



- How the new service is an improvement over the existing service
- Assurance that the provider can successfully recruit to the new Clinical Assessment Service (CAS), and whether this will be in place from the beginning of the contract.
- How the 111 service will book patients into the UTCs, GP practices etc. and whether this will be available from April 2020.

## **NHS 111 and the new Clinical Assessment Service (CAS)**

### **Background**

A key component of our strategic networked model for Urgent Care is the new NHS111 Clinical Assessment service. 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 support delivery of 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.
3. The Summary Care Record (SCR) is available in the Clinical Assessment Service (CAS) and elsewhere.
4. Care plans and special patient notes are visible to the Clinicians within the 111 / CAS IUC and in any downstream location of care.
5. Appointments can be made to 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 GPs and other health care and social care professionals
8. The delivery of the workforce blueprint which has been developed to ensure that there is a sustainable and optimal call centre workforce with the right skills, behaviours and competencies for the 111 / CAS.

Sussex CCGs, stopped the initial NHS111/CAS procurement process in June 2018 recognising that our strategic model for urgent care was evolving and further work was required to ensure that the new service fully meets our needs. As the work to review this took place it was agreed to align the Sussex procurement with Kent. The transformation teams in both areas reviewed the options to either procure separately or together. The team undertook financial modelling and this showed there were efficiencies of approximately £2 million that could then be re-invested into the service. Lessons were reviewed on other procurements and for this type of service a larger area is preferable as this offers greater resilience, better staff utilisation and better efficiencies for digital over a larger area.

A 12 month interim contract was negotiated with current providers of the NHS111 and GP Out of Hours Services (SECamb and IC24) to start to deliver the IUC outcomes and to allow time



to re-procure a new service. The GP Out of Hours (OoH) Home Visiting service(s), which was originally part of the NHS111-CAS contract was removed and is being commissioned separately as a pan-Sussex service. This is following an open tender procurement process with service mobilisation by April 2020.

The NHS111 and Clinical Assessment Service in Kent, Medway and Sussex (KMS) will provide:

- NHS 111 Telephony and call management provision;
- A Clinical Assessment Service (CAS) across all KMS CCGs, 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 a patient's need;
- Access to a multi-disciplinary team enabling a robust "hear and treat" delivery of care thereby reducing pressure on Emergency Departments;
- The ability to directly book patients into services (e.g. extended access GP appointments, Urgent Treatment Centre appointments).

### **How the new service will offer an improved service and improved experience for patients**

NHS 111 / CAS will provide a vital service to help people with urgent care needs to get assessment, clinical advice and treatment quickly, taking around 15 million calls a year. The service will be further enhanced by increasing clinical consultation for patients calling 111, so that more patients get the care and advice they need over the phone, and only those who genuinely need to attend A&E or use the ambulance service are advised to do this. All other patients will have their issue resolved over the phone if at all possible, or if not will be directed to appropriate primary care or community services, with an emphasis on strongly supporting patients in self-care.

If it is assessed that a patient needs to access another service, this will be directly arranged by the NHS111 CAS with the ability to directly book patients into primary care settings, such as Urgent Treatment Centres, Improved Access Hubs. The work on this roll out has started and is aimed to be delivered over the coming year. This means patients do not have to contact other services themselves to get the help they need if the CAS assesses with the patients that an appointment is needed. It also reduces the likelihood of long waits to access another service as an appointment time will be agreed and made.

### **Procurement**

The participating 15 CCGs 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.

This single contract is jointly funded by each participating CCG and is for a period of 5 years



with up to a 24-month extension option

#### **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 other 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.

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.

As commissioners, we have been encouraged by the level of partnership working that has obviously gone in to the bid 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’.

The mobilisation window allowed for a provider to exit and a new provider to establish the service for NHS111/CAS. As incumbents, the providers are in essence retaining elements of the service, which significantly de-risks mobilisation and will encourage more investment by providers in the current interim service to bring forward the delivery of some of the benefits of



the CAS and we are working towards increasing this capability to support winter pressures.

**Mobilisation and next steps**

Mobilisation has started in early September, with Joint Mobilisation Committee oversight. The key elements of the mobilisation plan will focus on ensuring that we have the right staff and skill mix for the start of this new service. Digital will be key to ensure staff are able to track patients as they go through the service and also to be offering patients, where needed, an appointment. There will be a number of check points as part of the roll out to ensure the service delivers on time and that mitigations can be developed should they be necessary. Suggested governance structure is:

