

NHS Cumbria CCG Governing Body	Agenda Item
1 April 2015	14

NHS 111 North West Procurement Outcome

Purpose of Report:

Following the commencement of the NHS 111 North West Procurement back in October 2014, the formal stages of the process have now concluded and the appropriate standstill period was completed on 12th March 2015. This report is to update the Governing Body on the outcomes of the procurement for a new provider of NHS 111 services and to identify next steps in the process.

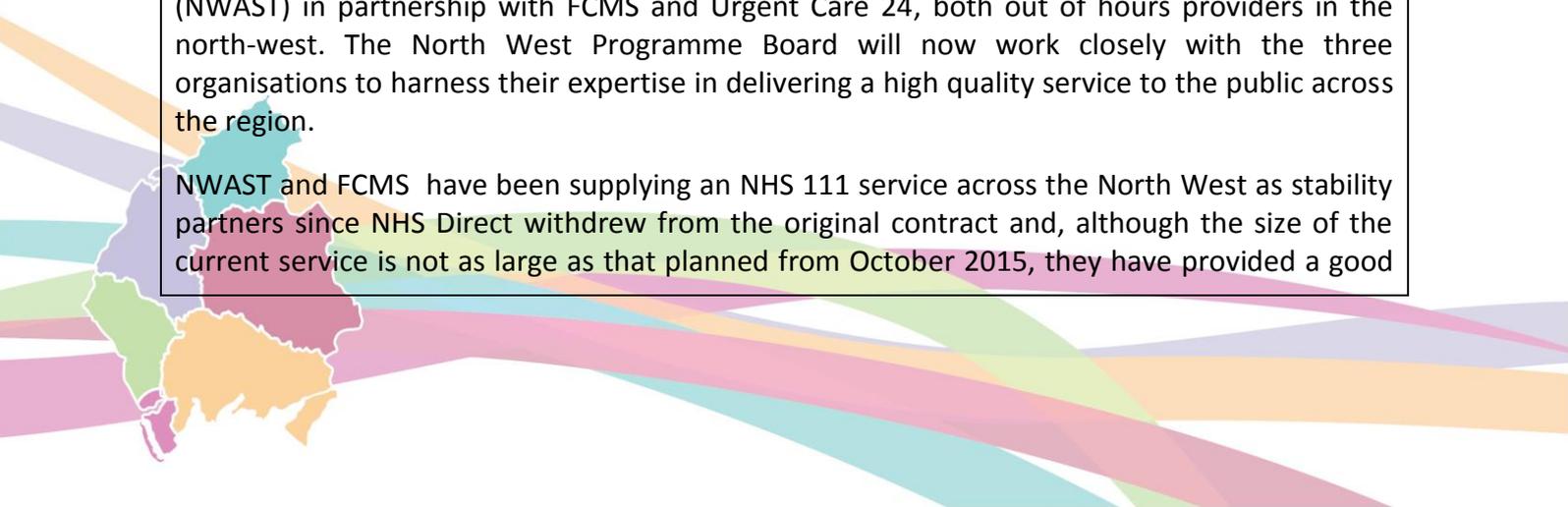
Key Issues/Considerations:

Following the withdrawal of NHS Direct from providing NHS 111 services to the North West area, NWSAS have been providing the service in the short-term as the “stability partner”, along with maintenance of direct telephone access to out of hours GP services in Cumbria through CHOC. In September 2014 it was reported to the Governing Body that formal re-procurement of the service was required for the North West and this has been led by the NHS 111 procurement team hosted by Blackpool CCG.

The process of evaluating the bids to provide the service (with a GP and manager from Cumbria CCG participating) was completed in early February in accordance with the stringent national procurement requirements. All CCGs were asked to approve the recommendation for award of contract in February 2015. As no Cumbria CCG Governing Body meeting was taking place during that period then it was agreed at January’s meeting to re-establish a sub-Group to meet and consider the recommendation. This group met in February and approved the proposed contract award on behalf of the CCG.

Following the appropriate “standstill” period as part of the procurement process it has now been announced that the preferred provider is North West Ambulance Service NHS Trust (NFAST) in partnership with FCMS and Urgent Care 24, both out of hours providers in the north-west. The North West Programme Board will now work closely with the three organisations to harness their expertise in delivering a high quality service to the public across the region.

NFAST and FCMS have been supplying an NHS 111 service across the North West as stability partners since NHS Direct withdrew from the original contract and, although the size of the current service is not as large as that planned from October 2015, they have provided a good



level of service and have developed significant expertise.

The next steps are to finalise the contract to enable a mobilisation phase to begin from April 2015 leading to a phased implementation of the service during October and November 2015. The contract will commence on 1st October for five years, utilising the Standard NHS Contract. NHS Blackpool CCG will continue to be the lead commissioners for this service.

The NHS 111 North West Programme Board will work with clinical leads, managerial leads, the service providers and other key urgent care stakeholders to determine the detail of mobilisation and this phased introduction.

NHS Cumbria CCG will need to develop an Action Plan for the mobilisation period (April to October 2015). Use of the current 111 “stability” service by Cumbria patients is comparatively low so there will be a significant work programme to be achieved during this period including:

- Ensuring that the Directory of Service includes accurate information on all the services available in Cumbria that can be accessed for urgent care needs
- Ensuring that there is a clear process in place for updating of the Directory of Services and that providers understand the need to provide updates speedily when services change, are introduced or are decommissioned
- Ensuring that NHS 111 IT systems interface effectively with relevant IT systems locally
- Agreeing roll out of usage of the NHS 111 number as the first call for patients who need urgent access to health services across Cumbria but who do not have a care plan in place. This will involve working extensively with CHOC and ensuring, given previous experiences, that it is on a phased basis and maintaining appropriate contingency arrangements during the handover period.
- Developing the process for patients with care plans in place to access CHOC as the first point of call rather than NHS 111, with potential for CHOC to co-ordinate management and regular updating of care plans in conjunction with primary care.
- Agreeing a communications strategy both for stakeholders and the public on the change to NHS 111. This is particularly key given the failure of NHS 111 when originally introduced in March 2013 with NHS Direct as the providers.
- Enable the NHS 111 service to become an integral part of the wider urgent care system through membership of relevant groups such as System Resilience Groups
- Work closely with the rest of the North West, NWAS and NHS England through the North West NHS 111 Programme Group to ensure that the introduction of NHS 111 as an access point to urgent care services both in and out of hours does not result in an increase in activity for ambulance and A&E services.

NHS 111, in particular the Directory of Services that supports it, has the potential to enhance the co-ordination and management of urgent care services across Cumbria if planned and introduced effectively. However, in order for this outcome to be achieved sufficient manpower resource will be needed to enable the Mobilisation Action Plan to be developed and implemented effectively, both during the pre-contract phase and during the initial months of the contract commencement. As the first six months of the contract cover the 2015/16 winter period it is essential that the contract is closely monitored and managed locally during that period.

Recommendations: <i>The Governing Body/Committee is asked to:</i>
The Governing Body is asked to note the outcome of the procurement and the plans for mobilisation and to support the need for additional manpower resource to ensure an effective mobilisation and roll out of the service.
CCG Objectives:
The CCG objectives met within this stream of work are: Commissioning Plans: Ensure the effective delivery of our key commissioning plans
Statutory/Regulatory/Legal/NHS Constitution Implications
Due to procurement rules NHS 111 is required to be re-procured following the withdrawal of NHS Direct as the North-West NHS 111 provider and the interim award to NFAST as the “stability partner”. The CCG is required by NHS England and the Department of Health to provide an NHS 111 service.
Assurance Framework:
This proposal does not cover any of the specific risks identified in the Assurance Framework but provision of NHS 111 is mandatory for CCGs.
Finance/Resource Implications:
The financial implications of award of this contract have been worked through by the NW Programme Board and all the Chief Finance Officers of the NW CCGs.
Implications/Actions for Public and Patient Engagement:
Patient and Public engagement has taken place during the procurement phase and will continue through mobilisation of the new service and into the five year contract period. A North West Patient Engagement Group has been set up and has met several times. A representative of this Group will become part of the North West NHS 111 Programme Board.
Equality Impact Assessment:
Ensuring that all aspects of equality requirements are met has been included as a key part of the procurement documentation and service specification for the NHS 111 service. Mobilisation will ensure that the Governance processes in place for the service include monitoring of equality requirements.

Lead Director	Charles Welbourn, Chief Finance Officer
Clinical Lead	David Rogers, Medical Director
Presented By	Charles Welbourn, Chief Finance Officer
Contact Details	Alison.clegg@cumbriaccg.nhs.uk
Date Report Written	24 th March 2015