

Joint Health Overview and Scrutiny Committee

NHS 111 and GP Out-of-Hours

NHS NCL Clinical Commissioning Groups

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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. In north central London (Barnet, Enfield, Haringey, Islington and Camden), the NHS 111 service is currently provided by London Central & West Unscheduled Care Collaborative (LCW)

GP Out-of-Hours

GP out of hours (OOH) services are available so that people can still access primary care, for urgent problems, when their GP surgery is closed at night or over the weekend.

In Camden and Islington, GP out of hours services are currently provided by Care UK. In Barnet, Enfield and Haringey, the GP out of hours service is currently provided by Barndoc.



NHS 111 – Activity Overview

The following slides highlight activity via the NHS 111 service within North Central London (NCL). They cover a 12 month period (December 2013 – November 2014). In total there were 180,479 patients triaged by LCW (NCL NHS 111 provider) during this 12 month period. 139,536 of these patients either reside within NCL or are registered with a GP within the boundaries of the 5 NCL CCGs. The other patients are those that are registered with a GP elsewhere. **This report will focus on the 139,536 patients registered or residing.**

This activity is broken down to indicate the following:

- Demographics
- Caller activity
- Presenting symptoms and service referrals

It is also important to note that some North Central London patients (approx. 5%) will have got through to another NHS 111 provider and this activity is not included.

Quality and Monitoring

Clinical leads from North Central London CCGs meet with the 111 provider each month to undertake call audits, a review of quality and receive performance and activity information. Joint meetings are convened between 111, GPOOH and other providers.

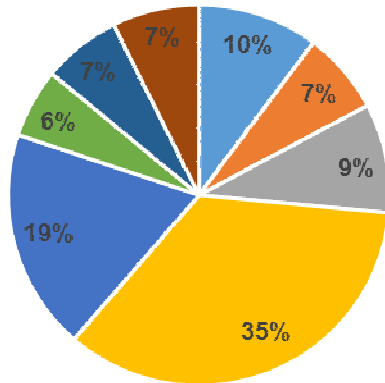
Quality meetings provide a forum to discuss clinical governance matters and address any concerns about performance should they arise. This includes assurance of the workforce and training etc.

The CCGs are committed to monitoring quality and governance through regular contract meetings and as a method of continuously improving services in partnership with providers. The commissioning cycle includes service improvements based on previous governance concerns and evidence from 111 learning programmes.



Demographics - Age

NHS 111 Activity - Age Breakdown



People aged between 18 and 64 year of age are the biggest users of 111

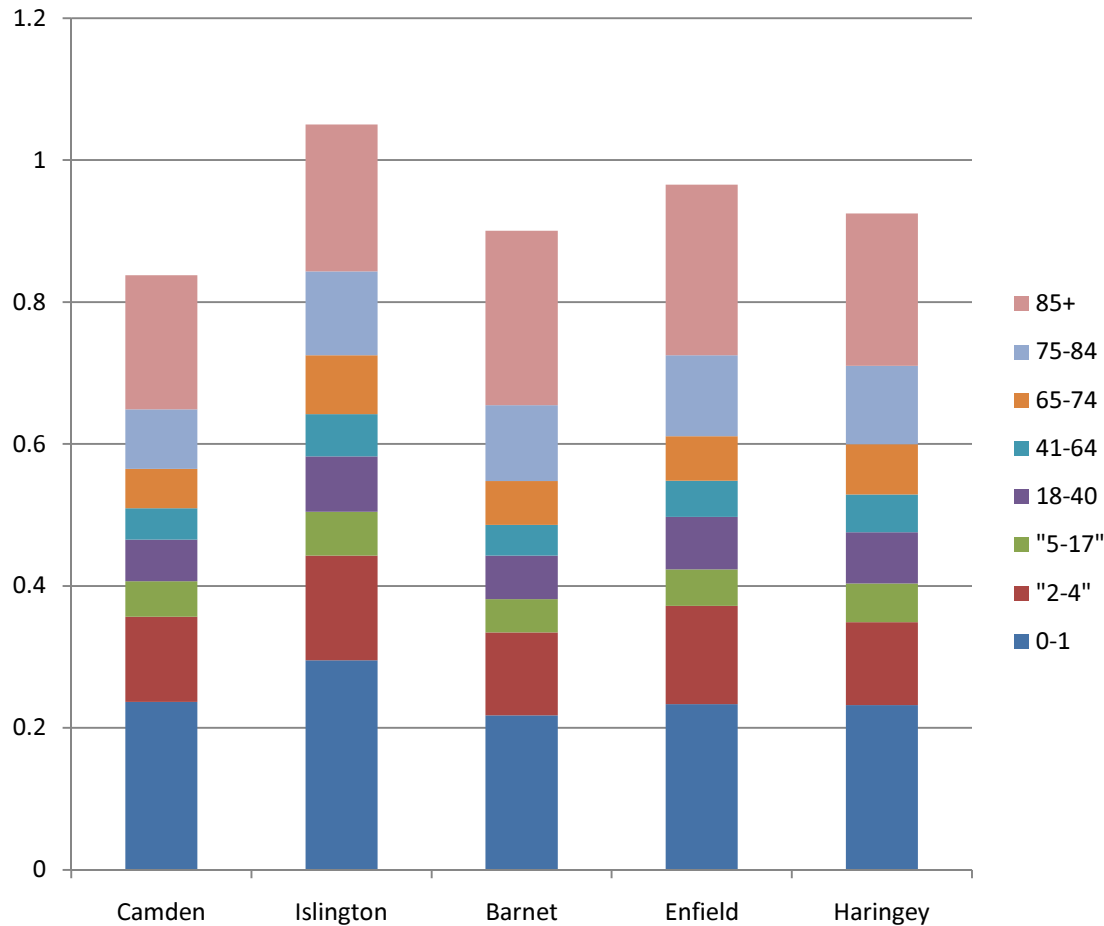
- 0 - 1 Years ■ 2 - 4 Years ■ 5 - 17 Years ■ 18 - 40 Years
- 41 - 64 Years ■ 65 - 74 Years ■ 75 - 84 Years ■ 85+ Years

Age Breakdown	Barnet CCG		Enfield CCG		Haringey CCG		Camden CCG		Islington CCG		Grand Total	
0 - 1 Years	3,538	10%	3,259	10%	2,918	10%	1,900	9%	2,635	11%	14,250	10%
2 - 4 Years	2,471	7%	2,628	8%	1,882	7%	1,224	6%	1,553	6%	9,758	7%
5 - 17 Years	3,254	9%	3,450	11%	2,734	10%	1,572	8%	1,948	8%	12,958	9%
18 - 40 Years	9,571	27%	10,080	31%	10,502	38%	8,077	40%	10,406	42%	48,636	35%
41 - 64 Years	6,242	18%	6,121	19%	5,522	20%	3,685	18%	4,652	19%	26,222	19%
65 - 74 Years	2,268	7%	1,917	6%	1,571	6%	1,084	5%	1,361	6%	8,201	6%
75 - 84 Years	2,811	8%	2,271	7%	1,615	6%	1,367	7%	1,181	5%	9,245	7%
85+ Years	4,682	13%	2,317	7%	1,188	4%	1,258	6%	821	3%	10,266	7%
Grand Total	34,837	100%	32,043	100%	27,932	100%	20,167	100%	24,557	100%	139,536	100%

Source: NELCSU, January 2015 (Data: December 2013 – November 2014)



Demographics - Caller Age Segmented against the GLA Population Projection Data (2014 mid-point)



The use of 111 by proportion of population is similar for each age group when comparing boroughs. There is some increased use for those aged '0 – 1' in Islington and those aged 85 and over in Barnet. There are differences in utilisation by age group.

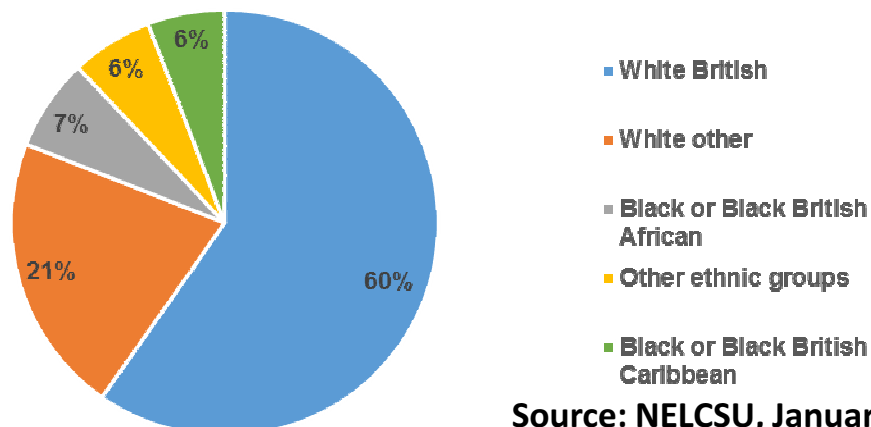
Note: the Figure illustrates the Age composition of (unique) Callers, adjusted to the prevalence of each Age group in each Borough. That is, 8,523 Callers aged 18-40; as compared to 109,644 inhabitants in Islington aged 18-40. We hence illustrate the proportion of each Age Band which utilise the Service.

Source: NELCSU, January 2015 (Data: December 2013 – November 2014)



Demographics - Ethnicity

Ethnicity Breakdown - Top 5



The majority of service users described themselves as white, however almost a fifth of users did not state their ethnicity.

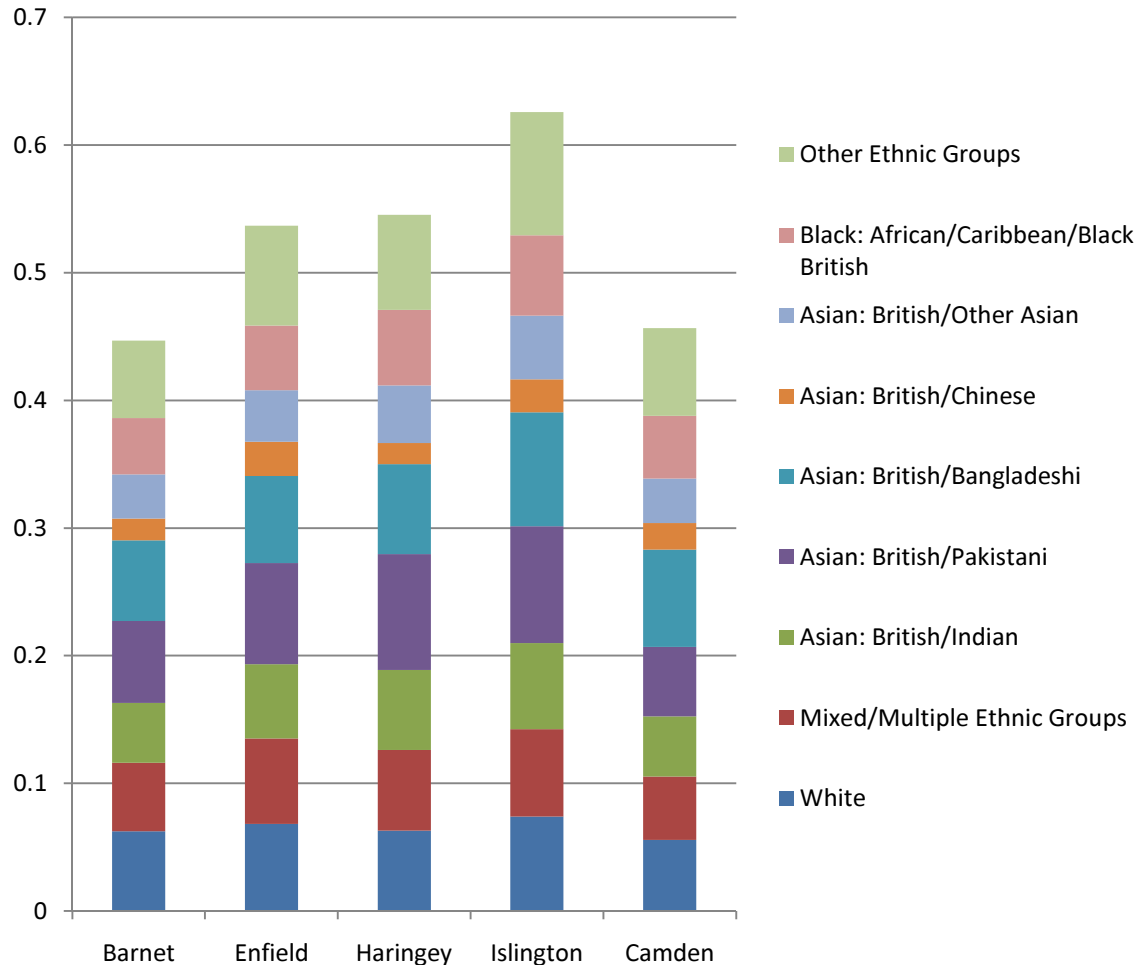
Source: NELCSU, January 2015 (Data: December 2013 – November 2014)

Ethnicity Breakdown	Barnet CCG		Enfield CCG		Haringey CCG		Camden CCG		Islington CCG		Grand Total	
Asian or Asian British Bangladeshi	161	0%	480	1%	440	2%	1,197	6%	602	2%	2,880	2%
Asian or Asian British Indian	1,776	5%	946	3%	599	2%	433	2%	357	1%	4,111	3%
Asian or Asian British Pakistani	432	1%	236	1%	281	1%	108	1%	99	0%	1,156	1%
Black or Black British African	1,030	3%	1,661	5%	1,799	6%	782	4%	1,251	5%	6,523	5%
Black or Black British Caribbean	396	1%	1,523	5%	2,209	8%	337	2%	988	4%	5,453	4%
Chinese	151	0%	95	0%	81	0%	169	1%	123	1%	619	0%
Mixed other	672	2%	811	3%	746	3%	519	3%	652	3%	3,400	2%
Mixed White and Asian	196	1%	145	0%	166	1%	156	1%	152	1%	815	1%
Mixed White and Black African	118	0%	127	0%	169	1%	119	1%	138	1%	671	0%
Mixed White and Black Caribbean	280	1%	456	1%	414	1%	202	1%	425	2%	1,777	1%
Not stated	6,097	18%	5,412	17%	5,005	18%	3,248	16%	4,130	17%	23,892	17%
Other Asian	951	3%	586	2%	553	2%	405	2%	367	1%	2,862	2%
Other Black background	89	0%	173	1%	183	1%	106	1%	152	1%	703	1%
Other ethnic groups	1,319	4%	1,534	5%	1,272	5%	744	4%	929	4%	5,798	4%
White British	16,527	47%	12,323	38%	8,750	31%	8,175	41%	10,115	41%	55,890	40%
White Irish	512	1%	440	1%	652	2%	718	4%	747	3%	3,069	2%
White other	4,125	12%	5,094	16%	4,612	17%	2,743	14%	3,330	14%	19,904	14%
Grand Total	34,832	100%	32,042	100%	27,931	100%	20,161	100%	24,557	100%	139,523	100%

Note: In addition to ethnicity not stated, there were an additional 13 patients whose ethnicity was not recorded.



Demographics – Caller Ethnicity Segmented against 2011 ONS Census Ethnicity Data



Service utilisation by ethnic group would indicate that there are differences in service utilisation by group.

Note: the Figure illustrates the Ethnic composition of (unique) Callers, adjusted to the prevalence of each Ethnic group in each Borough. That is, 10,381 White Callers as compared to 140,352 White inhabitants in Islington. We hence illustrate the proportion of each Ethnic group which utilise the Service.

Source: NELCSU, January 2015 (Data: December 2013 – November 2014)



Note: In addition to ethnicity not stated, there were an additional 13 patients whose ethnicity was not recorded.

Awareness of NHS 111 and GP Out of Hours



When NHS 111 was launched nationally in 2013 it was not widely advertised. There were initial well-publicised difficulties with call volumes, but services across the country are much more stable than they were in April 2013.

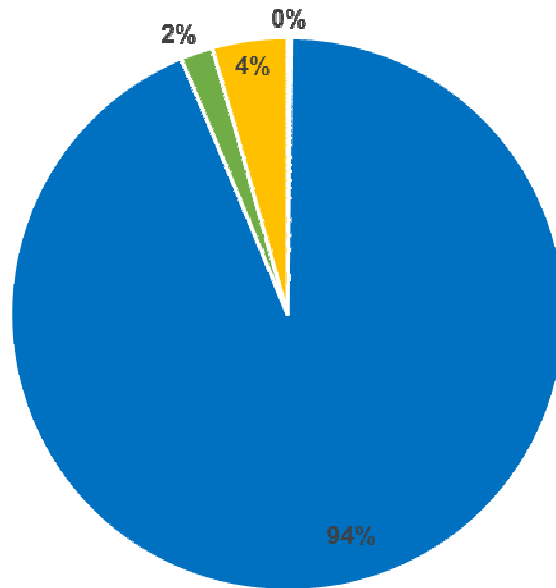
The NHS England 111 Learning and Development programme has tested a number of marketing initiatives. The findings would suggest that general advertising is unlikely to result in behaviour change and that a more targeted approach is required for groups within local populations.

Based on the NHS England research, local CCGs will work closely with local authorities and other partners around marketing the services. We have already started this work with the Choose Well campaign, and could seek to do some more targeted work together around behaviour change.



Demographics – Registered/Unregistered

Registered/Unregistered Patients



96% of service users were registered with a GP.

■ Overseas
 ■ Registered
 ■ Registered (GP Unknown)
 ■ Unregistered

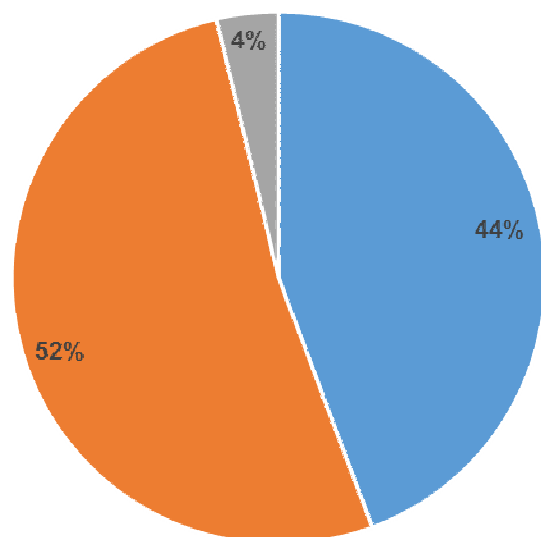
Registered/Unregistered Patients	Barnet CCG		Enfield CCG		Haringey CCG		Camden CCG		Islington CCG		Grand Total	
Overseas	64	0%	35	0%	58	0%	63	0%	51	0%	271	0%
Registered	32,730	94%	30,382	95%	25,784	92%	18,831	93%	22,809	93%	130,536	94%
Registered (GP Unknown)	623	2%	534	2%	646	2%	340	2%	486	2%	2,629	2%
Unregistered	1,420	4%	1,092	3%	1,444	5%	933	5%	1,211	5%	6,100	4%
Grand Total	34,837	100%	32,043	100%	27,932	100%	20,167	100%	24,557	100%	139,536	100%

Source: NELCSU, January 2015 (Data: December 2013 – November 2014)



Caller Activity – In Hours/Out of Hours

In Hours/Out of Hours Activity



44% of calls were made between 0800 – 1830 Monday to Friday

56% were made whilst GP surgeries were closed

■ In Hours ■ Out of Hours ■ Bank Holidays

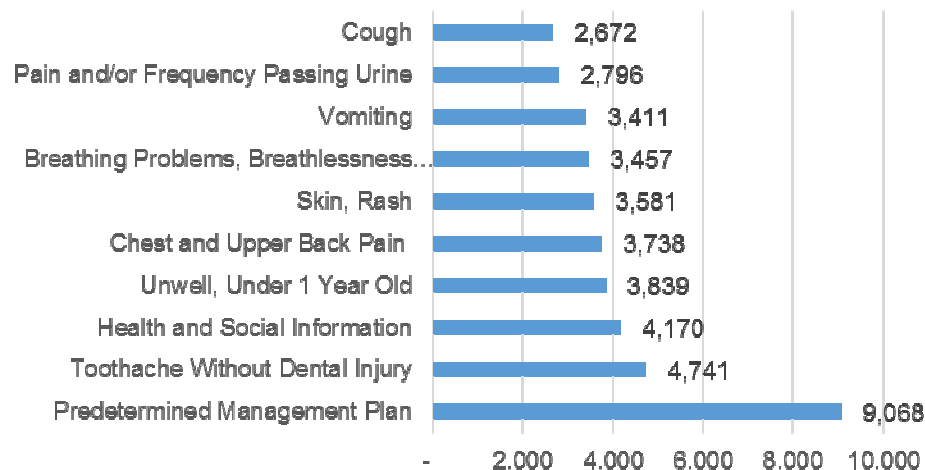
In Hours/Out of Hours Activity	Barnet CCG		Enfield CCG		Haringey CCG		Camden CCG		Islington CCG		Grand Total	
In Hours	15,421	44%	14,329	45%	12,260	44%	8,865	44%	10,945	45%	61,820	44%
Out of Hours	18,135	52%	16,555	52%	14,631	52%	10,494	52%	12,681	52%	72,496	52%
Bank Holidays	1,281	4%	1,159	4%	1,041	4%	808	4%	931	4%	5,220	4%
Grand Total	34,837	100%	32,043	100%	27,932	100%	20,167	100%	24,557	100%	139,536	100%

Source: NELCSU, January 2015 (Data: December 2013 – November 2014)

NB some statistics are adjusted to the nearest whole number

Top 10 Symptoms – Overall

Top 10 Symptoms Presented - NHS 111



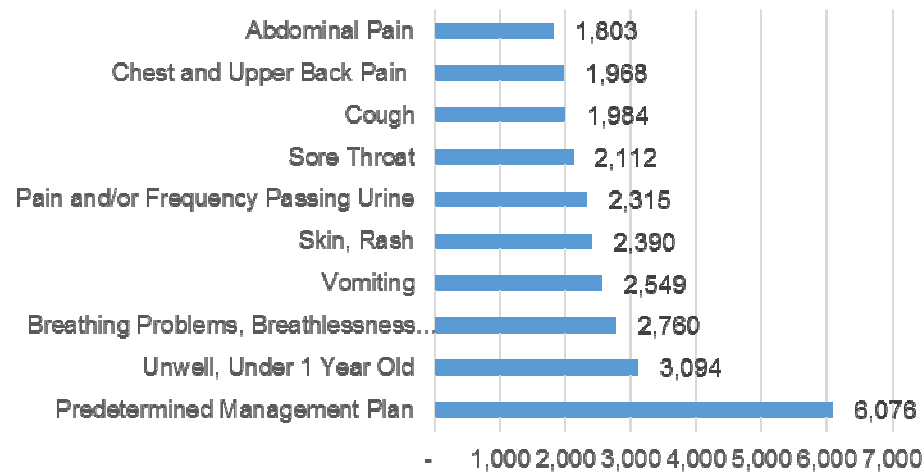
Top 10 Symptoms Presented - NHS 111	Barnet CCG	Enfield CCG	Haringey CCG	Camden CCG	Islington CCG	Grand Total
Predetermined Management Plan	2,456	1,893	1,665	1,447	1,607	9,068
Toothache Without Dental Injury	1,154	1,122	1,024	568	873	4,741
Health and Social Information	1,156	924	831	574	685	4,170
Unwell, Under 1 Year Old	929	858	822	520	710	3,839
Chest and Upper Back Pain	834	828	790	605	681	3,738
Skin, Rash	861	804	723	525	668	3,581
Breathing Problems, Breathlessness or Wheeze	919	830	649	505	554	3,457
Vomiting	816	848	703	465	579	3,411
Pain and/or Frequency Passing Urine	665	603	564	493	471	2,796
Cough	727	629	550	358	408	2,672
Grand Total	10,517	9,339	8,321	6,060	7,236	41,473

Source: NELCSU, January 2015 (Data: December 2013 – November 2014)



Top 10 Symptoms – Referred to GP Out of Hours

Top 10 Symptoms Referred to GP OOH



These are cases with presenting symptoms that were referred to the GP OOH service

Top 10 Symptoms Referred to GP OOH	Barnet CCG	Enfield CCG	Haringey CCG	Camden CCG	Islington CCG	Grand Total
Predetermined Management Plan	1,867	1,554	1,317	61	1,277	6,076
Unwell, Under 1 Year Old	760	679	667	417	571	3,094
Breathing Problems, Breathlessness or Wheeze	782	708	547	258	465	2,760
Vomiting	636	638	549	298	428	2,549
Skin, Rash	607	561	481	284	457	2,390
Pain and/or Frequency Passing Urine	572	515	471	378	379	2,315
Sore Throat	513	487	439	303	370	2,112
Cough	556	483	411	230	304	1,984
Chest and Upper Back Pain	522	456	430	170	390	1,968
Abdominal Pain	417	448	362	239	337	1,803
Grand Total	7,232	6,529	5,674	2,638	4,978	27,051

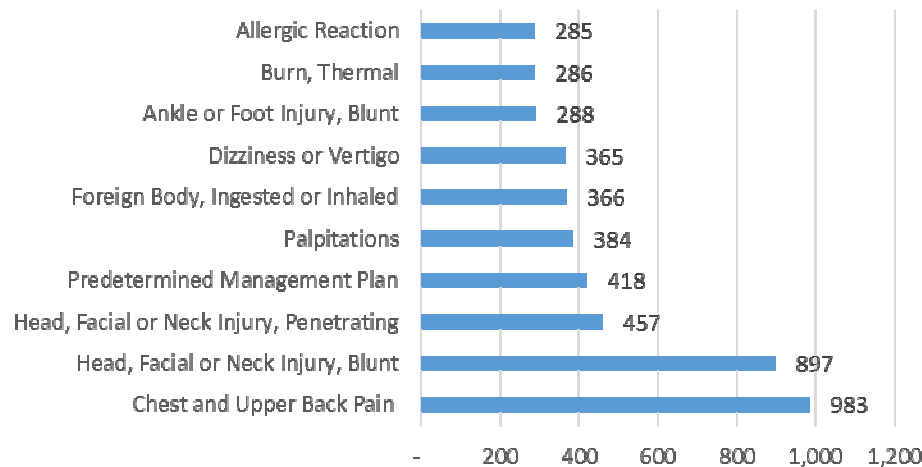
Source: NELCSU, January 2015 (Data: December 2013 – November 2014)



when it's less urgent than 999

Top 10 Symptoms – Referred to Emergency Departments

Top 10 Symptoms Referred to ED



These are cases with presenting symptoms that were referred to an emergency department

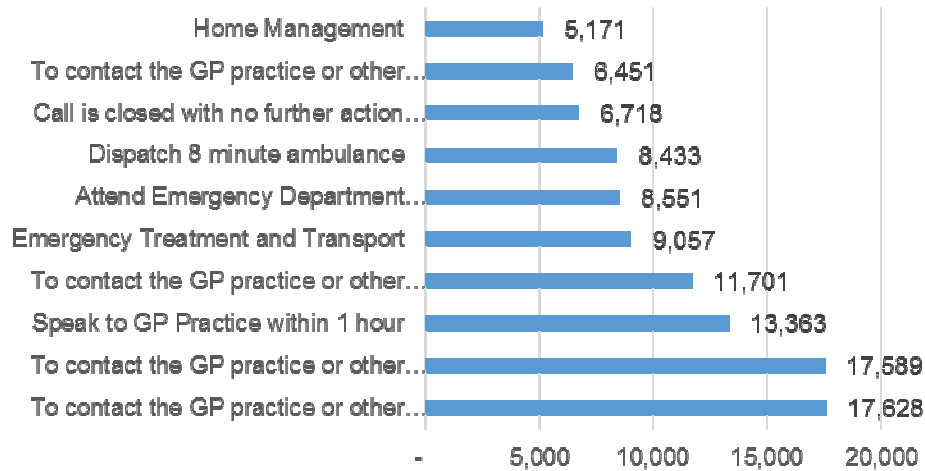
Top Ten Symptoms Referred to ED	Barnet CCG	Enfield CCG	Haringey CCG	Camden CCG	Islington CCG	Grand Total
Chest and Upper Back Pain	181	162	227	236	177	983
Head, Facial or Neck Injury, Blunt	221	120	213	170	173	897
Head, Facial or Neck Injury, Penetrating	100	55	99	106	97	457
Predetermined Management Plan	83	65	107	76	87	418
Palpitations	76	67	70	90	81	384
Foreign Body, Ingested or Inhaled	75	42	101	82	66	366
Dizziness or Vertigo	64	60	90	78	73	365
Ankle or Foot Injury, Blunt	68	50	41	65	64	288
Burn, Thermal	65	43	54	65	59	286
Allergic Reaction	58	47	76	51	53	285
Grand Total	991	711	1,078	1,019	930	4,729

Source: NELCSU, January 2015 (Data: December 2013 – November 2014)



Dx Codes – Top 10

Dx Codes - Top 10



DX Codes are used to decide the most appropriate service for a patient based on their answers to questions.

Almost half of all users need a GP (this is for day time and evenings / weekends)

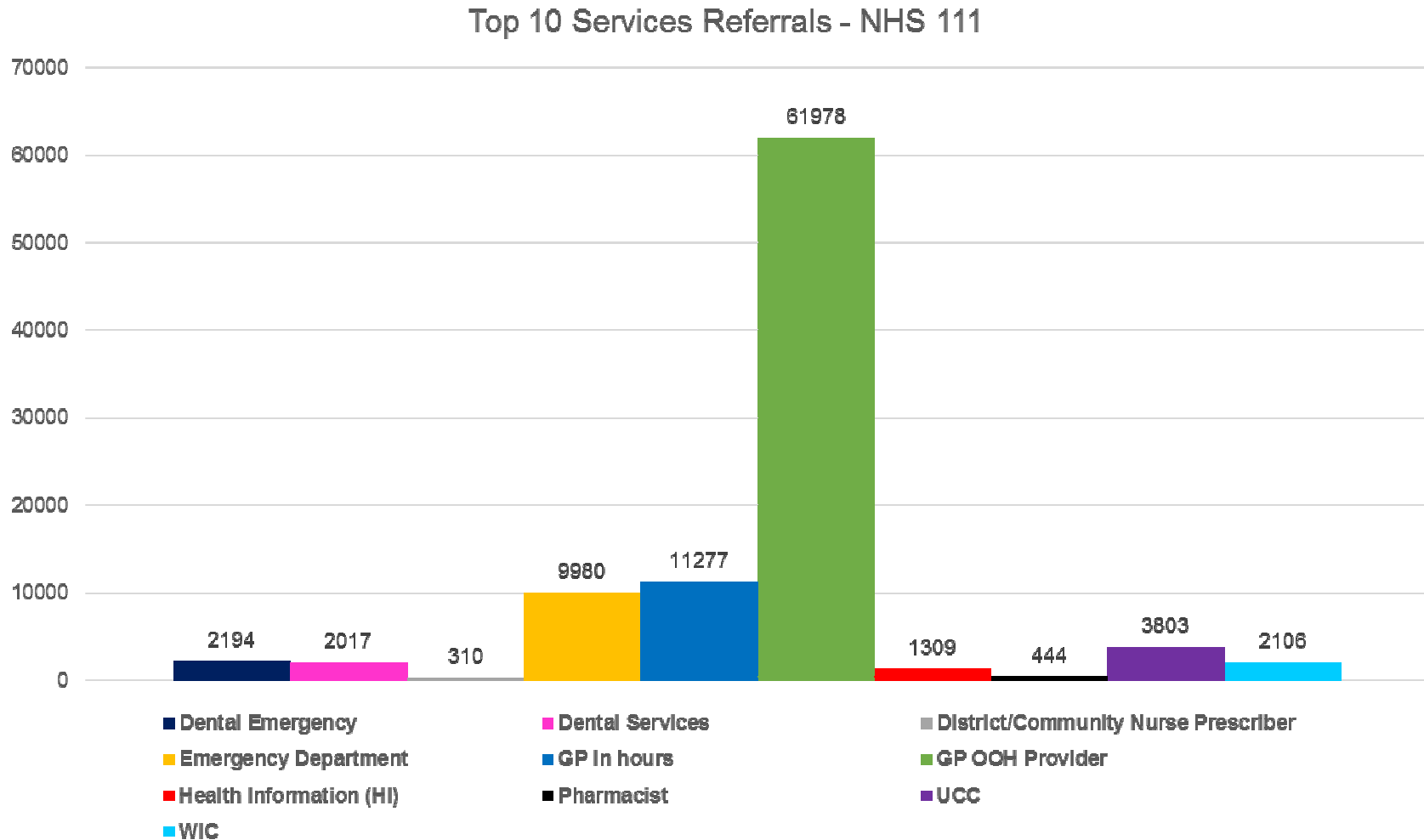
Dx Codes - Top 10	Barnet CCG	Enfield CCG	Haringey CCG	Camden CCG	Islington CCG	Grand Total	% of Total Dx Codes
To contact the GP practice or other local service within 2 hours	4,193	4,153	3,588	2,571	3,123	17,628	13%
To contact the GP practice or other local service within 6 hours	4,119	4,071	3,633	2,594	3,172	17,589	13%
Speak to GP Practice within 1 hour	3,524	2,999	2,531	1,909	2,400	13,363	10%
To contact the GP practice or other local service within 24 hours	2,872	2,563	2,416	1,754	2,096	11,701	8%
Emergency Treatment and Transport	2,106	2,238	1,797	1,255	1,661	9,057	6%
Attend Emergency Department within 1 hour	1,852	1,965	1,768	1,255	1,711	8,551	6%
Dispatch 8 minute ambulance	1,973	2,114	1,736	1,040	1,570	8,433	6%
Call is closed with no further action needed	2,042	1,463	1,252	995	966	6,718	5%
To contact the GP practice or other local service within 12 hours	1,530	1,487	1,271	993	1,170	6,451	5%
Home Management	1,320	1,232	1,035	683	901	5,171	4%

Source: NELCSU, January 2015 (Data: December 2013 – November 2014)



when it's less urgent than 999

NHS 111 Service Referrals – NCL Top 10



Note: Top 10 excludes N/A figures. LAS which forms part of N/A is reported separately within this report.

Source: NELCSU, January 2015 (Data: December 2013 – November 2014)



Demand profile: Urgent & Emergency Care

The referral profile demonstrates that a small proportion of cases are referred from NHS 111 to emergency health care services.

NHS 111 uses an accredited triage tool, NHS Pathways. Monthly audits would indicate that the tool is being used appropriately and supported by clinical assessment. Therefore there is no evidence to suggest that NHS 111 is directing 'non-emergency' cases to A&E.

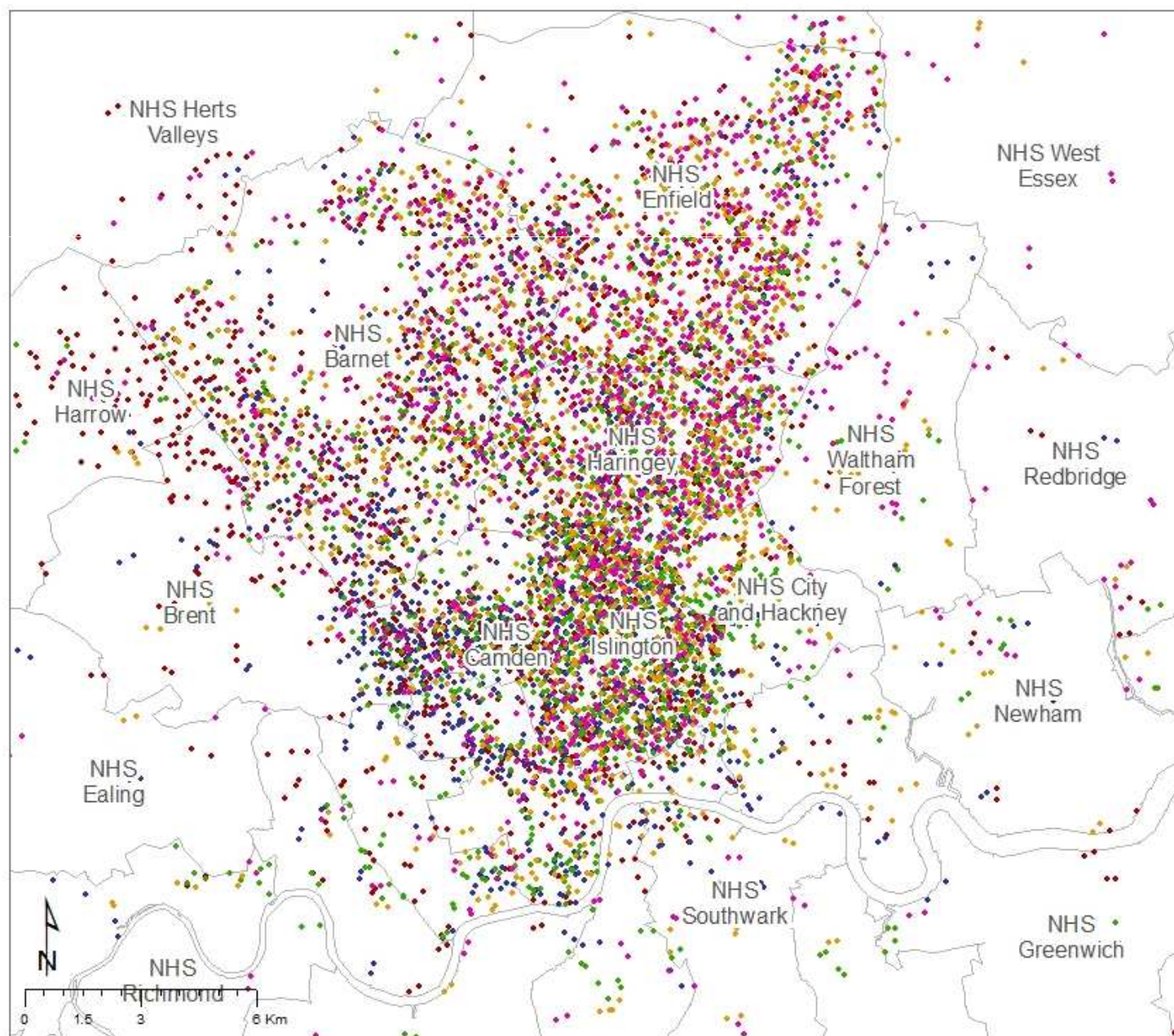
The current service includes an initial triage combined with a clinical assessment for specific cases such as those requiring an ambulance or those with complex conditions. It is expected that the future service will continue to offer this and also use a broader skill mix of staff such as pharmacists.

The skill mix model combined with more timely access to a GP will help support the urgent care system.



Service User Location Registered Patients

111 Caller Location by NCL-registered Patients. 1/12/2013 - end/11/2014



The patient flows indicate that service users are located across North Central London

Note: The colours represent registration in different CCG areas

- Legend**
- Enfield CCG**
 - 1 Dot = 0.459409295
 - myCount
 - Haringey CCG**
 - 1 Dot = 0.459409295
 - myCount
 - Islington CCG**
 - 1 Dot = 0.459409295
 - myCount
 - Camden CCG**
 - 1 Dot = 0.459409295
 - myCount
 - Barnet CCG**
 - 1 Dot = 0.459409295
 - myCount

Source: NELCSU, January 2015
(Data: December 2013 – November 2014)

Commissioning 111 and Out of Hours Services

NCL CCGs are planning to commission an integrated 111 and Out of Hours service to start in April 2016. This is aligned to the way in which patients use current services, and will allow us to continue to develop services over the next five years.

Patients in North Central London are not typically located near their GP practice when they express an urgent care need, therefore services need to be designed that are sensitive to access needs

The commissioning process is designed to improve access to services. The expected changes are between providers and should support improved access for patients during the out-of-hours period.

The procurement will be based on national quality standards for 111.

Integration of services

Patient flows

The patient flows demonstrate that the majority of 111 and OOH patients flows are within the North Central London but not necessarily within their borough of residence. Integrating services will enable patients more easily to access services from OOH bases in different boroughs.

Clinical Activity

The majority of referrals are currently made to GP services during the OOH period based on the clinical needs of patients. Access to GPs and other clinicians should be more timely, reducing the number of handovers. The integrated service will enable clinicians to prescribe without the need for duplication or unnecessary referral.

Skill Mix – Workforce

Workforce has been identified as a focus for urgent care development by NHS England. This model is designed to incorporate the recommendations from the NHS England learning programme that promotes use of skill mix. An NCL-wide model with integration of OOH and 111 will offer the flexibility to move staff to where they are most needed to meet changes in patient use throughout the day/year.

Urgent Care System Resilience

As part of wider support for the urgent and emergency care system the 111 and OOH services need the ability to respond to changes in demand in the rest of the system. The current model allows organisations to respond individually but still results in duplication for patients and inefficiencies in operational delivery that can result in delays. An integrated model is proposed as a collaboration of providers would have to operate collectively and respond jointly to system wide changes.

Engagement and Involvement

The commissioning of 111 and OOH does not include any plans to substantially alter access to services. The CCGs have already started a process of involving the public and will continue to do so.

The public will be involved in a number of ways, including:

- Patient representatives involved in the procurement
- Public and patient events
- Involvement of local GPs on behalf of their registered populations
- Utilising learning from complaints, feedback, incidents and compliments
- Feedback received through local authorities and other service providers

Models for future delivery

The new service will include use of skill mix including nurses, paramedics and pharmacists as well as GPs

The specification is unlikely to state ratios of staff as this will vary for different times of the day and different periods in the year. However any provider will be monitored in their ability to manage their case load

The model of care is being developed to support outcomes that are most appropriate for patients and the way they use services. We want to reduce the number of separate patient contacts, which means integrating services. It is unlikely that any existing provider will be able to deliver all parts of this integrated model

Therefore it is expected that local providers will collaborate and most probably submit joint tenders based on their own areas of expertise.

Triage

NHS Pathways is currently the only accredited clinical decision support tool that is available for use within 111.

Providers will be able to use any tools that have been accredited for use within NHS 111 and that comply with the commissioning standards.

Therefore if other tools are available and comply with NHS 111 licensing requirements then providers can seek permission to change their decision support tool in the future.

As a result of the NHS England learning and development programme and other local evaluations, changes have been made to the existing model of delivery and a clinical assessment stage has been included to optimise triage outcomes following initial Pathways assessment.

Information Technology

Information technology platforms in health have developed individually, however integration between IT platforms remain a challenge. The integrated service will have to meet interoperability standards that allow integration and the ability to track the entire patient journey between 111 and GP OOH.

With the development of GP 0800 – 2000 working, it is also proposed that an option is included to allow direct booking where local CCGs would like to commission this feature.

Integration with other urgent and emergency care services will be promoted through the use of the directory of services and using the NHS IT standards.

Local CCGs and their GP members will have the option to include access to GP records as part of the new model. The principle of record sharing is supported as it allows personalisation of care.

Procurement Process

The CCGs are initiating a procurement process to identify the right delivery model – this will most probably involve a group of providers working in collaboration and which could include existing or new providers.

The procurement will be governed by the assurance process that has been set out by NHS England. This process is designed to ensure consistency across England. Therefore the quality element will form the majority of the score for any procurement. The process will enable new providers to apply.

The scoring process has not yet been determined and the CCGs will be advised on the scoring options that can be included. *For example, there may be an expectation to demonstrate local delivery mechanisms; or to provide information about performance management*

Procurement Process

The process is being supported by a procurement team who are identifying the different options for pricing so that CCGs can determine the approach that will provide optimal clinical quality.

The existing 111/OOH contracts across NCL are worth just over £42 million. The exact value of the new contract is yet to be determined but will be in the range of £40 – £50 million. We are not cutting any services but we are investing effectively to improve quality.

Timeline

Agree all procurement documentation - end of March 2015

Commence Procurement Process - April 2015

Mobilise contract - December 2015

New Service start - April 2016