

NHS 111 & GP Out-of-Hours Procurement
Outcomes & Key trends from the public and stakeholder
Engagement campaign

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1. Introduction

Clinical Commissioning Groups for East Surrey, Guildford & Waverley, North West Surrey and Surrey Downs are procuring a new combined NHS 111 and GP Out-of-Hours service.

To ensure the new service meets the needs of our population we actively sought public and stakeholder views and experiences of using current services and requested detail about changes people would like to make should they have the opportunity to do so. Between May and July 2017 communications leads from all involved commissioning authorities promoted the procurement process and encouraged this feedback to assist in shaping the development of future integrated urgent care services. They consulted with colleagues in the NHS, local government, the voluntary sector and members of the public to make sure that these important views are considered in the design and delivery of the new service.

The NHS 111 service in Surrey rates in the top 15% in the country for clinical excellence; this procurement provides an opportunity to enhance the service further. Current NHS 111 services are provided by South East Coast Ambulance Service (SECAmb), some elements are sub contracted to Care UK. The contract covers service provision to Kent, Medway, Surrey and Sussex (KMSS) and is due to expire on 31st March 2019.

Current GP Out-of-Hours services are subject to separate contracts. Care UK covers the geographies of Guildford and Waverley, North West Surrey and Surrey Downs CCG areas. In East Surrey CCG the contract for GP OOH care is held by IC24. These GP Out-of-Hours contracts are also due to expire on 31st March 2019.

NHS England has issued new Integrated Urgent Care Guidance that stipulates GP Out-of-Hours and NHS 111 should be combined. For this reason, alongside our commitment to provide the best possible outcomes for the Surrey population, the four CCGs have agreed to jointly procure an integrated NHS 111 and GP Out-of-Hours service across the Surrey Heartlands and East Surrey CCG area. The new service is referred to as the Surrey Integrated Urgent Care Service.

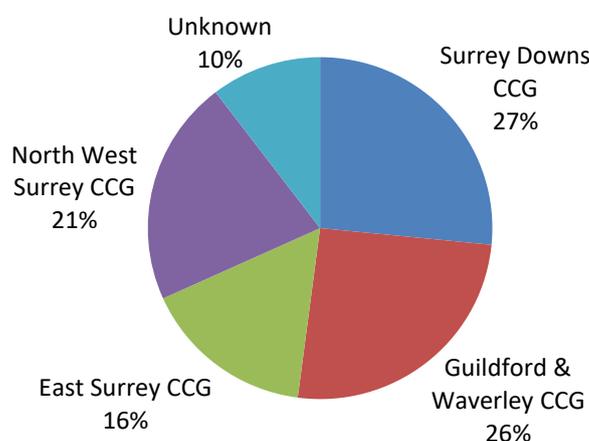
2. Engagement activity undertaken

- 27 stakeholder engagement events including attendance at GP locality meetings, practice manager forums, Integrated Urgent Care STP meetings, CCN meetings and Care Home Forums
- more than 540 people attended or engaged in the various stakeholder events/ meetings
- 17 public engagement events across a range of settings including shopping centres, village halls, GP surgeries and the NWS CCG AGM
- regular interaction with the NHS 111 & GP OOH Patient Reference Group
- leaflets and surveys issued to more than 100 GP practices
- over 970 surveys completed
- 57 tweets and 28 re-tweets undertaken
- content provided for the June HealthWatch Surrey newsletter
- more than 1,200 visits to the procurement website
- articles in CCG newsletters
- information issued to borough councils, Surrey's mental health provider, social care and other directorates for cascade
- information and survey link on the Mumsnet website
- information and survey link/details cascaded by Healthwatch Surrey, Public and Patient Engagement Groups and the Surrey Coalition of Disabled People

3. Feedback from the survey

A total of 972 people have completed a reply paid paper or online survey outlining their experiences of NHS 111 or GP OOH services and how these services could be developed further.

- Responses were received from all CCG areas. The chart below details the CCG level responses received as a proportion of the total (972)



- Two thirds of respondents stated they had used the NHS 111 service (65%) but only half had used the GP Out-of-Hours Service (51%);
- One fifth identified themselves as carers working for a home based care organisation or caring for a friend or relative (20%). Significantly the proportion of carers to the total number of completed surveys per CCG region was consistent across each of the four CCG geographies.
- The majority of respondents were female (73%)
- Nearly half of respondents were over the age of 60 (46%).
- Only 22% of respondents were below the age of 40. This was a difficult age group with which to engage due in part to their reluctance to participate in the survey process along with the fact that there was little presence on College and University campuses due to it being exam season, and many being inaccessible due to working full time, during the engagement campaign timeframes. Commissioners did make every effort to engage this group, particularly young mothers and fathers, ensuring a presence on the Surrey Mumsnet website.

3.1 NHS 111 service

Of those who had not used the NHS 111 service:

- 71% had never needed the service; the majority of these respondents were aged over 60 years of age, a further 20% did not know of its existence.
- 9% did not know the full extent to which the service could support them.

The findings above are supported by a recent Healthwatch Surrey report entitled “My GP Journey” in which it was identified that many people are unaware of alternative ways to access information and advice on health issues, particularly the ability to access Out-of-Hours GP appointments through NHS 111 and the facility to use online GP appointment booking services. The report states “There was little awareness that NHS 111 could be used to access Out-of-Hours GP appointments. Those that were aware of NHS 111 assumed that it was simply an advice line.” The full report is attached.



My GP Journey -
Healthwatch Surrey J

Whilst it is encouraging that approximately three quarters of respondents knew about the service and what it can provide for them despite not having needed to use it, we recognise targeted publicity and promotion may be needed amongst the older age group to encourage and enable them to recognise alternative sources of advice, information and support other than their GP.

- 20% felt their condition was either too serious for the NHS 111 service or they did not have confidence in the service (6%).

Concerns in this regard can be allayed by ensuring the service model meets the needs of users and is widely promoted as doing so during mobilisation and service commencement.

Of those who had used the NHS 111 service, 66% rated it as good whilst 34% stated that they had had a poor experience.

Figure 1 illustrates the breakdown of why it is the 34% who had a poor experience feel this to be the case (respondents were permitted to select more than one reason).

- Responses are spread relatively evenly across; “the need to repeat answers to questions”, “the number and relevance of the questions asked” of them, “confidence in the knowledge of the call handler” and “the long waiting time to speak to a clinician”.
- 25% of those who stated they experienced a poor service from NHS 111 stated this was due to a poor experience in the past.

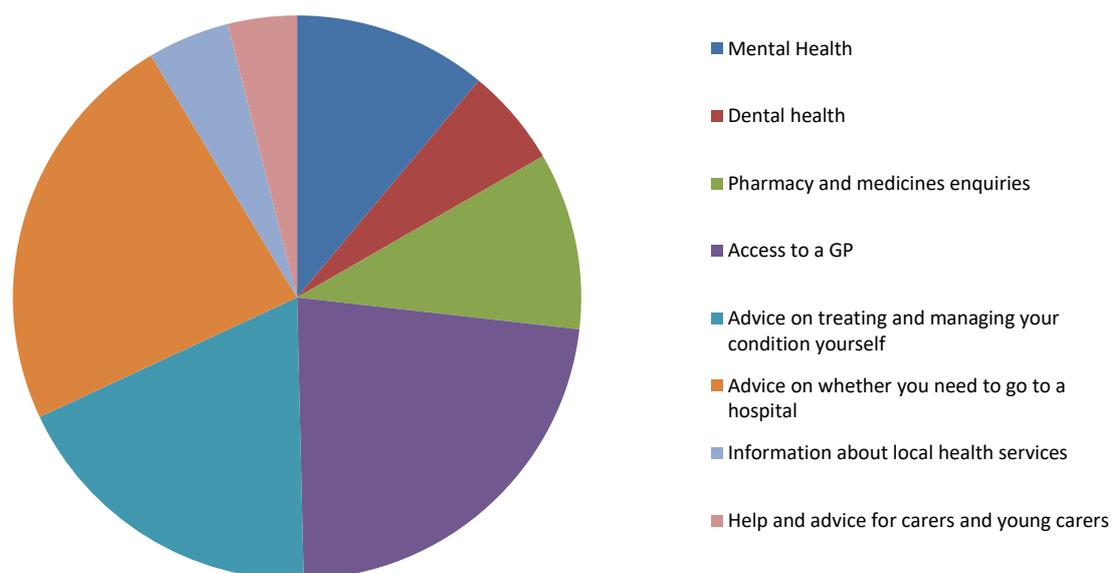
Figure 1: If your experience was poor please select a reason from the answers below and tell us more.

If your experience was poor please select a reason from the answers below and tell us more.



Respondents were asked to select from a list of existing NHS 111 services and identify which were the most important to them. “Access to a GP” and “Advice on whether there is a need to go to hospital” were clearly considered the most significant requirements, closely followed by “Advice on treating and managing a condition oneself”. “Mental health” was considered the fourth most important service followed by “Pharmacy and medicines enquiries”. Figure 2 illustrates the respondents prioritisation for services.

Figure 2: What are the most important existing NHS 111 services?



Commissioners asked respondents about four potential enhanced routes/options for NHS 111, these were:

- Have a phone app available to help me book appointments or manage my symptoms
 - Speak to a clinician or nurse over the telephone more quickly.
 - Speak to a clinician or nurse via Skype.
 - Access to other services such as social care.
- Overwhelmingly respondents opted for “speak to a clinician or nurse over the telephone more quickly” (80%).
 - This was true across all age ranges.
 - 33% would welcome the use of an app; qualitative feedback suggested combining this with a phone call in order to upload photographs for example.
 - Apps were favoured by those in the under 30 age bracket.
 - Of the 17% happy to use Skype or an equivalent, all age ranges and both sexes were represented.
 - 70% of respondents felt that the introduction of these potential enhanced routes to access NHS 111 would increase the likelihood of them using the service.

3.2 GP Out of Hours Service

- Of the 51% who had used the GP OOH service 81% rated it as good.
- Respondents were asked whether existing Out of Hours service locations were convenient. 82% of respondents stated that at least one of the listed locations was convenient to them.

It would appear that the current sites are serving the population well; commissioners will need to ensure that this continues in the new contract and service model.

The survey included open questions. Common themes emerged as a result of this feedback; a noteworthy selection of which is recorded in *Table 1*. People have experienced some extremely positive interactions with both the NHS 111 and GP Out of Hours services for which they were keen to express their appreciation and gratitude. Others expressed disappointment and voiced suggestions for improvement.

Table 1: Things perceived to be working well and those in need of development

Services	Working well	Could be developed further
NHS 111	<p>Professional/life savers</p> <ul style="list-style-type: none"> • The operator told me an unusual symptom to look for. If I observed this symptom I should call for an ambulance. It was an unusual symptom, which I did not believe... but it occurred on a Sunday and I knew what to do. It saved my loved one's life as I could act quickly. • We had an emergency and needed guidance. Question and answer session resulted in a call-back by a paramedic. This then required an ambulance visit (very quick). After home checks, transfer to Royal Surrey County Hospital A&E. All very professional and reassuring for both of us in our 80's. • The paramedic arrived within 30 minutes and on assessment phoned for an ambulance and stayed with patient for at least the 3 hours it took for an ambulance to be available. I felt the service was very supportive. • I had heard poor reports but as a 75 year old who has had major heart surgery I have been impressed. On two occasions I have had to phone 111 for health issues. On both occasions doctor spoke to me and ambulance came swiftly. • Sudden difficulty breathing. Living alone (I am diabetic) I was concerned as to how I might react when asleep. So having seen 111 mentioned I telephoned. Paramedics (2) arrived within 15 minutes. Immediate application of nebuliser relieved matters very quickly, but was advised this was only short term. Decided I should be taken to A&E where further tests identified a lung infection. Wonderful care and attention which could hardly have been improved upon. • 111 is excellent - fast, kind, efficient and it works • I have great faith in the service following my experience. <p>Reassurance/Peace of mind</p> <ul style="list-style-type: none"> • I was put through to an advisor very quickly and then directed to a doctor immediately. The doctor was extremely 	<p>Lack of awareness of the service</p> <ul style="list-style-type: none"> • We should be made more aware of this service through the local press, TV, radio, magazines, leaflets, posters, letters, notice boards, displays, social media, Facebook, twitter, roadshows, etc. • Raise awareness of service - I didn't know it existed. Sounds good. • I didn't know it could dispatch an ambulance • I did not know how it worked and that it would help me with my conditions. I now feel that it could be beneficial. <p>Second hand opinion</p> <ul style="list-style-type: none"> • I have no confidence in the service because of the negative stories that I have heard in the news / friends / family. • There are too many questions. My neighbour used it. • Poor reputation generally. Poor experience stories from friends and family <p>Current perceptions of the service</p> <ul style="list-style-type: none"> • I associate 111 with the elderly who cannot get to hospital. • Feels overall service is not designed for older people • I feel that the person managing the phones should be more qualified than me to give advice. • I trust my own instinct over a 111 adviser and go to A&E when I feel it appropriate. • As I am from the EU I thought that I wouldn't be able to use it. I thought that it was for people of the UK • No confidence at all in the service. Uneducated people who basically read off a script. I find I know more myself! <p>Questioning by NHS 111 call handlers</p> <ul style="list-style-type: none"> • I had something in my eye - no need to ask me a raft of questions about whether I had breathing difficulties or concussion • My wife was being sick and short of breath. I gave the operator her date of birth - 24.1.1941. She asked if she may be pregnant!!! • My son had a simple infected finger - I explained we were in the car and going to beach for the day and the operator then asked if my son was still breathing! I would hardly take him on a day trip if he was not breathing!!

Services	<i>Working well</i>	<i>Could be developed further</i>
	<p>thorough and took a lot of time in her diagnosis of my daughter's symptoms. Her manner was kind and caring and she offered practical advice to follow until we were able to make an appointment with our own GP the following morning. She sent the details of our conversation to our GP_so he could be aware of my daughter's case. I cannot fault the service and attention given</p> <ul style="list-style-type: none"> • Being able to speak to someone about symptoms to determine if need to see GP or go to hospital is very reassuring and avoids wasting appointments • Put my mind at rest, genuine concern, arranged for a paramedic and ambulance to transport to hospital • Made me feel important for a minor reason. I felt understood and listened to. • I felt that I was able to speak to someone who appreciated my problem and could help me with advice. • I got a GP to ring back - felt I was not alone <p>Medication and pharmaceutical concerns</p> <ul style="list-style-type: none"> • A doctor called back and sorted the problem out which was due to tablets I was taking. • I was pleased to be able to speak to someone about my mother's medication as my mother's doctors were closed with it being a bank holiday • I have always found NHS111 helpful especially when asking for advice around medication 	<ul style="list-style-type: none"> • The script that the person who answered the phone was very "dumbed down". I appreciate that the IQ of callers can vary enormously, but I felt that some of the questions were ridiculous in the extreme. • We rang 111 three times over a weekend with regard to our elderly relative with a urine infection. Every time we rang we had to start from scratch telling the whole story, and going through irrelevant questions which had been answered less than 24 hours beforehand. • Ask about circumstances. My husband has Alzheimer's and could never have got me to hospital or even given me a glass of water <p>Requirement to speak to a clinician</p> <ul style="list-style-type: none"> • If you're going to continue use qualified triage nurses/doctors, not people trained to read a script - we can go to the internet for that! • The first person I spoke to was not obviously qualified yet made medical judgments that were inaccurate and I ended up in A & E. • I will always try NHS 111 but actually prefer to use A&E or GP out of hours as you get fully trained professionals who know exactly what they are dealing with! • Cut out the 'messages takers' and have doctors or nurses be the first point of contact. • Please can we go back to being able to call a GP for an emergency out of hours call. I feel the delay in trying to speak to a member of the medical team via 111 could mean the difference between life and death. • Listen to requests of the patient more and don't have non-clinicians making decisions over the patient • Have a real doctor to talk to without long waits. The person on the phone could not assess the urgency of the condition. As a result, I decided to go to A&E where I received urgent treatment straight away. <p>Slow response times</p> <ul style="list-style-type: none"> • I rang 111 and was told to ring my GP - eventually after 3hrs a friend came round and called 999 and I was taken into hospital with an anaphylactic shock. 111 told me that they would send someone in about 11hrs!!!! • I rang 111 because I was worried about infection in a wound. I was told I was in a long queue. • Most important part. Ring back within reasonable timeframe. • Time it takes to get through - call also too long - 2 hours occasionally <p>Lack of local knowledge</p> <ul style="list-style-type: none"> • Person on the phone did not seem to have any

Services	Working well	Could be developed further
		<p>local knowledge of where I could go.</p> <p>Poor intra-service communication</p> <ul style="list-style-type: none"> • Came without anyone informing me beforehand so they couldn't get in to see her unless I was there despite being given information she is bedbound. • The surgery said to ring 111. The 111 asked loads of questions & referred me back to the surgery. I rang the surgery and they said ring 111- I said I had so they said call an ambulance and go to A & E. <p>Barriers to Carers/IG Issues</p> <ul style="list-style-type: none"> • I called to get advice for my 18 year old daughter - I was told I could not be given any information and that my daughter had to call because of data protection!! • If you are caring for an elderly relative you are not able to ring 111 on their behalf unless you are in the house with the patient. 111 will not even entertain a phone conversation as they want the patient to ring themselves or you to be in the house with the patient, which is sometimes not possible if the patient is too unwell to make a phone call and the relative is busy trying to deal with them and ask a spouse to ring 111 for help. • The service is good but there are barriers for carers. When I have called about my elderly mother we got through the hoops each time about them needing to speak to the patient. As my mother's advocate/carer this causes some frustration. On top of which mum is hard of hearing so she ends up handing the phone back to me and getting upset <p>IT issues/access to the service other than via Voice telephony</p> <ul style="list-style-type: none"> • Voice telephony does not permit me to lip read. 999 has eSMS so I can send them a text without the need to hear and answer questions. Not AIS Compliant, potentially excludes 157K Surrey adult residents with a hearing loss • I am deaf and cannot use the telephone. This situation is absolutely unbelievable with 1 in 6 people having a hearing loss. Today's technology provides so many different ways we can get in contact - SMS, Chatline, Skype, email, etc. - they are our lifeline!! • Access for Deaf People via email or direct text without having to use text relay services • 111 needs to be able to communicate by SMS. It is not complicated or expensive, and urgently needed. • Video calling to show what the issue is – Whatsapp, video, Facetime, Skype etc. • If there were symptoms (physical) that n needed to be "seen" and could be seen via Skype (e.g. a

Services	Working well	Could be developed further
		<p>rash on my child's skin), this could save a trip to A&E and I would use NHS111 here.</p> <ul style="list-style-type: none"> • I have Menieres Syndrome which means my hearing levels fluctuate unpredictably. Skype means I can use text if necessary to confirm what I think has been said. • Being able to Skyperecall a nurse would be great. Anything to help reduce the load on A&E services would be amazing! • The phone app could be used in conjunction with talking to the 111 service on the phone and allow the person to upload a photo - eg of a rash they are concerned about. <p>Access to medical records</p> <ul style="list-style-type: none"> • Need saved records urgently as have medical alerts and always have to explain to 111. • This service needs to be commissioned so that it works for End of Life Care patients. There needs to be clarity about how it works with existing hospice services It needs shared records and patient at End of Life need rapid access to appropriately trained clinicians who are able to mobilise other services to support people to stay at home if appropriate
GP OOH	<p>Effective use of resources</p> <ul style="list-style-type: none"> • We live in Guildford and were booked into the Royal Surrey. We were then phoned and told Haslemere and Dorking were very quiet and offered appointments there. We went to Haslemere and walked straight in. GP was local there and excellent. <p>Reassurance/Peace of mind</p> <ul style="list-style-type: none"> • I can't rate 111 highly enough and that combined with the out of hours service saved us having to dash to A&E and wait for hours for a condition that needed to be immediately taken under control 	<p>Slow response times</p> <ul style="list-style-type: none"> • Eventually a doctor was sent some 6 hours later. The local GP sorted the severe coughing/choking problem the following day with the correct medicine which the locum could have done, avoiding a terrible frightening 36 hours for the patient & relative in attendance.

As many issues as possible, identified above, will be considered/addressed through the service redesign and procurement process. The service specification will encompass the nationally mandated requirements in conjunction with locally identified requirements and innovations for enhanced service delivery. It is anticipated that some of the identified areas of concern/requiring improvement may be addressed as follows, see Table 1:

Table 2: NHS 111/GP Out of Hours resolution of public concerns

<p>Patient lack of awareness of the NHS 111 service and perception acquired via second hand opinion</p>	<p>- Active promotion of the enhanced and combined NHS111 and GP Out of Hours service once contract is awarded and during the period of mobilisation including publication of case studies and success stories.</p> <p>This will ensure the population of commissioning CCGs is fully aware of the extent to which services can assist them. A</p>
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	communications/marketing plan will be developed in due course.
Nature and length of pathway questioning process delivered by NHS 111 call handlers	<ul style="list-style-type: none"> - Lengthy and inappropriate questioning will be eliminated within the NHS Pathways algorithm software using an early/safe exit process. - NHS 111 will incorporate a Clinical Assessment Service (CAS) with a multi-disciplinary team made up of appropriate clinicians and clinical navigators leading to an increase in consultations completed within the NHS 111 service.
Slow response times	<ul style="list-style-type: none"> - The new model will increase the use of Interactive Voice Recognition to immediately filter calls to the correct treatment options e.g. dental, pharmaceutical, those needing to speak to a clinician. - The Clinical Assessment Service will provide safe, rapid, enhanced telephone clinical triage and advice for resolution of the problem or appropriate onward referral. - Face to face consultations during evenings and weekends aligned to direct booking will alleviate the need to wait for a call back or home visit from a clinician.
Lack of local knowledge Poor intra-service communication	<ul style="list-style-type: none"> - An enhanced Directory of Services will facilitate up to date and well maintained information about clinical and other service options.
Barriers to service access on behalf of patients /Information Governance issues	<ul style="list-style-type: none"> - There have been instances when people have called NHS 111 regarding others who do not know about their call - sometimes mischievously. Consequently the NHS 111 health adviser will always ask to speak to the patient directly in order to avoid misunderstandings and conflict with the Data Protection Act. It is possible for patients to ask their GP to create a 'Special Patient Note' providing NHS 111 with the power to speak to a named carer
Accessibility	<ul style="list-style-type: none"> - Commissioners intend to utilise the NHS 111 On-line service being launched by NHS England. - Further innovations to ensure ease of access for people with sensory impairments are under consideration including the use of Skype/Facetime and remote consultation.
Access to medical records	<ul style="list-style-type: none"> - It is a primary aim of the procurement that the service will be able to remotely view patient records (history/medication etc)

3.3 Feedback from stakeholder events

Lyn Reynolds, NHS 111 Procurement Lead, hosted or participated in 27 stakeholder events in support of the Integrated NHS 111 and GP Out of Hours procurement awareness campaign. These include:

- Engagement events in all four CCG regions
- GP Locality meetings in all four CCG regions
- Engagement with CCG Patient Reference Groups
- Care Home Forums for across all four CCGs
- Meetings with Surrey & Borders NHS Foundation Trust and Surrey County Council
- Attendance at Surrey Health & Wellbeing Board
- Attendance at CCN Forums
- Attendance at Practice Managers events
- Engagement with the Surrey Coalition of Disabled People
- Engagement with Community Connections Richmond Fellowship Mental Health
- Engagement with Orpheus Centre (Young Peoples with Learning Disability and/or Physical Disability)
- Engagement with East Surrey Disability Alliance Network

- Engagement with Healthwatch Surrey

Findings can be categorised across service users and providers. Significant issues which will be considered/addressed in the final procurement service specification are detailed below. Concerns from service users mirror those identified in the survey, resolutions for which are detailed in *Table 2 above*.

Service Users	Providers of Services
<ul style="list-style-type: none"> Lengthy questioning process requires streamlining East Surrey CCG Stakeholder Event  East Surrey Stakeholder event feedback Guildford & Waverley CCG Stakeholder Event  Guildford and Waverley Stakeholder North West Surrey CCG Stakeholder Event  NWS CCG Stakeholder Event feedback Surrey Downs CCG Stakeholder Event  Surrey Downs Stakeholder feedback 	<p><i>GP practices</i></p> <ul style="list-style-type: none"> Extended hours to be determined for each locality. Lead governance provider required for extended hours operating, not under GP/primary care contract. Concerns over GP Out of Hours pay rates. Concerns patients will “jump the queue” and request GP appointment via NHS 111 Trial support for direct booking but concerns raised. CAS opportunities to reduce workload welcomed. Concerns around adequate NHS 111 workforce and skills mix <p><i>Care Homes</i></p> <ul style="list-style-type: none"> Positive response to Interactive Voice Recognition Speedy confirmation/support for death registration <p><i>Service Providers</i></p> <ul style="list-style-type: none"> Tripartite arrangements for communication between NHS111, patient and service provider welcomed along with direct referral from the CAS.

4. Future engagement

1. The NHS 111 and GP Out of Hours procurement team will ensure that the findings of the survey are documented on the North West Surrey CCG website ensuring links to associate CCG sites.
2. Once the procurement is launched in January 2018, the NHS 111 and GP Out of Hours procurement team will produce a “You Said, We Did” document for publication.. This will demonstrate how commissioners have responded to public feedback and incorporated the feedback from service users and carers into the eventual service design.
3. A promotional campaign will be designed and launched across the Surrey CCG commissioning areas. Particular emphasis will be placed on
 - a. Engaging the over 60s age group in order to inform them of the service and bolster their confidence in using it.
 - b. Ensuring that carers can adequately access services.
 - c. Providing responsive and informed support for End of Life Care patients and Care Homes

4. Continued engagement with the valued NHS 111 and GP Out of Hours Patient Advisory Group; it may be possible to work with these individuals to effect “testing” of the new services during the latter stages of mobilisation.
5. Maintenance of an enhanced relationship with primary care for the provision of extended hours services. Engage the support of primary care in developing KPIs for the combined NHS 111 and GP Out of Hours contract.
6. Design and market testing, in conjunction with the preferred provider, of future innovations such as Facetime, Skype and tools for remote consultation.