

	Health and Wellbeing Board 17 September 2015
Title	Planned procurement of an integrated NHS 111/out-of-hours service across North Central London
Report of	Director of Clinical Commissioning, Barnet CCG
Wards	All
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Enclosures	Appendix 1 – Engagement activity log for NHS 111 OOHs
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Summary
<p>Barnet CCG is working with the other four CCGs in north central London (Camden, Enfield, Haringey and Islington) to improve the local NHS 111 and GP out-of-hours services (OOH). This includes bringing together the NHS 111 service and the GP out-of-hours service to enable them to work better together. The contract for the current NHS 111 service needs to be renewed in 2016, which means that there is a real opportunity to learn from experience and make NHS 111 work better for patients. The objective is to improve patients' experience of using and accessing urgent care services, making sure they receive the best care, from the best person, in the right place, at the right time.</p> <p>Combining NHS 111 and GP out-of-hours services under a single contract helps patients get to the right service quicker, with less time spent being passed from one call handler to another. Nurse, GP or pharmacist input at an early stage may help patients get the right advice or treatment more quickly. Over the past eight months NCL CCGs have held a large number of events and have heard from a wide range of members of the local community on the 111/OOH procurement proposals. The evidence gathered so far from stakeholders, along with clinical evidence, shows that bringing the two services together across the five boroughs will both meet local need for the service and provide a sustainable service. The options for commissioning this service were debated by the CCG at its Governing Body</p>

meetings. BCCG Governing Body received an options appraisal paper at its meeting on 28 November 2014.

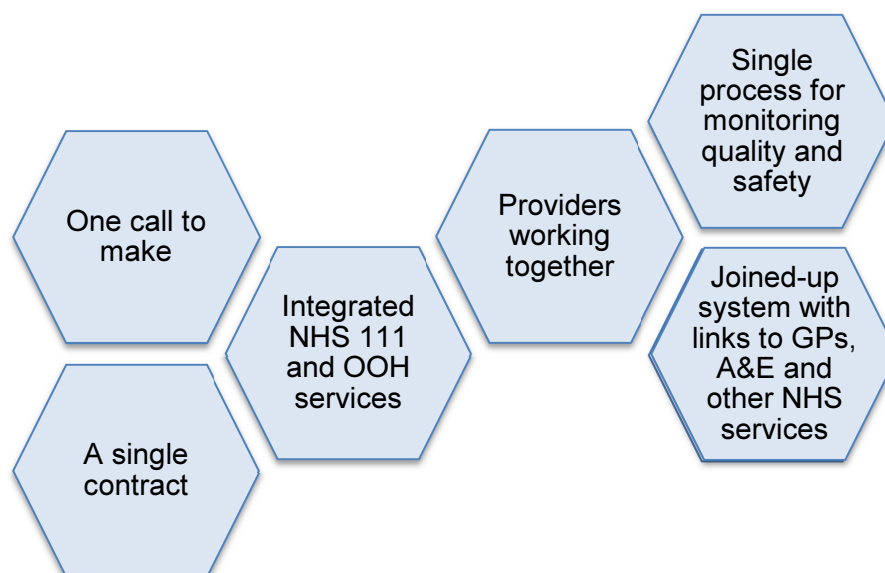
Recommendations

1. That the Health and Wellbeing Board notes and comments on the proposal to procure an integrated NHS 111/GP out-of-hours service (OOH) across Barnet, Camden, Enfield, Haringey and Islington.

1. WHY THIS REPORT IS NEEDED

- 1.1 This report provides the Health and Wellbeing Board with an update on the planned procurement of an integrated NHS 111/Out-of-hours (OOH) service across Barnet, Camden, Enfield, Haringey and Islington.
- 1.2 NHS 111 and the out-of-hours services work very closely together, with OOH seeing by far the majority of referrals from NHS 111. It is vital to make sure they work in a co-ordinated way to support the patient's journey and deliver high quality, safe patient care.
- 1.3 Currently the CCGs in north central London commission three different organisations to deliver separate NHS 111 and out-of-hours services to patients in north central London.
 - The NHS 111 service is provided by one provider for all five CCGs in north central London – *London Central and West Unscheduled Care Collaborative (LCW)*, a GP-led not for profit organisation.
 - The GP out-of-hours service for Barnet, Enfield and Haringey is provided by *Barndoc Healthcare Ltd.* and the service for Camden and Islington is provided by *Care UK*.
- 1.4 The contracts for both of these services were set to expire in March 2015, but these have been extended to allow the Clinical Commissioning groups (CCGs) to refresh and improve the service and consider commissioning a combined NHS 111 and out-of-hours (OOH) service across the five boroughs.
- 1.5 Barnet CCG, along with the other CCGs in north central London consider it more viable to commission NHS 111 and OOH as a single contract, with a single specification, so that patients would receive a more joined-up service with fewer transfers between medical staff and better information-sharing.
- 1.6 A single contract, does not, however, mean that a single provider would be commissioned to provide the service. Our proposal is to develop a single contract, where a lead provider(s) would coordinate the work with all the local providers (which could include NHS trusts, GP collaboratives or private and voluntary sector providers), making sure they are working together to deliver the best possible outcomes and care for patients – they would be held accountable by CCGs for delivering those outcomes and care, with a detailed and clear specification for the service. The NCL CCGs believe this would be the right model because it matches how patients actually access these services.

- 1.7 The current services have all demonstrated excellent performance over the years of their current contracts – north central London residents have access to NHS 111 and out-of-hours services that are as good as, or better than, any in London. This is demonstrated from the evidence seen at the monthly clinical quality review meetings. Also, evidence published on the NHS England website¹ shows that 86% of our patients said they were fairly or very satisfied with their NHS 111 experience.
- 1.8 However, we also know from complaints, incidents and feedback that some patients have had a poor experience, and this needs to be improved.
- 1.9 As the current contracts for these services are all drawing to an end, the CCGs are legally required to undertake a formal procurement process.
- 1.10 This is also an opportunity to redevelop the NHS 111 and OOH service as an integral part of the health system across north central London, and ensure that it works intuitively with other aspects of primary care and emergency care.
- 1.11 In developing our proposals NCL CCGs have considered a number of options for the future of NHS 111 and OOH services in north central London. These options include commissioning the services in the same way as at the moment, or commissioning the services separately for each individual borough. The CCG's preferred option is to commission an integrated service across all five boroughs – there would be a lead provider, but services might be delivered by a combination of providers.
- 1.12 The proposed model is outlined below:



¹ <http://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/>

- 1.13 Callers to NHS 111 are often not near their registered GP practice when they call, but are usually somewhere within the NCL area, so it makes sense for NHS 111 to be able to refer them to healthcare services near to where they actually are at the time of their call. Combining the two services would make this easier.
- 1.14 By commissioning a service across NCL, doctors believe it would mean the NHS could develop better systems and infrastructure which would be more flexible and reactive to patients' needs; for example, NCL CCGs want the service to employ a skills-mix of health professionals – including pharmacists and paramedics as well as GPs and nurses – so that patients have access to health advice and treatment that matches their needs, all from a single point of contact via NHS 111 – and this would be the same for our patients, wherever they live.
- 1.15 Deaf service users and those with learning difficulties also sometimes experience a poor service, and NCL CCGs want to develop systems to improve this. This is achievable if NCL CCGs commission at a five borough scale, and would be much less viable if NCL CCGs commissioned separate services.
- 1.16 Current model vs proposed model:

	Current model	Proposed model
Contract	<p>One organisation providing NHS 111 for all of north central London (Barnet, Camden, Enfield, Haringey and Islington).</p> <p>Two organisations providing OOH services for north central London (one in Barnet, Enfield and Haringey; one in Camden and Islington)</p>	<p>A single contract with responsibility for all NHS 111 and OOH services in north central London. This may be delivered by a single organisation or (more likely) by a group of organisations working together. A single contract, with a clearly designed specification, would make it easier for CCGs to hold providers to account for delivering the right outcomes and care for patients.</p>
Clinical support	<p>Heavily reliant on GPs for clinical support. Recruitment of GPs is increasingly difficult as there is a shortage of GPs nationally.</p>	<p>A range of clinical skills is available (nurses, paramedics, pharmacists and GPs) who could be used flexibly to provide clinical support. This means callers would be directed to the most appropriate clinician for what</p>

	Current model	Proposed model
		they need.
Assessment	People who require a GP urgently have to speak to at least two people (typically more) before they can get definitive clinical advice or an appointment.	People would be directed to the most appropriate service; usually by the first person they speak to.
Appointments	Some direct bookings – but patients usually need to hang up and call a different number to make an appointment with the appropriate service	Direct bookings for OOH appointments, including home visits. Direct bookings available for most other services.
Medical history	Services have limited access to special patient notes for people with complex health and/or social care needs, and no access to routine medical history for NHS 111 or OOH	Those involved directly in patient care would have consistent access to special patient notes and routine medical history for patients using the service
Equity of access	Access to OOH services is different depending on where people live in north central London	Access to OOH services would be the same, regardless of where people live in north central London – and patients would have more choice

1.17 The CCGs believe that investing in an integrated NHS 111/out-of-hours service would provide numerous benefits for patients and residents of north central London:

- Patients would be more likely to be seen by the right clinician, earlier in the process
- There would be fewer transfers as the patient progresses through the system – you should only have to give your information once
- Patients would no longer be bound by administrative barriers (eg residents in West Haringey could be directed to the OOH base at the urgent care centre at the Whittington hospital, rather than travel across the borough to the North Middlesex hospital) – you would be able to choose the services most convenient to you
- The skills mix model, combined with more timely access to a GP, would help support the urgent care system – you would be directed to the most appropriate service that meets your medical needs and this should mean you are less likely to have to wait around at a busy A&E

	different number	early on					that are better at meeting patients' needs
Option 1 – Commission one NHS 111 and two GP OOH providers – No change	✓	✓		✓	✓ ²	✓ ✓	✓
Option 2 – Each CCG to commission its own NHS 111 and GP OOH providers	✓	✓			✓ ²	✓ ✓	
Option 3 – Commission one lead provider for NHS 111 and GP out-of-hours across five boroughs – (our preferred option)	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓ ✓	✓ ²	✓ ✓ ✓ ✓

3.2 The initial idea to commission NHS 111 and OOH services as a single service across NCL was developed based on extensive feedback from service users and clinicians. In particular, the Review of Urgent Care carried out in Camden and Islington in 2013/4, in which the CCGs spoke to hundreds of patients, which recommended a more joined-up approach to commissioning urgent care and specifically NHS 111 and OOH services.

3.3 There was also an independent review by the Primary Care Foundation which showed how reducing transfers between NHS 111 and OOH would speed up the clinical care patients received and improve their experience.

4. POST DECISION IMPLEMENTATION

4.1 Following presentation to the Health and Wellbeing Board, the final draft service specification for an integrated NHS 111/OOH service will be submitted to Barnet CCG's Clinical Cabinet for approval at its meeting on 8 October 2015 and subsequently to the Barnet CCG Governing Body meeting. The other NCL CCGs will be processing approval through their own governance arrangements. The intention will then be to begin the procurement process by issuing the PQQ in October 2015.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The key projects described in this report are closely aligned to the remit of the HWBB as it relates to key leaders from the health and care system working together to improve the health and well-being of local communities through local commissioning of health care, social care and public health; informed by the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing

² * The current national shortage of GPs means it can be difficult for OOH services to recruit local doctors. We couldn't guarantee, regardless of how we commission these services; that they would employ local doctors – but we do want to make sure that the local service is an attractive career option that good local clinicians would want to take part in.

Strategy. There is also close alignment with the strategic aims of the other four CCGs for the delivery of high-quality health and health care services for the residents of north central London.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 This has financial implications for the CCGs but should have no negative impact on service provision. The plans for procuring an integrated NHS 111 and out-of-hours service include investment to fund additional clinical support – doctors, nurses and paramedics working closely with the call advisers to make sure that those service users who need clinical advice are put through to the most suitable clinician.

5.3 Legal and Constitutional References

5.3.1 Barnet CCG is legally required to discuss with all key stakeholders - that includes the public and patients of Barnet, the Health and Wellbeing Board and key providers of healthcare. Section 14Z2 of the NHS Act 2006 states:

- (a) in the planning of the commissioning arrangements by the group,
- (b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- (c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

5.3.2 The Council Constitution (Responsibility for Functions – Annex A) sets out the Terms of Reference of the Health and Wellbeing Board which includes:

- To consider all relevant commissioning strategies from the CCG and the NHS England and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across north central London where appropriate.
- Specific responsibilities include overseeing public health and developing further health and social care integration.

5.4 Risk Management

5.4.1 There are no additional risks to the service, patients or the CCG if the procurement proceeds. However if it does not proceed, then the risks of patients receiving an uncoordinated service or poor experience will continue.

5.5 Equalities and Diversity

5.5.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

5.5.2 The protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services.

5.5.3 Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports. Proposals are therefore assessed for their impact on equality and diversity in line with the Barnet CCG Equality Delivery System that the CCG will ensure that all the policies and practices carried out by the CCG, or on behalf of the CCG, have made informed decisions based on equality Impact analysis (EQIA) of outcome that has identified if there are any effects on people; specifically with protected characteristics; within our community who may use our services or on the people we employ in line with the Equality Act 2010.

5.5.4 The current service configuration results in an access inequality between boroughs. See section 1.16 Equity of Access. The new service will mean there will be greater choice of GP OOH base across NCL for face to face appointments. The proposed service will reduce this inequality by offering consistent access and availability of services across NCL. The NHS 111 and OOH Patient and Public Reference Group has been involved in the service development which informed the equality analysis. A number of engagement events have been held with patient groups such as those with hearing difficulties or learning difficulties with useful feedback on current services.

5.5.5 Work is underway in finalising the Equality Impact Assessment which will be published on the CCG website once it has received CCG approval. It is not anticipated that any group will be negatively impacted. Commissioning the NHS 111/OOH integrated service across the NCL represents an opportunity for investment in developing systems and infrastructure that are more flexible and reactive to patients' needs—for example online tools to enable patients to assess themselves, and systems for deaf service users.

5.6 Consultation and Engagement

5.6.1 In line with 5.3.1, The CCGs have undertaken a substantial engagement programme across NCL over the past eight months (see Appendix 1), which has included:

- Individual CCGs discussing NHS 111 and OOH proposals at local events, including discussions with hundreds of individual service users and meetings with community and voluntary groups
- Presentations at the regular meetings with GPs across NCL to ensure local doctors understand what is proposed and how they could be involved
- Two phases of focused engagement events held at venues across NCL and advertised through local newspapers and CCG websites, which were attended by hundreds of interested service users and encouraged in-depth discussion of the proposals. In Barnet, these took place in March, April, May and August.
- An online survey to find out the views of stakeholders and service users on our commissioning proposals.
- The setting-up of a Patient and Public Reference Group, involving service users from all five boroughs and Healthwatch representation – this is looking in detail at the proposed service specification and has had a fact-finding visit to the current NHS 111 provider. Members who have expressed an interest are being invited to participate in the Procurement Panel when it goes ahead.
- Market events with local and national providers, letting them know what NCL CCGs are proposing so they can decide whether to bid for the new contract.
- Presentations to the joint health overview and scrutiny committees.

5.6.2 NCL CCGs have had very useful feedback from many service users and local campaign groups, with considerable support for joining up NHS 111 with the GP out-of-hours service to improve patients' experience. That a future service would mean fewer handoffs between services has been particularly welcomed, as have the improvements proposed in the clinical model such as the opportunity to talk to other NHS services (dentists, pharmacists, mental health workers) and earlier access to clinicians including pharmacy, repeat prescriptions and direct access into GP appointments.

5.6.3 There were concerns and anxieties too, so in July, a focused piece of engagement took place, sharing further with residents and service users, exactly why the CCGs are proposing to commission an integrated NHS 111/OOH service. Despite wide communications highlighting the engagement document and its survey, there was a very small response to the engagement, of those that did respond Option 3 was the most favoured option.

5.6.4 The draft service specification for the proposed integrated service has been under development since Spring 2015, with input from the programme's clinical sub-group, whose members are clinical leads from Barnet, Camden, Enfield, Haringey and Islington CCGs. The Patient and Public Reference Group and Healthwatch organisations have had the opportunity to discuss the specification and make line-by-line comments. Additionally, the draft specification was published on the websites of all five CCGs from 21 July to 19 August, and circulated to same stakeholder list as the engagement

document, inviting comments which will be fed back to the drafting team before the final specification is produced for discussion by CCGs in September.

5.6.5 In July, CCG Chief Officers, with other NHS leads, received a letter from Dame Barbara Hakin, National Director of Commissioning Operations for NHS England, informing of proposals for 'commissioning a functionally integrated urgent care access, treatment and clinical advice service.' This letter notes that NHS England is developing new commissioning standards for an integrated NHS 111 and OOH service, and asks commissioners to suspend procurements of these services until the end of September 2015. This is already in line with the timetable to which CCGs in north central London (NCL) are working – our procurement is planned to start in October, allowing time for a further period of engagement and communication with our local communities.

6. BACKGROUND PAPERS

- 6.1 Public engagement events summary report - <http://www.barnetccg.nhs.uk/Downloads/Get%20Involved/NCL-NHS-111-and-OOH-patient-engagement-event-feedback-8-June-2015.pdf>
- 6.2 July engagement document - http://www.barnetccg.nhs.uk/Downloads/Get%20Involved/150702_Proposal_NCL_NHS111-OOH_model.pdf
- 6.3 Draft service specification engagement - <http://www.barnetccg.nhs.uk/service-specification.htm>