

## **Update on LLR NHS 111 Service Mobilisation**

### **Introduction**

1. NHS 111 is being launched across England and aims to make it easier for patients to access local NHS services. It is intended for those patients who require urgent medical help or advice but whose condition is not life threatening or a 999 emergency.
2. The free to call 111 number is available 24 hours a day, 7 days a week, 365 days a year to respond to people's healthcare needs when patients:
  - need medical help fast, but it's not a 999 emergency;
  - don't know who to call for medical help or don't have a GP to call;
  - think they need to go to A&E or another NHS urgent care service;
  - require health information or reassurance about what to do next.
3. Calls are answered by trained non-clinical advisers, supported by experienced clinicians, who assess the caller's needs and determine the most appropriate course of action. This includes:
  - callers who can care for themselves will have information, advice and reassurance provided;
  - callers requiring further care or advice will be referred to a service that has the appropriate skills and resources to meet their needs;
  - callers facing an emergency will have an ambulance despatched without delay;
  - callers requiring services outside the scope of NHS 111 will be signposted to an alternative service.
4. The plan from the Department of Health was for the NHS 111 service to be fully operational by Easter 2013.

### **Local procurement**

5. Historically, GP practices within Leicester, Leicestershire and Rutland had opted in to the out-of-hours (OOH) GP services and were managing this service through the Local medical Committee (LMC). The principle of the NHS 111 service is that there are only three numbers that patients need to know: their own GP practice, 999 for emergencies and 111 for all other calls. This required the OOH services to be accessed through the NHS 111 service.
6. The LMC and GP practices within Leicester were, initially, reluctant to transfer the call handling element from the OOH service to the NHS 111 service. This resulted in protracted negotiations. These negotiations were only resolved in December 2012, when all GP practices in LLR opted out of the out-of-hours service.

7. Due to the delays associated with negotiating with the LMC, LLR made a request to the Department of Health to delay the launch of NHS 111 service by six months. This was declined, but a delay of three months was granted, meaning that the service was expected to go 'live' in LLR by the end of quarter one of 2013/14.
8. Once an agreement with the LMC was agreed in principle, LLR launched a rapid open procurement process for a service for nine months commencing June 2013. This is to be followed by a full restricted procurement process for an integrated 111 and OOH service to commence on 1 April 2014. Open procurement allows any provider to bid at the Invitation to Tender (ITT) stage of the process, while a closed procurement requires a Pre-Qualifications Question (PQQ) stage to be successfully completed before a bid at ITT stage will be accepted.
9. A letter was sent to potential bidders on the 22 November 2012 to notify them of LLR's intentions. An OJEU advert was then published on the 29 November 2012 to allow bidders to express their interest. A total of 15 providers expressed an interest for this procurement process.
10. The Invitation to Tender was published on the 3 December 2012. Due to this being an open process all 15 providers that expressed an interest were given access to the ITT stage of the process. Two completed bids were received ahead of the closing date deadline on 14 January 2013.
11. The bids received were assessed by a cross functional team which was drawn from East Leicestershire and Rutland, West Leicestershire and Leicester City Clinical Commissioning Groups, the Strategic Health Authority and the NHS Commissioning Board Local Team. Each person in the team scored one or more sections of the bidders' submissions individually.
12. The team met to discuss and agree overall scores for each section for each of the bids. The team agreed clarification questions required from each of the bidders and they were both invited to attend a clarification event.
13. The bidders were asked to give a 30 minute presentation describing in detail their operational service model, their proposed technical solution, their organisational and clinical governance structures, including any associated consortia or sub-contracting arrangements, and an explanation of their financial model. Following the presentation the panel conducted rigorous and robust questioning of each of the bidders to explore some of the key issues further.
14. The procurement panel re-scored each of the bids, where appropriate, and came to a final score and agreed on a preferred service supplier, Derbyshire Health United (DHU), based on performance against a wide range of criteria. DHU is a not for profit social enterprise based in the East Midlands. They are an existing NHS 111 and Out of Hours service provider in Derbyshire, Nottinghamshire and Northamptonshire. Contracts were signed on plan on 6 March 2013 and the project team began working with DHU to mobilise the service.
15. The national mobilisation of the service before and over the Easter bank holidays highlighted a number of issues with NHS 111 services in some, but not all, parts of

the country, leading to sub-optimal service for some patients in some areas. These issues were heavily reported by the national media.

16. The local CCGs have monitored the situation nationally and is working with DHU to ensure that any lessons are learned ahead of the local roll-out of the NHS 111 service.
17. The existing timeline for the NHS 111 service launch in LLR was for a “soft” launch on 11 June, which would see the OOH services and NHS Direct transferred to NHS 111, with a full public launch on 25th June.
18. However, concerns raised about ensuring that the service is fully fit for purpose, and the resulting risks to patient safety, have led the three LLR CCGs to delay the launch to ensure that any similar problems are not experienced locally.
19. A decision on a revised launch date is expected to be made by mid-June. In the meantime discussions are on-going with current NHS Direct and GP out-of-hours services to ensure that patients continue to have appropriate access to services until the new service is launched. The system will only go live in LLR area when the CCGs are confident that it is ready to do so.
20. NHS England, the body responsible for overseeing the work of CCGs, has been involved in discussions and supports the CCGs’ decision. It is continuing to work alongside the CCGs to ensure that the service meets national requirements.