

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Health and Wellbeing Select Committee	
MEETING/ DECISION DATE:	30 th November 2016	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Procurement of NHS111, Integrated Clinical Hub, GP Out of Hours services.	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
None		

1. The Issue

- 1.1 This paper will brief the committee on BaNES CCG's procurement strategy in relation to NHS111 as well as the current GP Out of Hours, Urgent Care Centre and Homeless Health service.
- 1.2 In summary, BaNES CCG is:
 - (1) Procuring the NHS 111 and Integrated Clinical Hub services with Wiltshire and Swindon CCGs.
 - (2) Procuring the GP Out of Hours service with Wiltshire CCG, as part of the above procurement process to facilitate integration of services.
 - (3) Separately procuring the Urgent Care Centre service (at the front door of the Royal United Hospitals).
 - (4) Separately commissioning the Homeless Health Service.

2. Recommendation

- 2.1 The Committee is asked to review the detail of this paper and is invited to comment.

3. Resource implications (finance, property, people)

- 3.1 No financial implications beyond the CCG at this time.

- 3.2 No property implications beyond the CCG at this time.
- 3.3 No human resource implications beyond the CCG at this time.

4. Statutory Considerations and basis for proposal

- 4.1 The proposed changes are not anticipated to have any negative impact upon equalities, human rights, children and public health.
- 4.2 The changes are expected to provide a better, more integrated service for patients requiring urgent health care services in Bath and North East Somerset.

5. The Report

Background

- 5.1 In February 2013, Care UK was commissioned to deliver the NHS111 service across the Bristol, North Somerset, South Gloucestershire, Gloucestershire, Swindon, BaNES and Wiltshire area. Full service commencement took place from October 2013 with the contract concluding March 2018.
- 5.2 In April 2014, BaNES CCG commissioned a new model of urgent care including a combined GP Out of Hours (OOH) service, Urgent Care Centre (UCC) at the front door of the RUH and Homeless Health Service. The service is provided by Vocare, trading locally as BaNES Doctors Urgent Care (BDUC).
- 5.3 BaNES CCG will align the procurement of the NHS111 and GP Out of Hours services to promote better integration between the urgent care services. This integration would also meet the national direction of travel in relation to integration of these services and development of clinical hubs (see 5.7). In addition, we will separately procure the Urgent Care Centre and Homeless Health Service. The intended new contract start date for all services will be May 2018.

NHS111

- 5.4 NHS111 remains part of the national strategy to deliver urgent care, encouraging patients to “talk before they walk”, i.e. to call 111 to identify the most appropriate service to meet their needs. NHS111 has access to a database of local services (the DOS or Directory of Services), which is partnered with a clinical triage platform called Pathways to facilitate patients being directed to the right service first time.
- 5.5 The national expectation of NHS111 is that the service is now commissioned alongside a clinical hub (see 5.7) to provide additional early clinical resource to patient journeys through the NHS, therefore reducing patients unnecessarily attending higher acuity services like the Emergency Department when perhaps their local pharmacist could assist them.
- 5.6 There are clear benefits to commissioning NHS111 at scale, particularly in terms of resilience and efficiencies. BaNES CCG will therefore be aligning with Wiltshire and Swindon CCGs (our STP – Sustainability and Transformation

Plan footprint). The NHS111 service will form part of our Integrated Urgent Care procurement.

Clinical Hubs

- 5.7 Clinical hubs have been recommended nationally to sit alongside NHS111 to provide earlier clinical opinion in the patient journey to ensure that patients reach the right place at the right time and are treated by the right person. This also reduces duplication of triage.
- 5.8 As part of the Urgent Care procurement, a clinical hub will be developed locally. The Directory of Services (DOS) team has modelled requirements for a hub and has identified that local patient demand type and time, together with our geography means that a physical hub for all types of clinician is not financially and clinically viable, given the levels of professional staff that would be required. It is likely that a virtual clinical hub to leverage clinical support will be combined with a physical hub which co-locates a range of clinical staff. The final model will be determined as part of a negotiated process with providers.
- 5.9 The clinical hub will provide advice to patients remotely and refer patients to services as clinically assessed. The hub will also provide advice to other healthcare professionals as required facilitating patients remaining at or near their own homes for as long as possible with the advice received.
- 5.10 BaNES CCG therefore intends to procure an Integrated Clinical Hub alongside Wiltshire and Swindon CCGs, which combines both physical and virtual elements of this clinical support to the urgent care system. The Clinical Hub service will form part of our Integrated Urgent Care procurement.

GP Out of Hours

- 5.11 The Out of Hours service operates in the evenings, at weekends and across bank holidays to provide local and visiting patients access to a clinician by telephone or face to face at a local base or in their own home (if medically required). The service can be provided by a skill mix of clinicians, including GPs, Nurse Practitioners, Paramedics and Pharmacists.
- 5.12 The CCG recognises that BaNES represents a relatively small area within which to commission a GP Out of Hours service. Commissioning at this scale would be financially inefficient and lacks resilience.
- 5.13 BaNES CCG has therefore decided to commission the GP Out of Hours service together with Wiltshire CCG. We note that Swindon CCG has recently procured its GP Out of Hours service and therefore does not wish to re-procure at this stage. The procurement will sit as part of the Integrated Urgent Care service, which will facilitate greater integration between NHS111, GP Out of Hours and the Clinical Hub.
- 5.14 Although we are commissioning with Wiltshire CCG, the specification will continue to require local presence in BaNES. It will not be specific on service delivery times by base as we have in the past though, to facilitate the provider managing demand flexibly and via a range of communication channels as they find clinically and operationally appropriate.

Urgent Care Centre

- 5.15 When the Urgent Care Centre was commissioned in 2014, it was to provide a 24/7 GP model at the front door of the acute hospital. The model has since evolved, in line with demand and at the instigation of commissioners. The service currently provides access to a GP all day, apart from weekdays 8am-12:00 noon when a nurse is available as the clinical presentation at these times does not generally require a GP.
- 5.16 The current service integrates the Urgent Care Centre and GP Out of Hours, which was the right model at the time. The learning and data that we now have, suggests that the model for the future should separate delivery of GP Out of Hours from delivery of the Urgent Care Centre. This suggests continuation of nurse led front door streaming, together with GP presence as required and aligned with the GP Out of Hours service and Emergency Department.
- 5.17 As it remains vital to include and even enhance local governance arrangements in relation to the Urgent Care Centre, the CCG has decided to procure the Urgent Care Centre separately from the rest of the Integrated Urgent Care services described above.

Homeless Health Service

- 5.18 The Homeless Health Service was commissioned at the same time as the Urgent Care Centre and GP Out of Hours and is delivered by BDUC, based at Julian House homeless service in Bath. It has taken some time to deliver the service to the specification, but following some process and staffing changes, the homeless health service is now focused upon meeting primary care needs and offering a more holistic health approach, outreaching into the shelter, and beyond. This includes primary care and public health conversations but drug and alcohol concerns are referred to SDAS as required. The service has retained a registered practice population and will continue with this for the foreseeable future. They have been providing around 50 consultations per month (nurse, GP or jointly).
- 5.19 As the service has a registered Practice List, local GP practices will be approached to consider whether they would like to incorporate the service into their own list.

Timeframes for delivery

- 5.20 High level next steps are detailed in the following table for the Integrated Urgent Care Service (NHS111, Clinical Hub, GP Out of Hours).

1 st November 2016	Expressions of Interest requested from Providers.
2nd December 2016	Invitation to Negotiate (ITN) 1 published
4 th January 2017	Deadline for responses for ITN1 from providers and commencement of commissioner evaluation and moderation.
26 th January 2017	Bidder presentations
21st February 2017	ITN2 published and commencement of bidder dialogue sessions.
22 nd March 2017	Deadline for responses for ITN2 from providers and

	commencement of commissioner evaluation and moderation.
6 th April 2017	Bidder clarifications and presentations
30th May 2017	Publish Call for Final Tenders (CFT).
19 th June 2017	Deadline for CFT submission from bidders, followed by commissioner evaluation and moderation.
11th September 2017	Confirmation of contract award.
1st October 2017	Service mobilisation commences.
1st May 2018	Service commences.

5.21 The separate procurement of the Urgent Care Centre is planned to commence 23rd January 2017 with a more traditional PQQ and Invitation to Tender process concluding within similar timescales to the Integrated Urgent Care Service described above.

5.22 The Homeless Health service will be commissioned separately with information being developed for interested organisations from January 2017 to facilitate service commencement in May 2018.

6. Rationale

6.1 The procurement of the NHS111, Clinical Hub and GP Out of Hours services at the same time represents an opportunity to better integrate urgent care services for patients, so that they are easier to navigate and so that patients reach the right service first time. The objectives of the service are to ensure that we have a system that is safe, sustainable and that provides consistently high quality in line with national recommendations (including the Urgent and Emergency Care Review).

6.2 The service will give a consistent response to patients and equitable access to services; it will value and embed a culture of self-care amongst patients to facilitate care closer to home and access to services when required. The service will offer resilience to meet required capacity and have clear and robust governance arrangements to ensure that patients receive excellent care and are safe. The service is expected to innovate over the duration of the contract, to develop alternative access methods but continue to meet the range of needs within the population and work collaboratively with partners in the urgent and primary care systems.

6.3 A range of configurations have been considered by the urgent care clinical and commissioning team at the CCG. This paper represents the preferred models, in line with national and local priorities, which will meet the needs of our population now and into the future.

7. Other options considered

7.1 None.

8. Consultation

- 8.1 A programme of engagement with the public has been developed with the other CCGs to ensure that patients' thoughts and comments on the existing and future services are incorporated into the procurement.
- 8.2 Substantial patient and public consultation was undertaken when the Urgent Care Centre was originally commissioned, and this has been taken into consideration, together with what we already know from in depth consultation with members of the public through your care, your way.
- 8.3 Committee members will note that the procurement process has already started, and detailed engagement work has not yet commenced. Members of the Committee or Public should not be alarmed by this as we are procuring via a Negotiated Process. This means that we advertise the services we would like to procure and develop the final model with providers over the coming months. We will also be engaging with members of the public during this period to ensure that their views are received and fed into the outcomes of the final model.

9. Risk management

- 9.1 A risk register is being held across the procurement projects.

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Background papers	<i>Not applicable</i>
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