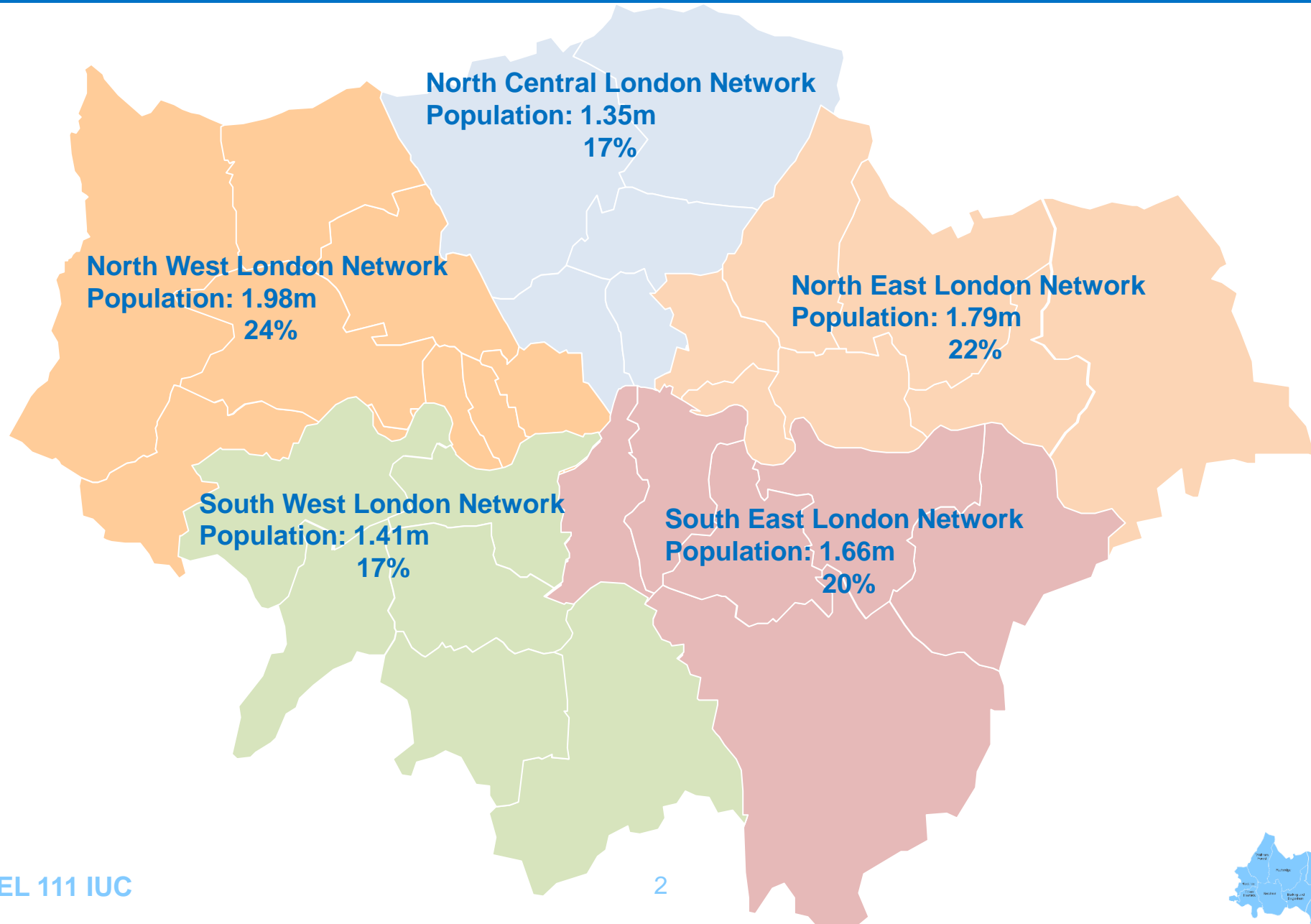

Overview of NHS 111 Integrated Urgent Care Procurement

INEL JHOSC - 13 December 2016, Mulberry Place
Archna Mathur – Director of Performance and Quality Tower Hamlets CCG
SRO (Senior Responsible Officer NEL STP 111 Procurement)



London Urgent and Emergency Care Networks



North East London Network Profile



Population: 1,945,800 (51.5% BAME)
 Estimated population growth: 6.1% (4 year), 17.7% (15 year) – Equivalent 345,000 people 1 new borough

7 CCGs - 333 GP Practices - Cumulative allocations (2016/17): £2.4 billion

7 London Boroughs plus the City of London

5 NHS Trusts:

6 Emergency departments (ED)	6 Co-located Urgent Care Centres (UCC)
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3 accountable care systems

2 national vanguards

2 devolution pilots

History of working together - Health for North East London Decision Making Business Case approved by Joint Committee of Primary Care Trusts in December 2010 – Reconfiguration of urgent and emergency care, maternity, children's services and King George Hospital (KGH)

Significant deprivation: 5 of 8 boroughs in worst IMD quintile

General increasing trend in life expectancy at birth in all NE London boroughs

Waltham Forest

Population: 276,000 (50% BAME) CCG Allocation (2016/17): £339m
 Estimated population growth: 3% (4 year), 11.1% (15 year)
 Deprivation (IMD rank): 15
 Life Expectancy at birth: 79.4
 Unemployment: 6.4%

City and Hackney

Population: 277,000 (44% BAME) CCG Allocation (2016/17): £370m
 Estimated population growth: 5.2% (4 year), 16.9% (15 year)
 Deprivation (IMD rank): 2 (Hackney) & 131 (City of London)
 Life Expectancy at birth: 78.5 (Hackney)
 Unemployment: 6.9% (Hackney)

Tower Hamlets

Population: 296,300 (54% BAME) CCG Allocation (2016/17): £353m
 Estimated population growth: 13.2% (4 year), 29.9% (15 year)
 Deprivation (IMD rank): 6
 Life Expectancy at birth: 78.1
 Unemployment: 7.7%

Newham

Population: 338,600 (73% BAME) CCG Allocation (2016/17): £418m
 Estimated population growth: 6.3% (4 year), 19.6% (15 year)
 Deprivation (IMD rank): 8
 Life Expectancy at birth: 78.5
 Unemployment: 7.8%

The area is made up of 3 local area partnerships:

- WEL
- BHR
- City and Hackney



Redbridge

Population: 300,600 (63% BAME) CCG Allocation (2016/17): £336
 Estimated population growth: 4.2% (4 year), 13.5% (15 year)
 Deprivation (IMD rank): 80
 Life Expectancy at birth: 80.9
 Unemployment: 6.2%

Havering

Population: 250,500 (16% BAME)
 Estimated population growth: 4.4% (4 year), 12.1% (15 year)
 Deprivation (IMD rank): 102
 Life Expectancy at birth: 80.2
 Unemployment: 6.2%
 CCG Allocation (2016/17): £342m
 GP Practices: 57
 Major Hospitals: Queen's Hospital [2]

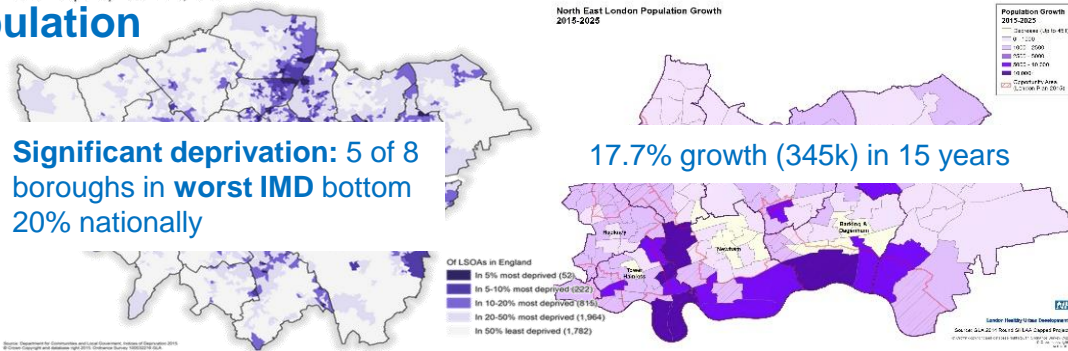
Barking and Dagenham

Population: 206,700 (49% BAME) Life Expectancy at birth: 77.6
 Estimated population growth: 6% (4 year), 20.2% (15 year) Unemployment: 9.8%
 Deprivation (IMD rank): 3 CCG Allocation (2016/17): £262m
 GP Practices: 46



NEL Network UEC Challenges 2021

Population



Several boroughs are outliers in terms of years of life lived with poor health

Funding

Overall current STP Status: Financial Gap is £511m by 2021

Planning in place across NEL Network to mitigate Financial Gap through:

- Transformation Initiatives
- Collaborative Productivity Initiatives
- Estates - PFI
- Specialised Commissioning Initiatives

Of people that live in NEL, 89.2% use EDs in NEL

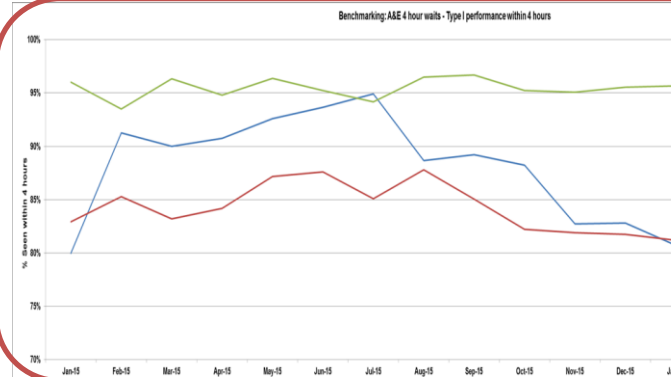
Urgent and Emergency Care

- High rates of admission in some parts of NEL for people with acute and long-term conditions usually managed in primary care.
- High use of ED for people with dementia.
- ED usage in most but not all boroughs increasing, despite improving access in alternative services
- Performance: struggling to meet the 4 hourly ED target and Category A and C ambulance targets
- Cancer 5% higher emergency presentations



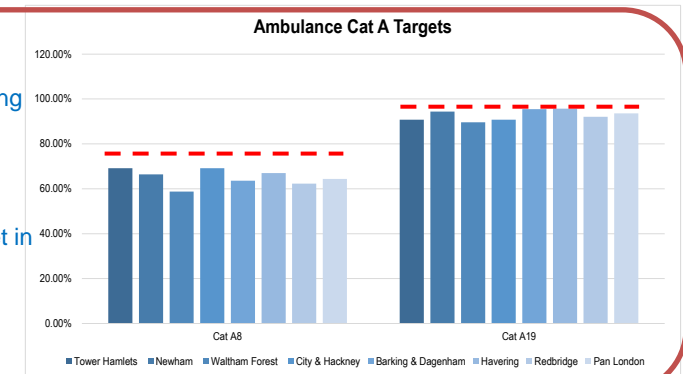
ED All Types within 4 Hours

- Homerton University Hospital 95.66%
- Barts Health 86.37%
- BHR University Hospital 83.32%



Ambulance Cat A Targets

- Cat A8 Target is 75% and consistently not meeting this target
- Cat A19 Target is 95%
 - LAS ambulance service meeting this target in 2 CCG areas
 - Barking & Dagenham 95.5%
 - Havering 95.7%



Transforming Services

- By 2018 Procure an Integrated Front End Urgent Care Service
- By 2020 At least 95% of the population will have access to services which meet the 4 clinical standards 7 days a week
- By 2020 100% population has access to Weekend, Evening Routine GP Appointment



3 Key National Priorities

- 7 Day Standards
- More Accessible Primary Care
- Integrated Urgent Care



What do we mean by Integrated Urgent Care

Currently services fragmented and not linked as well as they could be for example

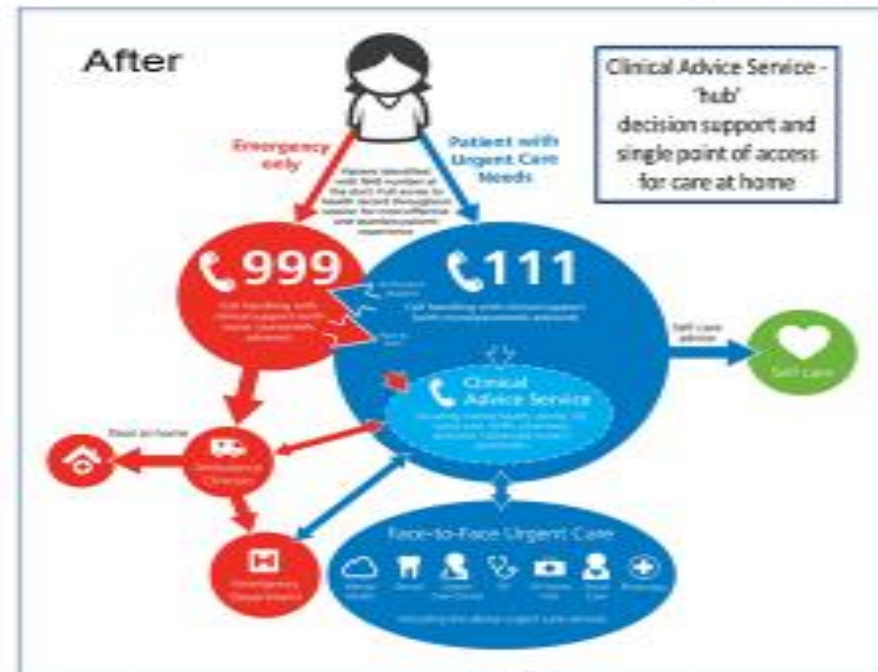
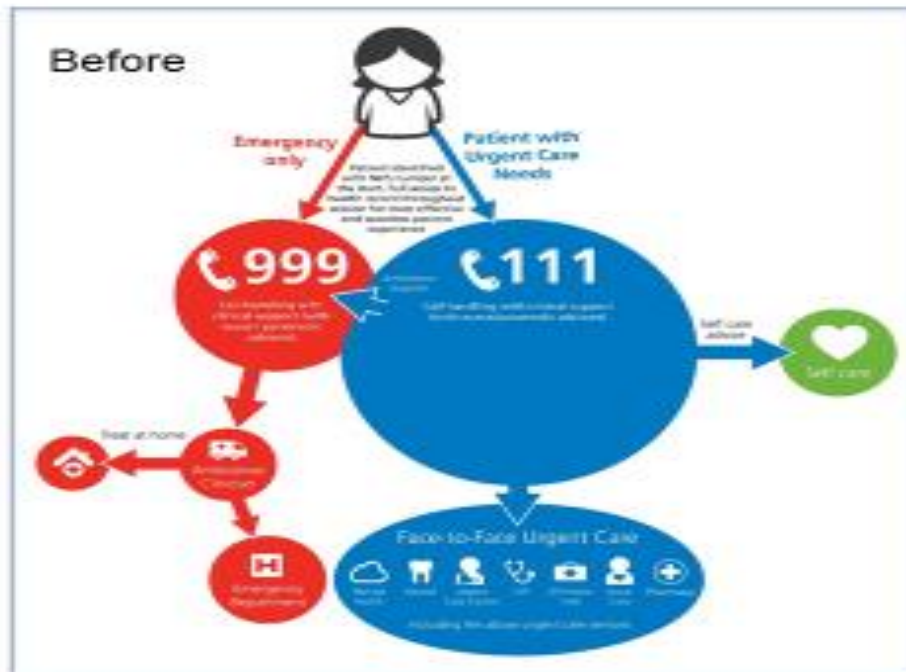
- 111
- OOH
- GP Practices
- Extended Primary Care
- Urgent Care Centres
- Community Services e.g. Ambulance /Rapid Response



Vision for an Integrated Urgent Care Service

Integrated Urgent Care Model

To deliver the objectives of the Urgent and Emergency Care Review, the national aim is to pull together the separate working arrangements between current NHS 111 providers and GP Out-of-Hours (OOH) services and more closely align both with community, emergency departments and ambulance services. This will enable commissioners to deliver 24/7 access to urgent clinical assessment, advice and treatment.



Key Enablers to delivering the change

- Improved IT Systems
- Service offer that meets peoples' needs
- Provider change



Feedback from borough level patient and public engagement



North East London Engagement to date

- The 7 Clinical Commissioning Groups across North East London have been engaging with patients in each of their boroughs on the Integrated Urgent Care Procurement process.
- Engagement has involved surveys sent out locally totalling **170** responses and community engagement sessions reaching over **795*** people so far
- **600** community groups have also been sent the notice of procurement.
- In total feedback has been gathered from **965** patients and members of the public so far.

**figure not including City and Hackney and Waltham Forest community engagement*

The Survey: general experience of NHS 111

The survey responses were a mixture of positive of negative and two main themes across NEL of people's experience of using NHS 111 was that:

- More people would like to speak to trained healthcare professionals/clinicians on the phone
- Many people felt the of questions beforehand was a long and drawn out process that was unnecessary although a few saw the benefit of it

Very good - the advice given was spot on

*Used 111 on a number of occasions, long wait for a call back from the doctor. **I would prefer to speak to a medical professional straightaway.***

I cannot praise it enough. My partner and I used the service when we were very unwell and GP surgery was closed, and once when a pharmacist could not assist at the weekend, so instead of going to A&E we called 111 and got a quick referral to out of hours GP nearby.

A painfully slow process before speaking to a clinician

I called 111 service in the past few times. They were very helpful and they called the ambulance which arrived within 10-15 minutes. They were professional and asked the set of questions before they said they would be sending an ambulance. Another time, they sent a GP to our home, and that was quick too. Overall, our experience with 111 service was a good one.



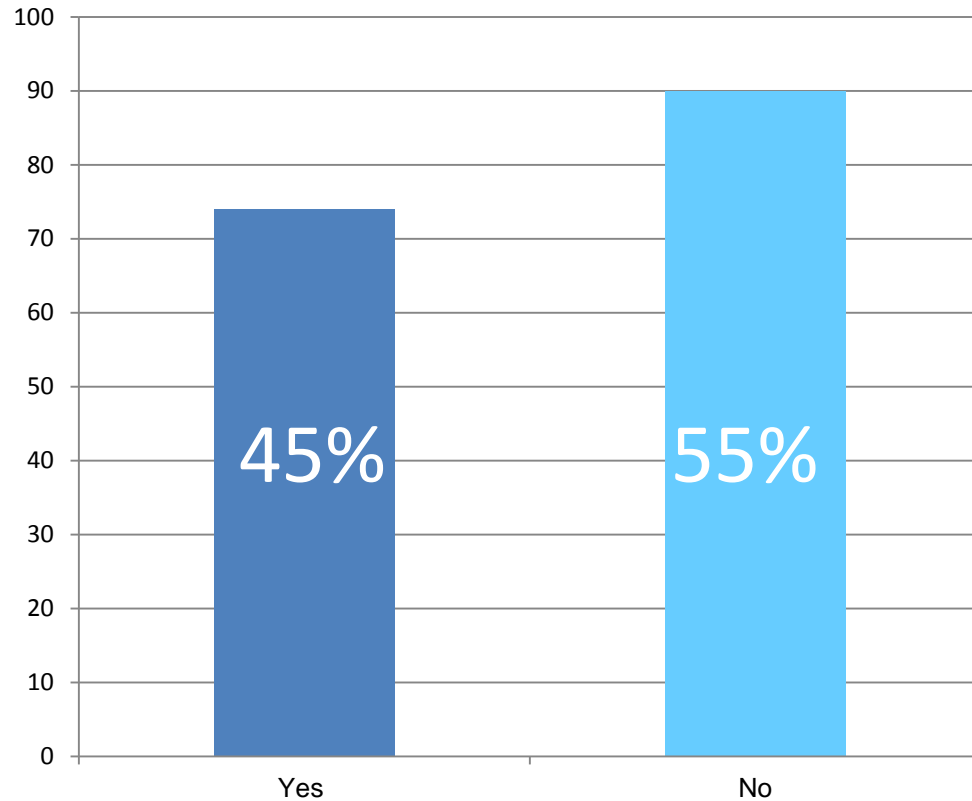
Really useful. I've used it 3 or 4 times. Very prompt and gave good advice. They got me an ambulance when I needed one. I thought 111 was just out of hours - in hours my GP doesn't like it.

I didn't find it efficient. I was taken through a list of questions which ended in them saying I needed to go to A&E when all I needed was a doctors appointment. The staff answering the phone are not clinical and just go through a flow chart of questions.

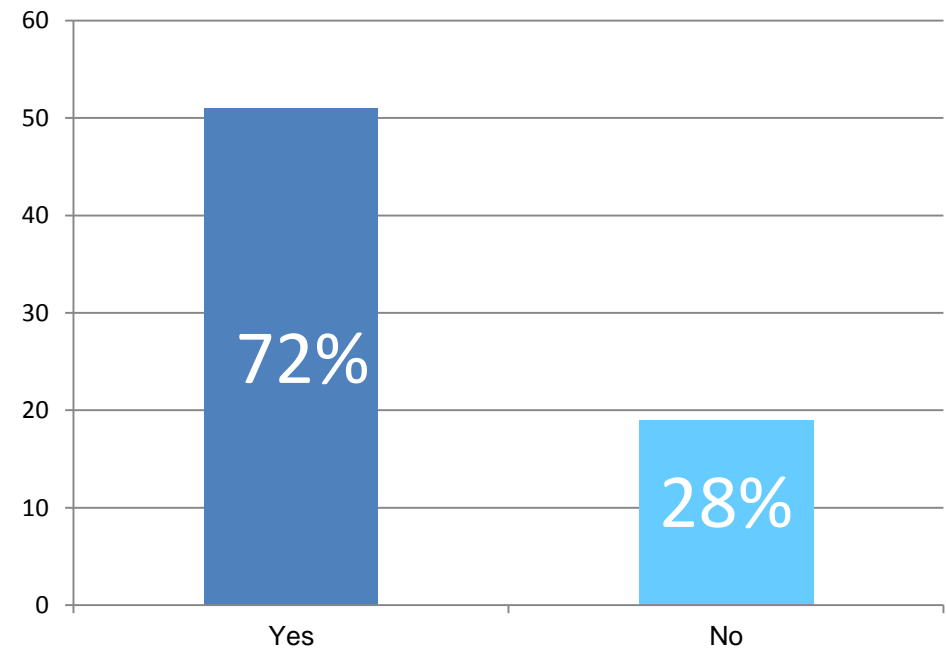
They have always recommended ambulance or trip to A&E

The Survey: use of NHS 111

Have you ever use NHS 111?



Were you able to easily get the right help or advice that you needed? For example, were you able to get the right information or access to the right service?



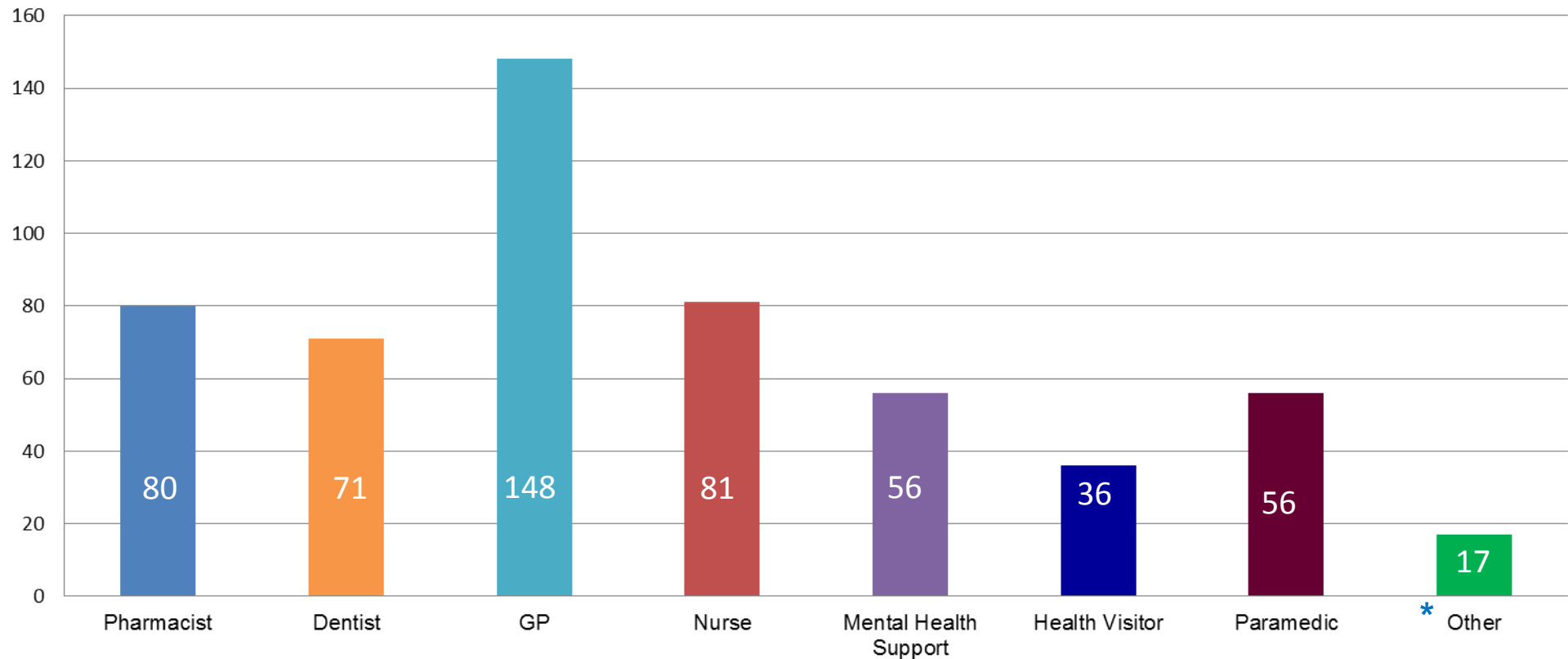
Main reasons patients gave for not getting the right information/access the right service:

- They needed to see someone
- The wait for a call back was too long



The Survey: preferred health professional

People who call NHS 111 today will have an assessment with a trained adviser and can speak with a clinician if this is needed. In future, we'd like to increase the number of calls that are handled by a clinician – and we want to involve a number of different professionals. Which services or professionals would you like to be able to get advice from if you call NHS 111?



*Other

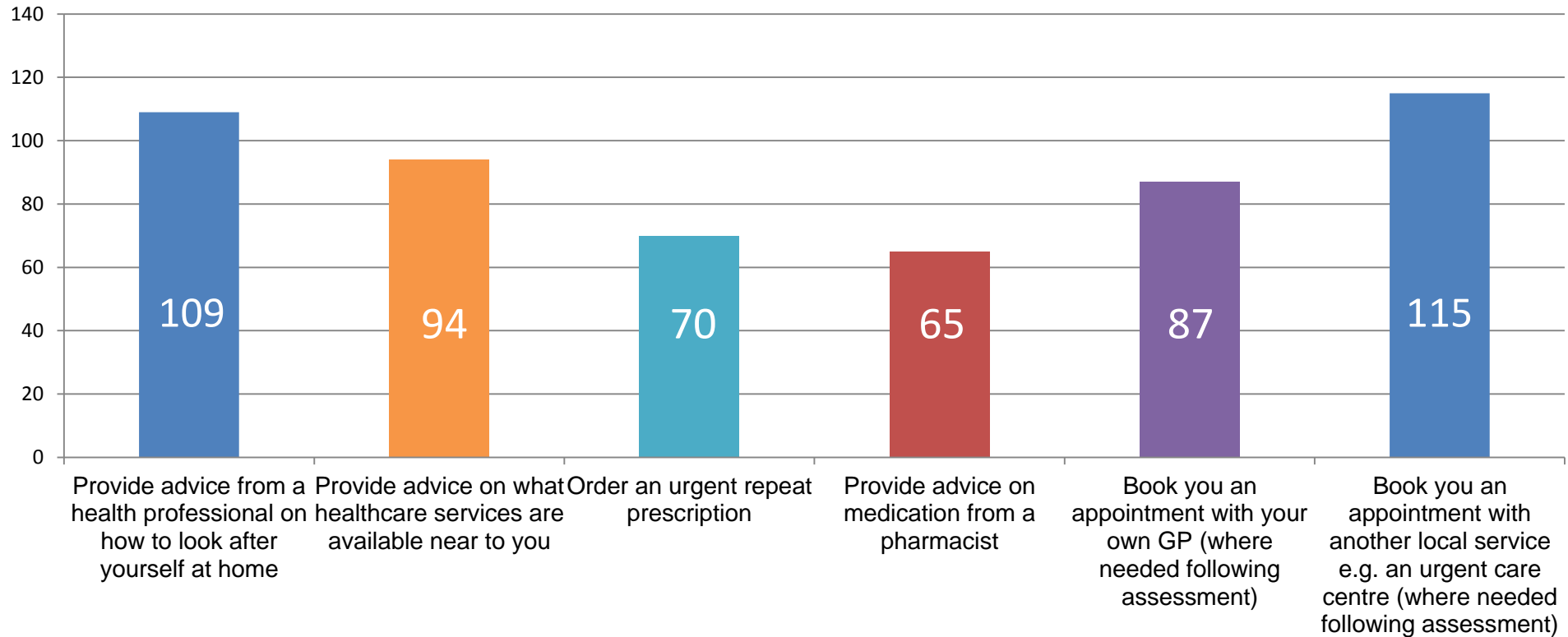
- Diabetic advisor
- Specialist services/ consultant
- Psychotherapists
- Homeopathic advice
- Midwife
- Advocacy
- Physician Associate support
- People with long-term conditions
- Paediatrician
- End of Life specialist
- Senior Nurse with prescribing rights

NEL UEC Network



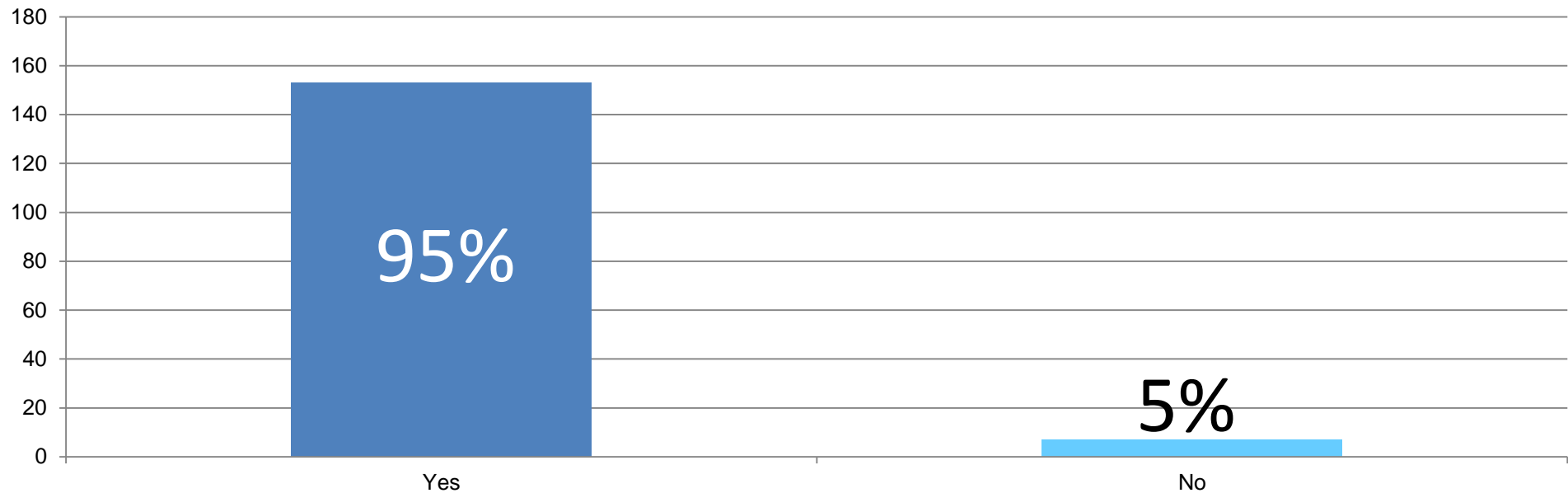
The Survey: how can we help

**We'd like to understand how you want to be helped when you call 111.
Please pick up to a maximum of three from the list below.**



The Survey: fast-track for vulnerable patients

Parents or carers of ill children aged under one, people aged over 75 or those with an existing care plan could be put in direct contact with a health professional through NHS 111. Do you think this would be useful?



There was an overwhelmingly positive response to the idea of fast tracking these patients. The main reasons people gave were:

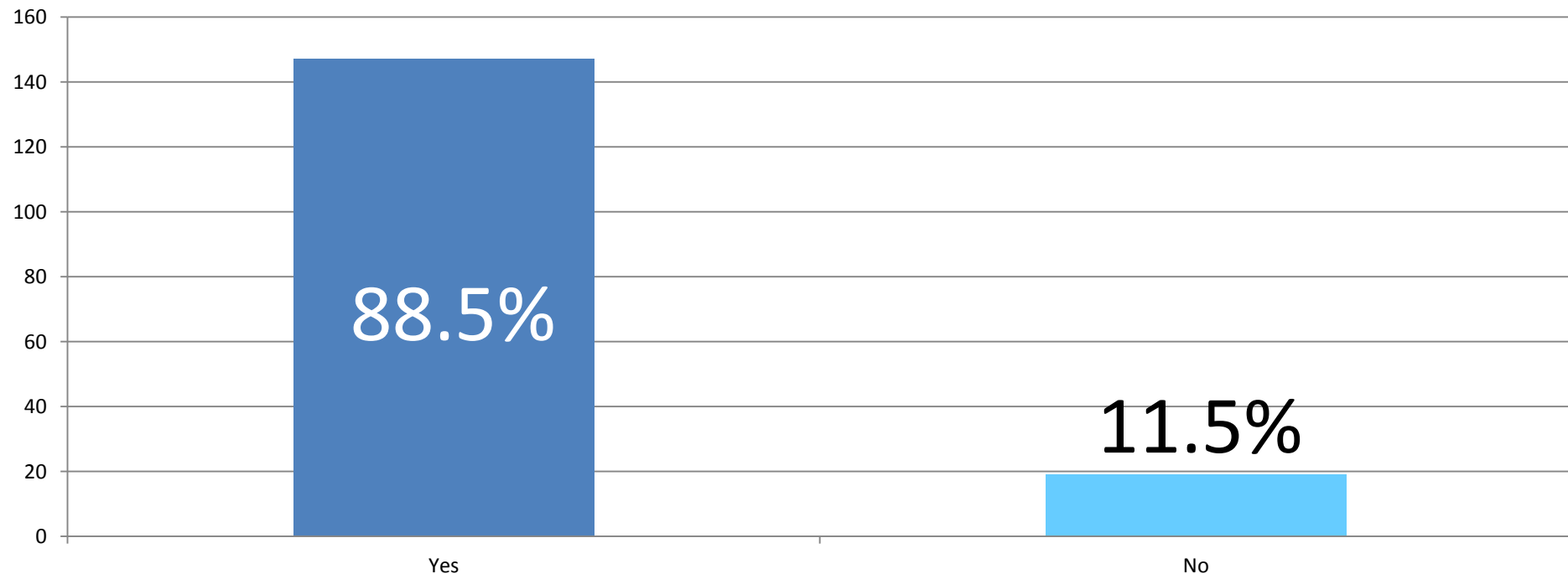
- These patients may block the system so it will save time for everyone if they are redirected and fast-tracked
- The elderly and very young are at greater risk and can deteriorate very quickly so time is of the essence

Other suggestions that were provided were:

- Mental Health patients and those experiencing a mental health crisis
- Children under 5
- Those with complex, long-term health needs and/or disabilities
- Palliative Care
- Pregnant women and new parents
- Carers
- Cancer patients

The Survey: one number

Do you think having one phone number to call for all advice or support if you have an urgent health issue would be useful?



Patients liked this idea mainly because it would be:

- Easier to remember even in a panic
- less confusing

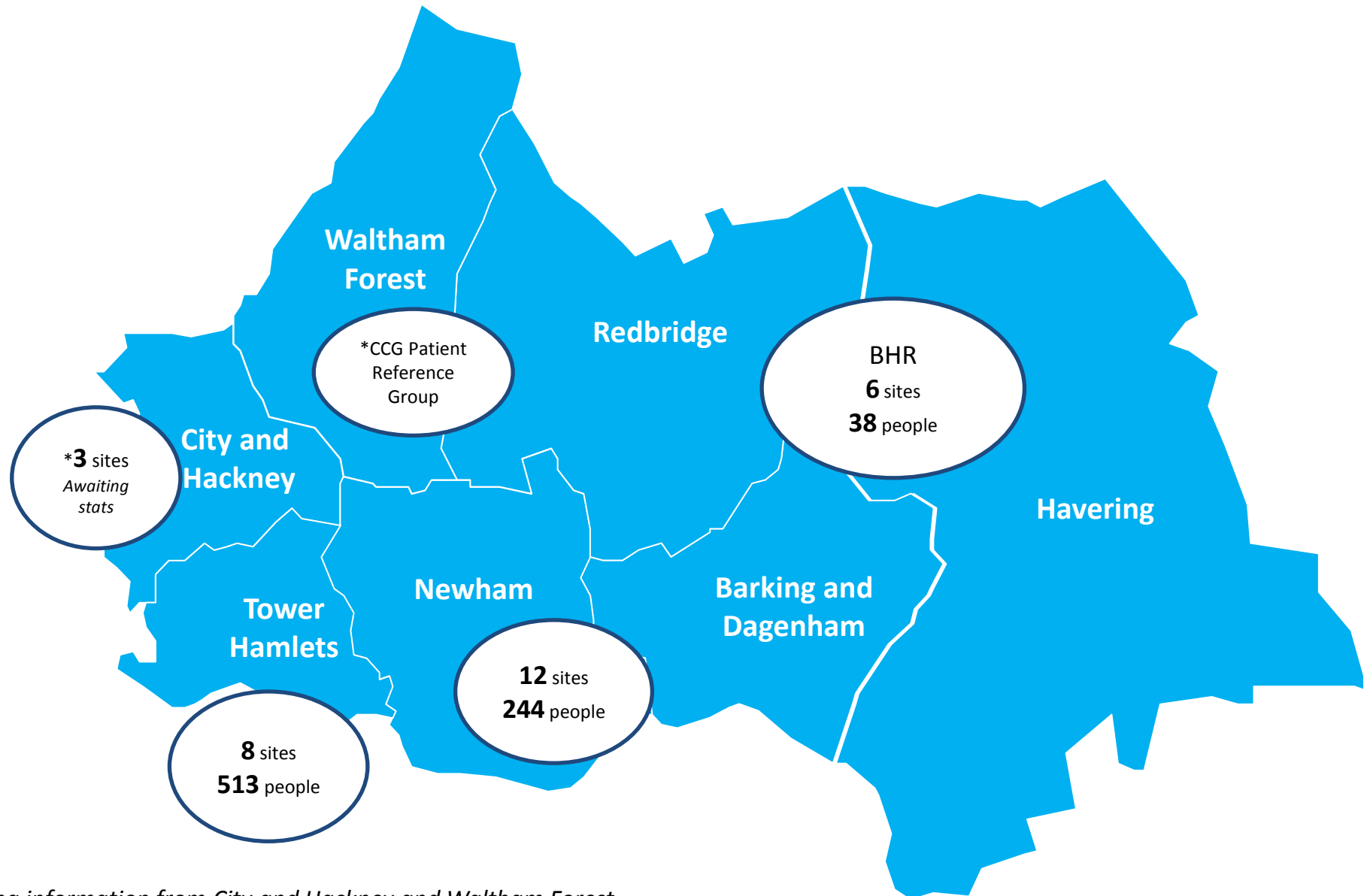
Main concerns included:

- Filtering through the different categories.
- Long waiting times, overload of the system and getting through
- Getting the right healthcare option e.g GP, nurse etc
- Engaged quality of staff
- Automated menus

To overcome challenges patients suggested:

- A robust filtering system
- Sufficient numbers of trained staff
- Not relying on automated menus

Community Engagement Sessions



**Awaiting information from City and Hackney and Waltham Forest*

Tower Hamlets: Community Groups

PACSEN: Parents & Carers of Children with Special Education Needs and Disabilities

NHS 111 generally not thought to be a useful service by those that had used it

- *'NHS 111 is a waste of time in my view – a drunken person could deal with it better'*
- *'My experience of NHS 111 was poor – I was told to wait until morning to see if it got better'*
- *'I have used NHS 111 so many times and have been so disappointed each time'*

Toynbee Hall: Older people, young parents and BME groups

The question of having the access to specialists from NHS 111 was divided among participants. Some (38.3%) agreed while 35% questioned the real need of a specialist. It's also worth noting that many group participants were not aware of NHS 111 services

- Walk-in services, Urgent Care Centre and NHS 111 were the least common services that participants seek for assistance
- 111 was one of the services that respondents used the least with only 2.3% using 111

8 Community Organisations working with 'seldom heard' groups.

Social Action for Health: People with long term conditions

- Bi-lingual support should be embedded in the 111 service to better support people who English is not their first language
- A few participants felt it will be difficult to allocate resources to all the services, due to funding cuts. The main concern was NHS 111 – people felt receiving a diagnosis over the phone for symptoms was questionable and risky.

Young Parents

- This group reported very low use of 111 and many said they would not use this service if they or their child had an urgent health need.
- *'I've used NHS 111 and A&E, both places didn't listen to what I had to say, they didn't want to help or explain much about what was happening'*

Tower Hamlets: Community Groups

The responses from Tower Hamlets' community groups were not typically that positive about NHS 111. This could be as a result of their being 'less heard' categories.

Wadajir Somali Community Centre: Somali elderly women, single mothers, working mothers, young girls and housebound older women

When it came to the proposed change of having more access to specialist clinicians through NHS 111, many people agreed with it, however, many admitted to never using the service. Many people are unable to use the service or are unaware of its existence. This may be due to language barriers.

East London Out Project (ELOP): The LGBT Community

- Only one person out of 64 stated that they have used 111 in the past two years. There was little awareness of this service among the people surveyed.
- Most of the people interviewed agreed with this proposed change of more clinicians. They agreed because of convenience and easier access to the care that they need.

London Gypsy and Traveller Unit

- Only 1 person had used 111 in the past two years.
- The respondents generally agreed that having access to more specialised staff via 111 was a good idea.

Account 3: Older people, people with mental health needs, BME groups, Carers

- Out of 92 people who responded, only 1 person had called 111 in the past two years. There was very low awareness of 111 among respondents, with many stating they had never heard of the service

Toyhouse Libraries Association of Tower Hamlets: Parents and young children

- In the past two years 5 respondents had used 111.
- There were very few positive comments about 111 from respondents, as many felt that 111 call handlers had very little local knowledge of the health services in Tower Hamlets.

Osmani Trust: BME and faith groups, people with mental health issues and female carers - Awaiting information

Newham: Overall Engagement

Newham CCG's patient and public engagement strategy for the procurement of the NHS 111

Integrated Urgent Care service consisted of four elements:

1. Recruitment of **four** patient representatives to a patient reference group to provide patient and public representation and input into the procurement process.
 2. Community engagement targeting over 75s, under 1s, and the general public (including those currently using the out of hours service) in **12 community sites** including libraries, children's centres, community events/meetings. These sessions engaged **244 people** including Carers and Deaf patients
 3. NHS 111 IUC online survey reaching **108 people**.
 4. Collation of community intelligence – feedback from Newham CCG's key transformation programmes as well as Healthwatch Newham data. The notice about the procurement was sent to **over 600 community groups**.
-



Newham: Community Groups

Community Group	Key Themes
Older People's Reference Group	Attendees said that 111 would be good if you want advice, and would be better than turning up A&E. One member said they would prefer to ring the emergency number provided by their GP so that they know they will speak to someone local who can visit in person if necessary
East Ham Community Neighbourhood: Coffee Morning 50s	General consensus was that it was a good idea to have one universal number, but it needs improving for patients not to go to A&E
Newham Deaf Forum - primary care event	Feedback generally about overall challenges accessing NHS services in primary care resulting in A&E admissions
Manor Park Community Neighbourhood: Older People's Day	Majority not heard of or used 111. Generally feel a good idea as long as it's a good service, agree that early exit for the named groups should be prioritised
Plaistow Children Centre: Health Clinic	Quite a few people had heard of 111, mixed response with some having a very good experience while others said they wouldn't use it again
Older People's Reference Group: AGM	Majority not heard of or used 111 - mixed feedback from the few who had. General feeling is that 111 is a good idea, as long as quality of advice/support is good
Older People's Day	Majority not heard of or used 111. Generally feel a good idea as long as it's a good service
Manor Park Community Neighbourhood: drop-in	Quite a few people had heard of 111 – perceived as a good back-up when they can't get through to the GP
Newham Carers Network	More needs to be done to promote 111 among Carers
St Stephen's Children Centre: Health Clinic	Generally agreed that 111 is useful and that under 1s should be prioritised
St Stephen's Children Centre: Baby Play	Generally negative experience of 111. Patient experience of primary care tended to be quite poor for some which could impact use of 111
Manor Park Community Children's Centre: P&T	Generally those who had used 111 had a positive experience
St Mark's Deaf Club	Very good offer – when you go to A&E it takes time for them to get interpreter but with 111 you could get BSL and access to advice straightaway.

Barking and Dagenham, Havering, and Redbridge

Along with sending out the survey, Barking and Dagenham, Havering, and Redbridge CCGs collaboratively engaged the following **6** community groups on the proposals for the NHS 111 service for North East London between 17 October and 11 November :

1. Havering Youth Council and Youth Parliament (a combined group of young people)
2. Havering Children in Care Council
3. The “Follow Up” Expert Patient Programme (EPP) group (Redbridge)
4. Carers group – drop-in session in Dagenham
5. Carers group – drop-in session in Barking
6. Carers at Sinclair House Jewish Community Centre (Redbridge)

Conclusions

- Experience of using the current NHS 111 service for BHR is generally positive. Awareness needs to be improved, both of the service and what it offers
- There is strong support for improving or enhancing callers’ access to clinicians and healthcare staff
- Training and development for staff would help with communication with callers/ the public. Some participants questioned the number of questions each caller is asked and suggested simpler language could help.
- Raising awareness and understanding of NHS 111 (which would need to align to a national campaign and messages) was strongly supported
- Local networks, organisations and services (including GPs) could all provide opportunities for promoting NHS 111 as a reliable and helpful service. Advertising and promotion through existing paid-for channels should also be considered.

What will be different ?



111 will be used as the first point of access (in time online access will be enabled)

Callers will receive an initial assessment by a trained health advisor (expedited for specific cohorts of patients)

Where specific criteria exist the call will be forwarded for early clinical advice e.g. people with special care plan's, children under 1yr or people over 75yrs

The Clinical Advice Service (CAS) will be staffed by a multidisciplinary team for example GP's, nurses, paramedics, mental health practitioners, pharmacist's who will have direct booking access to local area services

The CAS will be able to directly book people into services such as Primary Care, Urgent Care Centres and ED's as the technology becomes enabled

Patient records will be accessible to health care professionals (subject to patient consent) and will be updated so that there is a continuous record of care and treatment

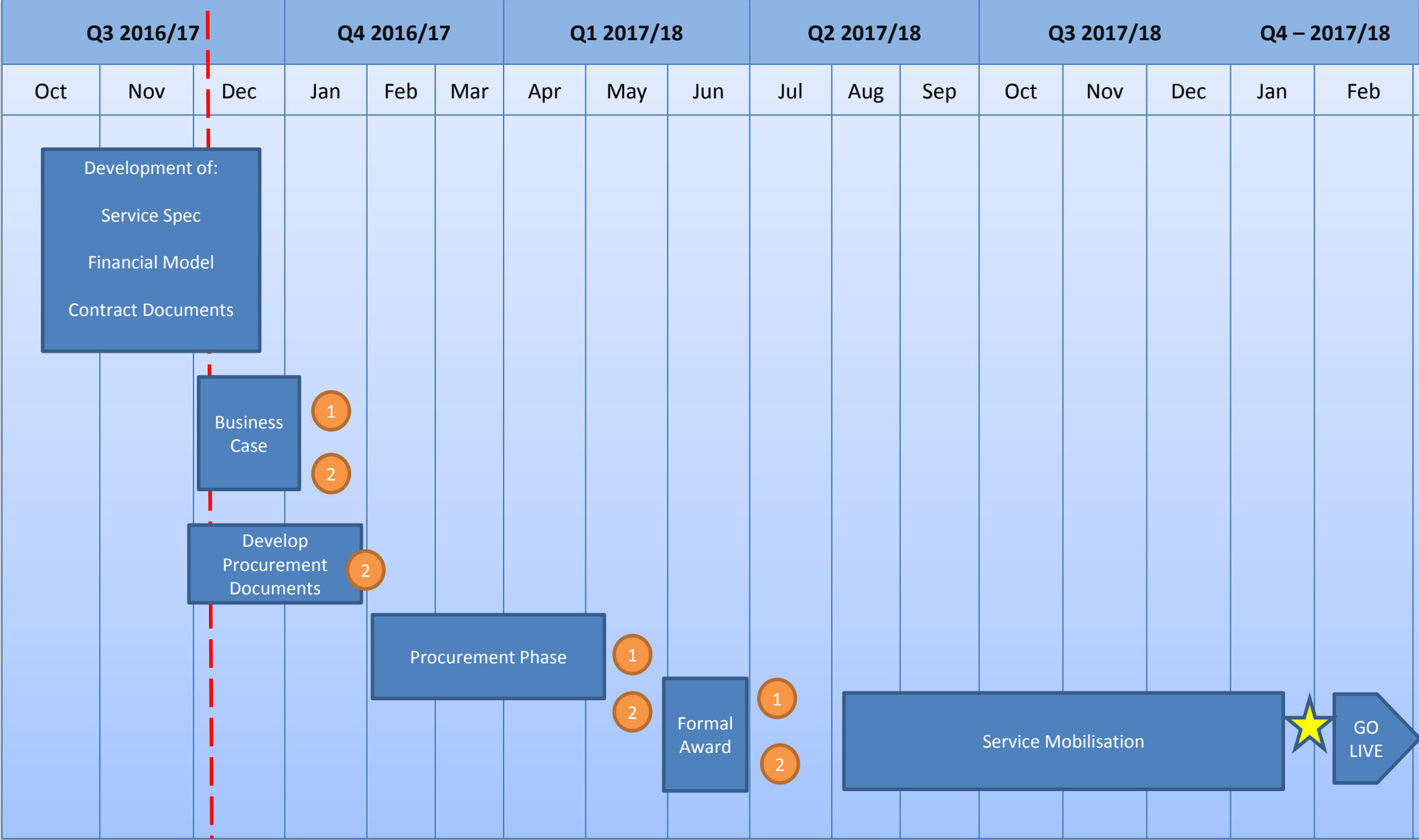


Key Considerations for the Service Specification Development

- **People who call NHS111 today will have an assessment with a trained adviser, with opportunities to speak with a clinician if this is needed. In future, we'd like to increase the number of calls that are handled by a clinician – and we want to involve a number of different professionals.**
- **Parents or carers of ill children aged under one, people aged over 75 or those who have an existing care plan could be put in direct contact with a health professional more quickly if we introduce a new streaming process in our 111 service.**



IUC Procurement Timelines



Key = 1 CCG Governance approvals 2 NHSE Checkpoint