Public Health Department
222 Upper Street, London N1 1XR

Report of: **Clinical Vice-Chair, Islington CCG**

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	16 September 2015	Item C3	All

Delete as appropriate		Non-exempt

SUBJECT: Planned procurement of an integrated NHS 111/out-of-hours service across North Central London

1. Synopsis

1.1 This report updates the Health and Wellbeing Board on the planned procurement of an integrated NHS111 and GP Out of Hours service across the North Central London area. It outlines the rationale for service proposals, the extensive engagement undertaken and updates the Board on the current timetable. National guidance from NHS England on the commissioning of NHS111 and GP Out of Hours services is due at the end of September; national thinking is in line with the preferred approach being taken by the North Central London CCGs and we do not anticipate this will significantly alter our plans or intentions.

2. Recommendations

2.1 That the proposal to procure an integrated NHS 111/out-of-hours service across Barnet, Camden, Enfield, Haringey and Islington be noted.

3. Why this report is needed

3.1 This report provides Members with an update on the planned procurement of an integrated NHS 111/OOH service across Barnet, Camden, Enfield, Haringey and Islington.

3.2 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.

3.3 Currently the CCGs in north central London commission three different organisations to deliver separate NHS 111 and out-of-hours services to patients.

- 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*.

3.4 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.

3.5 Islington CCG, along with the other CCGs in north central London think it therefore makes sense 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.

3.6 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. We believe this would be the right model because it matches how patients actually access these services.

3.7 Evidence published on the NHS England website[1] shows that 86% of our patients said they were fairly or very satisfied with their NHS 111 experience. However, we also know from complaints, incidents and feedback that some patients have had a poor experience, and this needs to be improved.

3.8 Because the current contracts for these services are all drawing to an end, the CCGs are legally required to undertake a formal procurement process.

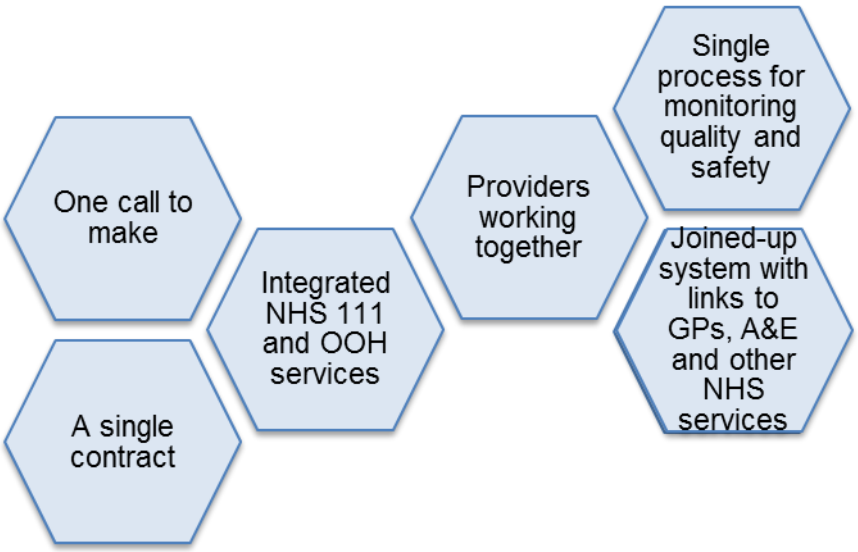
3.9 By commissioning a service across NCL, doctors believe it would mean the NHS could develop better systems and infrastructure which would be more flexible and reactive to patients' needs; for example, we want the service to employ a skills-mix of health professionals – including pharmacists and paramedics 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] [1] http://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/

3.10 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.

3.11 In developing our proposals we 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.

3.12 The proposed model would look like this:



3.13 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.

3.14 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, we 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.

3.15 Deaf service users and those with learning difficulties also sometimes experience a poor service, and we want to develop systems to improve this. This is achievable if we commission at a five borough scale, and would be much less viable if we commissioned separate services.

3.16 A comparison of the current model and the proposed model is set out overleaf:

	Current model	Proposed model
Contract	One organisation providing NHS 111 for all of north central London (Barnet, Camden, Enfield, Haringey and Islington). Two organisations providing OOH services for north central London (one in Barnet, Enfield and Haringey; one in Camden and Islington)	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.
Clinical support	Heavily reliant on GPs for clinical support. Recruitment of GPs is increasingly difficult as there is a shortage of GPs nationally.	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 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

3.17 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
- The integrated service would have flexibility to redeploy staff to where they are most needed to meet changes in patient use throughout the day and year
- Clinicians would be able to prescribe without the need for duplication or unnecessary referral
- All contracts would be rigorously monitored, as is the case today; providing assurance that the service is safe and of a high quality. Providers would be accountable for delivering the outcomes and care that patients need
- NHS 111 call advisers would be able to book patients directly to appointments with OOH and other services
- Commissioning at this scale would allow the development of systems and infrastructure that are more flexible and reactive to patients' needs – for example online tools to enable you to assess your own health needs, and systems for deaf service users.

4. Alternative options considered and not recommended

4.1 In further developing our proposals we 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. Our 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. The following table outlines the advantages of each option:

✓ = the option partially offers this advantage
✓✓ = the option fully offers this advantage

	Patients get clinical advice quickly from the right person, without calling a different number	Reduces pressure on A&E by making sure patients get treatment early on	Equal access to services wherever you live in north central London	Fewer transfers from one adviser to another	Can adapt to deal with pressure at peak times	Service provided by local clinicians	Contracts can be rigorously monitored	Could develop new systems – e.g. for deaf service users – 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]	✓ ✓	✓ ✓

4.2 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.

4.3 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.

5. Implications

5.1 Corporate Priorities and Performance

The key projects described in this report are closely aligned to the remit of the Health and Wellbeing Board as it relates to key leaders from the health and care system working together to improve the health and

[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.

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 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 Financial Implications

This report is an update and for information only. The Health and Wellbeing Board are asked to 'note the proposal'.

Any financial implications arising need to be considered and agreed by the relevant Council departments and any other partners affected.

5.3 Legal Implications

The Health and Social Care Act 2012 ("the 2012 Act) confers duties on local authorities to improve public health.

Section 12 of the 2012 Act inserted a new section 2B into the National Health Service Act 2006 ("the 2006 Act") which imposes a duty on each relevant local authority to take such steps as it considers appropriate to improve the health of the people in its area. Section 2B (3) of the 2006 Act provides that such steps include providing services for the prevention, diagnosis or treatment of illness.

The 2012 Act established Clinical Commissioning Groups as the foundation of the new health system with responsibility for commissioning the majority of health services. Section 28 of the 2012 Act required all GP practices to be members of the CCG's

Section 26 of the 2012 Act also inserted a new section 14R into the 2006 Act which imposes a duty in CCG's to exercise their functions with a view to securing continuous improvements in the quality of services provided to individuals, as part of the health service.

Under the Council's constitution decisions relating to the procurement of services over the value of £172,514 and the associated award of contracts are reserved to the Executive unless the power is specifically delegated by the Executive to the relevant Corporate Director. Therefore this report to the Health and Wellbeing Board is for information only.

5.4 Resident Impact Assessment

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

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. The current service configuration results in an access inequality between boroughs. 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 Environmental Implications

No direct environmental implications arise as a result of this report.

5.6 Consultation and Engagement

5.6.1 Islington CCG undertook extensive engagement with community groups on our proposed plans. We held 17 separate meetings which were a mixture of open meetings and meetings targeted at specific groups which we know face more barriers in accessing services, for example: people with mental health needs, people with learning disabilities, older people and refugee and migrant communities. We also sent out an online survey to all patients registered with the GP practice patient group. We were able to seek the views of over 250 residents through this engagement.

5.6.2 In addition to the Islington specific work, engagement has taken place across NCL, which has included:

- The other CCGs in NCL discussing NHS 111 and OOH proposals at local events;
- 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;
- 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. There are four Islington residents on this group;
- Two market events with local and national providers, letting them know what we are proposing so they can decide whether to bid for the new contract;
- Presentations to borough level overview and scrutiny committees as well as the joint health overview and scrutiny committees.

5.6.3 We have had a range of constructive feedback from residents and as well as challenge around the 5-borough model. There is 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.

5.6.4 However, it was felt we needed to more to re-state the case to commission the service across five boroughs so a further four week period of engagement was undertaken in July setting out the rationale again for the proposals. Despite wide communications highlighting the engagement document and its survey, there was a very low response to rate with 28 responses received across the five boroughs. It is important to note that this was the latest phase of a long period of engagement. There are obvious

limitations in the data in view of the sample size but of those people who did respond the majority supported the proposals outlined in the engagement paper.

5.6.5 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 widely to stakeholders. Comments will be fed back to the drafting team before the final specification is produced for discussion and approval by CCGs in September.

5.6.6 All CCGs received a letter from Dame Barbara Hakin, Director of Commissioning Development at NHS England in early July 2016 setting out the national expectations for NHS111 and GP Out of Hours services. The direction of travel indicated in the letter is that services should be commissioned as an integrated model; that they should be commissioned across a wider geographical footprint than single CCGs and that collaboration between providers within a lead provider arrangement is encouraged. This national guidance is in line with the preferred approach being taken by the five CCGs in north central London. All NHS111 and GP Out of Hours procurements nationally have been suspended pending the release of revised commissioning standards for integrated services. These are expected at the end of September although we do not anticipate this to significantly alter our intentions or plans as they are already congruent with national thinking.

6. Timetable

Key dates in the current timetable are as follows:

- September 2016 – service specification finalised
- October 2015 – procurement starts
- March 2016 – procurement ends
- April 2016 – contract awarded to successful provider
- October 2016 – new service starts, allowing 6 months for smooth transition

7. Conclusion and reasons for recommendations

This report updates the Board on the planned procurement of the integrated NHS111 and GP Out of Hours service across the North Central London area. The Board is asked to note the service proposals as well as the extensive engagement that has underpinned this work. Work on developing the service specification continues whilst we await national guidance although, as outlined, it is unlikely our plans will change significantly as these are already congruent with national thinking.

Background papers:

- July engagement document - http://www.islingtonccg.nhs.uk/Downloads/CCG/Get%20Involved/150702_Proposal_NCL_NHS111-OOH_model.pdf
- Draft service specification - http://www.islingtonccg.nhs.uk/Downloads/CCG/Get%20Involved/NCL_NHS_111_Service_Specification_v0_27.pdf
- Letter from Dame Barbara Hakin http://www.england.nhs.uk/wp-content/uploads/2015/07/nhs-111-bh-letter.pdf
- Islington CCG's engagement plan

Attachments: None.

Final Report Clearance:

Signed by	Dr Jo Sauvage …… Clinical Vice Chair, Islington CCG	8 September 2015 …….. Date
Received by	…… Head of Democratic Services	8 September 2015 …….. Date

Report author: Dr Jo Sauvage, Clinical Vice Chair, Islington CCG
Tel: 020 3688 2900
E-mail: islington.ccg@nhs.net