

Update Report to Kent Health Overview and Scrutiny Committee (HOSC)

Kent and Medway NHS 111 and Clinical Assessment Service Procurement

Briefing for the meeting on 23 November 2018

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Introduction

This paper provides the Kent Health Overview and Scrutiny Committee with an update on the Kent and Medway NHS 111 and Clinical Assessment Service Procurement.

Background

The HOSC received a briefing in April 2018 on the planned procurement across Kent and Medway for the nationally mandated Integrated Urgent Care Services (IUCS). The IUCS – aims to deliver an improved NHS 111 service, enhancing it with the inclusion of a Clinical Assessment Service (CAS). Patients calling NHS 111 who need clinical input will be transferred to a CAS. They will speak directly to a clinician who will seek to complete the call there and then, without the need to transfer the patient elsewhere.

The CAS will include a wide range of clinicians, including GP's Nurses, Paramedics, and Pharmacists. The CAS team will be able to directly book patients into an appointment at an Urgent Treatment Centre, another urgent care service or patients own GP, following a clinical assessment over the phone. With an increased focus on integration of the NHS 111 service with local urgent care in and out of hours, the aim is to drive a higher level of clinical intervention, improved support to outcomes for patients and also a reduction in unnecessary Emergency Department (ED) attendances and hospital admissions.

Scope

The Procurement originally included the following Lots:

- Lot 1: NHS 111 Telephony and Clinical Assessment Service (CAS);
- Lot 2: Face-to-face Urgent Treatment Centre for Dartford Gravesham and Swanley (DGS), Medway and Swale.

This briefing is to update members on the *NHS111 Telephony and Clinical Assessment Service for Kent and Medway (formally Lot 1)*.

This update does not include a broader update on Local Urgent Care Programmes.

NHS 111 and Clinical Assessment Service Procurement process update

Kent and Medway CCGs are working together to procure the NHS 111 and CAS. An IUC programme board has been meeting monthly, which includes clinical leads, CCG executive leads and Healthwatch colleagues. This board is steering the IUC procurement programme, with the decision making remaining with individual CCG governing bodies. Due to the commercial sensitivity of procurement, the case is being considered in Part 2 of the private governing body meetings.

In March 2018, all eight CCG governing bodies approved the commencement of the formal procurement process. The process began and commissioners were due to issue the second stage of the process, the Invitation to Tender, on 23 April. However, following an assessment of the Pre-Qualification Question (PQQ) evaluation, the IUC Programme Board Executive Leads took a decision to discontinue the process. This followed a concern that the process to date would not adequately demonstrate Value for Money (VFM) and could not result in a contract award across all of the services for which suppliers had been sought. Our procurement partners took legal advice and it was agreed that discontinuing the process then was a proportionate response and was the best way to guarantee that any future contract award for an IUCS will be able to demonstrate VFM.

The Programme Board intend to re-start the procurement process in full in early 2019.

Interim contract award due to delays in procurement

As a consequence of these complications the procurement timescales/options for the delivery were reconsidered over concerns about excessively short mobilisation.

As a result the IUC Programme Board agreed to an interim contracting arrangement for the period of one year, from 1st April 2019 – 30th March 2020. For east Kent, a contract extension has been agreed with their current NHS 111 provider, IC24. For north west Kent and Medway, commissioners have proceeded to negotiate with the current providers for the NHS 111 contract, SECamb, to achieve an interim contract arrangement, as the current contract ends on the 31st March 2019. Commissioners are still in negotiations with SECamb over these interim contracting arrangements.

Change to the Lot 2 bundle

Further, these delays resulted in a reassessment of Lot 2 for face-to-face Urgent Treatment Centres and out of hours primary care services for the NHS Dartford, Gravesham and Swanley, NHS Swale and NHS Medway CCG areas.

It was agreed at the IUC Programme Board that the face-to-face services for NHS Dartford, Gravesham and Swanley, Medway and Swale would be de-coupled. This procurement for Swale and Medway has continued and is in its concluding phase; it will be bought to the HOSC with an outcome at a later date.

Additionally NHS Dartford, Gravesham and Swanley CCG has agreed to pause the procurement of face-to-face services in its area for 12 months or more. This period of pause will allow the current urgent care model to be reshaped in Dartford, Gravesham and Swanley, to meet national standards by December 2019, whilst also allowing the CCG sufficient time to explore the potential of locating the UTC at the Darent Valley Hospital A&E site. The CCG will bring a comprehensive update about these plans to the HOSC on 25 January 2019.

Proposals to combine NHS 111 and CAS procurement with Sussex

Originally a combined Kent and Sussex procurement/contract had been discounted as the delivery models were different. At the time Surrey were also being considered but the complexity of governance across (then) 21 CCGs was felt to be unmanageable, and the savings tested in the previous procurement were not significant.

NHS England asked commissioners whether, if it was agreed that the interim contract be for 12 months, it would be prudent to reconsider a future footprint covering Kent and Sussex. An update on the potential benefits of collaboration were submitted to the September and October IUC Programme Boards and the board agreed that further scoping should be undertaken to firm up the potential benefits.

Commissioners are still working through the advantages and logistics of a combined approach.

Implementation of IUC National Standard, a coordinated approach

NHS England's timetable for implementation of IUC National Standards is 1 April 2019. In the absence of a new procured contract, we have been working to establish the Kent and Medway position against these national standards. We have undertaken a gap analysis in order to formulate a mitigation plan and this gap analysis has highlighted several project streams where work is required in order for us to meet national standards by the end of March 2019. It seemed appropriate for a co-ordinated approach to managing and delivering these projects. In light of this, CCG leads across Kent and Medway have agreed that these projects should be co-ordinated via the IUC Programme Board. Progress is being made against each work stream which includes development of:

- Integrated urgent care clinical governance across Kent and Medway
- Clinical activity counting
- Digital interoperability – including direct booking
- Development of the workforce and assurance of a link between out of hours (TC)/UTC and NHS 111.

Timescale and next steps

A final decision on whether Kent and Sussex should procure together will be made over the coming month and then a re-commencement of the longer term procurement process will begin.

The expectation is for the procurement to commence in the New Year, with evaluation of the providers in the spring of 2019 and approval of preferred bidders in the summer of 2019. This will allow for almost eight months of mobilisation prior to new go live date of April 2020.

Healthwatch, clinicians and the relevant specialists are working with the commissioners on designing the next steps alongside the procurement 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 would be pleased to come back to HOSC to provide further updates in due course.