

Subject:	NHS 111/Clinical Assessment Service (CAS) changes		
Date of Meeting:	23 January 2019		
Report of:	Executive Lead for Strategy, Governance & Law		
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Ward(s) affected:	All		

FOR GENERAL RELEASE

Glossary/Explanation of Terms

111: NHS telephone helpline for urgent, but non-emergency issues

GP OOH: Out of Hours service providing GP support for patients when surgeries are closed

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The NHS provides the public with advice and support for urgent, but non-emergency (i.e. 999), health issues via its NHS 111 telephone helpline.
- 1.2 The current NHS 111 contract, provided by South East Coast Ambulance NHS Foundation Trust (SECAmb), ends soon and a new Kent, Medway and Sussex-wide service will need to be procured by autumn 2019 to start operation in 2020.
- 1.3 The HOSC received an initial report on plans to re-procure 111 at its 06 September 2017 meeting and a follow-up report in December 2017. The original intention was to have a further update on the outcomes of the 111 procurement in summer 2018. However, the tender process was subsequently suspended and NHS commissioners modified their plans for the service. A submission from NHS colleagues, explaining how and why their plans have changed, is included as **Appendix 1** to this report.

2. RECOMMENDATIONS:

- 2.1 That members note the update on plans to change local NHS 111 services.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The current NHS 111 service is a regional contract, which is led by Swale CCG.

- 3.2 More information on NHS 111 services and the plans for change is included in **Appendix 1** to this report.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 Not applicable to this report for information.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 Public and stakeholder engagement is fed into this procurement on a regular basis from Sussex via the NHS 111 Public Members Network and stakeholder engagement either directly by the NHS 111 Transformation Team or via the Managing Directors for the Sussex CCGs.

6. CONCLUSION

- 6.1 Members are asked to note plans to re-procure a Kent, Medway and Sussex-wide NHS 111 service.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 None. This report is for information.

Legal Implications:

- 7.2 There are no legal implications arising from this report.

Lawyer Consulted: Elizabeth Culbert

Date: 03.01.19

Equalities Implications:

- 7.3 None directly. This report is for information, however, members may be interested to explore the steps being taken to ensure that 111 or equivalent services can be accessed by everyone, including groups for whom a telephone helpline may be problematic (e.g. people with hearing loss; people who are not fluent in English; people with learning disabilities etc.)

Sustainability Implications:

None directly. This report is for information. Effective use of NHS signposting services including NHS 111 should reduce unnecessary attendances at A&E or GP surgeries and this may have a positive sustainability impact on NHS services.

Any Other Significant Implications:

- 7.4 None identified.

Appendix 1

Background

NHS 111 - is the non-emergency number that people should call if they need medical help or advice but feel it's not a life-threatening situation. There are experienced call handlers and clinicians who are available to assess a person's needs and situation and direct them to the best local services for the care they need. The NHS 111 service is currently provided by South East Coast Ambulance service (SECAmb).

GP Out of Hours (OOH) – the service is provided by Integrated Care 24 (IC24) and works with our local GPs to provide out of hours service to our local population.

In Sussex we need to develop the nationally mandated Integrated Urgent Care Services (IUCS) delivering an improved NHS 111 service, enhancing it with the inclusion of a Clinical Assessment Service (CAS), from the current signposting and referral service to a 'consult and complete' model.

Both Kent and Sussex stopped their procurements in June 2018. However, to ensure we have an enhanced NHS 111 and GP Out of Hours service from 1 April 2019 we have entered into a 12-month interim contract with our existing providers to continue providing this service to our patients and local population - this was agreed at the September CCG Governing Bodies.

As Surrey has awarded their contract, but like Sussex, Kent did not, NHS England (NHSE) challenged both Kent and Sussex CCGs to review the concept of a joint procurement. This had not been an option previously because:

- Kent had a different delivery model to Sussex. Kent's model was to procure both the NHS 111/CAS and the face-to-face Urgent Treatment Centres (UTCs) and Visiting as separate lots in one procurement. This was different to Sussex, as UTCs would be procured separately by each of the seven Sussex CCGs
- No financial savings - as the Kent, Surrey and Sussex models were all very different there was no financial benefit to procure together.

Summary

At the July 2018 CCG Governing Bodies we agreed to bring back a proposed new procurement approach. With NHSE's challenge, the NHS 111 Transformation Team carried out a substantial amount of work to look at alternative options. This also included conversations with Kent to see if there were any benefits to running a joint procurement.

What we discovered is:

- Kent has changed their procurement model. They are now looking at procuring an NHS 111/CAS separately from their local face-to-face services. This aligns more to the Sussex model.
- Following clinical conversations in the summer, if Sussex Governing Bodies agree to change our model and run a separate procurement for the OOH visiting service (for six CCGs) our NHS 111/CAS model is the same as Kent's
- If we procure with Kent, there is the potential to make around £2million in efficiencies across the two regions.
- With the OOH visiting service removed from our Sussex model, we can procure one NHS 111/CAS on a wider scale, which will help with the universal challenges around workforce, offering greater resilience within the system, and economies of scale in utilising staff (both Admin and Clinical).
- Clinically our Sussex Clinical Leads have agreed through our robust Clinical Governance process that procurement at scale for NHS 111/CAS is preferred. In addition, our Sussex Clinical Leads agree with taking the OOH visiting services out of the current service specification - this decision is due to be ratified on Tuesday 20 November at our next Clinical Governance meeting.

Governance

In December 2018, all 15 CCG Governing Bodies across Kent, Medway and Sussex agreed to run a joint procurement for the new NHS 111/CAS service.

The Sussex STP including the following CCGs:

- NHS Coastal West Sussex CCG [Acting as the lead commissioner];
- NHS Brighton and Hove CCG;
- NHS Horsham and Mid Sussex CCG;
- NHS Crawley CCG;
- NHS High Weald Lewes Havens CCG;
- NHS Eastbourne, Hailsham and Seaford CCG;
- NHS Hastings and Rother CCG;

For Kent and Medway STP this includes the following CCGs:

- NHS West Kent CCG;
- NHS Dartford, Gravesend and Swanley CCG;
- NHS Medway CCG;
- NHS Swale CCG;
- NHS Ashford CCG;
- NHS Canterbury and Coastal CCG;
- NHS South East Coast CCG;
- NHS Thanet CCG.

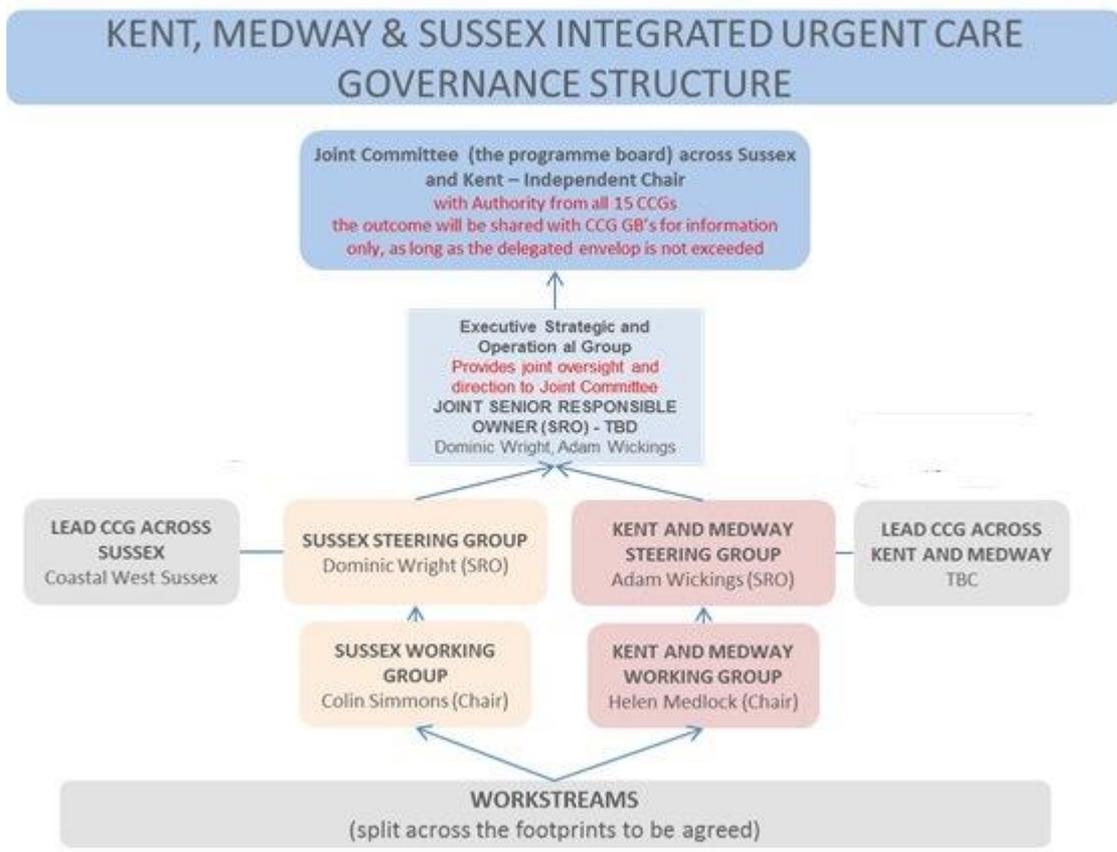
The Governing Bodies also agreed to have a Delegated Decision making process, entailing the establishment of a Joint Committee to which Authority from all 15 participating CCGs will be delegated. The final procurement outcome will be shared with CCGs Governing Bodies for information only.

The Joint Committee are to be responsible for commissioning NHS 111 and Clinical Assessment Services; to oversee, direct and mobilise arrangements for the

procurement and implementation of new NHS 111 and Clinical Assessment Services arrangements for all participating CCGs.

As part of the governance structure, programme boards for both Kent/Medway and Sussex will continue as steering groups for this procurement but will make decisions on local urgent care services, such as the Visiting service for Sussex, which is to be a separate commissioning process.

Please see attached draft governance structure respectively. The SRO is still to be decided formally.



The NHS 111 Transformation Programme is complex and has a number of tight deadlines.

This paper seeks to update the Brighton & Hove City Council's Health Overview and Scrutiny Committee on the activity-taking place around the NHS 111/ Integration of Urgent Care services.