



4<sup>th</sup> May 2018

Via Email

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Dear Provider

# Procurement for Integrated Urgent Care (IUC) Services for Yorkshire and Humber

I am writing to you with an update on the procurement of a Yorkshire & Humber wide 111 telephony and call handling service and a core Clinical Advice Service (CAS).

The current NHS 111 contract with the Yorkshire Ambulance service is due to end on 31 March 2019 and we have commenced a process to replace the service with an Integrated Urgent Care service.

We are seeking a very different service to the NHS 111 service currently commissioned. This new service will have NHS 111 or 999 (for the avoidance of doubt 999 call handling is out of scope) as telephone entry points but the service will be focussed on delivery of better outcomes for patients and has to ensure that all providers working across urgent and emergency care work collaboratively to the benefit of patients, by ensuring that where possible people's needs are met in a single episode of care and they are treated by the right service to meet their needs. It must also minimise clinical handoffs and provide significant (channel) shift in the services used, to reduce the avoidable use of other services such as A&E.

A core feature will be a virtual CAS comprising regional call handling and a 'Core CAS' aligned to sub regional clinical advice services. I am writing to seek your support throughout the procurement process as we see your service as an integral part of the integrated urgent care model and hence consider you as part of the local clinical advice provision. *For the avoidance of doubt the new service will not affect your current agreement local service agreements.* 

#### Background

Yorkshire and the Humber (Y&H) covers a population of approximately 5.4 million people across 21 CCGs and 3 Sustainability Transformation Partnerships (STPs) and a Shadow Integrated Care System (ICS). Through the existing NHS 111 Yorkshire and Humber collaborative commissioning arrangements it has been agreed that the procurement will seek 111 telephony and some clinical advice for the entire Y&H footprint with the clinical advice provided through this process complementing those services commissioned by local CCGs. A national IUC specification was published in August 2017 following a period of consultation and confirmed that integrating urgent care brings about an "Opportunity to deliver a model of urgent care access that can streamline and improve patient care across the urgent care community" (National Specification 2017).

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The vision for the IUC system incorporates NHS 111, GP Out of Hours (GPOOH) and other Urgent Care providers to enable a connected and seamless service to patients. New requirements identified within the within the national specification and include areas such as:

- Development of collaborative provider arrangements.
- Summary Care Records are available across 111 and the full Clinical Advice Service (CAS).
- Joint capacity planning between NHS 111 call handling service and OOH services.
- Roll out of a workforce 'blue print'.

The successful provider will be expected to deliver:

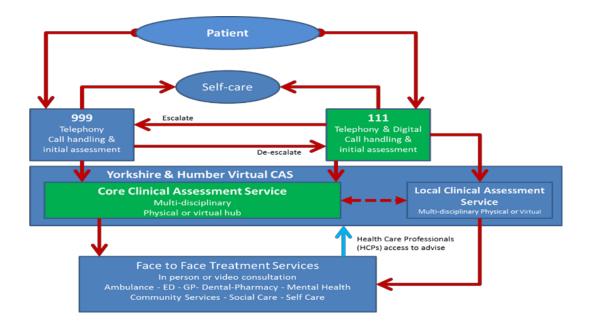
- NHS 111 Telephony and Call Handling Service
- The 'Core' Clinical Advice Service
- Connection into the Local CAS providers and the services within it to create a Yorkshire & Humber Virtual CAS.

## Key Features of the Y&H IUC Service Model

Key features of the IUC model are likely to include:

- The provision of NHS111 telephony services across the Y&H region.
- The provision of a Core CAS that will provide clinical advice directly to patients calling 111 and work with providers in the virtual CAS to meet the national standard of 50%.
- Technological and operational interconnectivity between the 111 telephony service, the central CAS and a range of locally commissioned services across the constitute CCGs to form both a virtual CAS and a more complete IUC system. This will include, but is not limited to, services such as 999 call handling services, GPOOH, GP extended access services/hubs, mental health providers, Single Points of Access and Urgent Treatment Centres/Same Day Health Centres.
- Revised arrangements for clinical governance.
- New systems to achieve the key operational and technological requirements of the IUC system e.g. direct booking into service.
- Joint working with the local STPs/ICS to understand the potentially different delivery models of urgent care and support the optimal solution for each sub-region

The diagram below illustrates the future IUC model in Yorkshire and Humber.



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#### **Procurement Update**

A 'Competitive Dialogue' procedure has been chosen for this procurement. This procedure allows the Commissioners to enter into dialogue with bidders, following an OJEU notice and a selection process, to develop one or more suitable solutions for its requirements and to determine which chosen bidders will be invited to tender. The opportunity has been advertised to the market and the procurement time line is set out below.

## Stage 1: Selection questionnaire (SQ)

- SQ issue 24 April 2018
- SQ submission deadline 23 May 2018
- SQ evaluations 25 May to 1 June 2018
- Shortlist determined (and approvals) w/c 4 June 2018

## Stage 2: Invitation to participate in dialogue (ITPD)

- ITPD issue 4 Jul 2018
- Dialogue (face to face) 12 to 25 Jul 2018
- ITPD submission deadline 2 Aug 2018
- ITPD evaluations 3 to 14 Aug 2018
- Shortlist determined (and approvals) 22 to 28 Aug 2018

## Stage 3: Invitation to continue dialogue (ITCD)

- ITCD issue 14 Sept 2018
- Further Dialogue (if required) 24 Sept to 5 Oct 2018
- ITCD submission deadline 17 Oct 2018
- ITCD evaluations 18 Oct to 9 November 2018
- Preferred Bidder determined (and approvals) 15 to 29 Nov 2018
- 10 day standstill period 30 Nov to 10 Dec 2018

#### Stage 4: Mobilisation & Contract 'go live'

- Mobilisation period 11 Dec 2018 to 31 Mar 2019
- Contract 'go live' 1 April 2019

This time table will be reviewed at the end of each stage (trigger points) and will only be subject to change in exceptional circumstances.

#### Our request for your support

In order to protect the integrity of the procurement process for these services it is important that both your organisation, as a Local CAS provider, and any potential bidder who will be required to interface with your service(s)/system(s), for the delivery of these services acts in an appropriate manner. In order to support this process and the subsequent discussions between providers some advice is outlined below, which we request your commitment to throughout the procurement.

- 1. You may be contacted by potential providers in regard to interfacing, or connecting with your services. It is important that all parties must act in a manner which is transparent, honest and professional at all times;
- 2. As a 'Local CAS Provider' you have a responsibility to ensure that you are equitable in your discussions and agreements with all potential providers;

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- 3. Your organisation should not enter into to any 'Exclusivity Agreements' with any particular provider;
- 4. You should not share any information or details of your discussions with other potential bidders, nor should those potential bidders request any information of this nature from your organisation;
- 5. It is not being described in explicit detail to potential bidders the role that 'Local CAS provider' are expected to play in the future delivery of these services. Each potential bidder will need to agree their own service delivery model as meets the commissioner's requirements;
- 6. You will not have any additional information relating to the procurement process or the services that has not been shared with the wider market. You are being treated in the same way as any other bidding organisation, this means that you have not been, and will not be, given any additional information relating to the procurement process.

We may request some further information from you in the near future in regards to your IT system(s) (including but not limited to modules used, version numbers and plans for any changes/upgrades).

Should you require any clarity on the content of this letter please contact <u>HullCCG.ContactUs@nhs.net</u> or if you would like some specific advice on your interactions with any potential providers please contact <u>maninder.dulku@attain.co.uk</u> who is working on behalf of Greater Huddersfield CCG in respect of this procurement.

We would like to take the opportunity to thank you in advance for your ongoing support and commitment.

Yours sincerely

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Erica Daley Director of Integrated Commissioning

Dr Dan Roper Chair