

NHS 111/GP Out of Hours Integrated Services

**A key role in the redesign of urgent and
emergency care**

**North West London Joint Health Overview
and Scrutiny Committee**

14 October 2015

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1. Introduction

As the current contracts for NHS 111 within NWL are coming to an end, the eight CCGs in 2014 agreed to work together on the re-procurement of the NHS111 service within NWL.

This led to the establishment of a 111 re-procurement group in January 2015 to facilitate and manage the re-procurement of the service. This group is accountable to all 8 CCG Governing Bodies and also reports to the NWL CCG Collaboration Board.

Following a formal request from NHS England (NHSE) – letter from Dame Barbara Hakin in February 2015, the CCGs implemented a pause in the re-procurement exercise to allow NHSE to undertake a number of national workshops and consultations as part of developing the new integrated Urgent Care Service standards.

The eight NWL CCGs agreed with NHSE to use the period of the pause to develop and describe a model of service for NHS 111 which will allow it to integrate more fully with the wider urgent care system.

This led to a series of co-production and engagement with lay partners, CCGs, patients, Healthwatch and other key stakeholders to develop a vision for NHS 111 within NWL. The eight NWL CCGs agreed that the new 111 service will need to integrate with wider parts of the system and be designed in such a way as to improve the services so that the caller did not have to repeat the same information and that services were able to fulfil the users' requirement more seamlessly.

The eight CCGs agreed that engagement with CCGs and key stakeholders should continue in order to identify the operational models within the vision to build a more integrated service which includes GP out of hours provision.

2. North West London Vision for 111/OOH

2.1 Co-design work with patient groups

In line with the principles of co-production, a series of community engagement events were held to ensure that the thoughts of the public were captured and reflected in the design of the vision for NWL. The engagement activities aimed to establish:

- what people already know about the NHS 111 service
- what current experiences of the NHS 111 services are
- what people would like the service to look like in the future
- what would people like the NHS 111 service to already know about them when they call.

Engagement activities took place across 7 of the 8 North West London boroughs – Brent, Harrow, Hillingdon, Kensington & Chelsea, Ealing, Westminster and Hounslow. A meeting set up in Hammersmith & Fulham was arranged but cancelled by the group at a late stage. In total, the co-production events included:






- 202 people across more than 9 demographic groups
- 17 groups across 7 boroughs
- parents, elderly and mostly well groups with people aged 16 to 75

2.2 Key themes for the joint vision of the future NHS 111 service

Although the range of experience with the NHS 111 service experienced by the groups varied, four key themes came from the events that the groups would like to see in the future NHS 111 service:

- Access
- Technology
- Workforce
- Service Integration

This is summarised in the diagram below.

<p>Access </p> <ul style="list-style-type: none"> • Provide a one call service whenever possible • Patients only have to give their information once • Establish direct transfer to pharmacy and dental advice and assessment • Increase referral and rapid access to hospital specialists • <i>Expand the different entry points including telephones, on-line, Skype, face time, text messaging, phone apps and chat line</i> • <i>Confirm appointment times and location by text/email.</i> 	<p>Technology </p> <ul style="list-style-type: none"> • Increase the number and use of special patient notes by all urgent and emergency care services • Transfer of records from one service to another seamlessly • Use cloud based platforms for record keeping and sharing • Keep records up to date • Expand and continuously update the Directory of Services • Design KPIs to measure outcomes as well as numbers of calls and outputs. • <i>Information on callers to NHS 111 sent to their GP</i> 	<p>Workforce </p> <ul style="list-style-type: none"> • Increase direct referral and access to professionals across the health and social care system. • Analyse data on the use of NHS 111 use and match predicted demand with staff rotas • <i>Design the workforce based on skills, capability and capacity</i> • <i>Provide continuous training, supervision, reflection and learning for all health and clinical advisers</i> • <i>Staff could rotate between NHS 111, Out of Hours and Urgent Care Centres</i>
<p>Communication </p> <ul style="list-style-type: none"> • <i>Promote NHS 111 wherever possible such as in pharmacies, GP practices, supermarkets, dentists, opticians, podiatrists, urgent care services</i> • <i>Promote NHS 111 in public places, schools and universities, community centres, and entertainment outlets</i> • <i>Include the NHS 111 number on all dispensing packaging</i> • <i>Include the NHS 111 number on relevant correspondence with patients</i> • <i>Notify patients about the NHS 111 service on discharge from hospital or an urgent care service.</i> 	<p>Service Integration </p> <ul style="list-style-type: none"> • Develop joint commissioning across NHS 111, Out of Hours and Urgent Care • Funding for services should be distributed in response to the new models of care • Provider networks should specify the role and expectations of NHS 111 • Integration can be driven through the GP networks and the development of new models of care i.e. diabetes management • <i>Focus on patient-centred care with co-designed packages of care</i> 	

Bold = High or National Priority
 No formatting = Medium or Local Priority
Italic = "Nice to Have"

2.3 Emerging vision for Urgent & Emergency Care in NW London

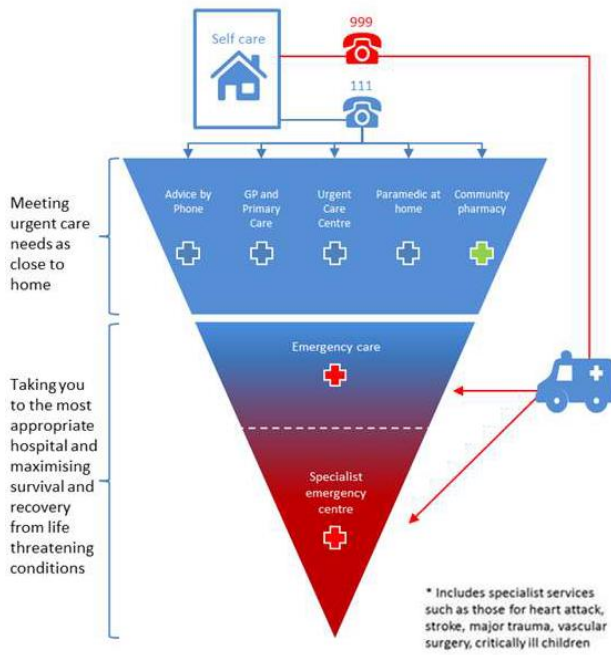
NWL CCGs have recognised the challenges faced by people living and working in NWL and set out a vision for care that is personalised, localised, centralised, and coordinated.

These are the same challenges described in NHS England's Five Year Forward View and a vision that mirrors the themes of the Keogh report. NWL CCGs approach is to deliver an integrated system, based on a whole systems approach.

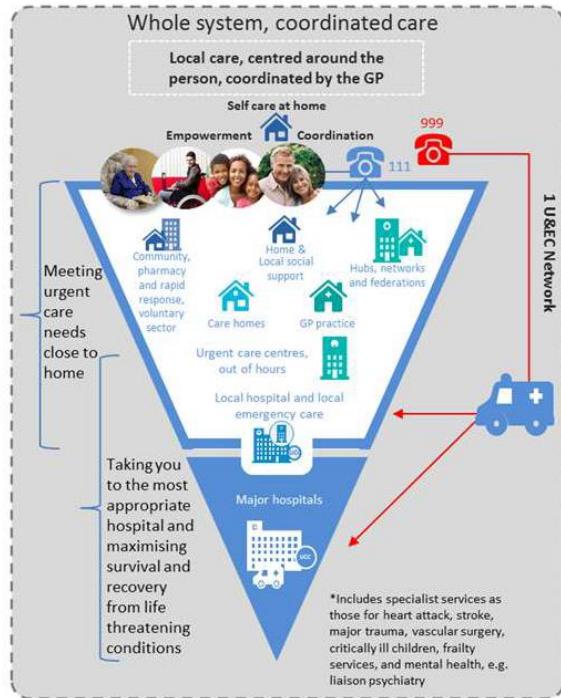
The aim is to make it easier for the patient to seek help in low acuity settings by using their phone and the internet, and optimising the use of community pharmacists and primary care rather than promoting hospitals as the first port of call.

The emerging vision is aligned with the Keogh model and is described in the schematic below:

Keogh model



NWL strategy



3. National Policy for integrated NHS 111

3.1 A fully functionally integrated urgent care service

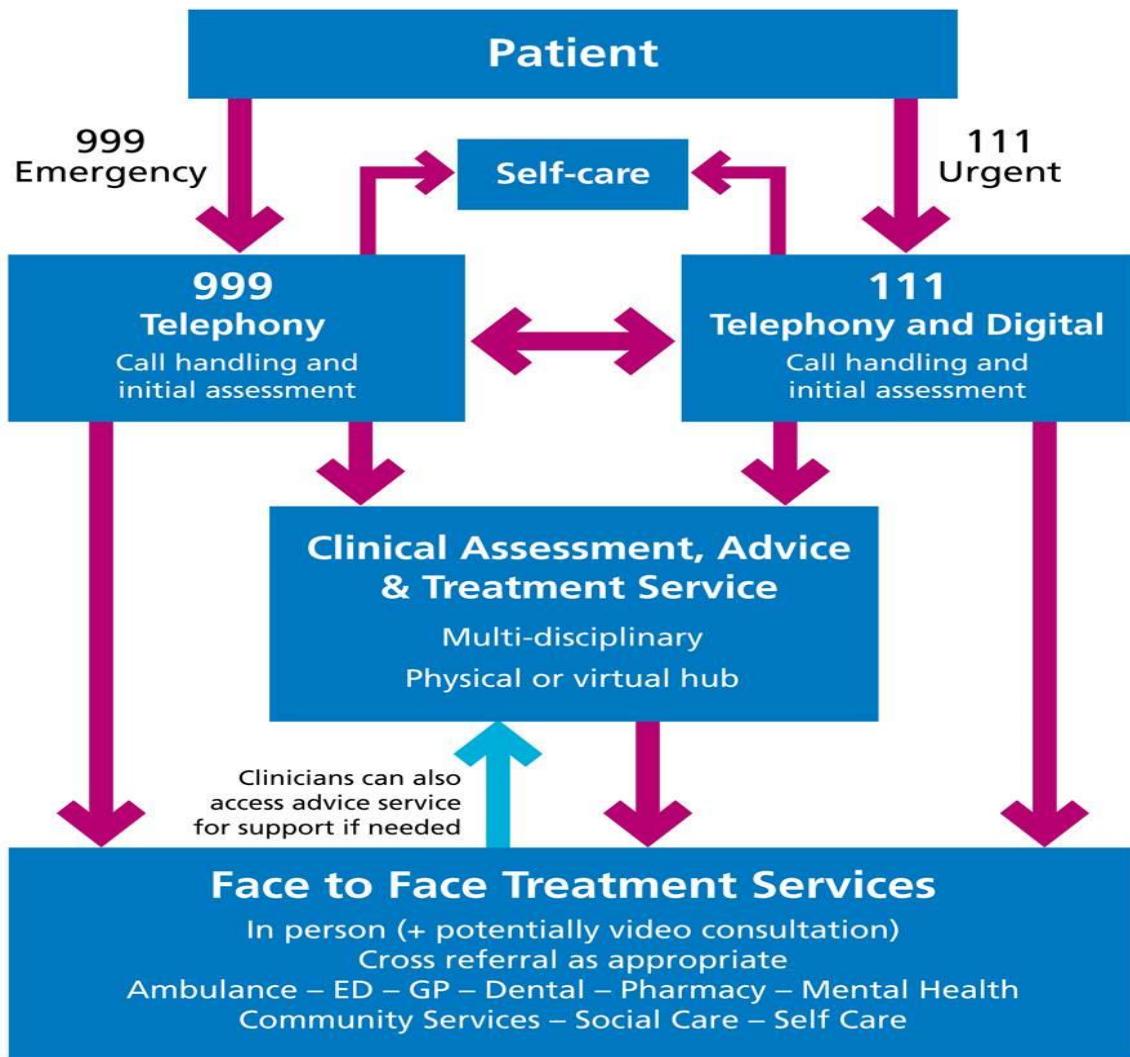
The offer for the public will be a single entry point - NHS 111 - to fully integrated urgent care services in which organisations collaborate to deliver high quality, clinical assessment, advice and treatment and to shared standards and processes and with clear accountability and leadership.

Central to this will be the development of a 'Clinical Hub' offering patients who require it access to a wide range of clinicians, both experienced generalists and specialists. It will also offer advice to health professional in the community so that no decision needs to be taken in isolation. The clinicians in the hub will be supported by the availability of clinical records such as 'Special Notes', Summary Care Record (SCR) as well as locally available systems. In time, increasing IT system interoperability will support cross-referral and the direct booking of appointments into other services.

A plan for online provision in the future will make it easier for the public to access urgent health advice and care. This will increasingly be in a way that offers a personalised and convenient service that is responsive to people's health care needs when:

- They need medical help fast, but it is not a 999 emergency.
- They do not know whom to contact for medical help.
- They think they need to go to A&E or another NHS urgent care service.
- They need to make an appointment with an urgent care service.
- They require health information or reassurance about what how to care for themselves or what to do next.

A functionally integrated urgent care service is shown diagrammatically below



3.2 National Context

A National Audit Office in 2014 identified overlap of costs in call handling and clinical triage in 999, NHS 111 and Out of Hours (OOH) services. The audit recommended that:

“In taking forward its vision for urgent and emergency care, NHS England should support CCGs and other bodies to integrate. If the vision is to be realised consistently and cost-effectively, the NHS will need guidance and sometimes central direction. Specifically, NHS England will need to: understand how patients flow through the system; identify and disseminate good practice; to align existing urgent care contracts and address perverse incentives in national payments and performance management frameworks.”

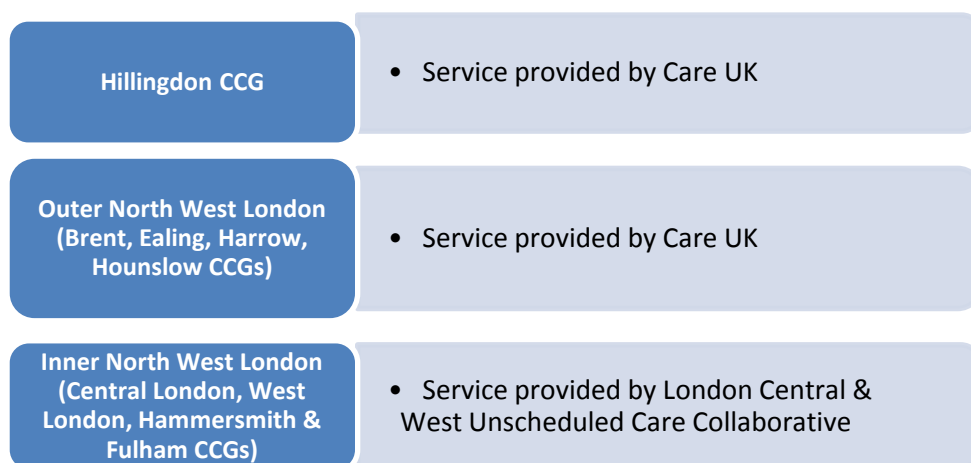
The need to redesign urgent and emergency care services in England and the new models of care which propose to do this are set out in the Five Year Forward View (5YFV)

Sir Bruce Keogh’s Urgent & Emergency Care review recommended “fundamental redesign of “front door” access (NHS111, 999, OOH, A&E, UCC, Community, Social), improving out of hospital services so that care can be delivered closer to home and reducing hospital attendances and admissions.

4. Overview of NWL services

4.1 The current landscape for NHS 111 & OOH services

Currently across NW London, there are three contracts for NHS 111 services. The distribution of providers across the CCGs is illustrated in the diagram below.



There is a variety of GP Out of Hours (OOH) contracts in NWL. The distribution is based upon the opted in and opted out practices. The Opted-IN OOH contracts are held with individual GP practices and have varying expiry dates. The key providers for these services are shown in the table below. Currently both the NHS 111 and OOH services are provided by two providers; Care UK and LCW.

CCG	Opted-IN OOH		Opted –OUT OOH	
	No of Practices	Provider	No of Practices	Provider
Brent	51	Care UK	15	Care UK – Barndoc
Harrow	28	Care UK	7	Care UK
Hillingdon	43		3	Care UK
Central London	8		29	LCW
West London	14		36	LCW
H & F	1		31	LCW
Hounslow	39	Care UK	15	LCW
Ealing	25	Care UK	54	LCW

In addition there is a variety of contracts for Urgent Care Centres, Walk-in Centres and Rapid Response.

5. Engagement approach

5.1 Engagement strategy

There is on-going engagement with CCGs, GPs, patient groups and a variety of stakeholders to identify and develop an operational model within the vision. The key stakeholder groups include:

- Public/Patient groups
- Voluntary and community groups
- Local stakeholders including Healthwatch
- Frontline clinical staff
- Regulatory bodies
- Providers of various current services (OOH, Urgent Care, Mental Health, Pharmacies, London Ambulance service etc)
- Potential providers of future NHS 111 services – market engagement
- Local authorities & social care

The engagement strategy is directed towards co-developing the vision and operating model with all stakeholders, keeping them informed of the progress, testing the design with various groups and finally encouraging them to maximise the use of the service.

Patient/public representatives and frontline clinicians will be involved in validating and testing the concepts and details of the specifications.

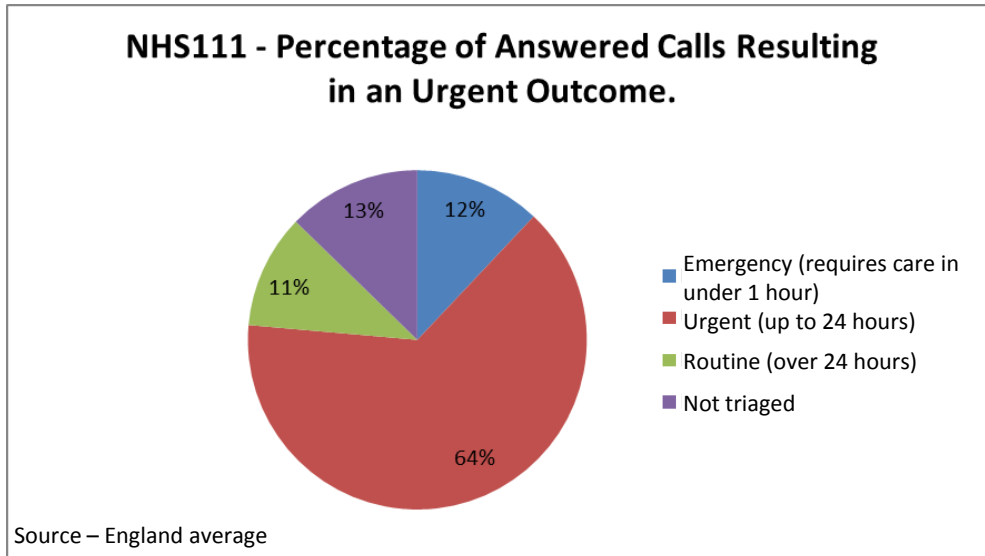
Opinion formers and regulatory authorities will be kept informed to ensure that the national and regional standards for the future service are met.

To achieve this, a number of locality wide workshops, specific engagement with the GP practices across all 8 CCGs are being planned.

6. NHS 111 – Myth Busters

The following charts are evidence of the increasing success of NHS 111 in the public.

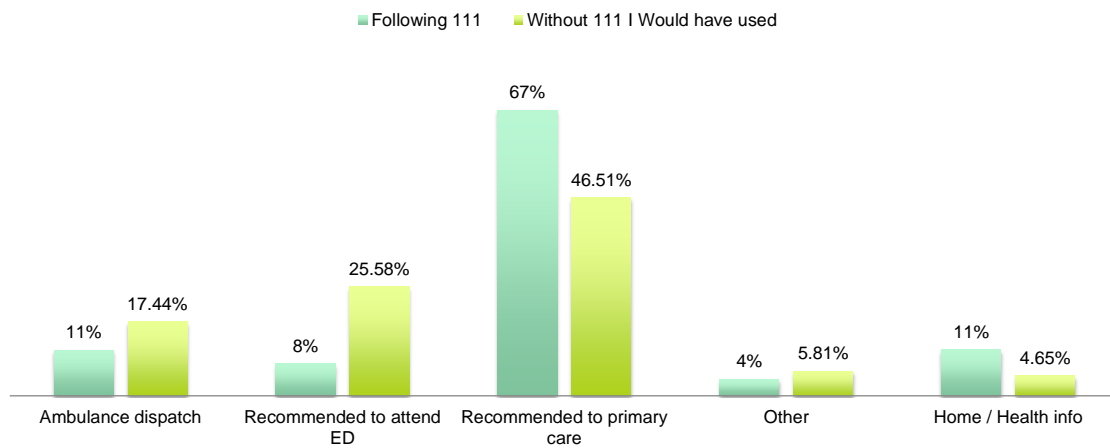
Myth: The public don't know when to call NHS 111



Suggests marketing has been successful for NHS 111 as an urgent care service, and that this is what the public expect from NHS 111

Myth: 111 sends people to A&E who wouldn't have gone initially

Where Would Patients Have Gone Without 111? – NWL Area Only



NWL Data based on six-monthly user surveys of NHS 111 users

Demonstrates that NHS 111 is a strong tool for redirecting patients to less acute services

Myth: NHS 111 is increasing pressures on A&E

The publication “A&E Quarterly activity statistics, NHS and independent sector organisations in England” shows that activity has been slightly lower than the same period last year for attendances at all types of A&E.



79%

Of NHS Confederation members

say NHS 111 is **not** a big cause of A&E pressures

Source – NHSE Statistical Publication 2014

7. Re-procurement outline plan

The key outline dates for the re-procurement programme are:

- Decision on operating model for procurement – December 2015
- Approval of Service Specification – Jan 2016
- Confirmation of winning bid – June 2016