

Report of the outcomes of the July engagement activity on the north central London CCGs' commissioning intentions to procure an integrated NHS 111 and out-of-hours service

Since January, the five north central London (NCL) clinical commissioning groups (Barnet, Camden, Enfield, Haringey and Islington CCGs) have been engaging extensively with local service users and residents on a proposal to commission an integrated NHS 111 and GP out-of-hours (OOH) services.

The CCGs engaged with hundreds of people, face to face or through an online survey, particularly with those who would be most likely to use the proposed service, those who face particular barriers to accessing services or are vulnerable.

This NCL-wide engagement has included:

- Discussions about the proposed NHS 111 and OOH model at local engagement events, including meeting with individual service users and with targeted groups such as disabled service users and refugees
- Focused engagement events held at venues across NCL and advertised through local newspapers and CCG websites, which allowed for in-depth discussion of the proposed model
- Presentations at GP locality meetings across NCL to ensure local doctors understand what is planned and how they could be involved
- Presentations to the NCL joint health overview and scrutiny committee and local health overview and scrutiny committees
- Publication of an online survey to find out the views of stakeholders and service users on the proposed model
- The setting-up of a Patient and Public Reference Group (PPRG), involving service users and Healthwatch representation from each of the five boroughs. The PPRG was set up to support the procurement process and to ensure that the views and experience of local patients and carers are reflected in the decisions about the NHS 111/OOH service planning and delivery of care by the new service. Members have greatly inputted to the service specification, had fact-finding visits to the current NHS 111 provider and are participating in the procurement evaluation panel
- Two market-testing events to ensure potential providers are fully informed of the proposals and to encourage them to collaborate in developing bids.

A considerable amount of support has been received for the idea of combining NHS 111 and OOH. However, it became clear that more needed to be done to make the case for commissioning these as an integrated service across NCL.

The decision was therefore taken to undertake a further period of engagement during July 2015, specifically focused on the intention to commission the integrated service across five boroughs. This included:

- Publishing and widely circulating an engagement document, outlining the case for NCL-wide commissioning and encouraging residents and stakeholders to submit their views
- Sharing an online and postal questionnaire - and gathering feedback
- Meeting with clinicians and key stakeholder groups to discuss and develop further the clinical case for change
- Holding an additional 'market-testing' event for providers to ensure that all those who might want to bid for the new service had the fullest possible information about the proposed service.

The engagement document was distributed widely across CCGs through GP practice patient participation groups (PPGs), local patient groups and communities, voluntary organisations, Healthwatch, key stakeholders, providers, local councils, GP practices and staff. It was also emailed, posted and published online on all five CCG websites.

Responses to the engagement

Although the engagement was publicised widely, the level of response has been very low. It is worth noting that this was the final phase of a long period of engagement.

Online questionnaire responses	21
Questionnaire responses by post	5
Other responses	2
Total responses	28

Who responded to the questionnaire?

As this was not a full public consultation, the survey did not collect a full set of demographic data. However respondents were asked for their age (within a range), gender and the capacity in which they were responding. Specific to this exercise, they were asked which borough they lived in and in which borough they worked.

28 responses to the questionnaire were received, with more responses from women than men (18 of the 22 responses where this was indicated), more from those aged 65+ (14 respondents) or 41-65 (10 respondents) and more responses from people who lived in Camden and Haringey.

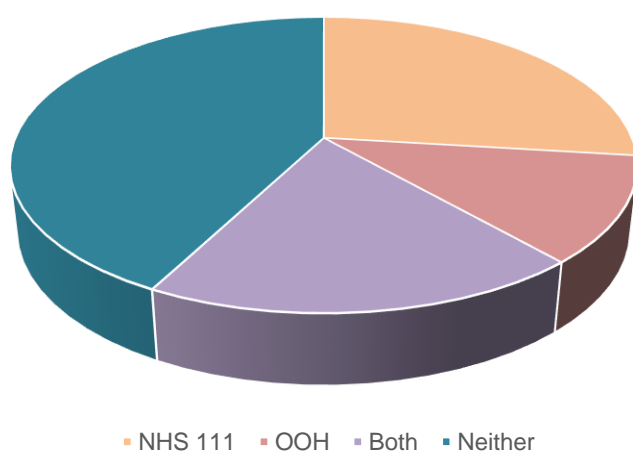
Respondents were invited to leave a comment to clarify or explain the answer which they had given to the question. These comments have been examined in some detail as they provide valuable additional information about the views of patients and public.

Common themes have been identified and are highlighted within the report for each section where qualitative data was collected. A sample selection of quotes from respondents has also been included in order to give some indication of the range and diversity of views. Two responses did not reply to the specific questions but gave a narrative response. These have been included as they provided helpful feedback.

It should also be noted that respondents had the option not to complete some of these questions by either choosing the ‘don’t know’ or ‘prefer not to say’ categories, or by skipping the question completely. A count of how many respondents answered each question has therefore been included alongside each graph as there are variations in the number of responses to each question. The two narrative responses will not appear in the following analysis.

Analysis of the questions

Q: Have you used NHS 111 or a GP out-of-hours service in the past two years?



NHS 111	7
OOH	3
Both	5
Neither	11
Total responses	26

The majority of respondents (15 out of 26) stated that they had used one or both of the NHS 111 and OOH services in the past two years. One of the narrative (non-questionnaire) responses received also alluded to using NHS 111. The question did not ask where they were in the country when they used the service(s), and did not specify whether the respondent had accessed telephone consultation only or an out-of-hours base/home visit.

This indicates quite a large proportion of respondents (close to two-thirds) with experience of the services in question.

Q: We are considering a proposal to commission an integrated NHS 111 and GP out-of-hours service across north central London. What factors are most important for you when using these services? (Please select your top five)

Selected factors	Chosen by	As %age of respondents
Out-of-hours sites being easy to get to by public transport	19	73.1%
Being able to speak with someone with access to your medical records	17	65.4%
Being able to speak to a nurse or other health professional	15	57.7%

Selected factors	Chosen by	As %age of respondents
Getting useful advice about your condition quickly	14	53.8%
Being able to speak to a doctor	14	53.8%
Being able to speak with someone with good knowledge of local services	12	46.2%
Being able to speak with a local doctor	11	42.3%
The service being accessible for people who don't speak English as a first language	5	19.2%
The service being able to book an appointment with your GP practice (inside practice working hours)	4	15.4%
The service being accessible for people with a physical disability	3	11.5%
The service being accessible for people with a hearing or visual disability	2	7.7%
Other	3	11.5%

The most important factors for respondents were:

- Out-of-hours sites being easy to get to by public transport.** It is important to note that the procurement proposals do not include any plans to reduce or change the locations of the current out-of-hours bases. Further, if the decision is taken to procure these services across all five CCGs, it is hoped that this would improve access to more local services for some patients by **removing artificial service boundaries** within north central London.
- Being able to speak to someone with access to your medical records.** By developing an integrated NHS 111 and out-of-hours service we would **improve record-sharing** between urgent care services.
- Being able to speak to a nurse or other health professional.** The plans for procuring an integrated NHS 111 and out-of-hours service include **investment to fund additional clinical support** – doctors, nurses and paramedics working closely with the call advisers to make sure that those service users who need clinical advice are put through to the most suitable clinician.

“I wouldn't wish to have to go all the way to Barnet/Haringey/Enfield. I live south of Euston Road, and I am nearing 80 and don't travel well these days – osteo-arthritis etc.”

“Being able to register serious life-threatening conditions so that you are flagged as being a high priority. I have a rare life threatening condition called Addison's disease. If I'm really not feeling well I don't want to have to battle with someone trying to get them to understand I need advice or help quickly.”

- **Being able to speak to a doctor.** As above, the proposal is to use a range of clinical support. However, by integrating NHS 111 with the out-of-hours service, we hope also to be able to **increase access to GPs**, where that is the clinician with the right skill-set to give the advice required
- **Getting useful advice about your condition quickly.** NHS 111 is designed to be a **rapid response service**. NHS 111 provider organisations have challenging performance indicators measuring how quickly they answer calls and how quickly they transfer callers to clinicians if clinical advice is required. The NCL CCGs’ proposals should increase the access to this clinical support.

The statements relating to localisation – ‘*Being able to speak to a local doctor*’ and ‘*Being able to speak with someone with good knowledge of local services*’ – were selected by 11 and 12 respondents respectively, although a number of these people had not previously used either service.

It may be worth noting that these options were disproportionately selected by respondents who had not used NHS 111 or OOH services recently, as set out below:

	Used NHS 111 or OOH recently (15 in total)		Have not used the services recently (11 in total)	
Being able to speak to a local doctor	4	26.7%	7	63.6%
Being able to speak with someone with good knowledge of local services	4	26.7%	8	72.7%

The NHS 111 service works by giving call advisers access to a comprehensive directory of services, designed to make sure callers who need further support are directed to the most appropriate local service. As such, it doesn’t depend on the local knowledge of the individual, but on their ability to use the system and their communication skills.

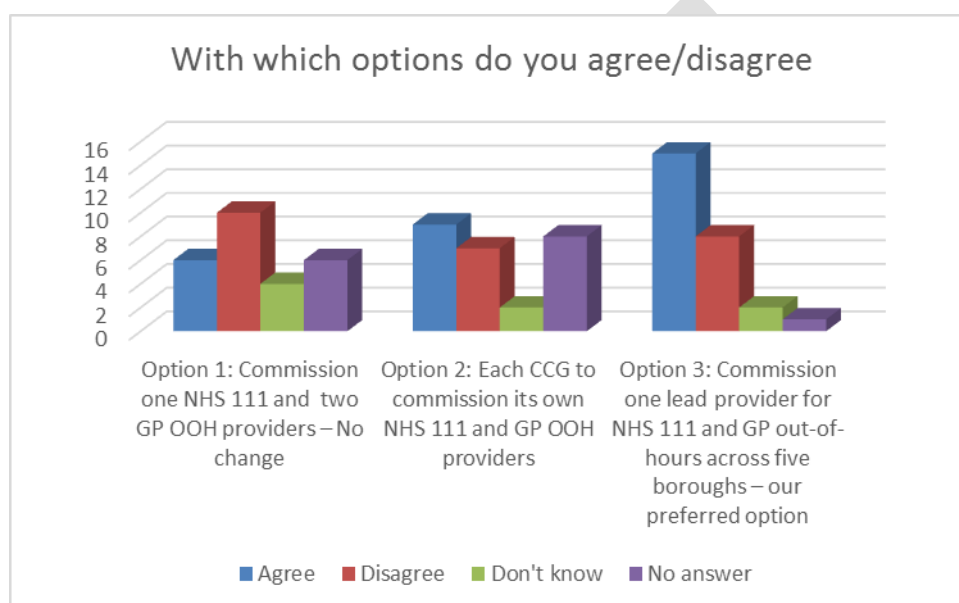
From the evidence above, it suggests that there is work needed to communicate more widely how NHS 111 works, and to give local people the confidence that they would be given access to the right services.

Q: Our preferred option is to commission an integrated NHS 111 and GP out-of-hours service across Barnet, Camden, Enfield, Haringey and Islington. With which options do you agree/disagree?

	Agree	Disagree	Don't know	No answer
Option 1: Commission one NHS 111 and two GP OOH providers – No change	6	10	4	6
Option 2: Each CCG to commission its own NHS 111 and GP OOH providers	9	7	2	8

Option 3: Commission one lead provider for NHS 111 and GP out-of-hours across five boroughs – <i>our preferred option</i>	15	8	2	1
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As these figures indicate, the overwhelmingly preferred option (selected by 15 out of the 25 people who expressed a preference) is **Option 3: Commission one lead provider for NHS 111 and GP out-of-hours across five boroughs**. Option 1 – no change: *Commission one NHS 111 and two GP OOH providers* – was the least preferred option, with only six out of 25 selecting this.



Option 1 was also the most disliked option (10 respondents out of 25), though the least disliked option was Option 2: *Each CCG to commission its own NHS 111 and GP OOH providers*.

Option 3 was marginally more popular with those who have used the NHS 111 or OOH service recently, than with those who have not used it recently, as shown below:

	Used NHS 111 or OOH recently (14 in total who expressed a view)		Have not used the services recently (11 in total)	
Agree	9	64.3%	6	54.5%
Disagree	4	28.6%	4	36.4%
Don't know	1	7.1%	1	9.1%

This question invited respondents to give the reasons for their choices. These give considerably more nuance to the choices made – for example, some people chose Option 3 for pragmatic reasons, because they felt it would save money for the NHS.

Comments from people who **agreed** with Option 3 include:

- I would hope that a five borough wide service would mean that users would get the best possible advice and access to services available. However I do also think that we need access to local services and would not support this proposal if I thought that, for example, an out of hours service was not available within the borough where I live
- Economy of scale. Access to the services from a wide area in NCL
- Boundaries between boroughs can be arbitrary from an individual's point of view i.e. you may live in Barnet but it might be easier to get to the Whittington
- Integrating 2 services makes sense across 5 boroughs not a problem as long as the service responds to local need
- Financially a better option; should be more cost effective. Wider range of accessible medical services and health care professionals should be available with this option.

People who **disagreed** with Option 3 gave the following reasons:

- Local knowledge of what services are available is very important
- I think the best option is for each contract to be as small as possible so that there is more of an opportunity for the existing local service providers to be able to bid for the contracts. If the contracts are too large the local service suppliers won't be able to bid because they won't be able to afford it
- I think that the service needs to reflect the local community and therefore having one that is specific to the area you live will be better (Camden and Islington). Camden and Islington have very different needs than Barnet, Enfield and Haringey, and the services should reflect this. People want a local service and having services connected with Barnet, Enfield and Haringey isn't local for Camden and Islington residents
- I think a GP-led consortium is preferable and by keeping to the existing model that is more likely. Bigger integrated contract means private providers are more likely to bid. Private contracts have in the past been harder for CCGs to monitor
- I have concerns about too many people having access to confidential medical records. It sounds unwieldy and I am not confident that I'd be referred to the appropriate service with the necessary clinical skills.

Q: Is there anything particular you would like us to consider in our plans to commission an integrated NHS 111/out-of-hours service?

These can be grouped into themes:

- **The ability to speak to a local doctor when they call the GP out-of-hours service.**
 - Clinicians recruited should ideally be local practitioners. If not possible then they must be assessed on their command of intelligible spoken English, and their comprehension of English spoken by patients with a range of accents.
 - How will non-local clinicians be recruited?
 - OOH based in health centres in Haringey. Could be a split service with some centres having nurses only. This could provide some A+ E services.
- **Access to medical records**
 - I think potentially serious medical conditions should be flagged on any electronic patient record system to help assist triage
 - When I have had a doctor out of hours, they did not bring any notes on my medication and once one doctor asked me what I think I needed!
- **The increased involvement of private companies in delivering these services.**

- That this service be supplied by a not for profit organisation and not by any part of the private sector
- Check that the profit level is not more than 5% or use non-profit making organisations. Profits equate to less services
- I think that the concept of breaking up the National Health Service under public ownership and then reuniting it under a private ownership is one that is politically motivated rather than evidence based.
- **Supporting people who need access to mental health services, with learning disabilities, hearing impairment or other disability, who do not speak English as a first language**
 - Mental health services and emergency care needs to be a highlighted facility to ease pressure on A&E
 - The interface or front of house needs to be more coherent. At the moment it is confusing for patients who have a range of options from walk-in centres, A&E and so-called Urgent Care centres, which give the impression they are not part of A&E when they are and OOH.

Many of these comments reflect views that have been expressed throughout the wide engagement on these proposals.

Conclusion

From the wide engagement undertaken since January (see Appendix 1), very useful feedback from many service users and local campaign groups has been received, with support for joining up NHS 111 with the GP out-of-hours service to improve patients' experience.

That a future service would mean fewer handoffs between services has been particularly welcomed, as have the improvements proposed in the clinical model such as the opportunity to talk to other NHS services (dentists, pharmacists, mental health workers), earlier access to services, eg pharmacy, repeat prescriptions and direct access into GP appointments.

Despite wide communications highlighting the engagement document and its survey, there was a very small response to this phase of the engagement; of those that did respond **Option 3 was the most favoured option, supporting our proposals to integrate the two services.**

In parallel with engagement on the proposal to commission an integrated NHS 111/OOH service, the development of the draft service specification for the proposed integrated service has been taking place, with input from the clinical leads from Barnet, Camden, Enfield, Haringey and Islington CCGs. The Patient and Public Reference Group and Healthwatch organisations across NCL have had the opportunity to discuss the service specification and make line-by-line comments. Additionally, the draft specification was published on the websites of all five CCGs from 21 July to 19 August, and circulated to the same stakeholder list as the engagement document, inviting comments which will be fed back to the drafting team before the final specification is produced for discussion by the CCG governing bodies in September.

DRAFT REPORT – 27 AUGUST 2015

We will continue to engage, inform and involve service users and residents in the progress and process of the proposed procurement of an integrated NHS 111/out-of-hours service across north central London.

Further information can be found at:

Barnet www.barnetccg.nhs.uk/nhs-111-out-of-hours-service.htm

Camden www.camdenccg.nhs.uk/about/nhs-111-and-gp-out-of-hours-services.htm

Enfield www.enfieldccg.nhs.uk/about-us/nhs-111-and-out-of-hours-gp-services.htm

Haringey www.haringeyccg.nhs.uk/about-us/nhs-111-and-out-of-hours-gp-services.htm

Islington www.islingtonccg.nhs.uk/111%20and%20OOH.htm

Via email at feedback@nelcsu.nhs.uk

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