

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

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