NHS
Wiltshire
Clinical Commissioning Group

Paper Summary Sheet

Presented to:	Governing Body - Public
Date of Meeting:	27 March 2018
For:	Discussion

Agenda Reference:	GOV/18/03/13
Title:	Integrated Urgent Care Service: Mobilisation Update Report
Executive summary:	
This report provides an update to the Governing Body on the mobilisation of the Integrated Urgent Care (IUC) Service following the successful procurement process and contract award in September 2017 to Medvivo. A seven month mobilisation period was built into the process to ensure a safe and effective transition of the NHS 111 service from the existing NHS 111 provided (Care UK), to Medvivo and its subcontractor, Vocare, and for the Out of Hours Service for Bath and North East Somerset. The new IUC service is due to go live at 8am on Tuesday 1st May 2018.	
Recommendations:	The Governing Body is asked to: • Note the extensive work undertaken during mobilisation • Note that the 24th April will provide final assurance for confirmation to proceed to service commencement on 1st May 2018.
Previously considered by:	Joint Extraordinary Meeting of the Governing Bodies of Bath and North East Somerset Clinical Commissioning Group, Swindon Clinical Commissioning Group and Wiltshire Clinical Commissioning Group; and Wiltshire Council 21.09.17
Author(s):	Emma Smith, Urgent Care Commissioning Manager
Sponsoring Director / Clinical Lead/ Lay Member:	Jo Cullen, Director of Primary and Urgent Care and Group Director, West Steve Perkins, Chief Financial Officer Dina McAlpine, Director of Nursing and Quality Dr Ian Williams, GP West Exec and IUC Clinical Governance

Risk and Assurance:	A detailed risk log has been maintained transitioning from procurement into mobilisation; and separated into Commissioner and provider risks. A fortnightly risk log and milestone plan is presented at the Mobilisation Board meeting and reviewed. Key areas are set out in the paper: clinical, financial and operational.
Financial / Resource Implications:	During the preferred bidder process, a significant amount of time was spent on working through the financial elements of the service and agreeing the change

	control process set out in Schedule 3 of the signed Contract.
Legal, Policy and Regulatory Requirements:	Before awarding the contract the Commissioners (led by WCCG) had to go through an NHSE light-touch checkpoint 2 signoff process. There is a third ISAP checkpoint stage with NHSE that Commissioners will need to go through for NHSE to be assured that we are ready for go live. The ISAP 3 checkpoint will be held over the course of two meetings, one week commencing 26th March and one in the week commencing the 16th April. To support the process, the commissioners have been working with our local NHS Integrated Urgent Care Transformation Lead to monitor our position against the NHSE Checkpoint list and RAG assessing our progress. This will inform the ISAP 3 checkpoint discussions.
Communications and Engagement:	A draft communication plan has been developed by the Wiltshire Communications Team and will be localised by the other commissioners for their areas. Engagement is on-going with specific task and finish groups (such as mental health and end of life stake holders) and engagement with Patient Participation Groups.
Equality & Diversity Assessment:	☐

INTEGRATED URGENT CARE SERVICE: MOBILISATION UPDATE REPORT

1 OVERVIEW

1.1 This report provides an update on the mobilisation of the Integrated Urgent Care (IUC) Service following the successful procurement process and contract award in September 2017 to Medvivo.

1.2 A seven month mobilisation period was built into the process to ensure a safe and effective transition of the NHS 111 service from the existing NHS 111 provided (Care UK), to Medvivo and its subcontractor, Vocare, and for the Out of Hours Service for Bath and North East Somerset.

1.3 The new IUC service is due to go live at 8am on Tuesday 1st May 2018.

2 MOBILISATION: GOVERNANCE, STRUCTURE AND PLAN

2.1 Contract Award and Signature

2.1.1 At the BaNES, Swindon and Wiltshire CCG Extraordinary Governing Bodies and Wiltshire Council meeting on 21.09.17, the approval was given to award the Contract.

2.1.2 Following a 10 day standstill period, the Five year contract was awarded on 3rd October 2017 and signed by all parties (commissioners and the prime provider) on the 10th October 2017.

2.1.3 Wiltshire CCG will act as the Lead Commissioner for the contract, with Bath and North East Somerset, Swindon CCG, Wiltshire Council and NHS England as Associate Commissioners.

2.2 Mobilisation Oversight Board

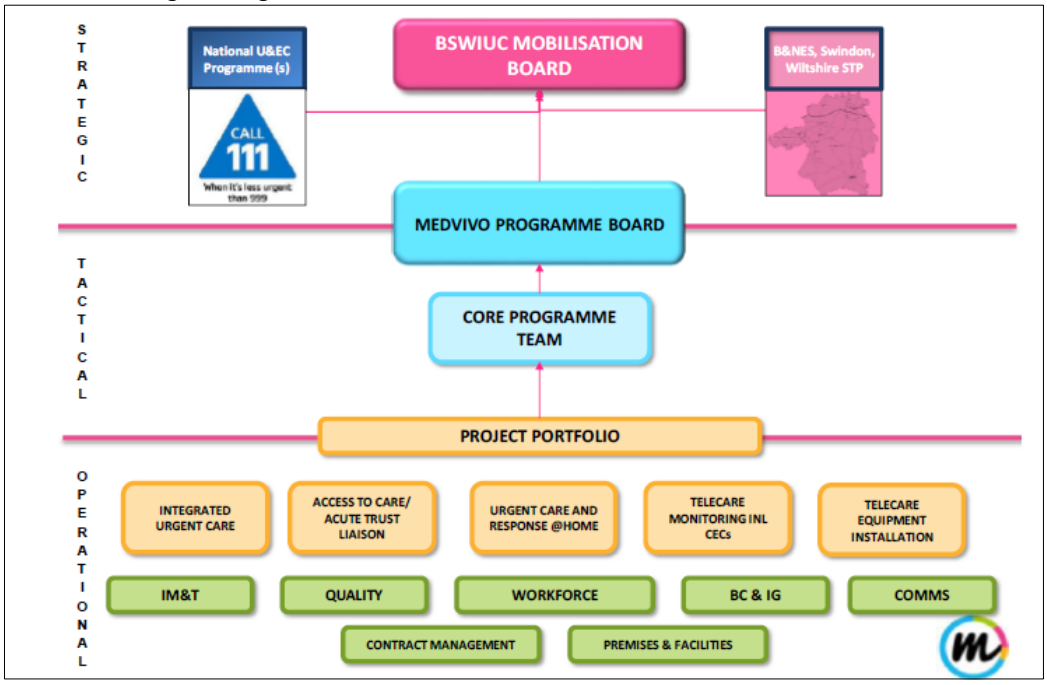
2.2.1 A Mobilisation Oversight Board was established to manage the strategic implementation of the mobilisation plan for Integrated Urgent Care Services.

2.2.2 This group has an agreed Terms of Reference and meets fortnightly basis to monitor progress against the Mobilisation programme and roadmap.

2.3 Mobilisation Programme and Plan

2.3.1 A programme approach has been used to mobilise the new service. This approach was to allow for the interdependencies to be picked up between each of the key services; for instance there will need to be a fully functioning call centre in place in February to allow for training and testing of systems to ensure go-live on 1st May 2018

2.3.2 The programme consists of five main projects around the key services and 7 cross cutting workstream running through each.



2.3.3 The projects:

- Integrated Urgent Care (NHS 111, Hub, OOHs, OOHs Dental)
- Access to Care and Acute Trust Liaison
- Urgent Care and Response at Home
- Telecare Monitoring including Carer's Emergency Cards
- Telecare Equipment Installation

2.3.4 The workstreams:

- Information Management and Technology including reporting
- Quality including Clinical Governance
- Workforce including TUPE
- Premises and Facilities Management
- Business Continuity and Information Governance
- Contract and Performance Management
- Communications and Engagement

2.4 Clinical Governance Group (IUC CGG)

2.4.1 An IUC Clinical Governance Group has also been established which will be responsible for ensuring the safe and effective clinical operationalisation of the BaNES, Swindon and Wiltshire Joint Integrated Urgent Care Service

2.4.2 The purpose of the group is to:

2.4.2.1 Provide clinical assurance of the mobilisation of the Integrated Urgent Care Service; specifically in the service design and development of service user pathways through NHS 111, Clinical Hub and GP Out of Hours.

2.4.2.2 Seek assurance from Medvivo that robust clinical governance controls and management systems are in place to ensure high quality patient care from the Integrated Urgent Care service once operational.

2.4.2.3 Ensure that service users will have the same standards and outcomes of clinical care across the BaNES, Swindon and Wiltshire CCG footprints for the commissioned services (NHS 111 and Integrated Clinical Hub).

2.5 NHS 111 Exit/ Transition Meetings

2.5.1 In addition to the mobilisation of the new service, separate commissioner led meetings have been established to manage the safe exit and transition from the current provider to the incumbent NHS 111 provider.

2.5.2 Care UK have a separate exit / transition plan to Medvivo as they will still be providing an NHS 111 service to Bristol, North Somerset and South Gloucestershire, and Gloucestershire Commissioners from the Care UK South West contract in their Bristol based call centre.

3 MOBILISATION PROGRESS (CLINICAL, FINANCIAL, OPERATIONAL)

3.1 General Progress

3.1.1 Progress has been steady since the start of the mobilisation phase in October, with 40 of 50 (80%) high level milestones including conditions precedent that were due by 9th March now being completed.

3.1.2 Four of the delayed milestones are condition precedent milestones that have been stipulated as part of the contract and include signoff of sub-contractor contracts with Vocare and BEMs+. Mobilisation Oversight Board are sighted on these delays and there are no expected issues which will prevent these from being resolved before contract start.

3.1.3 Further delays are associated with the recruitment and establishment of NHS 111 Health Advisors and Clinical Advisors in post. Recruitment started later than plan and is has proven to be challenging for the Chippenham element of the NHS 111 workforce, which will be picking up 30% of NHS 111 calls. The recruitment position is being reviewed on a regular basis by IUC CGG and mobilisation oversight as this is a significant risk for the service but significant improvement has been made in recent weeks and is anticipated that the required establishment will be in post or mitigated for the 1st May. Further information is in section 3.5.1.

3.1.4 The extension to the existing NHS 111 Contract for 1 month until the 1st May 2018 07:59 was agreed and signed in December 2017.

3.2 Clinical Overview

3.2.1 The IUC CGG have reviewed and retained oversight of the clinical decisions and changes for the new service.

3.2.2 NHS 111 and Clinical Assessment Service

3.2.2.1 As part of the procurement process, Medvivo proposed that patients dialling into the NHS 111 service would be presented with a list of Interactive Voice Responses (IVR), to ensure that they were signposted to the most appropriate service for their urgent care need.

3.2.2.2 Medvivo and the Commissioners held a number of engagement sessions with patient participant groups across the geographical footprint to decide what would be the best order to present options to patients calling.

3.2.2.3 The IUC CGG signed of the IVR options for patients calling the service on 6th February. Patients will hear the following options:

- Dental pain or dental symptoms – Option 1
- Repeat medication queries – Option 2
- Symptoms that are new or worsening – Option 3
- All other queries - Option 4

3.2.2.4 In addition, the IUC CGG signed off the IVR * options and scripts for HealthCare Professionals (HCP), Nursing and Residential Care Homes needing to talk directly to the Clinical Assessment Service or Out of Hours. For Wiltshire and BaNES these will replace the existing HCP access telephone numbers for when seeking additional clinical advice.

3.2.2.5 End of Life/ Palliative patients in Wiltshire and BaNES currently have access to directly call the Healthcare Professional Lines, to bypass the need for NHS 111 triage out of hours. This service will continue in the new contract but patients will need to dial the IVR * option given to them by their doctor or community nurse. (The existing number will be phased out to ensure that all palliative patients that have this number are informed of the change).

3.2.2.6 When an End of Life / Palliative patient gets through to the service, they will be asked a number of key questions to ensure that they are directed to the most appropriate outcome for their need. A workshop was held in January with the 3 local hospices, community service providers and commissioners to review the process for these patients and to develop an appropriate question set. The resulting task and finish group developed a question set which is being refined and will be signed off by the IUC CGG.

3.2.2.7 An initial meeting to review the dental question set for triage of dental patients by Dental Nurses was held on the 1st March and will be finalised on the 14th March before going to the local dental network for clinical assurance and signoff on the 19th March. If a dental nurse is not available to perform this triage, patients will be triaged using the NHS 111 pathways system in Adastra until a specific national dental 111 pathway has been developed.

3.2.3 NHS 111 Call Outcomes and Mapping

3.2.3.1 When a patient calls NHS 111, they will be asked a set of questions to determine the best outcome for their medical need. These questions are based on a set of pre-determined algorithms that are nationally defined and referred to as 'NHS Pathways'[1] and are designed to rule out conditions or illnesses.

3.2.3.2 Based on the answers provided, the health advisor will be presented with a suggested outcome, also known as a disposition or dx code. These will then be mapped against the directory of services (DoS) which indicates the best service for the user for their need.

3.2.3.3 In total there are 138 call dispositions, and each of these need to be mapped to see how the calls will be managed by the service. The IUC CGG will be signing off all of these codes before go-live and this is due to be completed by End of March. This will also include a review of the standard operating procedures to manage any calls waiting that could not be immediately warm transferred to a clinician for further advice.

3.2.3.4 As of the 12th March, 94% of the dispositions have been signed off by the IUC CGG on 6th March, with the outstanding codes relating to dental which should be completed by the 14th March.

3.2.3.5 Some of the codes will continue as per the nationally required standards, for example patients requiring an immediate ambulance / 999 referral (Category 1)[2].

3.2.3.6 Category 3 and Category 4 ambulance dispositions will not be immediately referred to the Ambulance service for ambulance dispatch. These will instead be directed to the Clinical Assessment Service (Clinical HUB) for further clinical assessment to determine whether this is the right outcome for the patient or if further review can resolve the issue or direct the patient to a more appropriate service.

3.2.3.7 For Category 2 Ambulance dispositions, these will also continue to be referred directly to the Ambulance service for go live of the new service. But the IUC CGG have agreed to work with the provider during the initial implementation phase to understand what further dispositions or specific conditions could benefit further from further clinical assessment in the clinical hub before dispatching an ambulance, without compromising safety or delaying final outcome.

3.2.3.8 During the procurement and preferred bidder stages, Medvivo proposed that it would be more beneficial for some patients to "early exit" the full NHS 111 pathways assessment. One of these is for patients that are over 80's completing a full assessment may not be appropriate and trigger the wrong outcome. Another is for patients aged under 5 years in the out of hours.

3.2.3.9 For Under 5's, once the parent or carer has dialled 111, the Health advisor and Clinical advisor will complete the full NHS Pathways assessment and for out of hour cases resulting in a primary care 'speak to' or 'contact' are offered the choice of a directly booked appointments or continued assessment over the phone via the clinicians within the CAS.

3.2.3.10 For Over 80's, the 111 Health advisor will complete the initial module of NHS pathways (module 0) ruling out any life threatening conditions, and if an Ambulance referral is not required the patient will be transferred directly to the CAS to speak to a clinician.

3.2.3.11 IUC CGG signed off the early exit pathways for Over 80's and Under 5's in February 2018

[1] https://digital.nhs.uk/article/302/NHS-Pathways
[2] https://www.england.nhs.uk/urgent-emergency-care/arp/

3.2.3.12 There will be a commissioner review of the Clinical Navigator role and operating procedures to have a better understanding of how the clinical queue will be prioritised and monitored as part of assurance and sign off.

3.2.3.13 To be fully satisfied that the pathways are correct for the new service, the commissioners will be conducting a scenario testing event on the 5th April 2018. The outcomes of this testing will be closely monitored and will inform the NHSE Checkpoint process and ISAP 3 checkpoint in April 2018 to be assured that the service is ready for go-live.

3.2.3.14 Medvivo have also been engaged in SWAST with high level and clinical discussions over the dispatch testing and dispositions for the new IUC service. A formal communication from both SWAST and Medvivo is expected confirming their intentions to work together in the future to build relationships and learning for all staff between the two providers, collaborative working, as well as SWAST's intended response to build additional SWAST clinical hub resilience over the first few weeks of the new service whilst it is embedded.

3.2.3.15 On the 8h March, NHSE sent a letter asking all NHS111 providers to ensure the previously agreed national plans for managing periods of surge in demand were being followed – in the context of the extreme levels of demand being experience by ambulance services across England. This means that 111 providers have a 15 minute call back period rather than immediate "warm transfer" to a clinician, for the clinical validation of ambulance (Category 3&4) and ED dispositions. Medvivo and the IUC CGG need to work through this and understand the impact and safety of this decision on the clinical queues being managed within the clinical assessment service; and any financial impact on the CAS and OOH services.

3.3 Quality

3.3.1 There is a conditions precedent for Medvivo to produce an Integrated Safeguarding Procedure for the new service. This is in the process of being developed as the newly appointed safeguarding lead started on the 1st March and has already met with Vocare led to integrate procedures.

3.3.2 In addition, Medvivo have reviewed and expanded their Quality and Compliance structure and appointed a Quality Administrator to support the quality and audit reporting for the new service. This person started on the 5th March. There is also a conditions precedent for the reporting of NEWs Auditing and Training materials.

3.3.3 Medvivo have also implemented 'Datix' ahead of the new contract which will also be used by the sub-contractor.

3.3.4 Wiltshire's Quality team are members of the Mobilisation oversight board and clinical governance group and have had oversight of the clinical decisions, including the DX mapping and signoff of early exit pathways.

3.3.5 Further meetings are planned to review the draft quality and performance reports for the new service, which will be signed off by the IUC CGG on the 17th April for the start of the new contract.

3.4 Financial Overview

3.4.1 During the preferred bidder process, a significant amount of time was spent on working through the financial elements of the service and agreeing the change control process set out in Schedule 3 of the signed Contract.

3.4.2 VAT risk sharing agreement remains in place for the service as there have been no updates from HMRC regarding the recovery of VAT on the 111 service within the IUC contract. VAT Liaison continue to progress this with HMRC on our behalf.

3.4.3 The extension for the existing NHS 111 service with Care UK was agreed and signed in December 2017, which was delayed as a result of Care UK changing proposed cost of the service as they had not forecasted an increase in demand due to Easter volume. Therefore the CCG has agreed a volume based extension for the month of April until the new service starts.

3.4.4 An extension of one month has been agreed with Medvivo for the current services for the month of April at 1/12 of current prices.

3.5 Operational Delivery Overview

3.5.1 Workforce

3.5.1.1 Workforce for the new service will be comprised from existing staff (for services that are continuing with Medvivo), but Medvivo will also have to take on staff subject to TUPE from other service providers, and both Medvivo and sub-contractor Vocare will need to recruitment operational and back office staff for the NHS 111 and Clinical Assessment element of the integrated urgent care service.

3.5.1.2 For the NHS 111 element of the contract, Vocare plan to recruit 54.0 WTE staff to answer calls, with an additional 12.0 WTE to provide operational support, governance and clinical staff. For 30% of the calls to be answered in Chippenham this requires 11.0 WTE Health Advisors, and 4.0 WTE Clinical Advisors. These will be supported by 3.0 WTE Team leaders, 1.0 WTE Operations Manager and 1.0 Clinical Support Manager. All the other posts will be based in Newcastle.

3.5.1.3 With a known high attrition rate from NHS Pathways training and subsequent consolidation learning, Vocare's plan is to recruit 20% over planned establishment to ensure that the shifts are filled in both Chippenham and Newcastle.

3.5.1.4 Recruitment for the NHS 111 Health Advisors and Clinical Advisors started in December 2017, a month later than initially planned due to internal delays in Newcastle. Whilst the initial recruitment fill in Newcastle was positive, Chippenham was slow start and Medvivo and Vocare since been have reviewing progress on a weekly basis to ensure that there is sufficient staff for the start of the contract.

3.5.1.5 To mitigate any risk of workforce in Chippenham, Vocare have started to modify their recruitment strategy and plans locally to attract staff, working with agencies to fill any potential gaps, and reviewing if there is capacity from other Vocare sites to support.

3.5.1.6 Care UK also confirmed in January that there was no staff to TUPE from Care UK to Vocare for the new contract.

3.5.1.7 As at the 6th March, the NHS 111 has 3% unfilled posts, with 13% of Chippenham Health advisors unfilled. However this position changes on a weekly basis.

3.5.1.8 TUPE consultations for BDUC started in March; eligible staff will be transferring to Medvivo.

3.5.1.9 There is on-going discussion through Mobilisation Board regarding the recruitment to the CAS on skill mix required and recruited and the first six weeks of rotas will be reviewed as part of assurance process.

3.5.2 Estates

3.5.2.1 Medvivo have started to conduct the site visits to the new locations (only in BaNES as in Wiltshire all current locations will remain) that they will be running services from at the start of the new contract. Medvivo will be sharing locations with other service providers and have started to have conversations about space, equipment, accessibility and IT.

3.5.2.2 A conditions precedent was to have completed a Statement of Compliance with the updated (January 2013) NHS Premises Assurance Model (as referenced in Gateway No. 18624). This milestone has been delayed and is with Commissioners to review the current need for this precedent based on NHS Estates and Facilities Policy Director and Lead from NHSI has feedback to Medvivo that due to the nature of this contract and the fact that the out of hours bases are being conducted on existing NHS sites which have already completed NHS PAM statements this should not be necessary and does not apply to Medvivo's head office.

3.5.2.3 Also to ensure that the call centre at Fox Talbot House is fit for purpose under the new contract, Medvivo have also carried out a refurbishment exercise which completed at the end of February 2018. There was no impact on existing services during the refurbishment as there was space within the existing footprint to temporarily move the Access to Care call centre to another part of the building with no impact on IT or telephony.

3.5.3 Interoperability, IM&T and Telephony Testing

3.5.3.1 The IUC service is nationally specified by NHS England and presents a number of technical challenges, all of which we considered as part of our system selection process. In order to meet the requirements of the new contract, Medvivo need to deploy a single clinical information system and the only one which can currently fulfil the brief is Adastra. This is because:

- Version 3.24 of Adastra has integrated urgent care functionality including Electronic Prescribing, Ambulance Validation (Clinical Assessment Service) and the ability to interrogate the DOS.
- It has proven system interfaces which allow integration with key 3rd party systems, enabling the shift to digital channels and app-based assessments.
- There is still a mix of GP In Hours systems in use across BaNES, Swindon and Wiltshire. Although TPP SystmOne tends to be system of choice we still need to ensure we can provide an equitable service for non SystmOne practices
- The contract has significant national reporting requirements, with over 200 scheduled reports. Adastra has an IUC reporting suite which will ensure that the most up to date information is available. Accessibility of this data is enhanced and will support our Business Analysts to compile standard and bespoke reports.

3.5.3.2 One of the key concerns is how Medvivo can access to the patient's primary care record following the service 'go live'.

3.5.3.3 An interoperability risk summit was held on the 30th January to support the Integrated Urgent Care service in identifying solutions to bridge the gap created by the migration to Adastra to support clinical assessment and advice until long term integration options are procured and in place.

3.5.3.4 Summary Care record with Additional information (SCR-AI) was seen as significantly supporting the service to reduce the gap but it there is a risk because the current SCR-AI's are approximately 1-2% of the registered populations across the STP footprint.

3.5.3.5 Following presentation at the Wiltshire Core Practice manager's meeting, it was identified that the Arden's template for the Treatment Escalation Plan, SCR-AI will be populated if the patient provides consent. Further work is required to increase other cohorts of patients to consent for their information such as treatment plans to be shared on SCR-AI.

3.5.3.6 Post-Event Messaging and ITK Messaging to Primary care is also due to be tested during the mobilisation process.

3.5.3.7 To test that the NHS 111 call routing for the new service is correct, the commissioners will be running a 'Mass Call Event' on the 22nd March to ensure that calls from the new service are routed to the correct provider. This exercise is managed by NHSE and the commissioners have asked for a number of volunteers from GP practices across the footprint, focusing on border areas to participate in event.

3.5.3.8 There is also a conditions precedent for Medvivo to provide an updated Essential Services Continuity Plan for the IUC service. This was also identified as a requirement from the NHSE ISAP 2 light touch checkpoint process in September 2017. This is currently an outstanding milestone.

4 RISKS AND ISSUES

4.1.1 A detailed risk log has been maintained transitioning from procurement into mobilisation; and separated into Commissioner and provider risks. A fortnightly risk log and milestone plan is presented at the Mobilisation Board meeting and reviewed.

5 COMMUNICATION AND ENGAGEMENT

5.1.1 Communication Plan

5.1.1.1 A draft communication plan has been developed by the Wiltshire Communications Team and will be localised by the other commissioners for their areas.

5.1.2 Engagement

5.1.2.1 The mobilisation oversight board agreed that commissioners would provide updates at the three Local A&E Delivery boards every month and will be presenting a full and updated overview of the service at the April meetings ahead of go-live.

5.1.2.2 Specific task and finish groups have also enabled the new provider to engage with local services to develop specific pathways and question sets.

6 ASSURANCE PROCESS

6.1.1 NHS Checkpoint List and ISAP 3 Light Touch Sign-off

6.1.1.1 Before awarding the contract the Commissioners (led by WCCG) had to go through an NHSE light-touch checkpoint 2 signoff process. There is a third ISAP checkpoint stage with NHSE that Commissioners will need to go through for NHSE to be assured that we are ready for go live.

6.1.1.2 The ISAP 3 checkpoint will be held over the course of two meetings, one week commencing 26th March and one in the week commencing the 16th April.

6.1.1.3 To support the process, the commissioners have been working with our local NHS Integrated Urgent Care Transformation Lead to monitor our position against the NHSE Checkpoint list and RAG assessing our progress. This will inform the ISAP 3 checkpoint discussions.

7 NEXT STEPS

7.1.1 The mobilisation oversight board will be overseeing the final weeks of the mobilisation, with the key focus being on testing all of the elements of the service work as expected.

7.1.2 All of the key testing dates are as follows:

Test Date	Area
Mass Call Testing	22nd March 2018
Scenario Testing	5th April 2018
Ambulance Dispatch Testing	5th April 2018

7.1.3 The intention is that following these events, the Urgent Care team will be bringing a paper to the Governing Body on the 24th April for final CCG Assurance that the service is ready to commence.

8 THE GOVERNING BODY IS ASKED TO:

8.1 Note the extensive work undertaken during mobilisation

8.2 Note that the 24th April will provide final assurance for confirmation to proceed to service commencement on 1st May.