

East Sussex HOSC update for September 2018.

NHS 111 Procurement update for Sussex

The decision was made on 13 June 2018, by the seven, Sussex CCGs' Accountable Officers and their Governing Body Chairs to halt the current procurement process for the new NHS 111, Clinical Assessment Service (CAS) and Visiting Service for Sussex.

We knew that by stopping the procurement it would delay the go-live date for the new service and have some impact on other elements within Integrated Urgent Care, such as Urgent Treatment Centres (UTCs), these are being commissioned locally and are still aiming to meet an October 2019 – December 2019 go live.

Two options were submitted to Governing Bodies in July to either direct award the contract for three years or re-procure the service. All seven CCGs' Governing Bodies agreed the proposed option to restart the procurement, but wanted to see some changes to the procurement process, as it did not deliver what was required the first time round.

The NHS 111 Transformation Programme Board has reviewed the procurement approach, service specification and procurement timetable in August, with the agreement to take the proposed changes to the seven Sussex CCG Governing Bodies in September.

As part of the procurement approach, we will be running an additional market engagement event to explain to potential bidders the changes we have made. The event is to be organised in line with when the procurement goes live. All the Sussex HOSC and HASC Chair of HOSC are invited.

We want to give assurance that our commissioners across Sussex are in the process of confirming with our current NHS 111 provider SECAMB and our GP Out of Hours (OOH) provider IC24 to ensure we have continuity of service for our patients after 1 April 2019 for up to a year until the new service is in place. The conversations have been positive and all seven of the Sussex CCGs' are still on track to meet NHS England's national nine key outcomes of integrated urgent care, listed below:

1. A single call to get an appointment during the out-of-hours period.
2. Data and Information can be shared between providers.
3. The capacity for NHS 111 and urgent multidisciplinary clinical services need to be jointly planned.
4. The Summary Care Record (SCR) is available in the CAS and elsewhere.
5. Care plans and special patient notes are visible to the Clinicians in the IUC and in any downstream location of care.
6. Appointments can be made to in-hours and extend access to primary care services - offering services in the evening and at weekends.
7. There is joint governance across Urgent and Emergency Care.
8. Suitable calls are transferred to a CAS containing GPs and other health care and social care professionals.

9. The Workforce Blueprint products and guidance are implemented across all providers.

As a programme, we are committed and to delivering integrated urgent and emergency care across Sussex, to ensure it benefits the clinical workforce, benefit patients and local populations; and, provide better value for our taxpayers' money.

Recommendations

The committee are recommended to:

Note the update on the 111 procurement for the Sussex CCGS