

# Future model for NHS 111 and GP out-of-hours services in north central London

Proposal to commission an integrated NHS 111 and out-of-hours service across Barnet, Camden, Enfield, Haringey and Islington

All comments and feedback must be received by **31 July 2015**



# 1. Foreword

From feedback, both nationally and locally, we understand that people find it difficult to know where they should go when they have an urgent healthcare need.

This often results in people being seen in the wrong place and by the wrong professional; meaning that people may not always get the most appropriate care, and can lead to a poor experience for patients.

It is for this reason that NHS 111 was developed as a single point of access to help people get to the right health care service as soon as possible.

Since its launch in 2013, NHS 111 as a first point of contact has been developed nationally with significant benefits for patients, supporting a coordinated approach to patient care which is fit for the future.

GPs in north central London (NCL) – that's Barnet, Camden, Enfield, Haringey and Islington – are considering a proposal to commission (buy) an integrated NHS 111 and out-of-hours service across all five boroughs. This document explains in more detail why this is considered the preferred option.

We believe the evidence is clear that this is the best match for how patients actually use NHS 111 and out-of-hours services, and that commissioning in this way would provide the most effective way of delivering these services. It would also enable us to develop and improve the services over the next five years.

Many other areas of England are also developing similar services over far larger areas, but we think that NCL is the right size to retain the local perspective and local control.

**NHS 111** is a free telephone number to help people who have 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 assess patients and direct them to the most appropriate service.

NHS 111 was introduced across the country in 2013 and replaced NHS Direct. It is available 24 hours a day, 365 days a year and calls are free from landlines and mobile phones.

**Out-of-hours services** are available so that people can still access 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 and face-to-face appointments if needed. Patients get access to the out-of-hours service by calling NHS 111 first.

The contracts for both of these services were set to expire in March 2015, but these have 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. This follows discussions by the CCGs at their governing body meetings which were held in public, and other discussions which have been taking place across the patch since 2013.

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.

We 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.

This would not mean that only a single provider or organisation would be commissioned to do this work – a group of providers working through a single contract could also be an option. They would need to demonstrate how they plan to work together, and would be held accountable by the CCGs for delivering a high quality service.

We have spoken to many residents and service users over the past six months about these proposals. There's a lot of support for the idea of combining NHS 111 and OOH – but it's clear that we need to do more to make the case for

commissioning these as an integrated service across NCL. That's why we are setting out the proposal here and seeking your views about it.

During July, we are undertaking a further period of engagement, specifically focused on the proposal to commission an integrated service across five boroughs. We will:

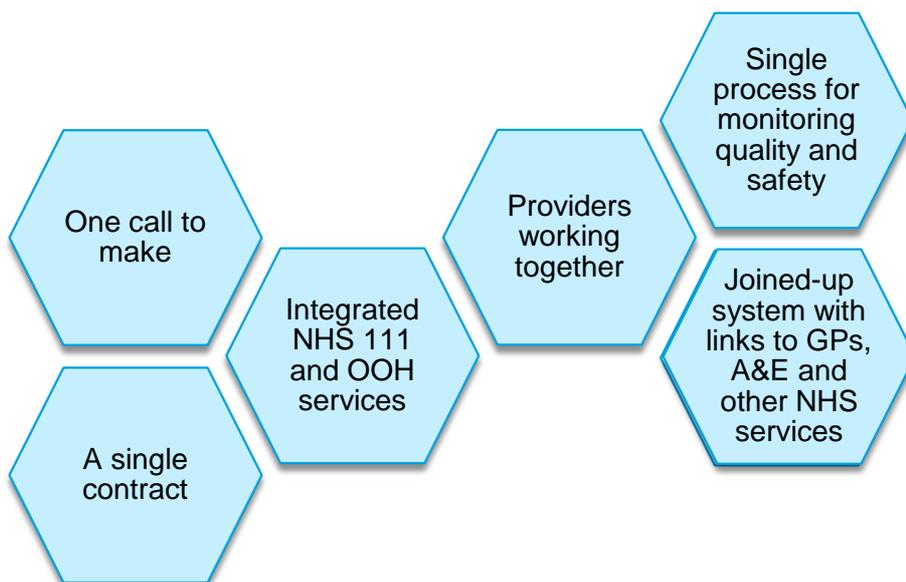
- Publish and circulate widely this engagement document, outlining the case for NCL-wide commissioning and encouraging residents and stakeholders to submit their views
- Share an online and postal questionnaire
- Meet with clinicians and key stakeholder groups to discuss and develop the clinical case for change further.

- Hold an additional 'market-testing' event, to ensure that all potential providers have the fullest possible information about the proposed service and opportunities to participate.

We are seeking your views and contributions on how the NHS could commission the best joined-up NHS 111/out-of-hours service for the residents of Barnet, Camden, Enfield, Haringey and Islington.

**Please take a look at the information in this document and send us your thoughts. We look forward to hearing your views.**

## Proposed model



## 2. Current service

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 out-of-hours service for Camden and Islington is provided by *Care UK*, and the service for Barnet, Enfield and Haringey is provided by *Barndoc Healthcare*.

These organisations 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.

We know this from the evidence we see at the monthly clinical quality review meetings. Also, evidence published on the NHS England website<sup>1</sup> shows that 86% of our patients said they were fairly or very satisfied with their NHS 111 experience.

However, we also know from complaints, incidents and feedback that some patients have had a poor experience, and this needs to be improved.

The current contracts for these services are all drawing to an end, which means north central London (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.

## 3. Case for Change

We now have two years of feedback on the NHS 111 service, and an opportunity to develop the way it works.

Evidence shows 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.

We think it therefore makes sense to commission NHS 111 and OOH as a single contract, with a single specification, ensuring patients would receive a more joined-up service with fewer transfers between medical staff and better information sharing – currently patients often have to be assessed twice, giving their information to both NHS 111 and the out-of-hours provider, and we want to make this simpler and safer.

The five NCL CCGs believe that a single service across the five NCL boroughs would deliver the best service for patients.

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.

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

## How do patients use NHS 111?

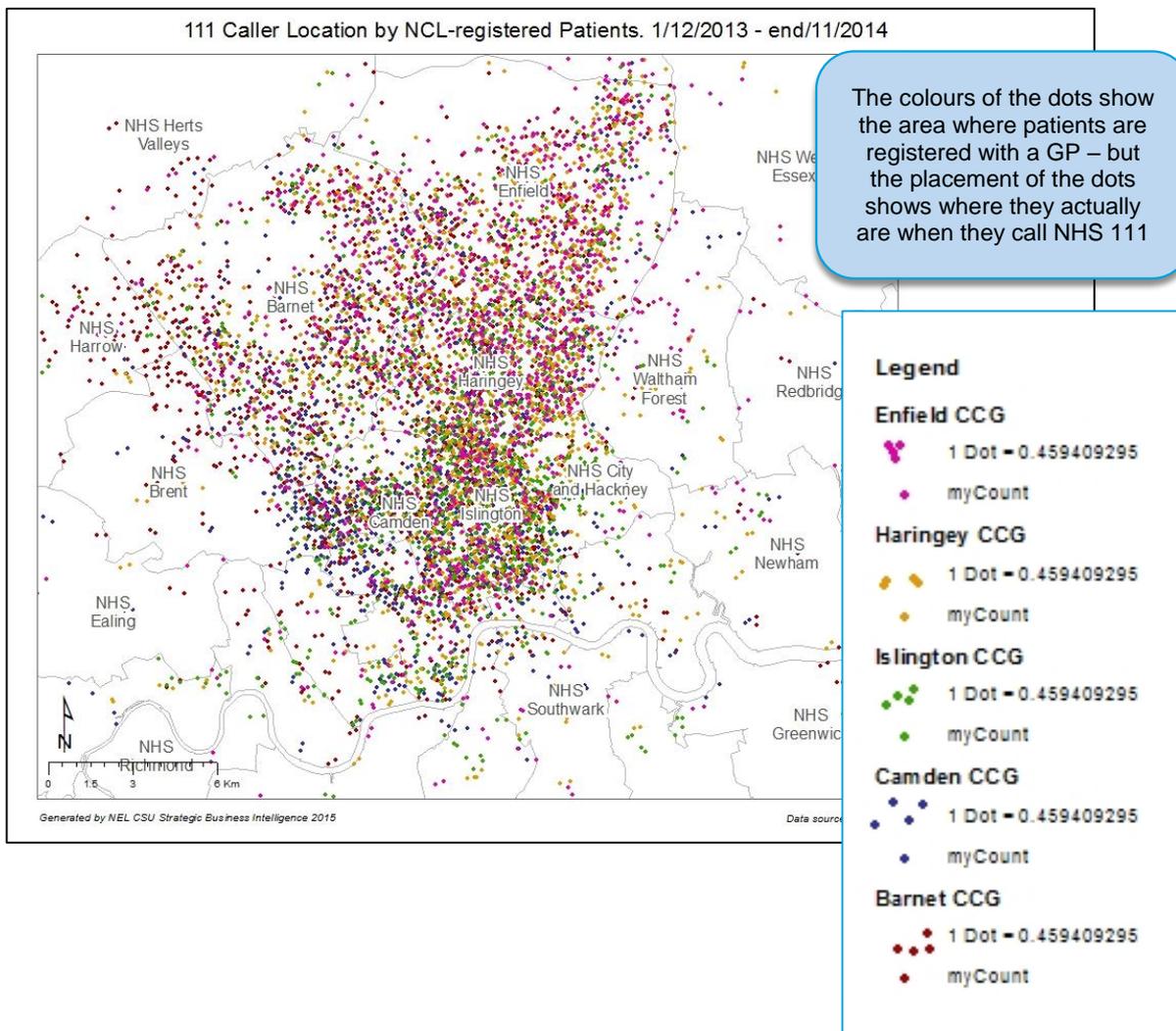
Callers to NHS 111 are often not near their registered GP practice when they call, but are usually somewhere within the NCL area, so it makes sense for NHS 111 to be able to refer them to healthcare services near to where they actually are at the time of their call. Combining the two services would make this easier.

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.

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 health system across north central London, and ensure that it works intuitively with other aspects of primary care and emergency care.

A single contract, does not, however, mean that a single 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. As part of the bidding process, potential providers would have to demonstrate how they plan to work with other providers, including local clinicians.



	<b>Current model</b>	<b>Proposed model</b>
<b>Contract</b>	<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>
<b>Clinical support</b>	<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>
<b>Assessment</b>	<p>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.</p>	<p>People would be directed to the most appropriate service; usually by the first person they speak to.</p>
<b>Appointments</b>	<p>Some direct bookings – but patients usually need to hang up and call a different number to make an appointment with the appropriate service</p>	<p>Direct bookings for OOH appointments, including home visits. Direct bookings available for most other services.</p>
<b>Medical history</b>	<p>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</p>	<p>Those involved directly in patient care would have consistent access to special patient notes and routine medical history for patients using the service</p>
<b>Equity of access</b>	<p>Access to OOH services is different depending on where people live in north central London</p>	<p>Access to OOH services would be the same, regardless of where people live in north central London – and patients would have more choice</p>

## 4. Benefits for patients

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, so you can be assured 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, so you **won't need to make an extra phone call**
- 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

Our analysis so far, based on considerable engagement with clinicians and members of the public, suggests there are no significant drawbacks to the proposed model – but we welcome your views on this.

## 5. Our proposals

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. 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 advantages of each option are summarised below:

✓ = 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
<b>Option 1 – Commission one NHS 111 and two GP OOH providers – No change</b>	✓	✓			✓	✓*	✓✓	✓
<b>Option 2 – Each CCG to commission its own NHS 111 and GP OOH providers</b>	✓	✓				✓*	✓✓	
<b>Option 3 – Commission one lead provider for NHS 111 and GP out-of-hours across five boroughs – our preferred option</b>	✓✓	✓✓	✓✓	✓✓	✓✓	✓*	✓✓	✓✓

\* 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.

## 6. How we have engaged with service users and clinicians

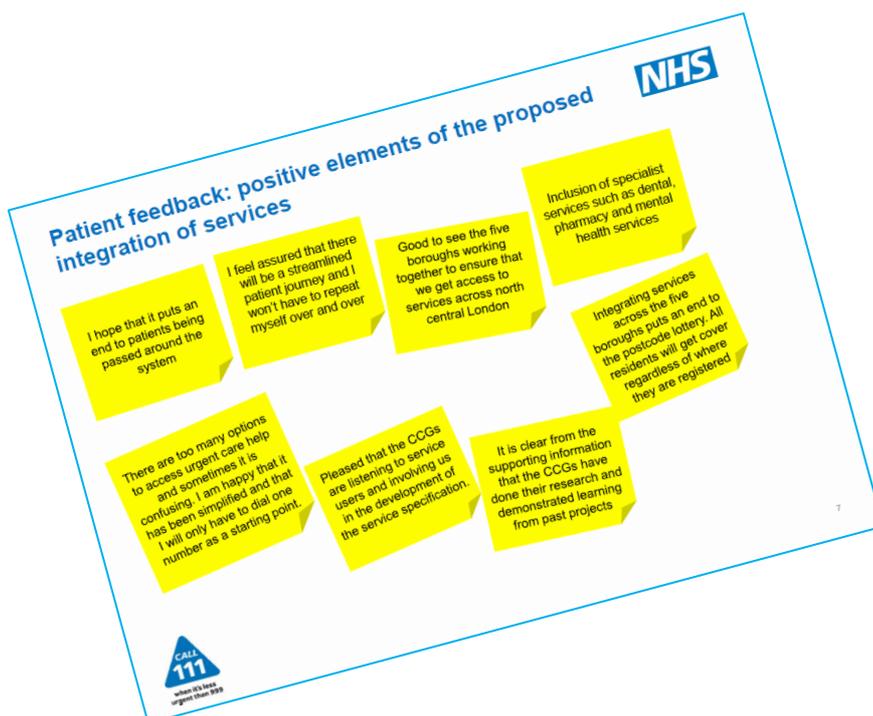
The initial idea to commission NHS 111 and OOH services as a single service across NCL was developed based on extensive feedback from service users and clinicians. In particular, the Review of Urgent Care carried out in Camden and Islington in 2013/4, in which we spoke to hundreds of patients, recommended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

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.

The CCGs have undertaken a substantial engagement programme 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 targeted groups such as disabled service users and refugees
- 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.
- 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 local councillors through their health overview and scrutiny committees.



## 7. Frequently asked questions

### **Why would this make things better?**

The biggest difference would be the integration of the clinical workforce and the supporting IT systems for NHS 111 and the out-of-hours GP service. This means that when patients are referred, the clinician would have access to clinical information that would support their ability to provide advice; and would also avoid patients having to repeat their symptoms at multiple stages. We also want the NHS 111 service to be able to make appointments with the GP out-of-hours service on that initial phone call – something which is not currently possible. This should result in a much better and quicker experience for patients. Patients would also have a larger choice of OOH bases when they need a face-to-face appointment.

### **When would the new service start?**

We would like the new integrated service to start next year. This would ensure that there is enough time for a full and proper procurement process. Local clinicians are very involved in developing the service specification for this procurement. We know that we need to make sure we communicate what is happening with people in all five boroughs and we will continue to communicate and engage with residents in north central London.

### **Would there be more clinical involvement in delivering the NHS 111 service.**

The NHS 111 call handlers already have access to clinical advice when they need it, but under the new proposals this would include a mix of health professionals, including pharmacists and paramedics as well as GPs and nurses, all operating within the same service, so fewer delays for callers.

### **Would the new service be provided by local clinicians who have access to local knowledge?**

While we cannot instruct the new service only to recruit local staff, we can specify that staff must have excellent knowledge of local services. It is also our intention that the new service would 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.

### **Isn't it true that only big, private companies would be able to bid for the contract?**

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 would be delivered by a number of providers working together. As part of the procurement process, potential lead providers would have to demonstrate how they would work with other providers.

### **Would the new service be 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 implement effective solutions to improve access for all.

## 8. What do you think?

We want to hear about your experiences of the current services, and your views and contributions on the proposals and how we can commission the best NHS 111/OOH service for the residents of Barnet, Camden, Enfield, Haringey and Islington.

Whether you are a patient, carer, staff member, representative group, community organisation or local resident, you can write to us or fill in the questionnaire at the back of this document and post it to:

NHS 111/out-of-hours  
Communications Department  
NEL Commissioning Support Unit  
75 Worship Street  
London  
EC2A 2DU

Alternatively, you can email your comments to [feedback@nelcsu.nhs.uk](mailto:feedback@nelcsu.nhs.uk) or call us at 020 3688 1615.

You could also fill in our questionnaire online at <http://www.camdenccg.nhs.uk/about/questionnaire.htm>.

For further information about the procurement process or to read the background documents, please take a look at our websites at:

Barnet CCG	<a href="http://www.barnetccg.nhs.uk">www.barnetccg.nhs.uk</a>
Camden CCG	<a href="http://www.camdenccg.nhs.uk">www.camdenccg.nhs.uk</a>
Enfield CCG	<a href="http://www.enfieldccg.nhs.uk">www.enfieldccg.nhs.uk</a>
Haringey CCG	<a href="http://www.haringeyccg.nhs.uk">www.haringeyccg.nhs.uk</a>
Islington CCG	<a href="http://www.islingtonccg.nhs.uk">www.islingtonccg.nhs.uk</a>



## Questionnaire

We welcome any feedback or ideas you have, but we are particularly interested in your answers to the following questions. You do NOT have to answer all the questions and please use extra paper if necessary.

### Confidentiality

If you are responding **on behalf of an organisation or you are representative** of service users/the public e.g. an MP or councillor, your response may be made available for public scrutiny.

If you are responding in a **personal capacity**:

- and you would like to be kept informed of our work then please insert your name and address on the questionnaire
- your response (but not your personal details) will be shared with decision-makers to enable them to consider your views fully
- whether or not you provide your name and contact details, your response will not be published but unidentifiable quotes may be used to illustrate comments made.

**Question 1. Are you providing this response** (please tick):

- In a personal capacity
- As a representative of a group. Please state which group you are representing

\_\_\_\_\_

**Question 2. Which borough do you live in?** (please tick):

- Barnet
- Camden
- Enfield
- Haringey
- Islington
- Other (please tell us which one)

\_\_\_\_\_

**Question 3. Which borough do you work in? (please tick)**

- Barnet
- Camden
- Enfield
- Haringey
- Islington
- Other (please tell us which one)

\_\_\_\_\_

**Question 4. Have you used NHS 111 or a GP out-of-hours service in the past two years? (select all that apply)**

- NHS 111
- GP out-of-hours
- Neither

**Question 5. We are considering a proposal to commission an integrated NHS 111 and GP out-of-hours service across north central London. What factors are most important for you when using these services? (please select your top five)**

- Out-of-hours' sites being easy to get to by public transport
- The service being accessible for people who don't speak English as a first language
- Getting useful advice about your condition quickly
- Getting useful advice from the first person you speak to, without being referred
- Being able to speak to a nurse or other health professional
- The service being accessible for people with a physical disability
- Being able to speak with someone with good knowledge of local services
- The service being accessible for people with a hearing or visual disability
- The service being able to book an appointment with your GP practice (inside practice working hours)
- Being able to speak to a doctor
- Being able to speak with a local doctor
- Being able to speak with someone with access to your medical records
- Other \_\_\_\_\_

**Question 6. Our preferred option is to commission an integrated NHS 111 and GP out-of-hours service across Barnet, Camden, Enfield, Haringey and Islington. With which option do you agree/disagree? (Please circle)**

<b>Option 1 – Commission one NHS 111 and two GP OOH services (one in Camden and Islington, one in Barnet, Enfield and Haringey) – No change</b>	<p style="text-align: center;">Agree</p>	<p style="text-align: center;">Disagree</p>	<p style="text-align: center;">Don't know</p>
<b>Option 2 – Each CCG to commission its own NHS 111 and GP OOH services</b>	<p style="text-align: center;">Agree</p>	<p style="text-align: center;">Disagree</p>	<p style="text-align: center;">Don't know</p>
<b>Option 3 – Commission an integrated NHS 111 and GP out-of-hours service across five boroughs – our preferred option</b>	<p style="text-align: center;">Agree</p>	<p style="text-align: center;">Disagree</p>	<p style="text-align: center;">Don't know</p>

**Please explain why:**

\_\_\_\_\_

**Question 7 Is there anything particular you would like us to consider in our proposal to commission an integrated NHS 111/Out-of-hours service?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us a little about yourself (**this section is NOT compulsory**). If you wish to remain anonymous, your views will still be taken into account, however we would be grateful if you would fill in other data so that we can assess how representative respondents are and whether there are differences to the answers given by different groups of people.

**a) Name**

**b) Would you like to be kept up to date with information about the NHS** (including this programme)      Yes      No

If so, please give us your email or postal address .....

**c) Are you...**(Circle all that apply)

- Male/Female/Prefer not to say
- Responding as a Service user/Carer/Local resident/Other/Prefer not to say
- Employed by the NHS?    Yes/No/Prefer not to say

-      Aged....Under 16      16-25      26-40      41-65      65+      Prefer not to say

**d) Ethnic background** (please tick all boxes that refer to you)

**White**

- British
- Irish
- Any other White background

**Black**

- Black British
- Black Caribbean
- Black African
- Any other Black background

**Asian**

- Asian British
- Indian
- Bangladeshi
- Pakistani
- Chinese
- Any other Asian background

**Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other ethnic group
- Prefer not to say

**e) Which belief or religion, if any, do you most identify with?**

- Agnostic       Atheism       Buddhism       Christianity       Hinduism
- Islam       Judaism       Sikhism       Other       Prefer not to say

**f) Do you consider yourself to have a disability?**

- Yes       No       Prefer not to say

Please send your questionnaire to us either by email to [feedback@nelcsu.nhs.uk](mailto:feedback@nelcsu.nhs.uk) or send it back by post to:

NHS 111/out-of-hours  
Communications Department  
NEL Commissioning Support Unit  
75 Worship Street  
London  
EC2A 2DU

**All comments must be received by 31 July 2015**

**If you need this document in large print, in Braille or you need it in a different language, please contact us using the details above or call 020 3688 1615.**