NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 27 September 2016

For: PUBLIC session ☒ **PRIVATE Session** ☐

For: Decision ☒ **Discussion** ☐ **Noting** ☐

Agenda Item and title:	**GOV/16/09/11 Integrated Urgent Care Procurement**
Author:	Jo Cullen, Director of Primary and Urgent Care, Patrick Mulcahy, Associate Director of Urgent Care Emma Smith, Urgent Care Commissioning Manager Angela Mortley, Senior Clinical Procurement Manager NHS South, Central and West Commissioning Support Unit
Lead Director/GP from CCG:	Dr Richard Sandford-Hill, Executive GP Lead – Urgent Care Jo Cullen, Director of Primary and Urgent Care
Executive summary:	Wiltshire Clinical Commissioning Group is seeking to procure an Integrated Urgent Care service for Wiltshire. This paper is seeking Governing Body approval to go to the market to secure an Integrated Urgent Care service from March 2018. The procurement is driven by the need to secure NHS 111 and GP Out of Hours services for Wiltshire as both of the contracts will end in March 2018; the contract for the Salisbury Walk in Centre has also been varied and aligned to end at the same time. Advice from procurement expertise in the South Central and West Commissioning Support Unit (SCWCSU) has stated that to extend existing contracts beyond their current end date is likely to expose the CCG to legal challenge. Nationally and locally, current providers within the emergency and urgent care services are challenged in meeting their contractual requirements and constitutional targets. Maintaining the current service models and specifications within separate contracts does not provide the CCG with any opportunity to manage or improve this performance across the whole system, and thus the clinical outcomes for our patients and whole system resilience are affected. The CCG has an opportunity to commission an integrated solution for urgent care in line with national and local requirements, and ensure a service which is safe, sustainable

	and that provides consistently high quality in line with the recommendations of the Urgent and Emergency Care Review[1]. This paper provides an update from the paper brought to Governing Body on 28th June setting out the local and national context; work to date in the pre procurement phase in developing the specification and planning the procurement programme; and establishing a Procurement Project Group. The Commissioning Standards for Integrated Urgent Care, produced by NHS England in September 2015 were developed in widespread consultation with commissioners and providers, and have taken into account the public feedback received during the earlier stages of the Urgent and Emergency Care Review. The national review states, for those people with urgent care needs, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients and their families. For those people with more serious or life threatening emergency care needs, we should ensure they are treated in centres with the very best expertise and facilities in order to maximise their chances of survival and a good recovery. These standards are intended to support commissioners in delivering this fundamental redesign of the NHS urgent care 'front door' and are built on evidence of what is known to be best practice.
Evidence in support of arguments:	The need to redesign urgent and emergency care services in England and the new models of care which propose to do this are set out in the Five Year Forward View. In addition, the Urgent and Emergency Care Review (UECR) proposes a fundamental shift in the way urgent and emergency care services are provided, improving out of hospital services so that more care is delivered closer to home, reducing hospital attendances and admissions.
Who has been involved/contributed	Dr Richard Sandford-Hill – Clinical Executive Urgent Care Lead Jo Cullen - Director of Primary and Urgent Care Clinical Reference Group – task and finish group (GPs, OOH, NHS111, ambulance reps) Integrated Urgent Care Procurement Group

[1] http://www.nhs.uk/NHSEngland/keogh-review/Pages/published-reports.aspx

Cross Reference to Strategic Objectives:	Contained within supporting paper
Engagement and Involvement:	Development of supporting papers has been internal (Out of Hospital Board/Clinical Executive) and with SCWCSU for procurement advice. High level presentation to Joint Commissioning Board Procurement process will feed into STP Urgent and Emergency Care work stream Discussion at CCG GP Forums and Stakeholder Assembly Pre procurement workshop with providers and stakeholders
Communications Issues:	Full communications plan to be developed though the Project Group
Financial Implications:	Internal resources to support to be identified Uncertainty of financial impact of procurement response
Review arrangements:	Full reporting arrangements to be established as key milestones in the procurement timetable. A robust Memorandum of Understanding with be required for the procurement to proceed across the 3 CCGs.
Risk Management:	Risk management to be integrated into procurement programme and outputs aligned to corporate risk register
National Policy/ Legislation:	Transforming Urgent and Emergency Care Services in England Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 General Practice Forward View Commissioning Standards Integrated Urgent Care
Public Health Implications:	N/A
Equality & Diversity:	This service will cover all patients and public in Wiltshire (registered or temporary) requiring urgent care services. No adverse EIA identified.
Other External Assessment:	Severn Urgent and Emergency Care Network
What specific action re. the paper do you wish to be taken at the meeting?	The Governing Body is asked to: 1. To note the progress and work to date in pre procurement phase; and recognise the establishment of the Procurement Project Steering Group, chaired by Dr Sandford-Hill and which will report to the Governing Body.

	2. To confirm that the CCG will commence procurement for an Integrated Urgent Care service to commence April 2018 with the advert placed in OJEU on 1st November. 3. To confirm that the CCG will give notice of procurement to existing providers of NHS 111 and GP Out of Hours in line with Contract end date March 2018. 4. To confirm that as Easter weekend in 2018 falls during this period, the further recommendation is to extend the contracts by one month (to 30th April 2018) to facilitate a new service or services commencing Tuesday 1st May 2018. 5. To confirm that Wiltshire CCG will work with BaNES and Swindon to procure a joint NHS111 across the 3 CCG footprint; and GP OOH service to cover Wiltshire and BaNES. 6. To note that this paper will be taken to Joint Commissioning Board on 29th September to confirm Wiltshire Council intentions for services to be included in the procurement.

1 NATIONAL CONTEXT

1.1 Previous papers have been presented to the Out of Hospital Programme Board (10.05.16) and Governing Body (28.06.16) setting out the national contextual with a summary of the national recommendations relating to the delivery of urgent and emergency care.

1.2 The key reference documents are:

- Transforming Urgent and Emergency Care Services in England[2]
- Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21[3]
- General Practice Forward View[4]
- Commissioning Standards Integrated Urgent Care[5]

1.3 The ***Five Year Forward View*** sets out expectation that across the NHS, urgent and emergency care services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services. The NHS England Vision for urgent and emergency care across England:

- For adults and children with urgent care needs, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families.
- For those people with more serious or life-threatening emergency care needs, we should ensure they are treated in centres with the right expertise, processes and facilities to maximise the prospects of survival and a good recovery.

1.4 The ***GP Forward View*** (April 2016) sets out a major programme of improvement and support to GP practices including the integration of extended access with out of hours and urgent care services, including reformed NHS 111 and local Clinical Hubs. It sets out that CCGs, working in conjunction with their urgent and emergency care networks, will be responsible for commissioning these services to expand capacity, ensuring plans in general practice dovetail with plans to develop a single point of contact to integrated urgent care and GP out of hours services, accessed through a reformed NHS 111 service.

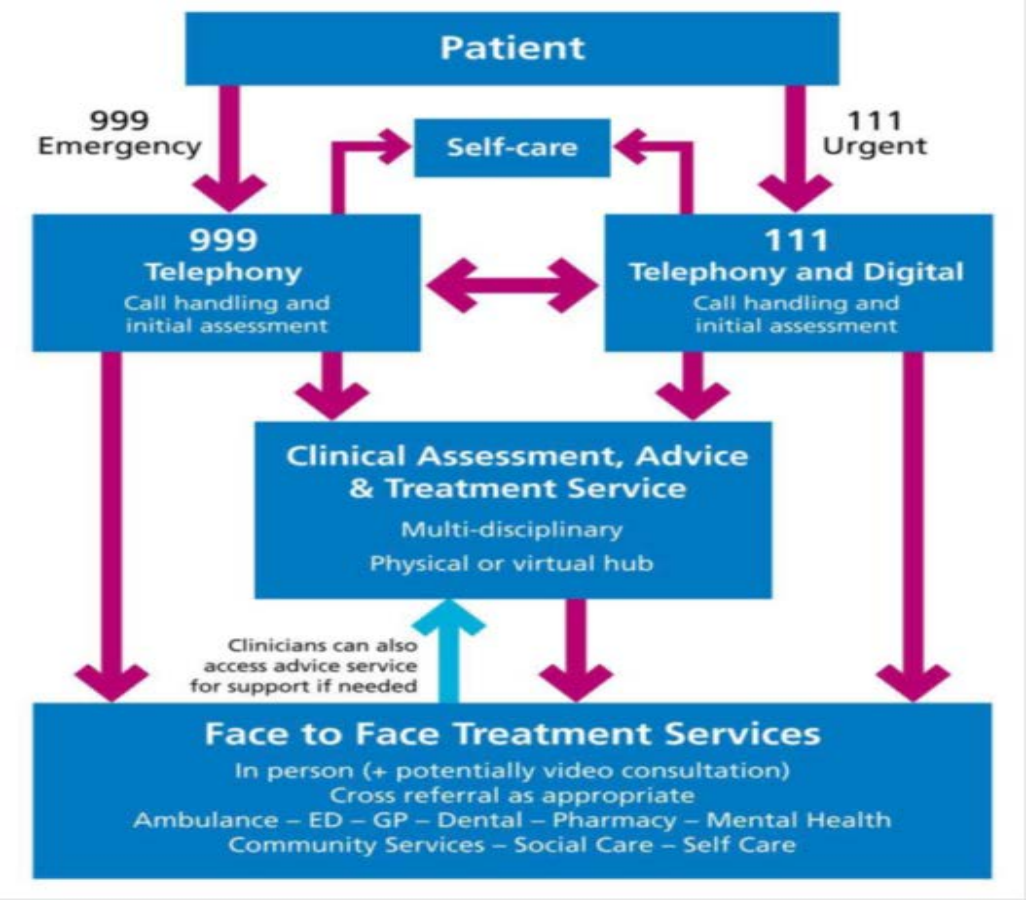
1.5 The ***Commissioning Standards for Integrated Urgent Care*** (September 2015) were designed to support and enable commissioners to deliver a functionally integrated 24/7 urgent care service that is the front door of the NHS and which provides the public with access both to treatment and clinical advice. To support effective Integrated Urgent Care it is recommended that commissioners include an "urgent care clinical advice hub" in future commissioning specifications and sets out what a functioning integrated urgent care system would look like:

[2] http://www.nhs.uk/NHSEngland/keogh-review/Pages/about-the-review.aspx

[3] https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf

[4] https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf

[5] https://www.england.nhs.uk/wp-content/uploads/2015/10/integrtd-urgnt-care-comms-standrds-oct15.pdf



1.6 The NHSE Board paper in November 2015 set out the expectations of an Urgent and Emergency Care Network (UECN) approach to deliver the Urgent and Emergency Care Review. (NB: Wiltshire CCG is covered by two UECN – Severn and Wessex).

1.7 One objective for UECN was to support commissioners to align or novate existing NHS111 and OOH contracts to deliver a more functionally **Integrated Urgent Care Access, Treatment and Clinical Advice Service** model or plan for migration to full integration when contracts allow. This model would offer patients who require it access to a wide range of clinicians, both experienced generalists and specialists. It will also offer advice to health professionals in the community, such as paramedics and emergency technicians, so that no decision needs to be taken in isolation. The clinicians in the hub will be supported by the availability of clinical records such as Special Notes, Summary Care Record (SCR) as well as locally available systems; and co-ordination of health (and social care) resources, OOH, community and social care beds, palliative care, acute provider liaison, and Health Care Professionals. It is expected that to improve working relationships, dialogue, and feedback, some of the clinicians that make up this hub should be physically co-located. For clinical specialisms and care expertise which is consulted less frequently it may be more appropriate to make arrangements to contact an individual who is off site through the creation of a "virtual urgent care clinical hub". It is suggested that following professionals be considered:

- Specialist or advanced paramedics with primary care and telephone triage competences.

- Nurses with primary, community, paediatric and/or urgent care experience.
- Mental health professionals.
- Prescribing pharmacists.
- Dental professionals.
- Senior doctor with appropriate primary care competences.

The Standards state that the exact mix of clinicians and other urgent care staff in the integrated urgent care clinical hub, and their seniority, should be specified in contracts/service arrangements and dictated by a careful assessment of local needs and the UEC Network design. Additional competency areas that may require provision include: midwifery, paediatrics, hospital specialists, occupational therapy, third sector organisations, alcohol and drug services, palliative care nurses, social care, housing and others depending on local need. Wherever possible individuals working in the clinical hub should be based in that community, and be familiar with local services and practice.

1.8 On 28th July, NHSE issued a **Rapid Implementation Guide** to support the implementation of 5 "must do's" as set out in the A&E Improvement Plan. The plan focuses on ensuring that all health systems adopt a standard approach to urgent and emergency care best practice as set out in the NHS England report on transforming urgent and emergency care services: Safer, Faster, Better. At local level, all systems are asked to implement five mandated initiatives to improve performance:

• Introduce primary and ambulatory care screening in the Emergency Department.
• Increase the proportion of NHS 111 calls handled by clinicians.
• Implement the Ambulance Response Programme (Dispatch on Disposition and improved Clinical Coding).
• Implement SAFER[6] and other measures to improve in-hospital flow.
• Implement Discharge best practice to reduce Delayed Transfer of Care (DTOC)

1.9 Improving access is not just about getting an appointment when you need it. It is also about access to the right person, providing the right care, in the right place at the right time. National evidence (and our local experience) demonstrates that enhanced access relies on working across providers and redesigning the way services are delivered, working with patients and making best use of four key elements:

- Enabling ***self-care and direct access to other services***, for example, online self-management and signposting to other services;

- Better use of the talents in the ***wider workforce***, such as advanced nurse practitioners, clinical pharmacists, care navigators, physiotherapists and medical assistants;

- Greater use of ***digital technology***, for example, apps connecting patients to their practice, phone and email consultations, webcams links with care homes.

[6] http://www.ecip.nhs.uk/uploads/files/1/Resource/SAFER---May-2016-V6.pdf

- ***Working at scale across practices*** to provide extended access collectively, in a similar way to how many GPs used to collaborate within GP co-operatives to provide out of hours care. These services are referred to ***Primary Care Access Hubs*** in GP5YFY – but are seen as Primary Urgent Care Centres in the Wiltshire Plans - and could offer additional clinical capacity across a group of practices. Patients are referred there by the local practices, often after some degree of triage process to ensure they are suited. They are then seen and managed at the hub, often by a local GP or nurse, with the benefit of access to the patient's medical record.

2 LOCAL CONTEXT AND PROGRESS

2.1 **NHS 111** – tendered across the South West during 2012 in "lots" by cluster PCTs (Wiltshire with Bath and North East Somerset) and contract awarded to Care UK (previously Harmoni) for a 5 year term from February 2013 (with full service commencement in October 2013). Seven CCGs currently share the NHS 111 provider, who hold three separate contracts (BNSSG, B&NES & Wiltshire, and Swindon & Gloucestershire), covering a population of circa 2.5 million; and provided from the call centre in Bristol. These CCGs have a collaborative arrangement for these services; the services for all contracts are delivered as one, and shared governance and provider management arrangements are provided by the SWC CSU alongside and on behalf of the seven commissioners.

2.2 **GP Out of Hours** – re-procured in Wiltshire in 2009/10 for a commencement in April 2010 for 5 year period provided by Medvivo (previously Wiltshire Medical Services). The contact is a block APMS (Alternative Provider of Medical Services) Contact covering GP Out of Hours and Access to Care. The contract was varied and extended in 2013 for further 3 years until 31 March 2018 due to the implementation of NHS 111 in February 2013.

2.3 **The Salisbury Walk in Centre** service was procured in 2008/09 as part of a national programme for Darzi centres being open 8am-8pm 7 days a week. The contract was awarded to Wilcodoc for 5 year period from April 2009; and varied in 2013 to remove the registered patient list, and extended in 2016 to be aligned until 31 March 2018.

2.4 Since the last Clinical Executive meeting, work has been ongoing pulling national and local research and best practice, and the local intelligence gathered through GP Forums, clinical meetings and the CCG stakeholder assemblies suggest a "good urgent care service for Wiltshire" would be integrated, accessible, locally clinically-led service, utilising the experience of local GPs to deliver positive outcomes for health and social care and improve service user satisfaction.

2.5 At the previous Clinical Executive, a suggestion was made to hold a workshop to ensure the CCG gathered the expert opinion and advice from current providers and stakeholders in developing the specification. This was held on 28.07.16 as a **pre-procurement workshop** at the formative stage of procurement. Public Contract Regulations state that preliminary market consultation can take place before the start of procurement procedures with a view to preparing the procurement and/or seek advice from independent experts or authorities. Advice may be used in the planning and conduct of the procurement

procedure provided that it does not distort competition or have a discriminatory effect or breach transparency.

There was good attendance from all current local providers (NHS111, Out of Hours, ambulance, community and mental health services) and commissioner colleagues from neighbouring CCGs, Wiltshire Council and UECN.

Healthwatch Wiltshire attended and presented from a patients perspective and told us that our patients and carers experience is that:

- The system is not easy to navigate, not clear what's available (when and for what)
- Uncertainty about where to get advice and lack of confidence in (non-clinical) triage systems (primary care and NHS 111)
- People want to see a clinician
- Information not always shared between the people who are providing my care
- Parts of the system don't always work together
- Communication with patients/carers: I feel listened to but I don't know what's happening next
- Location of care: Not always possible to deliver on the promise (transport an issue in parts of rural Wiltshire)
- Waiting times: people want convenient local access (and they understand financial constraints)
- Don't blame patients for seeking care at the wrong place

Participants were asked to comment on:

- What do we need to keep from the current system (what works well)?
- Where are the current gaps that need to be addressed?
- What would "good" look like?
- What would an integrated urgent care offer look like on week days, evenings, overnight, weekends and Bank Holidays?
- As our experts, what else do we need to know?

All the valuable input and feedback has been, and will be, taken into consideration in developing the specification.

2.6 An **Integrated Urgent Care Procurement Project Group** has been established and met on 08.09.16 and will oversee and approve each stage of the procurement, taking direction from the Governing Body and CCG governance processes; and will direct the work to implement the recommendations form the project working groups.

This is chaired by Dr Richard Sandford-Hill as the Executive GP lead for Urgent Care and supported by SCWCSU procurement advisor. Draft Terms of Reference have been developed.

2.7 The next step is to invite suitably qualified providers to attend a Market Engagement Event [7] on 13th October (Chippenham) which will inform the market of the CCGs intentions to

[7] https://www.contractsfinder.service.gov.uk/Notice/8af8f0cb-cbc8-4677-8583-7a638baf3caf

procure an Integrated Urgent Care Service. This is pre-procurement exercise and it is not a formal commitment at this stage to go to procurement. A formal presentation will be given providing information regarding the upcoming procurement; and individual time slots offered to providers for separate question and answer sessions.

2.8 The tender documentation for the procurement will be completed by November and brought back to the Governing Body for approval.

2.9 The Severn UECN has prioritised the development of an Integrated Urgent Care Clinical Hub across 999/NHS111/Out of Hours services with the objectives:

- To provide urgent care clinical advice to;
  - Patients contacting 111 or 999 services
  - Clinicians, particularly ambulance staff and community clinicians
  - The wider urgent care system, where defined as required, such as nursing and residential homes
- To ensure that no decision is made in isolation by providing expert opinion and access to identified personnel and/or services that may be physically co-located, where necessary or through a virtual support system.

A Pilot is being proposed to run in Wiltshire from September 2016 until March 2017 run by Medvivo under the SUECN for Wiltshire patients referred by NHS111. This has been signed off by the CCG through the Clinical Advisory Group and the Out of Hospital Programme Board/Clinical Executive on 13th September.

3 LOCAL RELATIONSHIPS AND KEY PARTNERSHIPS

3.1 This paper assumes that the CCG's commissioning ambition is to meet the requirements of the national urgent care commissioning standards in line with our Wiltshire vision, and that the integrated urgent care service will operate as a minimum on a CCG wide basis; that is, the CCG would not wish to procure solutions from urgent care service providers on a sub CCG level or locality level.

3.2 The recent development of the Sustainability and Transformation Plan (STP) footprint across Wiltshire with BaNES and Swindon has created three work streams; one being Urgent and Emergency care. One of the key tasks for this STP Programme Board is integrated urgent and emergency care and triage.

3.3 Currently, across the three CCGs there is alignment of some providers such as NHS 111. Recent discussions across the STP have confirmed that BaNES and Swindon CCGs are looking to work across the footprint to procure NHS111 (both) and OOH (BaNES) jointly. This would require a robust Memorandum of understanding across the 3 CCGs as to the governance, evaluation and decision making process to ensure the procurement outcome for all 3 CCGs ensured an integrated model which met each CCG vision.

	NHS111	OOH	INTENTION
WILTSHIRE	ONE CONTRACT FOR BOTH CCGs WITH CARE UK – BRISTOL CALL CENTRE.	SEPARATE CONTRACT – MEDVIVO	
BaNES		CONTRACT WITH VOCARE FOR OOH WITH URGENT CARE CENTRE AT RUH. CCG DECISION TO ALIGN OOH WITH 111 AND END A YEAR EARLIER IN 2018.	BaNES CCG has expressed an intention to procure OOH and NHS111 jointly with Wiltshire for an Integrated Urgent Care Service.
SWINDON	CONTRACT WITH CAREUK ALIGNED TO GLOS – BRISTOL CALL CENTRE	PROCURED OOH WITH ADULT COMMUNITY SERVICES – JUST ANNOUNCED CONTRACT AWARD (Sept 2016)	Swindon CCG has expressed an intention to procure NHS111 jointly with Wiltshire and BaNES.
BNSSG	CONTRACTFOR 3 CCGSs WITH CARE UK – BRISTOL CALL CENTRE		SCWCSU Option paper to discuss options to procure NHS111, and OOH, on larger footprint across 7 CCGs.

3.4 Wiltshire CCG has worked with Wiltshire Council over the last 3 years in developing and delivery the Better Care Plan (BCP). This focusses on the growing demographic challenge and Delayed Transfers of Care, independence post discharge and reducing unnecessary hospital admissions and admissions to nursing and residential care. This BCP has £27million as the driver for integration; with the ambition of care as close to home with the priority being home, creating a bottom up vision with our public and delivering innovative integrated services. The challenges faced are that care and support is fragmented, so people experience gaps in care and patients are treated as a series of problems rather than as a person. Care and support plans do not link together, which is inefficient. The health and care system gives a higher priority to treatment and repair rather than prevention or early intervention. Often, people are not eligible to receive services until they reach a point of crisis, when a little support earlier may have avoided the crisis from developing. Providers are under pressure, with unacceptably high levels of delayed transfers of care and extended lengths of stay in hospital.

3.5 This paper will be taken to the Joint Commissioning Board with Wiltshire Council on 29th September to confirm the Councils commissioning intentions for services to be included in the procurement. A number of services supporting the urgent care whole system are either funded jointly under the BCP (such as the Health Care Professional Line and Acute Trust Liaison) or wholly by the Council (such as the Urgent Care at Home and Telecare services).

4 NON NEGOTIABLE ASPECTS

4.1 There are a number of areas that the CCG are recommended to accept as a minimum requirement, based on national guidance and best practice. These include;

- Interoperability of data and telephony systems with national resilience capability.
- Integrated Urgent Care Minimum Data Set (work to replace current NQR and NHS 111 MDS)
- Alignment of contract structure to national commissioning standards guidance.
- Local alignment of outputs with those required from the Urgent and Emergency Care Networks work programme

5 CRITICAL SUCCESS FACTORS

5.1 The critical success factors and outcomes the CCG will be expecting to secure through procurement are:

- An integrated urgent care service which meets the Wiltshire CCG vision for care closer to home; with access to services normally within a 30 mile drive.
- An integrated urgent care service which delivers consistency of response for people and equitable access to NHS services, based on need and where possible, reduces the number of access points from which to receive urgent care.

- An integrated urgent care service which values and contributes to a culture of self- help and personal knowledge, reducing dependency and avoiding paternalistic responses to the public.
- An integrated urgent care service that contributes to the CCG wide target to reduce avoidable admissions to hospital in a sustainable way (linked with the current Better Care Fund – BCF headline outcomes).
- An integrated urgent care service that supports the system wide achievement of constitutional emergency care targets for the NHS.
- An integrated urgent care service with sufficient capacity to be able to meet predictable demand and surges in demand.
- An integrated urgent care service with a robust and demonstrable clinical integration and governance process between the various providers who form part of the service, and with key members of the system, especially emergency departments, 999 and complex care teams.
- An integrated urgent care service that ensures that the best practice in urgent care is provided for patients.
- An integrated urgent care service that must be able to demonstrate that they provide a good service for patients and those patients express satisfaction with the service they receive and can demonstrate an increasing confidence in the offer.
- An integrated urgent care service that is able to stay within its' allocated budget and demonstrate their ability to reduce spend in 999 and emergency department services. The service must be able to demonstrate value for money.

8 RECOMMENDATIONS:

1. To note the progress and work to date in pre procurement phase; and recognise the establishment of the Procurement Project Steering Group, chaired by Dr Sandford Hill and reporting to the Governing Body.
2. To confirm that the CCG will commence procurement for an Integrated Urgent Care service to commence April 2018, with the advert placed in OJEU on 1st November.
3. To confirm that the CCG will give notice of procurement to existing providers of NHS 111 and GP Out of Hours in line with Contract end March 2018.
4. To confirm that as Easter weekend in 2018 falls during this period, the further recommendation is to extend the contracts by one month (to 30th April 2018) to facilitate a new service or services commencing Tuesday 1st May 2018.
5. To confirm that Wiltshire CCG will work with BaNES and Swindon as the STP footprint to procure a joint NHS111 across the 3 CCG footprint; and OOH service to cover Wiltshire and BaNES.
6. To note that this paper will be taken to Joint Commissioning Board on 29th September to confirm Wiltshire Council intentions for services to be included in the procurement.

NHS Wiltshire Clinical Commissioning Group

Equality Impact Analysis – the EIA form

Title of the paper or Scheme: Integrated Urgent Care Procurement	
For the record	
Name of person leading this EIA JO CULLEN	Date completed 12.09.16.
Names of people involved in consideration of impact	
Name of director signing EIA JO CULLEN	Date signed 12.09.16

What is the proposal? What outcomes/benefits are you hoping to achieve?

Wiltshire Clinical Commissioning Group is seeking to procure an Integrated Urgent Care service for Wiltshire. The procurement is driven by the need to secure the NHS 111 and the GP Out of Hours service for Wiltshire as both of the contracts will end in March 2018; the contract for the Salisbury Walk in Centre has also been varied and aligned to end at the same time.

Nationally and locally, current providers within the emergency and urgent care services are challenged in meeting their contractual requirements and constitutional targets. Maintaining the current service models and specifications within separate contracts does not provide the CCG with any opportunity to manage or improve this performance across the whole system, and thus the clinical outcomes for our patients and whole system resilience are suffering.

The CCG has an opportunity to commission an integrated solution for urgent care in line with national and local requirements, and ensure a service which is safe, sustainable and that provides consistently high quality in line with the recommendations of the Urgent and Emergency Care Review.

Who's it for?

The proposal covers all patients and public in Wiltshire (registered or temporary) requiring urgent care services.

How will this proposal meet the equality duties?

It covers all registered patients, and anyone accessing urgent services such as NHS 111.

What are the barriers to meeting this potential?

None

2 Who's using it?

Equal access to all patients and public

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

Detailed analysis is required during remainder of 2016 to understand which patient cohorts could be affected, sourcing information from current providers as equality data is not routinely monitored.

Currently data from the 13/14 JSNA8 shows that Wiltshire is a largely white and rural area and people in minority groups are often not present in sufficient numbers to form recognisable groups. Based on the 2011 Census figures, at 6.6% of the population (31,256 people), Wiltshire has a lower proportion of ethnic minorities than the South West region as a whole (8.2%) and a considerably lower proportion than national figures (England, 20.2%). The population age structure for Wiltshire is broadly similar to the population of the South West region but is ageing more rapidly than England or the South West, reflected by growth of 20.1% in the number of people aged 65 or over between 2002 and 2010. In addition the JSNA also reports that the ratio of males to females in the Wiltshire population is similar to the South West and England.

How can you involve your customers in developing the proposal?

Healthwatch will be invited to participate in the relevant working group to ensure patients are represented in the procurement process.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)

No gaps are currently identified.

3 Impact

Refer to dimensions of equality and equality groups

Using the information in parts 1 & 2 does the proposal:

a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?

No adverse impact expected. The procurement will ensure that the service is available to all patients and public in Wiltshire (registered or temporary) requiring urgent care services; irrespective of age, gender, ethnicity, disability and where required appropriate translation and other support mechanism will be stipulated. other

What can be done to change this impact?

Not applicable

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?

Not applicable

Does further consultation need to be done? How will assumptions made in this Analysis be tested?

The project group will be engaging with Healthwatch as part of the working groups evaluating the bids, and once contract has been awarded a communication plan will be developed and rolled out informing all patients of changes. It will be expected that equality monitoring will become a standard requirement from successful providers, and reviewed on a regular basis by the CCGs.

[8] http://www.intelligencenetwork.org.uk/health/jsa-health-and-wellbeing/

4 So what?	Link to business planning process

What changes have you made in the course of this EIA?

None

What will you do now and what will be included in future planning?

The project group will ensure that any existing provider equality information is shared with the project group and form part of the Market awareness / service specification information.

The project board will ensure that equality monitoring is built in as a contracted requirement, to be monitored by the provider and reported on a regular basis at contract performance meetings.

When will this be reviewed?

The project group will review the existing equality information and will ensure that it is shared as part of existing information out to potential bidders during the ITN-1 stage of procurement.

The project group will delegate responsibility one of the working groups to ensure that any developing proposals are transparent on whether there are any potential adverse impacts to any equality age groups. The project group will review the equality impact at the end of ITN-2 stage.

How will success be measured?

Analysis will be carried out at the end of the first year of implementation of the new contract.