



Resources Directorate

Chris West
Executive Director
Council House
Earl Street
Coventry CV1 5RR

Telephone 024 7683 3333
DX 18868 COVENTRY 2

Please contact Liz Knight
Direct line 024 7683 3073
liz.knight@coventry.gov.uk

To all Members of the Health and Social Care Scrutiny Board (5)

28th November 2013

Our ref: C/EMK

Dear Member,

Supplementary Agenda – Meeting of the Health and Social Care Scrutiny Board (5) - Wednesday, 4th December, 2013

The papers for the above meeting were circulated on 26th November 2013. At the time of publication, there were a number of documents which were not available. These documents have now been received and are attached to this letter. Please include them with your papers for the meeting.

- **Agenda Item 5. PRIMARY CARE DEVELOPMENT IN COVENTRY**
(Pages 3 - 4)

Briefing Note of the Scrutiny Co-ordinator

Martina Ellery, Contracts Manager, NHS England The Local Area Team has been invited to the meeting for the consideration of this item

- **Agenda Item 6. WINTER PRESSURES AT THE UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE**
(Pages 5 - 14)

Briefing Note of the Scrutiny Co-ordinator

Meghana Pandit, Chief Medical Officer, University Hospitals Coventry and Warwickshire has been invited to the meeting for the consideration of this item

- **Agenda Item 8. UPDATE ON NHS 111** (Pages 15 - 22)

The Scrutiny Co-ordinator will report at the meeting

If you have any queries, please do not hesitate to contact me.



Yours sincerely

Liz Knight
Governance Services Officer

Membership: Councillors M Ali, J Clifford, C Fletcher, P Hetherington, J Mutton,
H Noonan, H S Sehmi, S Thomas (Chair) and A Williams

By invitation: Councillors K Caan, A Gingell and D Spurgeon

Briefing note

To: **Health and Social Care Scrutiny Board (5)**

Date: 4th December 2013

Subject: **Update on Primary Care in Coventry**

1 Purpose of the Note

To update the Committee on developments in Primary Medical Care in Coventry and discuss any arising issues.

2 Updates

2.1 Primary Care Quality

The Area Team are implementing the nationally developed framework for quality assurance of providers of Primary Medical Services.

The framework uses a number of indicators as a proxy measure of quality. Practices that are considered outliers on the framework are included in the Performance Management Framework developed. The locally implemented framework takes into account other elements of information including complaints and patient feedback, national GP access survey results, breaches of cold chain etc.

Out of the sixty-five General practices in Coventry, twenty-eight are currently on the framework and subject to management under the framework by the Area Team.

2.2 Practice Reconfiguration

There are a number of other discussions ongoing regarding potential closer working of GP practices including federated models and future mergers. These range from full contractual mergers to sharing back-office functions to working closely on services commissioned by third parties.

There are a number of contracts originally commissioned under the Equitable Access to Primary care (EAPC) that are due for a review shortly. The Area Team is undertaking a review and will be in a position to communicate the outcomes shortly.

The Area Team will follow the Regulatory Framework for consideration of any proposals and will notify any relevant parties as appropriate.

2.3 Premises

There are a number of proposed GP premises developments in Coventry. Three of these premises developments are categorised as Category one (1) state. These are Canley, Tile Hill and an extension to existing premises at Green Lane (Sky Blue medical Centre). This means that these developments, which had formal PCT Board approval prior to 1st April 2013 will be given priority for funding once available.

There are also a number of current premises which will require capital expenditure to be compliant with Care Quality Commission (CQC) and contractual regulations. Discussions will be had with the contractors concerned in order to address these issues. It is generally the contractors' responsibility to ensure their premises are compliant.

The new premises development in Clay Lane became operational in the summer (2013) and now houses three single handed practices from the nearby area as well as a pharmacy.

CQC have commenced their programme of visits in the area against Essential standards and the reports from these inspections are publically available. The Area Team discusses these reports monthly at Quality and Performance visits and any issues identified are followed up.

3 Recommendations

The Board is asked to note the contents of the briefing.

Martina Ellery

Contracts Manager

Arden, Herefordshire and Worcestershire Area Team

NHS England

Parkside House | Quinton Road | Coventry | CV1 2NJ

0113 825 3135

martina.ellery@nhs.net



Winter Planning Improving & Sustaining Performance

Meghana Pandit – CMO

Richard Parker – Deputy COO

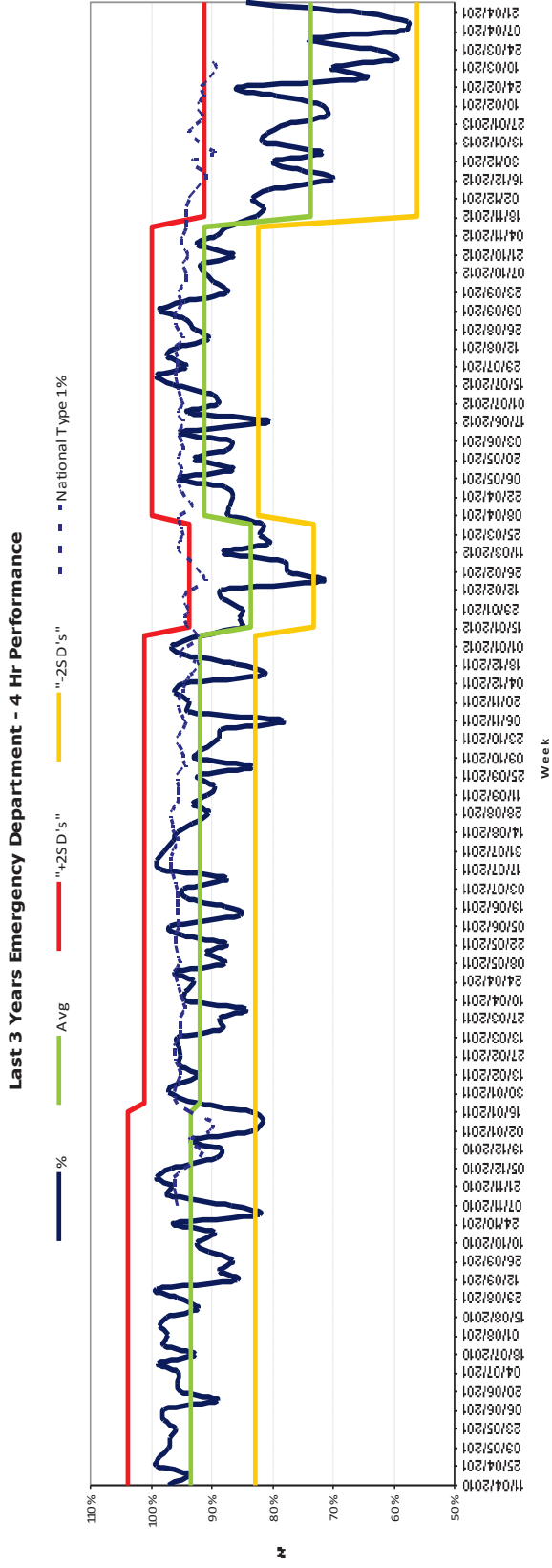
Paul Martin – Director of Governance

December 2013

Outline

- The Winter challenge for UHCW
- Our approach to dealing with this
 - Improvement to emergency care pathways
 - Winter specific plans
- Performance & Risks
- Questions

The Winter Challenge



- Last two years has seen winter slumps, however in November 2012, UHCW saw and felt the worst. Nationally last year was the worst winter for almost a decade.
- Activity modelling for the coming winter suggested a large gap in our bed capacity
- UHCW do not have more physical estate to use for in-patient accommodation therefore we had to consider more innovative & transformational change

Our approach to dealing with Winter

- ‘Getting Emergency Care Right’: A change management Programme that is focused on patient pathway - experience & outcomes
- A command & control type operational approach that offers support, presents challenge and ensures teams are working together to deliver care pathway changes
- Carefully measuring & reporting back to teams the impact of their work on improving patient flow and outcomes
- Implementation of a number of practical schemes (in partnership with the CCG & others) to help address our capacity issues

Our approach to dealing with Winter - schemes

- **Medihome** – using an award winning homecare provider to manage 30 appropriate patients at home (but under the supervision of their UHCW consultant) on a 9-month trial basis
- **7-day working** – ensuring key teams (e.g. in diagnostics & patient discharge) are working 7-days per week to maintain patient flow at the weekends
- **Establishing clinics as an alternative to admission** – 14 alternative pathways went live on 11 November & offer clinic based best-practice care as an alternative to admission
- **Employing a team of Nurse Practitioners in the ED** – this ensures the simplest patients are dealt with separately and do not slow down the care of more acutely unwell patients
- **Ensuring we can still provide planned surgical care** – in partnership with other local private providers we have established arrangements to make sure patients are treated even if the hospital has seen a large rise in emergency patients

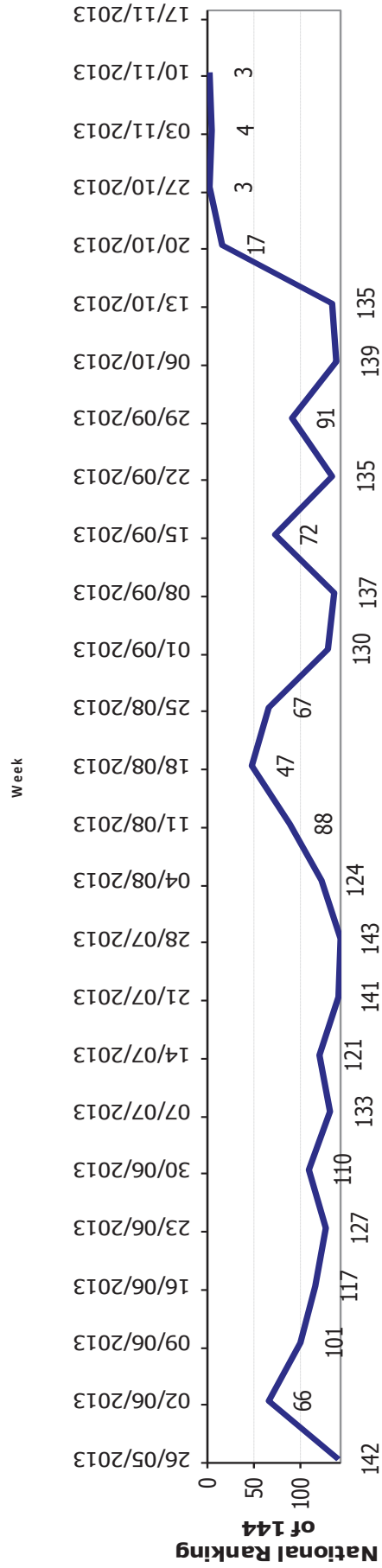
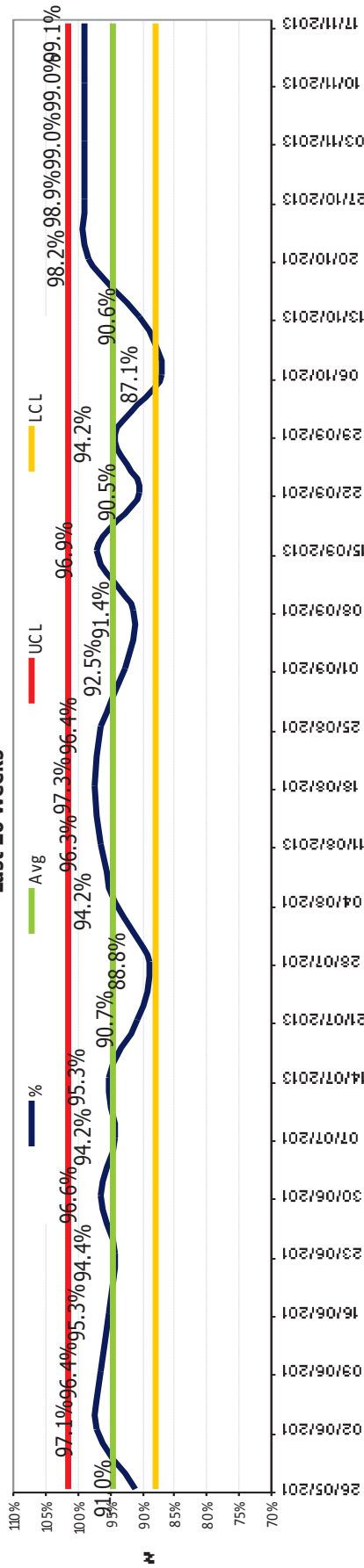
Our approach to dealing with Winter - schemes

- **Adding more doctors into the Emergency Department & Acute Medical Unit** – again this ensures prompt treatment at the busiest times
- **Additional Homecare / Reablement capacity** – thrice weekly conference calls with partners bring this capacity on line as & when it is required
- **GP responder trial** – working with WMAS & the Partnership Trust to support GP’s attending to 999 calls in an attempt to appropriately avoid bringing patients to the ED
- **Establishing a Frail Elderly Assessment service** – This service is designed to support frail older people and avoid them being admitted to hospital. The scheme is scheduled to go-live in the New Year



Performance

Accident & Emergency: Weekly 4 Hour % Performance
Last 26 Weeks



Risks

- **High bed occupancy** – The worst of winter has yet to impact however some of the schemes e.g. Medihome have yet to be fully established or start to impact
- **Recruitment of consultants in acute medicine** – we have recruited 5 NHS locums but there is a residual risk in the subsequent recruitment of substantive staff
- **Cost Pressures** – UHCW received £3.6m of additional winter funding however this was less than the bid originally submitted and the schemes in progress may require additional support as the winter progresses

ANY QUESTIONS?



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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 4th December 2013.

Subject: NHS111 Update

1 Purpose of the Note

- 1.1 During the last municipal year the Scrutiny Board considered the plans developed by the then West Midlands Primary Care Trusts to commission a new NHS111 non-urgent care service. This briefing note is intended to provide the Board with a brief update on the plans for further commissioning activity related to this service.

2 Recommendations

- 2.1 The Board are recommended to note this Briefing Note.

3 Information/Background

- 3.1 Members will be aware of a significant amount of national publicity surrounding the introduction of a new single non-urgent care telephone service – NHS111. NHS111 was intended to be able to connect patients to all non-urgent medical care including information about local providers and health prevention programmes, making appointments and diagnosis of symptoms, with links to the emergency 'blue light' services for those who had underestimated the severity of their health needs.
- 3.2 NHS111 replaced the old NHS Direct telephone service in April of this year. The new service once introduced was immediately beset by difficulties which eventually led to the West Midlands provider (NHS Direct) relinquishing its contract and this work being transferred to the West Midlands Ambulance Foundation Trust.
- 3.3 Attached is a briefing note prepared by the lead commissioner for the West Midlands Clinical Commissioning Groups, who work together to commission this service. This briefing sets out the timetable for the formal re-commissioning of the service, with a new provider formally expected to be in place with a new contract by April 2015 at the earliest.
- 3.4 This information has been provided by the Coventry and Rugby Clinical Commissioning Group (CCG); however Members will understand that they have only limited scope to influence the timetable contained within and the national developments with regards to the development of this service.
- 3.5 This item is intended to be for information only; the CCG has not been invited to discuss the Briefing due to priority being given to other items on the agenda. They are however attending the January Board meeting and will be able to provide additional clarifications at that time.
- 3.6 The Board may wish to see how the new becomes established and request a progress report for some time early in the new municipal year.

Briefing Note Author:

Peter Barnett
Head of Health Overview and Wellbeing
People Directorate
Tel: 02476 831145
27th November 2013.

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West Midlands NHS111 Update for CCG Boards

1 Introduction

The NHS111 service launched in the West Midlands in mid March 2013 and immediately encountered significant difficulties. A previous paper was presented to CCG Boards in May which described some of the difficulties following implementation and also set out work that was underway to stabilise service delivery.

This paper provides an update on progress with the work to stabilise the NHS111 service and the actions taken to date along with details of planned actions for the short and medium term.

The paper will cover

- Operational Progress
- Assurance process
- Finance
- Clinical Blueprint for future service specification
- Procurement
- Communications
- CCG decisions required

There have been two West Midlands NHS 111 Project Boards and a number of teleconferences since the May update report was issued, following these meetings and discussions the governance arrangements for NHS111 in the West Midlands have been refreshed. Details of these arrangements are also set out in the paper.

2 Operational Progress

The West Midlands CCGs took a firm grip on recovering a sustainable NHS111 service in the West Midlands, reviewed the early service failure and set about developing service delivery proposals which would rebuild the confidence in NHS111 locally.

NHS Direct subsequently announced that it could no longer continue to provide NHS111 services across the country. This decision will require CCGs to terminate their existing contractual relationships with NHS Direct and to put in place plans that ensure continuity of the NHS111 service during the short and medium term.

A great deal of work has been undertaken with colleagues from all CCGs across the West Midlands to establish the proposed pattern of service delivery for the next 18 to 24 months. The outputs from these discussions have seen the development of three discrete plans covering services that will be put in place until at least April 2015.

The three plans are for Staffordshire; Worcestershire; and the remainder of the West Midlands and details of each are set out below.

Staffordshire

The preferred partner for Staffordshire is Staffordshire Doctors Urgent Care who will provide a county wide service 24 hours per day 7 days each week from call centres in the county.

Detailed action plans are in place to ensure that a safe and sound service is established and implemented on a phased basis from the end of October 2013.

Staffordshire has established its own local project governance structures which feed into the overarching West Midlands wide governance arrangements described below.

The Staffordshire plans will be subject to an assurance process which NHS England will oversee to ensure that as a new service all appropriate risks have been identified and mitigated prior to service commencement.

The arrangements for Staffordshire have been formally agreed by the respective Boards of the commissioner and provider.

Worcestershire

Harmoni has been identified as the preferred service delivery partner for Worcestershire and will provide a county wide service from its call centre in Ipswich 24 hours per day, 7 days each week.

Detailed action plans are in place to support the implementation of a new service from 26 November 2013 along with the appropriate project structures to ensure that all NHS England assurance tests are passed successfully.

The arrangements for Worcestershire have been formally agreed by the respective Boards of the commissioner and provider.

Remainder of West Midlands

West Midlands Ambulance Service has been identified as the preferred step in partner for the rest of the West Midlands and will offer a 24 hours per day, 7 days each week service from a call centre in Dudley.

There is a well developed action plan covering workforce, operational and infrastructure elements of service delivery from 11 November 2013. The West Midlands Ambulance Service plan reports into existing local weekly and monthly project boards.

This plan will be classed as a service transfer from NHS Direct and as such will be subject to separate assurance tests by NHS England prior to implementation.

The plan for West Midlands Ambulance Service to step in as service provider from October was formally agreed by their Trust Board at a meeting on 2 September 2013.

3 NHS England Assurance Process

Each of the service plans which make up the wider West Midlands action plan will be subject to NHS England assurance as indicated above.

There are a number of milestones which will need to be achieved before a plan will be approved for implementation and these are described below.

Each plan will need to set out the service model which has been agreed between the commissioner and provider locally, in addition there is a requirement for each plan to demonstrate that the appropriate IT infrastructure is in place and has been tested rigorously.

A clinical governance submission will be required to ensure that all appropriate measures are in place to maintain the highest levels of quality and safety in patient services.

It will also be necessary to demonstrate that the local Directory of Service is comprehensive and up to date to ensure that callers are signposted promptly to the most appropriate service.

Each of the above milestones will be subject to testing by NHS England to ensure that staff are trained, there is a robust infrastructure for delivery, policies and procedures are in place and that the proposed service is clinically sound.

In addition NHS England will require a letter of assurance from an independent source confirming that a sense check of each plan has been undertaken and that projections on staffing and activity correlate.

4 Financial position

NHS England has confirmed that there will be no central funding to support Clinical Commissioning Groups in establishing new and replacement services.

Each CCG has been advised that they need to expect to commit up to the planned contract value of NHS111 which stands at approximately £15.3 million across the West Midlands.

There is presently an exercise underway to validate details of the wide range of costs incurred thus far as a result of the NHS111 situation including payments to NHS Direct for activity delivered; local CCG costs incurred in mitigating the significant initial difficulties experienced; also costs for out of hours providers for those not receiving a service from NHS Direct; and central project team costs.

Early indications are that these costs are within the above mentioned £15.3 million already set aside by CCG's for NHS111 contracts. However the costs for delivery of the plans described above from October 2013 onwards are presently being finalised and levels of activity through the winter may be unpredictable, both of these represent a degree of risk for CCGs. There is also an ongoing debate with NHS England over how the continued use of the 0845 NHS Direct number should be funded; this may also represent a further financial pressure.

In the long term there will be the costs associated with re procurement of the NHS111 service across the West Midlands and these are estimated at the moment to be approximately £500k across the West Midlands.

During the period leading up to the end of September 2013 all CCGs agreed to support a risk sharing arrangement so that no one CCG would be exposed to a deficit for their planned NHS111 service costs.

Having collected all costs and assessed against contract value there are a handful of CCGs which are in a deficit position totalling approximately £600k therefore in accordance with the agreement on risk sharing it is proposed to share this across the remaining CCGs who are in a projected surplus position at the end of month 6. Thereafter each CCG would be responsible for costs associated with their interim arrangements and a share of re procurement costs.

5 Clinical Blueprint for Future Service Specification

Throughout July and August a wide range of clinicians representing commissioner and provider organisations have engaged in a process designed to review and define the specification for the NHS111 service when it is re procured for the West Midlands. The aim of the process has been to learn lessons from past experience and also to enable and facilitate collective clinical thinking on what is required for the future. Two workshops have been held to date and the outputs from these and a tailored questionnaire will shape the development of the service specification in readiness for the re procurement to commence. It is envisaged that the redesigned service specification will be available by the end of September.

6 Procurement

There are two phases to the process of procurement for NHS111 across the West Midlands. The first is to secure a partner to support the CCGs in undertaking and completing a procurement exercise which is compliant with current legislation and identifies a new NHS111 provider/providers. . The CCGs will utilise the Government Procurement Service Framework during this phase of procurement which will coincide with the completion of the work on the Clinical Blueprint.

The second phase is the procurement of the new service and work is underway with CCGs across the West Midlands to finalise the preferred basis of procurement and required timescales.

NHS England has now confirmed that the earliest date for commencement of any re procurement is April 2014 with new NHS111 services commencing from April 2015 at the earliest. These timescales will enable more detailed review and optimisation of new service specifications for the NHS111 service.

The planned work on securing a procurement partner through the Government Procurement Service Framework will be adjusted to fit with the new timescales.

7 Communications

Arrangements have been put in place for West Midlands wide briefings in the first week of September to key stakeholders, to support the local implementation plans. In addition a new GP Newsletter will be produced to keep all practices up to speed with service developments across the West Midlands.

In relation to the West Midlands Ambulance Service step in plans, a series of staff briefings at NHS Direct and at West Midlands Ambulance Service have already taken place, with further staff briefings planned for 4th September 2013. These briefings will keep those staff who may be affected by the service transfer up to date with planned service developments.

8 Governance arrangements

Sandwell and West Birmingham CCG are the coordinating commissioner of the NHS111 service for the West Midlands and with the agreement of the other West Midlands CCGs have established a West Midlands NHS111 Project Board which is comprised of all the CCG Accountable Officers. This Board provides oversight and direction to the development of NHS111 service in the short and medium term.

Beneath the Project Board a central project team has been established which runs a number of workstreams relating to operational delivery, finance, clinical governance, procurement and communications. The project team consists of

Andy Williams (Sandwell & West Birmingham CCG Accountable Officer)
James Green (Sandwell & West Birmingham CCG Chief Finance Officer)
Jon Dicken (Sandwell & West Birmingham CCG Chief Officer (Operations))
Dr Jonathan Leach (Arden, Hereford & Worcester Area Team)
Rachael Ellis (Sandwell & West Birmingham CCG, NHS111 Project Lead)
Anna Donaldson (Central Midlands CSU)

The project team will remain in place until the completion of the procurement process and the implementation of the new NHS111 service across the West Midlands.

9 Recommendations

The CCG Governing Body is asked to

- Note the contents of the report
- Agree that West Midlands Ambulance Service are confirmed as the preferred step in partner for transfer of the NHS111 service for the period up to April 2015
- Note the proposed date for commencement of the interim services
- Note the requirements of the NHS England assurance process
- Note and agree the financial position, proposed costs and risk sharing arrangements
- Commit to utilising the outputs from the Clinical Blueprint workstream
- Note the GPS Framework approach for identifying a procurement partner
- Agree to terminate the existing contractual relationship with NHS Direct
- Note the governance arrangements

**Contact: Jon Dicken
Chief Officer (Operations)
Sandwell & West Birmingham CCG
0121 612 1563**