

## **Update Report to Kent Health Overview and Scrutiny Committee**

### **Kent and Medway Integrated Urgent Care Service Procurement**

#### **Briefing for the meeting on 2 March 2018**

From Adam Wickings, Chief Operating Officer, West Kent CCG, Procurement SRO, on behalf of all Kent and Medway CCGs

#### **Background**

The HOSC has received a number of reports about various aspects of Integrated Urgent Care Service (IUCS) during 2017 and received an update in January 2018 with specific regard to the planned procurement across Kent and Medway. This nationally mandated procurement is for enhancing the current 111 service on the basis of a national service specification, with increased focus on integration of the 111 service with local urgent care in and out of hours.

Before January the HOSC received a number of briefings about more local urgent care programmes which included reference to this planned procurement.

- The previous reports included the 'Case for Change' from Swale CCG and Dartford Gravesham and Swanley CCGs about their urgent care programme in July 2017. This included the local face to face urgent treatment services and the telephony (NHS 111 and clinical assessment service).
- West Kent CCG described their future vision for IUCS in September.
- The East Kent CCGs joined into the programme for the telephony services and this was verbally reported to the September HOSC meeting and included within the report on East Kent OOH and NHS 111 in November HOSC.

The CCGs are jointly procuring the telephony element of an IUCS in line with the national specification. A considerable amount of engagement with the public about the planning for an IUCS has been taken in local health economies across Kent and Medway: a report of this can be provided on request.

This briefing is to update members on the IUCS procurement across Kent and Medway.

#### **Service overview**

The new integrated urgent care service brings together the current service fragmentation and aims to reduce confusion for patients. Our aim is to provide care closer to people's homes

and help tackle the rising pressures on all urgent care services (primary and hospital) and emergency admissions.

Our preferred choice of access to urgent care services is via the improved NHS 111 service, which will be enhanced with a Clinical Assessment Service (CAS). The CAS will include a wide range of clinicians, including GP's Nurses, Paramedics, and Pharmacists.

Locally within Kent and Medway, and nationally mandated, we will also see the establishment of Primary Care led Urgent Treatment Centres (UTCs), based at the front doors of Emergency Departments (EDs).

These two developments locally, supported by the national specifications, aims to drive a higher level of clinical intervention and thus a reduction in unnecessary ED attendances and hospital admissions.

There will be joint clinical governance arrangements across the services and an active collaboration with the developing GP cluster/federations and the more specialist providers such as mental health and local care closer to home.

The service overall will cover all 9 elements of the national IUCS specification:

<https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

The face to face element will also meet the national Urgent Treatment Centre specification:

<https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

### **Procurement process update**

Kent and Medway are working together to procure the IUCS. A programme board has been established, including clinical leads, CCG executive leads and Healthwatch colleagues. This board is steering the procurement programme, with the decision making remaining with individual CCG governing bodies. Since the January HOSC meeting, a business case has been approved at 6 of the 8 CCG governing body meetings and is due for consideration at the last two on 22 February. Procurement is due to commence immediately after the CCG governing body approvals are completed. Due to the commercial sensitivity of procurement, the case is being considered in Part 2 of the private GB meeting.

The service is being procured in two lots, the first being the current NHS 111 services, with an increased level of clinical support and across the Kent and Medway footprint. The second is for face to face UTCs and out of hours primary care services for Dartford, Gravesend and Swanley, Swale and Medway CCG areas. The specification closely follows the national requirements.

<b>Telephony Services</b>	<u><b>LOT 1</b></u>  <u><b>KENT &amp; MEDWAY CCGs:</b></u> <b>NHS 111 / ICAS – Commencing 1 April 2019</b>		
<b>Face-to-Face Services</b>	<u><b>LOT 2</b></u>  <u><b>DGS/Swale/Medway CCGs:</b></u>		
	<u><b>DGS CCG:</b></u>	<u><b>SWALE CCG:</b></u>	<u><b>MEDWAY CCG:</b></u>
	<b>Urgent Treatment Centre at Gravesham Community Hospital</b>	<b>Two Urgent Treatment Centres (+ mobile facility) at Sheppey Memorial Hospital and Sheppey Community Hospital</b>	<b>Urgent Treatment Centre at MFT</b>
	<b>P-led-out-of-hours (base site and home visits)</b>		
	<b>Phased mobilisation:</b>  <b>GP-led OOH – 1 April 2019</b>  <b>UTC – 1 July 2019</b>	<b>Commencing</b>  <b>1 April 2019</b>	

Existing contracts for the relevant services are coming to an end in March 2019 and therefore the procurement is on a timeline to commence the redesigned services by 1 April 2019, with a phased implementation for the urgent treatment centres in Dartford, Gravesham and Swanley and in Swale.

### **Benefits of the Integrated Service model:**

The Integrated Urgent Care service will simplify the system for patients. It will provide greater access to clinical advice, will allow direct booking for face to face appointments where required – in urgent treatment centres or with a local GP. It will reduce the current duplication and fragmentation between different parts of the system.

The combination of procuring a telephony provider (including clinical assessment) across the whole area, and having the local face to face services embedded within each community are significant:

- Economy of scale for telephony & CAS with resilience.
- Local integration for face to face services – front door of Emergency Departments (where possible), linking Primary Care Services and Urgent Treatment Centres, enabling booked appointments and ‘walk in’ urgent care.
- Able to work closely with developing primary care organisations
- Collaboration between providers through integrated governance
- Opportunities for formal provider partnerships and/or bids for several lots

There are challenges, not least the workforce and digital infrastructure to support the model. The potential providers will be asked to provide innovative solutions to the challenges and to demonstrate how they will respond to local needs.

### **Timescale and next steps**

The specifications for the two lots have been developed over recent months with a wide range of engagement on the model with clinicians, local providers, patients and public. The specifications follow closely the national requirements for Integrated Urgent Care and for Urgent Treatment Centres with the emphasis on relationships and collaboration between the different parts of the system. The final CCGs are considering whether to approve the procurement on the 22<sup>nd</sup> of February with the intention of then initiating the procurement process in late February 2018.

The expectation is for evaluation of the providers and approval of preferred bidders by August 2018 to allow for almost eight months of mobilisation prior to going live April 2019.

Healthwatch, clinicians and the relevant specialists are working with the commissioners on the evaluation criteria and participating in the evaluation process.

Once the preferred bidder is identified and the contract awarded, a detailed mobilisation plan will be agreed and implemented, working with a wide range of partners in the system.

We will be happy to come back to HOSC to provide further updates in due course.