ENCLOSURE: J

Agenda Item: 100/13

NHS Bexley Clinical Commissioning Group

Governing Body public meeting

DATE:

Title	**111 Update**	
Recommended action for the Governing Body	That the Governing Body: **Note** the progress in transition arrangements for the 111 service	
Executive Summary	NHS Direct has notified its intention to withdraw from the provision of 111 services nationally, by 2014. This was a pilot that was initially due to finish in March 2015 when a new contract would be procured. Working across SEL and other recipients of the NHS Direct 111 service, NHE Bexley CCG has considered the following options **Option 1** – Stabilise NHS Direct until 1 April 2014 and accelerate CCG procurements to achieve mobilisation of new providers by this date **Option 2** – Stabilise NHS Direct until new service commencement during 2014/15 **Option 3** – Explore contract migration from NHS Direct to other providers to provider a more stable interim service while procurements take place. The report updates the Governing Body on the progress made against option 3, to put in place an interim service run by the London Ambulance Service	
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 BCCG the most successful CCG in (south) London	
	Pounds: Delivering on all of our statutory duties	

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		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)	Transition of a safe service to our population	
	Equality and Diversity	None arising from this report	
	Patient impact	KPIs will be in place to ensure the continuation of a good service	
	Financial	Final costs still to be negotiated	
	Legal Issues	Advice has been taken by NHS England which has been adhered to	
	NHS constitution	Compliant	
Consultation (Public, member or other)			
Audit (Considered / Approved by Other Committees / Groups)	Earlier report noted by the Governing Body in Private Session		
Communications Plan	TBA		
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	Clinical Lead	Executive Sponsor Simon Evans-Evans	
Date	17 September 2013		

SEL NHS 111 Transition Plans

Update for Bexley CCG Governing Body

1. Purpose

1.1. This paper provides an update to Bexley Clinical Commissioning Group's (CCGs) Governing Body on the transfer of the South East London NHS 111 service from NHS Direct to the London Ambulance Service NHS Trust (LAS).

2. Background

2.1. In London, NHS Direct delivers services from its Beckenham Call Centre for East London and City (ELC), South East London (SEL), Sutton and Merton (S&M) CCGs. SEL makes up the bulk of these call volumes. In Bromley, Bexley and Greenwich (BBG) the service is fully operational - GP answerphones direct patients to 111 during the out of hour's period, and patients no longer have direct access to Grabadoc and EMdoc. In Lambeth, Southwark and Lewisham (LSL), access to SELDOC during the out of hours period remains in place.

2.2. Following NHS Direct's announcement of its intention to exit the 111 provider market by the end of March 2014 due to its financial instability, SEL Commissioners worked closely with NHS England and NHS Direct to source an appropriate alternative provider.

NHS Direct Liaison and Negotiating Forum

2.3. A National Forum was established to oversee contingency arrangements for the affected NHS Direct pilot sites. This Forum considered three potential contingency solutions for a managed exit by NHS Direct:

Option 1 – Stabilise NHS Direct until 1 April 2014 and accelerate CCG procurements to achieve mobilisation of new providers by this date

Option 2 – Stabilise NHS Direct until new service commencement during 2014/15

Option 3 – Explore contract migration from NHS Direct to other providers to provider a more stable interim service while procurements take place.

2.4. Lead Commissioners from each affected site agreed to further work up *Option 3* at a local level as it was felt that options 1 or 2 carried considerable risk to service stability:

- Commissioners were in different stages with respect to preparedness for procurement
- Early procurement would mean that lessons learnt from the current NHS 111 service could not be taken into account when informing longer term service models
- An accelerated timetable for procurement would require a significantly compressed service mobilisation phase across large geographies – increasing risk to the NHS 111 system
- There is significant risk in NHS Direct's ability to cope with winter pressures
- Any extension of NHS Direct beyond March 2014 is outside of the service and operating framework set by the NHS Trust Development Authority (NTDA) and would increase the risks undermining a safe and stable delivery of services due to the lengthened period of uncertainty for staff.

London Contingency Steering Group

2.5. A London Contingency Steering Group was established to coordinate contingency plans for the three affected London contracts. An options appraisal process was undertaken to assess the most appropriate contingency option for London. To inform this process, the market was informally canvassed to determine whether existing 111 providers had the capacity to take on additional contract volumes.

2.6. Legal advice provided to NHS England confirmed that CCGs have a legal basis for direct award of transitional contingency contracts for the provision of NHS 111 services to Ambulance Trusts. This is on the basis that it is an urgent solution to provide service continuity due to the failure by NHS Direct to provide the service in accordance with its contractual obligations.

2.7. The preferred option endorsed by the Steering Group was an incremental approach whereby lower volume calls would be stripped out of Beckenham prior to service transfer, and LAS would 'step-in' to Beckenham to deliver SEL call volumes. The rationale for this was:

- ***Mitigation of clinical risk*** – stripping out lower volume calls would mitigate against lack of overflow facilities.
- ***Timing*** – a contingency needs to be in place prior to winter, and alongside other transfers taking place which will further destabilise NHS Direct's ability to deliver services to SEL.
- ***Use of existing staff and infrastructure*** – using an NHS provider enables assets and staff to be transferred quickly. In addition, when canvassing the market, other providers had outlined that they either could not take SEL volumes or would only do so from their existing facilities. Not using Beckenham would impact the resilience of the 111 system (eg. reduced options for calls to be re-directed if a call centre goes down) and would likely impact on staff retention.
- ***Stability*** – enables stable contingency provider to be in place while we start the process for substantive procurement to commence in March 2015.
- ***Confidence*** – a well known and experienced organisation like LAS would engender confidence through a transition period in the public of NHS 111, and also in staff thereby minimising attrition risks.
- ***Alignment*** - the four other affected NHS Direct pilot sites outside of London are also planning to transfer their NHS 111 services to ambulance Trusts.

SEL CCG Decision Making

2.8. In August/September 2013, SEL CCG Governing Bodies agreed to progress arrangements with LAS as contingency provider, subject to contract agreement and externally supported transfer assurance processes. This decision was based on the options appraisal and rationale outlined above. Due to the commercial nature of these discussions this decision was taken in private.

2.9. It is intended that LAS will step in to deliver services from the existing Beckenham Call Centre with formal transfer taking place on the 19 November 2013. LAS will continue to deliver the service for the duration of the pilot period (through to the end of March 2015), and SEL Commissioners are intending to initiate a formal procurement process for a longer-term NHS 111 service model and provider in March 2014. Further detail on the transfer process is outlined in **Section 4** of this paper.

3. Current Service Performance

3.1. Despite NHS Direct's current financial position, performance of the SEL NHS 111 service continues to be of a high quality.

3.2. In July 2013, 16,852 calls were offered for the SEL NHS 111 service. Of these, less than 1% were abandoned, and over 99% were answered within 60 seconds. These levels of access performance were maintained from April-June and rank amongst the highest nationally.

3.3. For calls requiring a nurse-clinician (28.5%), 75.9% were transferred directly and the remaining 24.1% were offered a call-back. 53% of those offered a call-back were successfully contacted by a nurse clinician within 10 minutes, with the remainder undertaken within 10-20 minutes. While this is below national quality standards, it has improved significantly since the service launched in March.

3.4. As outlined in the table below, over 50% of calls requiring 111 services are directed to primary care (in or out of hours). Around 8-9% of calls are directed to London Ambulance Service (LAS) with a conveyance rate of 82.5%. Approximately 7-9% of callers are directed to Accident & Emergency Departments.

Skill set required	Calls during in hours period (%)	Calls during out of hours period (%)
Contact GP practice or other local service	6012 (42)	24185 (44)
Speak to GP practice or other local service	1210 (9)	6501 (12)
Ambulance dispatch	1204 (8)	4714 (9)
Attend ED	1328 (9)	3944 (7)
Contact dental service	1232 (9)	4232 (8)
Call closed within Pathway	1178 (8)	4016 (7)
Self care	1088 (8)	3272 (6)
Other	1096 (7)	4267 (7)

Clinical Governance

3.5. In relation to Clinical Governance, Dr Patrick Harborow (SEL NHS 111 Clinical Lead) receives daily and weekly updates on all feedback, incidents and complaints via Datix. The SEL NHS 111 Clinical Governance Group (with representatives from SEL commissioners and local providers) meets monthly and undertakes regular call audits. NHS Direct present a monthly report to the Group summarising healthcare professional and patient feedback, incidents, complaints etc. Key themes in feedback include incorrect transfer to referral provider, call process errors, unauthorised breaches of confidentiality, and record keeping/data entry errors.

3.6. All NHS Direct staff receive individual feedback, and further action is taken to address any significant concerns/trends in feedback and complaints both at an individual and organisational level (e.g. updated policies and training protocols).

3.7. Since the service launched in March 2013, there have been two potential serious incidents raised, both of which were downgraded following agreement from the SEL NHS 111 Clinical Lead.

4. Transition Arrangements

4.1. On 13 September, SEL Commissioners formally notified to LAS of its appointment as step-in provider for SEL NHS 111 services, subject to contract agreement and externally supported transfer assurance processes.

4.2. As step-in provider for SEL NHS 111, LAS will:

- Formally take over the current NHS Direct estate at Beckenham on 19 November 2013, with a four week 'shadow' period in the lead up to service transfer
- TUPE transfer staff at Beckenham required to deliver expected call volumes, and recruit or source sufficient agency staff to fulfil shortfalls in staffing, including winter surge requirements
- Coordinate with other 'contingency' ambulance services to utilise the existing IT platforms and infrastructure where possible. This includes a managed telephony service via NHS Direct and a managed Adastra service via the West Midlands
- Put in place a management structure to ensure that front-line staff are appropriately supported and that service performance levels are not affected by the transfer
- Use existing NHS Direct clinical governance processes where appropriate, and work with the SEL NHS 111 Clinical Lead to adapt processes as required
- Implement a post-mobilisation service development plan to achieve greater efficiencies in utilisation, rostering and improve KPI performance.

4.3. Prior to the Beckenham Call Centre transferring to LAS, activity relating to ELC and S&M contracts will be stripped out and re-routed to existing London 111 providers (ELC to PELC on 5 November, and S&M to Harmoni on 12 November).

4.4. The SEL NHS 111 service will not fully roll-out 111 to LSL during the contingency period (ie. direct access to SELDOC will remain in place). There may be a small increase in LSL call volumes over this period (e.g. as more patients become aware of 111); however, this is not expected to be significant.

4.5. Planning for the transfer of NHS 111 services is being carried out at a local level on a tripartite basis between commissioners, interim providers and NHS Direct. There are extensive local, regional and national assurance processes in place to ensure the successful transfer of services, and the continuation of a safe and sustainable SEL NHS 111 service.

4.6. A series of NHS England (London) Gateway Review meetings have been put in place alongside national checkpoints. SEL CCG Chief Officers attended the first of these Gateway Review meetings on Friday 13 September where NHS England (London) was assured of current transfer plans.

4.7. In addition, SEL Commissioners are in the process of appointing an External Transfer Assurance Partner (required as part of national assurance processes) who will scrutinise transfer plans in line with the checklist set out in **Appendix A**.

4.8. A copy of the current milestone plan for the transfer of the SEL NHS 111 service to LAS is attached in **Appendix B**, and the Commissioner-led transition governance structure is outlined in **Appendix C**.

5. Re-procurement

5.1. As outlined in paragraph 2.9 SEL Commissioners will look to re-procure a longer term NHS 111 service model in March 2014. A service design workshop will take place on 7 November 2013, with representation from South West and South East London Commissioners, providers and patient representatives. This workshop will provide an opportunity to report back on lessons learnt from London NHS 111 pilots and NHS 111 service models outside of London, and will inform the development of a SEL NHS 111 service specification. This specification will be taken to governing bodies for approval in early 2014, with a view to entering into the formal procurement process at the end of March 2014 with full procurement complete by March 2015.

Appendix A: Checklist for External Scrutiny of NHS 111 Transfer Plans

Call volumes

1. Call volumes have been modelled by commissioners from the point of transfer to April 2014 and these are realistic projections of required demand. Demand modelling deals with predictable increases in demand such as weekends, bank holidays and the demand profile of the peak days within the Christmas/New Year period

Staffing

2. Ambulance Trusts have based their staffing plans on commissioner call volumes
3. Average call handling times used by providers are clear and realistic including allowance for longer call handling times for new staff and the peak days of the Christmas/New Year period
4. Staffing plans have made reasonable assumptions for sickness absence, unplanned leave, lack of roster fulfilment and overall staff turnover
5. Provision has been made for any necessary staff training and any requirements for supervised practice
6. Clinician to call handler ratios are clear and reasonable
7. Total staff numbers required have taken account of the above factors and will be sufficient to meet projected demand
8. Providers have agreed with NHSD for the numbers of staff to be transferred from NHS Direct
9. Additional staff requirements over and above staff transfers from NHSD are clear
10. There are clear arrangements in place to secure additional staff and train, where necessary, and whether these will be sourced through agencies or by direct recruitment. These arrangements are clearly timetabled and the timeline is realistic

Infrastructure

11. The provider has secured sufficient call handler stations and desk top provision within its call centre
12. The provider has the necessary telephony infrastructure in place
13. The technical infrastructure is in place and where this includes a shared instance of the Adastra system, the dates for the deployment and testing of the new configuration are identified and sufficient licences are in place or on order

Contingency requirements

14. The provider has local arrangements in place to deal with unpredictable spikes in demand above modelled assumptions
15. The provider can patch in to the national 0845 and 111 contingency capacity if required

Governance

16. The provider's Board has agreed to take on the 111 service
17. The provider's Board has scrutinised and agreed the detailed transfer plans

18. The providers regulator (Monitor or TDA) has given any necessary approvals for the transfer

Leadership

19. The provider has clear internal reporting and overall governance arrangements in place

20. The provider has clear and appropriate internal clinical governance arrangements in place, plus agreed local system clinical governance arrangements as required by the NHS 111 Programme

Quality Assurance

21. The provider has completed internal QA of its transfer plans

Timing

22. A clear timetable for the preparation of operational transfer, transfer and post transfer stabilisation is in place

PMO

23. The provider has an adequate management office in place to plan and manage the transfer

Costs

24. The plan contains a clear costing that covers the following:

    - the original cost of the NHS Direct provided 111 service
    - the cost of the transferred service required by the provider in 13/14
    - the resultant cost pressure for commissioners in 13/14

25. Confirmation that costs have been agreed by provider and commissioners (Note: it is intended that some funding from national winter funding will be made available to contribute to additional costs but this is not guaranteed at the time of writing)

Other Services

26. That the requirements for any other local services such as GP out-of-hours provision has been identified and secured

Overall

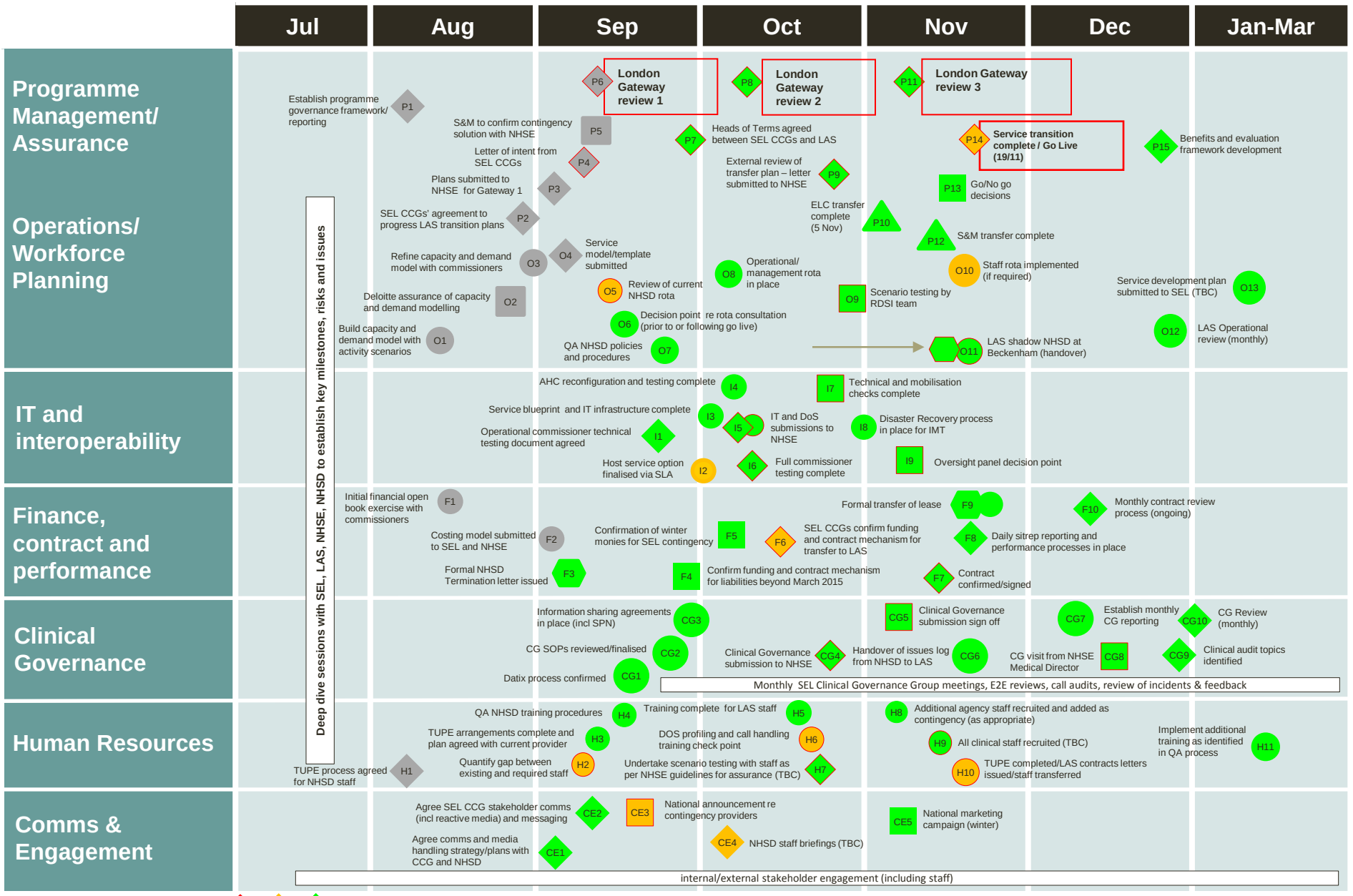
27. That the overall transfer plan is a reasonable and adequate basis for the transfer to proceed

<u>For those commissioners also using providers, other than the ambulance trusts to provide their NHS 111 Service:</u>

1. Is there a clear service model describing the service that is currently provided?
2. Are the changes from the existing service provision to the NHS 111 service clearly identified?
3. The same checklist will apply as for the Ambulance Service transfers. The expectation is that this will be much easier to complete, given the changes are not as significant.

Last updated:
10 Sept 2013

SEL NHS 111 Contingency implementation milestone plan



Transition Governance Structure