-	-	3.92
Attendant	-	-	-	1.61	-	-	-	-	-	1.61
Drivers	33	27.7	17.4	24.32	47	19	12.17	57.84	6	244.43
Cleaners	-	1.4	-	-	4	-	-	-	-	5.4
Contract Security Staff.	-	-	-	-	-	-	2	-	-	2
Total	63	69.5	46.6	60.97	143.5 Includes: 18.35 wtes for DML - Wicklow 25 wtes for DDoc	63.5	64.27	142.66	25.5	679.5 + 11.02*** = 690.52

Extended Hours' Services in Dublin South City:

Grade:	DubDoc	LukeDoc	DLDoc	EastDoc	Total
Receptionist	**1.02**	**1.5**	**1.5**	**1.5**	**5.52***
Staff Nurse	**1**	**1.5**	**1.5**	**1.5**	**5.5****
Total	**2.02**	**3**	**3**	**3**	**11.02*****

APPENDIX 4

National GP Out of Hours' Services Review

Table of Treatment Centres, Peripheral Centres and Call Centres - 2008

SUMMARY

Cooperative	No. of Treatment Centres	No. of Peripheral Centres	No. of Call Centres
1. SouthDoc	23	3	1
2. WestDoc	8	6	1
3. KDoc	2	3	-
4. DDoc	5	-	1
5. NeDoc	4	4	1
6. NowDoc	5	1	1
7. Caredoc	12	6	1
8. MiDoc	5	1	-
9. ShannonDoc	11	-	1
Total	**75**	**24**	**7**
10-13 Extended Hours' Services Dublin South City	4	-	-
Overall total	**79**	**24**	**7**

Cooperative	Treatment Centres	Hours of operation	Peripheral Centres	Call Centre	Hours of Operation
SouthDoc	**Kerry**		**Kerry**		
	1. Listowel	18.00 - 23.00	1. Rathmore	St. Finan's Hospital, Killarney, Co. Kerry.	18.00 – 08.00 M – F 18.00 – 08.00 F - M
			Cork		
	2. Tralee	18.00 - 8.00	2. Millstreet		
	3. Killarney	18.00 - 08.00	3. Mitchelstown		
	4. Castleisland	18.00 – 23.00			
	5. Kenmare	18.00 – 23.00			
	6. Caherciveen	18.00 – 23.00			
	7. Waterville	18.00 – 23.00			
	Cork:				
	8. Cork City 1	18.00 – 08.00			
	9. Cork City 2	18.00 – 08.00			
	10. Mallow	18.00 – 08.00			
	11. Bandon	18.00 – 08.00			
	12. Bantry	18.00 – 08.00			
	13. Midleton	18.00 – 08.00			
	14. Cobh	18.00 – 23.00			
	15. Youghal	18.00 – 23.00			
	16. Kinsale	18.00 – 23.00			
	17. Dunmanway	18.00 – 23.00			
	18. Skibbereen	18.00 – 23.00			
	19. Charleville	18.00 – 23.00			
	20. Fermoy	18.00 – 23.00			
	21. Castletownbeare	18.00 – 23.00			
	22. Clonakilty	18.00 – 23.00			
	23. Macroom	18.00 – 23.00			

Cooperative	Treatment Centres	Hours of operation	Peripheral Centres	Call Centre	Hours of Operation
West Doc	**Galway:**		**Galway**		
	1. Galway	18.00 – 08.00 M-F 24 hours S – S and BHs	1. Headfort	Liosban (first floor above the Galway City Treatment Centre), Tuam Road, Galway.	18.00 – 08.00 M – F and 24 hours S – S and BHs.
	2. Tuam	18.00 – 08.00 M-F 24 hours S – S and BHs	2. Glenamaddy (sub-base Castlerea)		
			Under Remote Rural Support Scheme (RRSS):		
	3. Craughwell	18.00 – 08.00 M-F 24 hours S – S and BHs	3. Belmullet (sub-base Glenamoy)		
	4. Glenamaddy	18.00 – 08.00 M-F 24 hours Sunday and BHs. Saturdays not covered from 8am to 12 noon.	4. Achill Island		
	Mayo:		5. Rosmuc (sub-bases Carraroe and Carna)		
	5. Westport	18.00 – 08.00 M-F 24 hours S – S and BHs	6.Clifden (sub-base Tully/Renvyle)		
	6. Ballina	18.00 – 08.00 M-F 24 hours S – S and BHs			
	7. Knock	18.00 – 08.00 M-F 24 hours S – S and BHs			
	8. Ballinrobe	18.00 – 08.00 M-F 24 hours S – S and BHs			

Cooperative	Treatment Centres	Hours of operation	Peripheral Centres	Call Centre	Hours of Operation
KDoc	1. Vista Primary Care Centre.	Open all operational hours.	1. Celbridge	Vista Primary Care Campus, Naas, Co. Kildare – for appointments.	Calls are taken during all operational hours at the primary care centre. The cooperative doesn't operate a separate call centre or undertake call handling.
	2. Celbridge Health Centre.	09.00 – 17.00 Sat and Sun.	2. Athy		
			3. Newbridge		
DDoc	1. Coolock Health Centre	18.00 – 08.00 M-F 24 hours S – S and BHs.		Millhouse Building, Ashtowngate, Dublin 15.	18.00 08.00 M-F 24 hours S – S and BHs
	2. Hartstown Health Centre	18.00 – 08.00 M-F 24 hours S – S and BHs.			
	3. North Strand	18 – 24.00 M – F 08.00 – 24.00 S – S and BHs			
	4. Swords Health Centre	18 – 24.00 M – F 08.00 – 24.00 S – S and BHs.			
	5. Ballymun Health Centre.	18 – 24.00 M – F 08.00 – 24.00 S – S and BHs			

Cooperative	Treatment Centres	Hours of operation	Peripheral Centres	Call Centre	Hours of Operation
NeDoc	1. Navan	18.00 – 08.00 M-F 24 hours S – S and BHs.	1. Ardee	St. Brigid's Hospital, Ardee, Co. Louth.	18.00 08.00 M-F 24 hours S – S and BHs
	2.Cavan	18.00 – 08.00 M-F 24 hours S – S and BHs.	2. Kingscourt		
	3. Drogheda	18.00 – 08.00 M-F 24 hours S – S and BHs.	3. Clones		
	4. Castleblayney	18.00 – 08.00 M-F 24 hours S – S and BHs.	4. St. Davnett's , Monaghan Town.		

Cooperative	Treatment Centres	Hours of operation	Peripheral Centres	Call Centre	Hours of Operation
NowDoc	1.Carndonagh	**Weekdays:** 18.00 – 08.00 M-F – coop. **Weekends:** 18.00 Fri to 08.00 Sat.- coop. Sat. 08.00 – 12 mid: covered by GP surgery. Sat 12 mid – Mon 08.00 – coop.	1.Ballyshannon/Bundoran (do not have a treatment centre/staff. GPs use their own premises) **Weekdays:** 18.00 – 08.00 M-F – coop. **Weekends:** 18.00 Fri to 09.00 Sat.- coop. Sat. 09.00 – 12 mid: covered by GP surgery. Sat 12 mid – Mon 09.00 – coop.	Letterkenny Treatment Centre.	18.00 09.00 M-F 24 hours S – S and BHs
	2. Letterkenny	**Weekdays:** 18.00 – 08.00 M-F – coop. **Weekends:** 18.00 Fri to 09.00 Sat.- coop. Sat. 09.00 – 12 mid: covered by GP surgery. Sat 12 mid – Mon 09.00 – coop.			
	3. Derrybeg	**Weekdays:** 18.00 – 09.00 M-F – coop. **Weekends:** 18.00 Fri to 09.00 Mon.- coop.			
	4. Mountcharles	**Weekdays:** 18.00 – 08.00 M-F – coop. **Weekends:** 18.00 Fri to 08.00 Mon.- coop.			

Cooperative	Treatment Centres	Hours of operation	Peripheral Centres	Call Centre	Hours of Operation
NowDoc cont.	5. Carrick-on Shannon	**Weekdays:** 18.00 – 08.00 M-F – coop. **Weekends:** 18.00 Fri to 08.00 Mon.- coop. Nurse triage in Carrick from 10.00 to 16.00 Sat and Sun. Nurse Triage cover in Carrick –on-Shannon 10am – 4pm Sat and Sun			

Cooperative	Treatment Centres	Hours of operation	Peripheral Centres	Call Centre	Hours of Operation
Caredoc	1. Carlow	18.00 – 08.00 M-F 24 hours S-S and BHs	1. Cashel, Co. Tipperary.	St. Dympna's Hospital, Athy Road, Co. Kilkenny.	18.00 to 09.00 M-F 24 hours S-S to 09.00 on Mon. and BHs Caredoc provides a call answering service between 8am and 9am M-F. The calls are logged and triaged. If patient requires a doctor, they are referred to their own GP.
	2. Dungarvan	18.00 – 08.00 M-F 24 hours S-S and BHs	2. Bagnelstown, Co. Carlow.		
	3. Enniscorthy	18.00 – 08.00 M-F 24 hours S-S and BHs	3. Lismore, Co. Waterford.		
	4. Kilkenny City	18.00 – 08.00 M-F 24 hours S-S and BHs	4. Castlecomer, Co. Kilkenny.		
	5. Waterford City	18.00 – 08.00 M-F 24 hours S-S and BHs	5. Tullow, Co. Carlow.		
	6. Gorey	18.00 – 08.00 M-F 24 hours S-S and BHs	6. Callan, Co. Kilkenny.		
	7. Clonmel	18.00 – 08.00 M-F 24 hours S-S and BHs			
	8. New Ross	18.00 – 08.00 M-F 24 hours S-S and BHs			
	9. Wicklow	18.00 – 08.00 M-F 24 hours S-S and BHs			
	10. Tipperary Town	18.00 – 08.00 M-F 24 hours S-S and BHs			
	11. Wexford Town	18.00 – 08.00 M-F 24 hours S-S and BHs			
	12. Arklow	18.00 – 08.00 M-F 24 hours S-S and BHs			

MiDoc	1. Athlone, Co. Westmeath.	18.00 – 08.00 M-F 24 hours S-S and BHs.	1. Banagher, Co. Offaly	Call handling provided by NeDoc in St. Brigid's Hospital, Ardee.	18.00 08.00 M-F 24 hours S – S and BHs
	2. Mullingar, Co. Westmeath.	18.00 – 08.00 M-F 24 hours S-S and BHs.			
	3. Longford	18.00 – 08.00 M-F 24 hours S-S and BHs.			
	4. Portlaoise, Co. Laois	18.00 – 08.00 M-F 24 hours S-S and BHs.			
	5. Birr, Co. Offaly.	18.00 – 08.00 M-F 24 hours S-S and BHs.			
ShannonDoc	1. Health Centre, Shannon, Co. Clare.	18.00- 09.00 M-F 09.00 – 24.00 S – S and BHs.		St. Camillus Hospital, Limerick.	18.00 – 08.00 M-F 24 hours S-S and BHs.
	2. Community Hospital, Regina House, Kilrush, Co. Clare.	18.00- 09.00 M-F 09.00 – 24.00 S – S and BHs.			
	3. Community Hospital, Ennistymon, Co. Clare.	18.00- 09.00 M-F 09.00 – 24.00 S – S and BHs.			
	4. St. Mary's Health Centre, Thurles, Co. Tipperary.	18.00- 09.00 M-F 09.00 – 24.00 S – S and BHs.			
	5. Dr. Paul Booth's Surgery, Coolevin, Roscrea, Co. Tipperary.	18.00- 09.00 M-F 09.00 – 24.00 S – S and BHs.			
	6. Thomas St., Killaloe, Co. Clare.	18.00- 09.00 M-F 09.00 – 24.00 S – S and BHs.			

Cooperative	Treatment Centres	Hours of operation	Peripheral Centres	Call Centre	Hours of Operation
ShannonDoc cont.	7. Out-Patients' Unit, Ennis General Hospital.	18.00 – 08.00 M-F 24 hours S-S and BHs			
	8. Out-Patients' Unit Nenagh Hospital.	18.00 – 08.00 M-F 24 hours S-S and BHs			
	9. Bishop St. Newcastlewest, Co. Limerick.	18.00 – 08.00 M-F 24 hours S-S and BHs			
	10.Health Centre, Hospital, Co. Limerick.	18.00 – 08.00 M-F 24 hours S-S and BHs			
	11. Dr. W.O'Connell's Surgery, Miltown Malbay, Co. Clare.	24.00 – 08.00 M-F 24.00 – 09.00 S-S and BHs.			

Extended Hours' Services in Dublin South City:

DubDoc – extended hours' service.	St. James's Hospital, Dublin 8.	18.00 – 22.00 M-F 10am – 18.00 S – S and BHs	None	None (2 incoming call lines at Suite 5, Out-Patients' Dept.)	NA
EastDoc – extended hours' service.	St. Vincent's University Hospital, Dublin 4.	18.00 – 22.00 M-F 10am – 18.00 S – S and BHs	None	None	NA
LukeDoc – extended hours' service.	St. Luke's Hospital, Rathgar.	18.00 – 22.00 M-F 10am – 18.00 S – S and BHs	None	None	NA
DLDoc – extended hours' service.	St. Michael's Hospital, Dun Laoghaire.	18.00 – 22.00 M-F 10am – 18.00 S – S and BHs	None	None	NA

APPENDIX 5

OOH Policies and Procedures

D-Doc

D- Doc Polices & Procedures
Complaints Procedure- D-Doc, GP, Out of Hours Services
Guidelines for Treatment Centres Local Outages during D-Doc Operations
Procedure in the Event of an Evacuation From Ashtown Gate
Procedure to be Followed When a Caller is not a patient of a participating GP
Guidelines for Walk in Patients
Supervisors and Call Takers in Ashtown Gate
Protocol for adding Special Notes to D-Doc electronic patient records
Grievance Procedure for the Health Service
Panic Alarms in the D-Doc Drivers
Cost Containment
Home Care Packages
Home Visit Procedures - Ringing in Arrival & Departure Times
Home Visit Procedures - Drivers Accompanying Doctors at Home Visits
Provsion of Cover at Ashtown Gate & Treatment Centres

Guidelines and Procedures for Supervisors with the D-Doc, North Dublin Urgent GP On Call Out of Hours Service

Scope and Purpose Rationale
Aims & Objectives
Procedure to be Followed by Supervisor at Shift Changeover
Procedure to be followed for editing calls
Procedure to be followed for completing log sheets
Procedure to be followed for entering triage doctors on Adastra
Procedure to be followed when moving calls
Procedure to be followed when doing a Force Connection
Procedure to be followed to check that calls are being assessed and not despatched
Procedure to be followed to move calls as requested by centres or where
the call has defaulted to a GP but the centre in another area is closer
Procedure to Enter Flags
Procedure to be followed when a triaging doctor enters incorrect triaging notes against a patient
Procedure to be followed when assisting centres when a car breaks down

The Supervisor also carries out the following duties
The following are procedures which are pertinent to the 5.30p.m shifts
D-Doc continued
Procedure to be followed when completing NEDOC Query Sheets
Procedure to be followed when inserting Medical Card/DVC numbers against Call numbers on Adastra
Procedure to be followed if the telephone lines fail to the GP Out of Hours Service
Procedure to be followed if Adastra Crashes
Procedure to be followed in the event of the activation of the panic alarm
Procedure to be followed when the fire alarm is activated
Protocols and Procedures for Receptionists within the D-Doc, North Dublin GP Out of Hours Service
Scope and Purpose
Aims & Objectives
Points to remember
Reporting for Duty
Preparation for commencement of shift for receptionists
Procedure to be followed for Daily Staff Recording
Procedure to be followed for retrieval of call sheets
Procedure to be followed when a patient arrives at a treatment centre
Procedure to be followed in the event of a non arrival of a patient
Walk-in Patient without appointment at Treatment Centre
When a patient with an appointment requests that another member of family be seen by a Doctor
Walk-in Patient Guidelines- Emergency
Procedure to be followed for recording of outcome/completing a call
Home visits
Procedure to be followed when a member of the public has an accident at a treatment centre
Medical Card System
End of Shift
Audit
Operational Polices and Procedures for Drivers with the D-Doc, North Dublin GP Out of hours Service
Policy and Procedures Introduction and Context
Policy and Procedures Purpose and Objectives
Scope of Policy and Procedures
Definitions
Procedures for reporting on duty
Procedure for recording checking of cars and equipment
Procedure for checking and maintaining cars

Procedure for maintaining equipment in cars
Procedure for checking and maintaining medical equipment in cars
D-Doc continued
Procedure for recording calls made
Procedure to be followed in the event of a car breakdown
Care Doc
CareDoc Quality Requirements and Standards in the Delivery of Out-of-Hours GP Services
CareDoc Standards for Cleaning
CareDoc Treatment Centre Operational Guidelines
Welcome and Background to Caredoc
Caredoc Mission Statement
Reporting Procedure
Management contact details
Policy:Sudden death (5 page document)
Protocol: Emergency Call Despatching
Protocol: Non-attender
Protocol: Walk in patient (3 page document)
Protocol: The management of calls passed to Doctor
Protocol: Walk in request for home visit
Protocol: Change of disposition by Locum Doctor
Protocol: The safe management of crisis calls
Protocol: Patient Death on Caredoc premises
Protocol: Faxing call slips
Protocol: Response Times
Pathway for victims of rape and sexual assault
South Tipperary Mental health referrals OOH's
CareDoc Associate Members/ Locum fees
HAA card information document
Infant and mother scheme
Protocol - Carlow base walk ins (non Caredoc doctors patients)
Poliicy:Caredoc Grievance Policy
Policy: Caredoc Disciplinary Policy (6 page document)
Policy: Caredoc Dignity in the workplace (4 page document)
Safe disposal of sharps notification
Locum Orientation Programme
Receptionist hand over protocol

CareDoc continued
CareDoc Online Clinician Adastra V3
CareDoc Nursing Clinical Procedures & Guidelines
CareDoc Nurse Prescribing Policy, Procedures and Guidelines
Caredoc Philosophy of Nurse prescribing
An Board Altranais reply to site visit
Drugs and Therapeutic Committee terms of reference
Caredoc Nurse prescribing Policy
Draft candidate Collaborative Practice Agreement
Reporting procedure
Reporting and documentation of Adverse Drug Reactions
Clinical Incident/Near miss reporting
Protocol for the management of a Medication Error
Needle stick Injury/ immediate action
CareDoc Medications Management Procedures
An Evaluation and enhancement of Clinical Decision Support Software for Telephone Nurse Triage in the Out of Hours setting
Evaluation of the GP Out of Hours Coop Electronic Messaging Project
HSE Incident management Policy and Procedure
Out of Hours General Practice Co-Operatives: a Review of pilot Initiatives in Ireland
Evaluation of pilot initiatives undertaken in the North Eastern and South Eastern Health Boards on the provision of General Practitioner out-of hours services in those areas
CareDoc - Review of General Practitioner Out of Hours Co-operatives
Teleguide Triage Algorithm, Reviewer & Customisation Guide - Chest Pain
Teleguide Triage Algorithm, Reviewer & Customisation Guide - Rash
CareDoc Review of General Practitioner out of hours Co-operatives (May 2009)
Staffing in the Caredoc Co-operative
Location and number of treatment centres
Types of Accommodation used
Call Centres
Protocols/Procedures in call centres
Call Volume analysis
Arrangement for "Red Eye" shifts
Triage arrangements
Service level Agreements
Governance arrangements with the HSE and GPs

Arrangements for capital spending
CareDoc Continued
Policies on the Employment of Locums
Cross border arrangements between co-operatives
Opportunities for future shared arrangements
Complaints Procedures
Administrative and clinical governance arrangements
CareDoc Nurse telephone Triage Manual
CareDoc Nurse IT Manual
CareDoc Call Takers Manual
CareDoc Call Taker IT Manual
CareDoc Safety Statement
CareDoc Call Takers Protocols, Polices and Procedures
Reporting Procedure
Guidelines for call takers in the Prioritisation of calls
Protocol: Emergency Call Despatching
Protocol: Non- attendee
Protocol: Walk in patient (3 page document)
Protocol: Management of Telephone calls/ Walk-In Patients from Non Caredoc GP
Protocol: Management of walk in Non Caredoc Carlow
Protocol: Management of Patients of Dr.Regina O'Kelly
Protocol: Walk in Request for Home Visit
Protocol: Change of Disposition by Doctor
Procedure: HAA card information document
Policy: Infant and Mother scheme
Procedure: Complaints procedure
Policy:Raised Activity Policy
Policy: Quality Standards Document
Protocol: Management of Emergency Calls
CareDoc Operational Protocols, Polices and Procedures
Emergency Telephone Breakdown Procedure
Emergency Phone System Transfer
Emergency Evacuation Plan
Emergency Procedure in the event of Major Power Failure
Policy:Caredoc Grievance
Policy:Caredoc Disciplinary

Policy: CareDoc Dignity in the workplace
CareDoc Continued
Policy:Human Resource
Policy: Absenteeism
Policy: Quality Standards Document
Complaints: Procedure
Policy: Noise Polution
CareDoc Telephone Triage Nursing Protocols, Polices and Procedures
Protocol:Raised call assessment centre activity
Protocol:Emergency call dispatch
Protocol: Non-Attendees
Protocol: Change of Dispostion by duty Doctor
Protocol: Doctor Advice dispostion
Protocol: Ambulance Dispatch
Protocol: Home visits Kilkenny City
Protocol: Mangement of Section 49's /Section 50's
Protocol: Death Verification
Protocol: Patient death in Caredoc Health Centre
Protocol:Crisis Calls
Protocol:Sexual Assualt Pathway
Protocol:Suspected poisoning/ overdose case
Protocol: Triage of calls from care facilities
Protocol: Home Care/ Palliative Care Nurses/ Community/PHN's
Protocol: Padre Pio Nursing Home
Protocol: Mangement of calls from Non-Caredoc Doctors
Protocol:Management of visiting /temporary patients
Protocol: Under 1 years of age
Policy: St. Dympna's Hospital, revised admission policy
Policy:Walk in to a Caredoc treatment centre
Policy: Patient Safety
Policy:Sudden Death
Policy:Quality Standards Document

MiDoc

Complaints Procedure - Clinical and Non Clinical

HSE Mid- Leinster Out of Hours Service Standard Operating Procedure/ Guidelines

Procedure to be followed when treating a "walk in" patient to out of hours service treatment centres
Procedure for Out-of-Hours Service Drivers attending Road Traffic Accidents
HSE/MIDOC (both clinical & non clinical) Complaints Procedure
Administering Nebuliser Treatment & Care of Nebuliser Equipment in out of hours service treatment centres
Procedure to be followed when dealing with Persons of Unsound mind (PUM) in the out of hours service treatment centres
Setting up of an additional GP on an existing cell
Setting up of new MIDOC Out-of-hours service cell
Management of Urgent/Emergency Cases for the MIDOC Out of Hours Service
Procedures for Advice Calls in respect of repeat calls from a client
Procedure for the follow up of Calls to the treatment centres
Records Management Procedure
Procedure for Out-of-Hours staff who receive Clinical Complaints (i.e. complaints relating to the observationand/or direct treatment of a patient) from clients/or their representatives by telephone
Management of Referrals from Private Nursing Homes and Health Service Executive Long Stay Units/ Care Centres
Procdeure on the Provision of Emergency Contraceptive Treatment and Advice in the MIDOC Out of Hours Service
Management of Requests for Home Visits

SouthDoc

Anaphylactic Reactions
Bradycardia
Adult BLS Healthcare Povider Algorithm
Gardai/Solicitor Request
Medication Removal and/or Replacent Form
Sudden Death
Tachycardia Overview Algorithm
Tachycardia Unstable Algorithm
Walk-in to Treatment Centre
Coroner Calling Call Centre
Doctors Complaints
Emergency Call
Call Received to the Call Centre

SouthDoc Continued
The Procedure for the Management of
Controlled Drugs in SouthDoc
Triage Call Listening Form
Contents of Emergency Bag
ShannonDoc
Complaints Procedure
NoWDoc
Management of calls requiring the attendance of both the NoWDOC Service and the Abulance Service
Management of the situation when a rostered GP Does not turn up for Shift
Protocol Arranmore Island
Child Protection Referral Pathway
Air Ambulance/Search and Rescue Helicopter
Management of Calls from Community Hospitals, Nursing Homes and Public Health Nurses
Emergency Medical Transfers from Offshore Islands
Internal Policy for the Management of Leave and Staff Rotas
Procedure for the Management of Emergency Calls Received 06/06
Protocol for the Management of the Death of a Patient
Protocol for the Management of Aggressive Callers
Protocol for the Management of Patients with Decompression Illness (The Bends)
Protocol for the Management of Call Backs to the NoWDOC Service
Protocol for Call Queue Management
Protocol for Arranging Treatment Centre Appointments
Protocol for Arranging Refferal to the Emergency Department at Letterkenny General Hospital
Procedure for the Management of Special Notes
Protocol for Monitoring/Managing the Waiting Area Letterkenny Treatment Centre
Protocol for the Management of Aggressive Callers Primary, Community & Continuing Care (PCC)
Protocol for Accident and Emergency
Information Booklet for Ambulance Control Staff on the NoWDOC Service and Ambulance Control/NoWDOC Interface
Policy for Home Visits
NoWDOC Christmas Letter 17/12/2008
Protocol for Calling 2nd 3rd on Call Doctors

NoWDOC continued

Third-on-call Shifts at Weekends
NoWDOC Schedule of Fees
Garda Requests to attend A & E
Pronouncement of Death
Neutropenic Nursing Policy
Responsibility for Shifts
U.K/E.U. Visitors, S.T.C.s
8am to 9am Rotas
Communication with In House Specialities for GP Referrals
Qualified Assistants/Shift Swaps
Needlestick Injuries
Notes for Members and Qualified Assistants coming on duty
NoWDOC Practice Points
Protocol for Call Handling/Triage
Critical Incident Response
Use of Locums to cover Shifts
Criteria for Qualified Assistants
Guidance for Reception Staff
Missing Persons
Call back to service
Management of DDAs in remote centres
Walk-in Policy - Remote Centres
Walk-in Policy - Letterkenny Centre

NEDOC

Guidelines and Procedures for Supervisors with NEDOC/MIDOC GP On Call Out of Hours Service

Aims and Objectives
Procedure to be followed by Supervisor at Shift Changeover
Procedure to be followed by for Editing Calls
Procedure to be followed for Completing log Sheets
Procedure to be followed for entering triage doctors on Adastra
Procedure to be followed when moving calls
Procedure to be followed when doing a Force Connection

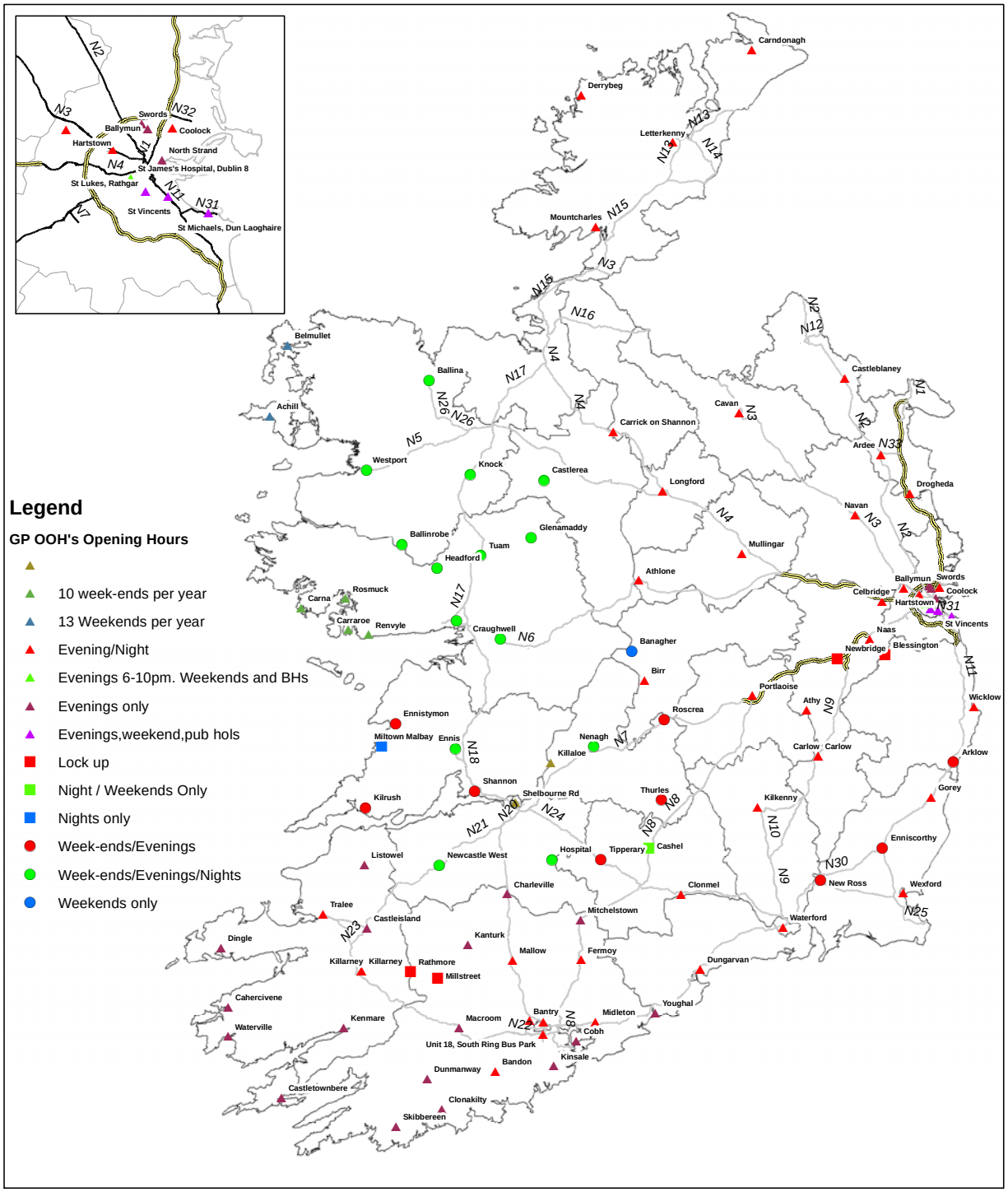
NEDOC continued

Procedure to be followed to check that calls are being assessed and not despatched
Procedure to be followed to move calls as requested by entres or where the
call has defaulted to a GP but the centre in another area is closer
Procedure to Entre Flags
Procedure to be followed when a triaging doctor enters incorrect triaging notes
against a patient
Procedure to log a new doctor onto the system
Procedure to be followed when assisting centres when a car breaks down
Supervisor Duties
Procedure which are pertinent to the 5.30 p.m. shifts
Procedure to be followed when completing NEDOC Query Sheets
Procedure to be followed when inserting Medical Card/DVC numbers against
Call Numbers on Adastra
Procedure to be followed if the telephone line fail to the GP Out of Hours Service
Procedure to be followed if Adastra Crashes
Procedure to be followed in the event of the activation of the panic alarm
Procedure to be followed when the firm alarm is activated
Guidelines and Procedures for Telephonists with NEDOC/MIDOC GP On Call Out of Hours Service
Procedures to be followed by Telephonist at Shift Changeover
Adastra V 3 Operating Instructions
Guidelines on Identifying emergency calls
Guidelines to be followed to facilitate the standardisation and uniformity of data input on Adastra
Format for input of Last Names
Format for input of First Names
Protocols and Procedures for Receptionists with the GP Out of Hours Service
Preparation for receiving patient call sheets
Procedure to be followed for Daily Staff Recording
Daily Check List
Procedure to be followed for retrieval of call sheets
Procedure to be followed for the reception of patients
Procedure to be followed for recording of outcome/completing a call
Home and Lock-up Visits
Procedure to be followed when calling an ambulance
Procedure to be followed when a member of the public has an accident at the centre
End of Shift
NEDOC continued

Medical Card System
Pharmacy
Operational Policies and Procedures for Drivers with the GP Out of Hours Services
Policy and Procedures Introduction and Context
Policy and Procedures Purpose and Objectives
Scope of Policy and Procedures
Definitions
Procedures for reporting on duty
Procedure for opening of centre
Procedure for recording checking of cars and equipment
Procedure for checking and maintaining cars
Procedure for maintaining equipment in cars
Procedure for checking and maintaining medical equipment in cars
Procedure for recording calls made
Procedure to be followed in the event of a car breakdown
Others
Guidelines for brining 2nd on-call and the obligations of the 2nd on-call doctor
Procedure for the storage and administration of GMS Prescription Pads
Policy re Drug Keys at GP Centre
Requesting assistance of NEDOC/Other Doctor
Guidelines for Mobilisation of NEDOC Service
Guidelines for Major Road Traffic Accident Involving NEDOC Vehicle
Guidelines for Minor Road Traffic Accident Involving NEDOC Vehicle
Guidelines for Cardiac Arrest in DOC Centres
Guidelines and Procedure for a Death in the NEDOC Centre
Others
Health Service Executive North Eastern Area, North East Doctor on Call Limited, Governance Arrangment
Evaluation of pilot initiatives undertaken in the North Eastern and South Eastern Health Boards
on the provision of General Pactitioner out-of-hours serivces in those areas
Out of Hours General Practice Co-operatives: a Review of pilot Initiatives in Ireland
Patient Satisfaction with the North East Doctor -on-call service
Independent Evaluation of Cawt Cross Border GP Out of Hours

Appendix 6

GP OOH's - Opening Hours



Legend

GP OOH's Opening Hours

- 10 week-ends per year
- 13 Weekends per year
- Evening/Night
- Evenings 6-10pm. Weekends and BHs
- Evenings only
- Evenings,weekend,pub hols
- Lock up
- Night / Weekends Only
- Nights only
- Week-ends/Evenings
- Week-ends/Evenings/Nights
- Weekends only

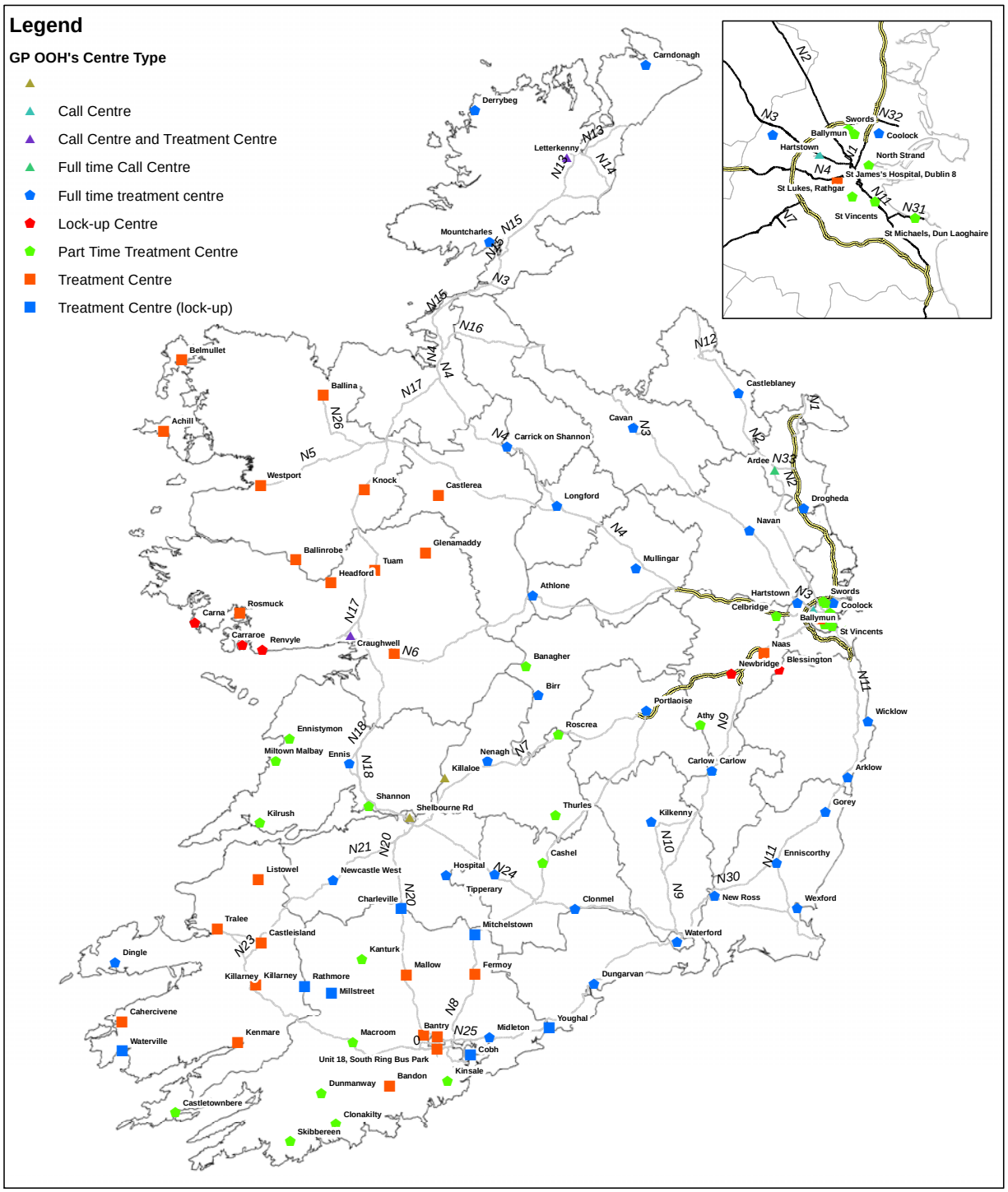
Produced under OSI Licence HSE 030601

Data Sources
LHO Populations: Health Atlas

Produced by:

National Projects Office - Service Operations
Health Service Executive
Holland Rd, Plassey
Limerick

GP OOH's - Centre Type



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Data Sources
LHO Populations: Health Atlas

Produced by:

National Projects Office - Service Operations
Health Service Executive
Holland Rd, Plassey
Limerick

APPENDIX 7

National Review of GP Out of Hours' Co-operatives

SUMMARY OF CONSULTATION PROCESS WITH KEY REPRESENTATIVES OF THE COOPERATIVES

The terms of reference for the national review of GP out of hours' co-operatives included an examination of the current arrangements in place throughout the country. In addition to sending out questionnaires for completion, the project team undertook a series of individual meetings with key representatives of the various cooperatives. The representatives included the Medical Directors and Chairpersons, the Business Managers and the Service Managers. The Local Health Managers and Primary Care Unit Managers were also invited to attend. The meetings were arranged regionally as follows:

4th June 2009. Merlin Park Hospital	1. West Doc 2. NowDoc 3. ShannonDoc
9th June 2009. Swords Business Campus	4. NeDoc 5. DDoc 6. KDoc 7. MiDoc
16th June 2009. Dr. Steevens' Hospital	8. DubDoc 9. EastDoc 10. DL Doc 11. LukeDoc
19th June 2009. St. Luke's Psychiatric Hospital, Clonmel.	12. Caredoc 13. SouthDoc

The main points raised in discussion overall are as follows:

- There is a need to have a national contract for the installation/maintenance/upgrading of the Adastra systems.
- Mental Health Services – there are a significant number of concerns nationally to justify the establishment of an out of hours' telephonic service in a national/regional call centre.
- Medicine management; there is a need to consider options such as arrangements with local pharmacies.
- Limited out of hours' methodone service; while patients shouldn't need the service out of hours', there is a problem when they move to another area.
- Opportunities to develop integration with Ambulance Service.
- Out of hours' dental service.
- Palliative Care out of hours' service/triage.
- Access to public health nursing at weekends.
- An out of hours' social work service – national/regional.

- Central triaging to avoid replication; be aware of geographic considerations i.e. the number of towns across Ireland that have the same name etc. dispatchers would be required to arrange local appointments.
- GPs holding clinics alongside the out of hours' service
- Decision software for nurse triage has proven to reduce/eliminate complaints against nurses.
- Minor Injuries Unit – especially where local A&E units have been closed.
- Convenience medicine – there is evidence to show that patients are waiting till they come home from work to see a doctor in addition to receiving their medication free through the out of hours' service.
- Standardise the electronic claiming of fees from the PCRS nationally.
- GP out of hours' services facilitate the recruitment of GPs into rural areas.
- Private Health Insurers – are there any options for consideration in this context?
- Increase in use of out of hours' services.
- Increase in medical cards being issued.

Appendix 8

Comments	Drug	Overlabelled (L) or for administration (N)	Strength	Preparation	Car	Base
	Analgesia					
Equivalent paracetamol/codeine combination available.	Cocodamol	L	30/500	Tablets	Yes	Yes
✓	Diclofenac	N	75mg/3ml	Injection	Yes	Yes
✓	Ibuprofen	L	400mg	Tablets	Yes	Yes
✓	Ibuprofen	L	100mg/5ml	S/F Liquid	Yes	Yes
✓	Paracetamol	L	500mg	Tablets	Yes	Yes
✓	Paracetamol	L	120mg/5ml	S/F Liquid	Yes	Yes
This strength is not available here. Consider 180mg.	Paracetamol (paediatric)	N	60mg	Suppositories	Yes	Yes
✓	Paracetamol	N	500mg	Suppositories	Yes	Yes
✓	Tramadol	N	100mg/2ml	Injection	Yes	Yes
	Respiratory					
✓	Aerochamber	N	adult	Spacer	Yes	Yes
✓	Aerochamber	N	child	Spacer	Yes	Yes
✓	Aerochamber	N	infant	Spacer	Yes	Yes
✓	Budesonide	N	1mg/2ml	Nebulising solution	Yes	Yes
✓	Ipratroprium	N	250mcg/ml	Nebulising solution	Yes	Yes
✓	Prednisolone (soluble)	L	5mg	Tablets	Yes	Yes
✓	Salbutamol	N	2.5mg/2.5ml	Nebulising solution	Yes	Yes
✓	Salbutamol	L	100mcg	Inhaler	Yes	Yes
	Cardiac					
✓	Aspirin	N	300mg	Dispersible tablets	Yes	Yes
Licensed but not on GMS. Alternative strength on GMS	Furosemide	N	50mg/5ml	Injection	Yes	Yes
✓	Furosemide	L	20mg	Tablets	Yes	Yes
✓	Glyceryl Trinitrate	L	400mcg	S/L Spray	Yes	Yes

Comments	Drug	Overlabelled (L) or for administration (N)	Strength	Preparation	Car	Base
✓	Suscard Buccal	N	2mg	Tablets	Yes	Yes
	Allergy/anaphylaxis					
✓	Adrenaline	N	1:1000 (1ml)	Injection	Yes	Yes
?	Syringe 1ml (for adrenaline) and dosage card (check availability) or refer to appropriate BNF section	N			Yes	Yes
✓	Chlorphenamine	N	10mg/ml	Injection	Yes	Yes
✓	Chlorphenamine	L	4mg	Tablets	Yes	Yes
Unlicensed	Chlorphenamine	L	2mg/5ml	Liquid	Yes	Yes
✓	Hydrocortisone Succinate +diluent	N	100mg	Injection	Yes	Yes
✓	Loratadine / cetirizine	L	10mg	Tablets	Yes	Yes
	Diabetes					
✓	Blood Glucose test strips (local decision)	N			Yes	Yes
✓	Glucagon (Keep in fridge. Note discard after 1yr from date of removal from fridge if stored at room temperature or by manufacturers expiry date if occurs sooner)	N	1mg/ml	Injection	Yes	Yes
✓	Glucose	N	10% or 20% 500ml	Infusion bag	Yes	Yes
✓	GlucoGel (formerly Hypostop gel)	N		Gel	Yes	Yes
	Opioid overdose					
✓	Naloxone (stock level of 5 boxes of 5 ampoules)	N	400mcg/ml	Injection	Yes	Yes
	Gastrointestinal					
Not available – consider Gaviscon	Peptac (reduced expiry date once opened)	L	500ml	Liquid	No	Yes
✓	Buccastem	L	3mg	Tablets	Yes	Yes

Comments	Drug	Overlabelled (L) or for administration (N)	Strength	Preparation	Car	Base
✓	Domperidone	L	10mg	Tablets	No	Yes
✓	Glycerol Infant Suppositories	N	1g	Suppositories	No	Yes
✓	Hyoscine Butylbromide	L	10mg	Tablets	Yes	Yes
✓	Hyoscine Butylbromide	N	20mg/ml	Injection	Yes	Yes
??	Micralax Microenema	N		Enema	Yes	Yes
✓	Loperamide	L	2mg	Capsules	Yes	Yes
✓	Metoclopramide	N	10mg/2ml	Injection	Yes	Yes
✓	Oral rehydration powder (local choice)	L		Sachets	Yes	Yes
✓	Omeprazole	L	20mg	Capsules	Yes	Yes
	Infection					
✓	Aciclovir	L	800mg	Tablets	Yes	Yes
✓	Aciclovir	L	200mg/5ml	Suspension	Yes	Yes
✓	Amoxicillin	L	125mg/5ml	S/F Liquid	No	Yes
✓	Amoxicillin	L	250mg/5ml	S/F Liquid	Yes	Yes
✓	Amoxicillin	L	500mg	Capsules	Yes	Yes
✓	Benzylpenicillin	L	600mg	Injection	Yes	Yes
Query 500mg caps available	Cefalexin	L	500mg	Capsules	Yes	Yes
✓	Cefotaxime	N	1g/vial	Injection	Yes	Yes
Unlicensed	Chloramphenicol	N	1g	Injection	Yes	Yes
✓	Chloramphenicol Eye Ointment	L	4g	Ointment	Yes	Yes
✓	Clarithromycin	L	125mg/5ml	Liquid	Yes	Yes
✓	Clarithromycin	L	500mg	Tablets	Yes	Yes
✓	Erythromycin	L	500mg	Tablets e/c		
✓	Erythromycin	L	125ml/5ml	S/F Liquid		
✓	Flucloxacillin	L	125mg/5ml	S/F Liquid	No	Yes
✓	Flucloxacillin	L	500mg	Capsules	Yes	Yes
✓	Metronidazole	L	400mg	Tablets	Yes	Yes
✓	Nitrofurantoin	L	50mg	Tablets	Yes	Yes
✓	Penicillin V	L	125mg/5ml	S/F Liquid	Yes	Yes

Comments	Drug	Overlabelled (L) or for administration (N)	Strength	Preparation	Car	Base
✓	Penicillin V	L	250mg	Tablets	Yes	Yes
	Rifampicin as per local guidelines	L				
✓	Trimethoprim	L	200mg	Tablets	Yes	Yes
✓	Trimethoprim	L	50mg/5ml	S/F Liquid	Yes	Yes
	Psychiatric/CNS					
✓	Diazepam	L	2mg	Tablets	Yes	Yes
Query	Diazepam Rectal	N	2.5mg	Tube	Yes	Yes
✓	Diazepam Rectal	N	5mg	Tube	Yes	Yes
✓	Diazepam Rectal	N	10mg	Tube	Yes	Yes
✓	Diazepam	N	10mg/2ml	Injection	Yes	Yes
✓	Haloperidol	N	1.5mg	Tablets	Yes	Yes
✓	Haloperidol	N	5mg/ml	Injection	Yes	Yes
Unlicensed	Procyclidine	N	5mg/ml	Injection	Yes	Yes
	Obstetric & Gynaecology					
✓	Levonelle 1500	L	1 op	Tablets	Yes	Yes
✓	Syntometrine (fridge item. Local arrangements dictate need to keep in stock)	N		injection		
	Eye					
✓	Tetracaine (Amethocaine) Minims	N	1%	Eye drops	No	Yes
✓	Fluorescein Minims	N	1%	Eye drops	No	Yes
	Oxygen					
?	Oxygen Cylinders and one giving set (local arrangements)	N			Yes	Yes
?	Oxygen tubing	N				
	Miscellaneous					

Comments	Drug	Overlabelled (L) or for administration (N)	Strength	Preparation	Car	Base
✓	Alcohol hand gel/mousse	N			Yes	Yes
✓	Crepe bandages	N	10cm		Yes	Yes
✓	Dressing packs	N			Yes	Yes
✓	Gauze swabs	N			Yes	Yes
✓	Gloves	N			Yes	Yes
✓	Hard surface wipes	N			Yes	Yes
✓	KY jelly	N			Yes	Yes
✓	Mepore Dressing	N	6 x 7cm		Yes	Yes
✓	Hypoallergenic tape	N	2.5cm		Yes	Yes
✓	Multistix 10SG	N			Yes	Yes
✓	Sodium Chloride 0.9%	N	500mls	Infusion	Yes	Yes
✓	Sodium Chloride 0.9% for Irrigation	N	25ml	sachets	Yes	Yes
✓	Sharps box	N			Yes	Yes
✓	Steri-strips	N			Yes	Yes
✓	Water for injection	N	5ml	Amps	Yes	Yes
Query – this size pack available?	Water for oral use (reconstitution of oral antibiotics)	N	100ml	bottles	Yes	Yes
✓	Syringes	N			Yes	Yes
✓	Eye patches	N				

Palliative Care Drugs

DRUG	STOCK	
Cyclizine inj 50mg/ml	2 x 5	✓
Diazepam Rectal tubes 10mg	1 x 5	✓
Dexamethasone Sodium Phosphate 8mg/2ml Injection	1 x 5	Unlicensed
Flumazenil 500mcg/5ml	1 x 5	✓
Haloperidol Injection 5mg/ml	1 x 5	✓
Hyoscine Butylbromide 20mg/ml	1 x 10	✓
Hyoscine Hydrobromide 400mcg/ml	2 x 10	✓
Levomepromazine Injection 25mg/ml	1 x 10	✓
Metoclopramide Injection 10mg/2ml	1 x 10	✓
Midazolam Injection 10mg/2ml	2 x 10	✓
Oxygen Cylinders and one giving set	2	??
Sodium Chloride 0.9% Injection 10ml	1 x 10	✓
Water for Injection 10ml	1 x 10	✓

Emergency Bag for GPs - Emergency Drugs

These drugs should be considered for inclusion as emergency drugs or use by GPs.

Note individual GPs are responsible for providing their own controlled drugs. It is recommended that GPs have available diamorphine 5mg for injection in case they are needed. GPs should ensure that these drugs are in date and have not expired.

Drug	Strength	Preparation	
Minijet Adrenalin 1:1000	1mg/1ml		✓
Adrenalin 1:10,000 MiniJet / PFS	1mg/10ml		✓
Amiodarone MiniJet / PFS	300mg/10ml		Unlicensed but routinely stocked
Aspirin dispersible	300mg	Tablets	✓
Atropine MiniJet / PFS	3mg/10ml		✓
Benzylpenicillin	600mg amp	Injection	✓
Budesonide nebulising solution	0.5mg/2ml		✓
Cefotaxime	1g	Injection	✓
Chloramphenicol	1g	Injection	Unlicensed
Chlorphenamine	10ml/1ml		✓
Cyclizine	50mg/1ml	Injection	✓
Diazemuls	10mg/2ml	Injection	✓
Diazepam Rectal	10mg	Tube	✓
Diazepam Rectal	5mg	Tube	✓
Diazepam Rectal	2.5mg	Tube	???
Diclofenac	75mg/3ml	Injection	✓
Flumazenil	500mcg/5ml	Injection	✓
Furosemide	50mg/5ml	Injection	✓
Glucagon	1mg kit	Injection	✓
Glucose	10% or 20%	Amps	✓
Glyceryl Trinitrate	2mg buccal	Tablets	✓
Haloperidol	5mg/ml	Injection	✓
Hyoscine Butylbromide	20mg/ml	Injection	✓
Hydrocortisone Succinate	100mg vial		✓
Ipratropium nebules	250mcg/1ml	Nebules	✓
Metoclopramide	10mg/2ml		✓
Naloxone	2mg/2ml	Prefilled syringe	✓
Prednisolone (soluble) (Note a steroid warning card should be supplied to the patient.)	5mg	Tablets	✓
Procyclidine	5mg/ml	Injection	Unlicensed
Salbutamol	500mcg/1ml		??
Salbutamol nebules	2.5mg/2.5ml	Nebules	✓
Tramadol	50mg/ml	Injection	2ml vial? As before?
Water for injection			
Sodium chloride 0.9% for injection			

Emergency equipment

Item	Number	Cost (approx)	Item	Number	Cost (approx)
Bag					
SP Medic Plus Backpack	1	130			
SP Medic Bag equipment board	1	20			
Airway					
Airway Roll	1	30			
Pocket mask	1	10			
Guedel Airways set	1 of each size	4	←Full set includes 00 and 0 size		
Nasal Airway size 6,7,8	1 of each size	12			
LMA Size 3,4,5	1 of each size	33			
McGills forceps	1	3			
Handheld suction Unit	1	50			
Replacement suction container	1	12	Paediatric suction container	1	12
Laryngoscope handle	1	33			
Laryngoscope blades sizes 3,4	1 of each size	10	Paediatric Laryngoscope blades size 1,2	1 of each size	10
Batteries for laryngoscope C	2 x 2 C cells	8			
Breathing					
Adult nebuliser mask	1	5	Paediatric nebuliser mask	1	5
Stethoscope	1	50			

Item	Number	Cost (approx)	Item	Number	Cost (approx)
Circulation					
Tourniquet	1	10			
IV Cannula size 22, 20, 18, 16, 14	2 of each size	30	Paediatric IV cannulae	2 each size	12
Transparent IV cannula site dressings	20	10	T-piece connectors	2	4

IV fluid giving sets	2	10	Paediatric fluid giving set	1	
IV fluids sodium chloride 0.9% 500ml	2	10			
IV fluids dextrose 5%	1	5			
BP cuff	1	37			
Intraosseous needle	1	40			
3-way tap	1	3			
Chlorhexidene skin wipes	1 box	0.5			
Miscellaneous					
Tuff Cut shears	1	4			
Syringes 2ml, 5ml, 10ml, 20ml					
Needles 23G, 21G					
		588.50			**68.00**
Glucometer	1	15			
Test strips	1				
Pulse Oximeter (with adult & paediatric lead)	1	350			
AED with 3-lead monitoring	1	2600			
Spare pads for AED	1	25	Spare paediatric pads	60	

APPENDIX 9

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

and

[THE PROVIDER]

GP Out-of Hours Service Providers (Generic)

Agreed service agreement number (To be advised by National Business support unit)

SERVICE LEVEL AGREEMENT

PART 2 OF AGREEMENT – PRIMARY, COMMUNITY AND CONTINUING CARE SERVICE SCHEDULES

Section 39 Health Act 2004

TABLE OF CONTENTS

SCHEDULE 1

Contact Details

Purpose
The purpose of this schedule is to set out the key contact details of both the Executive and the Provider.

Part A – The HSE	
Name of Local Health Manager or Relevant Assistant National Director if schedules pertain to more than one LHO area:	
Local Health Office or relevant area office Address:	
Telephone Number:	
Fax Number:	
E-mail:	
Main contact person: *(This is the nominated key contact person who will have operational responsibility for the contract)*	
Authorised signatory: *(This is the person who has been assigned responsibility for signing service agreements)* *This should not be confused with the authorised signatory for Garda vetting.*	
Service Lead:	(*Please expand as necessary, for each relevant service category)*
Department/Specific are of responsibility:	
Address:	
Telephone Number:	
E-mail:	
H.R. Contact:	
Address:	
Telephone Number:	
E-mail:	
Finance Contact:	
Address:	
Telephone Number:	
E-mail:	
Emergency Contact: *(Ref: Local emergency/crisis protocol)*	
Address:	
Telephone Number:	
E-mail:	

Part B – The Provider	
Registered Name:	
Address:	
Legal Status:	
Registered Charity Status:	
Registered Charity Number:	
Registered Company Number:	
Tax Clearance Number :	
Parent organisation Name and Address: *(Where an organisation is a subsidiary of a national organisation)*	
Main Contact Person: *(This should be the person who has overall responsibility for execution of the contract and will be the key link person with the Executive.)*	
Chief Officer/Director or appropriate senior official (please give title):	
Chairperson:	
Authorised signatory: *(This should be the person authorised by the Board of the Provider to sign the Service agreement)* *Chairperson or Equivalent*	
Address:	
Telephone Number:	
Email:	
Service Lead/s	*Expand where appropriate to each service type.*
Specific area of responsibility:	
Address:	
Telephone Number:	
E-mail:	
Finance Contact:	
Address:	
Telephone Number:	
E-Mail:	
H.R. Contact:	
Address:	
Telephone Number:	
E-mail:	
Emergency Contact: *(Ref: Local emergency/crisis protocol)*	
Address:	
Telephone Number:	
E-mail:	

SCHEDULE 2

Quality and Standards

Purpose
This schedule should specify the quality service standards, and service assurance aspects which must be adhered to by the Provider in consideration for the funding **(see Schedule 6, Funding)** provided by the Executive. The template below sets out the quality details which should be completed.

Mission Statements
This section contains the mission statements of both the Executive and the Provider.
The mission of the Health Service Executive is: *To enable people live healthier and more fulfilled lives*
The mission of the provider is: ***Insert Mission Statement of the Provider here***

Principles Underpinning Quality & Standards	
Services must comply with all relevant statutory regulations, strategy & guidance documents in relation to quality and standards associated with the service in question. The following listing represents relevant regulations for these services, and it is required that all services are in accordance with the principles set out in these regulations. The list below may not be exhaustive and may be added to as appropriate.	
Generic may apply to all	**Care Group Specific**
Health Act 2004	
Health Act 2007	
Quality & Fairness - A Health System For You 2001	
Disability Act 2005	
Mental Health Act, 2001	
Primary Care A New Direction 2001	
Trust in Care 2005	
Vision for Change 2006	

The Non Fatal Offences Against the Person Act 1997	
Equality Act 2004	
Companies Act 1990	
Data Protection Acts 1998 & 2003	
Freedom of Information Acts 1997 & 2003	
Safety Health & Welfare at Work Act 2005	
E.U. Procurement Directive 2004/18/EC	
Competition Act 2002	
Health & Social Care Professionals Act 2005	
Public Health Tobacco Act 2004	
Ombudsman Act 1980	
Employment Equality Acts 1998 & 2004	
Equal Status Acts 2000 & 2004	
Ethics in Public Office Acts 1995 & 2001	
Comptroller and Auditor General (Amendment) Act 1993	

Codes of Practice

*This section should set out all relevant codes of practice to be adhered to in relation to the services specified in **Schedule 3 Service Delivery Specification**. This should include any agreed local and national codes of practice associated with such services. This list may not be exhaustive.*

Code of Practice –Generic may apply to all	**Code of Ethics –Care Group Specific**
HR/Employment Codes of Practice incl:-Bullying Policy etc.	Medical Council – A Guide to Ethical Conduct and Behaviour (Sixth Edition, 2004)
Risk Management	An Bord Altranais – Code of Professional Conduct for Each Nurse and Midwife (April, 2000)
Records Management	
Confidentiality	
Trust in Care	
Codes of Professional Conduct as Pertains to Relevant Disciplines	
Financial/Accountancy Code of Practice	
Code of Good Practice in Professional Supervision & Mentoring (*Various as appropriate)*	
Safety Statement	
Code of Practice for the Prevention and Control of Health Care Associated Infections 2006 (Amended 2008)	
ACT Healthcare Facilities – Code of Practice 2001	

Quality and Standards in Place

All Out-of-Hours primary medical care shall be provided by the Practitioners who are registered members of the Provider, i.e. locum doctors shall be involved in providing medical care only in the event of long term illness of a member doctor or a member doctor on maternity leave or a member doctor continuing in the GMS over the age of 65 years or during the designated Red-eye Shifts, or in the case of an emergency.

All locums employed for the Red-eye Shifts shall only be employed if appropriately qualified to carry out the role of the GP and following receipt of current medical registration, current medical indemnity, references, Garda Clearance and without objections from any of the Practitioner representatives.

This section should specify the actions the Provider is taking to maintain quality and service standards. Is the organisation implementing any of the following or other similar measures? Alternatively an agreed quality and standards development plan can be attached as part of this schedule. Differentiate between mandatory & optional. This list may not be exhaustive.

Generic May apply to all	**Care Group Specific**
Individual Care Plans for Clients	Call Taker protocols
Personal Development Plans for Staff	Nurse Telephone protocols
Personal Outcomes Accreditation	Telephone triage nursing protocols, policies and procedures
Financial Audit	Nightingale teleguides – telephone triage guidelines
Records Management Practices	Operational policies
Risk Management	Treatment centre protocols and procedures
Continuous Quality Improvement	Clinical nurse operational manual
Service Quality Accreditation	Medication management procedures
Residential Care Guidelines & Standards	Nurse prescribing manual
Excellence Through People	Doctors handbook
HACCP (system of food quality standards)	
ISO Standards	
Health Quality Mark	
Your Service Your Say - Complaints Policy (Schedule 8 refers)	
Template for Capturing Statistics Relating to Complaints & Guidelines for the Completion of the Template	
Standard Operating Procedure for Dealing with the Provision of Information to Elected Public Representatives	
National Strategy for Service User Involvement in the Irish Health Service 2008-2013	
Framework for Corporate & Financial	

Monitoring of Quality and Standards

This section should outline the plan/actions the agency has in place to monitor quality and standards. This should include actions such as:

- *Audit tools appropriate to service*
- *Service user inputs*
- *Service user satisfaction surveys*
- *Service user evaluations*
- *Carer evaluations*
- *Service evaluations*

The information recorded below should link to ***Schedule 3*** **Service Outcomes.**

- Care Group Specific Annual patient satisfaction survey - minimum
- Evaluation of response times
- Comparative data from all Co-ops
- Statistical data on numbers of calls and how they were dealt with
- Complaints statistics

Corporate & Clinical Governance

This section should provide details of the Corporate & Clinical Governance Structure in place (This may include organisation chart.) Please provide documentation including the Memoranda & Articles of Association.

The corporate and clinical governance structure is as per Memorandum and Articles of Association attached. (documents to be appended)

Liaison Committee

- There shall be a Liaison Committee consisting of two representatives of the Provider and two representatives of the Executive.

- The Liaison Committee shall at all times seek to deal with its responsibilities by way of consensus. In the event of unresolved disagreement, the Chairperson of the Provider, an appropriate senior Officer of the Executive shall confer on the matter(s). In the event of continuing disagreement, matters shall be determined by agreed independent arbitration.

- The Liaison Committee shall meet quarterly unless such circumstances arise as to require it to meet more frequently.

- Any member of the Liaison Committee may call a non-routine meeting following consultation and agreement with other members of the Liaison Committee. For such a meeting to take place at least two representatives of the Provider and two representatives of the Executive must participate.

- In the event of an issue (or issues) being unresolved at a Liaison Committee meeting any two members of the Liaison Committee may call for the appointment of an independent Chairman to resolve the matter. Such

independent Chairman shall be appointed by agreement and in default of agreement shall be such person as shall be appointed by the relevant Senior Manager of the HSE.

Quality Assurance

This section should set out the requirements, if any, of the Executive in relation to participation of the Provider in quality assurance programmes e.g. ISO9002 Standard, HIQA programmes, and HSE Transformation Quality Initiatives.

Generic may apply to all	**Care Group Specific**
HSE Process to review documentation supplied by the Service Provider to include Child Protection Policies	
Involvement of Quality Assurance, Audit & Risk & Financial Audit	
Involvement of HIQA in the evaluation Process	
Infection Control	
Ombudsman	
Ombudsman for Children	
E.U. Consumer Affairs	
Consumers Association of Ireland	

SCHEDULE 3

Service Delivery Specification

Purpose
This Schedule is intended to specify the functional details of the health and personal social services which will be provided by the Provider in consideration for the Funding (as set out in **Schedule 6 Funding**) provided by the Executive.
The performance of the Services will be monitored as set out in **Schedule 4 Performance Monitoring.**

The Provider has been established as a partnership between the Health Service Executive and participating General Practitioners in the region. It provides urgent General Practitioner services to patients of participating practices outside normal surgery hours. The main aim is to deliver a safe, effective and efficient service to patients in the region, including, inter alia,

- An efficient method for patients to contact their general practitioner or their locum at out-of-hours times regarding urgent medical matters
- Facilitation of General Practitioners to provide such out-of-hours services as they are contracted to provide under the Agreement for Provision of Services under Section 58 of the Health Act 1970 and as substituted by the Health (Amendment) Act, 2005 and such other agreements that may be in effect between General Practitioners and the Executive or other State Bodies.
- Provision of out-of-hours nurse advice service for eligible patients of participating General Practitioners. This service is provided by trained nurses under the clinical direction of the Clinical Directors and in accordance with agreed procedures and protocols.
- Other services as may be agreed between the Executive and the Provider.

Care Group
Please insert relevant Care Group e.g. intellectual disability, physical & sensory disability, children services, social inclusion, mental health, older persons etc.
- All GMS patients in the region registered with member doctors - All GMS patients temporarily visiting the area - Patients with an entitlement under EU Regulations - All private patients of participating General Practitioners (subject to local charges)

The format of this section will depend on the nature of the service and whether there are quantifiable deliverables.

The tabular format suggested below, may not be suitable to sufficiently capture the information in certain cases.

Please complete this section to suit your particular requirements, ensuring that the general heading descriptions are incorporated.

Premises at which service will be delivered	**Description Of Services**	**Scope of Services to be Provided (Quantitative)**	**No. of Service Users Availing of the Service.**
The services will be accessible to users through a lo-call telephone number and thereafter at specified treatment centres or by means of a home visit as appropriate. The call management centre will be based at_____ and treatment centres will be available in the following locations:	The Provider will provide a consistently high quality, easily accessible urgent general practitioner out-of-hours service The Provider will provide a consistently high quality, easily accessible call handling and triage service for _____ during the hours of _____	The service will operate each weekday from 18.00 hours to 08.00 hours on the following day and on a 24-hour basis at weekends and bank holidays.	For the year ending 31/12/2010 the number of calls to be dealt with will be XXXXX (+/- 2%)(inclusive of non-GMS patients)

- *Each separate service delivery location needs to be identified, where separate distinct services are provided from one location, it is advised to enter separate lines to identify each service quantum.*

- *Where information is available, or for new services, further columns should be included identifying the direct staffing and funding associated with each separate service quantum.*

- *An agreed timetable between the provider and key contact needs to be agreed to provide a detailed integrated specification which provides service quantum, staffing and funding information for each unit of service delivery (if deemed appropriate).*

- *Where the service provider is making premises available to the service then this may be highlighted in this schedule.*

- *Where vacancies exist these need to be clearly identified by the inclusion of an additional information column.*

It may be more appropriate to utilise excel for this section if the service quantum is diverse, and staffing and funding information is available.

The National Business Support Unit will build up a portfolio of templates and these will be available for distribution.

Service Outcomes

This section needs to indicate the anticipated outcomes that the service will deliver so that they can be monitored and evaluated. This is on the basis that there needs to be an increasing emphasis on results i.e. outcomes.

Do you have a Framework in Place to Measure Qualitative Outcomes? If so please give details. It should be noted that:

- *Cognisance needs to be taken not to marginalise the most disadvantaged or difficult cases in order to achieve better outcomes.*
- *Initial intermediate outcomes e.g. number of persons signing up for training awareness programmes, may be set out.*

The information recorded below should link to ***Schedule 2*** **Monitoring of Quality and Standards**

Calls

- 90% of calls to be answered within 30 seconds
- All calls to be answered within 60 seconds
- Introductory message after 15 seconds to reassure caller
- All calls to be prioritised using agreed protocols
- Life threatening conditions to be identified immediately
- Emergency calls to be transferred for triage immediately
- Urgent calls – Triage Nurse to return call within 10 minutes
- Non-urgent calls- Triage Nurse to return call within 40 minutes
- All calls to be triaged using agreed protocols and an appropriate level of care reached for each patient

Visits

- With a treatment centre or home visit appointment , a face-to-face consultation should commence within the following timescales, after the definitive clinical assessment has been completed:
  - Emergency: Within 45 minutes
  - Urgent: Within 90 minutes
  - Routine: Within 4 hours

Doctor advice

- A routine call passed for doctor advice should be contacted back by the duty doctor within 40 minutes

Clinical Audit

- Regular clinical audit of all calls should be carried out on the following basis:
  - Call Takers: 1% of calls audited every 3 months for each staff member
  - Nurses: 2% of calls audited each month for every staff member

Clinical responsibility

Clinical responsibility for the service rests with the Provider's Board of Directors through its Clinical Director(s). It is the responsibility of the HSE to facilitate the clinical role of the clinical directors through the provision of functioning infrastructural and technical support.

Financial Accountability

Service to be provided under the terms of this agreement will be within the budget allocated. The provider will not incur any debts or liabilities outside of the budget without the written approval of the Executive.

Staff Qualifications

This section should contain a statement regarding qualifications of staff as appropriate.

- All staff employed by the Provider must be properly qualified for the post that they hold
- All job descriptions must be approved by the HSE
- Non-GMS doctors must have a minimum of 4 years experience as family doctors and have worked at least for 6 months in general practice in Ireland
- All medical staff must have current medical indemnity, current registration with the Medical Council and clearance from the Garda Vetting Unit.

Catchment Area(s)

Where appropriate this section should describe the catchment area for the services and a spatial map if available should be attached. The Electoral Divisions of the catchment area (if known or if appropriate) should also be listed.

(Please note that this section will not apply to all services, as some services will be demand led regardless of a client's home address.)

The catchment area of the Provider is_____

Access, Referrals, Safeguarding, Admissions & Discharge Procedures

This section should set out (attach if more appropriate) the agreed policies and protocols in operation for access criteria, referral, safeguarding etc. for service(s). It should include, when required, agreement on access for all clients including those with greater levels of dependency or behavioural problems. Attach, where appropriate, any policy documents in this regard to ensure that everyone (client, families, HSE staff etc.) understand the criteria governing access to, use of and discharge from the service.

Generic may apply to all services	Care group Specific
Referral Policy	
Admissions Policy	
Discharge Policy	
Trust in Care Guidelines	
Policy and Procedures for the Notification to HSE of Discharge or Change of Circumstances of Clients	
Case Conference Policy	
Policy on Anti Discriminatory Practice	
Anti Bullying Policy	
Health and Safety Policy	
Non-Accidental Injury Policy	
Policy to Protect Staff	

Performance Indicators

This section should specify the Performance Indicators needed by setting out details appropriate to the service. This should include any relevant local and national standards, where appropriate. Examples of targeted activities include:

- Number of contacts by patients and outcomes from those contacts.
- Number of complaints received.
- Results from patient satisfaction surveys.

Additional Services

*Where the scope of the Services provided pursuant to this Agreement is increased, whether by developing existing Services or introducing new Services, the increase must be authorised in advance in writing by the Executive (the "**Additional Services**").*

*A detailed specification for the Additional Services must be agreed in writing between the parties to this Agreement prior to any Additional Services being provided by the Provider, including the range, type, and volumes of Services, together with the amount and timing of payments due in respect of the Additional Services (the "**Additional Services Addendum**").*

The Additional Services Addendum shall be appended to this Agreement and should be in the general format of the functional headings as set out earlier in this schedule.

Elements to be covered should include.

- Location of service
- Description of service
- Quantum of service if applicable
- Start date of service
- End date of service if applicable
- Staffing implication
- Funding required current year
- Funding required full year costs
- Client identifier and profile either individual or general cohort description.

The National Business Support Unit will build up a portfolio of templates and these will be available for distribution.

SCHEDULE 4

Performance Monitoring

Purpose

This schedule states the agreed performance management requirements. These have been developed with reference to the Performance Indicators detailed within **Schedule 3 (Service Delivery Specification)**. This schedule also contains the associated reporting timetable regarding reports and meetings. The level of performance monitoring will depend on the type of service and the level of functions. See Excel Spread Sheet

Information Requirements

The following table should outline the key information required to monitor the activity and performance levels (tick as appropriate). This section aims to set out the list of reports that the Provider must provide to the Executive to facilitate the performance management function. (Please note that separate guidance as to the format of the individual reports i.e. financial, activity data, P.I.s etc. will be provided).

Form No.	Report Required	Annual	Quarterly	Monthly
	Financial Report – Activity *	Y	Y	
	Financial Report – Governance		Y	
	Activity Data – summary of services *		Y	
	Activity Data – Calls		Y	
	Staffing reports	Y		
	Review of Performance Indicators		Y	
	Other			

** Where information is available, and for new services, the financial reports should separately identify each separate service, and link the service activity and staffing with the funding allocated. Excel spread sheets with examples will be available.*

Review Meetings

This section should set out the schedule of review meetings appropriate to the level of funding provided. (Please note that separate guidance will be issued in this regard).

Month	Description	Location	Attendees

SCHEDULE 5

Information Requirements

Purpose

This schedule sets out wider information requirements in the context of the service in question and the statutory obligations for the Provider, under Section 38 of the Health Act 2004, to provide business critical information to the Executive i.e. Annual Reports, Audited Accounts and other evaluation reports.

Annual Report
The Provider shall provide an Annual Report to the Executive in respect of the services no later than 30 June in each Year. The Annual Report will include the following minimum information: • *A general statement on the services provided;* • *Governance arrangements;* • *Report on the implementation of the Business Plan or equivalent;* • *Report required by Part 9 Section 55 (Complaints) of the Health Act 2004;* • *The Annual Audited Accounts.*

Audited Accounts
In accordance with Section 38 (Arrangements with Service Providers) of the Health Act, 2004, the Provider shall submit a copy of its audited accounts and the auditor's certificate and report on the accounts to the Executive within the period specified by the Executive. *For the avoidance of doubt, the expenses of the audit of the Provider's accounts shall be payable by the Provider.* *The Provider's audited accounts shall separately identify funding received from the Executive, as distinct from other funding received during the financial year.*

Audits, Evaluations, etc
Details of any audit, evaluation, inspection, investigation or research undertaken by or on behalf of the Provider or any third party in connection with the quality of any or all of the services shall be provided to the Executive.

Other Information
This section should set out any other information requirements relevant to the particular services being provided.

SCHEDULE 6

Funding

Purpose

This Schedule is intended to specify details of funding, payments and financial monitoring for the health and personal social services which will be provided by the Provider. The performance of the financial management will be monitored as set out in Financial Reporting **Schedule 4 Performance Monitoring.**

Total Payments

The funds (inclusive of all duties, taxes, expenses and other costs associated with or incurred in the provision of the Services) to be paid by the Executive to the Provider in consideration for the provision of the Services in accordance with the terms of this Agreement in the financial year commencing on 1st January [•] and ending on 31st December [•] (the "**Financial Year**") shall be EUR [•].

The total to be paid should be detailed linking back to **Schedule 3 Service Delivery Specification** where appropriate and/or setting out the various amendments if this is an annual review of an existing service level agreement.

The National Business Support Unit will build up a portfolio of templates and these will be available for distribution.

Payment frequency is outlined below:

Schedule of Payments to Provider Account Number: _____			
Date	**Details**	**Amount**	**Method**

Charging of Service Users
No charge will be made for any service provided to medical card holders or patients with EU eligibility other than the fixed rate properly payable through the Primary Care Reimbursement Service. *Agreed local charges can be imposed on private patients.*

Patient Private Property
Where an organisation has charge of client's private property, then an appropriate system of administration and control, needs to be in place to ensure compliance with regulations.

SCHEDULE 7

Insurance

Purpose

This schedule sets out the mandatory requirement that the Provider must have in relation to insurance and liability cover, appropriate to the service, in addition to the indemnities provided under Clause 15 of Part 1 of the Service Agreement.

1. Public Liability insurance with a limit of indemnity of €6,400,000 (€6.4 million) any one occurrence, with an indemnity to the Executive arising from the provision of the Services, which insurance will also cover claims arising from the activities of any sub-contractor engaged by the Provider.

2. Employers Liability insurance with a limit of indemnity of €12,700,000 (€12.7million) any one occurrence, with an indemnity to the Executive arising from the provision of the Services.

3. Motor Insurance (if services involves use of motor vehicle by service provider on business of the HSE) with a third party property damage limit of €2,600,000 (€2.6million) any one occurrence with an indemnity to the HSE arising from the use of motor vehicle in the provision of the Services.

4. Professional Indemnity

(a) Where appropriate, the Provider must apply for professional indemnity coverage under the Clinical Indemnity Scheme.

(b) To the extent professional service is provided and not otherwise covered have Professional Indemnity in accordance with the following thresholds or such other thresholds as may be specified by the Executive from time to time:

Low risk: Professional Indemnity with a limit of indemnity of €2,600,000 (€2.6million) any one occurrence.

Medium risk: Professional Indemnity with a limit of indemnity of €4,000,000 (€4million) any one occurrence.

High risk: Professional Indemnity with a limit of indemnity of €6,400,000 (€6.4million) any one occurrence.

(This would not apply to those bodies who have the protection of the Enterprise Liability - Clinical Indemnity Scheme).

SCHEDULE 8

Complaints

Purpose

This schedule specifies the requirement for the Providers to implement a complaints policy within a period of **[x]** months, in compliance with Part 9 of the Health Act 2004, Health Act 2004 (Complaints) Regulations 2006 (S.I. 652 of 2006) and the 'Your Service Your Say' policy and procedures for the management of complaints in the Health Service Executive. Provider's performance in complaints handling and resolution will be monitored as set out in this schedule.

Timetable for submission of Policy & Procedures Document			
Date Submitted by Provider	***Date Reviewed by Executive***	***Amendments (Yes/No)***	***Comments***

General Report on Complaints Received by the Provider		
Date Submitted by Provider	***Date Reviewed by Executive***	***Comments***

General Report on Reviews assigned to the Provider by the Executive under Section 49.4 of the Health Act 2004.		
Date Submitted by Provider	***Date Reviewed by Executive***	***Comments***

Report on Complaints Received by the Provider Involving Alleged or Suspected Client Abuse Involving Staff or Volunteers				
Date Submitted to Provider	***Referred to HSE (Yes/No and Date)? If No please comment.***	***Summary of Action Taken***	***Date Reviewed by Executive***	***Comments***

SCHEDULE 9

Staffing

Purpose
The purpose of this schedule is to ensure that there is an effective monitoring process in place to maintain employment numbers within the agreed levels for the delivery of the services specified in schedule 3.

Employee Totals
This section should detail the employee totals which are associated with the services specified in schedule 3. This should give grade detail.

Employment Monitoring Return		
This section sets out the timetable for return of the employment monitoring report.		
Date Due	Date Received	Comment

SCHEDULE 10

Change Control

Contract Change Note

All requests for a variation to the agreement should be accompanied by a completed and signed copy of the Contract Change Note below:

Contract Change Note

Reference Number: ……..

WHEREAS the Service Provider and the Executive entered into an agreement for the supply of Services dated [ ] (the "Original Agreement") and now wish to amend the Original Agreement.

IT IS AGREED as follows:

1. With effect from [ ] the Original Agreement shall be amended as set out in this Contract Change Note:

[**Drafting Note: Full details of any amendments to the Original Agreement should be inserted here.*]

Save as herein amended all other terms and conditions of the Original Agreement shall remain in full force and effect.

Signed by ……
for and on behalf of the **HEALTH SERVICE EXECUTIVE**:
Date ……

Signed by ……
for and on behalf of **[PROVIDER]**:
Date ……

* Elements to be covered should include.

- Location of service
- Description of service change
- Quantum of service change if applicable
- Start date of service change
- End date of service change if applicable
- Staffing implication of service change
- Funding change required current year
- Funding change required full year costs
- Client identifier and profile either individual or general cohort description, involved in service change.

The National Business Support Unit will build up a portfolio of templates and these will be available for distribution.

IN WITNESS WHEREOF this Agreement is executed by the parties as follows:-

Signed by ……
for and on behalf of the
HEALTH SERVICE EXECUTIVE

Date ……

Signed by ……
for and on behalf of **[PROVIDER]**:

Date ……

APPENDIX 10

National Review of GP OOHs Co-operatives – Reports /Reviews for consideration by the Project Team

Recommendations with National Implications.

Reports	Recommendations – national relevance
Critical Case Review – MMcL – NowDoc (Carndonagh)	1. The NowDoc database in remote treatment centres should be upgraded to Adastra V3 which will allow access to special notes and all past medical records in relation to attendances to the NowDoc service. *The business case in relation to same is currently being drafted and will be submitted in June 2009. This will require approval of National PCCC ICT National Steering Group and CMOD approval prior to implementation. Your support in delivering same will be appreciated. – John Hayes, LHM - Donegal*
	2. National Electronic Patient Record – national issue.
Report on the circumstances of the death of AC – by external review team.	1. A National Co-ordinating Agency for GP Co-operatives should be established: a) A national structure to co-ordinate clinical standards and structures for GP Co-operatives should be considered. This is not intended to undermine the status of the current co-operatives; diversity is welcome, but national clinical performance standards are an important safeguard for the public. b) Such a co-ordinating body should be independently chaired but made up of representatives of each of the co-operatives, the HSE, patients and the Irish College of General Practitioners. This framework would fulfil the responsibilities of the HSE and individual co-operatives to quality assure their high level clinical procedures. c) Its purpose should be to provide effective mechanisms to ensure the highest standards of care in out of hours co-operatives. Benchmarks or

	performance indicators should reflect relevant international standards and publication of reports on achievements against those standards should occur annually. d) The potential fields of activity for this body include administrative, managerial, clinical and quality assurance, and risk management issues. e) Its responsibilities should include the establishment, implementation and monitoring of standards for staffing, call handling, triage and records systems at national level. While clinical performance standards may be explored in the future, a developmental process is required before these can be addressed. f) An important early role is the development of clinical audit procedures covering all aspects of care, from call receipt to follow-up contacts with practices. g) Efficiencies in practice, economies of scale and shared procedures will make this initiative likely to be effective in economic as well as quality assurance terms. h) The time scale for this initiative should see the co-ordinating body established during 2009.
	2. Clinical governance arrangements for co-operatives should be reviewed nationally. These arrangements currently vary widely across the country, ranging from provision of virtually all aspects of service by a contractor agency to HSE employment of most staff and operational control of services. Such diversity reflects regional timing, planning and needs in the establishment of the co-operatives and may well have been appropriate at the time. Given the major contribution now being made by the co-operatives to primary care in Ireland, other models may be appropriate for consideration.

	3. Clarification should be provided by the DoHC, HSE and professional organisations on the contractual obligations on GPs to patients of co-operatives. It is unclear if these obligations are identical to those of the GMS contract or some other standard. This clarification should also explicitly state the agreed position in terms of emergency care responsibilities of the co-operatives and their GP and nursing members.
	4. Structured working arrangements between the National Ambulance Service HSE and Co-operatives are essential. At present, they appear to be local and variable.