

GP Out of Hours Service – Frequently Asked Questions (FAQs)

Please see link to the [previous FAQ document](#) for further information.

Updated FAQs – July 2025

1. Who is Medvivo (now HealthHero Integrated Care) and what can they offer the county's out of hours service?

Established by local GPs in 2004, Medvivo (now HealthHero) has been providing GP out of hours services to the residents of Wiltshire for more than two decades.

Since that time, the organisation has grown steadily and in 2018, following a competitive process, Medvivo was awarded the contract to deliver integrated urgent care services (NHS 111, Clinical Assessment Service and GP Out of Hours) for Bath and North-East Somerset, Swindon and Wiltshire, with a population of circa. 1 million.

Within a few months of mobilising this contract, the Care Quality Commission (CQC) undertook a comprehensive inspection and rated the organisation as 'Outstanding'. Previously, the Bath and North-East Somerset out of hours service 'Required Improvement'.

Medvivo (now HealthHero) remains a clinically led organisation which always keeps the patient front and centre. Performance against all KPIs (targets) is exceptional and its ethos is to always go the extra mile, as evidenced by the overwhelmingly positive feedback from patients received each month.

Medvivo (now HealthHero) takes its role as an Integrated Care System (ICS) partner very seriously, supporting the Urgent and Emergency Care (UEC) agenda in any way it can. Onward referral to 999 and secondary care occurs only when necessary and there are many examples when the organisation steps in to support during times of pressure.

As a result, Medvivo was proud to win the [2024 HSJ award for 'most effective contribution to integrated health and care.'](#)

2. How will the transition from the current provider to Medvivo (now HealthHero) be managed to ensure continuity of service provision?

We understand concerns around maintaining continuity of service provision during this transition. Please be assured, patient safety remains our highest priority.

Importantly, while the provider organisation for the out of hours service is changing, it will still be delivered by many of the same local clinicians who currently provide care. This means patients will continue to be seen and treated by healthcare professionals familiar with the area and its needs.

All relevant clinical information will continue to be shared securely through integrated NHS systems, ensuring that clinicians can make safe, informed decisions based on a patient's history.

Robust transition plans are in place to support a smooth handover, with safeguards to maintain service quality and minimise any disruption. The change in provider will ensure that there is a continual and unremitting focus on patient safety and on the standard of care delivered.

3. How will the change in provider safeguard against the potential loss of local knowledge and patient history?

The change in provider will not disrupt local knowledge or patient history. The same clinicians will largely stay in place, patient records remain fully accessible, and a robust Transfer of Undertakings (Protection of Employment) (aka TUPE) and mobilisation framework has been established.

We know that a concern for residents is preserving local insight and continuity of service provision when transitioning to Medvivo (now HealthHero). Here's how that is being addressed:

- **Clinical staff continuity:** Many of the same local GPs and urgent care clinicians will continue providing out of hours services under the new provider. Early engagement with local clinicians is already underway.
- **TUPE protections:** Under the TUPE regulations, existing staff transferring to the new organisation will have their terms and conditions protected, thus retaining local expertise.
- **Integrated clinical systems:** Medvivo (now HealthHero) will continue accessing all essential patient history through secure NHS systems, ensuring clinicians have full background on each patient to maintain safe, informed care - just as the current provider does now.
- **Service continuity safeguards:** Comprehensive mobilisation plans will include clinical governance arrangements and oversight committees and will ensure clinical best practice throughout the transition.
- **Operational readiness:** Medvivo (now HealthHero) has demonstrated experience in delivering large-scale out of hours services (e.g., Wiltshire, Bath & North-East Somerset) with strong CQC ratings for clinical safety and system integration. They will provide detailed mobilisation plans confirming resource allocation, local workforce recruitment, and IT integration before any formal switch.
- **Commissioner oversight:** As their role as health commissioners for the county, experienced colleagues from NHS Shropshire, Telford and Wrekin will oversee mobilisation to ensure an effective transition process.

4. Is there a risk that this change will increase demand on GPs, ambulance services, or A&E departments?

We recognise concerns about potential pressure on other parts of the health system. However, there is no indication that this change will lead to increased demand on GPs, ambulances, or A&E services. The system's Urgent and Emergency (UEC) Delivery Group (chaired by the CEO of the Shrewsbury and Telford Hospital NHS Trust) will have a central role in the mobilisation of the new provider and will have oversight to minimise any adverse impact on other providers in the system.

As part of the procurement process, Medvivo (now HealthHero) was required to demonstrate that their service model actively supports the wider urgent care system and ensures patients are directed to the most appropriate setting for their care.

Clear clinical pathways, strong integration with local services, and a focus on getting patients the right care at the right time are all built into the new provider's approach. These safeguards are designed to protect system capacity and improve the overall patient experience.

5. Will care under the new provider rely mainly on remote consultations delivered by clinicians outside the local area?

No - suggestions that the new service will rely solely on remote consultations are incorrect. Medvivo (now HealthHero)'s model offers a blend of telephone, video, and face-to-face appointments, just as the current service does.

The type of consultation will always be based on clinical need and patient preference, ensuring safe, effective care. Importantly, local clinicians will continue to deliver the service wherever possible, so patients can expect continuity and familiarity in their care.

6. Medvivo (now HealthHero) is a private company – what does this mean for the quality of care and why did Medvivo change its name?

Medvivo officially changed its name to HealthHero in June 2025 to align with its parent company's brand, following acquisition in 2020. While the name has been updated, the company number, legal structure, and financial accounts remain unchanged. In short, it's a name change only and everything remains the same.

While Medvivo (now HealthHero) is a private company, it's important to note that all NHS contracts are awarded through a rigorous procurement process. This process is led by experienced NHS commissioners and is designed to ensure that only providers who meet strict standards for safety, quality, and patient outcomes are selected.

Medvivo (now HealthHero) was chosen because of their proven experience, strong clinical governance, and ability to deliver high-quality, responsive care. Their service model includes face-to-face care where clinically appropriate and is aligned with national standards.

The change in provider does not mean a change in the values underpinning patient care. The same expectations for clinical quality, safety, and accountability remain, and the service will continue to be monitored closely to ensure it meets the needs of local people.

7. Given the public interest and concerns surrounding the recent GP Out of Hours Service procurement process, can NHS Shropshire, Telford and Wrekin (NHS STW) provide further clarification on the rationale behind awarding the contract to Medvivo (now HealthHero)?

NHS STW recognises the public interest and acknowledges the concerns raised regarding the decision to award the contract to Medvivo (now HealthHero).

As with all contracts, NHS STW will implement robust contract management procedures, including regular monitoring of key performance indicators (set targets). These will cover a range of quality and safety measures, including patient experience, capturing both compliments and complaints received through the service.

Medvivo (now HealthHero) is a provider twice rated as 'Outstanding' by the Care Quality Commission (CQC). Given the rigorous assurance processes and scrutiny applied throughout the procurement, the Board is confident that the process was robust, conducted with integrity, and focused on delivering the best possible outcomes for patients.

Due to the time-sensitive need to mobilise the service ahead of the winter period - and in light of delays arising from representation processes - a formal urgent decision was taken on Friday 4 July 2025. This decision, made in line with NHS STW's Constitution and governance procedures, was to award the contract to Medvivo (now HealthHero) following receipt of the [Independent Patient Choice and Procurement Panel's report](#). It will be formally reported in the Chief Executive's update to the Board in September.

For context, NHS commissioning bodies do not award contracts during public Board meetings due to commercial confidentiality considerations.

8. Is the financial value of the new contract with Medvivo (now HealthHero) lower than the combined value of the equivalent contracts currently held with Shropdoc?

While the contract value awarded to Medvivo (now HealthHero) is lower than the current contract held with Shropdoc, it is important to emphasise that this procurement was not a cost-cutting exercise and that the budget available to commission the service was maintained.

The overall financial value of the contract remains consistent with the current level of service provision. All elements of the existing GP Out of Hours [service specification](#) have been retained, ensuring there is no reduction in service.

All bids received through the procurement process were subject to a rigorous and independent evaluation. The Medvivo/HealthHero bid was assessed as both deliverable and financially sustainable. Medvivo scored 25% higher in the quality evaluation section compared to the bidder making the representation, reflecting the strength and quality of their proposal.

The internal independent panel, led by senior leaders at NHS STW and independent to the process, conducted a detailed review of both the Medvivo (now HealthHero) and Shropdoc bids. This was further reviewed by the national Independent Patient Choice and Procurement Panel, which found no evidence to suggest that NHS STW failed to assess the deliverability or financial sustainability of Medvivo's (now HealthHero) proposal.

The procurement process was undertaken in line with the Provider Selection Regime (PSR), which places emphasis on achieving value for money while maintaining high-quality services. In this process, 60% of the evaluation weighting was based on quality and innovation, and 40% on cost. This approach ensured a balanced assessment of both financial and service delivery factors.

In summary, although the contract value with Medvivo is lower than that of Shropdoc, the service specification remains unchanged, and the funding commitment to deliver high-quality, locally provided care continues. NHS STW remains focused on maintaining good access and high standards for patients, with no compromise to the scope or quality of the service.

9. What about the concerns raised in the recent Pulse article regarding the GP Out of Hours Service delivered by Medvivo/HealthHero in Bath and North-East Somerset, Swindon and Wiltshire (BSW)? Does this raise any concerns for NHS STW in relation to the new contract?

The 'Pulse' article refers to a number of service requirements and response times that are often standard within NHS contracts.

In the case of GP Out of Hours, these are designed to ensure maximum accessibility and timely, effective triage for patients. As with any NHS service provider, performance against these standards is closely monitored and managed to maintain quality and safety. We will of course keep a close eye on this to ensure patient safety is maintained at all times.

NHS STW colleagues have also engaged with commissioners from the Bath and North-East Somerset, Swindon and Wiltshire (BSW) ICB, who have provided reassurance through those discussions. We are also reassured by Medvivo/HealthHero's response in the article.

Their selection through this procurement process reflects their track record in delivering safe, high-quality clinical services aligned with NHS expectations.

10. What level of public opposition would be required for NHS STW to retain Shropdoc?

NHS STW conducted a competitive procurement process under the Provider Selection Regime (PSR). Of the six bids received, Medvivo (now HealthHero) achieved the highest overall score based on the published evaluation criteria.

The Independent Patient Choice and Procurement Panel concluded that NHS STW undertook a transparent, fair, and proportionate process. This finding was supported by an internal independent review led by senior NHS STW leaders who were not involved in the original procurement. Both reviews confirmed the integrity and robustness of the approach taken. Based on these findings, there was no valid reason to withhold the contract award from Medvivo (now HealthHero).

Given the urgency of mobilising the new service ahead of the winter period - and the delays introduced by the representation processes - a formal urgent decision was made on Friday 4 July 2025. This decision, made in line with NHS STW's Constitution and governance procedures, confirmed the contract award to Medvivo (now HealthHero) following receipt of the [Independent Patient Choice and Procurement Panel's report](#). The decision will be formally reported in the Chief Executive's update to the Board in September.

As a reminder, NHS commissioning bodies do not award contracts during public Board meetings due to commercial confidentiality considerations.

11. Can NHS STW confirm that its representatives have consistently provided fully accurate and transparent information to the public, the Joint Health Overview and Scrutiny Committee (JHOSC), and MPs throughout the procurement process?

Yes, NHS STW representatives have consistently focused on providing accurate, transparent, and timely information to the public, the Joint Health Overview and Scrutiny Committee (JHOSC), and Members of Parliament throughout this process. It should be noted that NHS STW had significant restrictions placed on what it could share, due to the legal nature of the procurement process. This was to ensure that we remained fair to all six of the bidders for this service.

As confirmed by a national, independent panel (the Independent Patient Choice and Procurement Panel), the process was carried out in full compliance with legislative requirements under the Provider Selection Regime (PSR). NHS STW has been clear from the outset that this process was not driven by financial motives but by a legal obligation to tender a contract of this size and duration. We have repeatedly emphasised that this was not a cost-cutting exercise, and that the specification/budget for the GP Out of Hours Service remains unchanged from the current provision.

We remain committed to maintaining transparency, protecting local provision, and ensuring that patients continue to receive a high-quality, locally delivered service. Throughout the process, we have worked to ensure all communications reflect these principles and have responded openly to questions and scrutiny from stakeholders - recognising the limitations placed on us through a legal procurement process.

12. Will introducing a new provider risk creating fragmentation (breaking up relations) within the local health and care system?

Concerns about system fragmentation are understandable, but there is no evidence to suggest that changing provider will negatively impact the integration of local services. The procurement process was led by experienced NHS commissioners, with a strong focus on ensuring that any new provider would work as part of a joined-up, sustainable health and care system.

The successful provider is contractually required to collaborate with local partners - including GPs, NHS 111, urgent care, ambulance and hospital services - to maintain system-wide coordination and continuity of care. The system's Urgent and Emergency Care (UEC) Delivery Group (which has all local providers represented on it) will have an important role in supporting the delivery of integrated care across these pathways.

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