NHS
Islington
Clinical Commissioning Group

Islington CCG Insight Report: NHS 111 and GP Out of Hours re-procurement and service improvement

Introduction:

Islington Clinical Commissioning Group is responsible for buying Out of Hours and NHS 111 services. The current services' contract ends in April 2016. We will be reprocuring 111 and GP Out of Hours (OOH) across the five CCGs in NCL and we want to make sure the service we buy meets the needs of the local community. This report outlines Islington's community engagement, summarises the key themes arising from the engagement and makes recommendations to feed into the final service specification for the new service.

We have included within the appendices our engagement plan, the feedback from the Learning Disability group – which particularly highlights some of the health and communication needs of the most vulnerable within the community – and a summary of the survey monkey questionnaire.

We wanted to ensure we spoke with a full range of local community groups, particularly those groups who would be most likely to use this service or who we know face particular barriers to accessing services or are vulnerable.

We have spoken with 190 people face to face in workshops or meetings.

This includes working with the following groups:

- People with a disability (sensory and physical)
- People with a Learning Disability
- Mental health service users
- Young carers
- Young people through the Youth Council
- People living with HIV and young people and families affected
- Patient participation groups
- Active local community people particularly interested in NHS and health policy
- Refugee and migrant communities
- Housebound patients
- Older people
- HealthWatch
- Carers or services users with Last Years of Life care

In addition we sent out an online open survey to all patients registered with the local practice/PPG. 62 people responded.

So in total we have engaged with 252 Islington residents.

A number of key themes emerged from the engagement exercise. What was particularly interesting about the group discussions is that people often had very similar concerns/issues to raise, and were passionate about similar things.

Summary of Key themes:

Where people had used NHS 111 the majority of experiences were positive. Approximately 80% of people spoken to had had a good experience of 111. With mental health groups, those who had used it for physical health needs had had a very good experience. This is clearly reassuring - although it's also important to highlight that the service needs to focus on all experiences being positive. There were few people who had used OOH and their experience was more mixed.

Combining NHS 111 and GP OOH as an integrated service is a good idea. To the majority of people spoken to combining the two services was a good idea – and people felt that it would improve care and the speed with which people can access services. It was also felt having just one place to call was the easiest way for people to access services.

Everyone wanted a high quality service (Patients, CCG Board, GPs, patient community groups)
The community were most concerned with having a high quality service that could identify and meet their clinical needs. There was some concern about the training and competency of the call handlers and the training they received. It was felt that as soon as possible people needed to speak with a professional.

Some of the community think the GP OOH service should be run and/or delivered by Local GPs and felt this would keep the service within the NHS rather than a private organisation; there was an implicit trust if it was a local GP with whom patients had a relationship; it would also mean that less monitoring was required. However, for others the focus was on the need for "high quality GPs"- who may or may not be local but would provide the best service. It was felt that proper monitoring did need to be done to ensure a high quality service and the most skilled practitioners involved in the service. There was also an acknowledgement that it may not be possible to hire local GPs due to already stretched workloads

NHS111 and GP OOH needs to be able to make good links with the local health system
The need for effective links with local healthcare services was highlighted. There are a range of people who will call the service and it was felt the links to local services needed to be comprehensive for the service to be fully effective. It was also felt this would need to be monitored through regular data assurance that information the provider had was up to date and complete.

The site of one of the Out of Hours locations – currently at St. Pancras Hospital was highlighted as not being particularly accessible.

NHS111 needs to be better at helping people with mental health needs
It was highlighted that there was a real need for NHS 111 to be able to deal with mental health related calls. At the moment there is a gap for people with Mental Health needs. There is not a particular service for someone who is between crisis and stability and needs some low level support. It was requested that mental health call handling training is provided as well as mental health professionals included in service. This was expressed by numerous people spoken to (including non mental health service users) and highlighted as really important. Within this the needs of dementia patients should also be recognised and thought of.

The need for the NHS 111 and OOHs service to be responsive to diverse language needs or patients with a disability (i.e. BSL) was highlighted. Currently it was felt services were not always effective at supporting people who needed an interpreter or had a communication need. This was particularly highlighted for those who are hard of hearing or profoundly deaf. It was highlighted with a service like NHS 111 it is imperative this need is met. There was real anxiety that the service would not be able to cater for all people. A group of young people affected by HIV stated that 'they had to make the situation sound worse to be taken seriously. In particular as a young person accessing the service they would have to pass the phone to their parents to be taken seriously.'

It is important to note that the session with people with Learning Disabilities provided the most negative feedback. It is clear from looking at this session that more needs to be done to cater for this community. It was reported that the service 'didn't understand me' and 'they asked me if it was 'essential' I don't know what that means' 'they asked me difficult questions and told me I was wasting their time when I couldn't answer them. What does 'what condition is the patient in mean?' There were suggestions on how this could be improved including 'listening to the person who is answering the questions' and 'asking questions in an easier way' as well as 'training for staff on communicating with someone who has learning disabilities' and 'using webcams and facetime so they can see what you're talking about.' The long list of questions asked by NHS 111 was in the main seen as a good thing although some people reported finding it rather annoying and that it took a long time to get what was needed for them. However, the majority found it beneficial and those with a communication need were particularly satisfied with this model.

Prescriptions and the possibility of next day GP appointments were very well received. Prescriptions were highlighted as a real issue for people to manage. Concerns were raised that if you could get an appointment with a GP through NHS 111 for the next day – that people would begin to use this as a short cut. It was asked how this could be mitigated against or if it could be? It was highlighted that access would only be through a GP assessment and not a 111 call handler. However, this is still worth noting – and perhaps links to ensuring there is proper promotion of NHS 111 and local healthcare services to a greater and more targeted degree than the current promotion of the service.

Record sharing was met with very positively from the local community. In general most people thought this was a good idea, but only with consent to record sharing and strict focus on confidentiality. The reasons given for this were that it would give the entire healthcare service a 'full picture of a person's health needs enabling service providers to decide on the right diagnosis and treatment – providing the best care.' It was also highlighted it would reduce the frustration a person can feel when having to tell their story repeatedly. This was further emphasised when someone had additional communication needs such as English not as a first language, severe mental distress, learning disability or when a person was a carer.

It was highlighted that residents hoped this would be done across healthcare and not just be a part of urgent care.

There were some concerns which mainly focused on information being made available to private companies such as insurance companies. It was highlighted that there must be strict data protection and confidentiality rules to ensure this could not happen.

It was asked if there could also be an online function for NHS 111 so people could access it through a variety of methods depending on the need. Thus, people with communication needs such as deaf, hard of hearing or speech difficulties could use a texting service. It was also asked if the NHS 111 directory of service function could be available

publicly. Thus, people would not have to always call 111 if they felt able to self manage – and instead navigate the system themselves to find the service or support they needed.

There is a need for more marketing of the service. Of the people we spoke with not everyone knows what NHS 111 / OOHs is and it was felt the service needs more promotion**.** Approximately 50% to 60% of people were aware of the service. A definite need that was identified was the need to better promote NHS 111 – highlighting when it can be used. The need for better promotion was highlighted on both a local and national level. it was pointed out that although local campaigning is good – the things you really take note of are the ones that are done on a wider, national scale. Although NCL cannot address this it is important this feedback is passed onto the national team.

It was also highlighted that different communities had different knowledge of NHS 111. Refugee and migrant communities were a group highlighted who did not have much knowledge of NHS 111. A lot of targeted promotional work needs to be done with certain communities.

Although, this is outside the remit of North Central London it was also highlighted that having both 999 and 111 was very confusing. It was hard for people to know which to choose – and if in doubt most people will always call 999. The question raised was whether there could be one telephone number people to call – through this they are then triaged to the correct place. Even people who had heard of the service were still unclear how to use it: 'Not if you need an ambulance right but then more for queries?'

There was a perception an ambulance will come more quickly if a person calls 999 and one is needed.

Service needs to minimise unnecessary referrals to A&E or 999
There was real concern that people were wrongly being sent to A&E or being given an ambulance by 111 call handlers because they did not have the proper training or expertise to deal with the calls.

All wanted to speak to healthcare professionals quickly and as early as possible it was felt this would reduce unnecessary referrals to A&E and improve patient care.

People were keen to be involved in the development and procurement of this service.
All wanted to hear back about the next steps and some wished to be actively involved. There was concern raised by some members of the public about the overall procurement process.

Recommendations to influence Service Specification:

1. Patients are not only part of the procurement process but once the contract has been awarded are also part of the contract review – whatever form this takes. This would follow a similar process to those patients who already sit on the contract review groups.

2. The service should incorporate the following features:
    - **a.** access to a range of clinical professionals as early as possible to minimise referrals to A&E
    - **b.** Next day appointments with a GP (in hours)
    - **c.** Access to emergency dental appointments
    - **d.** Access to a Mental Health professional
    - **e.** Easy access to prescriptions
    - **f.** Record sharing, with consent

3. The service should provide high quality care.

4. That NHS 111 must make robust links with the local health, social and community sector so they can refer or signpost people to the most appropriate care or support. This Directory of Services must be properly kept up to date and be as comprehensive as possible. This must be monitored.

5. NHS 111 should include training for 111 call handlers in handling people with mental health concerns

6. NHS 111 should be properly promoted so the whole community know what it is and when to use it.
    a. This promotion should be targeted to particular community groups such as refugee and migrant communities
    b. Although, outside of North Central London's control – a recommendation should be taken back to the national team that there is only one number for people to call – for any urgent or emergency query.

7. NHS 111 must be able to deal with the communication needs of all community groups. Particular emphasis must be placed on Sensory disability (deaf, difficulty speaking or blind), Learning disability and English not as a first language
    a. NHS 111 call handlers must be trained in working and speaking to someone who has a Learning Disability
    b. NHS 111 should have some form of online access and / or texting service to help meet these needs.

8. NHS 111 should have an online function for those people who can self manage – and thus are able to navigate their symptoms and an online directory of local services.

Next Steps:
Islington CCG has committed to sharing this report and the outcome of the recommendations with everyone who took part in our engagement meetings. The CCG would like to share how the recommendations have been taken forward and where this is not possible why this is so – and is there any mitigating action or long term planning that may eventually meet the recommendation.

Update
This report was considered at the CCG Governing Body on 6 May when a petition from Keep Our NHS Public was received. A formal response to the petition is required at the July Governing Body and a verbal update will be provided at the HOSC meeting on 19 May.

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31 March 2015

Appendices:
1. Islington CCG Engagement Plan
2. Learning Disability report
3. Survey monkey questionnaire summary