

<b>Report To</b>	Kent Health Overview and Scrutiny Committee (HOSC)
<b>CCGs applicable to</b>	Kent and Medway CCGs
<b>Meeting Date</b>	19 September 2019
<b>Report Title</b>	NHS111/Clinical Assessment Service Procurement Update – Quarter 2 2019 (July - September 2019)
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### Recommendation/Action Required:

Members are asked to **note** the status of the procurement award for the NHS111/CAS and be **assured** of the contract award process followed by the Kent, Medway and Sussex Joint Committee in accordance with their delegated responsibility.

### Executive Summary:

#### Background

A key component of the Kent and Medway strategic networked model for Urgent Care is the new NHS111 Clinical Assessment service. In line with the aspiration of the 10 Year Forward View, this service will increase “hear and treat” outcomes by ensuring that patients are directed to the most appropriate clinician/service for their clinical need thereby reducing attendances and conveyances to ED departments. This new and improved service will provide 24/7 access to clinical advice and treatment, available over the phone and online.

This new service is required to deliver the following NHSE mandated Integrated Urgent Care Outcomes:-

1. Data and Information can be shared between providers.
2. The NHS 111 and urgent multidisciplinary clinical services need to be jointly planned and fully integrated.
3. The Summary Care Record (SCR) is available to the 111/Clinical Assessment Service (CAS) and elsewhere.
4. Care plans and special patient notes are visible to the Clinicians in the IUC and in any downstream location of care.
5. Appointments can be directly booked in-hours and to extended access primary care services - offering services in the evening and at weekends.
6. There is joint governance across Urgent and Emergency Care.
7. Suitable calls are transferred to a Clinical Assessment Service comprising a multi-

disciplinary team of GPs and other health and social care professionals

8. The Workforce Blueprint products and guidance are implemented across all providers

The NHS111 and Clinical Assessment Service in Kent, Medway and Sussex will provide patients with:

- NHS 111 Telephony and call management provision;
- A Clinical Assessment Service (CAS) across all KMS CCG's; the CAS will accept all 'Speak to GP' and 'Speak to a clinician within the service' dispositions;
- Advice and support to Health Care Professionals and Care homes;
- Co-ordinated clinical governance across all providers within the umbrella of 'Integrated Urgent Care Service';
- Access to the most appropriate clinician or service for their need;
- Access to a multi-disciplinary team enabling a robust "hear and treat" delivery of care thereby reducing pressure on EDs;
- The ability to be directly booked into services

### **Procurement Process**

The 15 participating CCG Governing Bodies approved the large-scale collaboration for the procurement and the development of a single specification and contract. This agreement included the delegation of authority with respect to contract award to be managed through the Kent, Medway and Sussex NHS111 & CAS Joint Committee.

The Joint Committee approved the tender documentation, and the following procurement elements: -

- The service specification
- The Qualification and Technical question set (PQQ and ITT)
- The Weighting and Criteria
- The decision to publish a financial envelope
- Single stage procurement process

The contract period is for 5 years with up to a 24-month extension option and the estimated contract value at the outset of the procurement was £90,552,000 (including VAT). This single contract is jointly funded by each participating CCG

### **Route to award**

The Kent Medway Sussex (KMS) Joint Committee met on the 9<sup>th</sup> July to review the evaluation of the bids received and were able to reach a unanimous decision to commence the procurement award process.

South East Coast Ambulance Service (SECamb) NHS Foundation Trust were successful in their bid to deliver the new NHS111/Clinical Assessment Service (CAS) contract, in partnership with IC24 as sub-contractors for the service.

The final award of the contract was subject to further assurance processes being undertaken and conditions being met by the bidder.

There were 4 conditions that commissioners required the bidder to address prior to the contract award being formally announced (the outstanding 3 will be delivered and managed as part of the mobilisation of the contract and monitored through formal delivery stage gates and decision points).

The KMS Joint Committee met again on 6 August 2019 and confirmed that sufficient progress had been made and assurance gained to allow the decision to be made public.

**The procurement timeline to date:**

<b>Date</b>	<b>Activity</b>	<b>Decision or action</b>
8 February 2019	Start of Procurement Process for the NHS111/CAS service for Sussex, Kent and Medway	Successfully launched
18 April 2019	NHS111/CAS Procurement advert closes	The procurement process received two bids
23 April - 7 May 2019	Phase one of the procurement progressed through moderation for the Pre-Qualification Questions (PQQ).	One bid was ruled out due to insufficient information (Joint committee notified 22 <sup>nd</sup> May)
20 May 2019	Procurement moved to phase two - Invitation To Tender (ITT).	Technical documents released to Kent and Medway and Sussex evaluators.
5 – 7 June 2019	Evaluation and moderation sessions run with all 51 evaluators from across the region; mix of skills and roles including workforce, digital, commissioning, clinical, public member / Healthwatch, communications, contracting and finance.	The moderation sessions led to a number of clarification questions; responses reviews and final score for each element established.
5 – 7 June 2019	An unseen scenario testing day was set for the bidder to respond to questions	These were also evaluated by subject matter experts including clinical and Lay / Healthwatch representatives.
9 July 2019	Review evaluation outcome and agree contract award	Joint Committee reached a unanimous decision to start the contract award process but agreed that contract award must be subject to conditions being met –

		set out in the outcome letter to SECAMB
7 <sup>th</sup> August 2019	Joint Committee (to include SECAMB & IC24) to set out expectations and seek assurance that conditions will be met to the timelines set out	Assurance has been given on part of the conditions.  Agreed to release communications (staff, stakeholders and public)
3 <sup>rd</sup> September – Award Assurance Conditions:	Conditions need to be met and commissioners assured on: <ul style="list-style-type: none"> <li>• A workforce plan that reconciles directly with the Financial Model Template.</li> <li>• Visibility of the sub-contractor partner's physical, data, cyber and IT risk management policies, processes and procedures.</li> <li>• An updated / enhanced comms and engagement plan</li> <li>• An overarching IM&amp;T strategy</li> </ul>	
<b>By 30<sup>th</sup> September – Mobilisation Assurance Conditions:</b>	Conditions need to be met and commissioners assured on: <ul style="list-style-type: none"> <li>• The relationship with the sub-contractor (IC24) is being formally managed via a NHS Contract</li> <li>• Governance structures for the delivery model incorporating both the contractor and the sub-contractor</li> <li>• A clear plan on how the contractor and sub-contractor will work with the whole system including primary care, acute</li> </ul>	

### Points for Assurance

A robust procurement process has been followed, with Qualification Questions (PQQ) and then the Invitation To Tender, with the support of Arden & GEM CSU who ensured the process and procurement regulations were followed. The documents were evaluated by a total of 51 different evaluators from Kent, Medway and Sussex. These came from a mix of skills and roles including workforce, digital, commissioning, clinical (including mental health and pharmacy subject matter experts), public member / Healthwatch, communications, contracting and finance.

Commissioners have been encouraged by the level of partnership working that has obviously gone in to the bid preparation by SECAMB and IC24. Moreover, it is encouraging to see how

positively both parties have responded to the immediate conditions prior to the contract being formally awarded.

For the NHS111 / CAS procurement and mobilisation, the programme has also been required to go through a NHS England checkpoint process. NHSE have stated that the evidence required 'has been received and are pleased to note the clear governance and project management procedures in place' and have "received assurance from the CCGs that due process has been followed with their procurement partners so far in relation to this procurement".

As incumbents, the risk around exiting an integral component of the Urgent and Emergency Care pathway in Kent and Medway is reduced enabling stability during the winter period and potentially EU Exit. The ongoing CAS transformation currently underway with SECamb on their interim contract will bring forward the delivery of some of the benefits of the CAS and will support winter pressures this year.

### **Current Performance Concerns**

There are concerns across the county about SECamb's performance, particularly around 999.

The new CQC rating for SECamb was announced on the 15 August 2019. This has shown the Trust moving from Special Measures to "Good" for 999 and retaining "Good" for 111 and demonstrates the level of commitment, development, improvement and growth of the Ambulance Trust to address the organisation's previous issues.

There is demonstrated energy and positivity by the organisation to ensure that they successfully deliver the 111/CAS service across Kent and Medway which is compounded by their CQC achievement. This is strengthened by working in partnership with IC24 who is an experienced 111/CAS service provider both in East Kent and other areas of the country whose 111 performance is currently the best in the country. Both organisations have extensive experience in urgent and emergency care and collectively they have the ability to fully integrate 111 and 999 through a technical solution which will ensure that patients contacting 111 and 999 are connected with the most appropriate service/clinician for their clinical need outside of a hospital setting. This will ultimately result in an improved patient experience by integrating and enabling full integration and access of the Urgent and Emergency Care system and reducing pressure in other parts of the pathway.

### **Mobilisation and next steps**

Mobilisation commenced in early September 2019 with the Joint Mobilisation Committee overseeing the mobilisation of the service up until the 1 April 2019 and will continue to have oversight of the service for at least the first six months following GoLive. This senior level scrutiny by the delegated Governing Bodies ensures a robust approach to mobilisation and contract management of the 111/CAS service.

