TRIGGER TEMPLATE

Scrutiny welcomes early drafts of this form for proposals 'under consideration'.

NHS Trust or body & lead officer contacts:	Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:
	South East London CCGs

Trigger	Please comment as applicable
1 Reasons for the change & scale of change	
What change is being proposed?	Throughout England, local NHS 111 services are being redesigned so that they are integrated with the rest of the local healthcare service. NHS 111 will be a single entry point to fully integrated urgent care services. Organisations will work together to deliver high quality, clinical assessment, advice and treatment to shared standards and processes, with clear accountability and leadership. A 'clinical hub' will offer patients who need it access to a range of clinicians. The clinicians in the hub will be supported with clinical records such as the Summary Care Record (SCR). IT systems will be developed to support referrals and the direct booking of appointments. A future plan for NHS 111 online will make it easier for the public to access urgent health advice and care. This will offer a personalised and convenient service that is responsive to people's health care needs when: • they need medical help fast, but it is not a 999 emergency • they do not know whom to contact for medical help • they think they need to go to A&E or another NHS urgent care service • they need to make an appointment with an urgent care service • they require health information or

	reassurance about how to care for themselves or what to do next.
Why is this being proposed?	The contracting authority and potential suppliers can benefit from early two-way communication; Aids deeper understanding of the requirements and reduces dependencies based on assumptions; Avoids the risk of falling foul of the law if changes are made during the formal procurement process; Helps to provide a better understanding of the feasibility of the requirements, the best approach, the capacity of the market to deliver and possible risks involved; Reduces procurement timescales – This will help to complete all but the most complex procurements within 120 working days (from tender publication via the Official Journal of the European Union to award); Encourages a more responsive market – by giving the market sufficient time to prepare to meet demand e.g. by ensuring the right skills and resources are in place; and Provides the market with an opportunity to ask questions/raise queries and any issues are addressed at an early stage.
What is the scale of the change? Please provide a simple budget indicating the size of the current investment in the service, and any anticipated changes to the amount being spent.	The new vision developed by NHSE involves additional GP presence within the 111 service which in turn will work to have a positive the impact on other elements of the health economy; particularly A&E and emergency services. The new vision also involves additional expectations around interoperability between OOH providers and the 111 service to create the virtual clinical hub. Due to this additional clinical representation within the 111 service and the interoperability expectations it is expected that the financial value of the contract for 111 will need to increase over and above the level of normal growth however will have additional benefits in reducing the number of attendances in SEL in services such as A&E and emergency services. With early clinical input in 111 it also expected to reduce the activity within the OOH services which, following successful negotiation from CCG commissioners, will reduce the financial value paid for those services. This saving will vary dependant

	on the existing provider's current operating model and the level of success of those negotiations. The activity and finance expectations are currently being finalised following an expected change to the service commencement date and will be shared as soon as possible.
How you planning to consult on this? (please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done.	Prior to March 2016, two patient engagement events were held and a survey was distributed to patients through the SEL CCGs' communications and engagement leads; the resulting feedback was incorporated into the service specification subsequently approved by the SEL CCGs' Governing Bodies (or their delegated committees) in March 2016. Post March 2016, an information pack detailing our response to the patient feedback received – in the form of 'you said, we did' – and the more recent developments to the IUC design, was produced and shared with the SEL CCGs communications and engagement leads for distribution through their usual patient engagement channels. Additionally, patient groups were identified for further targeted engagement. These groups were identified on the basis of those who had access issues (Deaf or hard of hearing; patients for whom English is not their first language; patients with learning disabilities) and groups that the equality impact analysis had highlighted as not having been engaged with so far (e.g. LGBT). Each CCG was asked to choose one of the patient groups and facilitate engagement with that group. Where possible, this was through the programme team attending an existing patient engagement meeting or convening a meeting for this express purpose. Where this was not possible, information was sent to relevant organisations that liaised with their service users and responded on their behalf. The following activity was undertaken: • Information sent to Bromley Deaf Access group; response received providing advice relating to staff training, promotion of the service,

	and the use of deaf friendly language. • Engagement session held with a Vietnamese group in Lewisham – 9 out of the 10 attendees had never heard of 111 before. Discussed the differences between 111 and 999, the translation service available through 111, the redesign of 111 and the best ways to promote the service to the Vietnamese community. The current service and the new design were both very well received. • Information sent to a KeyRing representative who phoned members of Speaking Up – Southwark (a group for people with learning disabilities) to get their views on the new design for 111. Response received "I've spoken to each member of the group and unfortunately none of them have used the 111 line. This was because they haven't needed to. They had all heard of it and said they would use it if they needed to." • Information sent to Metro (a SEL wide LGBT group); response received providing advice relating to staff training, promotion of the service, monitoring LGBT usage and links to voluntary services. • Engagement session with Our Healthier SEL Patient Group – 3 attendees, knowledgeable about 111. Very detailed discussion about the current service and the proposed changes. The group approved of the proposed changes. All of the feedback received has been incorporated into the revised service specification.
2 Are changes proposed to the accessibility to services? Briefly describe:	
Changes in opening times for a service	The service will remain 24-7.
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	None
Relocating an existing service	None.

Changing methods of accessing a service such as the appointment system etc.	999 can transfer calls to 111 for further assessment within the clinical hub. 999 can transfer calls to 111 for further assessment within the clinical hub. There will be direct booking from NHS 111 into GP services by both clinical hub staff and call handlers. Analysis will be undertaken to establish which call types should be booked by call handlers and which would benefit from clinical review within the virtual clinical hub, prior to booking.
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	The Equality Impact Statement has been completed.
3 What patients will be affected? (please provide numerical data)	**Briefly describe:**
Changes that affect a local or the whole population, or a particular area in the borough.	This improved service change has the potential to affect all those within SEL. The expected call volumes into 111 are expected to be c. 410,000 per annum. The population size (based on NHSE estimated registered populations 2014-15) are shown below for the commissioning CCGs: NHS Bexley CCG – 231,274 NHS Bromley CCG – 339,929 NHS Greenwich CCG –276,754 NHS Lambeth CCG – 371,185 NHS Lewisham CCG – 305,700 NHS Southwark CCG – 308,760
Changes that affect a group of patients accessing a specialised service	As above
Changes that affect particular communities or groups	As above

4 Are changes proposed to the methods of service delivery? Briefly describe:	
Moving a service into a community setting rather than being hospital based or vice versa	No expected change.
Delivering care using new technology	Clinicians have access to patients' crisis care plans and GP records (where patients have given consent) and share relevant information with the services that they refer the patients onto (subject to consent).
Reorganising services at a strategic level	The procurement of the service will impact urgent care provision throughout SEL
Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	Yes
5 What impact is foreseeable on the wider community? Briefly describe:	
Impact on other services (e.g. children's / adult social care)	The new integrated urgent care virtual clinical hub will include links to social care, mental health and community services and will also allow direct booking into GP hubs. The increased clinical input in the 111 service will ensure that less patients need further intervention in services such as A&E. and enable faster and easier resolution of their health concern.
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	As previously referenced, the service will mean changes to OOH services activity levels and as a result these contracts will need to be renegotiated. The result of the reduced activity levels may mean that some providers are not as financial efficient as with the previous model and commissioners will need to engage with them early to ensure they are fully aware of the changes ahead and the impact this will have on this service. There is also potential that the OOH providers will not be able to meet the interoperability requirements or only be able to do so at cost. There is no expected impact on other elements of the health and social care system.
6 What are the planed timetables & timescales and how far has the proposal progressed ?	**Briefly describe:**
What is the planned timetable for the decision making? (Please note that the timeline **must** include the date that scrutiny is asked to respond to the proposal by, and the date that the NHS body/ Commissioners intend to make the decision on the proposal. If relevant it would be helpful include dates that any consultation will take place.)	This is dependent on the agreement of the dates referenced below by the Programme Board.
What stage is the proposal at?	Specification has been finalised to be signed off by the SEL governing bodies
What is the planned timescale for the change(s)	Dates dependent on the outcome of

	checkpoint 1 Checkpoint 1 with NHS England – December 2016 Procurement Process – January 2016 to March 2017 Mobilisation – April 2017 to Feb 2018 Go live – March 2018
7 Substantial variation/development	**Briefly explain**
Do you consider the change a substantial variation / development?	This is more of an evolution of the current service.
Have you contacted any other local authority OSCs about this proposal? (Please note that if this is viewed as a substantial variation by OSCs / NHS bodies / Commissioners , and the proposal impacts on more than one borough, then regulations stipulate that the relevant boroughs **must** consider forming a Joint Health Overview & Scrutiny Committee, a JHOSC)	Yes, in the process of contacting their chairs