

# NEL Integrated Urgent Care Procurement

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## Update for the Outer North East London (ONEL) Joint Health and Overview Scrutiny Committee

April 2017



# NEL Integrated Urgent Care Procurement

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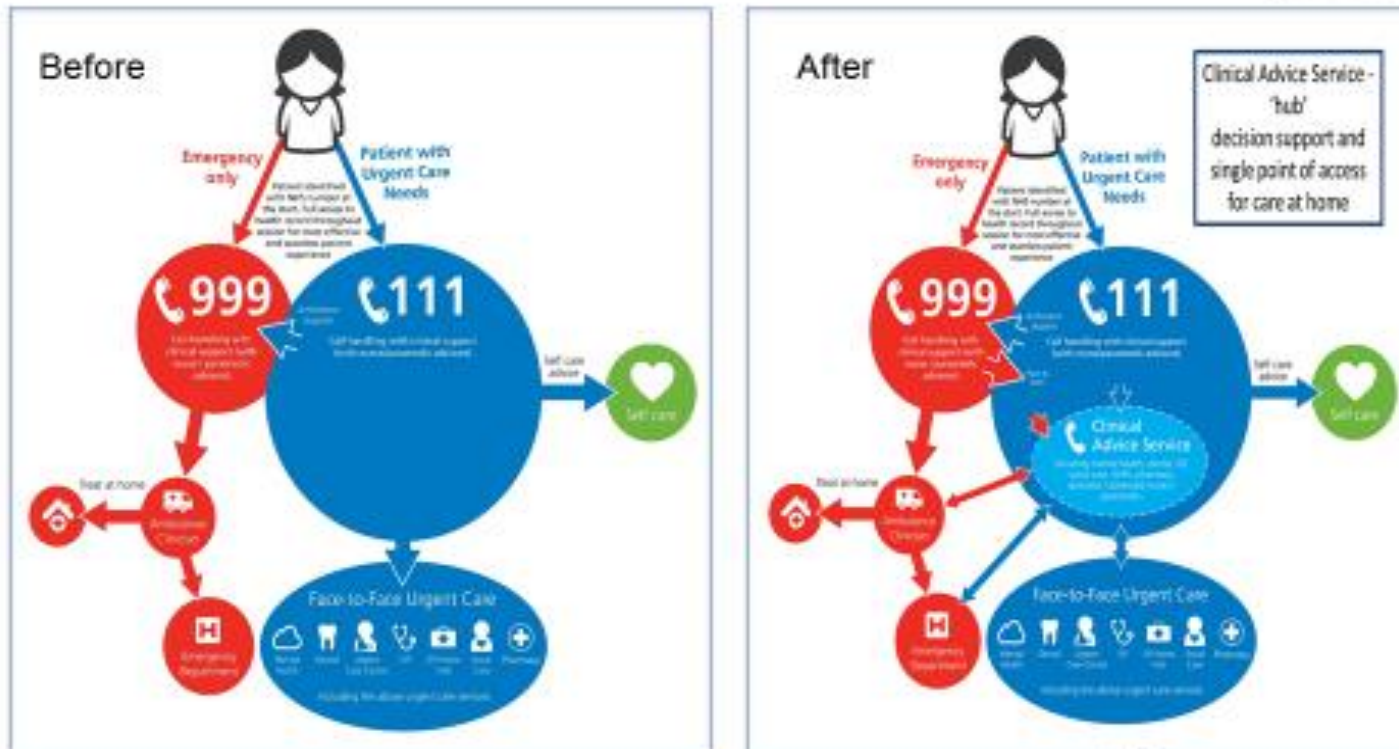
- As set out in the paper circulated to JHOSC members in January 2017, the seven Clinical Commissioning Groups (CCGs) are working together to commission a local NHS 111 service that is a single point of access for all urgent care needs across north east London.
  - We want a service that meets patients' needs and delivers the eight new national standards for Integrated Urgent Care. Nationally, the NHS want NHS 111 to become the first point of contact to access urgent health and social care, so people get the right care in the right place, first time.
  - We have used feedback from local people on the current service and how it can be improved to design our future service. The new service will ensure that more patients calling NHS 111 have direct access to clinician assessment and will enable direct booking into appropriate services.
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# Vision for Integrated Urgent Care

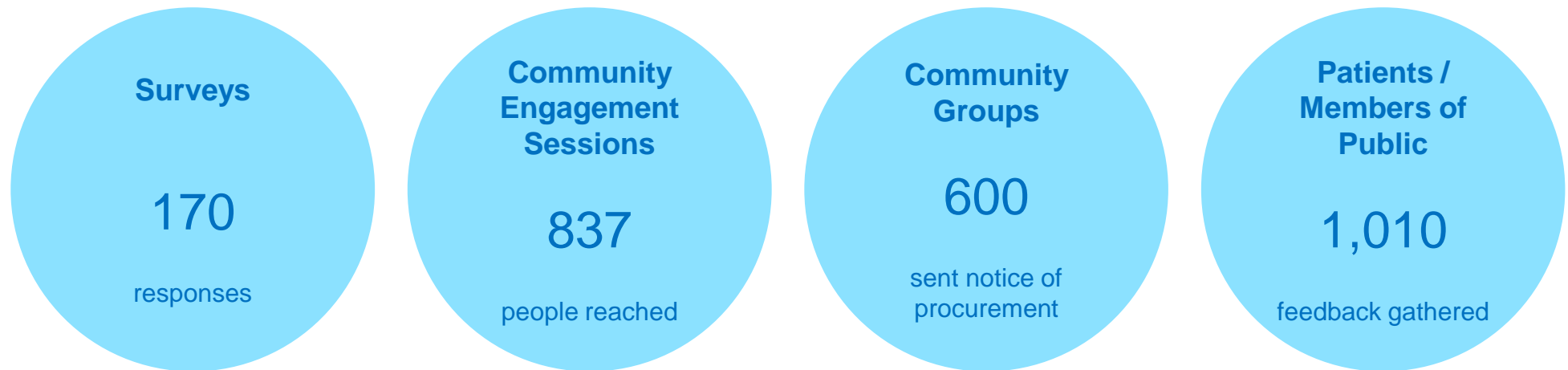
## Integrated Urgent Care Model

To deliver the objectives of the Urgent and Emergency Care Review, the national aim is to pull together the separate working arrangements between current NHS 111 providers and GP Out-of-Hours (OOH) services and more closely align both with community, emergency departments and ambulance services. This will enable commissioners to deliver 24/7 access to urgent clinical assessment, advice and treatment.



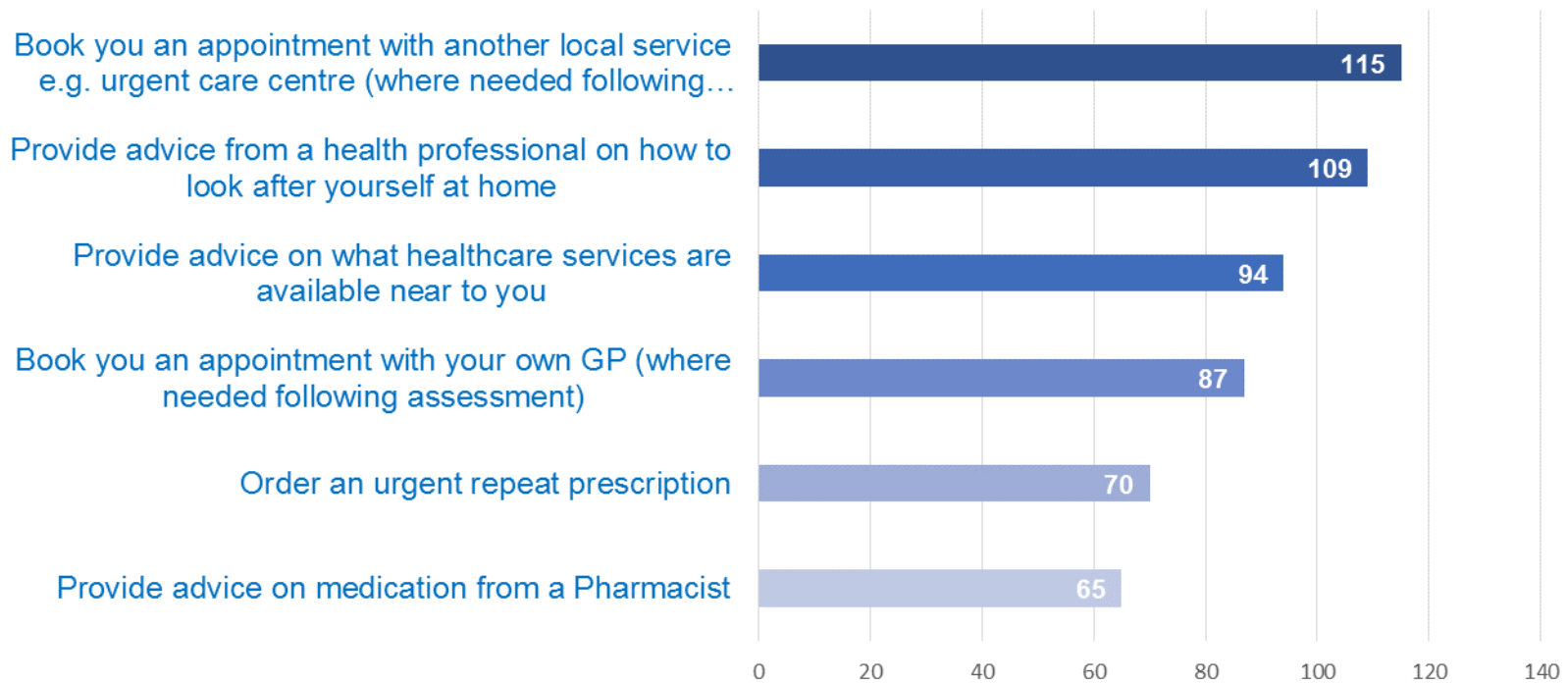
# Engagement

The seven North east London CCGs engaged with patients in each of their boroughs on the Integrated Urgent Care procurement process in autumn 2016. Feedback was shared with the JHOSC in a paper circulated in January 2017.



# Feedback from engagement

Question: “We’d like to understand how you want to be helped when you call 111. Please pick up to a maximum of three from the list below”



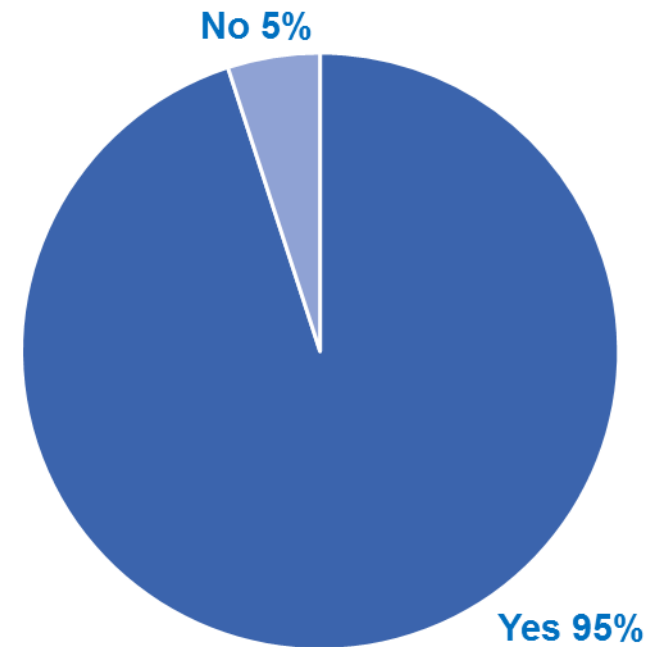
# Feedback from engagement

“Parents or carers of ill children aged under one, people aged over 75 or those with an existing care plan could be put in direct contact with a health professional through NHS 111. Do you think this would be useful?”

There was an overwhelmingly positive response to the idea of fast tracking these patients.

The main reasons people gave were:

- These patients may block the system so it will save time for everyone if they are redirected and fast-tracked
- The elderly and very young are at greater risk and can deteriorate very quickly so time is of the essence

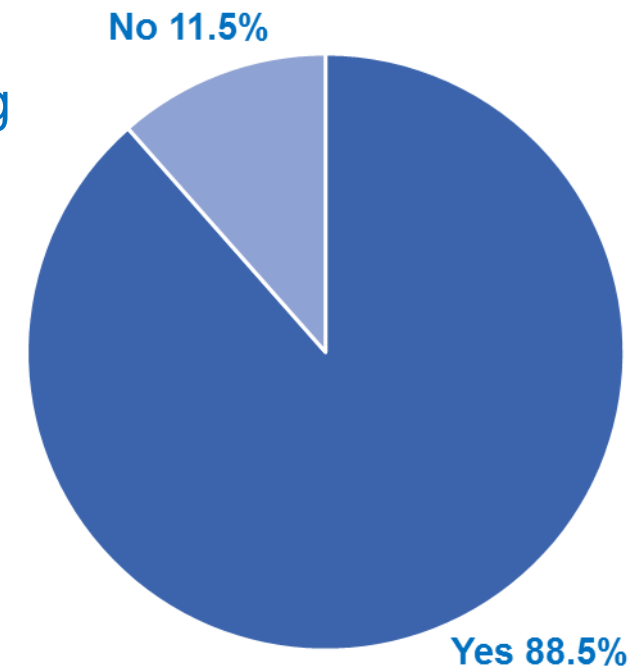


# Feedback from engagement

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“Do you think having one phone number to call for all advice or support if you have an urgent health issue would be useful?”

Patients liked this idea mainly because it would be easier to remember even in a panic AND less confusing



# Ongoing patient and public engagement

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- Patient and public engagement (PPE) sub-group
    - Representatives from across the seven CCGs
    - Helped to develop questions for the procurement process
    - Five sub-group members will be part of the evaluation process
  - Patient representative on the programme board
  - Links made with the patient representative on the North east London STP Board
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# What will be different ?

## Integrated Urgent Care Model

111 will be used as the first point of access  
(in time online access will be enabled)

Callers will receive an initial assessment by a trained health advisor (expedited for specific cohorts of patients)

Where specific criteria exist the call will be forwarded for early clinical advice e.g. people with special care plan's, children under 1yr or people over 75yrs

The Clinical Advice Service (CAS) will be staffed by a multidisciplinary team for example GP's, nurses, paramedics, mental health practitioners, pharmacist's who will have direct booking access to local area services

The CAS will be able to directly book people into services such as Primary Care, Urgent Care Centres and ED's as the technology becomes enabled

Patient records will be accessible to health care professionals (subject to patient consent) and will be updated so that there is a continuous record of care and treatment



# Next steps and key points

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All seven CCGs will be asked to sign-off the procurement plan (including the service specification and timeline) at Governing Body meetings in March / April

In line with procurement rules and given the issue of commercial confidentiality, we will be able to update the JHOSC following the award of the contract

