

Governing Body (public) meeting

DATE: 21 May 2015

Title	111 Procurement and Performance Update	
Recommended action for the Governing Body	<p>That the Governing Body:</p> <ul style="list-style-type: none"> • NOTE the update contents of this report; • GIVE DELEGATED AUTHORITY to the Chair and Chief Officer to sign off the procurement process, tender documentation and the 111 service specification. 	
Executive summary	SEL London CCGs approved the outline re-procurement strategy for NHS 111 in November 2014. This paper provides an update for Bexley CCG on the 111 procurement in section one and an update on performance, activity and Bexley CCG referrals in section two.	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	N/A
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks (corporate and/or clinical)	See section 1.6 of the paper.
	Equality and diversity	All Bexley residents can access 111 services.
	Patient impact	Any new 111 service will be procured considering the impact on patients.
	Financial	There will be a cost to undertaking the procurement. Current estimates indicate that this will be c£40k per CCG.
	Legal issues	The procurement exercise will follow appropriate procurement law.
	NHS constitution	N/A
Consultation (public, member or other)	None	
Audit	111 procurement is discussed regularly at Director of	

Clinical Commissioning Group

(considered/approved by other committees/groups)	Commissioning and Chief Financial Officer meetings; and at the SEL 111 programme board.	
Communications plan	N/A	
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	Clinical lead Angela Bhan Chief Officer Bromley CCG	Executive sponsor Theresa Osborne Chief Financial Officer
Date	8 May 2015	

111 Procurement & Performance Update

Introduction

SEL London CCGs approved the outline re-procurement strategy for NHS 111 in November 2014. This paper provides an update for Bexley CCG on the 111 procurement in section one and an update on performance, activity and Bexley referrals in section two.

A national drive to improve integration between 111 and other urgent care providers, especially GP out of hours services (GP OOH), and the need to ensure that a new service is not mobilised during the height of the winter period, has resulted in the need to reconsider the time frame for procurement. All commissioners have been asked by NHS England to ensure that there is integration between 111 services and out of hours (OOH) general practice as a first step in integrated pathways for urgent and emergency care.

This paper describes the procurement arrangements for NHS 111 services in more detail, with a revised timeline.

Section 1: 111 procurement update

1.1 Overarching Procurement arrangements

Bromley CCG, lead commissioner for NHS 111 in South East London (SEL), will lead the re-procurement process, working in partnership with South East CSU (SECSU). The joint procurement programme will report to the 111 programme board.

To guide all procurement arrangements and ensure consistency, NHS England has developed the 'NHS111 Procurement Guidance' document and a checkpoint assurance process to support CCGs through assurance gateways and procurement. The first assurance checkpoint will take place before SEL goes out to tender, and will need to include evidence of:

- A local service specification including all key elements from the NHS 111 Commissioning Standards and embedding NHS111 into the local urgent care strategy.
- SEL commissioning a 111 service integrated with out of hours general practice services.
- The new service must show improved outcomes for patients accessing urgent care.
- That SEL has used an appropriate procurement process and can show sound supporting documentation.

1.2 Governance

The SEL NHS 111 programme board with commissioning, clinical, and patient representatives from SEL CCGs will oversee the procurement and make recommendations to the CCGs with regard to the procurement programme checkpoints.

1.3 Service specification

A number of engagement and developmental workshops have already taken place with health professionals and patient representatives, to consider the future specification of NHS 111.

During May and June 2015, the NHS 111 team will undertake a further period of engagement, particularly with OOHs services, to work through how services may be linked to improve integration between 111 and OOHs, and thus improve patient experience and outcomes.

A draft version of a 111 service specification is currently being reviewed by CCGs. The following inputs have helped to inform the first draft of the service specification: patient complaints, calls' audits, SIs, health professional feedback, 111 call log data, and NHS England's 111 pilot reports. A working group appointed by the programme board will review CCG comments and agree a specification for wider circulation, again engaging with urgent care stakeholders and patient representatives. The specification will need to be signed at the beginning of July 2015 in order to go out to tender the second week of July.

1.4 111 and OOH integration

The SEL clinical strategy committee has agreed a model where 111 and OOH integration is specified and delivered through linked 111 and OOHs contracts. A single set of targets, outcomes and standards will be specified through the linked contracts, and will include joint ownership of outcomes. The 111 service will appoint GP experts to provide leadership and liaise with OOHs to improve patient pathways, advice about training and development of call handler and clinician skills, work with the clinical quality indicator (CQI) leads to enhance the effectiveness of call reviews and help advise about service development, e.g. improved staff support and decision making systems. These GPs may be provided by the SE London OOH services.

Each OOH service will provide early clinical input to their own borough of patients who call 111, and participate in joint audits and end-to-end to review of patient outcomes. SEL will work with 111 and OOHs through the 111 mobilisation phase, using data on patient compliance and the impact on urgent care to prioritise and target pathways, for example the under-fives who present at ED following 111 advice to attend primary care. The long-term goal will be to align 111 and OOHs contracting to commission an urgent care service that includes 111 and OOHs provision.

The following principles were agreed by the SEL 111 programme board to describe their commissioning intentions for a 111 and OOH integrated service:

- A good patient experience so that the patient is unaware their journey is crossing different service providers, supported by information flows to reduce the number of times patients repeat information.
- 111 and OOHs providers will have access to a shared patient record.

- Commissioners and 111/OOH providers to work together, to review the outcomes of 111 and OOHs pathways, to keep improving the pathway to ensure right place, first time episodes increase and that the service continues to improve over the life of the contract.
- Patient choice and patient experience will be key to patient pathways design. For example a patient may be asked if they would prefer a telephone call to a base visit, which may save the patient a journey and increase compliance with 111 advice.
- A joint operational committee consisting of 111 and OOHs providers and commissioners will oversee the system and the service integration points.

1.5 Timeline

The revised timetable (Appendix 1) aims for SEL to go out to tender on the 13th July 2015; with a successful provider mobilising a new service by the end of March 2016. This allows six months for the provider to mobilise the new service. The lease for the Beckenham call centre expires in June 2016, so the successful provider will need to locate and set up new premises as part of the service mobilisation.

This timeline is dependent on SEL commencing the procurement process on 13th July 2015. Therefore the service specification and all tender documentation will need to be signed off by CCGs by 6th of July 2015. The SEL 111 programme board requests that Bexley Governing Body gives the Chair and Chief Officer authority to sign off the procurement arrangements on behalf of the CCG. A full report on the procurement will go to all Governing Bodies during the July round of meetings.

1.6 Risks

- Beckenham call centre lease expires June 2016; if procurement is delayed, LAS will need to relocate the call centre. Under the terms of the step in provider contract for LAS provision, the SEL CCGs will cover these costs. This will be mitigated by adhering to the current revised timetable.
- If there is a delay in the signing off of the service specification and tender documentation by the 6th July. This will reduce the contingency planned to ensure the successful provider is ready to go live before the lease expires for the call centre in Beckenham. Again, this will be mitigated by adhering to the timetable and taking Chair's/ CO's for sign off purposes.

Governing body action

The Governing Body is asked to:

- **NOTE** the update/contents of this report;
- **GIVE DELEGATED AUTHORITY** to the Chair and Chief Officer to sign off the procurement process, tender documentation and the 111 service specification.

Timeline

111 Procurement Key Milestones																			
	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	
Pre-tender																			
Select procurement partner and agree procurement process																			
SEL clinical strategy group to sign off 111 procurement strategy																			
SEL governing bodies to sign off 111 procurement strategy																			
Agree SEL procurement governance																			
Agree project plan																			
Pre-market engagement event with providers																			
Define TUPE requirements																			
Develop local specification/KPIs																			
Develop compliant procurement documentation																			
Stakeholder engagement																			
Develop call volumes analysis for tender documentation																			
Agree contract and supporting schedules																			
CCG sign off tender documents																			
Checkpoint -1 Delivery strategy pre tender assurance up to publication of docs																			
Tender stage																			
Checkpoint - 2 Checkpoint 2 investment decision (before contract award)																			
Mobilisation of provider																			
Checkpoint - 3 Operational review (before go-live)																			

Section 2: Performance of 111 service in South East London and 111 referrals for Lambeth CCG patients, March 2015

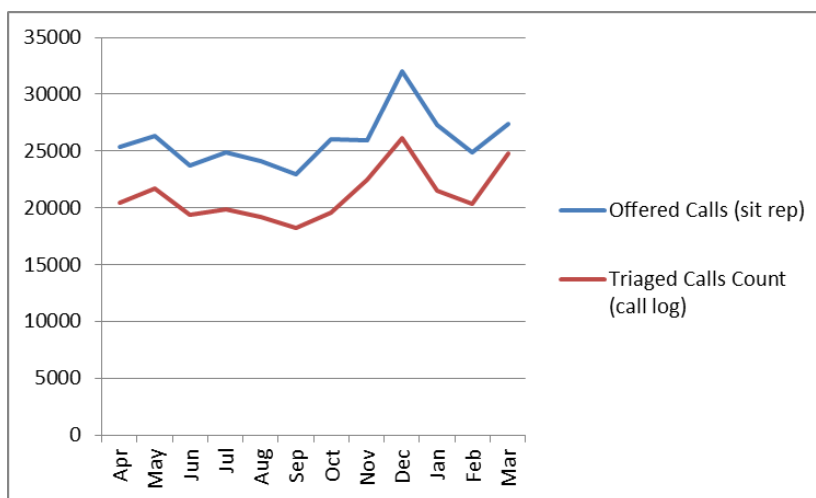
2.1 Purpose of paper

This paper provides an update on 111 activity, performance and patient referrals. The South East London (SEL) service is provided by London Ambulance Service (LAS). The service is available to everyone in SEL, but at the moment only Bromley, Bexley and Greenwich CCGs routinely use it as a means of accessing out of hours general practice. Lambeth, Southwark and Lewisham still have most out of hours calls handled directly by SELDOC (their out of hours GP provider – South East London Doctors on call).

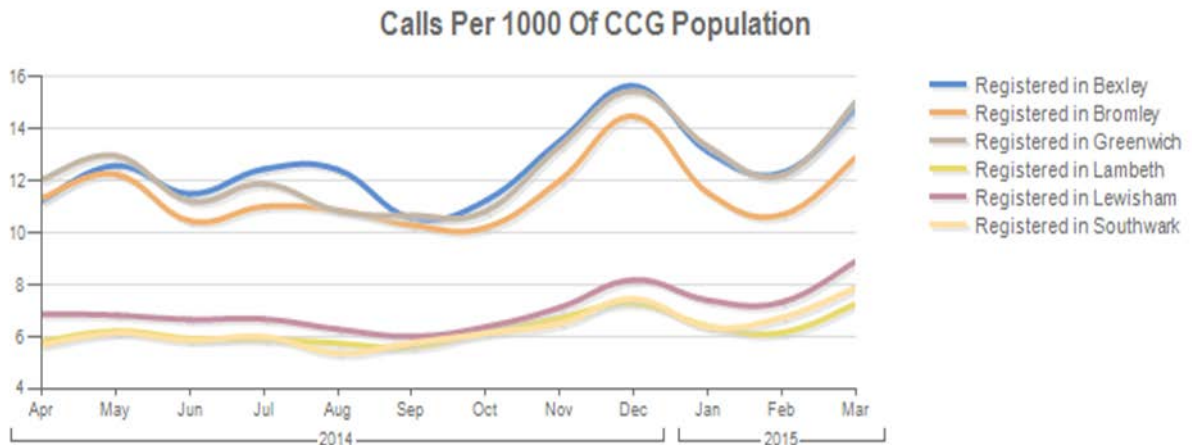
2.2 Activity

The total calls (graph 1) offered per month vary between 23,000 and 30,000. Triaged calls are 80 to 90% of calls offered. This equates to around 750-800 calls per weekday and 1000-1100 calls per day at weekends. Graph 2 shows the different rates of calls between the six CCGs expressed as per 1000 of the CCG population. The inner London CCGs have lower rates largely because patients do not routinely use the service to access GP out of hours services. The usage rate between the three outer London CCGs is broadly similar.

Graph 1: Calls in SEL made to 111, April 14 - March 15



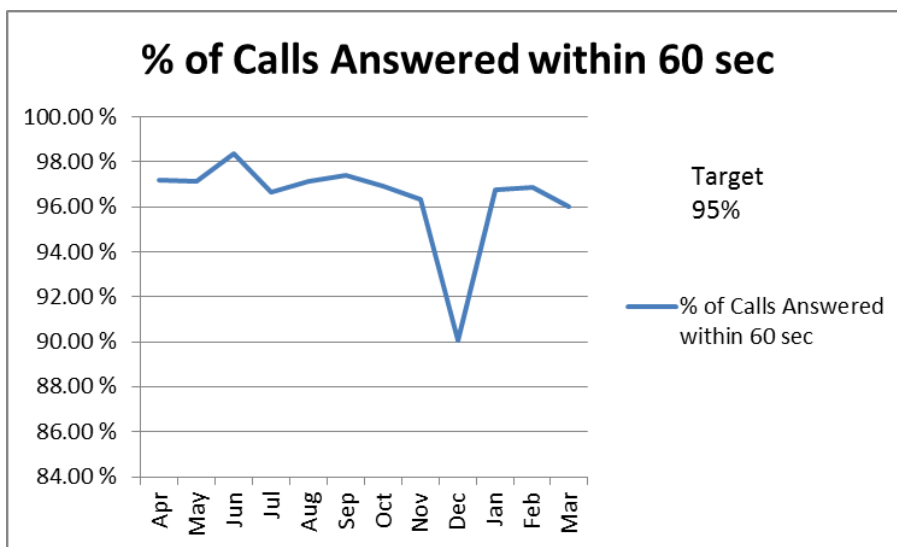
Graph 2: Triaged calls by per 1000 of CCG population registered with a GP in SEL



2.3 KPIs (Key Performance Indicators)

KPIs are monitored daily and compared with other 111 providers across the country. The LAS service meets the national KPIs and is frequently one of the best performing services in the country. Graph 3 shows performance in terms of the speed of calls answered. The target is 95% of calls should be answered in 60 seconds. The abandoned call rate should be less than 5%. We saw a dip in December 2014, when the volume of calls far exceeded the number of calls seen the previous December, and the number of calls predicted by LAS. Additional calls are expected at holiday periods, such as Christmas, and additional staff is rostered for that period. All 111 services experienced this higher than expected demand over December 2014.

Graph 3: Speed of calls answered

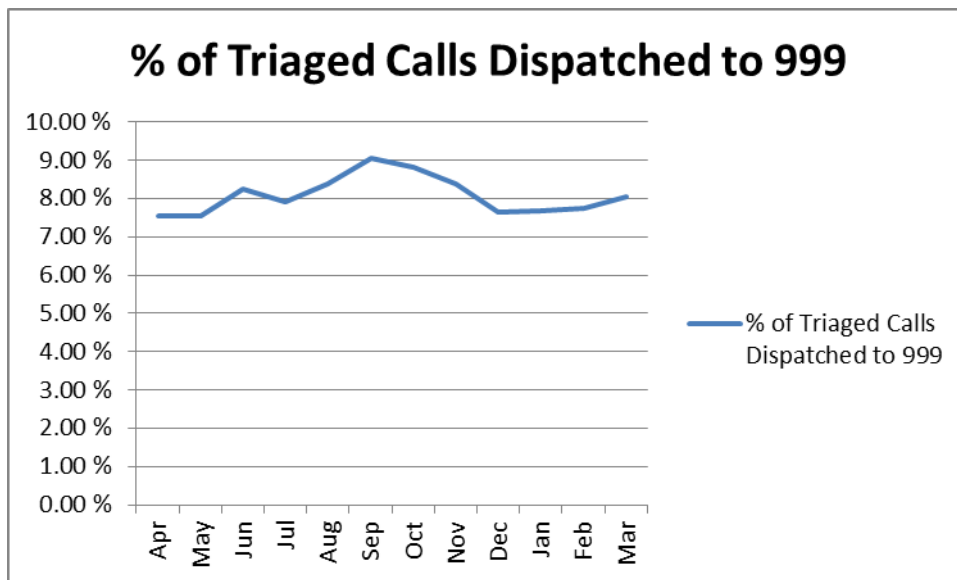


LAS performed well in terms of having low levels of calls abandoned, which is always less than 5% the national target.

2.4 Management of calls

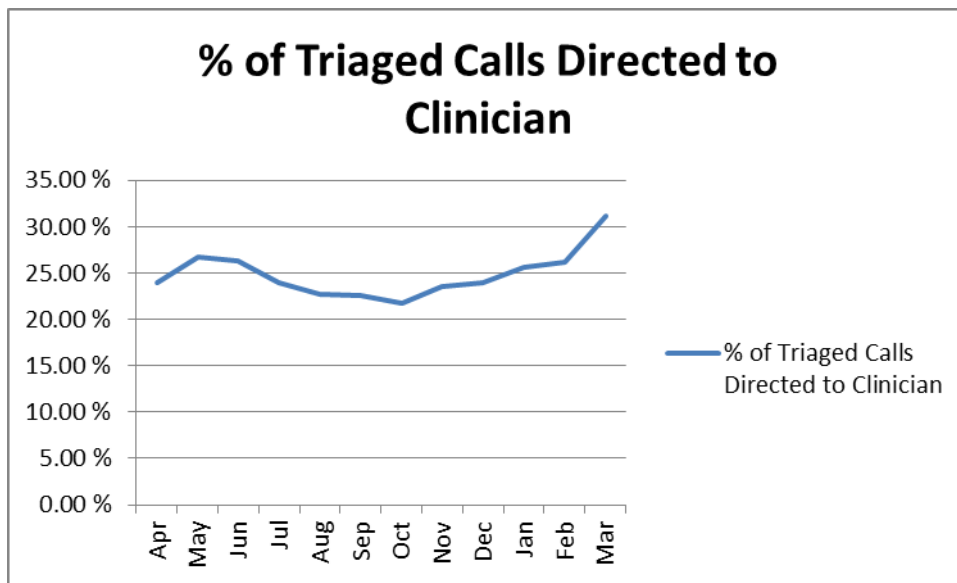
Many calls can be handled safely and effectively by the trained call handlers who operate to strict protocols and use a computer based system to give advice based on the information given. Call outcomes include referral to a clinician, another health service or to OOHs GPs; alternatively an ambulance is sent to the patient. Although it is not certain what the rate of calling an ambulance should be, it is felt that the optimum level is around 7%. This is based on historical evidence, but will also depend very much on the skill and expertise of people in the call centre. If the clinical staff on site are well trained, or doctors are present, it may be possible to reduce the number of patients referred to the ambulance service. We are still testing and investigating this. The proportion of calls referred for an ambulance is around 8% (graph 4).

Graph 4: Percentage of calls referred to 999 service, April 14 - March 15



A significant proportion of calls are referred to the clinician on site for further advice. Graph 5 shows this proportion to be around 25%. This has increased to 30% for March 2015, as the 111 service has been piloting the use of clinicians to assess green ambulance as part of NHS England's winter resilience work stream since December 2014. There was also a brief pilot to review referrals to A&E.

Graph 5: % of triaged 111 calls directed to a 111 clinician in the room



2.5 Conclusions

The 111 contract team can access all 111 data to monitor the service on a daily basis and this is used to improve the service for patients.

Generally, the LAS is delivering a good service but much of the data relates to the processes rather than outcomes. Quality is measured by patient feedback and the investigation of complaints and incidents. A proportion of all calls are audited to ensure that call handlers are delivering a high quality service and providing appropriate advice. Where necessary additional training of staff can take place, over and above routine training requirements. The CQI leads review individual performance, and targeted training packs by NHS pathways is used to improve individual call handler performance e.g. empathy, as required.

The 111 steering group are identifying how they might improve data on patient outcomes as currently there is not as much data available as they would like. For some things, they may need to undertake special audits. If they can better link some of the urgent and unscheduled care services with 111, they will be able to see how the patient flows are working. Some of these issues will be picked up in the new specification that is being developed and they are working on improving end to end reporting to improve patient pathways.

The Governing Body is asked to

- **NOTE** the contents of this report.