1 **PURPOSE**

1.1 The purpose of this paper is to update the Governing Body on the NHS 111 and Out of Hours procurement process.

1.2 The paper also updates the Governing Body on the public consultation process which started in November, as delegated by the Governing Body.

2. **STRATEGIC AIM / CCG ASSURANCE FRAMEWORK / EDS LINKS**

2.1 This paper is aligned to Strategic Aim 4 – Change Management and Transformation, Strategic Aim 5 – Contracts Management and Performance and Strategic Aim 7 – Governance.

3. **CONTEXT**

3.1 **UPDATE TO THE PREVIOUS PAPER**

The Governing Body approved the procurement to start with a Pre-Qualification Tender (PQQ) which was released on 20 January 2015, following a bidder market event on 14 January, attended by ten organisations. The PQQ closes on 2 March 2015.

As was reported in February, based on feedback from a bidder event and endorsed by the Governing Body, the proposed mobilisation period was increased from four (4) months to a maximum of six (6) months. This would mean that a service would be ready to launch in February 2016. The managerial effect of this is that the CCG will have to create a provision of extending the current contracts which may result in some additional costs. These cannot be fully assessed at this stage, but we are in discussions with current providers around this. We are all also working towards ensuring continuity of service for patients. It may mean that we delay a start date until after the winter period 2016.
During this process, the urgent care system in Cambridgeshire and Peterborough has become more pressured and a number of local initiatives are being considered to help address this. We are also awaiting the outcome of a number of national bids that hope to address urgent care pressures, including the Prime Minister’s Challenge Fund. The OOH & 111 services are integral to the urgent care system we provide and we need to consider our whole approach to urgent care as we develop the specification. In addition, we are midway through a well-attended and supported public consultation process which is raising some interesting and important issues that need to be considered fully.

This action may mean a pause to the issuing of the Invitation to Tender (ITT) until mid May 2015, a delay of approximately two months.

3.2 PROGRAMME OVERSIGHT

The structure managing the process has been in place since the start of the project in October 2014. It was agreed that the Programme Board was established to oversee the NHS 111 and Out of Hours Procurement. The Board has met four times and draft service specifications have been released to all members who have signed confidentiality and have no conflict of interest, as well as other CCG stakeholders who have also signed confidentiality agreements such as the End of Life Care team. The procurement team has also presented non-confidential information to other stakeholders such as the System Resilience Group (SRG) and the Primary Care Programme Board.

The Programme Board has overall links between the CCG, the LCGs, Healthwatch organisations in Cambridgeshire and Peterborough (corresponding the Northamptonshire Healthwatch), the Local System Resilience Groups (Urgent Care Boards), the System Transformation Team, the OPACS mobilisation teams and bordering Commissioners. The LCGs have nominated Clinical Leads for specification development on behalf of their Boards. There is a Clinical Sub-Group responsible for the operational service specification which is well advanced.

In line with requests from the SRG and LCGs Boards and due to the known and potential conflicts of interest that exist, the Programme team would like to share the specifications publicly with the SRGs and LCG Boards, once the PQQ has been completed in mid-March. This will allow a short window for the SRGs and LCGs to feed back to the procurement board. In advance of this review, we have requested that the SRGs and LCGs discuss what they would like to include in the specification.

We are using a best practice assurance framework from NHS England to guide the project.

3.3 PUBLIC ENGAGEMENT

The public consultation ends on Friday 6 March 2015 at 5pm. An interim report on consultation is attached. The recommendation is for the Patient Reference Group and the Programme Board to consider the responses to consultation and the full response to consultation report and to provide the consultation response to the Governing Body to consider at its meeting on 12 May 2015.
4. SHORT-TERM CONTRACT MANAGEMENT APPROACHES

4.1 The 111 contract is operationally managed through the contract manager, Director Lead and the NHS 111 Clinical Governance Group. The Programme Board is sighted on this and where effective short term measures are assisting the patient journey, these are being considered in the service specification. Short term measures around the current service are made through that group for NHS 111 and through the Contracting and Performance teams and Clinical Leads.

4.2 The Clinical Governance Group for NHS 111 has highlighted the short term issues that are being experienced as detailed below:

1. Driving up Emergency Department (ED) attendances by actual referrals from 111 to ED. A pilot scheme with a GP reviewing these is now in place and is reducing dispositions to ED significantly. This is now down to around 5% from 7% which is now one of the lowest ED signposting rates from NHS 111 in the country.

2. Driving up Ambulance dispatches in Red 2 and Green 1-4 categories. A pilot scheme has started with NHS 111 Clinical Advisors and East of England Ambulance Trust paramedics in the call centre to start addressing Green Ambulance dispatches from NHS 111. Additionally a GP in the pilot scheme has been trained in NHS Pathways to have the ability to review ED dispositions and Green Ambulances within the pathways system.

3. A mechanism for access to a GP for Care Homes and residential homes is now in place and has been funded by NHS England.

4. Expanding the Directory of Services (DOS) to include more referral options has been funded by NHS England and this work is on-going.

5. All this work is in line with a letter received from Dame Barbara Hakin, National Director of Commissioning Operations at NHSE on 23 January 2015 about early Clinical Input into the NHS 111 Service.

5. RECOMMENDATION

5.1 The Governing Body is asked to support the work of the Programme Board and support Clinical involvement with development of an outcome based specification with common outcome measures. The specification is to address the needs of each LCG and their specific population demographics.

5.3 The Governing Body is asked to note the public consultation currently underway and the upcoming provider consultation and support the short pause to the process to consider the full response and report to consultation. This pause is likely to delay the issuing of the ITT until mid-May 2015 and the resulting delay in mobilisation until spring/summer of 2016.

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