

Service Specification and Clinical Model Outline

North Central London Integrated Urgent Care Board (NCL ICB) will go out to tender for NCL's NHS 111 Integrated Urgent Care Service during week ending 23 September 2022. The service specification along with the procurement suite of documents were presented at the various NCL ICB Governance forums and approval was received on 6 September 2022 to progress with the procurement launch.

The next stage of the process is undergo an assurance process with NHS England (London Region) prior to launching the tender publication.

These key service/clinical model principles set out below have been developed to align with the fundamentals of the national service specification. The service specification was developed with input by a range of programme members and subject matter experts including GPs, Local Medical Committee members, Patient Champions, NHS England London Regional colleagues and wider stakeholder feedback following the engagement activities undertaken as part of this programme. More detail about the programme progress and engagement to date can be found in the longer update paper.

The JHOSC are asked:

To note the extensive engagement undertaken to support the development of the service specification;

To note the key service model principles in the table below: and

To note this model aims to 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'.

The service specification focuses on three core elements:-

- The provision of front-end Call Handling 24/7, 365 days a year;
- 24/7 Clinical Assessment Service (To CAS) including GP and Nursing staff; and
- Urgent GP Out-of-Hours service (GP OOH) including home visits

The following table reflects the NCL NHS111 IUC key service model principles:-

<ul style="list-style-type: none">• The 111 front-end call handling response will form part of the London's 111 Regional Call Management Single Virtual Contact Centre (SVCC) model. This model ensures calls are dealt with quickly across a regional footprint. It will improve service resilience and performance whilst maintaining NHS111 growth in call volumes.• Aiming to reduce the number of unnecessary separate patient contacts ensuring the patients call is dealt with on the initial call (consult and complete model), where clinically appropriate.

- Supporting patients to look after their own health, including through signposting wellbeing and self-care opportunities across NCL e.g. local pharmacies.
- Aiming to enhance the clinical capacity within the Clinical Advisory Service (CAS) particularly during the in-hours period and look to the provider for innovations where it can bring workforce efficiencies ensuring capacity is maximised with the appropriate skill mix, staff retention and sharing resources that bring economies of scale where appropriate.
- Aiming to reduce the number of emergency department (ED) attendances by encouraging patients to contact NHS111 first and continued emergency department clinical validation and downgrading of dispositions where appropriate to ensure most appropriate pathway for healthcare need.
- Increasing the level of direct booking opportunities to emergency departments, urgent treatment centres (UTC) and other primary care and community settings, in particular GP in-hours (NHSE ambition is 70% of 111 ED and UTC referrals are heralded and booked).
- Improving collaborative working and integration across the NHS 111 and wider urgent and emergency care system and providers, primary, community and mental health services to deliver a more streamlined pathway.
- Continuing to work closely with the regional programme on the added feature for the Mental Health pathway which is to include the *2 option to enable rapid and effective streaming to Mental Health and Crisis services.
- Building upon digital remote tools such as remote consultations when they become available via regional discussions.
- Supporting ambulance conveyances through the continued clinical validation of category 3 and 4 calls either through a partnership arrangement with London Ambulance or via the new NHS 111 provider.
- Exploring the late evening and overnight Primary Care Centres (PCC) provision within GP Out of Hours/Extended Access in order to ensure value for money and sustainability of service.
- Meeting the NCL population health needs when accessing the service, promote wellbeing and reduce inequalities, to deliver the maximum positive impact within the resources available.
- Providing a seamless and consistent experience, reducing inappropriate delays and unnecessary demand flow on the most pressured parts of the urgent and emergency care

system by enabling access to alternative care pathways, electronic referrals and bookings, and access to pertinent patient information

- Supporting the regional/national direction of travel to reduce whole scale London NHS system costs through greater economies of scale, integration of clinical services and workforce efficiencies and reduced transactional complexity across separate contracting and commissioning organisations.
- Supporting to develop a more resilient NCL and London urgent and emergency care system and maximise the benefits of national and regional clinical, digital and interoperability initiatives rapidly through greater service integration, scale and interoperability.
- Proactively seeking the views of the diverse communities in NCL and build relationships with people and communities who are seldom heard, vulnerable or experience barriers to accessing services or health inequalities.
- Supporting the new ICS model of providing joined-up health and care for residents through closer collaboration between local NHS organisations, councils and other groups, such as charities and community groups to provide care that is tailored to individual needs and helping people to live healthier lives for longer.