



Dorset Clinical Commissioning Group

# Integrated Urgent Care Access, Assessment, Advice and Treatment Service

## PROSPECTUS Market Engagement September 2017



**INTEGRATED URGENT CARE ACCESS, ASSESSMENT, ADVICE AND TREATMENT SERVICE  
PROJECT**

**PROSPECTUS FOR MARKET ENGAGEMENT**

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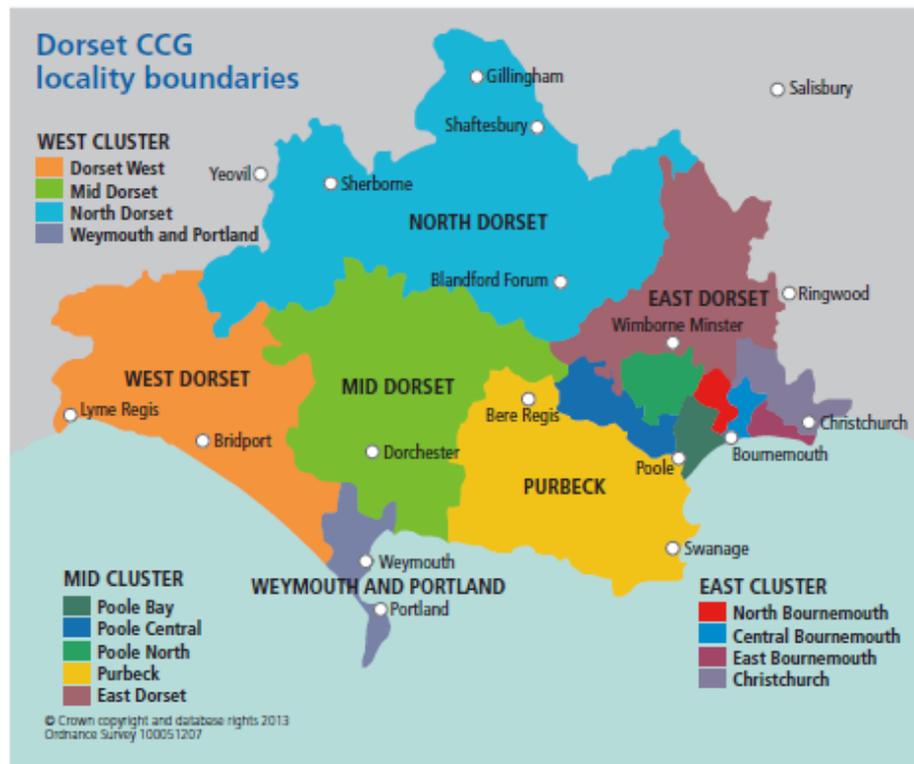
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## **1. INTRODUCTION**

- 1.1 Dorset Clinical Commissioning Group (CCG) has developed a proposed model of an Integrated Urgent Care Access, Advice, Assessment and Treatment Service. By doing so the CCG believes it will be better able to meet the current and future health needs of local people.
- 1.2 Through this service prospectus, NHS Dorset Clinical Commissioning Group invites providers to support the design of a proposed service model and any potential provider structure(s) for an integrated urgent care advice and access service for Dorset.
- 1.3 The purpose of this prospectus is to supply potential providers with information on the values and outcomes identified for the service. It will describe the process the CCG will run to facilitate the discussion regarding how the marketplace can shape and meet the service needs.
- 1.4 The engagement is part of wider stakeholder and staff engagement and will help form future commissioning plans. In context of the Clinical Service Review, the project board expects that the proposed service will fit with the strategic direction and provide a positive model for the future.

## **2. ABOUT NHS DORSET CLINICAL COMMISSIONING GROUP**

- 2.1 The NHS Dorset Clinical Commissioning Group (CCG) is the third largest CCG in the country and the second largest in financial terms. It consists of 91 member GP practices which are grouped into 13 geographical localities, with a registered population of around 766,000.



- 2.2 The CCG covers the same geographical area as the Local Authority boundaries of Dorset County Council, Bournemouth Borough Council and Poole Borough Council.
- 2.3 The CCG’s mission is to: ***Support people in Dorset to lead healthier lives***
- 2.4 The CCG will:
- Use resources effectively and efficiently
  - Challenge and encourage their partners, members and staff to drive improvements in services and performance
  - Have a local focus but not losing sight of the bigger picture
  - Value staff and membership and make sure it is a great place to work
  - Be trusted and build confidence in the public, patients and as stakeholders
- 2.5 The CCG strategic principles are:
- Services designed around patients
  - Preventing ill health and reducing inequalities
  - Sustainable healthcare services
  - Care closer to home
- 2.6 Overall the population of Dorset enjoys relatively good health with a higher life expectancy than the England average. However there is variation in life expectancy between those in the most affluent and deprived areas, with a gap of over 10 years in men and 5 years in women.
- 2.7 The population has increased across Dorset over the last 10 years, in particular the number of older people. The high number of older people across Dorset poses a significant challenge for the health and social care system as this is the area of greatest need.

- 2.8 In lieu of projected challenges associated with rising demand and shifting population demographics, the CCG is currently undertaking a Clinical Services Review (CSR) to inform future models of care across the health and social care system. The review incorporates all aspects of locally commissioned health services in Dorset and forms a key pillar in delivering Dorset's Sustainability and Transformation Plan
- 2.9 A key component of the CSR is the development of models of care for Integrated Community Services incorporating elements that will influence future delivery of the services within the scope of this prospectus. Networked provision of an integrated urgent care service across Dorset incorporating 111 as an entry point will be a key feature of any future model. This may also include aspects of primary care urgent care and GP out of hours services being provided out of designated community hub settings.

### **3. SUMMARY OF THE SERVICE**

- 3.1 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 (5YFV). The Urgent and Emergency Care (UEC) Review (NHSE 2013) sets out a simple vision:

- 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.

To summarise: "If I have an urgent need, I can phone a single number (111) and they will, if necessary, arrange for me to see or speak to a GP or other appropriate health professional – any hour of the day and any day of the week."

- 3.2 The Urgent and Emergency Care Review proposes a fundamental shift in the way Urgent and Emergency Care Services are provided. Improving out of hospital services so that care is delivered closer to home will reduce emergency hospital attendances and emergency admissions. The Urgent and Emergency Care system needs to provide safe, sustainable, consistent high quality care. The Review vision for Integrated Urgent Care is that:

- "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."

- 3.3 The current services consist of separately commissioned services:

- Out of hours service (OOH) including Single Point of Access (SPOA)
- NHS 111 provision

- 3.4 This service excludes:

- 999
- Emergency department core services
- Primary care in hours GP provision covered under the GMS/PMS contract
- At this stage emergency dentistry is not included in this service, however NHS England are expecting their commissioned services to contribute to the new urgent integrated service
- The services does not provide for people in police custody
- Any inpatient in acute hospital care (physical and mental health)
- Patients who are recorded on the violent patients register, for whom different arrangements are in place for primary care unless there is agreement
- A person requiring treatment for injury at the scene of a road traffic accident.
- Women requiring intrapartum care
- Clinical conditions where it has been agreed with specialist services that the person needs to be cared for by a specialist service. In these instances, the circumstances for groups or individuals need to be jointly agreed and may include agreement with commissioners
- Drug and alcohol dependency: people with dependency should always be able to access the services but in relation to specialist help it is recommended that for methadone users a case by case decision is made with background advice, in line with protocols agreed with specialist services. There would be very few circumstances when on-going support is needed, but the provider is expected to have an on-going relationship with the providers of specialist support to agree and update working protocols
- Mental health: as above people with mental health needs must be able to access the service but the services should have agreed protocol in place to deal with exacerbations and acute mental health presentations. The use of shared records and special patient messages will be encouraged to provide the optimal care. Again but the provider is expected to have an on-going relationship with the providers of specialist support to agree and update working protocols.

3.5 The current hours for the service are:

- Out of Hours:
  - Mon to Fri 6.30pm-8.00am
  - Sat - Sun 24- hour cover
  - Bank Holiday 24-hour cover
- NHS 111:
  - 24/7 365 days a year

3.6 Activity levels for each service for 2016/17 were:

Service	Units	2016/17
NHS111	Calls received	127,749
SPoA	Calls received	65,852
Out of Hours	Patient contacts	72,894
OOH Prison	Patient contacts	739

- 3.7 The CCG's vision is for the service to provide a single entry point – NHS 111 to a fully Integrated Urgent Care system which delivers high quality services, provides clinical assessment when necessary, provides advice and treatment and has clear accountability and leadership.
- 3.8 The IUCATS will provide services to Service Users and Carers in Dorset accessing NHS 111 both permanent and temporary, with a clear pathway to urgent care services.
- 3.9 The CCG's objective is to deliver an Integrated Urgent Care Access, Advice, Assessment and Treatment Service, supported by an Integrated Clinical Advisory Service (CAS) will assess the needs of Service Users and Carers and advise on or access the most appropriate course of action, including:
- Where clinically appropriate, service users who can care for themselves will be provided with information, advice and reassurance to enable self-care
  - Where possible service users will have their problem assessed and managed over the phone by a suitably qualified clinician
  - Service users requiring further care or advice will be referred directly to a service that has the appropriate skills and resources to meet their needs. To include in the future, the booking of in hour appointments
  - Service users with a clinical emergency will have their calls transferred to the 999 service in line with national timescales
  - 999 will continue to provide an emergency service whilst 111 will take all calls requiring urgent but not emergency care.
- 3.10 The clinicians in the hub will be supported by the availability of clinical records such as 'Special Notes', the Summary Care Record (SCR) and the Dorset Care record (DCR).
- 3.11 The benefits of this service include:
- Improves public access to urgent healthcare services 24/7
  - Increases public satisfaction and confidence in the NHS
  - Provides consistently high quality and safe care
  - Provides simple, sound advice which supports positive informed choices by patients, carers and clinicians
  - Provides access to the right care in the right place, by those with the right skills, the first time
  - Is efficient and effective in the delivery of care and services for patients.
  - Promotes the appropriate and effective sharing of relevant patient information across and between services.
  - Makes it clear how a patient or their family/carer can access and navigate the urgent and emergency care system quickly, when needed.
  - Provides the patient and/or their family/carer with information and options for self-care, and support them to manage an acute or long-term physical or mental health care condition.
  - Increases the patient's and/or their family/carer's awareness of the service and publicise the benefits of 'phoning NHS 111' as the first call to make.

- Ensures that when the patient's need is urgent, it provides them with same day access to primary care advice.
- Improves a patient's care, experience and outcome by ensuring the early input of a senior clinician in the urgent and emergency care pathway.
- When required, makes the onward referral increasingly seamless e.g. through direct booking of appointments at a wider range of urgent care services.
- Improves decision making through access to Summary Care Record
- Increases the efficiency and productivity of the urgent care system, eradicating overlap and duplication in service provision and clinical time.
- Measures the quality and experience of patient care and act upon these assessments to ensure continuing service improvement.
- Drives the improvement of urgent and emergency care services.

3.12 The interdependencies for this service include (not an exhaustive list):

- All health and social care commissioners and providers
- South Western Ambulance Service NHS Foundation Trust
- Poole Hospital NHS FT
- Royal Bournemouth & Christchurch Hospital NHS FT
- Dorset County Hospital NHS FT
- Dorset HealthCare University NHS FT
- Yeovil Hospital NHS FT
- Salisbury NHS FT
- Local Authorities – Social Services
- NHS England
- Primary Care – In hours GPs
- Community Pharmacists
- Community Dentistry
- Emergency Dentistry – NHS England
- Police and Coroner's Office
- Macmillan and Marie Curie
- Hospices
- Palliative Care
- Community Mental Health Teams
- Ezeq – Non Urgent Patient Transport
- Community and Voluntary groups
- Domiciliary care
- Care homes

#### **4. MARKET ENGAGEMENT**

4.1 At the end of the market engagement the CCG will have:

- Communicated a clear vision of the direction of travel
- Engaged, listened to and collaborated with potential providers
- Received feedback to support future commissioning plans for the service.

4.2 During the market engagement we will ask (amongst others) the following question:

**Q1** What Key Performance indicators do you believe should be applied?

4.3 Providers will be encouraged to feedback to the CCG. The process described in the following section highlights how we will do this.

## **5 OVERVIEW OF OUR PROCESS**

5.1 The CCG shall manage the engagement process which is designed to complement its wider stakeholder engagement and internal design process to arrive at a service model and commissioning strategy to secure the future services.

5.2 The process will comprise the following steps:

<b>STEP</b>	<b>DESCRIPTION</b>	<b>COMPLETION DATE</b>
Expression of Interest (EOI)	All providers must submit an expression of interest to the CCGs advert.	<b>21 September 2017</b>
Engagement meeting	The CCG will engage with all providers, provide further information and seek answers to the questions in para 4.2	<b>28 September 2017</b>

### **Expressions of Interest**

5.3 Any provider wishing to participate in this engagement must express an interest by completing the attached appendix and returning it via the procurement email

[BIProcurement@dorsetccg.nhs.uk](mailto:BIProcurement@dorsetccg.nhs.uk)

before **12:00 midday Thursday 21 September 2017**

### **Market Engagement Meeting**

5.4 The engagement meeting shown in the overview table has been set for a **9.15 am** start on Thursday **28th September in Main Hall, Dorford Centre, Bridport Road, Dorchester DT1 1RR. Refreshments will be available from 8.45am** Providers will be expected to participate fully in the discussions on the day.

5.5 The event will commence with a presentation followed by a discussion. Following the discussion providers are given an opportunity to register for a 20 minute time slot to have the opportunity to speak with the commissioners.

5.6 Lunch will be provided and the room will be available all day as it is expected that providers will commence discussions with the General Practitioners within Dorset during the afternoon.

5.7 Prior to the above meeting the CCG welcomes feedback and suggestions as to how to deliver excellent integrated urgent care access and advice services Providers are encouraged to provide this information on the feedback form attached.

## 6. **GOVERNANCE AND ADMINISTRATION**

### **Non-collusion and Canvassing**

- 6.1 Each potential provider must not canvass or solicit or offer any gift or consideration whatsoever as an inducement or reward to any officer or employee of, or person acting as an adviser to, either the NHS in connection with the selection of the provider in relation to the managed tender process.

### **Freedom of Information Act**

- 6.2 The CCG advises that this process is, or may be subject to the Freedom of Information Act 2000 (FOIA) and the CCG may be required to disclose information about the contract to ensure the compliance of the CCG with the FOIA.

### **Disclaimer**

- 6.3 Each organisation will be responsible for its own costs incurred throughout this engagement process. The CCG will not be responsible for any costs incurred by any prospective provider or any other person through this process.
- 6.4 The information contained in this prospectus is presented in good faith and does not purport to be comprehensive or to have been independently verified.
- 6.6 Neither the CCG, nor any of their advisers accept any responsibility or liability in relation to its accuracy or completeness or any other information which has been, or which is subsequently, made available to any potential provider, or any of their advisers, orally or in writing or in whatever media.
- 6.7 Interested parties and their advisers must therefore take their own steps to verify the accuracy of any information that they consider relevant. They must not, and are not entitled to, rely on any statement or representation made by the CCG or any of their advisers.
- 6.8 Nothing in this Prospectus is, nor shall be relied upon as, a promise or representation as to any decision by the CCG in relation to any future selection process. No person has been authorised by the CCG or its advisers or consultants to give any information or make any representation not contained in this Prospectus and, if given or made, any such information or representation shall not be relied upon as having been so authorised.
- 6.9 Nothing in this Prospectus or any other engagement documentation shall constitute the basis of an express or implied contract that may be concluded in relation to the engagement process, nor shall such documentation / information be used in construing any such contract.
- 6.10 Engaging in this process does not guarantee any providers automatic pre-selection for any future commissioning activity or procurement of the services. In addition the CCG does not commit to invite open competition for any future service model.

### **Conflicts of Interest**

- 6.11 NHS Dorset requires that all actual or potential conflicts of interest are declared to the CCG. A form will be sent to all providers who express an interest.

#### **NHS Constitution**

- 6.12 The NHS Constitution provides a legal duty on NHS bodies and other healthcare providers to take account of the NHS Constitution in performing their NHS functions. All providers will be expected to ensure that the delivery of patient and staff rights is explicit in their documentation and there is clear evidence of how the NHS Constitution is embedded into the organisation both for patients and staff. It is expected that there is also an outline of how these rights and responsibilities are communicated effectively to all audiences.

#### **7. RIGHT TO VARY PROCESS**

- 7.1 The CCG reserves the right to change the basis of, or the process (including the timetable) relating to, the engagement process and not to invite a potential provider to proceed further, not to furnish a potential provider with additional information nor otherwise to hold dialogue with a potential provider in respect of the engagement process.
- 7.2 The CCG shall normally notify the providers of any such changes.