

NHS 111 and GP Out-of-Hours Procurement Update

Summary

Haringey CCG is working with the other four CCGs in north central London (Barnet, Camden, Enfield, and Islington) to improve the local NHS 111 and GP out-of-hours services (OOH). This includes bringing together the NHS 111 service and the GP out-of-hours service to enable them to work better together. The contract for the current NHS 111 service needs to be renewed in 2016, which means we now have a real opportunity to learn from experience and make NHS 111 work better for patients. We are doing it because we want to improve patients' experience of using and accessing urgent care services, making sure they receive the best care, from the best person, in the right place, at the right time.

NHS 111 has been piloted in different forms across England since early 2013. From these pilots, we have learned:

- Combining NHS 111 and GP out-of-hours services under a single contract helps patients get to the right service quicker, with less time spent being passed from one call handler to another.
- Nurse, GP or pharmacist input early on may help patients get the right advice or treatment more quickly.
- When an NHS 111 call handler directly books appointments for patients with the right service, such as a GP appointment, this works very well and improves patients' experience.
- NHS 111 services could make much better use of local community services.
- NHS 111 services need to develop better online access.

Over the past eight months we have held a large number of events and have heard from a wide range of members of the local community on the 111/OOH procurement proposals. The evidence we have gathered so far from the people we have spoken to, along with clinical evidence, shows that bringing the two services together across the five boroughs will both meet local need for the service and provide a sustainable service.

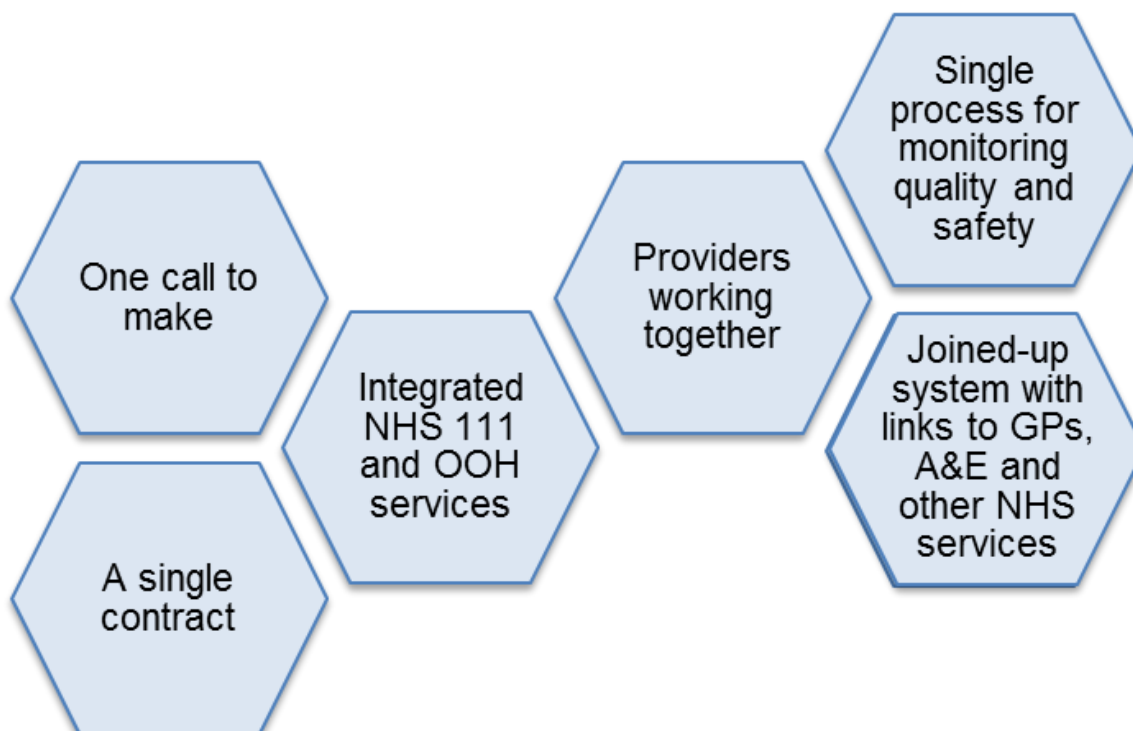
1. WHY THIS REPORT IS NEEDED

- 1.1 This report provides the Board with an update on the planned procurement of an integrated NHS 111/OOH service across Barnet, Camden, Enfield, Haringey and Islington.
- 1.2 NHS 111 and the out-of-hours services work very closely together, with OOH seeing by far the majority of referrals from NHS 111. It is vital to make sure they work in a co-ordinated way to support the patient's journey and deliver high quality, safe patient care.

- 1.3 Currently the CCGs in north central London commission three different organisations to deliver separate NHS 111 and out-of-hours services to patients in north central London.
- The NHS 111 service is provided by one provider for all five CCGs in North Central London – *London Central and West Unscheduled Care Collaborative (LCW)*, a GP-led not for profit organisation.
 - The GP out-of-hours service for Barnet, Enfield and Haringey is provided by *Barndoc Healthcare Ltd.* and the service for Camden and Islington is provided by *Care UK*.
- 1.4 The contracts all three services were set to expire in March 2015, but these have now been extended to allow the Clinical Commissioning groups (CCGs) to refresh and improve the service and consider commissioning a combined NHS 111 and out-of-hours (OOH) service across the five boroughs.
- 1.5 Haringey CCG, along with the other CCGs in north central London think it therefore makes sense to commission NHS 111 and OOH as a single contract, with a single specification, so that patients would receive a more joined-up service with fewer transfers between medical staff and better information-sharing.
- 1.6 A single contract, does not, however, mean that a single provider would be commissioned to provide the service. Our proposal is to develop a single contract, where a lead provider(s) would coordinate the work with all the local providers (which could include NHS trusts, GP collaboratives or private and voluntary sector providers), making sure they are working together to deliver the best possible outcomes and care for patients – they would be held accountable by CCGs for delivering those outcomes and care, with a detailed and clear specification for the service. We believe this would be the right model because it matches how patients actually access these services.
- 1.7 The current services 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.
- 1.8 We know this from the evidence we see at the monthly clinical quality review meetings. Also, evidence published on the NHS England website¹ shows that 86% of our patients said they were fairly or very satisfied with their NHS 111 experience.
- 1.9 However, we also know from complaints, incidents and feedback that some patients have had a poor experience, and this needs to be improved.

¹ <http://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/>

- 1.10 Because the current contracts for these services are all drawing to an end, the CCGs are legally required to undertake a formal procurement process.
- 1.11 By commissioning a service across NCL, doctors believe it would mean the NHS could develop better systems and infrastructure which would be more flexible and reactive to patients' needs; for example, we want the service to employ a 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 – and this would be the same for our patients, wherever they live.
- 1.12 This is also an opportunity to redevelop the NHS 111 and OOH service as an integral part of the health system across north central London, and ensure that it works intuitively with other aspects of primary care and emergency care.
- 1.13 In developing our proposals we have considered a number of options for the future of NHS 111 and OOH services in north central London. These options include commissioning the services in the same way as at the moment, or commissioning the services separately for each individual borough. The CCG's preferred option is to commission an integrated service across all five boroughs – there would be a lead provider, but services might be delivered by a combination of providers.
- 1.14 The proposed model would look like this:



- 1.15 Callers to NHS 111 are often not near their registered GP practice when they call, but are usually somewhere within the NCL area, so it makes sense for NHS 111 to be able to refer them to healthcare services near to where they actually are at the time of their call. Combining the two services would make this easier.
- 1.16 By commissioning a service across NCL, doctors believe it would mean the NHS could develop better systems and infrastructure which would be more flexible and reactive to patients' needs; for example, we want the service to employ a 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 – and this would be the same for our patients, wherever they live.
- 1.17 Deaf service users and those with learning difficulties 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.
- 1.18 Current model vs proposed model:

	Current model	Proposed model
Contract	<p>One organisation providing NHS 111 for all of north central London (Barnet, Camden, Enfield, Haringey and Islington).</p> <p>Two organisations providing OOH services for north central London (one in Barnet, Enfield and Haringey; one in Camden and Islington)</p>	<p>A single contract with responsibility for all NHS 111 and OOH services in north central London. This may be delivered by a single organisation or (more likely) by a group of organisations working together. A single contract, with a clearly designed specification, would make it easier for CCGs to hold providers to account for delivering the right outcomes and care for patients.</p>
Clinical support	<p>Heavily reliant on GPs for clinical support. Recruitment of GPs is increasingly difficult as there is a shortage of GPs nationally.</p>	<p>A range of clinical skills is available (nurses, paramedics, pharmacists and GPs) who could be used flexibly to provide clinical support. This means callers would be directed to the most appropriate clinician for what they need.</p>

Assessment	People who require a GP urgently have to speak to at least two people (typically more) before they can get definitive clinical advice or an appointment.	People would be directed to the most appropriate service; usually by the first person they speak to.
Appointments	Some direct bookings – but patients usually need to hang up and call a different number to make an appointment with the appropriate service	Direct bookings for OOH appointments, including home visits. Direct bookings available for most other services.
Medical history	Services have limited access to special patient notes for people with complex health and/or social care needs, and no access to routine medical history for NHS 111 or OOH	Those involved directly in patient care would have consistent access to special patient notes and routine medical history for patients using the service
Equity of access	Access to OOH services is different depending on where people live in north central London	Access to OOH services would be the same, regardless of where people live in north central London – and patients would have more choice

1.19 The CCGs believe that investing in an integrated NHS 111/out-of-hours service would provide numerous benefits for patients and residents of north central London:

- Patients would be more likely to be seen by the right clinician, earlier in the process
- There would be fewer transfers as the patient progresses through the system – you should only have to give your information once
- Patients would no longer be bound by administrative barriers (eg residents in West Haringey could be directed to the OOH base at the urgent care centre at the Whittington hospital, rather than travel across the borough to the North Middlesex hospital) – you would be able to choose the services most convenient to you
- The skills mix model, combined with more timely access to a GP, would help support the urgent care system – you would be directed to the most appropriate service that meets your medical needs and this should mean you are less likely to have to wait around at a busy A&E

- The integrated service would have flexibility to redeploy staff to where they are most needed to meet changes in patient use throughout the day and year
- Clinicians would be able to prescribe without the need for duplication or unnecessary referral
- All contracts would be rigorously monitored, as is the case today; providing assurance that the service is safe and of a high quality. Providers would be accountable for delivering the outcomes and care that patients need
- NHS 111 call advisers would be able to book patients directly to appointments with OOH and other services
- Commissioning at this scale would allow the development of systems and infrastructure that are more flexible and reactive to patients' needs – for example online tools to enable you to assess your own health needs, and systems for deaf service users.

2. REASONS FOR RECOMMENDATIONS

- 2.1 Not Applicable as the report is an update on the planned procurement of an integrated NHS 111/OOH service across Barnet, Camden, Enfield, Haringey and Islington.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 In further developing our proposals we have considered a number of options for the future of NHS 111 and OOH services in north central London. These options include commissioning the services in the same way as at the moment, or commissioning the services separately for each individual borough. Our preferred option is to commission an integrated service across all five boroughs – there would be a lead provider, but services might be delivered by a combination of providers. The following table outlines the advantages of each option:

✓ = the option partially offers this advantage

✓✓ = the option fully offers this advantage

Patients get clinical advice quickly from the right person, without calling a different number	Reduces pressure on A&E by making sure patients get treatment early on	Equal access to services wherever you live in north central London	Fewer transfers from one adviser to another	Can adapt to deal with pressure at peak times	Service provided by local clinicians	Contracts can be rigorously monitored	Could develop new systems – e.g. for deaf service users – that are better at meeting patients' needs
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Option 1 – Commission one NHS 111 and two GP OOH providers – No change	✓	✓	✓	✓ ²	✓✓	✓
Option 2 – Each CCG to commission its own NHS 111 and GP OOH providers	✓	✓		✓ ²	✓✓	
Option 3 – Commission one lead provider for NHS 111 and GP out-of-hours across five boroughs – our preferred option	✓✓	✓✓	✓✓	✓✓	✓✓	✓ ² ✓✓ ✓✓

3.2 The initial idea to commission NHS 111 and OOH services as a single service across NCL 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, in which the CCGs spoke to hundreds of patients, which recommended a more joined-up approach to commissioning urgent care and specifically NHS 111 and OOH services.

3.3 There was also an independent review by the Primary Care Foundation which showed how reducing transfers between NHS 111 and OOH would speed up the clinical care patients received and improve their experience.

4. IMPLICATIONS OF DECISION

4.1 Corporate Priorities and Performance

The key projects described in this report are closely aligned to the remit of the HWBB as it relates to key leaders from the health and care system working together to improve the health and well-being of local communities through local commissioning of health care, social care and public health; informed by the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy. There is also close alignment with the strategic aims of the other four CCGs for the delivery of high-quality health and health care services for the residents of north central London.

4.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

None in the context of this report.

² * The current national shortage of GPs means it can be difficult for OOH services to recruit local doctors. We couldn't guarantee, regardless of how we commission these services; that they would employ local doctors – but we do want to make sure that the local service is an attractive career option that good local clinicians would want to take part in.

4.3 Risk Management

4.3.1 None in the context of this report.

4.4 Equalities and Diversity

4.4.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies **to have due regard** to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

4.4.2 The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services.

4.4.3 Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports. Proposals are therefore assessed for their impact on equality and diversity in line with the Haringey CCG Equality Delivery System

4.4.4 The current service configuration results in an access inequality between boroughs. The proposed service will reduce this inequality by offering consistent access and availability of services across NCL. The NHS 111 and OOH Patient and Public Reference Group has been involved in the service development which informed the equality analysis. A number of engagement events have been held with patient groups such as those with hearing difficulties or learning difficulties with useful feedback on current services.

4.5 Consultation and Engagement

4.5.1 The CCGs have undertaken a substantial engagement programme across NCL over the past six months, which has included:

- Individual CCGs discussing NHS 111 and OOH proposals at local events, including discussions with hundreds of individual service users and meetings with community and voluntary groups
- Presentations at the regular meetings with GPs across NCL to ensure local doctors understand what is proposed and how they could be involved
- Two phases of focused engagement events held at venues across NCL and advertised through local newspapers and CCG websites, which were attended by hundreds of interested service users and encouraged in-depth discussion of the proposals. In Haringey, these took place in March, April and May.
- An online survey to find out the views of stakeholders and service users on our commissioning proposals.

- 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 has had 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.
- Market events with local and national providers, letting them know what we are proposing so they can decide whether to bid for the new contract.
- Presentations to the joint health overview and scrutiny committees.

- 4.5.2 We have had very useful feedback from many service users and local campaign groups, with considerable support for joining up NHS 111 with the GP out-of-hours service to improve patients' experience. That a future service would mean fewer handoffs between services has been particularly welcomed, as have the improvements proposed in the clinical model such as the opportunity to talk to other NHS services (dentists, pharmacists, mental health workers) and earlier access to clinicians including pharmacy, repeat prescriptions and direct access into GP appointments.
- 4.5.3 There were concerns and anxieties too, so in July, a focused piece of engagement took place, sharing further with residents and service users, exactly why the CCGs are proposing to commission an integrated NHS 111/OOH service. Despite wide communications highlighting the engagement document and its survey, there was a very small response to the engagement, of those that did respond Option 3 was the most favoured option.
- 4.5.4 The draft service specification for the proposed integrated service has been under development since Spring 2015, with input from the programme's clinical sub-group, whose members are clinical leads from Barnet, Camden, Enfield, Haringey and Islington CCGs. The Patient and Public Reference Group and Healthwatch organisations have had the opportunity to discuss the specification and make line-by-line comments. Additionally, the draft specification was published on the websites of all five CCGs from 21 July to 19 August, and circulated to same stakeholder list as the engagement document, inviting comments which will be fed back to the drafting team before the final specification is produced for discussion by CCGs in September.
- 4.5.5 In July, CCG Chief Officers, with other NHS leads, received a letter from Dame Barbara Hakin, National Director of Commissioning Operations for NHS England, informing of proposals for 'commissioning a functionally integrated urgent care access, treatment and clinical advice service.' This letter notes that NHS England is developing new commissioning standards for an integrated NHS 111 and OOH service, and asks commissioners to suspend procurements of these services until the end of September 2015. This is already in line with the timetable to which

CCGs in north central London (NCL) are working – our procurement is planned to start in October, allowing time for a further period of engagement and communication with our local communities.