

Commissioning NHS 111 and Out-of-Hours Service

Introduction

The five CCGs in north central London (NCL) (Barnet, Camden, Enfield, Haringey and Islington) are planning to commission a combined NHS 111 and GP out-of-hours (OOH) service across the five boroughs. The options for commissioning this service were debated by the CCGs at their governing body meetings, which were held in public last year.

The CCGs want to commission an integrated NHS 111 and GP OOH service to enhance the comprehensive level of care that is currently provided for patients in these boroughs.

What is NHS 111?

NHS 111 is a free telephone number to help people with urgent, but not life-threatening, conditions get advice and access the most appropriate service to meet their needs. Trained advisers use a tool called NHS Pathways to triage patients and direct them to the best service.

NHS 111 was introduced across the country in 2013 and replaced NHS Direct.

What is the GP out-of-hours (OOH) service?

GP OOH services are available from 6:30pm-8am Monday to Friday and 24 hours a day on weekends and bank holidays. OOH services are accessed through calling NHS 111 and give people access to primary care, for urgent problems, when their GP surgery is closed, usually at night or over the weekend. GPs and other clinicians are able to offer advice over the telephone or face-to-face appointments if needed.

Current services

Currently we commission three providers to deliver separate NHS 111 and out-of-hours services to patients in north central London.

- The NHS 111 service for all five CCGs in NCL is provided by London Central and West Unscheduled Care Collaborative (LCW), a GP-led notfor profit organisation.
- The out-of-hours GP service for Camden and Islington is provided by Care UK, and in Barnet, Enfield and Haringey is provided by Barndoc Healthcare.

These providers have all demonstrated excellent performance over the years of their current contracts. North central London residents have access to NHS 111 and out-of-hours services that are as good as, or better than, any in London. This is demonstrated through the evidence that is presented at the monthly clinical quality review meetings and also a comparison of NHS 111 provider performance across England (accessible on the NHS England website). However, themes from complaints, incidents and feedback also reveal examples of poor patient experience that need to be improved.

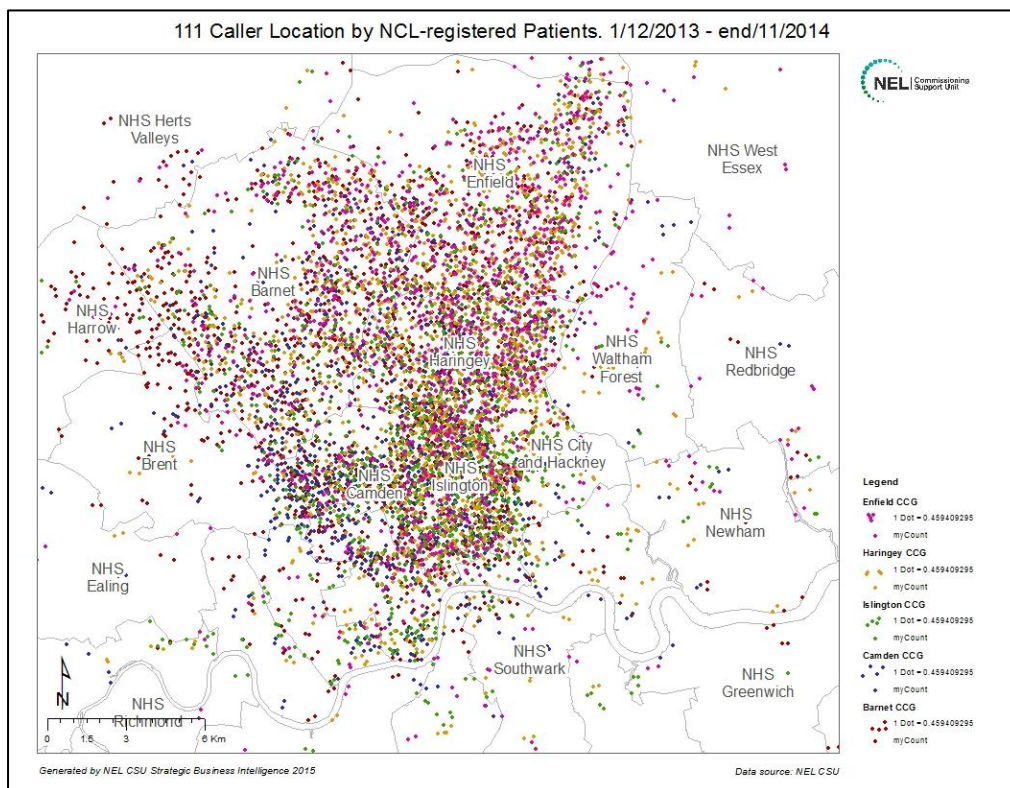
Case for change

The current contracts for these services are all drawing to an end, which means NCL CCGs are legally required to undertake a procurement process. While the existing contracts were

set to expire in March 2015, the contracts have been extended to allow CCGs time to refresh and improve the service specification and procure the best possible service for the population.

It is clear from our data and was demonstrated when we presented to the JHOSC in January (see appendix) – that the NHS 111 and out-of-hours services work very closely together, with OOH seeing by far the majority of referrals from NHS 111. It therefore makes sense to commission NHS 111 and OOH as a single contract, with a single specification, so that we can ensure patients receive a more joined-up service with fewer handovers between medical staff and better information sharing. Currently patients often have to be triaged twice, giving their information to both NHS 111 and the OOH provider, and we want to make this simpler. Planning to have a single contract does not mean that one provider would be commissioned to provide the service. It is anticipated that a number of providers may commit to working together to provide a single integrated service, and we have been encouraging this through market testing events.

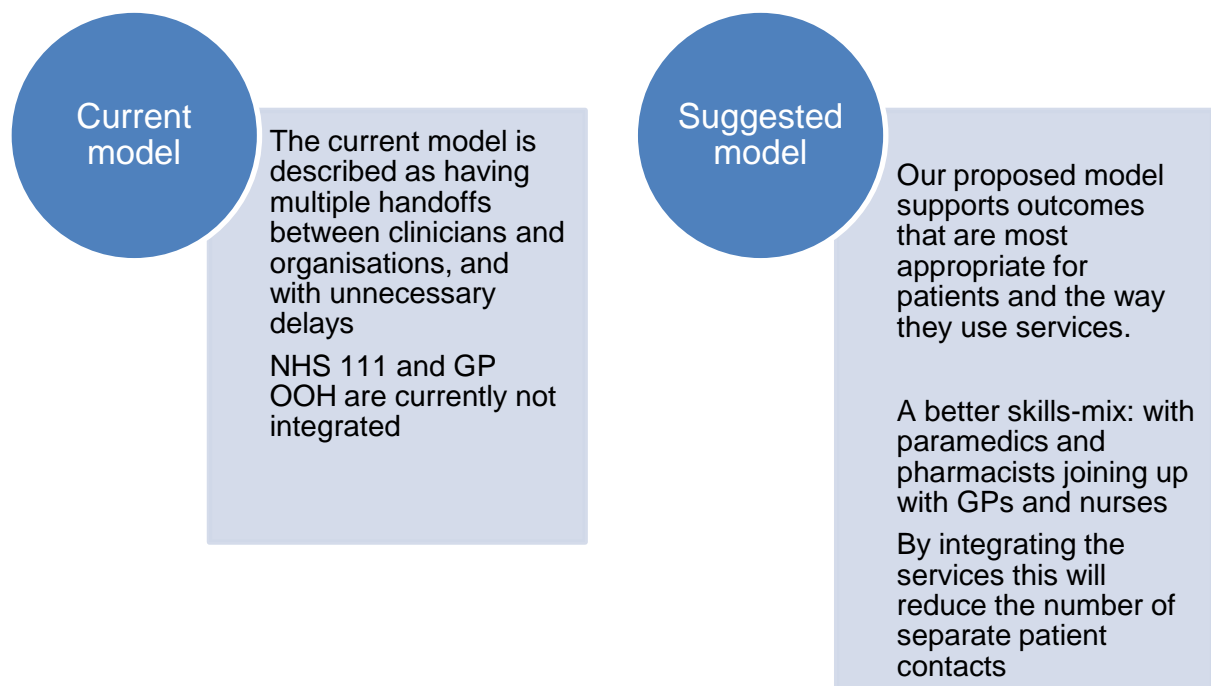
We have also stated our intention to commission NHS 111 and OOH as a single service across the five NCL boroughs, using a single contract with a lead provider(s) but working with local providers – which could include NHS trusts, GP collaboratives or private and voluntary sector providers. We believe this is the right model because it matches how patients actually access these services. Callers to NHS 111 are often not near to their registered GP practice when they call, but they are usually somewhere within the NCL area – so it makes sense for NHS 111 to be able to refer them to services near to where they actually are. Commissioning NHS 111 and OOH as a single service will allow this and provide more choice of access points. As noted above, NHS 111 is currently commissioned and provided as one service across North Central London. The inclusion of OOH services within this arrangement will enable the integration referred to above, while retaining scope for OOH services to be provided by a range of providers locally, as now.



Commissioning at this larger geographical scale, and requiring providers within the model to work together to provide an integrated service, will also allow us to develop systems and infrastructure that are more flexible and reactive to patients' needs. For example, we want

the service to employ a wider skills-mix of health professionals including pharmacists and paramedics as well as GPs and nurses - so that patients have access to health advice and treatment that matches their needs, all from a single point of contact via NHS 111. Deaf service users also sometimes experience a poor service, and we want to develop systems to improve this. This is achievable if we commission at a five borough scale, and would be much less viable if we commissioned separate services.

This is also an opportunity to redevelop the NHS 111 and OOH service as an integral part of the NCL health system, and ensure that it works intuitively with other aspects of primary care and emergency care and helps relieve pressure on the overall system.



How we have engaged with patients and the public

The initial plan to jointly commission NHS 111 and OOH services as a single service was developed based on extensive feedback from service users and clinicians. In particular, the Review of Urgent Care carried out in Camden and Islington in 2013/4 recommended a more joined-up approach to commissioning urgent care services and specifically NHS 111 and OOH services.

We have undertaken a very considerable engagement programme over the past six months, which has included:

- Presentations to JHOSC and local health and overview scrutiny committees.
- Individual CCGs have discussed NHS 111 and OOH plans at local engagement events, including discussions with hundreds of individual service users and meetings with targeted groups such as disabled service users and refugees.
- Two phases of focused engagement events (nine in total) held at venues across NCL and advertised through local newspapers and CCG websites, attended by dozens of interested service users and allowing for in-depth discussion of the proposals.
- Presentations at GP locality meetings across NCL to ensure local doctors understand what is planned and how they can be involved.
- An online survey to find out the views of stakeholders and service users on our commissioning plans.
- The setting-up of a Patient and Public Reference Group, involving service users from all five boroughs and Healthwatch representation – this is looking in detail at the

proposed service specification and will have a fact-finding visit to the current NHS 111 provider. Members who have expressed an interest are being invited to participate in the Procurement Panel when it goes ahead.

Issues identified

Throughout this engagement period, the service users, stakeholders and clinicians we have met with have overwhelmingly welcomed the proposal to bring the NHS 111 and OOH services together – they recognise that this brings the opportunity to reduce the number of patient handovers and deliver a more seamless service.

People have made a number of suggestions which have been valuable to us as we have gone forward to develop the service specification. These include:

- *People would like to see more clinical involvement in delivering the NHS 111 service.* In fact the NHS 111 call handlers already have direct access to clinicians when they need it, but under the new proposals this would include a wider range of healthcare practitioners, all working within the same service. This would mean fewer delays for callers.
- *People want to see involvement from local clinicians and access to local knowledge within the service.* While we cannot mandate for the recruitment of local staff, we can specify that staff must have excellent knowledge of local services. It is also our intention that the new service will offer more attractive career options and make OOH work a positive choice for staff. Local GP federations are currently developing in several areas, and we envisage these playing a role in the delivery of OOH care in the future.
- *People are worried about the idea of a private provider winning the contract for the OOH service, and think this is more likely if we commission a contract that covers five boroughs.* We are required to treat different types of provider fairly in any procurement process. The contract must be awarded based on the ability to deliver a high quality service at an appropriate cost. However we are working very hard to ensure that a range of types of provider, including NHS organisations, GPs and voluntary sector organisations are able to participate, and it is anticipated that the eventual service will be delivered by a number of providers working together.
- *People want to make sure the new service is more accessible for patients with sensory impairments, learning disabilities or language barriers.* We agree that these are all areas for improvement. There are plans in place and technological solutions being developed at a London and at a national level to respond to the access challenges faced by different groups within the population. Commissioning the service at a five borough scale would make it much easier for us to mandate effective solutions to improve access for all.
- *People have told us they don't know about NHS 111, and that lack of publicity means people use ambulances and A&E instead.* We know this is a problem. We have excellent local NHS 111 and OOH services, but some negative national media coverage has made it a challenge to communicate that. Developing improved awareness in service users through communications and engagement will be part of the implementation of the new combined service. There is also national and London-wide work underway to respond to the recommendations of the national review of urgent and emergency care by Sir Bruce Keogh, which will further support increased clarity for the public.

Next steps

We have heard from a wide range of members of the public during our engagement programme. Further detail about the outcomes from this are provided in Appendices to this paper. We do understand, however, that for some of our stakeholders we have not yet made the case for the commissioning of NHS 111 and out-of-hours as a single service across five boroughs. We think the evidence is clear that this is the best match for how patients actually use the current services, and that commissioning in this way provides the most effective way of delivering these services and will enable us to develop and improve the services over the next five years.

To respond to remaining concerns, we have taken the decision to undertake a further period of engagement, specifically focused on our intention to commission the integrated service across five boroughs. This will include:

- Publication and wide circulation of an engagement document, outlining the case for NCL-wide commissioning and encouraging residents and stakeholders to submit their views.
- An online and postal questionnaire.
- Meetings with clinicians and key stakeholder groups to discuss and develop further the clinical case for change.
- An additional 'market-testing' event, to ensure that all potential providers have the fullest possible information about the planned service and opportunities to participate.

JHOSC members are asked note the progress made to date and support the CCGs' proposed approach for the programme.