

Governing Body

REPORT

Subject	Hertfordshire Urgent Care – Integrated Out Of Hours/111 position
Date	2 ND November 2017
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Executive Summary

This report summarises the current position in relation to the contractual position for the Hertfordshire Integrated Urgent Care 111/Out of Hours Service (OOH)

The report reflects the decision made by the Governing Body meeting on 5th October to pause and reconsider the planned procurement which was planned for 18 Months as a result of a new contractual position being shared by Luton CCG and the need to respond to the National prescribed service specification.

1.0 Introduction

The Bedfordshire and Luton Integrated contract for OOH/111 commenced 30th March 2017, as previously reported the performance has been poor and mobilisation has been very challenging with inherent clinical risks. In July 2017 the provider jointly with the CCGs considered the position and a review of the clinical model was jointly undertaken with CCG clinicians. Additional investment was agreed by both Bedfordshire and Luton Clinical Commissioning Groups to support the recommendations from the revised model. The revised model went live 9th October, this model includes additional clinical hours.

2.0 Contractual position

The mobilisation and contractual position has been challenging since this contract was awarded 30th March 2017. In July 2017 both BCCG and LCCG having reviewed their position concluded that the Integrated Urgent Care (IUC) contract was not viable without additional investment. This situation was predominately driven by GP pay rates and the Clinical Safety of the model.

At the NHSE escalation meeting held 3rd October, Luton Clinical Commissioning Group confirmed their intention to continue with a 5 year contract with an ongoing developmental plan to ensure the Integrated OOH/111 service is effective in delivering the Urgent Care Pathway. This decision was driven by the need to transform the Urgent Care System as set out in the new National Specification, OOH /111 integration is seen as a fundamental service to ensure Urgent Care is delivered appropriately.

BCCG considered the requirement within the new specification and the risks associated with not having an integrated STP approach. The Governing Body at the 5th October

meeting agreed to pause the procurement with the aim of agreeing a contractual period going forward that will enable system transformation associated with the NHS Five Year Forward View.

3.0 National Specification Requirements

The opportunity to improve the patients experience and clinical outcomes from urgent care is great. NHSE therefore published a new National Service Specification in August 2017 for the provision of an Integrated 24/7 urgent care access, clinical advice and treatment centre service which incorporates NHS 111 Call – Handling and GP Out of Hours Service. The expectation that a Clinical Assessment Service (CAS) will become the key co coordinating function for all urgent care needs. The CAS will be able to direct patients to the most appropriate service available, moving towards a consistent 24/7 urgent care offer for patients.

It must be noted that the aim of the recent BCCG/LCCG procurement has addressed the need to integrate services within the specification and model but the need to develop the CAS model further is where the future direction lies. The opportunity to align the Out of Hospital Strategy approaches to support the development of the pathways from within the CAS should not be missed, along with a new Community Services Specification due to mobilise in April 2018.

The specification outlines the steps that commissioners must take to deliver transformation and a request for an immediate Gap Analysis to be undertaken for all commissioning organisations. This has been completed and submitted to NHSE and progress will be monitored at NHSE escalation meetings. Commissioners are required to move or vary all existing contracts to deliver new service specification arrangements.

4.0 Independent Review and National Peer Review

An Independent clinical review was undertaken on July 9th and 10th 2017 and the report and outcomes shared with Hertfordshire Urgent Care, who will respond to the operational areas identified. The response will be monitored through the fortnightly escalation meetings chaired by NHSE and attended by the Regional Urgent Care Lead. On the 15th November the National Clinical Lead Helen Thomas will lead a peer review across Bedfordshire and Luton. It is anticipated that the outcomes of this review will further support development and transition of the services. A decision to consider the contractual terms following the Peer Review on the 15th November is recommended.

5.0 Conclusion

In view of a clear direction from Luton CCG in relation to their contractual position with HUC and with the publication of the revised National Specification for Integrated Urgent Care, the Governing Body is recommended to consider the opportunities for wider transformational change by continuing to work with Hertfordshire Urgent Care. The Peer review on the 15th November will provide further information and recommendations to enable ongoing development and to consider contractual terms moving forward.

Recommendation

The Governing Body is asked to:

- Ratify the decision made at the Governing Body on the 5th October meeting to pause the Integrated 111/ Out of Hours procurement.

- Seek agreement to further consider the contractual position of the Integrated 111/Out of Hours Contract currently provided by Hertfordshire Urgent Care (HUC) following the outcome of the National Peer Review assessment on the 15th November.

Links to the business and risks

Relevant Strategic Objectives 2016/17 (please mark in bold)
1. Systematically implementing prevention, early diagnosis and early intervention
2. Commissioning services that deliver evidence-based care, in the right place and at the right time, including promoting self-care and empowering patients to manage their own conditions.
3. Making sure that care is high quality, safe and sustainable, that it improves health outcomes and wellbeing and provides a good patient experience.
4. Using the statutory framework with best practice governance and transparency principles to be fully accountable to our population in commissioning and operating as a part of the wider health system
5. Ensure that the CCG commissions and operates in a financial manner consistent with the regulatory framework, long terms sustainability and best use of public money.
6. We will work in close partnership with all the organisations who commission or provide care for our population, to integrate services where it makes sense and to achieve seamless transitions of care for patients where services remain separate.
7. Embedding member, public, patient, carer, staff and other stakeholders' views through meaningful engagement into decision-making processes and commissioning intentions.

Links to Board Assurance Framework / Corporate Risk Register	
Details of additional risks associated with this paper (may include NHS England Assurance Framework / NHS Constitution)	Risk of not having integrated urgent care model that is aiming to work across the STP. Risk of not being able to deliver new specification. Increased cost to the organisation if a re procurement is required.
Financial Implications / impact	None specific
Legal Implications / impact	Contractual position a risk of challenge.
Partnership work / public engagement implications / impact	None
Committees / groups where this has been discussed before	Integrated Commissioning quality Committee Finance and performance Committee
Other options available and their pros and cons	
Background papers	