



Integrating NHS 111 and GP out-of-hours services in north central London

Public engagement events
Summary of discussion

April 2015

Commissioning NHS 111 and GP out-of-hours services

Background and context

NHS 111 and GP out-of-hours services are already available to residents in north central London. The five CCGs – Barnet, Camden, Enfield, Haringey and Islington – are seeking to strengthen these services to improve patients' experience. To achieve this, the CCGs are planning to commission an integrated NHS 111 and GP out-of-hours service.

Why integrate services?

A review of the patient flows demonstrates that the majority of patients who currently use NHS 111 and GP out-of-hours services live in north central London, but use services across the area not necessarily within their borough of residence.

Joining these services together will enable patients to access services more easily in different boroughs.

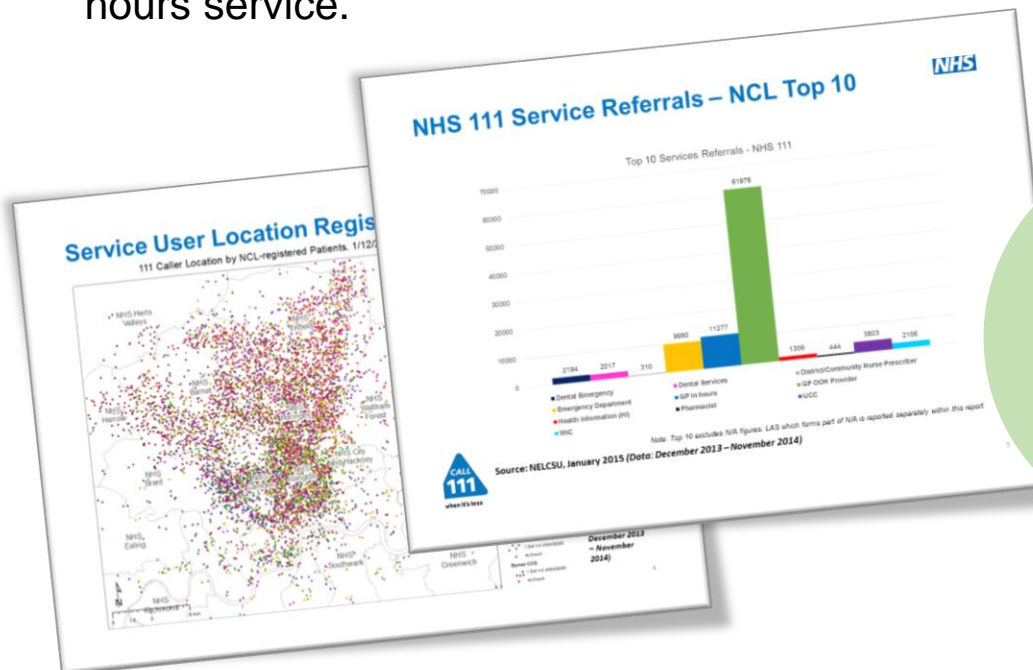
Patient flows

The majority of NHS 111 referrals are made to GP services (49%), rather than other services like London Ambulance Service (9%) or Urgent Care services/A&E (6%), during the out-of-hours period.

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.

Clinical activity



Current model vs new model

Current model

The current model is described as having multiple handovers between clinicians and organisations, with unnecessary delays for patients.

NHS 111 and GP out-of-hours services currently not integrated.

Proposed model

Delivered by a mix of skilled doctors, nurses, paramedics and pharmacists.

Supports outcomes that are most appropriate for patients and the way they use services.

Would reduce the number of separate patient contacts.

This type of model will require collaboration between a range of providers.

Public information events

Camden and Islington

23 February 2015

Enfield and Haringey

3 March 2015

Barnet and Enfield

6 March 2015

Attended by residents of those boroughs to listen to the proposals and feed back their thoughts.

Key emerging themes

Good quality services

Involvement of local doctors

Quality of engagement

Involvement of mental health services

Procurement process

Geography

Involvement of pharmacies

Involvement of local doctors

“People want a good quality service with a highly skilled professional no matter where they are from.”

“Patients prefer contact with their own GP.”

“Will there be a local doctor in the new service?”

- GPs’ working practices have changed over the years.
- Current model – less than 30% of the out-of-hours service is provided by local GPs.
- It is becoming increasingly difficult to attract the GP workforce to work in out-of-hours care.
- An integrated model would enable a mix of skills available for patients with doctors, nurses, pharmacists, paramedics, dental nurses and health advisors working together to provide advice, assessment and care.
- We would ensure that the provider of the service meets the Royal College of GPs’ quality standards.
- The provider would need to have an understanding of local services.

Clinical quality

“Who will man the NHS 111 service? Is it a 24-hour service?”

“NHS 111 has failed many disabled people in the last two years due to lack of continuity.”

“A doctor came to the house and treated my baby really quickly.”

“Will the health advisor issue repeat prescriptions?”

“There are lots of accents and languages and interpreters used in the service who are not medically trained!”

“Has a pilot been conducted anywhere?”

“I had a good experience when I rang NHS 111 in the middle of the night.”

- Majority of NHS 111 calls are received during evenings and weekends and most callers are referred to the GP out-of-hours service.
- NHS 111 is a two-year pilot service which began in April 2013. (There are nine across London and six more across the UK). Key lessons learnt from them are to integrate NHS 111 and GP out-of-hours, sharing patient records, digitally where possible.
- Clinical quality is of the utmost importance. We monitor the GP out-of-hours and NHS 111 services closely for quality, governance and safety, and this will continue.
- Recommissioning GP out-of-hours services means we can improve the clinical model.
- Health advisors and pathway clinicians would work together. Some calls would go through to a health advisor whilst other, more complex, calls would go to the pathway clinician.
- Health advisors are trained for 12 weeks and pass an exam before they can receive NHS 111 calls.
- Prescriptions will only be issued by a doctor, nurse or pharmacist.
- NHS 111 uses *Language Line*, staffed by medical interpreters. Calls are audited regularly to assure the quality of interpretation.
- Information about patients with a care plan will be shared between health care professionals to reduce duplication and provide greater detail and insight into their condition.

Quality of engagement

“Will patients be involved in designing the new service?”

“Why aren’t you doing more to tell us what is going on?”

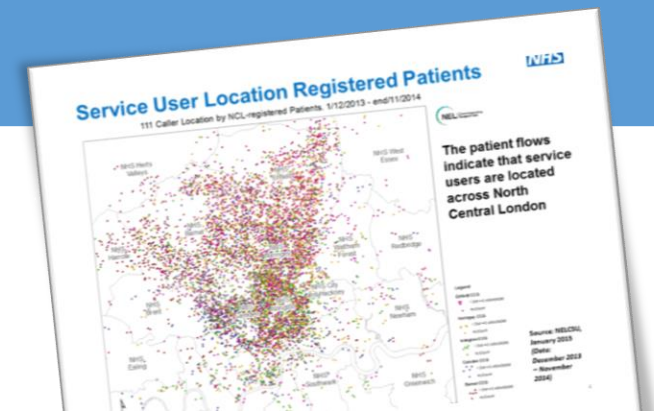
- Bringing NHS 111 and GP out-of-hours services together is about how the providers are organised, not how the services are delivered.
- A consistent piece of feedback from the events was to undertake further engagement – further public information events are planned for April and May.
- We have service user and Healthwatch involvement – Healthwatch are members of the Patient and Public Reference Group (PPRG) and sit on the NCL Urgent Care Programme Board.
- Members of the PPRG are helping to design the new integrated service.

Geography

“Is the five borough based contract because NHS England would not accept a smaller contract than this?”

“On the basis of your activity slide, why are Hackney and Harrow not included in these plans?”

- Multiple providers of NHS111 and GP out-of-hours services in London and NHS England recommends (lesson learnt from pilots) a single provider due to the high volume of activity.
- Initial thinking was for a single provider of NHS 111 to be commissioned for London. There are examples of single providers for NHS 111 across large geographical footprints – 33 CCGs commission a single NHS 111 service across the West Midlands.
- Locally, we have been successful in negotiating a smaller footprint across the five boroughs, rather than the whole of London.
- 95% of the activity occurs within the north central London boundaries. At this point there is not a significant proportion of activity in the other areas.
- The five CCGs work closely on numerous commissioning activities and share a five year strategic vision.



Pharmacy

“Are there any 24 hour pharmacies in north central London?”

- The new NHS 111/out-of-hours service will have a stock of common medicines that patients may need after hours (for example, pain relief and antibiotics).
- There are a number of pharmacies across north central London that are open till midnight.
- There is a 24-hour pharmacy in London, in Earls Court.

“How do we manage pharmacists’ opening hours?”



The commissioning process

“Why are we going for a single provider?”

“Can members of the public see the service specification to provide assurance that this is the model that is being tendered?”

- The service specification is not yet finalised but will not restrict bids to a single provider.
- Once finalised and agreed, the specification will be in the public domain for all to see. Patients are involved in the development of that specification.
- We are seeking to use a Lead Provider model, which will allow small groups of providers to come together.
- Because the geographical footprint is across five boroughs, we think it is unlikely there is one single provider who could effectively provide the whole integrated service.
- All local GP groups have been involved in the process so far through invitations to an event where we outlined the process and plans.

What are the positive elements and concerns you might have about the planned integrated service?

Positive elements

- Assurance of quality – this will be a better service in the long run.
- A seamless service between NHS 111 and GP out-of-hours.
- Patients have a much better understanding of how the services operate.
- Inclusion of specialist services, such as dental and mental health services.
- Advantage of NHS 111 and GP out-of-hours together – improved triage.
- Clinical advice available at the end of the phone.
- It's clear in the specification that the patient will not be bounced around the system.

Concerns

- Information and data governance.
- How do community services fit in with this model?
- How are disabled people who live on their own supported?
- Target children with education around how to use the NHS (from primary school).
- Loss of jobs with current providers.

How can we strengthen our plans?

Clinical model

- Ensure quality of the provider
- Strong performance management and targets within the contract.
- Ensure that performance is reported to CCGs and to patients/public.
- Deal with the diversity of language and cater for the hard of hearing.
- Rapid response needs to be made more seamless.
- Patients want local GPs delivering the out-of-hours service.
- Special instructions on how to use the NHS 111 service.

Communications and engagement

- Tell everyone about the new service.
- Communicate what we have now and what will remain in the new service.
- Use a variety of methods to share plans and engage with the local people including TV, radio and print media, websites and social media.
- Hold further public information events.
- Explore providing information about the new service at a range of locations (for example, football matches, supermarkets, libraries).