

Background and context

- ❑ NHS Clinical Commissioning Groups in north central London (Barnet, Camden, Enfield, Haringey and Islington) are seeking to improve the local NHS 111 service. This includes integrating the NHS 111 and the GP out-of-hours to enable them to work better together.
- ❑ The current contract for the NHS 111 service needs to be renewed which means we now have a real opportunity to learn from experiences and make NHS 111 work better for patients.

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.

The service is available 24/7 including bank holidays.

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**.

Our aim is to ensure the voices of patients and carers are at the heart of our decision-making and we recently hosted a series of public engagement events across north central London as an opportunity to hear from local people who have used the NHS 111 or out-of-hours services.

These events were held in the boroughs of Barnet, Camden, Enfield and Haringey and were led by the NHS 111 clinical lead for north central London, Dr Sam Shah:

- Enfield 28 April
- Haringey 5 May (2 events)
- Camden 13 May
- Barnet 18 May and 4 June

In addition, Islington CCG undertook a separate series of more than 15 workshops and meetings with over 250 Islington residents.

The meetings were open to all residents and enabled local people to share their views and experiences of existing services so that we can work together towards developing the best possible service.

The next few slides capture the key messages, emerging themes and patient feedback.

- ❑ **Involvement of local doctors:** people want to be able to speak to a local doctor when patients call the GP out-of-hours service
- ❑ **Information governance:** how will patient records be shared?
- ❑ **Equitable access:** how will the services support people with learning disabilities, who have a hearing impairment or other disability, or who do not speak English as a first language?
- ❑ **Ease of use:** some people that have used the NHS 111 service found it challenging to use and sometimes callers are asked too many irrelevant questions
- ❑ **Clinical quality:** people want to know that NHS 111 call handlers have the proper qualifications and training
- ❑ **Promotion of services:** there is a lack of public awareness of NHS 111 and GP out-of-hours services
- ❑ **Scale of procurement:** people want to know that local providers will be able to participate and not be discouraged by the scale of the procurement.

Why we are proposing to integrate services?



Patient flows



- ✓ Our research shows that the majority of patients who use NHS 111 live in north central London but use services across the area - not necessarily within their borough of residence.
- ✓ An integrated service would enable patients to access services more easily from OOH bases in different boroughs.

Clinical activity



- ✓ Ensure that access to GPs and other clinicians is more timely.
- ✓ Reduce the number of handovers.
- ✓ An integrated service would enable clinicians to prescribe without the need for duplication or unnecessary referral.

Models for future delivery

Current model

The current model has multiple handoffs between clinicians and organisations, and unnecessary delays

NHS 111 and OOH currently not integrated

Suggested model

Skills mix: nurses, paramedics, pharmacists and GPs

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

Reduces the number of separate patient contacts

This type of model will require collaboration between a range of providers. Local GPs and other providers are encouraged to work together

Patient feedback: positive elements of the proposed integration of services



I hope that it puts an end to patients being passed around the system

I feel assured that there will be a streamlined patient journey and I won't have to repeat myself over and over

Good to see the five boroughs working together to ensure that we get access to services across north central London

Inclusion of specialist services such as dental, pharmacy and mental health services

There are too many options to access urgent care help and sometimes it is confusing. I am happy that it has been simplified and that I will only have to dial one number as a starting point.

Pleased that the CCGs are listening to service users and involving us in the development of the service specification.

It is clear from the supporting information that the CCGs have done their research and demonstrated learning from past projects

Integrating services across the five boroughs puts an end to the postcode lottery. All residents will get cover regardless of where they are registered

Patient feedback: what are you most concerned about?

Information governance. How will my records be shared and will they be sold onto other companies?

How do you protect against prioritising costs over clinical quality, where the cheapest provider wins the contract?

How confident are you of finding the right provider?

Does the size of the procurement mean that only the big private companies will be successful?

Large scale projects have a more profound impact if they fail. Do you have a plan to manage against providers that fail?

Staff shortages in the NHS. How will the proposed service ensure that it is appropriately staffed?

How are you making sure that there will be equitable access for users with a hearing impairment or another disability?

Can you make sure that the involvement of local GPs is assured?

Will patients be expected to travel further to access services?

Patient feedback: how can we strengthen our plans?

Can you ensure that the service specification strengthens specific areas such as dealing with diverse languages and disability?

Can the CCGs consider how best to utilise technology?

Will you advertise the service and educate people about how and when to use it?

Will you make it easy for patients to feedback on services provided?

Can you ensure providers have highly skilled staff?

Can you ensure that plans also address daytime GP access?

Will you provide regular updates to PPGs?

Next steps:

- We are continuing to engage with patients and services users at every opportunity and throughout each phase of the programme.
- We are also developing a service specification with input from the patient participation reference group (PPRG).
- If you wish to provide some input or feedback on the proposed service then please contact feedback@nelcsu.nhs.uk or call 020 3688 1615.
- A full list of frequently asked questions (FAQs) is available on the individual CCG websites.

If you wish to learn more about our proposals and the rationale please visit your respective CCG website:



Barnet CCG - www.barnetccg.nhs.uk
Enfield CCG - www.enfieldccg.nhs.uk
Islington CCG - www.islingtonccg.nhs.uk

Camden CCG - www.camdenccg.nhs.uk,
Haringey CCG - www.haringeyccg.nhs.uk,