



North Central London
Integrated Care Board

NHS 111 (Integrated Urgent Care) Update for JHOSC

August 2022

Section 1: Introduction & Background

1.1 Introduction

The Joint Health Overview Scrutiny Committee (JHOSC) is a key stakeholder in respect of local health services. In April 2022, the NCL Clinical Commissioning Group (CCG), now known as the NCL Integrated Care Board (ICB) informed the JHOSC of the ICB plans to undertake a procurement exercise to deliver a new NHS111 Integrated Urgent Care (IUC) Service to commence on 4 October 2023.

This report provides the JHOSC with a further update of the procurement programme including:

- Update on the procurement progress and critical milestones;
- Update on the communications & engagement activities undertaken and feedback received;
- Update on national strategic drivers which include:
 - The implementation of the London Region NHS111 'single virtual contact centre' model (SVCC)
 - The NCL NHS111 and London Ambulance Service (LAS) integration pilot; and
 - Primary Care changes & its impact on NHS111 IUC.

1.2 Overview of Current Contract

The NHS111 Integrated Urgent Care (IUC) Service is a nationally mandated single point of access service supporting 24hr access to all urgent health and social care services 365 days a year. The North Central London NHS111 IUC service is currently provided by London Central and West Unscheduled Care Collaborative (LCW) and comprises the area covered by the London Boroughs of Barnet, Camden, Enfield, Haringey and Islington. The contract was awarded against a local specification but since 2018 a number of changes have been made to the service model to meet increasing demand and ensure alignment with national requirements, with the National IUC Service Specifications being published in 2018 and 2021.

The existing contract expired in September 2021 but was extended to September 2023 to enable time for the design, planning, procurement and mobilisation of a new service to commence on 04 October 2023.

NCL IUC Service currently consists of the following elements:

- NHS111 Telephone and Online Support on a 24/7 basis, 365 days a year
- Urgent GP face-to-face services from 5 NCL sites during the out-of-hours period, including home visits
- A 24/7 Clinical Assessment Service (CAS) made up of of GP and Nursing staff

Key service changes and enhancements include:

- Direct booking (heralded) into various healthcare settings including GPs, Extended Access Hubs, Urgent Treatment Centres and Emergency Departments.
- The implementation of the CAS, remote working for Health Advisors/Clinicians and the introduction of a Senior Advisor Role
- Introduced 24hr ED/Ambulance validation by a clinician. This ensures that only those patients that need it are sent to the Emergency Department or sent an ambulance.
- Implementation of the regional NHS111 'single virtual contact centre' model (SVCC); and
- The NCL NHS111 and London Ambulance Service (LAS) integration pilot.

1.3 National Context

A key principle of the NHS Long Term Plan is that England has in place a 24/7 Integrated Urgent Care Service, accessible via NHS111 telephony or online.

NHS111 services have continued to grow and develop since being established. The Covid pandemic changed the UEC paradigm. The national 'Think 111 First' programme was launched, which advises people thinking of attending an emergency department with non-life threatening conditions to call NHS111 in the first instance. NHS 111 IUC services have had to manage significant increases in activity and number of patients through 'hear and treat' pathways and changes being made to the service operational arrangements.

The National IUC Service Specification and the IUC Commissioning Framework were published in 2021. These documents set out the requirements for the NHS111 IUC service which included call handling to be delivered on a regional footprint at scale which would bring providers to work together. See section 4.1 which gives more detail of this change.

Section 2: IUC Procurement Progress

2.1 Procurement Process and Key Milestones

The re-procurement for the NCL NHS111 IUC Programme is overseen by a multi-disciplinary Procurement Steering Group and includes representation from primary care, ED's, LMC, NHSE and Patient & Public. This committee has 2 Sub-Groups (Clinical Sub-Group and Engagement & Communications Sub-Group).

The Engagement and Communications Sub-Group which is made up of patient & public champions from across NCL boroughs have supported and advised the programme on the patient and public engagement activities for the procurement. This group is also chaired by one of the Patient Champions.

The Clinical Sub-Group is made up of clinical and quality leads and also includes patient & public champions. This group has focused on developing the clinical model taking into account local need and the requirements set out in the National IUC Service Specification.

The re-procurement programme is split into 3 phases which are; 1. Planning & preparation; 2. Procurement; and 3 Mobilisation. Each phase follows an assurance process to assure NHS England & Improvement (NHSE&I) that the various stages of the procurement have been robustly constructed according to defined good practice and this has been built into the timeline.

There has been significant progress made with the procurement programme since the last correspondence to the JHOSC. The key activities achieved to date are summarized in the table below:

Project Resources, governance structure & TORs for the steering group and its sub-groups are in place and these groups have been meeting regularly since November 2021
A Procurement Task and Finish Group established in March 2022 and this group has supported the programme in taking forward the development of the Procurement Strategy and the Invitation To Tender preparations.
A service options appraisal was undertaken by the Clinical Sub-Group which included patient champions. Three broad future service model options were considered and these details are explained in section 2.2.
Market Event - An early Prior Information Notice (PIN) was published on 22 March 2022 notifying the market of NCL's plan for procurement. The Market Event was successfully delivered on 10 th May 2022 and a market event questionnaire was subsequently published and the feedback has been collated.
Communications & Engagement Plan - A comprehensive communications and engagement plan was developed with the Patient & Engagement Sub-Group and this ensured that our integrated care system partners, wider stakeholders, residents, service users, GPs and primary care colleagues were made aware of the CCG plan to re-procure the service. Engagement activities commenced in March and to date the team have engaged with a variety of groups across NCL. This is explained further in the report at section 3.
Equality Impact Assessment (EQIA) – An initial EQIA was completed and approved by the NCL Equalities Lead and endorsed by the Governing Body on 30 June as a working document. Since then a full EQIA has been undertaken and a number of actions have been identified. The EQIA will be reviewed throughout the programme.

A summary of the actions taken include strengthening the new service around training for staff to deal with particular groups, assurance around the interpretation and translation offer and highlights further work that is recommended for the regional teams to consider that is outside the scope of this procurement, for example feedback received on the call menu and collecting patient information on all protective characteristics.

Business Case developed and signed-off – The business case for the procurement of the new NHS111 IUC service starting from October 2023 was approved by the NCL CCG Governing Body on 30 June. The business case focused on three core elements; the provision of front-end Call Handling, Clinical Assessment Service (CAS) and a GP Out-of-Hours service (GP OOH) which ensured that an effective, resilient and best value for money service can be delivered. Each core element have been considered against national and regional strategic drivers, published service specifications, existing system-wide partnership arrangements and interdependencies, and the financial position of the Integrated Care System(ICS).

The table below shows the remaining procurement timeline and critical milestones:

Key Milestones	Date
ITT Documents Sign-off by	w/e 23 Sep 22
Invitation to Tender (ITT) to Submission	End Sep – Nov 22
Shortlisted bidder Presentations/Interview	End Jan-23
Submit Award Report to approval	01-Feb – 28 Feb 23
Contract Award Report Approval	01-Mar -10 April 23
Inform bidders of outcome and observe standstill period	11-Apr - 21 Apr 23
Contract award and discussion	24-Apr - 28 Apr 23
Mobilisation	01-May – 3 Oct 23
Contract start	04-Oct-23

The planning phase of the procurement is almost completed and the procurement phase due to commence from September with the ICB is now aiming to publish the ITT during the week ending Friday 23rd September 2022.

2.2 Clinical Model

The Clinical Sub-Group identified and considered three broad future service model options:-

1. Maintain current service provision
2. Maintain current service provision with local clinical enhancements
3. Deliver the full National Service specification

Following extensive public, patient and clinical engagement 'Option 2' was identified as the preferred service model that would provide the greatest improvement in patient experience and additional benefit to the local system by continuing to meet the fundamental elements of the national service specification whilst also increasing the rate of 'consultant and complete'. This option was endorsed by the NCL CCG Governing Body in April 2022 as the preferred option for implementation.

Over the past months, significant work has been underway to develop the NCL service specification with input from all members of the procurement programme. The draft has where possible taken into account the feedback that has been received from the communications & engagement exercise. Once the service specification is approved, this will form part of the suite of documents to be published when the procurement is launched.

Section 3: Communications and Engagement

3.1 Engagement Events and Feedback Themes

Since March 2022, the ICB NHS111 IUC Procurement Project team have engaged extensively with NCL residents, service users, its' integrated care system partners, wider stakeholders, GPs and primary care colleagues on its plans to re-procure the NHS 111 IUC service. This has been overseen by the Engagement & Communications Sub-Group.

The Sub-Group and our supporting team have attended a number of voluntary & community group meetings and staff network meetings as well as arranging targeted focus groups for specific user groups which were identified in research and the initial EQIA as experiencing challenges accessing the service. These have included:

- People with learning disabilities;
- People who are profoundly deaf;
- People with visual impairment;
- People with mental health needs; and
- People whose first language is not English.

The following is a summary of the key themes that emerged during the discussions about the experience of service users and the outcomes of the specific focus groups can be seen at Appendix 2:

- Some people are still unsure when to use 111 and 999
- Most users who received a booked appointments found it helpful but felt that this was not being offered all the time
- Most people thought that the call menu is too complicated and can be confusing
- It was important to people that call backs occur in the stated time frame and the 111 service is appropriately connecting people to the right setting for further treatment
- Many people thought there was a need for a simpler mental health pathway when contacting 111 and mental health clinicians in the clinical assessment service
- Language barrier if English is not your first language makes contacting the service less accessible
- More consideration is needed when designing the service around people with learning disabilities, dementia, neurodiversity, autistic, auditory processing issues, and mental health issues
- Some people expressed concerns around digital applications such as 111 Online, video consulting which are not accessible for those that are not digitally literate or can't afford a computer or internet
- People referred to the OOH GP service found this was conveniently located for them
- Most people are not aware about the GP OOH service
- Some people felt the service is risk averse especially in the case of children as they will send to A&E
- People wanted a high quality service; there were some concerns expressed about the training and experience of the call handlers and a strong feeling that they needed on-going training and support when dealing with particular groups
- Some people felt improved communication between the 111 service and GP practices is needed to ensure that patients get ongoing support where necessary
- Residents wanted to be able to speak to a local healthcare professional as quickly and as early as possible once they called NHS111 as opposed to be being dealt with by a regional provider

- The new service needs to be able to make good links with the local health system if it is to be effective for local residents.

3.2 Survey Evaluation

An NCL NHS111 IUC survey was developed with the Patient & Resident Champions to understand the NCL residents' experiences of using the service; to find out about the barriers that may prevent people from easily accessing the IUC service; and why people may choose to attend emergency departments rather than contacting NHS 111. The survey ran from 12 May to the 19 June 2022 and was promoted through various channels. Full details of the survey can be seen at Appendix 1.

In summary, the themes that have come out of the survey largely mirror those were identified from the engagement sessions above.

3.3 Communications & Engagement Next Steps

The feedback from the Communications & Engagement exercise has been factored into the development of the service specification where appropriate. In addition to this, the ICB programme team will be developing an action plan to capture & address the feedback from communication & engagement exercise. This will be developed with the Patient & Engagement Champions and taken forward as part of the procurement process.

Section 4: Strategic Drivers

4.1 Implementation of the Single Virtual Contact Centre (SVCC)

The IUC Commissioning Framework (released in 2021) set out the case for call handling at scale via a Single Virtual Contact Centre model (SVCC). To address the national requirement and given the scale and complexity of this transformation, regular discussion between London ICS NHS111 leads and the Regional team have been taking place since November 2021 to ensure a smooth and seamless implementation.

The SVCC was fully launched on 19 April. This model integrates all calls to NHS111 through a regional platform, which effectively directs any caller in London to the first available service across the region where a local call handling provider is unable to respond within the regionally agreed threshold. Following assessment and if the caller requires CAS input, the call will be transferred to the patients respective ICB IUC provider for CAS triage, onward referral and resolution. The intention is to provide patients with the right care first time with parity of NHS service provision regardless of which provider deals with the caller when they first access the service.

A number of local pathway exclusions to this process are in place. For NCL the exclusions include patients under the age of 1 and over 75. This means approximately 70% of NCL calls fall within the SVCC model. An initial SVCC impact analysis has shown a stabilisation of performance across London and has highlighted a reduction of calls being abandoned each day. A regional deep dive and evaluation of the SVCC model will be undertaken and this will also be shared with the Patient Engagement Sub-Group once this is available.

The ICB continues to closely monitor the impact of regional and national direction of travel closely and recognises that the programme will need to be flexible and align its work accordingly with the procurement programme.

4.2 NCL 111 and London Ambulance Service (LAS) integration Pilot

In addition to the above implementation, In April 2022, the ICB approved a one year pilot to re-route Category 3 and 4 ambulance dispositions from the current 111 IUC provider to LAS. This work aligns to the London 999 & NHS111 programme strategic vision for integration and this approach has brought NCL in line with the rest of London resulting in LAS delivering Pan-London NHS111 Category 3 & 4 validation, supporting the service to better manage ambulance dispatch.

A recent analysis of the pilot has shown approximately 100 fewer conveyances per week for NCL and is seen as an integral part of the system-wide improvement plan to reduce hospital handover waiting times. A six month review will be undertaken to consider the benefits of the pilot on reducing ambulance conveyances and hospital handover waiting times as well as value for money.

4.3 Primary Care Changes

There are changes being made to Primary Care. From October 2022 the GP Extended Access Service transfers to Primary Care Networks (PCNs) with an associated change in contractual requirement. This change includes the removal of both the Sunday provision and the need to ring-fence NHS111 specific appointments.

Currently ICB internal discussions are underway and a number of options are being explored. Furthermore, in May 2022, The Fuller Stocktake Report was released and this sets out the next steps for integrating Primary Care and outlines a new vision that re-orientates the health and care system

to a local population health approach through building neighbourhood teams, streamlining access and helping people to stay healthy.

Over the next 6 months NHSE will review the role of NHS111 as an enabler for delivering integrated urgent care pathways. The ICB will then consider the outcome of the review, which may result in national or regional mandated changes to the NHS111 operating model

Section 5: Recommendations

The JHOSC is asked to note and where appropriate comment on the following:

- The update on the procurement progress and the timelines as given above;
- The communications & engagement activities undertaken and feedback received including next steps;
- The update on the recent national strategic drivers which include:
 - The NHS111 'single virtual contact centre' model (SVCC);
 - The NCL NHS111 and London Ambulance Service (LAS) integration pilot; and Primary Care changes.