

**Cambridgeshire and Peterborough Clinical Commissioning Group**

**111 and Out of Hours (111/OOH) Procurement Project**

*To:* Health Committee

*Meeting Date:* 20 November 2014

*From:* Jessica Bawden Corporate, Director of Corporate Services, Cambridgeshire and Peterborough Clinical Commissioning group

*Electoral division(s):* All

*Forward Plan ref:* Not applicable

*Purpose:* Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) Governing Body have been considering proposals for a future procurement of the GP out of hours service and the 111 service for patients in Cambridgeshire and Peterborough.

The CCG is keen to ensure any new model is in place for winter 2015, starting on 1 November 2015 and is requesting that the Committee consider an eight week process for engaging with patients starting in December and ending by the beginning of February in order to be able to influence the service specification that is developed.

*Recommendation:* The Health Committee supports the CCG's intention for a consultation lasting eight weeks. The Health Committee endorses the consultation process plan (attached as Appendix A.)

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## **1. BACKGROUND**

- 1.1 Currently in an urgent situation patients can ring 999 for a life threatening illness or injury and call 111 for non life threatening situations. Many of the calls to 111 need to be addressed by a GP, and although people are told to call their GP practice within 24 or 48 hours, or the call is referred to the GP out of hours service, some do not take this advice and present themselves at nearest A&E Department. Currently 111 services are staffed by trained call handlers and clinical advisors. A number of 111 services across the country have integrated services with GPs able to answer calls.
- 1.2 The 111 service is currently provided by Hertfordshire Urgent Care across the whole area and Urgent Care Cambridgeshire and Cambridgeshire Community Services provide GP Out of Hours services in Cambridgeshire and Peterborough, respectively.

## **2. MAIN ISSUES**

- 2.1 Currently around 45,000 patients per month use 'open access' services which include 111, out of hours GP service, minor injury or minor injury and illness centres, and A&E. Estimates vary but around 30% of these patients are not attending the best place for their condition, first time.
- 2.2 As part of the early scoping of the procurement, the CCG has looked at three options for the service, as set out below:
  - Option 1 Procure 111 independently and procure the OOH service independently (current situation.)
  - Option 2 Procure 11 and OOH services together under a common service specification with common and aligned outcomes.
  - Option 3 Procure 111 and OOH services together with a common service specification and include the management of the 'front door' of the A&E departments with common and aligned outcomes across the service. This would include a face to face 111/OOH assessment desk at the front door of A&E before the patient is registered with the hospital. This service would then be able to redirect patients to either a GP led Minor Injuries and Illness Unit, the GP Out of hours service or sent to register with A&E. GP services may also be available at the front of house to treat minor illness or injury.

The CCG's preferred option is Option 3, which could begin to address some of the capacity issues that the local A&E departments are facing. It would also allow is the preferred option as this would address the capacity issues in the local A&E departments as well as allowing us to treat patients in the most appropriate and timely manner.

The CCG is looking at piloting a number of front of house support options over the winter 2014/15. The outcome of these pilots will also inform what type of front of house model we consider, if they are successful in directing people appropriately/

This would be a change to the current 111 service as an element of this would be face to face. Currently this is a telephone only service.

This face to face 111 as a reception point for A&E has been piloted in Blackpool. They ran a 24/7 service with three minute processing times for each patients and were able to divert 25% of patients away from the A&E department.

### 3 CONSULTATION

- 3.1 In order to effect this change the CCG is aware of the need for engagement with patients and key stakeholders in considering these options.

The CCG needs to weigh the need to consult with the need to effect these changes as quickly as possible. The CCG will prepare a comprehensive consultation process plan to describe how it intends to discharge its duty in relation to Section 14Z2 of the Health and Social Care Act. Wisbech Local Commissioning Group is also looking at working with the Norfolk CCGs who are also out to procurement at the moment and we will need to work in a targeted way with that population, alongside Norfolk.

The CCG is keen to ensure any new model is in place for winter 2015, starting on 1 November and is requesting that the Committee consider an eight week process for engaging with patients starting in December and ending by the beginning of February in order to be able to influence the service specification that is developed.

The CCG has set up a Programme Board to oversee the procurement, with the first meeting taking place on 12 November. We are pleased to say that Healthwatch organisations in Peterborough and Cambridgeshire have agreed to be on the Board and we also have patient representation from across our patch, but clearly there is a need to reach a wider group.

#### **Appendix A** Consultation process Plan for 111 and GP Out of Hours Procurement Project.

Source Documents	Location
None	